

Primary, Community and Intermediate Care Clinical Board Governance Arrangements Final Internal Audit Report

June 2024

Cardiff & Vale University Health Board



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



Contents

Executive Summary	3
1. Introduction.....	4
2. Detailed Audit Findings.....	4
Appendix A: Management Action Plan.....	8
Appendix B: Assurance opinion and action plan risk rating	15

Review reference:	CVU-2324-25
Report status:	Draft Report
Fieldwork commencement:	22 September 2023
Fieldwork completion:	15 May 2024
Debrief meeting:	2 May 2024
Draft report issued:	30 May 2024
Management response received:	12 June 2024
Final report issued:	14 June 2024
Auditors:	Lucy Jugessur, Deputy Head of Internal Audit Geoffrey Woolley, Principal Internal Auditor
Executive sign-off:	Paul Bostock, Chief Operating Officer
Distribution:	Lisa Dunsford, Director of Operations Clare Evans, Assistant Director of Primary Care Anna Mogie, Deputy Director of Nursing
Committee:	Audit & Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

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.

[Disclaimer notice - please note](#)

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales 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 Cardiff & Vale University 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.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Cardiff & Vale University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

The overall objective of this review was to review the structure and Governance arrangements within the Clinical Board including escalation processes and how the Clinical Board feeds into the Health Board's Committees and Board.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Terms of References (TOR) were out of date for some of the groups/committees within the Clinical Board.
- Non-compliance with the frequency of meeting requirements set out in the TOR.
- Meetings were not always attended in line with the terms of reference.

Other recommendations / advisory points are within the detail of the report.

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 An appropriate governance structure is in place.	Substantial
2 Terms of Reference (TOR) are in place for all groups within the Clinical Board.	Limited
3 Meetings are conducted in line with the requirements of the Terms of Reference	Reasonable
4 Adequate meetings notes or minutes are maintained.	Substantial
5 Key issues are effectively escalated.	Substantial

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	Terms of References have not been kept up to date	2	Operation	High
2	Frequency of meetings	3	Operation	Medium
3	Attendance at meetings	3	Operation	Medium

1. Introduction

- 1.1 The audit of Primary, Community and Intermediate Care (PCIC) Clinical Board Governance Arrangements was undertaken and completed in line with the 2023/24 Internal Audit Plan for Cardiff and Vale University Health Board (the 'Health Board').
- 1.2 Governance structures and their applications are fundamental to ensuring the success of the Health Board in delivering its statutory obligations.
- 1.3 Good corporate governance plays a vital role in underpinning the integrity and efficiency of the Health Board and the wider community in which it operates. Robust properly developed and embedded governance structures are fundamental to ensuring the achievement of the Health Board's strategic objectives and in delivering its statutory, regulatory and legal requirements.
- 1.4 Each Clinical Board is led by a director and is required to have effective governance arrangements in place for the services they are accountable for, in order to provide assurance to the Board and its Committees on the quality and effectiveness of the services provided to its users, coupled with ensuring the aims and objectives set by the Board are delivered.
- 1.5 The PCIC Clinical Board covers Localities in Cardiff North West, Cardiff South East and the Vale. The Clinical Board commissions services from the third and independent sectors as well as managing the Primary Care contractors.
- 1.6 The Executive lead for this audit is the Chief Operating Officer.
- 1.7 The associated risks for the review are:
 - Objectives may not be delivered if governance arrangements are not effectively identifying and escalating concerns and if arrangements are not properly discharged;
 - Areas of poor performance are not identified and addressed; and
 - A lack of clear, consistent direction, accountability and leadership with governance arrangements not properly discharged.

2. Detailed Audit Findings

Objective 1: An appropriate governance structure is in place within the Clinical Board including all required groups, aligned to the Health Board's committee structures.

