

iCTM – Quality Improvement Team Final Internal Audit Report

November 2022

Cwm Taf Morgannwg University Health Board



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Executive Summary

Purpose

To provide assurance to the Audit and Risk Committee that there are effective controls, processes and procedures in place within the Quality Improvement team.

Overview

Matters which require management attention include:

- There were no guidance notes or Standard Operating Procedures (SOPs) in place in respect of the processes and activities undertaken by the Improvement team.
- There was no documented consideration of risks when planning and undertaking Improvement projects.
- Improvement projects captured on Life QI were not being adequately documented.
- The monitoring and reporting of the progress of projects was not regular or consistent.

Further matters arising concerning the areas for refinement and further development have also been noted (see Appendix A).

Report Opinion



Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Objectives	Assurance
1 Improvement Team Aims & Objectives	Substantial
2 Procedures and Project Documentation	Limited
3 Alignment to Strategic Aims and Objectives	Reasonable
4 Alignment to new Care Group Structure	Reasonable
5 Monitoring of Outcomes	Reasonable
6 Risk Management Arrangements	Limited

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority	
1	Procedures to be documented	2	Design	High
2	Improve project documentation and records	2 & 3	Operation	Medium
4	QI Faculty Framework to be updated	4	Operation	Medium
5	Limited project monitoring and reporting	5	Operation	Medium
6	Risk management arrangements to be documented	6	Operation	High

1. Introduction

- 1.1 Our review of iCTM Quality Improvement was completed in line with the 2022/23 Internal Audit Plan for Cwm Taf Morgannwg University Health Board (the 'Health Board' or 'organisation').
- 1.2 The Health Board formally launched the Improvement CTM (iCTM) directorate in November 2021. The new directorate aims to help drive quality and improvement across the organisation. The iCTM directorate consists of four functions: Change Hub; Quality Improvement; Value Based Healthcare; and Innovation.
- 1.3 We have previously undertaken an audit of the Change Hub, and this year our work focused on the Quality Improvement function and the processes and procedures that have been established within it.
- 1.4 The focus of the Quality Improvement (QI) team revolves around improving quality to ensure safe, effective, patient-centred, timely, efficient and equitable care. The Health Board acknowledges that those delivering care are often the best placed for generating improvement ideas. The QI team will therefore support teams and individuals across the Health Board to turn those ideas into reality.
- 1.5 As part of their support role, the QI team provide Health Board staff with access to the Life QI system. This system acts both as a framework so that staff can record relevant project information, and as a training resource as it contains guidance. The QI team have also recently launched the 'Simply Do' platform as a place for staff to submit improvement ideas that they may have.
- 1.6 In addition to their supporting role, the QI team are directly involved in the delivery of their own QI projects.
- 1.7 In undertaking our audit work, we were mindful that the Improvement team has only been in place for a short time and their internal processes and procedures are still developing.
- 1.8 The potential risks considered in this review were as follows:
 - Services do not improve leading to an increased risk of harm to patients.
 - Resources are not effectively used if quality improvement actions and initiatives fail to deliver the expected improvements.
 - The failure to improve quality in key areas of underperformance already identified may lead to reputational damage.

2. Detailed Audit Findings

Objective 1: The remit / aims of the Quality Improvement function have been defined and documented.

2.1 The iCTM Business Plan for 2022-25 has a section for each of the four teams that make up the iCTM Directorate. The Quality Improvement section sets out the aims and objectives of the Quality Improvement (QI) team and how their work will be delivered in accordance with the Health Board's organisational values. The role of the team has been described as a support function that all teams within the Health Board have access to, and can 'pull on', to help improve services.

Conclusion:

2.2 The aims and objectives of the QI team have been defined and documented. We have provided substantial assurance for this objective.

Objective 2: Processes, procedures, actions and initiatives designed to improve the quality of services are adequately documented.

