



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Internal Audit Incident Management Review

Author: Keith Cox

Date: 08/04/2015

Version: 1

Sponsoring Executive Director: Keith Cox

Who will present: Keith Cox

Date of Committee / Board meeting: 14 April 2015

Committee/Groups that have received or considered this paper: Executive Team

The Board / Committee are asked to: (please select one only)

Approve the recommendation(s) proposed in the paper.

Discuss and scrutinise the paper and provide feedback and comments.

Receive the paper for information only.

✓

Link to [Public Health Wales commitment and priorities for action](#):

(please tick which commitment(s) is/are relevant)



✓

Priorities for action

include relevant priority for action(s)

1. Introduction

In accordance with the 2014/2015 internal audit plan, a review of Incident Reporting within Public Health Wales has been undertaken.

2. Background

From April 2013 PHW no longer used the Velindre Datix system and began using its own. For the period April 2013 to February 2015, there were a total of 4,040 incidents recorded on the Datix Database for the Trust. This figure includes all non patient safety incidents and incidents that have been rejected.

The objective of the audit is to evaluate and determine the adequacy of the systems and controls in place for the Management of incident reporting, in order to provide reasonable assurance to the Trust's Audit Committee that risks material to the achievement of system objectives are managed appropriately.

3. Description

See the draft report attached.

4. Recommendations

The Committee is asked to note this update.



DRAFT INTERNAL AUDIT REPORT

Public Health Wales

Incident Reporting

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services

CONTENTS

1. EXECUTIVE SUMMARY	3
1.1 Introduction and Scope	3
1.2 Opinion and Key Findings	3
2. INTRODUCTION	5
3. AUDIT APPROACH AND SCOPE	5
4. SIGNIFICANT AUDIT FINDINGS	7
4.1 Assurance Summary	7
4.2 Design of System / Controls	7
4.3 Operation of System / Controls	7
4.4 Summary of Audit Findings	8
5. CONCLUSION AND RECOMMENDATIONS	10
5.1 Overall Assurance Opinion	10
5.2 Audit Recommendations	11

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

Review reference:	PHW15.04
Report status:	Draft
Fieldwork commencement:	January 2015
Fieldwork completion:	February 2015
Management debrief meeting:	March 2015
Draft report issued:	March 2015
Draft report clearance meeting:	
Management response received:	
Final report issued:	
Auditor /s:	Jayne Gibbon, Liz Vincent
Executive sign off:	Rhiannon Beaumont-Wood, Director of Nursing
Distribution:	Gay Reynolds, Business Manager
Committee:	PHW Audit Committee

ACKNOWLEDGEMENT

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.

1. EXECUTIVE SUMMARY

1.1 Introduction and Scope

In accordance with the 2014/2015 internal audit plan, a review of Incident Reporting within Public Health Wales has been undertaken.

The reporting of incidents is a key process within the Trust in order to improve the health, safety and welfare of its staff, patients, visitors and all users of its premises and services. It is essential that all incidents, near misses and hazards are reported so that action can be taken to improve the working environment and patient experience and to improve services where appropriate.

From April 2013 PHW no longer used the Velindre Datix system and began using its own. For the period April 2013 to February 2015, there were a total of 4,040 incidents recorded on the Datix Database for the Trust. This figure includes all non patient safety incidents and incidents that have been rejected.

The objective of the audit is to evaluate and determine the adequacy of the systems and controls in place for the Management of incident reporting, in order to provide reasonable assurance to the Trust's Audit Committee that risks material to the achievement of system objectives are managed appropriately.

1.2 Opinion and Key Findings

The level of assurance given as to the effectiveness of the system of internal control in place for Incident Reporting is **Substantial Assurance**.



The review highlighted that the Trust has a good culture of awareness and reporting of incidents. Overall the controls in place to manage the risks associated with the systems and processes tested within the review are of a good standard; however the audit has identified a small number of minor weaknesses.