- 2.1 The current governance structure in place within the PCIC Clinical Board reflects the Health Board Committee structure including:
 - The PCIC Core Senior Management Team is the key decision-making mechanism for the Clinical Board and feeds into the PCIC Clinical Board meeting, which has a wider role as it also includes the head of each PCIC

business unit and staff side representation. Following on from this, the PCIC Clinical Board meeting feeds into the Health Board's Senior Leadership Board;

- The PCIC Business Units Quality and Safety Groups feed into the Clinical Board Quality & Safety Group which reports into the Health Board's Quality, Safety and Experience Committee;
- The PCIC Business Units Health and Safety Groups feed into the Clinical Board Health and Safety Group which previously reported into the Health Board's Health and Safety Committee but now reports into the Health Board's People and Culture Committee;
- The Clinical Board Local Partnership Forum feeds into the Health Board's Local Partnership Forum; and
- All PCIC business units report monthly to the Director of Operations which feed into the Clinical Board periodic performance reviews report to the Health Board's Finance and Performance Committee.

2.2 In addition to meeting weekly to discuss operational and performance matters, the PCIC Management Team also note feedback from Health Board meetings that needs to be communicated to the wider Clinical Board.

Conclusion:

2.3 The governance structure in place is appropriate and reflects the Health Board's Committee structure where applicable with meetings being replicated within the Clinical Board. We have provided **Substantial Assurance** for this objective.

Objective 2: Terms of References (TOR) are in place for all groups within the Clinical Board and they are up to date, with the purpose of the group clearly defined including links to strategic aims and functions of the Clinical Board.

2.4 We reviewed the TOR for the groups operating within the PCIC Clinical Board and confirmed that their purpose, strategic aims and functions are generally clearly defined.

2.5 However, a number of the TORs have not been kept up to date and so the appropriateness of their link to the strategic aims of the Clinical Board may be diminished. **(Matter Arising 1 – High Priority)**

Conclusion:

2.6 While TORs are in place and their purpose is generally clearly defined, most TOR need to be brought up to date so that the appropriateness of their link to the strategic aims of the Clinical Board is not diminished. We have provided **Limited Assurance** for this objective.

Objective 3: Meetings are conducted in line with the requirements stated in the TOR including regularity, attendees, quoracy and coverage of the stated areas of responsibility.

- 2.7 For the groups operating within the PCIC Clinical Board, we reviewed the agendas and minutes of the meetings that have been held between March and November 2023, attendance at the meetings and whether the required stated areas were being covered within the meetings.
- 2.8 While our review confirmed that the meetings covered the required areas of responsibility, the following matters arising were identified:
- Comparing the frequency of meetings per the TOR with meetings held indicated that not all meetings were held in line with the requirements in the TOR. **(Matter Arising 2 - Medium Priority)**
 - Comparing attendance at meetings per the TOR with attendance at a sample of meetings indicated that not all members were in attendance at the meetings. **(Matter Arising 3 – Medium Priority)**

Conclusion:

- 2.9 While meetings held covered the required areas of responsibility, not all meetings complied with the frequency and attendance requirements as stated within the TORs. We have provided **Reasonable Assurance** for this objective.

Objective 4: Adequate meeting notes or minutes are maintained that provide a record of the key discussions and decisions made during the meetings.

- 2.10 For the sample of meetings considered for the previous objective, we reviewed the records produced to manage and record the meetings such as agenda, minutes and action logs to ensure that they were adequate.
- 2.11 For the groups operating within the PCIC Clinical Board, these are maintained to a high standard, and it was possible to clearly and readily match the agenda to the decisions and actions recorded in the minutes and then on to the action logs. However, there was one meeting for the Clinical Board where the minutes had been recorded incorrectly. **(Matter Arising 4 – Low Priority)**
- 2.12 The one exception to this approach is in relation to the weekly PCIC Senior Management Team meetings where only informal records are maintained. We consider this appropriate in the circumstances.

Conclusion:

- 2.13 Meeting records are maintained to a high standard and adequately record key discussions and decisions. We have provided **Substantial Assurance** for this objective.

Objective 5: Groups within the Clinical Board are adequately feeding up to the Health Board's Committees and the Board to ensure key issues are effectively escalated.

