

# **FINAL INTERNAL AUDIT REPORT 2018/19**

**ABM University Health Board**

**Vaccination & Immunisation  
(ABM-1819-012)**

**Private and Confidential**

**NHS Wales Shared Services Partnership  
Audit and Assurance Service**

<b>CONTENTS</b>	<b>Page</b>
<b>1. EXECUTIVE SUMMARY</b>	<b>3</b>
1.1 Introduction and Background	3
1.2 Scope and Objectives	3
1.3 Associated Risks	3
<b>2. CONCLUSION</b>	<b>4</b>
2.1 Overall Assurance Opinion	4
<b>3. KEY FINDINGS &amp; RECOMMENDATIONS</b>	<b>4</b>
3.1 Key Findings	4
3.2 Design of System / Controls	5
3.3 Operation of System / Controls	5
3.4 Summary of Recommendations	5
<b>4. AUDIT FINDINGS</b>	<b>6</b>

Appendix A	Audit Assurance Ratings & Recommendation Priorities
Appendix B	Responsibility Statement
Appendix C	Management Action Plan

<b>Review reference:</b>	ABM-1819-012
<b>Report status:</b>	Final v1.0
<b>Fieldwork commencement:</b>	25 <sup>th</sup> April 2018
<b>Fieldwork / queries completion:</b>	16 <sup>th</sup> May 2018
<b>Audit Mgt Sign-Off:</b>	29 <sup>th</sup> June 2018
<b>Draft report issued date:</b>	29 <sup>th</sup> June 2018
<b>Distribution:</b>	Sandra Husbands (Director of Public Health) Cc Nina Williams (Chair of Strategic Immunisation Group), Catherine Watts (Immunisation Co-ordinator), and (separately) Jason Crowle (Unit Nurse Director, PCCS)
<b>Management response received:</b>	20 <sup>th</sup> July 2018
<b>Final report issued date:</b>	2 <sup>nd</sup> August 2018
<b>Distribution:</b>	Sandra Husbands (Director of Public Health) Cc Nina Williams (Chair of Strategic Immunisation Group), Catherine Watts (Immunisation Co-ordinator), Jason Crowle (Unit Nurse Director, PCCS), Hilary Dover (Service Director, PCCS), Jan Worthing (Service Director, Singleton Unit)
<b>Auditor/s:</b>	Jonathan Jones
<b>Proposed Receiving Committee/s:</b>	Audit Committee, Quality & Safety Committee

#### **ACKNOWLEDGEMENTS**

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

#### **Please note:**

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee. Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Abertawe Bro Morgannwg University Local Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

## **1. EXECUTIVE SUMMARY**

### **1.1 Introduction and Background**

This assignment originates from the 2018/19 internal audit plan.

Immunisation is one of the most effective public health interventions. Outside of school flu immunisations all other Health Board childhood immunisation targets are currently not being met. This is documented in the Health Board's corporate risk register.

From October 2016 Health Boards were to implement the Healthy Child Wales programme which sets out what contacts children and their families can expect from their Health Boards over three areas of intervention screening, surveillance and immunisation. All Health Boards in Wales have a required target for childhood immunisations of 95% set by the Welsh Government.

### **1.2 Scope and Objectives**

The overall objective of this audit is to review the arrangements in place to monitor and promote the uptake of vaccinations and immunisations amongst the public.

This audit considered the following:

- The Health Board's Strategic Immunisation Group (SIG) has terms of reference, operates in accordance with them and is attended by representatives from relevant Health Board directorates;
- There is effective communication between the Strategic Immunisation Group and its subgroups;
- Clear plans are in place to achieve targets and objectives, and these are subject to regular monitoring and review;
- Arrangements are in place to manage compliance with national data quality requirements.

### **1.3 Associated Risks**

Potential risks associated with the subject area:

- Key groups do not operate as intended;
- Performance issues are not monitored;
- Poor engagement and communication between Health Board groups and primary and community care services;

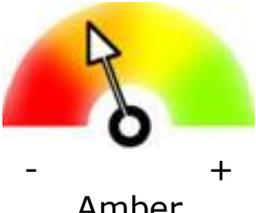
- There are no mechanisms in place to ensure the quality of data reported to Health Board and external partners.