2.3 Broadly, there are two main categories of improvement projects: those that the QI team support and provide advice for; and those that the team are directly involved in delivering. However, at the time of our fieldwork there was no documentation setting this out, or any formal written procedures in place in relation to the work of QI team. **(Matter Arising 1)**

2.4 We understand that the projects for which the QI team offer support and advice tend to be small scale and are considered 'safe to fail'. As such, management consider that there is no need for these projects to be approved before work starts. However, without procedures it is unclear how projects are classified as small scale or 'safe to fail'. **(Matter Arising 1)**

2.5 These small scale and 'safe to fail' projects should be captured on the Life QI system, which provides a framework for project owners, with support offered by the QI team if required. We understand that not all improvement projects across the Health Board are captured on this system. We acknowledge that ensuring all projects are recorded on the system may be difficult, and is outside of the control of the QI team, although there are benefits to capturing information in a consistent way. **(Matter Arising 1)**

2.6 While projects on the system have a 'project title', they may benefit from having a unique reference number, to avoid confusion as the number of projects increases. **(Matter Arising 1)**

2.7 A plan on a page document is completed for projects that the QI team is directly involved in delivering. The document captures the project background, objectives and stakeholders, but does not include information on risk. **(Matter Arising 1)**

2.8 There does not appear to be a central, comprehensive record of planned and active improvement projects and programmes that the QI team are involved in delivering. **(Matter Arising 2)**

- 2.9 The QI team are trialling a project workbook for larger scale projects. The workbook covers initiation, planning, delivery and monitoring, and closure and evaluation of projects. The workbook is more detailed and comprehensive than the Life QI system, and the 'plan on a page' document as it can be used to capture information such as roles and governance, a risk and issues log, action and decision log as well as a PID, so is more detailed than the information required by the Life QI system or the 'plan on a page' projects.
- 2.10 Our testing in relation to a sample of projects on the Life QI system identified that many key project documents that you would expect to be in place, such as a Project Initiation Document, costing and resource information and approvals was not present. We understand that in order to encourage innovation, project owners are not expected to complete some of the documents normally expected for larger scale projects. Instead, staff are encouraged to consider the project benefits against the risk of undertaking the project. Whilst we understand this approach, in the projects we sampled we were unable to evidence this. **(Matter Arising 2)**
- 2.11 Improvement projects, regardless of size, are not costed. As such, there is a risk that the cost of improvements may outweigh the potential benefits. Providing guidance relating to costing projects, aligned to the organisation's strategic aims and objectives, would enable savings to be identified and potentially re-invested. **(Matter Arising 2)**

Conclusion:

- 2.12 There are no documented guidance notes or Standard Operating Procedures (SOPs) in place, and there are numerous approaches to capturing information. These different approaches mean that there is no consistency in the information being held for each project. In addition, the lack of procedures meant that during our audit fieldwork, it was difficult to differentiate between project types and what project documentation should be recorded.
- 2.13 Part of the role of the QI team is to support and advise staff who are delivering their own QI projects. The Life QI system provides a framework for users, however not all projects are captured on the system. Without clear guidance it is unclear how this aspect of QI work is being managed by the QI team to ensure projects remain within the principles of small-scale and 'safe to fail'. We have provided limited assurance for this objective.

Objective 3: All quality improvement actions and initiatives undertaken are aligned to the organisation's strategic aims and objectives and are subject to appropriate approval with reasons clearly recorded.

- 2.14 The Life QI system has the facility to record if projects are aligned to strategic aims and objectives. The system has been mapped so that projects can be aligned to the CTM 2030 aims. We tested the alignment of a sample of active projects and found that in most cases projects were not consistently and explicitly aligned to the organisation's aims and objectives. **(Matter Arising 2)**
- 2.15 Management approval is not needed before starting small-scale projects that are recorded on the Life QI system. However, access to the system has to be set up

by a member of the QI team and is granted on the basis of a project plan, giving some element of oversight by the QI team.

- 2.16 We understand that the process for approving improvement projects and the work undertaken by the QI team is through a highlight report to the Improvement and Innovation Board (IIB), or the Senior Leadership Group (SLG), which sets out the process that has been undertaken and highlights activity to take forward. However, the approval process is not documented so it is unclear whether approval is via IIB or SLG or both. **(Matter Arising 1)**
- 2.17 The QI team have recently adopted a prioritisation matrix, created by the Change Hub, to prioritise requests to support and undertake work in line with the team's resources.

Conclusion:

- 2.18 Whilst some of the Life QI projects that we tested were clearly aligned to the Health Board's strategic aims and objectives, not all were. The process for approval of projects varies depending on the scale of the project, but this is not documented. We have provided reasonable assurance for this objective.

Objective 4: There are appropriate links between the directorate and the new Clinical Care Group structure within the revised CTM operating model, and this enables the directorate to influence and drive quality improvements across the organisation.

