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| BRIEFING REPORT AUDIT COMMITTEE | ABM University Health Board |
| | November 2018 |
| Presented by | Gareth Howells, Director of Nursing & Patient Experience |

Introduction

This paper provides an update for the Director of Nursing & Patient Experience on the Internal and External Audit actions.

Progress

The Nursing Directorate has made good progress to improve against the recommendations made in previous internal audits. Since 2017 the directorate has completed all actions in 9 internal audit reviews:

Status

Currently the number of total overdue actions are as follows:

- Internal Audit = 6
- External Audit = 3

The Nurse Director remit has outstanding actions under the following audits:

- Funded Placements
- Risk Management & Assurance
- Hospital Catering and Nutrition (External Audit)
- Maternity Follow-up (External Audit)

Updates of progress and expected closure dates of overdue actions are attached.

The Corporate Nursing Business Manager reviews outstanding actions on a monthly basis and works with the responsible offer to provide an update position, and estimated target closure date.

Conclusion

This paper provides assurance that progress is being made to complete outstanding actions.

Appendix 1

Breakdown of outstanding actions:

Internal – 6 overdue actions

| SDU | MH & LD | P&CC | Morrison | Singleton | POW | NPT | Corporate |
|-----------------|---------|------|----------|-----------|-----|-----|-----------|
| No. Outstanding | 3 | 1 | 0 | 0 | 0 | 0 | 2 |

| Title | Ref. | Recommendation | Responsible Officer | Deadline | Latest Update |
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| Funded Placements in non-NHS settings: follow up review | 1(ii) (D) | Management should develop an operational procedure ensuring the responsibilities of the Health Board and other partners is clear and consistent in its approach to contract monitoring arrangements and quality standards. | Mike Sullivan (Locality Manager Specialist Services) | Deadline has been amended to 31/03/2019 | Update – October 2018 The Commissioning Team are: <ul style="list-style-type: none"> Identifying the 100% Health funded cases that are not on the All Wales Framework Confirming that all have signed contracts held by the Health Board Collating these cases by provider in preparation for undertaking a procurement exercise |

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| | | | | | <ul style="list-style-type: none"> Liaison will then take place with HB Procurement to undertake procurement exercise with providers for these 100% Health funded cases Members of the DU Commissioning Team are being seconded to Western Bay Integrated Contacting Team to acquire contract monitoring skills to enable the DU Commissioning Team to undertake this work going forward. To identify a plan to address the short and long term issues associated with 100% Health funded cases. A number of options were considered which will require further investigation and potentially additional resource to management commissioning and procurement issues. Develop a business case for a Band 7 procurement and contracts officer - The post will be hosted in procurement but working for MH & LD to develop procurement framework and act as contracting officer. <p><u>Estimated Completion Date – March 2019.</u></p> |
| | 2(i)(D) | Management should continue to progress with the development of an ABM-specific CHC contract for service providers through the Western Bay Partnership. | Jason Crawl (UND, P&CC) | 31/03/2018 | <p>Update – October 2018</p> <ul style="list-style-type: none"> The Regional Contracts are ongoing with a view for completion by April 2019, there has been a delay as a result of the proposed boundary change. There is a non- risk sharing agreement in place for Pooled Budget arrangements with an opportunity to develop this further in the future. <p><u>Estimated Completion Date – End of Q1 2019/20</u></p> |



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| | 2(ii)(D) | Management should continue to progress with the development of an ABM-specific CHC contract for service providers through the Western Bay Partnership. | Mike Evans (Service Manager MH&LD Commissioning) | 31/08/2017 | Update – October 2018 – See 1(ii)(D) update |
| | 3(ii)(D) | Management should review of current provider-based contracts to establish whether the provider’s obligation to patient safety and quality of care meets ABMU requirements in relation to the National Standards, with the Western Bay Programme informed of any disparities of current contractual arrangements in place with Swansea local authority in regards of Section 117 agreements. | Mike Sullivan (Locality Manager Specialist Services) | 01/03/2018 | Update – October 2018 <ul style="list-style-type: none"> • Under the provisions of the Mental Health Act individuals admitted to hospital and detained on certain sections of the Act are entitled to Section 117 aftercare to support them in the community and prevent re admission. • The Section 117 of the Act makes clear that there is a joint responsibility between the Health Board and Local Authority to support patients and in the case of more complex individuals may be a funded placement • A meeting held with the Director of Social Services at Swansea local authority in August 2018 and a short task and finish group established to work through the Section 117 issues between both organisations (ABMU and Swansea local authority). • This includes a review of the funding arrangements with this cohort of patients, the development of a series of pooled fund arrangements for the commissioning of complex health and social care services and resolution of the respective contributions requested on a joint funding arrangement based |

