

Ambulance Handover Improvement Plan Arrangements

Internal Audit Report

April 2023

Emergency Ambulance Services Committee



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Executive Summary

Purpose

Our review focussed on the adequacy of the systems and controls in place within EASC for the development of the seven Welsh health boards' ambulance handover improvement plans and their Integrated Commissioning Action Plans (ICAPs) and ongoing monitoring.

Overview

We identified one low priority finding that relates to the absence of a formal process to capture and record risks during the creation of ambulance handover improvement plans, and within the current ongoing planning of Integrated Commissioning Action Plans.

Report Opinion



Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Assurance summary¹

Objectives	Assurance
1 Guidance provided to aid the development of improvement action plans.	Substantial
2 EASC scrutiny, challenge, and collation of Health Board plans into an All-Wales improvement action plan.	Substantial
3 Appropriate approval of the improvement action plans.	Substantial
4 Improvement plan risks have been identified and are monitored.	Substantial
5 Health Board monitoring of their improvement action plans.	Substantial
6 Welsh Government are informed of progress against the integrated action plan.	Substantial

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

1. Introduction

- 1.1 Our review of ambulance handover improvement plan arrangements was completed in line with the 2022/23 Internal Audit plan for the Emergency Ambulance Services Committee ('EASC' or the 'organisation').
- 1.2 EASC is a joint committee of the seven health boards in Wales and has the responsibility for planning and securing sufficient ambulance services for the population. In November 2021, in response to the ever-increasing ambulance handover delays and the subsequent lost ambulance hours, EASC made a commitment to support a targeted approach to improve the situation. During 2022 EASC tasked each health to develop a handover improvement plan, with an All-Wales plan to be collated by the end of 2022.
- 1.3 Our review focussed on the adequacy of the systems and controls in place within EASC for aiding health boards in the development of their respective handover improvement plans, their subsequent compilation into an All-Wales plan, and progress monitoring via Integrated Commissioning Action Plans (ICAPs), which started in early 2023.
- 1.4 The relevant Executive lead for this review is the EASC Chief Ambulance Service Commissioner.
- 1.5 The risks associated with our review were as follows:
 - Patient harm if handovers continue to be delayed.
 - Ineffective use of resources if actions do not lead to improved performance.
 - Reputational damage to health boards, EASC and Welsh Ambulance Services Trust (WAST).

2. Detailed Audit Findings

Objective 1: Health boards were provided with guidance and support to aid the development of their improvement plans.

- 2.1 All stages of the in the development of individual health board ambulance handover improvement plans, the All-Wales ambulance handover improvement plan, and initiation of the health board ICAPs were supported by a structured planning timeline developed by EASC.
- 2.2 Documented fortnightly meetings were held between EASC, WAST and each of the health boards, which provided a forum to facilitate and advise on the individual approach needing to be taken in the creation and compilation of ambulance handover improvement plans. The meetings enabled EASC to share improvement ideas and outcomes between health boards during the development stages of their respective ambulance handover improvement plans.
- 2.3 Planning templates were initially developed by health boards and submitted to EASC, but their use was rescinded due to the variations in the approach from each

organisation. EASC then provided each health board with a standard planning template to ensure consistency in their development.

Conclusion:

2.4 Health boards were provided with guidance and support from the inception and development stages, through to the completion of their ambulance improvement action plans. This is also the case in respect of the current development of their respective Integrated Commissioning Action Plans (ICAPs). We have provided substantial assurance against this objective.

Objective 2: Health board plans were scrutinised and challenged by EASC, and a suitable process was in place for collating the individual plans into an All-Wales integrated action plan.

2.5 Prior to the initiation of engagement and planning of ambulance handover plans with the individual health boards in May 2022, we saw that the Chief Executives/Executive Officers of the seven health boards were kept apprised of the intentions, ministerial requirements, and scene setting in respect of ambulance handover planning via the EAS Joint committee meetings.

2.6 This engagement was reinforced by the liaison between the Chief Ambulance Services Commissioner (CASC), Health Board Chief Operating Officers and WAST during fortnightly meetings where ambulance handover performance dashboards were scrutinised and discussed. By May 2022 a formal request had been made by the CASC for handover improvement plans be developed for each health board. The plans were to draw particular attention to how each organisation monitors and reacts to growing levels of lost minutes per arrival, and an approach to escalating delays that are approach 4-hours, in order to eradicate waits beyond this time.

2.7 We saw evidence that EASC scrutinised and challenged individual health board ambulance handover plans as they developed through the fortnightly ambulance handover planning meetings with each health board. We confirmed that, for the meetings that we sampled, there was representation from EASC, WAST and the relevant health board. We note that over the course of the meetings, the initial proposals were refined according to priority and deliverability at both health board and WAST level.

Conclusion:

2.8 From the inception to completion stages, each health board ambulance handover improvement plan was subject to regular scrutiny and challenge by EASC, which facilitated the collation of meaningful individual plans into an All-Wales ambulance handover improvement plan. We have provided substantial assurance against this objective.

Objective 3: Appropriate approval of the integrated action plan was sought, with agreement from health boards and the Welsh Ambulance Services NHS Trust (WAST).

