

RAAC Internal Major Incident Final Internal Audit Report

March 2024

Hywel Dda University Health Board



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Contents

| | |
|---|---|
| Executive Summary..... | 3 |
| 1. Introduction..... | 4 |
| 2. Detailed Audit Findings | 5 |
| Appendix A: Management Action Plan..... | 7 |
| Appendix B: Assurance opinion and action plan risk rating | 8 |

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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 audit was a high-level review of actions taken to instigate and manage the RAAC internal major incident.

Overview

We have issued **Reasonable** assurance on this area.

Evidence indicates that the internal major incident was declared at an appropriate time as the significance of the situation emerged. Command-and-control structures were promptly invoked, with terms of reference in place and meetings generally well attended.

We have identified one high priority finding, relating to the absence of decision logs to demonstrate transparency, accountability and appropriate decision making (see para’s 2.8 & 2.9).

Full details of matters arising are provided in Appendix A.

Report Opinion

Trend

Reasonable



Some matters require management attention in control design or compliance.

n/a

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

| Objectives | Assurance |
|--|-------------|
| 1 Appropriate governance arrangements are in place to manage the incident response, including establishment and effective operation of a Management Response Group and command and control structures. | Substantial |
| 2 Decision making is in line with command-and-control structures, with comprehensive records of key decisions and actions maintained. | Limited |
| 3 The Health Board accessed mutual aid and sought support from relevant partner agencies to strengthen incident response and mitigate the potential impact on services and patients. | 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 | Decision Logs | 2 Operation | High |

1. Introduction & Scope

- 1.1 Following concerns raised by the Welsh Government about safety of materials used in the construction of NHS hospitals between 1990 and 1995, a programme of surveys commenced in May 2023 to determine the condition of Reinforced Autoclaved Aerated Concrete (RAAC) roof planks in wards at Wwithybush General Hospital and are expected to continue into 2024.
- 1.2 Plans were put in place to manage the impact on the operation of day-to-day services at the hospital and prioritise the availability of hospital beds. However, as the surveys progress the scale of the issues identified is putting additional pressure on the availability of clinical space and a knock-on impact on services.
- 1.3 On the 15 August 2023 [the Health Board declared an internal major incident](#) at Wwithybush Hospital due to the potential scale and impact of the RAAC discovered in the hospital building.
- 1.4 This audit reviewed the Health Board's management of the internal major incident in accordance with the Major Incident Plan. The scope of the review was limited to a high-level review of the actions taken to instigate and manage the internal major incident. The review has not assessed and therefore does not provide assurance in relation to actions taken to address the RAAC risks and associated service delivery implications.
- 1.5 The associated risk considered in this review is failure to effectively manage the RAAC internal major incident, potentially resulting in:
 - ineffective decision making;
 - increased and/or or prolonged service disruption;
 - detrimental impact on patient safety and experience; and/or
 - reputational damage.

2. Detailed Audit Findings

Objective 1: Appropriate governance arrangements are in place to manage the incident response, including establishment and effective operation of a Management Response Group and command and control structures

- 2.1 The Health Board Major Incident Plan 2023-24 defines an internal major incident as *a significant event that is likely to require additional resources and multi-agency assistance* and requires completion of a *Report for Declaration of Internal Major Incident* documenting the details of the incident and decision process.
- 2.2 The decision to declare an internal major incident (IMI) was triggered by the requirement to evacuate affected wards by the end of August 2023 in order to safeguard patients and staff from the risk of an incident, which could also render the Health Board vulnerable to prosecution. The decision was based on the results of ongoing plank surveys and legal advice.
- 2.3 This was discussed at the RAAC Control Group meeting of 14 August 2023, with minutes noting that the Director of Operations would recommend declaration of an IMI to the Chief Executive and Executive Team. An IMI was declared the following day, following discussion between the Director of Operations and Chief Executive.
- 2.4 Key personnel interviewed during the audit, including the Director of Estates, were resolute that the timing of this decision was appropriate and at the earliest opportunity based on the information available from the results of the plank surveys, and balancing the clinical needs of patients with the identified health and safety risks.
- 2.5 The command-and-control structure was promptly invoked with the first meeting of the RAAC Gold Command taking place on the 17 August 2023. The RAAC Control Group became Silver Tactical, and two Bronze operational groups were established to focus on estates/facilities and service/operations. Terms of Reference were established for all groups and minutes demonstrate good attendance by appropriate Health Board personnel.

