



PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Scrutiny of Outstanding Improvement Plans
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Claire Bird, Assurance and Risk Officer Charlotte Beare, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Audit and Risk Assurance Committee with a list of identified external inspection and audit reports for potential scrutiny at future Committee meetings over the next 6 months.

Cefndir / Background

Executive Directors and Lead Officers understand that there is still the expectation that outstanding recommendations from auditors, inspectorates and regulators should continue to be implemented during COVID-19, to ensure services are safe and the risk of harm to patients and staff is managed and minimised. The assurance and risk team have implemented a rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Audit and Risk Assurance Committee (ARAC).

One of the roles of ARAC is to oversee progress made by services on the implementation of recommendations from auditors, inspectorates and regulators, and to challenge where there is late or non-delivery. Inspectorate and regulatory activity was initially scaled back following the start of the pandemic in March 2020; however, this has slowly re-started over Summer, albeit in alternative formats. Whilst the Health Board continues to manage fluctuating COVID-19 activity and resumption of essential services, it is still important to ensure that services are safe and recommendations continue to be implemented.

The Assurance and Risk team have examined the list of open reports on the Central Tracker to identify where recommendations have slipped from their original timescales (i.e. red RAG status) and/or progress has stagnated, and where these are not external recommendations (recommendations outside the gift of the Health Board to currently implement, i.e. reliant on an external organisation (e.g. NWIS) to implement).

Asesiad / Assessment

Following discussion at the previous meeting, the Committee requested a schedule to be developed to review outstanding reports with the executive director and lead officer. This schedule has been developed. As all Board Members will be aware, the Health Board has seen an increase in both COVID-19 and non COVID-19 related activity, which has impacted on the ability of some teams to implement recommendations within the increased timescale. The Committee may wish to postpone the scrutiny schedule until the New Year, as services may not be able to provide the required assurance whilst they are preparing to deal with further increased activity through the Winter period.

Below is a table of the reports where recommendations are within the gift of the Health Board to implement, and have exceeded original timescales, or where progress is slow or stagnant. A number of these reports and delays in implementation precede COVID-19, and whilst the Committee would usually seek assurances from services that these areas would be addressed at pace, many of the services are now unable to implement these because of COVID-19.

Services	Reports and Number of Outstanding Recommendations	Potential date for scrutiny by ARAC
Operational		
3 Counties (Pembs)	HIW Sunderland Ward, South Pembrokeshire Hospital May19 – <i>1 (high priority) recommendation out 19 has exceeded the original timescale by over 6 months.</i>	December 2020 (TBC)
Primary Care	AW Primary care services at Hywel Dda, November 2018 – <i>5 recommendations out of 14 have exceeded original timescales by over 6 months, one of which is outside the gift of the Health Board.</i>	December 2020 (TBC)
MH&LD	HIW North Ceredigion Community Mental Health Team (Gorwellion) 20-21 November 2018 - <i>1 recommendation remains out of 15 has exceeded the original timescale.</i>	December 2020 (TBC)
	DU All Wales Assurance Review of Primary Care Child and Adolescent Mental Health Services - The Review of Under 18s March 2019 LPMHSS – <i>1 recommendation out of 5 has exceeded the original timescale by over 6 months.</i>	
	HIW How are healthcare services meeting the needs of young people? Thematic Review March 2019 – <i>5 recommendations out of 33 have exceeded original timescales by over 6 months.</i>	
	DU National report- The Quality of Care and Treatment Planning - Assurance Review of Adult MH&LD Services July 2018 – <i>1 recommendation will exceed the original timescale of Oct 2020, a revised timescale of December 2021 has been provided. 1 recommendation is closed as being taken forward by Welsh Government.</i>	
	HIW Cwm Seren / Low Secure Unit (LSU) and Psychiatric Intensive Care Unit (PICU), 14-16 January 2019 –	

