

# Targeted Intervention Governance

## Final Internal Audit Report

2024/25

Hywel Dda University Health Board



Reasonable Assurance

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### Review Reference

HDU-2425-02

### Fieldwork

July 2024 – January 2025

### Executive Sign Off

28<sup>th</sup> January 2025

### Audit Committee

February 2025

### Executive Lead

Phil Kloer, Chief Executive Officer

### Audit Team

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit

# Executive Summary

## Purpose

The overall objective of this review was to assess and provide independent assurance over the effectiveness of governance arrangements in place for the closure of Targeted Intervention (TI) actions.

## Overview

A new governance structure to aid in addressing TI actions has been embedded with the Executive Team is supported by formal reporting groups and sub-groups with roles and responsibilities outlined in terms of references. Formal reporting groups and statutory committees of the Health Board receive regular progress update reports during 2024 that align to a newly defined assurance level approach providing clear visual rating on the progress and implementation of each TI action.

The reporting groups and statutory committees are responsible for reviewing the progress and performance levels of allocated TI actions with the aim of de-escalation, whilst the Audit and Risk Assurance Committee (ARAC) provides overarching scrutiny in the progress of TI actions. The monitoring and reporting of the performance measures at the appropriate committee was evident and a review of the source data confirmed the accuracy of the figures reported to the Health Board and submitted to Welsh Government to support their de-escalation.

Two matters requiring management attention regarding:

- The reporting of summary information from reporting groups and other statutory committees into ARAC in order to provide assurance for independent members and a review of TI governance arrangements of the Quality, Safety and Experience Committee [Medium Priority]
- The lack of detail and engagement from some directorates and services in delivering service change plans as part of the recent 100-day planning and delivery programme [Medium Priority]

Whilst positive actions to establish and embed clear governance structures have been identified; challenges still face the Health Board in the delivery of the TI actions. We have therefore concluded **reasonable** assurance on this area.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 Appropriate governance arrangements have been established to manage the six domains of the <i>NHS Wales Escalation and Oversight Framework</i>	1 & 2	<b>Reasonable</b>
2 Targeted Intervention actions are only closed on approval of the Targeted Intervention Coordination Group on the basis that they are (i) supported by sufficient and appropriate evidence demonstrating completion, or (ii) subject to alternative 'business as usual' monitoring arrangements with mechanisms in place to provide assurance over progress and completion.	-	<b>Substantial</b>

