

Welsh Language Standards Final Internal Audit Report

August 2021

Hywel Dda University Health Board

NWSSP Audit and Assurance

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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.

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Executive Summary

Purpose

The purpose of the review was to establish whether clear and appropriate arrangements are in place to ensure the Health Board was compliant with the Welsh Language Standards.

Overview

We identified a number of issues for reporting in our review.

Key matters arising concerned:

- Embedding the Standards into the Service Plans of the organisation.
- Identification and recording of risks in relation to the Standards.
- Failure by some Directorates to complete the self-assessment tool.

Report Classification



More significant matters require management attention.

Moderate impact on residual risk exposure until resolved.

Trend

n/a

Assurance summary¹

Assurance objectives	Assurance
1 Embedding of the Standards	Limited
2 Monitoring and Recording Compliance	Limited
3 Capturing and Addressing Complaints	Reasonable
4 Reporting Arrangements	Substantial

Matters Arising

		Control Design or Operation	Recommendation Priority
1	Health Board Service Plans	Design	High
2	Identification and Recording of Risks	Operation	High
3	Self-Assessment Tool	Operation	High
4	Welsh Language Steering Group	Design	Medium
5	Failure to Comply with Health Board Complaints Policy	Operation	Medium
6	SBAR Report Format	Design	Low

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulation the overall audit opinion

1. Introduction

- 1.1 The review of Welsh Language Standards (known as the 'Standards') has been completed in line with the 2021/22 Internal Audit Plan. The Executive lead for this review was the Chief Executive Officer.
- 1.2 On the 20th of March 2018, Assembly Members voted in favour of the Welsh Language Standards Regulations 2018. The two key principles that underpin the Standards are:
- in Wales, the Welsh Language should be treated no less favourably than the English Language; and
 - persons in Wales should be able to live their lives through the medium of Welsh language if they choose to do so.

The financial penalty for non-compliance with the Standards could be a civil penalty of up to £5,000 per breach. In July 2018, the Welsh Language Commissioner (the 'Commissioner') issued a draft compliance notice to all Welsh health organisations. After a twelve-week consultation period, responses on the reasonableness and proportionality of implementing each standard were submitted to the Commissioner by all Welsh health organisations. A final compliance notice was issued in November 2018 requiring the Health Board to be compliant with the Standards by 30th May 2019.

- 1.3 The following potential risks were considered during this review:
- 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. Detailed Audit Findings

Objective 1: Welsh Language Standards are embedded into the operations of the organisation

- 2.1 We can confirm that a *Bilingual Skills Policy* is in place. The policy underwent a full review to incorporate the introduction of the Welsh Language Standards and was approved by the People, Planning & Performance Assurance Committee (PPPAC) on 17th December 2020. The policy was available on the Health Board intranet in both Welsh and English.
- 2.2 A review of the Health Board's *3-Year Plan 2020/23* was undertaken to establish whether the Standards had been incorporated into the service plans of the organisation. At corporate level, we noted reference was made to "*implementing the Welsh Language Standards according to our compliance notice*" as part of the plan's 'Wellbeing Objectives of the Health Board'.
- 2.3 However, a review of individual directorate and service plans identified no direct reference to the Standards, apart from within the Mental Health and Learning Disabilities plan where the importance of provision of Welsh language services for patients was noted. **[See Matters Arising 1]**
- 2.4 To aid the embedding of the Standards across the organisation, a self-assessment tool was issued to all directorates and service areas in January 2021. The self-assessment tool was issued to capture areas of compliance/ non-compliance with the Standards. We can confirm that the Welsh Language Services (WLS) Team were responsible for collating the information returned from the directorates and service areas.
- 2.5 The information returned so far has helped the WLS Team identify four Standards (Std's 78, 90, 107A(ch) & 110) which present the most challenge to the Health Board – this information was submitted to the PPPAC meeting in April 2021. We can confirm that action was ongoing to address the challenges with the latest detail as below:
- Std 78: Publishing a policy to consider and address potential impacts on the Welsh language in regard to provision of primary care – A draft policy has been produced and is expected to be approved by PPPAC in October 2021.
 - Std's 90: Intranet Translation – this is now on hold as local intranet pages will be discontinued by March 2022.
 - Std 107A(ch): Translation of Job Descriptions – The Health Board have been granted an extension until November 2021 by the Welsh Language Commissioner.
 - Std 110: To publish every five years a plan on the ability and progress to offer clinical consultation through the medium of Welsh – these are both on hold and awaiting further instruction from the Welsh Language Commissioner.
- 2.6 We identified from a review of the corporate risk register, together with a sample of directorate risk registers (Finance, Mental Health & Learning Disabilities, Prince Philip Hospital and Women & Child Health), that no risks in relation to the Welsh Language Standards had been recorded to date. We noted that a risk on the corporate risk register in