	<p><i>1 recommendation out of 20 has exceeded original timescale by over 6 months. 1 recommendation remains on schedule for completion.</i></p> <p>Joint Thematic Review of Community Mental Health Teams Feb 2019 – <i>5 recommendations of the 22 exceed the original timescale, 4 of which by over 6 months. 2 recommendations on schedule.</i></p>	
BGH	<p>HIW Ystwyth Ward, BGH 03-04, September 2019 – <i>1 recommendation out of 41 has exceeded its original timescale by over 6 months.</i></p> <p>RCP Cymru Wales visit to Ysbyty Bronglais: Follow up report, September 2019 – <i>Implementation dates for 6 out of the 10 recommendations are being queried with the service as currently 'not known' or 'on-going', whilst 1 recommendation has been implemented and 3 remain on schedule for completion.</i></p> <p>IA Bronglais General Hospital Directorate Governance Review, February 2020 – <i>4 recommendations out of the 8 on the original report have exceeded original timescales by over 6 months.</i></p>	February 2021 (TBC)
3 Counties (Carms)	<p>IA Integrated Care Fund, May 2019 – <i>1 recommendation has exceeded original timescale by over 6 months.</i></p>	February 2021 (TBC)
Out of Hours	<p>Out of Hours Peer Review October 2019 – <i>6 recommendations out of 14 on the original report have exceeded original timescales by over 6 months.</i></p>	February 2021 (TBC)
Cardiology	<p>DU All Wales Cardiology to Cardiac Surgery Transfer Point Assurance Review, May 2019 – <i>2 recommendations out of 3 on the original report have exceeded original timescales, 1 of which has exceeded original date by over 6 months.</i></p>	April 2021 (TBC)
Women and Children Women and Children	<p>Puffin Unit / PACU, Withybush General Hospital, Aug 2020 – <i>Inspection took place in February 2020 and the report was received in August. During this period, due to Covid, the ward has been closed and it is unclear when the remaining 4 recommendations will be implemented.</i></p> <p>PACU and Cilgerran Wards, Glangwili General Hospital July 2020 – <i>1 recommendation of the 17 has exceeded the original timescale. 4 recommendations on schedule. Due to Covid, it is unclear when these 5 recommendations will be implemented.</i></p> <p>GGH Neonatal Peer review October 2019 – <i>2 recommendations of the 10 have exceeded the original timescale, 1 of which has gone beyond 6 months. 1 recommendation remain on schedule for completion.</i></p> <p>HIW Glangwili Hospital (Maternity), 7-9 October 2019 -</p>	April 2021 (TBC)

	1 recommendation of 17 has exceeded the original timescale by over 6 months.	
Scheduled Care (Theatres and Ophthalmology)	AW Follow-up Outpatient Appointments: Update on Progress December 2017 – 1 recommendation out of 10 that has exceeded the original timescale by over 6 months.	June 2020 (TBC)
	IA Theatres Directorate, April 2018 – 2 recommendations out of 10 have exceeded original timescales by over 6 months.	
	DU Review of the Impact of Long Waits for Planned Care on Patients November 2018 – 4 recommendations out of 9 have exceeded the original timescales, 3 by over 6 months.	
	DU All Wales Review of progress towards delivery of Eye Care Measures, September 2019 – 5 recommendations out of 8 have exceeded original timescales by over 6 months, whilst 2 have been implemented and 1 will no longer be taken forward and has been closed on the audit tracker.	
Quality & Safety		
Q&S (including Welsh Language)	AW Review of Operational Quality and Safety arrangements 2019 - 2 recommendations out of 8 have exceeded original timescales.	December 2021 meeting (TBC)
	Internal Audit Welsh Language Standards Implementation October 2019 – 2 recommendations out of 4 have exceeded original timescales by over 6 months.	April 2021 (TBC)
	Welsh Language Commissioner Investigation under section 71 of the Welsh Language (Wales) Measure 2011 of a possible failure to comply with Welsh language standards August 2019 – All 3 recommendations have exceeded original timescales.	April 2021 (TBC)
	HSE improvement notices & material breaches - IN6, MB3, MB4, MB6, MB7, MB9 – On 07/09/2020, the HSE issued extensions to previously issued improvement notices and material breaches. The audit tracker has been updated with the revised compliance dates, however 6 recommendations are still behind schedule out of a total of 32 still to be implemented.	Being monitored by Health and Safety Assurance Committee
Corporate		
IT	AW Clinical coding follow-up review, April 2019 - 4 recommendations out of 15 have exceeded their original timescales. Of the 4, 2 have gone beyond 6 months of their original timescales.	February 2021 meeting (TBC)
	AW Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality: Update on Progress. May 2018 -	