## 2 CONCLUSION

### 2.1 Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Vaccinations and Immunisations is **Limited Assurance**.

RATING	INDICATOR	DEFINITION
Limited assurance		The Board can take <b>limited assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with <b>moderate impact on residual risk</b> exposure until resolved

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context. As detailed within the scope, the review has focused on the over-arching governance arrangements for promoting the uptake of vaccinations and immunisations amongst the public.

## 3 KEY FINDINGS & RECOMMENDATIONS

### 3.1 Key Findings

This review has considered the Strategic Immunisation Group (SIG) and its sub-groups. Following a review of performance information, particular consideration was given to governance with respect to childhood immunisations performance.

At the outset of the audit planning discussions and review of papers noted that the Chair position had been rotated between Health Board and Public Health representatives on a number of occasions. From

November 2017 the Consultant in Public Health has been confirmed as the chair and the group refreshed its terms of reference and a further iteration was provided during the audit which had not yet been subject to approval.

There has only been one meeting (February 2018) since the original terms of reference were introduced and there is evidence within minutes of the SIG and subgroups of the need to enhance arrangements and some of the steps being taken to address them. However, within the timeframe of this audit action to improve arrangements is ongoing and we have made a number of recommendations to improve arrangement further. These include:

- Clear approval of group / sub group terms of reference by sponsor / parent groups (and some improvements to content)
- Development and formal approval of plans, including those of sub groups, by the Strategic Immunisation Group, in accordance with terms of reference
- Monitoring of progress against plans via written reports
- Inclusion within plans of actions to audit data quality during the year, and clear responsibilities and timeframes for making improvements to known issues.

### **3.2 Design of System / Controls**

The findings from the review have highlighted 8 issues that are classified as weaknesses in the system/control design for Vaccination & Immunisations.

### **3.3 Operation of System / Controls**

The findings from the review has highlighted 10 issues that are classified as weaknesses in the operation of the designed system/control for Vaccination & Immunisations.

### **3.4 Summary of Recommendations**

The audit findings and recommendations are detailed in Appendix C together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

<b>Priority</b>	<b>H</b>	<b>M</b>	<b>L</b>	<b>Total</b>
<b>Number of recommendations</b>	<b>0</b>	<b>13</b>	<b>5</b>	<b>18</b>

## 4 AUDIT FINDINGS

Audit findings are reported below. Full details with associated improvement recommendations are provided in Appendix C.

### 4.1 STRATEGIC IMMUNISATION GROUP (SIG)

#### 4.1.1 Terms of Reference

The Strategic Immunisation Group (SIG) has terms of reference which describe its purpose/objectives, membership, reporting and frequency of meetings. These were agreed at the November 2017 SIG meeting, however this version of the terms of reference did not include one of the subgroups, the Staff Flu Group. The terms of reference appear to have been updated since that date but not presented to the membership. Neither had been approved by the executive sponsor (Director of Public Health).

Quorum for the group indicates that a Primary Care Manager is required to report from the Primary Care Flu Planning Group. Quorum only refers to 'a representative' from the Childhood Immunisation Group (ChIG). Review of attendance indicated that whilst there was representation from the ChIG including the functional deputy on behalf of Health Visiting Lead/Public Health Health Visiting Lead neither the Chair nor Vice Chair attended the November or February meetings. Indicating the "chair"/"vice chair" of that group explicitly amongst the membership and/or quorum should clarify this.

We also note that the Quality & Safety Forum group reporting structure currently identifies only a "*Vaccination Immunisation Committee*". (We have agreed with the Immunisation Coordinator and Lead Executive that this is mis-named in the structure document).

**See Finding 1(a), 1(b) & 1(c) at Appendix C**

#### 4.1.2 Compliance with Terms of Reference

The aims of the Strategic Immunisation Group direct it to coordinate and oversee the delivery of immunisation programmes across ABMU, to reduce inequalities in immunisation uptake rates across the Health Board and to coordinate action across ABM to continually improve immunisation uptake rates to meet national targets. There has only been one SIG meeting since the change in terms of reference. While we have considered some aspects of compliance with terms of reference, noting the limited number of meetings since approval of

revised terms of reference, we have not tested completeness of delivery of its objectives.

Separate discussions with the Chair of the SIG and with the Health Board Immunisation Co-ordinator at the outset of the audit indicated a desire for quicker progress in taking forward actions. The current terms of reference requires that the group meets quarterly and we noted that following the November meeting it met again in February and the next was due in July. The introduction of appointment capping following missed appointments may be one example of an improvement that has not been progressed as quickly as intended. The action was agreed at SIG in November and reported to Quality & Safety Committee as such in February. At the April 2018 Committee meeting it was reported that a missed appointment pathway was being rolled out across the Health Board area. Correspondence with the ChIG Chair in May 2018 indicated that the pathway was still pending while consideration was given to aligning with an All Wales policy. Noting comments made, consideration to increasing the frequency of meetings may assist in agreeing and monitoring action more quickly.

