

Follow-up: Welsh Language Standards

Final Internal Audit Report

December 2022

Hywel Dda University Health Board



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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.

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Executive Summary

Purpose

This review has sought to establish progress made by management to implement agreed actions arising from the previous internal audit [report HDUHB-2122-12 refers], which concluded limited assurance over the adequacy of arrangements in place to ensure Health Board compliance with the Welsh Language Standards.

Overview of findings

The original audit identified three high and two medium priority matters arising, as summarised in the Progress Summary table.

Action has been taken by management to address five of the six matters arising. However, one high priority matter arising is only partially addressed, whilst one medium priority matter arising has not been implemented.

We have concluded **Reasonable** assurance overall.

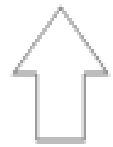
Follow-up Report Classification

Reasonable



Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.

Trend



Progress Summary

Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
1 Health Board Service Plans	High	↑	Closed
2 Identification and Recording Risks	High	↑	Closed
3 Self-Assessment Tool	High	↑	Medium
4 Welsh Language Steering Group	Medium	→	Medium
5 Failure to comply with the Health Board Complaints Policy	Medium	↑	Closed
6 SBAR report format	Low	↑	Closed

1. Introduction

- 1.1 This audit sought to establish the progress made by management in implementing agreed actions to address the issues identified in the original review (report HDUHB-2122-012 refers).
- 1.2 The potential risks considered in the original review were:
- non-compliance with the Standards resulting in financial penalties and reputational damage;
 - complaints received by the Health Board are not addressed; and
 - the Health Board does not receive assurance in respect of Standards compliance or is not aware of potential issues requiring addressing

2. Findings

- 2.1 The table below provides an overview of progress in implementing the previous internal audit recommendations:

Original Priority Rating	Number of Recommendations	Implemented / Obsolete (Closed - No Further Action Required)	Action Ongoing (Further Action Required)	Not implemented (Further Action Required)
High	3	2	1	-
Medium	2	1	-	1
Low	1	1	-	-
Total	6	4	1	1

- 2.2 Full details of recommendations requiring further action are provided in the **Management Action Plan** in **Appendix A**.

Appendix A: Management Action Plan

Matter Arising 1: Health Board Service Plans		
Original Recommendation		Original Priority
The WLS Team should support directorates and services that have engaged with them to ensure the requirements of the Standards are embedded within their individual plans.		High
Management Response	Target Date	Responsible Officer
<p>The Welsh Language Team to contact all directorates to offer support directorates to ensure that the Standards are embedded within their individual plans.</p> <p>The Health Board IMTP for 2022/23 – 2024/25 will include planning objectives in relation to compliance with the standards and are currently exploring through the transformation steering group where we want to go further to embrace Welsh Language and Culture.</p>	1 st October 2021	Welsh Language Services Manager
Current Findings		Residual Risk
<p>The Welsh Language Team contacted all Executive Directors in September 2021 offering their support to directorates and services to ensure the Standards were embedded in their individual plans. A review identified Welsh Language Standards had been embedded in a sample of directorate and county plans.</p> <p>The Welsh Language Services Manager was involved in drafting the explicit Welsh Language planning objectives set out in the Health Board’s Three-Year Plan for 2022-25 with progress submitted via Planning Objective Update reports to the People, Organisational Development & Culture Committee.</p> <p>Conclusion: <i>Implemented – No Further Action Required.</i></p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> non-compliance with the Standards resulting in financial penalties and reputational damage.

Matter Arising 2: Identification and Recording Risks		
Original Recommendation		Original Priority
Management should assess the financial and reputational risk of non-compliance with the Welsh Language Standards on the risk register.		High
Management Response	Target Date	Responsible Officer
An assessment will be undertaken to establish whether the financial and reputational risk of non-compliance with the Welsh Language Standards have been captured on Health Board risk registers.	31 st March 2022	Assistant Head of Communications
Current Findings		Residual Risk
<p>A risk (No.1232) in relation to the financial and reputational risk of non-compliance with the Welsh Language Standards was entered onto the Health Board register in September 2021. A review of the register confirmed that progress of actions was being updated and addressed on a regular basis.</p> <p>Conclusion: <i>Implemented – No Further Action Required.</i></p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> non-compliance with the Standards resulting in financial penalties and reputational damage.