- 2.19 A 'faculty' framework provides a link between the QI team and the wider organisation. A Quality Improvement Faculty Framework document has been drafted that sets out the purpose of the framework and the role of Quality Improvement 'faculty' leads, it needs to be updated to reflect the new Clinical Care Group operating model.
- 2.20 We note that the roles described within the framework document were to be developed over a two-year period and would continue to evolve thereafter. Now would be an opportune time to review the document and the effectiveness of the framework to identify any issues arising from the implementation and operation of the framework within the existing ILG operating model, and to incorporate any improvements to an updated QI faculty framework document. **(Matter Arising 3)**

Conclusion:

- 2.21 The faculty framework in place provides a network for engagement with staff across the organisation to help drive improvement. However, the effectiveness of the framework has yet to be formally reviewed and aligned to the new Care Group structure. We have provided reasonable assurance for this objective.

Objective 5: There are measurable outcomes for quality improvement actions and initiatives, and these are regularly monitored and reported against.

- 2.22 We tested a sample of six active projects on the Life QI System and confirmed that project aims and objectives had been completed for all six projects. However, performance measures and indicators had only been set for three projects. We understand that progress had been made on all projects, but this had not been reflected in the Life QI system for five of the projects. **(Matter Arising 4)**
- 2.23 The QI team has a timetable setting out the regular meetings that the team are involved in place, which confirms regular monitoring taking place including feedback from the faculty leads.
- 2.24 The IIB regularly receive reports in relation to the work of the QI team and the projects they are involved in delivering. We did not see evidence of the IIB receiving progress reports in relation to projects captured on the Life QI system. While the IIB has a strategic role, and detail about individual projects may not be appropriate, they may benefit from summarised information and the outcomes and lessons to share as projects conclude. **(Matter Arising 4)**

Conclusion:

- 2.25 Whilst aims and objectives are set for projects, measurable outcomes are not being set in all cases. While project progress is monitored by project leads, this is not being adequately recorded on the Life QI system. Reporting to the IIB could be expanded to include overview data of Life QI projects. We have provided reasonable assurance for this objective.

Objective 6: The risks associated with quality improvement actions and initiatives are captured and adequately managed.

- 2.26 The Health Board has an organisation wide Risk Management Policy and Strategy that the QI team should follow when undertaking risk assessments and developing a QI risk register. We understand that this had been identified by the team but at the time of our fieldwork this had not progressed. **(Matter Arising 5)**
- 2.27 Similarly, there was no evidence of risk assessments at the outset of a Life QI projects, and risk registers or risk logs were not maintained for individual projects. From our discussions with project leads it was apparent that some of the projects have significant risks, and although the project leads were aware of them, they were not formally documented and consequently may not be effectively managed. **(Matter Arising 5)**

Conclusion:

- 2.28 There is no QI team risk register in place, and no guidance on how project or team risks should be identified and managed. There was no evidence on the Life QI system, or Plan on a Page document, that risks were being considered when setting up improvement projects. We have provided limited assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Standard Operating Procedures and systems used (Design)	Potential Impact
<p>There are no Standard Operating Procedures (SOPs) in place to provide guidance to the QI team and other staff on how the different types of QI work should be captured. There are a number of approaches to QI work meaning that varying levels of information are captured at initiation stage and throughout the life of the project.</p> <p><u>Life QI</u></p> <p>This system is used for small scale and 'safe to fail' improvement projects across the Health Board. We note:</p> <ul style="list-style-type: none"> • Management consider that capturing all improvement activity on Life QI would not be practical. However, the lack of procedures means there is no guidance on the criteria for capturing improvement projects on the system. If QI work is not consistently recorded on the system it is unclear how the QI team ensures successful improvement ideas and lessons are widely shared, and duplication of projects are avoided. • Management do not expect projects captured on Life QI to be approved before starting. It is unclear how the Health Board decides if a project is 'small scale' and 'safe to fail'. • Projects are not given unique reference numbers, which may lead to confusion as the number of projects increases. <p><u>'Plan on a page'</u></p> <p>This form is used for small scale projects that the QI team are directly involved in delivering. It captures basic information about the project such as background, objectives, milestones, key stakeholders and progress. However, the template does not require project risks to be identified or assessed.</p>	<ul style="list-style-type: none"> • Improvement projects not being adequately recorded. • Improvement projects 'fall under the radar' without an accurate, comprehensive record of all QI activity, leading to a lack of monitoring and support and the failure of projects.