The SIG reports through the Chair to the Quality & Safety Committee. Updates are provided through the Staying Healthy report which includes a summary of recent issues and actions to mitigate risks.

An administrative oversight was identified in that there is reference to the SIG nominating a Vice Chair in its TOR, but one has not been confirmed.

**See Finding 1(d) & 1(e) at Appendix C**

#### **4.1.3 SIG Attendance**

There have been good levels of attendance in line with the required membership in general, and this has ensured the group is quorate as required by current terms of reference (but see above in respect of clarity regarding ChIG representation). Meetings are minuted and an action list documented.

**No matters arising.**

## 4.2 SUBGROUPS

### 4.2.1 Subgroup Terms of Reference

Within its terms of reference the Strategic Immunisation Group is required to agree and implement effective immunisation reporting and governance structures. The SIG has three subgroups and one task and finish group within its structure;

- Childhood Immunisation Group (ChIG)
- Primary Care Flu Planning Group (PCFPG)
- Staff Flu Group (SFG)
- MMR Task & Finish Group

We note that subgroups terms of reference were not presented to SIG for approval or information. The MMR Task & Finish Group terms of reference did not include reporting requirements or meeting documentation standards (e.g. minutes, action notes, attendance lists).

**See Finding 2(a) & 2(b) at Appendix C**

### 4.2.2 Subgroup Delivery Plans

A review of minutes for the ChIG and the PCFPG noted that both subgroups had delivery or action plans for 2017/18. These were not shared with SIG for approval. The SIG did receive the ABM Winter Immunisation Plan 2017/18 however which included actions for the Primary Care Flu Planning Group. The ChIG had discussed the development of an action plan for 2018/19. There was debate at the March 2018 meeting as to whether a plan should be developed based on SIG priorities or whether it should follow the development of a SIG plan. The latter was decided. The SIG has not yet received an action plan relating to the MMR Task & Finish Group.

**See Finding 2(c) at Appendix C**

### 4.2.3 Subgroup Communication

The SIG does not receive regular formal papers/reports, copies of minutes or action logs from any of its subgroups, although we have noted ad-hoc requests for information. Reporting has historically been through verbal updates from a variety of attendees. It has been noted in ChIG subgroup minutes that this requirement will change in line with drafted revisions to terms of reference which require formal written updates to be provided. As noted earlier, at the time of fieldwork the revised SIG terms of reference had not been agreed by the group sponsor and there had been no confirmation regarding the content or template for future subgroup reports.

We have noted that risks and issues are reported through to SIG with actions being agreed within the group. Action lists are not supplied to the subgroups, but there are members present at the SIG.

**See Findings 2(d), 2(e) & 2(f) at Appendix C**

### **4.3 MONITORING AND DELIVERY**

#### **4.3.1 ABM Immunisation Plan**

The SIG terms of reference require it to oversee performance and ensure delivery of all immunisation programmes. In conversation with the Chair of the group it was confirmed that this would be performed through the ABM Immunisation Plan. At the time of fieldwork the 2018/19 plan was still being drafted with the next opportunity for it to be agreed July 2018.

Previous years' plans were included in SIG papers for September 2016 and November 2017 however there is no reference to them being received and approved within the minutes. Monitoring the delivery of vaccinations and immunisations is performed through regular review of Coverage of Vaccination Evaluation Rapidly (COVER) reports which provide a quarterly update on immunisations administered within the Health Board.

The SIG monitors the Health Board's Winter Immunisation Plan (focusing on Flu) which displays actions assigned to leads, brief narrative progress notes and a "RAG" status. The same was not evident for Childhood Immunisation.

**See Finding 3(a) at Appendix C**

#### **4.3.2 SIG & the Corporate Risk Register**

The SIG is identified in the corporate risk register, alongside the Childhood Immunisation Group, Primary Care Influenza Group and MMR Task & Finish Group, as a control in place to address the risk of serious outbreak of infection in the community. The register identifies the following actions to treat the risk:

- Deliver immunisation awareness training for pre-school settings to promote key vaccination messages;
- Contribute to the implementation of the recommendations made in "MMR Immunisation: process mapping of the child's journey" report;
- Continue to promote the benefits of immunisation through Healthy Schools and Pre-schools e-bulletins;

- Develop local resources/products to share good practice.