Matter Arising 3: Self-Assessment Tool		
Original Recommendation		Original Priority
<p>3.1 The WLS Team should chase up the outstanding directorates and service for their self-assessment tool and escalate areas of non-engagement to the appropriate Executive Director.</p> <p>3.2 The WLS Team should support directorates and services in their development of action plans to address areas of non-compliance with the Standards.</p>		High
Management Response	Target Date	Responsible Officer
<p>3.1 The WLS Team to chase up the outstanding directorates and service for their self-assessment tool and escalate areas of non-engagement to the appropriate Executive Director, and support directorates and services, who request it, in their development of action plans to address areas of non-compliance with the Standards.</p> <p>3.2 The WLS Team will support directorates and services that engage with them in their development of action plans to address areas of non-compliance with the Standards.</p>	<p>30th September 2022</p> <p>30th September 2022</p>	<p>Welsh Language Services Manager</p>
Current Findings		Residual Risk
<p>The action required in response to the recommendation has yet to be fully implemented. Whilst the majority of directorates and services have submitted a completed self-assessment tool to the Welsh Language Team, returns have not been received from the Nursing and Operations Directorates. A revised timescale for obtaining these has been set as the end of December 2022, which has been noted within Risk No.1232 on the Health Board risk register. A revised target completion date has been set for March 2023.</p> <p>Conclusion: <i>Action Ongoing – Further Action Required.</i></p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> non-compliance with the Standards resulting in financial penalties and reputational damage.

Matter Arising 4: Welsh Language Steering Group		
Original Recommendation	Original Priority	
The WLS Team to establish a Welsh Language Steering Group in order to capture and review the organisation's compliance with the Standards as soon as capacity allows.	Medium	
Management Response	Target Date	Responsible Officer
Establish a Welsh Language Steering Group in order to capture and review the organisation's compliance with the Standards as soon as capacity allows.	31 st March 2022	Communications Director
Current Findings		Residual Risk
<p>The Welsh Services Manager confirmed that the Steering Group will be formed once the Welsh Language and Culture Discovery report has been completed. The target date for this is by the end of March 2023.</p> <p>Conclusion: <i>Not Implemented – Further Action Required.</i></p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> the Health Board does not receive assurance in respect of Standards compliance, or is not aware of potential issues requiring addressing.

Matter Arising 5: Failure to comply with Health Board Complaints Policy		
Original Recommendation	Original Priority	
Management should undertake a lessons learned review of this incident to ensure future Welsh language complaints are managed appropriately.	Medium	
Management Response	Target Date	Responsible Officer
A fortnightly audit of open and closed complaints is now undertaken to identify any concerns which require escalation in respect of managing delays or issues identified with the investigation or management of the concern. Any concerns regarding Welsh Language will be sent to the Welsh Language Team as well as the services(s) involved so there is oversight and monitoring of themes/trends.	12 th August 2021	Assistant Director -Legal and Patient Experience
Current Findings		Residual Risk
We reviewed complaints received within the last 12 months relating to Welsh Language to ensure the 30-day response target is achieved. All were dealt with satisfactorily. Conclusion: <i>Implemented – No Further Action Required.</i>		Potential risk of: <ul style="list-style-type: none"> complaints received by the Health Board are not addressed.

Matter Arising 6: SBAR Report Format		
Original Recommendation	Original Priority	
To enhance and embed the Standards, management should consider the inclusion of referencing the Welsh Language Standards within the SBAR report format.		Low
Management Response	Target Date	Responsible Officer
Specific reference to Welsh Language as a key piece of legislation is made within the accompanying Integrated Impact Assessment (IIA) template to the SBAR to ensure compliance is considered. Links to the IIA are incorporated within the 'Impact' fields of the SBAR template for ease of reference.	12 th August 2021	Head of Corporate & Partnership Governance
Current Findings		Residual Risk
The Integrated Impact Assessment (IIA) template to the SBAR was reviewed and has been satisfactorily updated to refer to the Welsh Language. Conclusion: <i>Implemented – No Further Action Required.</i>		Potential risk of: <ul style="list-style-type: none"> the Health Board does not receive assurance in respect of Standards compliance or is not aware of potential issues requiring addressing.

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:

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. Follow up: All recommendations implemented and operating as expected</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved. Follow up: No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>
	<p>No assurance</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. Follow up: No action taken to implement recommendations</p>

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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