

**Head & Neck Governance Arrangements**

**Position Statement**

**Cwm Taf Morgannwg University Health Board**

**2020/21**

**November 2020**

**NHS Wales Shared Services Partnership**

**Audit and Assurance Services**

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<b>Distribution:</b>	Alan Lawrie – Director of Operations
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#### **ACKNOWLEDGEMENT**

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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## **1. Introduction and Background**

A follow-up review of the Head & Neck Directorate's governance and risk arrangements was due to be completed in addition to the 2020/21 Internal Audit plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').

Our original Head & Neck Directorate review was undertaken in the autumn of 2019, but our two reports (management arrangements and compliance) were not finalised until August 2020, after the 2020/21 Internal Audit plan had been agreed, due to the Covid-19 pandemic. Of the four audit opinions issued within the two reports, three were 'Reasonable Assurance' and one was 'Limited Assurance'. The area of limited assurance related to the governance and risk arrangements in place within the directorate. We made five high and medium priority recommendations. As such, we added an additional review, focussing on the five governance and risk recommendations, to our programme of work.

The relevant lead for the review is the Director of Operations.

## **2. Scope and Objectives**

The overall objective of this review, was to provide the Health Board with assurance regarding the implementation of the management responses agreed against our original recommendations.

In April 2020, the Health Board implemented a new operating model, which saw a shift from directorates operating over multiple sites, to a locality based approach for the delivery of services. Three Integrated Locality Groups (ILGs) now exist, each responsible for one main district general hospital and all other services and facilities in their geographical area.

As a result of the new operating model, the Head & Neck directorate as it was, no longer exists. Instead, the previous services that made up the directorate now form part of the Surgery Clinical Service Group within each of the three localities.

There are new arrangements for monitoring governance within the ILGs. Each ILG has a Board and a number of groups report into the Board, providing assurance on various areas including service delivery, quality, health and safety, planning and partnerships.

Furthermore, in recent months, there has been a number of corporate initiatives undertaken to strengthen some existing Health Board wide processes such as declarations of interest. Other areas, such as risk management, has been completely revised and the new strategy now aligns to the new operating model.

As a consequence of the above changes, it has not been possible for us to undertake a follow up review of the recommendations made in our 2019/20 report, in our normal way. A number of the recommendations made in our report link to corporate processes that, following the implementation of the new operating model, have been superseded. The

management responses within our original report allude to the fact that some of the recommendations will be superseded by the wider Health Board changes, whereas the implementation of other recommendations will become the responsibility of the new formed ILGs.

In the context of the Health Board wide changes or actions taken within the new ILGs, this position statement aims to update members on the status of the agreed management actions, and the potential risks the recommendations were addressing.

The relevant potential risks highlighted in our original report were:

- The directorate is not appropriately governed which could result in a service that is not being delivered safely and effectively.
- Risks materialise as they have not been identified and / or addressed.

Personal interests are not considered meaning inappropriate decisions are made.

### **3. Summary of findings and update position**

The table below summarises the five governance and risk findings from our original review and the current position in relation to actions that have been taken to address the recommendations made.

The implementation of the operating model means that the functions of the Head & Neck directorate have been transferred to Surgery Clinical Service Groups and are no longer within one directorate. These changes to governance arrangements means that we will consider the Health Board's progress against the original recommendations that related to the Head & Neck directorate through separate audits that we have planned for this year. The implementation of the agreed management actions will still be monitored through the Internal Audit action log tracker.

As such, it is our view that a formal follow up opinion relating to the directorate's agreed actions has been superseded.

