

Audit Source: Report Issue: Lead Qualifier:	Internal Audit 2023/2022 SAR/2022	Audit Year: Title: Overall Assurance Opinion: Version:	2023/22 NCC Guidance Final		STATUS SUMMARY High: 0 Medium: 5 Low: 0 Completed: 4 In Progress: 4 Overdue: 1
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Key Finding Ref	Key Findings Subsections / Relevant Health	Impact / Internal Audit or Internal Assurance (External Issues)	Recommendations	Priority	Management Response	Responsible Officer	Deadline	Completed Date	Status at Report Date	Status as at 14/09/22	Comments
1.1	<p>The terms of reference for COG require that 'At least four members must be present to ensure the opinion of the committee and must include the following:</p> <ul style="list-style-type: none"> • One COG clinician • One Service Delivery Group Medical Director or their delegate' <p>It was evident from review of the meeting minutes that the terms of reference for the COG were not being followed. Following a review of the minutes it was found that the COG Chair had attended 100% of meetings. The terms of reference for the COG were not being followed as the COG Chair had not attended 100% of meetings.</p> <p>It was noted that the COG Chair had not attended 100% of meetings. The terms of reference for the COG were not being followed as the COG Chair had not attended 100% of meetings.</p> <p>We were informed that the COG Chair had not attended 100% of meetings. The terms of reference for the COG were not being followed as the COG Chair had not attended 100% of meetings.</p>	<p>Failure to provide timely assistance in respect of meeting minutes including the implementation of NCC Guidance which may lead to missed opportunities to improve clinical standards which may lead to patient harm.</p> <p>A review was undertaken to identify who has been to feedback to SGMDs outside of the COG meetings.</p>	<p>Service Group Medical Director or nominated delegates should attend COG meetings in accordance with the terms of reference.</p>	H	<p>The Internal Audit Report and required actions will be shared with the Group members at the next available meeting in 10th May 2022. Service Delivery Group will be reminded of their responsibilities to the Group and asked to increase turnout.</p>	Chair of COG	14/05/2022		Overdue	Overdue	Completed Letter from EMG to SGMDs reminding them of requirement for Service Group representation
1.2	<p>During the audit, we reviewed a random sample of NCC Guidance publications to determine how they had been implemented in practice within the unit. The COG was responsible to ensure that each NCC Guidance publication had been reviewed for implementation and how the response had been collected for reporting to COG. However, we increased limited responses and evidence to substantiate the process followed.</p>	<p>NCC Guidance is not being managed and monitored in the manner expected which may lead to missed opportunities to improve clinical standards which may lead to patient harm.</p>	<p>Assurance of the process undertaken at Service Group level to consider and respond to NCC Guidance publications should be provided to patient harm.</p>	H	<p>The Internal Audit Report and required actions will be shared with the Group members at the next available meeting in 10th May 2022. Service Delivery Group will be reminded of their responsibilities to the Group and asked to increase turnout.</p>	Chair of COG	14/05/2022		Overdue	Overdue	Completed
2.2	<p>During the audit, we reviewed a random sample of NCC Guidance publications to determine how they had been implemented in practice within the unit. The COG was responsible to ensure that each NCC Guidance publication had been reviewed for implementation and how the response had been collected for reporting to COG. However, we increased limited responses and evidence to substantiate the process followed.</p>	<p>NCC Guidance is not being managed and monitored in the manner expected which may lead to missed opportunities to improve clinical standards which may lead to patient harm.</p>	<p>Updates on NCC Guidance should be provided in a timely manner by Service Group Medical Director or nominated representatives.</p>	H	<p>As above in addition to reporting timeliness to meetings.</p>	Chair of COG	14/05/2022		Overdue	Overdue	Process for receipt and distribution of NCC guidance, as well as process for self-assessment of compliance with guidance agreed in meeting, November 2022
2.3	<p>During the audit, we reviewed the Service Group Health Director (SGHD) for Mental Health and Learning Disabilities advised that NCC Guidance should be reviewed by the Quality and Safety Group agenda for action. Audit against NCC Guidance would be managed by the Clinical Audit Manager and reported to the Mental Health and Learning Disabilities Quality and Safety Group.</p>	<p>NCC Guidance is not being managed and monitored in the manner expected which may lead to missed opportunities to improve clinical standards which may lead to patient harm.</p>	<p>Consideration should be given to include NCC Guidance, and other relevant standards, as a standing agenda item at Service Group Quality and Safety meetings.</p>	H	<p>As 2.1, Service Delivery Group MDs will be asked to improve the action plan and report progress.</p>	Chair of COG	14/05/2022		Overdue	Overdue	Compliance with NCC guidance will be discussed at appropriate for a within service groups