Staff members within the sampled Directorates are aware of the Trust's Incident Reporting policy and procedure and it is clear that incidents are being reported. However, testing carried out on a sample

of 20 incidents recorded on the Datix database found that there were small number of delays in reporting the incidents and delays in reviewing incidents within an appropriate timescale.

Good practice was noted with regards to the existence of an up to date Incident Reporting Policy and DATIX procedure. The Datix Manager has also provided Refresher Training to many areas within the organisation.

For the sample areas reviewed there were reporting mechanisms in place for the discussion of Serious Incidents as well reporting to Board level.

There were no high priority issue identified during the review.

2. INTRODUCTION

In accordance with the 2014/2015 internal audit plan, a review of Incident Reporting within Public Health Wales has been undertaken.

The primary purpose of incident reporting is to provide an opportunity for learning for the individual and for the Trust Board, which will contribute to continuous improvement. Public Health Wales aims:

- To identify factors contributing to incidents and gain a better understanding of how they arise
- To identify trends, locally and Trust wide
- To provide a means for identifying preventative measures or procedural changes that need to be made in order to eliminate or reduce risk of accident, injury, damage or loss.
- To help ensure the safety of services users, staff and visitors and to reduce the cost of litigation.
- To ensure that service users and partners receive appropriate information about incidents in which they were involved.
- To provide feedback to Divisions / teams and appropriate wider audiences so that the information may be used for learning.
- To ensure that individuals receive a full and honest response, which provides an account of what happened, why and if appropriate, any actions taken to avoid recurrence.

Since April 2013, Public Health Wales has been using the Datix system for reporting Incidents, Concerns and Claims online; prior to that they were integrated in the Velindre Datix system.

Testing to establish compliance with the Trust incident reporting process was carried out within the following Directorates; Microbiology and Stop Smoking Wales.

The process for receiving incident forms, recording on Datix and reporting on incidents were also reviewed within Microbiology Cardiff, Welsh Specialist Virology Centre, University Hospital of Wales and Stop Smoking Wales, Public Health Wales, Whitchurch Hospital.

3. AUDIT APPROACH AND SCOPE

The approach to audit assignments is risk based, where the risks are identified with the lead manager. Controls are then identified to

manage those risks and the assignment scope designed to provide assurances on those issues.

The outcomes of this review can be linked or contribute to the Trust's Assurance Framework and Standards for Health Services in Wales.

The audit assignment has been allocated an assurance rating, dependant on the level of assurance Internal Audit are able to provide. There are four potential levels of assurance available, along with three recommendation priorities; these are described in Appendix B and C.

The purpose of the review was to establish if there are appropriate procedures in place within the Trust to ensure that all incidents, near misses and hazards are appropriately reported, investigated and managed and that lessons are learnt.

The potential risks considered in the review are as follows:

- Incidents are not reported by staff;
- Incidents are not effectively managed within individual Directorates;
- Lessons are not learnt and actions are not taken to prevent reoccurrence of reported incidents;
- PHW fails to comply with external reporting requirements.

The main areas that the review sought to provide assurance on are:





- The Trust has appropriate and up to date incident reporting policies and procedures in place and these are made available to all staff;
- Appropriate Incident reporting and management processes, that align with the Trust policies and procedures, are in place within individual Directorates;
- All incidents, near misses and hazards occurring within the Trust are appropriately reported;
- All reported adverse incidents are subject to appropriate, focused investigation that is fair and equitable.
- Adequate arrangements are in place within departments to monitor all reported incidents and take appropriate action, provide feedback and learn lessons;
- All reported incidents are appropriately and accurately categorised, graded and recorded on a central Trust database.
- Appropriate, periodic information relating to incidents and trends is produced and distributed to relevant departmental and Directorate management and the Trust Board / Committees. Action is taken to address highlighted issues.