Conclusion:

- 2.6 Evidence indicates that the decision to declare an IMI was taken at an appropriate time, with command-and-control structures promptly established. We have concluded **Substantial** assurance for this objective.

Objective 2: Decision making is in line with command-and-control structures, with comprehensive records of key decisions and actions maintained

- 2.7 The Major Incident Plan 2023-24 stipulates that good clear and concise records must be kept of all decisions and actions, but is not prescriptive on the means for doing so in relation to internal major incidents. Best practice guidance on civil contingencies indicates that decision logs should be maintained for command-and-control incident response.

- 2.8 Decision logs were not utilised for the RAAC IMI. The Head of Emergency Preparedness advised that it was agreed at the outset that minutes and action logs for command-and-control groups would be sufficient to evidence decision-making.
- 2.9 Whilst minutes/notes of the command-and-control groups generally document discussions and updates comprehensively, key decisions are not explicit or identifiable. We recognise that decisions had to be made at pace during a rising tide event and meeting minutes and action logs capture in detail the actions taken, although specific decisions, including where and when these were made, are not explicitly clear. **[Matter Arising 1]**
- 2.10 In the absence of decision logs, we have not undertaken detailed sampled testing on the appropriateness of decisions taken by command-and-control groups.
- 2.11 In line with Terms of Reference, action logs were maintained by Gold, Silver and Bronze groups and reviewed at each meeting as a standing agenda item. Actions are clear and concise, time-bound and assigned to leads.

Conclusion:

- 2.12 Minutes of the command-and-control groups were generally comprehensive and action logs were maintained, although decision logs weren't maintained so key decisions are not easily identifiable. We have therefore concluded **Limited** assurance for this objective.

Objective 3: The Health Board accessed mutual aid and sought support from relevant partner agencies to strengthen incident response and mitigate the potential impact on services and patients

- 2.13 The Health Board Chief Executive wrote to the Chief Executives of Pembrokeshire, Carmarthenshire and Ceredigion County Councils on 10 August 2023 to request support for mutual aid and advise that County Directors would be engaging with respective Directors of Social Services.
- 2.14 We sighted a response from Pembrokeshire County Council (PCC) on 23 August 2023 confirming that discussions were ongoing with the County Director with a number of infrastructure options provided for the Health Board to consider. Minutes of the Bronze (Operational & Service Implications) Group note that options considered were deemed unsuitable.

Conclusion:

- 2.15 Mutual aid was requested at the earliest opportunity and there is evidence that options were provided by local authority partners, albeit these were deemed not suitable. We have concluded **Substantial** assurance for this objective.

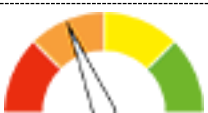

Appendix A: Management Action Plan

| Matter Arising 1: Recording of Decision (Design) | | Impact | |
|---|---|--|----------------------------------|
| <p>Decision logs were not utilised for the RAAC IMI on the basis that minutes and action logs for command-and-control groups would be sufficient to evidence decision-making. However, whilst minutes/notes of the command-and-control groups generally document discussions and updates comprehensively, key decisions are not explicit or identifiable.</p> <p>Best practice guidance on civil contingencies indicates that decision logs should be maintained for command-and-control incident response.</p> | | <p>Potential risk of:</p> <ul style="list-style-type: none"> Lack of transparency and accountability for decisions made in response to the RAAC IMI | |
| Recommendations | | Priority | |
| 1.1 | <p>Update the Health Board Major Incident Plan to require that arrangements for recording decisions in a command-and-control incident response be appropriate to the nature and scale of the incident. If it is deemed that decision logs are not necessary, any alternative means (including command-and-control group minutes) must ensure that key decisions are easily identifiable and captured clearly and concisely in order to demonstrate transparency and accountability.</p> | <p>High</p> | |
| Agreed Management Action | | Target Date | Responsible Officer |
| 1.1 | <p>The major incident plan is currently going through its annual review process and a revision relating to decision making will be included as part of this. Scalability will be highlighted and options for appropriate recording of decisions will be detailed ranging from the highlighting of decisions as part of action notes/minutes completed by admin support up to formal decision logs completed by trained Loggists (as appropriate for the scale and nature of the incident). The revised plan will go through the EPRR Group initially then on to the Health & Safety Committee and then Board for ratification. The major incident plan is then stored on the Health Board intranet site for ease of access.</p> | <p>Revised Plan to EPRR Group by end of May 2024 then on to H&S Safety Committee and Board by June/July 2024 (established annual review dates)</p> | <p>Sam Hussell, Head of EPRR</p> |

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.



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