- 2.9 We saw evidence to confirm that each health board had reviewed and approved their own ambulance handover improvement plan via a relevant committee or group within their respective organisation prior to submission to EASC for integration into the All-Wales ambulance handover plan. WAST were sighted on all plans as they attended the fortnightly handover planning meetings.
- 2.10 The All-Wales ambulance handover improvement plan was submitted to the Health Minister as part of the ministerial ambulance handover improvement summit held in late November 2022.

Conclusion:

- 2.11 Appropriate organisational approval for the each of the seven respective health board ambulance handover improvement plans was obtained and then ratified by the Welsh Ambulance Services NHS Trust (WAST). We have provided substantial assurance against this objective.

Objective 4: Risks in relation to the integrated action plan have been identified and are monitored.

- 2.12 We reviewed a sample of fortnightly handover meetings and confirmed that discussions relating to the risks attributable to the creation and delivery of individual health board ambulance handover improvement plans were within the meeting discussions, although 'risk' was not a specific item for discussion. The same arrangements are in place in relation to the creation and current ongoing planning of health board ICAPs. **(Matter Arising 1: Low Priority)**
- 2.13 However, we note that risks relating to the individual health board handover plans and ICAPs are owned and monitored by respective health boards. Commissioning risks that relate only to EASC elements of the process are included on the EASC risk register along with a wider risk relating to the failure to improve handover times. These risks are routinely reported to the EAS Joint Committee and the hosted body Audit and Risk Committee at Cwm Taf Morgannwg University Health Board.

Conclusion:

- 2.14 Whilst risks in relation to each health board's ambulance handover improvement plans are discussed, a process to more formally capture and record the risks relating to the ongoing work to compile and implement the respective ICAPs should be considered. We have provided substantial assurance against this objective.

Objective 5: Arrangements are in place to allow monitoring of the progress being made by each health board in relation to their elements of the integrated action plan.

- 2.15 Since January 2023 there have been two distinct ICAP planning meetings with individual health boards. While at the time of our fieldwork, the creation and collation of individual health board ICAPs was at an early stage, there was documentary evidence of progress.
- 2.16 The two distinct ICAP meetings are: an ICAP performance planning meeting, which focusses on reviewing performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in each respective health board's ICAP; and a second meeting, the action plan meeting, which focuses on the delivery of joint organisational actions and individual organisation's actions aligned to the 'Six Goals Programme for Urgent and Emergency Care'.
- 2.17 We understand that future performance planning meetings will consider opportunities for shared learning, where additional actions could be identified to enhance health board plans.

Conclusion:

- 2.18 Arrangements are in place to allow monitoring of the progress being made by each health board in relation to their respective ICAPs. We have provided substantial assurance against this objective.

Objective 6: Arrangements are in place to ensure Welsh Government are informed of progress against the integrated action plan.

- 2.19 A process is in place that will allow for the reporting of progress of health board ICAP development and delivery via the monthly Welsh Government Delivery Unit Integrated Quality Planning Delivery (IQPD) meetings. We note that these meetings have focused on each health board's ambulance handover performance activity and outcomes using EASC ambulance handover data.
- 2.20 There are also mechanisms in place which allow urgent discussions with Welsh Government in the event of an issue that may need immediate attention.

Conclusion:

- 2.21 Arrangements are in place that enable Welsh Government to consider the progress against the production and implementation of each health board's ICAP. We have provided substantial assurance against this objective.

Appendix A: Management Action Plan

Matter Arising 1: Recording of Risks: Health Board Ambulance Handover Plans and ICAPs (Design)		Potential Impact
<p>Our review of the notes from the fortnightly Handover Planning Improvement meeting between the Health Boards, WAST and EASC identified that risks attributable to the creation and delivery of individual Health Board Ambulance Handover Plans were raised as part of the wider discussions held in the meeting. However, 'risk' was not a specific item for discussion at the meetings.</p> <p>Similarly, those risks pertaining to the creation and ongoing planning of Health Board ICAPs were also discussed but were also not explicitly stated in ICAP Performance and Action Plan meeting minutes.</p> <p>However, we acknowledge that risks linked to individual Health Board ICAPs and ultimately the inability to improve handover delays are owned and monitored by the respective health boards, with any related commissioning risks included on the EASC risk register.</p>		<p>Associated risks not appropriately recorded which could lead to patient harm if handovers continue to be delayed.</p> <p>Reputational damage to Health Boards, EASC and WAST.</p>
Recommendations		Priority
1	Consideration should be given to more formally capturing within meeting notes the risks and any relevant discussions relating to the formulation and outcomes of Health Board Ambulance Handover Plans and ICAPs.	Low
Agreed Management Action		Target Date
1	As outlined with the audit report, the risks associated with the failure to deliver the actions set out in the ICAPs is recorded by health boards and WAST. However, we recognise the requirement to capture risks raised through the ICAP meetings. Therefore, we will be amending our approach to	1 May 2023
		Responsible Officer
		Ross Whitehead, Deputy Chief Ambulance Services Commissioner

	<p>the ICAP meeting. We will add a risk item to the agenda and any highlighted risks will be recorded in a new risk section within the meeting notes. We believe that this approach will be able to accurately capture any potential risks, which could be considered for escalation through EASC structures.</p>		
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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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