- All relevant incidents are promptly and accurately reported to the required external agencies (National Reporting Learning System, Health & Safety Executive, Welsh Government etc)

4. SIGNIFICANT AUDIT FINDINGS

4.1 Assurance Summary

The summary of assurance given against the individual risks is described in the table below:

Audit Risks					
1	<i>Incidents are not reported by staff</i>				✓
2	<i>Incidents are not effectively managed within individual departments / Directorates</i>			✓	
3	<i>Lessons are not learnt and actions are not taken to prevent re-occurrence of reported incidents</i>				✓
4	<i>The Trust fails to comply with external reporting requirements</i>				✓

4.2 Design of System / Controls

The findings from the review have highlighted no issues that are classified as a weakness in the system / control design for incident reporting. This is identified in the Management Action Plan as (D).

4.3 Operation of System / Controls

The findings from the review have highlighted two issues that are classified as weakness in the system / control operation for incident reporting. These are identified in the Management Action Plan as (O).

4.4 Summary of Audit Findings

Overall the controls in place to manage the risks associated with the systems and processes tested within the review are of a reasonable standard. The key findings are by the individual risk and are reported in the section below with full details in Appendix A.

Risk 1: Incidents are not reported by staff.

The following areas of good practice were noted:

- The organisation has an Incident Reporting Policy and procedure in place which is reviewed every 3 years. Both are still up to date and are not due to be reviewed until June 2016. A copy of the policy and procedure can be found on PHW intranet which is available to all staff.
- Training is provided as and when required. Each division will have someone who would explain to new members of staff how to report incidents on Datix.

There were no significant findings noted under this risk.

Risk 2: Incidents are not effectively managed within individual departments / Directorates.

The following areas of good practice were noted:

- Both Directorates within the sample are following the Trust Incident Reporting policy and procedure. Microbiology has their own procedure but it does incorporate the Trust policy.
- All 20 incident reports within the sample have been recorded onto Datix with 17 of the incidents allocated an investigating officer; all deemed appropriate.
- Both directorates have a reporting mechanism in place for discussing serious incidents, which includes reporting up to Board level. Both directorates would include incidents onto the Risk Register if necessary; to date Stop Smoking Wales has never reported a serious incident.
- Serious incidents are annotated on the Datix system and a timeline is produced of the timescales for the review process. The Business Manager is lead Investigator and will be involved in reviewing all serious incidents. When a serious incident comes in, the Business Manager opens a serious incident record in email and all emails

relating to the serious incident are placed in the folder. Welsh Government is advised of all serious incidents.

- DATIX is synchronised with the active directory and Reporter Details are populated automatically. If the reporter wishes to receive feedback or a progress update when the incident has been closed out they have the option to select this within the Reporter Details section of the form in Datix. They will receive an email when the incident is closed out informing them of the progress. Feedback is also provided during team meetings.

The following significant findings were noted:

- Although remedial actions were carried out by management for the majority of the 20 incidents looked at, the following was discovered.
 - For 3 of the incidents no investigation had taken place.
 - For 1 of the incidents there was no start date.
 - For 1 of the incidents there had been no follow up investigation.
- Even though all the incidents sampled had been recorded onto the Datix system the following was revealed:
 - There were examples of incidents that had been reported more than 2 days after the event had taken place; the longest being 21 days.
 - There were examples of investigating officers not achieving the timescales for reviewing the incidents within an appropriate timescales; the longest being 95 days.
 - At the time of the audit 3 out of 20 sampled incidents had not been opened and reviewed within Datix.
 - 2 incidents that had been reported in Microbiology had gone straight to the 'Awaiting Final Approval' stage even though they had no open date. The system should not have allowed this to happen so this has now been reported to DATIX.

Risk 3: Lessons are not learnt and actions are not taken to prevent re-occurrence of reported incidents.

The following areas of good practice were noted:

- The category chosen for all incidents that had been investigated within the tested sample was appropriate.
- For the incidents that had been investigated the grading and the chosen level of harm deemed appropriate.
- Appropriate monitoring of incidents is taking place in both directorates and is discussed in the relevant groups and committees.

- Trends are analysed from the reports produced for the monthly meetings.
- The lessons learnt field within Datix is a mandatory field and 'Reviewers' are unable to close the incident until this section has been completed.
- For all incidents that resulted in an investigation they all had associated Lessons Learnt allocated to them, which is shown in Datix.