### Management Actions



High Priority



Medium Priority

### Themes

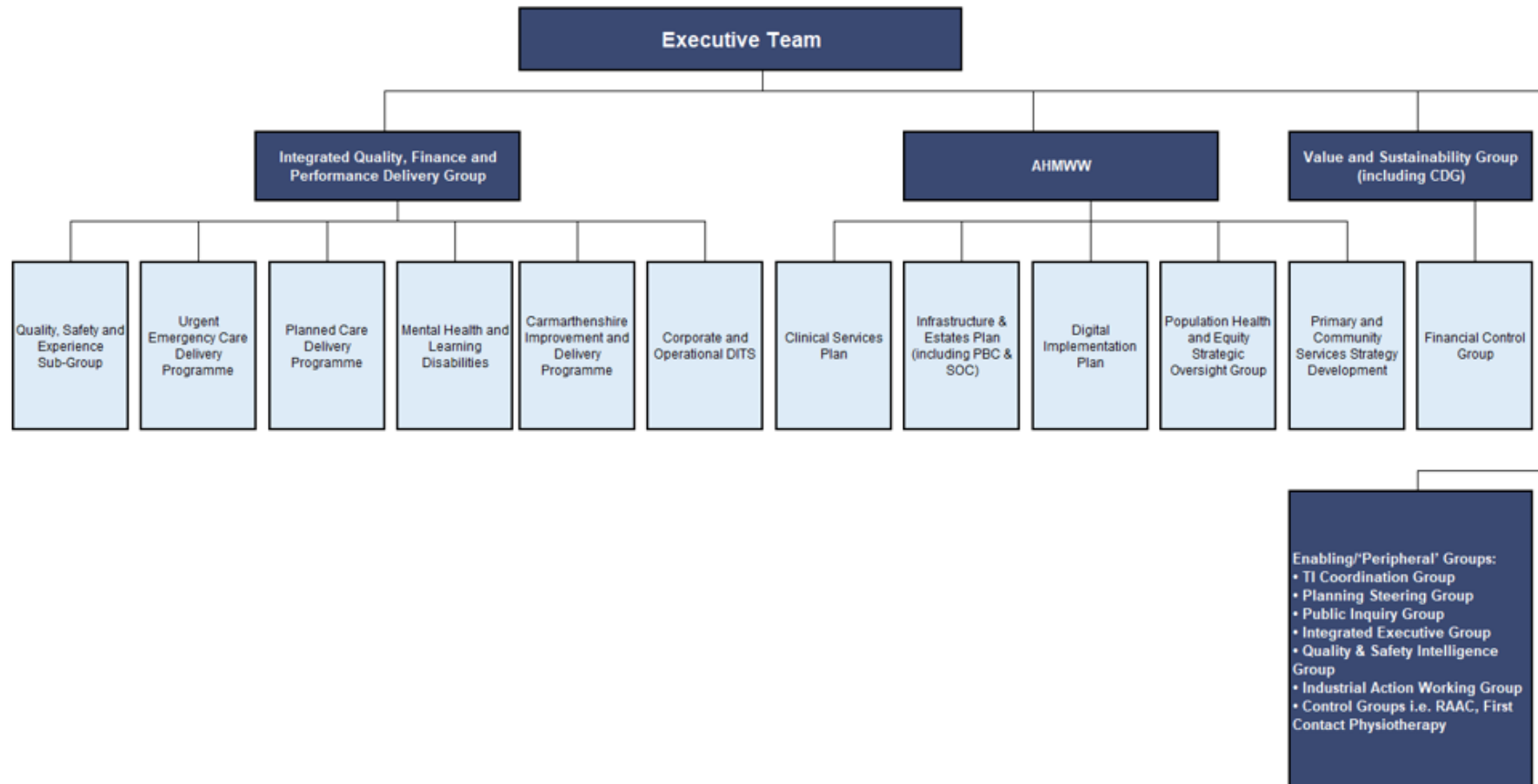


■ Governance

### Risk Types

Quality or Safety Issues

# New Executive Team Governance Arrangements



# Findings & Agreed Action Plan

**Objective 1:** Appropriate governance arrangements have been established to manage the six domains of the *NHS Wales Escalation and Oversight Framework* **Reasonable**

**Overview / Summary of Observations**

A new governance structure was established in June 2024 to manage the TI actions (see page 2 above). The Executive Team is supported by three formal reporting groups, in addition to an overarching TI Coordination Group, that are supported by sub-groups and meetings. Each reporting group has terms of reference in place with outlined roles, responsibilities and objectives. TI actions have also been mapped to dedicated sub-committees of the Health Board, whilst a Lead Executive Director has assigned responsibility for each of the six escalation domains.

The Deputy Director of Planning and Commissioning (in his additional role as Programme Director for Targeted Intervention) plays a key role within the TI governance process having responsible for collecting and validating evidence for each TI criterion, demonstrating the impact of remedial measures, assess outcomes against set indicators and working closely with directorates and Welsh Government.

A newly defined assurance level approach was also introduced to provide clear visual rating on the progress and implementation of each TI action within reports provided to the reporting groups and sub-committees.

At the Audit and Risk Assurance Committee (ARAC) meeting in October 2024, feedback from independent members highlighted the role and remit of ARAC in evaluating how other committees are managing, scrutinising and monitoring TI actions. To address the members comments, a review of the format and content of the escalation status reports was undertaken with a new streamlined escalation/update report introduced in December 2024. However, further actions regarding summary information on the assurance of scrutiny and monitoring of TI progress of other committees be provided in future escalation reports to ARAC require addressing.

We can confirm the clear reporting of progress reports from the sub-groups and meetings to the reporting groups and sub-committees of the Health Board, apart from the Quality, Safety and Experience Group (QSEC) that provided updates of TI actions within separate individual reports. At the ARAC meeting in December 2024, it was recognised that further work is required surrounding the TI governance arrangement of QSEC.

A 100-day planning and delivery cycle of key programmes was introduced to aid in the planning, execution and oversight of critical change initiatives by 1<sup>st</sup> October 2024. The delivery cycle was supported by a documented enhanced scrutiny and rapid escalation process. Of the six programmes identified, a post-programme review (undertaken by the Programme Director of Targeted Intervention) identified missing key information within three of the programmes, whilst there was little engagement from some directorates and services that resulted in no plan being presented or developed.