	<p><i>1 recommendation out of 11 has exceeded its original timescales by over 6 months.</i></p> <p>IA IM&T Assurance – Follow Up, June 2020 - <i>All 3 recommendations have exceeded the original timescales by over 6 months.</i></p> <p>IA Cyber Security (Stratia Report), February 2020 – <i>1 recommendation out of 2 has exceeded its original timescale, whilst the other recommendation remains on schedule for completion.</i></p> <p>Stratia Consulting NHS Wales External Security Assessment - Assessment Report and Security Improvement Plan for Hywel Dda University Health Board (H DUHB), October 2017 – <i>6 recommendations out of 19 have exceeded their original timescales (3 of which are outside the gift of the Health Board). Another 4 recommendations are on schedule for completion.</i></p>		
Public Health (previously Partnerships)	<p>AW Implementing the Well-being of Future Generations Act- Hywel Dda Health Board, October 2019 – <i>5 recommendations out of 7 have or will exceed the original timescales. 2 have already exceeded by over 6 months, with 1 where timescales has moved to December 2021.</i></p>	August 2021 (TBC)	
Estates	<p>AW Review of Estates, May 2017 – <i>2 recommendations out of 8 have exceeded original timescales by over 6 months.</i></p> <p>Internal Audit Estates Directorate Governance Review, October 2019 – <i>1 recommendation out of 7 has exceeded its original timescale by over 6 months.</i></p> <p>MWWFRS Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. South Pembrokeshire Hospital, March 2019 - <i>1 recommendation out of 5 has exceeded its original timescale by over 6 months.</i></p> <p>MWWFRS Letter of Fire Safety Matters. The Regulatory Reform (Fire Safety) Order 2005. St Nons (Secure EMI unit)/ St Brynach's (Day Hospital) / Bro Cerwyn (Offices), December 2019 – <i>2 recommendations out of 5 have exceeded original timescales by over 6 months.</i></p> <p>MWWFRS Enforcement Notice Withybush General Hospital, February 2020 – <i>1 recommendation listed in Enforcement Notice will exceed the original timescale of April 2022 provided by MWWFRS by over 6 months. In August 2020 MWWFRS confirmed the timescale for this notice would remain as April 2022 and will be revised closer to the deadline date).</i></p> <p>MWWFRS Enforcement Notice General Hospital April 2020 –</p>	<p>October 2020 (TBC)</p> <p>Being monitored by Health and Safety Assurance Committee</p>	

	<i>2 recommendations out of 14 will exceed the revised timescale of February 2021 provided by MWWFRS, whilst 7 recommendations have been completed and 5 are on schedule for implementation by the revised completion dates.</i>	
--	--	--

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to consider and agree the above schedule, in light of the increased COVID-19 and non COVID-19 activity, and anticipated winter pressures on services.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	ARAC – Audit and Risk Assurance Committee AW- Audit Wales (previously WAO (Wales Audit Office)) CHC- Community Health Council

	CIW – Care Inspectorate Wales DU- Delivery Unit HEIW-Health Education and Improvement Wales HIW- Health Inspectorate Wales HSE- Health and Safety Executive IA- Internal Audit MWWFRS – Mid & West Wales Fire & Rescue Service NWIS – NHS Wales Informatics Service UHB – University Health Board WLC- Welsh Language Commissioner
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control and exploiting opportunities to achieve value for money.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control in relation to patient quality and care.
Gweithlu: Workforce:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control in relation to workforce issues and risks.
Risg: Risk:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is not addressing any gaps in control and identified risks are not being managed.
Cyfreithiol: Legal:	No direct impacts from this report however late or non-delivery of recommendations from audits and inspections could mean that the UHB is less likely to defend itself in a legal challenge which could lead to larger fines/penalties and damage to reputation.
Enw Da: Reputational:	As above.
Gyfrinachedd: Privacy:	No direct impacts from this report
Cydraddoldeb: Equality:	No direct impacts from this report