There were no significant findings noted under this risk.

Risk 4: The Trust fails to comply with external reporting requirements.

The following areas of good practice were noted:

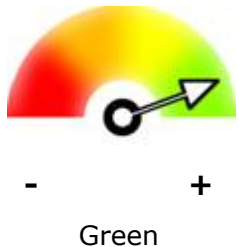
- PHW have set up a notification tab within DATIX called 'external/internal reporting' for 'Screening' incidents only. This allows the handlers to indicate whether the incident should be reported to Welsh Government, NRLS or RIDDOR.
- PHW have produced a document called the DATIX Upload via Extranet which describes and illustrates the process for producing the report that is produced for NRLS every 6 months.

There were no significant findings noted under this risk.

5. CONCLUSION AND RECOMMENDATIONS

5.1 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.

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.
------------------------------	---	--

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.

5.2 Audit Recommendations

A range of recommendations have been made to address the issues identified and these have been accepted by management. A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	0	2	0	2

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

RISK : Incidents are not effectively managed within individual departments and Directorates.

Finding 1	Impact
<p>20 Incident reports were reviewed from two different Directorates to ensure they had been appropriately recorded, authorised by senior staff, investigated and remedial actions undertaken by management.</p> <p>The Trust policy states that the review of incidents should take place within 2 days of the incident being reported. This is important for ensuring the quality, accuracy and completeness of the incident reports. There is also a flow chart at the end of the policy which shows that the investigation should be initiated within 7 days if there is a LOW risk, 5 days for a MEDIUM Risk and Significant/Major within 24 hours.</p> <p>Testing showed that although remedial actions were carried out by management there were a number of incidents that were in various approval stages and the following was identified:</p> <p><u>Microbiology</u></p> <p>4 out of 10 incidents had no 'open date' at the time the sample was chosen (3614, 3864, 3217 & 3853). All 4 incidents refer to Lab Errors which means that these 'Type' of incidents are classed as ERROR – non incident within Datix. Completion of the investigation field within Datix is not required for these 'Type'</p>	<p>The organisation is not consistently following the Incident Reporting policy by ensuring that all incidents, near misses and hazards are reviewed, investigated and actioned within the required timescale.</p>

of incidents, however a RCA should be concluded and the incident status should change to final approval and closed down on the system within an appropriate timeframe. Two of these incidents (3614 & 3864) have now progressed; a RCA has been completed and both have been moved to the final approval stage and closed off the system on 27th January 2015. Neither of these incidents however had been opened on the system until this date therefore making the longest 95 days after the day it was reported. The remaining two incidents (3217 & 3853) had gone straight to the 'Awaiting final approval' stage at the time it was reported which surprised the Datix Manager when queried during the audit. The incidents have not been opened and there is no audit trail on the system to explain how this has happened. The Datix Manager will email Datix for them to investigate further.

4 out of 10 incidents are in the final approval stage. 2 related to Lab Errors (2683 & 3208) which had undergone a RCA but do not require an investigation. Both had been appropriately reviewed, however 1 (2683) was not closed off the system until 5 months after the incident was opened on DATIX. The remaining 2 incidents were investigated appropriately and closed on the system within a suitable timeframe. (GP)

2 out of 10 incidents were in the 'Being reviewed' stage at the time the sample was chosen (3915 & 3928). Both have progressed since that time. One transferred to the final approval stage on 03/02/15 (3928) and has been appropriately reviewed and closed on the system within a suitable timeframe. The remaining incident (3915) transferred to the 'Awaiting final approval' but no completion date has been entered onto the system. The audit trail option on DATIX was able to provide the date this adjustment took place, which was

03/02/15. This is 50 days after the investigation started. This incident remains open and has yet to be closed.