3.1	<p>The health board has developed a Standard Operating Procedure (SOP) for the Development, Discontinuation and Review of NCC Guidance not Specifically Related to Medicines. The SOP was approved by COG in November 2021 and was due for review in November 2022.</p>	<p>Development of NCC Guidance is undertaken due to the lack of clarity in terms of roles, responsibilities and accountability.</p>	<p>The SOP for the Development, Discontinuation and Review of NCC Guidance not Specifically Related to Medicines should be reviewed and updated.</p>	M	<p>The SOP for the Development, Discontinuation and Review of NCC Guidance not Specifically Related to Medicines will be reviewed and updated.</p>	Chair of COG	01/07/2022		Overdue	Overdue	Revised SOP is completed by new Chair of COG, October 2022
3.2	<p>Despite the lack of clarity in respect of some roles and responsibilities in the SOP, we agreed an understanding of staff accountability for NCC Guidance during the review of the Audit Appendix 1 of the SOP. A Request that outlines the process and responsibilities in respect of NCC Guidance publications, whether in the development phase or when published, however, an update of Appendix 1 of the SOP was not provided with any evidence to indicate the process of implementation of NCC Guidance is operating in practice.</p>	<p>Development of NCC Guidance is undertaken due to the lack of clarity in terms of roles, responsibilities and accountability.</p>	<p>The SOP should be further updated with details of established practice for discontinuing and reviewing NCC Guidance, including who is responsible for discontinuing and reviewing NCC Guidance, and to account for any changes to operational practice since the new AMM system's implementation.</p>	M	<p>The AMM system will be populated with draft based information in order to support monitoring and reporting. It will be used by the team to monitor the progress of the request in relation to the update of the Executive Medical Director Department will be undertaken in COG 2022 to support reform many of the work streams of COG, including NCC.</p>	Clinical Audit & Effectiveness Manager CAC Digital Officer Executive Medical Director	01/05/2023	In Progress	In Progress		
4.1	<p>We were advised that notifications of updates to NCC Guidance were not embedded in the distribution lists in the same manner as newly published guidance. Instead, reliance is placed on individuals to keep up to date with these developments. We consider that this could impact the health board to unnecessary risk should any guidelines be missed by individual service groups particularly in the health board for the future. It is therefore the aim to ensure published date in 2020.</p>	<p>Discontinuation to improve clinical standards are missed as a result of missed updates, which may lead to patient harm.</p>	<p>The health board should update their NCC Guidance to ensure newly published NCC Guidance is available to all service groups for adoption within the organisation.</p>	M	<p>See 3.2 above</p>	Executive Medical Director	01/05/2023	In Progress	In Progress		
5.1	<p>The health board is not reviewing NCC Guidance publications to monitor and manage NCC Guidance publications. We consider that the inclusion of the following details in the meeting minutes would enhance the monitoring arrangements at the health board: (1) details of the published (discontinued/revised) NCC Guidance publications; (2) confirmation of when and how the NCC Guidance publications have been updated and the date this was completed; (3) confirmation of when and how the NCC Guidance publications have been updated and the date this was completed; (4) Measures that have been taken to ensure compliance with the guidance.</p>	<p>Reduced ability to manage and monitor the implementation of NCC Guidance.</p>	<p>The health board should consider enhancing the level of detail captured on the tracker to strengthen arrangements to manage and monitor compliance.</p>	M	<p>The health board will update which options are available to capture additional data with the digital AMM system and will report where this is possible. There are constraints to the level of detail that it is possible to capture. These constraints will be reported through COG and consideration given whether an alternative can be used.</p>	Clinical Audit & Effectiveness Manager CAC Digital Officer	01/05/2022	In Progress	In Progress		
5.2	<p>A separate tracker is generated and discussed at the COG meetings. It is a separate document and only contains NCC Guidance that is currently under review and consideration. Once COG is satisfied, based on responses provided from the Service Group the guidance has been considered appropriately, the data is removed from the tracker. There is therefore an absence of a mechanism to demonstrate ongoing compliance with the guidance.</p>	<p>Reduced ability to manage and monitor the implementation of NCC Guidance.</p>	<p>The tracker should be generated at COG to allow senior management to seek assurance that NCC Guidance has been implemented as appropriate. Issues identified should be escalated to COG and the Quality and Safety Committee.</p>	M	<p>The data available on the AMM system will be collected as a regular report to COG.</p>	Clinical Audit & Effectiveness Manager CAC Digital Officer	01/05/2022	In Progress	In Progress		