<p>Our testing of a small number of projects within the Life QI system identified some instances where a 'plan on a page' had been completed. Clear guidance would set out if this approach should be adopted for all of these projects.</p> <p>We are aware that highlight reports are taken to the Innovation and Improvement Board (IIB) and Senior Leadership Group (SLG) and understand that this is where approvals will take place of QI projects that the team are involved in delivering, but this process is not documented.</p> <p>During the audit we also saw a project workbook that is being trialled on a small number of larger projects that the QI team are involved in delivering. The workbook is more detailed and comprehensive than the 'plan on a page' as it includes information such as project initiation, roles and governance, risk and issues log, an action and decision log and has closure and evaluation sections.</p>		
Recommendations		Priority
1.1	Procedural guidance should be developed that set out the difference between projects that the QI team are involved in delivering and projects where the team operate in a supportive role.	Medium
1.2a	A review of the approach for capturing project initiation information in relation to proposed projects should be undertaken. Where possible a consistent approach, that is not burdensome on staff, yet contains enough detail to allow meaningful initiation decisions to be made, should be adopted. The current 'plan on a page' template could be considered for this but should be reviewed to ensure necessary information is included, especially in relation to benefits and risks and where possible the cost and resource implications.	High
1.2b	The procedural guidance mentioned in 1.1 should set out the criteria of what is deemed small scale and 'safe to fail'. The guidance should sit alongside the 'plan on a page' template to help staff make informed decisions regarding the size and risk associated with their QI project and encouraging them to seek the support and advice of the QI team if they feel their project falls outside the criteria.	

<p>1.3a</p> <p>1.3b</p> <p>1.3c</p>	<p>A decision should be made regarding which QI projects the QI team expect to see recorded on the Life QI system and the instances where projects do not need to be recorded. Whilst we acknowledge that capturing QI projects on the Life QI system is outside of the control of the QI team, the procedural guidance should include the QI team’s expectations of staff in relation to using the system.</p> <p>The benefits of capturing all QI information in one place should also be emphasised as part of the guidance.</p> <p>Consideration should be given to each project captured on the Life QI system having a unique reference number to allow ease of reference going forward.</p>	<p>Medium</p>	
<p>1.4</p>	<p>Procedural guidance for use by the QI team in relation to the projects they are directly involved in delivery should be developed and should include, but not be limited to: initiating a project; recording the key elements of a project such as the rationale, expected benefits and outcomes, estimated costs, staff resource requirements and risks; obtaining approval; monitoring and reporting projects.</p> <p>Furthermore, consideration should be given to using the project workbook currently being trailed as the mechanism for capturing QI project information. The workbook should be reviewed and tailored to meet the needs of the Health Board.</p>	<p>High</p>	
<p>Agreed Management Action</p>		<p>Target Date</p>	<p>Responsible Officer</p>
<p>1.1</p>	<p>As part of the response to this audit we are producing an overarching set of procedures and guidance for the iCTM Improvement Team which will incorporate this recommendation. This will be supported by a documented and recorded approval process for projects we agree to support.</p>	<p>January 2023</p>	<p>Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery</p>

1.2a & 1.2b	As part of the response to this audit we will produce an overarching set of procedures and guidance which will incorporate this recommendation. To support this we have already reviewed our procedures in line with the recommendations of this audit. The plan on a page format has been altered to ensure it covers the areas outlined in the audit and a new 'project initiation' form has been created to capture the required details. The project workbook is being used for our pressure damage work and its use will be reviewed and spread as appropriate. Training has been altered to include specific advice on what is deemed safe-to-fail and this will be incorporated into the guidance.	December 2022	Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery
1.3a & 1.3b	We will review our use of LifeQI as a repository for project information. While it may be suitable for this purpose a separate database hosted centrally may be a more appropriate response. However we will review the guidance that supports LifeQI and support the recommendations elsewhere in this report about ensuring a more consistent approach to how it is used. We will develop a reference number system that links to whatever database solution is devised.	March 2023	Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery
1.4	As part of its response to this audit we are producing an overarching set of procedures and guidance for the iCTM Improvement Team which will incorporate this recommendation. The success of 'project workbook' will be reviewed following its use on our Community Acquired Pressure Ulcer project alongside other tools being developed by the Change Hub with a view to adopting a standard approach. A new form has been created to help us properly assess incoming requests for support in line with the audit recommendations.	December 2022	Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery

Matter Arising 2: Project documentation (Operation)	Potential Impact
<p>We undertook a review of the Life QI system to identify what project information was recorded. We note:</p> <ul style="list-style-type: none"> • None of the sampled projects contained a project justification or business case. • 3/6 did not contain performance measures our outcome targets against which success could be measured. • None contained risk assessment information. • None of the projects had cost information. • The Life QI system has the facility to record 'linked priorities' which can be used to align projects to the Health Board’s strategic aims and objectives. 4/6 had not recorded linked priorities. <p>For Life QI projects that are considered to be small scale and ‘safe to fail’, staff are encouraged to consider the benefits of a project against the risks. We understand that for this reason components of the projects such as costings or performance measures are not necessary, as they may stifle innovation. While we acknowledge that this approach may help innovation, it means that considerations such as how a project is ‘small scale’, ‘safe to fail’, or that benefits outweigh risks are not clear.</p> <p>As identified in Matter Arising 1, the use of a revised ‘plan on a page’ document for Life QI projects could help capture basic information at initiation stage and allow an informed decision to be made before proceeding with the project.</p> <p>Projects that the QI team are directly involved in delivering, are not captured on Life QI. There is no central, comprehensive record of planned and active projects and programmes that the team oversee. As such, no testing has been carried out in relation to those projects.</p>	<ul style="list-style-type: none"> • The cost of improvements outweigh the benefits. • Resources are not effectively used if quality improvement actions and initiatives fail to deliver the expected improvements. • Incomplete records and lack of audit trail. • The team being unable to evidence how improvements have helped the organisation achieve its strategic aims and objectives.

Recommendations		Priority
2.1	A comprehensive central record should be maintained of all improvement activity carried out by the QI team. This should include a unique project reference number and the status of each project or programme and the date it was approved.	Medium
2.2	All Improvement projects should be aligned to the organisation's strategic aims and objectives, and this should be captured within project documentation.	Medium
Agreed Management Action	Target Date	Responsible Officer
2.1	We are developing a solution which will be based either on use of the existing LifeQI system or a new centrally held database.	January 2023 Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery
2.2	As part of its response to this audit we are producing an overarching set of procedures and guidance for the iCTM Improvement Team which will incorporate this recommendation. Life QI and other software will be adapted to facilitate this.	January 2023 Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery

Matter Arising 3: QI Faculty Framework (Operation)		Potential Impact	
<p>There is a QI Faculty Framework that sets out the links between the QI team and the QI Faculty leads within the Integrated Locality Groups (ILGs). The framework is in draft format and needs updating as it is currently aligned to the Integrated Locality Group (ILG) structure.</p> <p>We note that the roles described within the framework document are expected to be developed over a two-year period and would continue to evolve thereafter. Now would therefore be an opportune time to review and document the effectiveness of the framework, and any issues arising from the implementation and operation of the framework within the existing ILG operating model and incorporate any improvements to an updated QI faculty framework document.</p>		The established QI faculty framework becoming out of date and no longer fit for purpose.	
Recommendations		Priority	
3.1	The QI Faculty Framework should be reviewed. The review should cover the effectiveness of the operation of the framework since its implementation, and re-alignment to the new Care Group structure currently being implemented across the Health Board.	Medium	
3.2	The updated faculty framework document should be formally approved with the date of approval and issue recorded on the document.	Low	
Agreed Management Action		Target Date	Responsible Officer
3.1	As part of its response to this audit we are producing an overarching set of procedures and guidance for the iCTM Improvement Team which will incorporate this recommendation. A review of the Faculty Framework is underway but will be dependent on the roll out of the new organisation structure which is still in progress.	January 2023	Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery

3.2	As part of its response to this audit we are producing an overarching set of procedures and guidance for the iCTM Improvement Team which will incorporate this recommendation.	March 2023	Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery
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Matter Arising 4: Project Monitoring and Reporting (Operation)		Potential Impact
<p>We tested a sample of six active projects from the Life QI system to confirm if measures of performance or success has been added by the project owners. This information had been included for three of the projects. Without performance information it may be difficult to monitor projects and determine the success when the project is at its conclusion.</p> <p>We also note that project progress information on the Life QI system was not up to date for 5/6 of the projects that we tested. We did not receive a response from one project lead.</p> <p>In addition, we identified one further completed project where the responsible officer had left the Health Board. As the Life QI system was not up to date, it would not be possible to determine from the system the outcome of the project and more importantly good practice, and lessons learnt during the project may be lost.</p> <p>The IIB has a strategic focus. We reviewed the minutes of IIB meetings together with the progress reports submitted by the Improvement team and identified that there is ongoing reporting on projects that the QI team are involved in delivering. We note that the QI team do not take progress reports against individual projects that are captured on the Life QI system to the IIB. As such, there appears to be no form of monitoring or overview reporting in relation to the Life QI projects. It is unclear how progress is monitored and, as projects conclude, how themes and good practice are identified for wider sharing across the Health Board.</p>		<p>The performance and progress of improvement projects not being effectively monitored and poorly performing projects being allowed to continue.</p>
Recommendations		Priority
4.1	Where possible performance measures and / or indicators should be drawn up and recorded for all improvement projects to allow easier monitoring of success during and at the conclusion of a project.	Medium
4.2	To facilitate wider sharing of information and the lessons and good practice arising from improvement projects, the QI team should liaise with Project Leads to remind them of the	Medium