SSW

1 out of 10 incidents was in the awaiting final approval stage at the time the sample was chosen (3373). Datix shows that the Incident has progressed since and is now in the finally approved stage and closed on the system on 07/10/14. The closed date has been backdated because the actual closure date as per the Datix audit trail was 28/01/15.

3 out of 10 incidents were in the 'being reviewed' stage at the time the sample was chosen. (2520, 3419 & 3768). No investigation has taken place for any and all three are well overdue. Two have been chased by the corporate team but one has yet to be followed up.

3 out of 10 incidents were in the holding area, awaiting review at the time the sample was chosen. One had been opened on 15/01/15 but no investigation has taken place and is due to be chased by the Corporate Team Administrator. The remaining 2 had no 'open date' (3732 & 3752) at the time the sample was chosen. Both have been chased by the Corporate Team Administrator; but only one has been closed on the system (3752). No start date was entered in the investigation field for this incident but the completion date was the same as the closed date. The incident has been appropriately reviewed, however, from the date it was reported to the date that it was closed was 69 days. (O)

Recommendation 1

Priority

Management must ensure that all incidents are reviewed and investigated in accordance with the Trust's policy and procedure. An audit trail of all actions must also be noted in Datix.	Medium
Management Response	Responsible Officer/ Deadline
<p>Timescales for investigations as set out in the Incident Reporting Policy should be reported as a Divisional key performance indicator and reported to the Service User Experience and Learning Pane.</p> <p>The further action taken tab to be made a mandatory field.</p>	<p>Divisional Directors / Heads of Programme</p> <p>Datix Manager</p> <p>1 July 2015</p>





Finding 2	Impact
<p>The 20 sampled Incident reports were looked at to evaluate the time taken for the Incident to be reported and reviewed within Datix.</p> <p>As per the Incident Reporting procedure it is understood that remedial action is often likely to take priority over the completion of the Datix Web Incident Form. However, incidents should be reported as soon as possible, ideally within 24 hours but no later than 2 days after the incident.</p> <p>The following issues were revealed:</p>	<p>Incidents are not being reported and reviewed within the stipulated timescales and ongoing issues may not therefore be appropriately highlighted and addressed.</p>

<p><u>MICROBIOLOGY</u></p> <p>3 out of 10 incidents were reported more than a week after the incident occurred, the longest being 21 days. (3853, 3208 & 3915).</p> <p>2 out of 10 incidents were opened more than a week after the incident was reported, the longest being 12 days. (2683 & 3915)</p> <p><u>SSW</u></p> <p>1 out of 10 incidents was reported 10 days after the incident occurred. (3732).</p> <p>4 out of 10 incidents were opened more than a week after the incident was reported, the longest being 62 days. (2520, 3373, 3419 & 3768)</p> <p>(O)</p>	
Recommendation 2	Priority
<p>Management must ensure that all incidents are reported and reviewed as soon as possible after occurrence and in accordance with the timescales stipulated within the Trust Board's policies and procedures.</p>	<p>Medium</p>
Management Response	Responsible Officer/ Deadline

Email notifications are sent to relevant staff when an incident is reported. Consideration is being given to the provision of email triggers to reminded Managers that there are overdue incidents awaiting review and approval.

Datix Manager
31 July 2015

Audit Assurance Ratings

RATING	INDICATOR	DEFINITION
Substantial assurance	 <p>- + Green</p>	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	 <p>- + Yellow</p>	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	 <p>- + Amber</p>	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	 <p>- + Red</p>	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	Timeframe for commencement of management action
High	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 mis-statement	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls PLUS Some risk to achievement of a system objective	Within One Month*
Low	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. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

In the event that, pursuant to a request which the client has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify the Head of Internal Audit promptly and consult with the Head of Internal Audit and Board Secretary prior to disclosing such report.

The Trust shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

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 Trust. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

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.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

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.



Office details:

First Floor
Brecknock House
University Hospital of Wales
Heath Park
Cardiff
CF14 4XW

Contact details:

Name • Jayne Gibbon, Audit Manager
Tel • 02920 745687
E-mail • jayne.gibbon@wales.nhs.uk