- 2.14 Detailed minutes of the PCIC Clinical Board Quality, Safety and Patient Experience Group meetings are presented to the Health Board's Quality, Safety & Experience Committee and detailed minutes of this Committee's meetings are then presented to the Board.
- 2.15 A detailed PCIC Clinical Board Assurance Report was presented to the Health Board's Quality, Safety & Experience Committee in September 2023 which covered each of the Clinical Board's service areas plus the operational matters requiring consideration.
- 2.16 Monthly service area operational performance meetings are held with the Clinical Board's Director of Operations which feed into and populate the slides presented at the monthly PCIC Executive Performance Review chaired by the Chief Operating Officer.
- 2.17 For the Clinical Board meetings that report into Health Board meetings, there are designated Clinical Board staff who attend where appropriate and provide updates on an exception basis or as required by the Health Board meetings.

Conclusion:

- 2.18 Information adequately feeds up to the Health Board's Committees and the Board via a variety of routes ensuring that key issues are effectively escalated. We have provided **Substantial Assurance** for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Terms of References (TOR) are out of date (Design)		Impact
<p>We reviewed a sample of eight Terms of Reference (TOR), and we made the following observations:</p> <ul style="list-style-type: none"> PCIC Clinical Board Information Governance Group - The TOR was marked as draft. However, we are aware that this Group has been temporarily disbanded. PCIC Clinical Board <ul style="list-style-type: none"> The TOR was marked as revised draft and included text highlighted in yellow. It was version marked 5 July 2021 but as stated on the TOR it should be reviewed annually. The detail regarding groups set out in appendix A and B does not appear to be fully up to date. Primary Care Panel - The TOR was marked final draft November 2022 and for review November 2023. Furthermore, it included track changes. Clinical Board Local Partnership Forum - The TOR approval date and next review date were blank. Furthermore, the review requirement was not specified. Clinical Services Reference Group - The TOR for this rebranded group has not yet been finalised as conversations are ongoing regarding alignment and focus. The TORs did not state whether attendees were core or optional for six of the groups reviewed. 	<p>The link to the strategic aims of the Clinical Board may be diminished.</p>	
Recommendations		Priority
1.1	<p>All TOR for the groups within the PCIC Clinical Board should be reviewed to assess whether they are up to date, updated where necessary and then formally approved.</p> <p>As part of the review, consideration should be given to whether attendees are core or optional and this should be clearly stated.</p>	<p>High</p>

Matter Arising 2: Frequency of meetings (Operation)	Impact
<p>The frequency of meetings per the TOR has been compared with meetings held for each of the PCIC Clinical Board groups. From this, the following matters arising have been identified:</p> <ul style="list-style-type: none"> • PCIC Clinical Board Information Governance Group. This group was temporarily disbanded on 16 June 2023 due to its Chair moving on and therefore information relating to information governance was covered via the Quality, Safety and Patient Experience Group. However, there has been no further movement to formalise whether the temporary situation is now permanent and, if so, that terms of reference have been updated to reflect the revised arrangements going forward. • PCIC Clinical Board. The frequency of meetings per the TOR is bi-monthly, however during the period from March to November 2023, while meetings were held in March, July and November 2023, the meetings scheduled for May and September 2023 did not occur for the following reasons: <ul style="list-style-type: none"> • The meeting scheduled for May 2023 was cancelled due to the number of apologies and, due to schedules, the earliest date when it could be re-arranged was 29 June 2023 and so it was cancelled as this was very close to the July scheduled meeting. • The September 2023 meeting was changed to a planning discussion. • Clinical Board Local Partnership Forum. The frequency of meetings per the TOR is bi-monthly, however, the minutes of the April 2023 meeting states that the next meeting would be May 2023 and we were advised that this was stood down and moved to July 2023. Furthermore, the next meeting scheduled for September 2023 was moved back to October 2023. 	<p>The ability to achieve the strategic aims of the Clinical Board may be diminished.</p>

Recommendation		Priority	
2.1	Management should ensure that meetings are held in accordance with the frequency detailed within the TOR.	Medium	
Agreed Management Action		Target Date	Responsible Officer
2.1	<p>Frequency of all meetings to be reviewed and formally approved as part of review of terms of reference.</p> <p>Should meetings need to be stood down/rescheduled due to factors outside of the Clinical Board's control rationale to be formally recorded within the next meeting minutes.</p>	<p>September 2024</p> <p>Immediate</p>	Clinical Board Director/Director of Nursing