Finding ref.	Summarised Recommendation	Rating	Current Position	Status
1	<p><u>Governance Arrangements</u></p> <p>The terms of reference (ToR) for the Clinical Business Meetings (CBMs) should be reviewed, particularly in relation to required attendance. The ToRs remain in draft and should be finalised.</p> <p>CBMs and other key directorate governance meetings should take in line with the regularity outlined in their ToRs and with key officers or deputies in attendance.</p>	High	<p>Following the introduction of the operating model, new governance and reporting mechanisms have been introduced and CBMs no longer exist. In their place are Service Group Performance Review (SGPR) meetings, whose remit is to oversee the performance (quality, activity and outcomes, resources) of each of the ILG's Service Groups.</p> <p>A draft template ToR for the SGPR is in place which is to be adopted by each ILG. The ToR clearly states who should be in attendance for each meeting and the regularity of meetings.</p> <p>We understand that there was a delay setting up the SGPR meetings, but they are now meeting each month.</p>	<p>The draft ToR for the SGPR meetings addresses the concern we raised about attendees.</p> <p>The ToR still need to be finalised and adopted by each ILG.</p> <p>We will confirm that monthly meetings are taking place through our planned reviews of the Clinical Service Groups.</p> <p>Original recommendation has been <b>superseded</b>.</p>
2	<p><u>Policies and Procedures</u></p> <p>A centralised database of all policies and procedures relevant to the directorate should be developed, along with a process for ensuring timely review and updates.</p> <p>Policies and procedures should be accessible to all staff.</p> <p>Particular concerns were raised in relation to ophthalmology and audiology policies.</p>	High	<p>The departments that made up the Head &amp; Neck directorate now sit within the Surgery Clinical Service Group. Ophthalmology and ENT services are operated from both the Bridgend and Rhondda Taf Ely (RTE) ILGs. We contacted the Surgery management teams in both of these ILGs. Bridgend confirmed that they had not been made aware of our recommendation but would now explore this further with ophthalmology and audiology colleagues.</p> <p>RTE will initiate a phased plan to review all policies and procedures saved on the intranet and locally within departments. They will also establish a database with review dates and responsible officers to ensure effective oversight and ensure accessibility to all.</p>	<p>Our recommendation in relation to policies and procedures remains <b>open</b> at the current time. Progress against this recommendation is monitored via the internal audit tracker.</p>

Finding ref.	Summarised Recommendation	Rating	Current Position	Status
3	<p><u>Risk Monitoring</u></p> <p>Monitoring of risks recorded in Datix should be undertaken through regular reporting and monitoring within the CBM.</p>	High	<p>The introduction of a new risk management strategy means that risk management processes align to the new operating model. Training is due to take place in all Clinical Service Groups on the new process.</p> <p>As stated above, CBMs have been replaced by the SGPR meetings. The draft ToR for this group shows that the group will provide the forum for escalation of risks and issues, and will monitor and ensure action is being taken to address actual and potential risks and issues.</p>	<p>Responsibility for risk monitoring has been defined.</p> <p>We will confirm if risks are being monitored in these groups through our planned audits of the Clinical Service Groups and at an ILG level through our corporate risk management audit.</p> <p>Original recommendation has been <b>superseded</b>.</p>
4	<p><u>Risk Recording on Datix</u></p> <p>The risk records held in Datix should be reviewed to ensure they are accurate and up to date. Processes should be put in place to facilitate regular review by risk handlers, including a process for when risk handlers are absent for work for a period of time.</p>	Medium	<p>As stated above, the process around risk recording and risk monitoring has been revised within the Health Board.</p> <p>As part of the revised process, and in order for each ILG to have a meaningful and accurate risk register, each ILG Nurse Director has been reviewing all risks that formed the risk registers for the previous directorates and now form the ILG risk registers. We understand that this review will incorporate a check of the risk score attributed, the risk handler, and that all information against each risk is accurate. A peer review process will then take place between the three ILG Nurse Directors to ensure consistency.</p> <p>The new risk management strategy, alongside the responsibilities outlined in the ToRs for the various governance groups should provide a robust framework for recording of risks in Datix</p>	<p>The revised risk management arrangements will ensure more effective capturing and monitoring of risks. The work we undertake as part of our corporate review will help to confirm if these revised processes are starting to embed and operate effectively in the Health Board.</p> <p>Original recommendation has been <b>superseded</b>.</p>

Finding ref.	Summarised Recommendation	Rating	Current Position	Status
			and the subsequent review, update and monitoring of them.	
5	<p><u>Declarations of Interest</u></p> <p>Management should ensure that Declarations of Interest (DoIs) are in place for all relevant staff within the directorate.</p>	Medium	<p>Since the time of our audit, the Health Board has revised the process it follows in relation to Declarations of Interest. Whilst the same groups of staff are still required to make declarations, the process for completion of returns has been strengthened. Proactive, as opposed to retrospective returns are now required and line managers will be sighted on the declarations that are made by their teams.</p> <p>Under the new approach, each April all relevant individuals will be asked to make their declarations for the forthcoming year. Due to the revision of process and the impact of Covid there was a delay in requesting the returns for 2020/21. These requests were made in August and September 2020 and a report of the declarations and nil returns made to date will be taken to the December Audit and Risk Committee.</p> <p>As the system is now electronic, reporting is now easier and automatic reminders are continuing to be sent for those that have failed to make a return.</p>	<p>The new process means controls should have now strengthened. We will be able to confirm this through our future audits of the Clinical Service Groups.</p> <p>Original recommendation has been <b>superseded</b>.</p>