These actions have received varying levels of attention within SIG meetings. Pre-school awareness training and Healthy School/Pre-school e-bulletins feature within the ABM Winter Immunisation Plan in relation to information around flu. There is no corresponding evidence of work undertaken around other childhood vaccinations documented in the SIG minutes (whilst the 17/18 immunisation plan has action relating to MMR as noted earlier there is no reference in minutes to discussion of the plan).

The MMR process mapping report was circulated at the November 2017 SIG meeting with further discussion planned for February 2018 but neither the report, nor its recommendations, appear on the action list to be followed up and the draft February minutes do not record any discussion of it. Whilst this is the case, the Chair of SIG has indicated that there is work underway to adopt a number of the recommendations.

The sharing of good practice is noted across SIG and its subgroups. One example has been the pilot of school nurses holding catch up clinics in a low performing cluster. A brief outlining the outcome and lessons learnt has been shared within the ChIG subgroup.

**See Finding 3(b) at Appendix C**

## **4.4 DATA QUALITY ARRANGEMENTS**

### **4.4.1 SIG & Data Quality**

As outlined above Health Board performance is monitored by SIG and its subgroups through the review of COVER reports. These quarterly reports are produced by Public Health Wales and use information held within the Health Boards Child Health database. The Health Board has two Child Health databases, one in Central Clinic Swansea (which also inputs data for the Neath Port Talbot area) and one in Princess of Wales Hospital which inputs data for the Bridgend area. The system is antiquated and reliant upon manual input of data taken from physical forms submitted. Whilst there is a new, national information system being rolled out across Wales, implementation within ABM is still sometime away.

The Staying Healthy report to the Quality & Safety Committee in February indicated risks to data quality. This was clear to Audit at the initial meetings with staff who highlighted resourcing issues within the Child Health team, the growing complexity and demand placed on the service by the increasing number of vaccinations, and new policies such as the Healthy Child Wales programme increasing

the number of Health Visitor contacts. This is reflected in the inclusion of this risk within the Singleton Services Unit Risk Register. The risk was opened in February 2017 and has been updated sometime later in April 2018 indicating the intent to audit the current workload and discuss the outcome with health visitors. We have not identified any reference to the risk register entry within SIG papers.

There have also been concerns raised around the quality of data held within GP clinical systems (which is the source of data which is later entered into the Child Health database).

We note ChIG discussed data issues in Quarter 4 of 2017/18 (there were no ChIG meetings between January 2017 and September 2017). At its January 2018 meeting it highlighted issues due to the backlog in data entry within Child Health. At its March 2018 meeting the Health Board Primary Care Clinical Director/GP reported to ChIG around a pilot in her own practice where information on the clinical system was contradicted by the hard copy paper record held by the patient. This has been substantiated by a later pilot using GP data which noted 50% of attendees did not require vaccination.

Whilst consideration was given within ChIG in January 2018 to highlighting issues in COVER reports and escalating to Executive sponsor no action was assigned in the follow up notes (we would also note the sole representative from Child Health department was not present at this particular meeting). Notes of the subsequent meeting of its parent group, the SIG, in February where one might expect the issue to be raised did not record it.

**See Finding 4(a), 4(b) & 4(c) in Appendix C**

#### **4.4.2 Compliance with National standards**

There are minimum standards for Childhood Immunisation administrative procedures and data collection which aim to provide consistency across Wales. Within the standards there is a requirement for compliance to be audited on an annual basis by the Health Board immunisation lead with action taken to remedy any failure to meet the standards. Recent audits have been undertaken by the Immunisation Co-ordinator with the Child Health Manager, neither hold the position of Health Board Immunisation lead.

The most recent Child Health Immunisation Process Standard (CHIPS) audit available is dated 13.07.2016. Within it there are areas of non-compliance which the co-ordinator has accepted due to resource limitations. The audit was not shared with SIG or ChIG.

**See Finding 4(d) & 4(e) in Appendix C**

## Audit Assurance Ratings

 **Substantial assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

 **Limited assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved

## Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
<b>High</b>	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
<b>Low</b>	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.

### **Confidentiality**

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever.

### **Audit**

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

### **Responsibilities**

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.