Whilst positive actions to establish and embed clear governance structures have been identified, challenges still face the Health Board (that have been reported to groups and committees) in the delivery of the TI actions.

Key Findings		Risk & Impact	Agreed Management Action
1	<p><b>Governance and Reporting Arrangements</b></p> <p>Following feedback from independent members at ARAC meetings, further actions regarding summary information on the</p>	<p>Poor governance and reporting arrangements</p>	<p><b>Agreed Action:</b></p> <p>Structuring reports by the six specific TI actions under ARAC's remit, ensuring that each action is clearly tracked, monitored,</p>

<p>assurance of scrutiny and monitoring of TI progress of other committees be provided in future escalation reports to ARAC and the TI governance arrangement of QSEC require addressing.</p>	<p>impacts on the Health Board's ability to address TI actions.</p>	<p>and reported. In addition, summary assurance from other committees will also be provided.</p> <p>Highlighting any variance or potential non-compliance promptly. Where there is any indication that performance, quality, or governance arrangements do not align with TI criteria, ARAC will be duly notified so that corrective measures can be enacted swiftly and robust oversight can be maintained</p> <p>The approach to QESC follows the same reporting and assurance framework as other committees. Where criteria fall within QESC's remit, regular updates will be submitted, detailing progress, evidence-based outcomes, assurance ratings, and any further actions required. This consistent process ensures that each committee, QESC included, receives transparent and comprehensive updates on the organisation's performance against TI requirements.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>1) Restructured TI update reports highlighting any variances or non-compliance, and any other concerns</p>
<p><b>Theme:</b> Governance</p>	<p>Control Design</p>	<p><b>Medium Priority</b></p> <p><b>Officer:</b> Programme Director of Targeted Intervention</p> <p><b>Target Implementation Date:</b> 23<sup>rd</sup> January 2025</p>
<p>2 <b>Directorate and Service Engagement</b></p> <p>The post 100-day planning and delivery programme review (undertaken by the Programme Director of Targeted Intervention) identified missing key information within three of the programmes and little engagement from some directorates and services that resulted in no plan being presented or developed, impacting on the Health Board's ability to delivery TI actions.</p>	<p>Lack of engagement resulting in TI actions not being addressed.</p>	<p><b>Agreed Action:</b></p> <p>An escalation process between the Programme Director of Targeted Intervention and the Chief Executive Officer/ Deputy Chief Executive Officer for the non-engaged directorates and service to be agreed</p> <p><b>Expected Evidence of Implementation:</b></p> <p>1) Agreement of an escalation process for directorates and services not engaging in the TI process</p>
<p><b>Theme:</b> Governance</p>	<p>Control Operation</p>	<p><b>Medium Priority</b></p> <p><b>Officer:</b> Programme Director of Targeted Intervention</p> <p><b>Target Implementation Date:</b> 28<sup>th</sup> February 2025</p>

**Objective 2:** Targeted Intervention actions are only closed on approval of the Targeted Intervention Coordination Group on the basis that they are (i) supported by sufficient and appropriate evidence demonstrating completion, or (ii) subject to alternative 'business as usual' monitoring arrangements with mechanisms in place to provide assurance over progress and completion.

**Substantial**

### **Overview / Summary of Observations**

Every TI action is allocated a reporting group and committee that are responsible for reviewing the progress and performance levels with the aim of de-escalation. ARAC, as part of its role as responsibility, receives regular update reports on the de-escalation progress of TI actions by the reporting groups and committees.

The update report submitted to ARAC in October 2024, highlighted five performance figures that had met their target for a minimum of three consecutive months that led to their de-escalation, including:

- % patients waiting less than 52 weeks from referral to treatment
- % 0-17 year olds LPMHSS assessments undertaken <28 days
- % 0-17 year olds therapeutic interventions started <28 days
- % 0-17 year olds having secondary mental health services with valid care treatment plan
- Number of hospital onset E.coli infections

We can confirm the monitoring and reporting of the above performance measures at the appropriate committee, whilst a review of the source data confirmed the accuracy of the figures reported to the Health Board and submitted to Welsh Government to support their de-escalation.

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	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 Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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



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## Public Sector Internal Audit Standards

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