	importance of keeping the Life QI system updated with progress on their projects and against any performance measures and / or indicators on a regular basis.		
4.3	<p>Monitoring of the projects captured on the Life QI system should be carried by the QI team so they can maintain an oversight of the current status of projects and either remind project owners of the importance of keeping the system up to date or determine if they are in need of support from the QI team to progress the project.</p> <p>Monitoring of Life QI information will also enable the QI team to provide the IIB with periodic updates on data such as the number of live projects, topics and themes, completed projects and their outcomes and lessons for sharing.</p>		Medium
Agreed Management Action		Target Date	Responsible Officer
4.1	The nature of improvement and our approach to nurturing improvement skills as opposed to direct involvement in project may make this difficult to implement for every project. However we will include this in our new procedural guidelines and where possible include it within the scope of improvement projects.	January 2023	Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery
4.2	As part of its response to this audit we are producing an overarching set of procedures and guidance for the iCTM Improvement Team which will incorporate this recommendation. Clearer guidance on the use of LifeQI and the accountability associated with receiving a license will be part of this guidance.	January 2023	Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery
4.3	As part of its response to this audit we are producing an overarching set of procedures and guidance for the iCTM Improvement Team which will incorporate this recommendation. More specifically members of the team	January 2023	Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery

	will be assigned specific responsibilities around the monitoring of projects and we will incorporate a monthly review of projects on Life QI within our wider QI faculty structure.		
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Matter Arising 5: Risk Management Arrangements (Design)	Potential Impact
<p>We understand that risks relating to QI projects have been managed on a project-by-project basis. Risk logs are considered by the Improvement Programme Board and if necessary, are escalated to the organisational risk register. However, there is no specific guidance relating to improvement project risk.</p> <p>We understand that the small-scale projects are considered low risk and 'safe to fail'. However, we reviewed a sample of six active small projects, but there was no evidence that risk had been considered.</p> <p>Small projects are logged on the Life QI system, but this does not have a field specifically for recording risk, or the facility to create a project risk log or risk register. From our discussions with projects leads it appears that, while some projects may have associated risks, these are not documented so it was unclear how effectively the risks are managed. As these projects do not require approval before starting, there is no mechanism to 'sense check' the proposed relative level of risk.</p> <p>At the time of our fieldwork, management has identified the need to undertake risk assessments in line with the Health Board policy and develop a QI team risk register, as risks in relation to Quality Improvement work and the team had not been captured.</p>	<p>Project and team risks are not identified and effectively managed.</p>
Recommendations	Priority
<p>5.1 Management should develop and document processes for Project Leads to follow to allow identification and assessment of project risks, in order to determine if projects are low risk and therefore suitable to progress as Life QI projects.</p> <p>A risk log should be created for each project and reviewed throughout the project to ensure that potential risks, including those that may jeopardise the success of the project, or outweigh its benefits are identified and managed.</p>	<p>High</p>

5.2	We note that Risk Management training has been provided to the Change Hub team. This training should be rolled out to the QI team in order facilitate them in developing their own risk register.	High	
Agreed Management Action		Target Date	Responsible Officer
5.1	We are working closely with our Corporate Risk Management Team to implement this recommendation and incorporate a risk assessment and register into our procedural guidance.	December 2022	Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery & Cally Hamblyn – Assistant Director or Governance & Risk
5.2	We are working closely with our Corporate Risk Management Team are organising this training to ensure it is part of our induction process and regularly updated.	December 2022	Paul Gimson - Assistant Director Improvement Culture, Capability & Delivery & Cally Hamblyn – Assistant Director or Governance & Risk

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

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



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