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| | | | | | <p>on the custom and practice of the parties over a number of years.</p> <p><u>Estimated completion date: March 2019.</u></p> |
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| Risk Management & Assurance | 3(D) | Direction on the information required for drafting / updating risks should be provided to ensure that the information within the CRR is outcome based and up to date, including timescales of actions. The CRR should be high level, with detailed action plans sitting within Datix. | Hazel Lloyd – PE, Risk & Legal | 31/01/2018 | <p>Update – October 2018</p> <ul style="list-style-type: none"> • Work is progressing with the Delivery Units to ensure they have robust Risk Registers in place as well as identifying their areas of highest risk. This will be used to support the development of the updated version of the ABMU Corporate Risk Register • Corporate Risk Register SOP has been developed, and will be taken through risk management group in 14th November 2018 and Audit committee on the 15th November 2018. <p><u>Estimated completion date 14/11/2018</u></p> |
| | 6(D) | We would recommend that the Health Board receive the Corporate Risk Register in appropriate form periodically. | Hazel Lloyd – PE, Risk & Legal | 31/12/2017 | <ul style="list-style-type: none"> • October 2018 - Pamela Wenger & Hazel Lloyd are in the process of meeting with Execs, this is due to be completed mid-October. A report of the proposed new risk register will then be submitted to Risk Management Group for approval. <p><u>Estimated Completion date January 2019.</u></p> |

External - 3 Overdue actions

| SDU | MH & LD | P&CC | Morrison | Singleton | POW | NPT | Corporate | Maternity |
|------------------------|---------|------|----------|-----------|-----|-----|-----------|-----------|
| No. Outstanding | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 1 |

| Title | Ref. | Recommendation | Responsible Officers | Deadline | Comments |
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| Hospital Catering & Nutrition | 2a. | Ensure all nursing staff responsible for serving patients receive training and guidance on portion control; basic food safety and hygiene; appropriate protective clothing for use during meal services; and recording and action in relation to food temperatures. | Nicola Williams (Morrison) & Debbie Bennion (POW) | 31/03/2017 | Update – October 2018 <ul style="list-style-type: none"> Progress has been made to close a number of recommendations, from the Hospital Catering and Nutrition follow-up Review. To date 29 recommendations have been actioned and completed. Currently three actions remain open and are now overdue. |



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| | 1a. 2014 R3 | Progress the uptake of e-learning on patient nutrition as a matter of priority; and reinforce the need for ward staff, and other staff, to attend food safety training. | Nicola Williams (Morrison) | 31/03/2019 | <p>Update – October 2018</p> <ul style="list-style-type: none">• 1st November 2018 - Executive responsibility for Nutrition and Hydration moved from the Director of Therapies, to the Director of Nursing and Therapies.• Food and Nutrition Training - Will be monitored by Nutrition Steering Committee by forming part of the Service Delivery Unit exception reports.• The purpose of the Nutrition Steering Committee is to assist the Health Board to deliver on the nutrition and Catering agenda.• In particular the committee will seek to provide assurance to the Board, via the Health Boards Quality and Safety Forum that an appropriate system, for the monitoring and development of Nutrition and Catering, is in place and that relevant standards are being achieved or worked towards in order to reduce risk and ensure high standards.• The risks will also be identified and monitored through the Service Delivery Unit's risk registers. <p><u>Estimated completion date: March 2019</u></p> |
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| Maternity Follow-up | 2 | Appropriate systems need to be identified which are compatible and can connect with ABMU Health Board systems | Jane Phillips, Head of Midwifery | 30/06/2017 | Update – October 2018 <ul style="list-style-type: none">• Agreement was reached at the ABMU Mobilisation group to Pilot a full mobilisation including the maternity "Myrddin" WPAS system for one Community midwifery team in Swansea.• Training for Community midwifery team has commenced with a view to receiving the appropriate I Pads in December 2018. The Pilot will run for 3 months from the provision of the iPads.• Possible Challenges: The proposed start date of December is dependent on obtaining the correct licenses for WPAs to be added to the iPads. <u>Estimated date for completion: End of March 2019</u> |
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