Matter Arising 3: Attendance at meetings (Operation)	Impact
<p>Attendance at meetings per the TOR has been compared with attendance at a sample of meetings held for each of the PCIC Clinical Board groups. From this, the following matters arising have been identified:</p> <ul style="list-style-type: none"> • PCIC Core Senior Management Team (SMT) - Two out of the three Triumvirate were not present at the meetings on 2 August, 20 September and 27 September 2023 but decisions were made which contravenes the TOR. We have been advised by the PCIC Deputy Director of Nursing that decisions can be made by one member of the Triumvirate when required and the TOR will be updated accordingly to confirm this. • PCIC Clinical Board Quality, Safety and Patient Experience Group. <ul style="list-style-type: none"> • Representatives were not present from each business unit at the meeting on 30 May 2023. • The Chair, Clinical Board Director of Operations and Senior Nurse Primary Care did not attend any of the meetings on 30 May, 25 July and 26 September 2023. Also, there were no representation from QI representative Head of Safety, Quality and Organisational Learning and Public Health Representative at any of the meetings. • Information Governance Group - Representatives were not present from each business unit and the corporate IG team at the meeting on 15 May 2023. • Primary Care Panel. <ul style="list-style-type: none"> • At the Part One meeting on 27 July 2023, agenda items 3, 4 and 6 listed presenters who were not present at the meeting. • The Head of Community Pharmacy sent apologies for three meetings (20 April 2023 Part One, 20 April 2023 Part 2a GMS and 27 July 2023 Part One) and did not attend or send apologies for 5 June 2023 Part One. Furthermore, an alternate did not attend in lieu. • Health & Safety Group. <ul style="list-style-type: none"> • The meetings held on the 9 February 2023, 10 August 2023 and 8 February 2024 were not quorate as they did not include an Assistant Head of Health and Safety as required by the TOR. Furthermore, for 	<p>The ability to achieve the strategic aims of the Clinical Board may be diminished.</p>






<p>the meeting held on the 9 February 2023, there were less than the four clinical / service board representatives required by the TOR.</p> <ul style="list-style-type: none"> The TOR requires attendance by the Head of Health & Safety, Health & Safety Advisers and Senior Fire Safety Officer but none were shown as attending the above meetings. PCIC Clinical Board. <ul style="list-style-type: none"> The Director of Strategy and Planning, as Independent Executive Member, did not attend any of the three meetings reviewed and no apologies were recorded. The Public Health Consultant, as Independent Public Health Member, did not attend one of the three meetings reviewed and no apologies were recorded. 			
Recommendations		Priority	
3.1	Chairs / Vice Chairs of all meetings should remind all members of their responsibility to attend required meetings or send a representative when they are unable to attend.	Medium	
3.2	Where presenters are listed against agenda items then they should be present at the meeting.	Medium	
Agreed Management Action		Target Date	Responsible Officer
3.1	Chair/Vice Chair of all meetings to remind members of their responsibility for attendance or ensuring somebody deputises as part for the formal approval of reviewed ToR.	September 2024	PCIC Director of Nursing
3.2	All Chairs/Vice Chairs to be reminded that agenda items should identify who will be present and responsible for that item.	Immediate	Clinical Board Director/PCIC Director of Nursing

Matter Arising 4: Meeting records (Operation)		Impact	
We reviewed a sample of meeting minutes, and it was identified that there was an inaccurate record of the PCIC Clinical Board meeting held on the 20 July 2023. The minutes included details from the previous meeting which had initially been used as a template. Despite this, they were accepted as an accurate record at the subsequent meeting.		The ability to achieve the strategic aims of the Clinical Board may be diminished.	
Recommendations		Priority	
4.1	Accurate records of meetings should be produced and should be adequately reviewed before being accepted at the subsequent meeting.	Low	
Agreed Management Action		Target Date	Responsible Officer
4.1	Robust PCIC Meetings Share Point already set up and to be maintained by the Clinical Board corporate administration team. All Chairs/Vice Chairs to be reminded of the need to review minutes of meetings for accuracy before formal sign off at the following meeting.	Immediate	Director of Nursing

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.
	Unsatisfactory 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.



NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)