regard of the Standards had been de-escalated and removed in 2019. **[See Matters Arising 2]**

Conclusion:

- 2.7 The lack of embedding the Standards into directorate and service plans, and the risk of non-compliance not being captured in the organisation's risk registers has resulted in a Limited assurance rating.

Objective 2: Mechanisms have been implemented to capture compliance with the Standards

- 2.8 The roll-out of the self-assessment tool enabled the organisation to capture compliance in a standardised way. The WLS Team anticipated that the directorates and service areas would return their self-assessments by the end of April 2021 to allow for full analysis and identification of a Welsh language lead for each area. This target was set out in the paper submitted to the PPPAC meeting in December 2020. Whilst we acknowledge that service pressures and Covid-19 has impacted directorates and services, the Operations and Nursing Directorates have yet to submit their returns. **[See Matters Arising 3].**
- 2.9 The Welsh language paper submitted to PPPAC in December 2020 also identified a number of actions that were to be implemented in order for the organisation to capture compliance with the Standards. We do note that an Independent Member Welsh Champion and Executive Director Welsh Champion had both been identified to provide leadership on behalf of the Health Board in regard of the Standards.
- 2.10 One of the key actions from the paper was the formation of a Welsh Language Steering Group, which would be responsible for receiving and reviewing the self-assessments to establish levels of compliance, including areas of good practice and concern. However, at the time of fieldwork a Welsh Language Steering Group had not been established. **[See Matters Arising 4]**

Conclusion:

- 2.11 Directorate and services have still yet to return their self-assessment tool for compliance against the Standards and the non-establishment of the Welsh Language Steering Group has resulted in a Limited assurance rating.

Objective 3: Arrangements are in place to capture and promptly address all Welsh Language complaints

- 2.12 All complaints received by the Health Board relating to the Welsh language are recorded on the Datix system. An extract report from Datix was requested for all complaints received in relation to the Welsh language within the last 12 months. The extract report identified only one complaint, whereby a patient had expressed their unhappiness with the lack of services available in the Welsh language at Bronglais General Hospital.

2.13 Our review concluded that the complaint had not been resolved in accordance with Health Board policy. The complaint received on 23rd April 2021 had yet to be resolved and the patient had not been informed of the reason why it had taken longer than 30 days. We acknowledge that a letter of apology has been drafted and was awaiting translation at the time of the audit, prior to being sent to the patient. We also noted from the Datix information received that the complaint was closed on 4th May 2021. **[See Matters Arising 5]**

Conclusion:

2.14 The detail noted above has resulted in a Reasonable assurance rating.

Objective 4: Compliance with the Standards is regularly reported through to the Health Board

2.15 We can confirm that regular update reports from the WLS Team are presented to the PPPAC, which stands as a statutory committee of the Board. Agendas and papers for the committee were reviewed for the period December 2020 to June 2021 and satisfactory updates were detailed together with future work to be undertaken by the team.

2.16 Internal audit observed the PPPAC meeting held on the 24th June 2021 where the Annual Report was presented. We can noted the continued collaboration between the WLS Team and the Welsh Language Commissioner with evidence being reported within the update papers to the committee.

2.17 All papers reported to the Health Board and its supporting committees and groups contain the approved SBAR format. To further enhance and embed current practices, consideration should be given to include reference to the Welsh Language Standards within the SBAR template in the same way Health & Care Standards have been incorporated. **[See Matters Arising 6]**

Conclusion:

2.18 The detail noted above has resulted in a Substantial assurance rating.

Appendix A: Management Action Plan

Matter Arising 1: Health Board Service Plans (Design)		Impact
A review of the Health Board's <i>3-Year Plan 2020/23</i> and individual directorate and services plans identified limited reference to the Standards.		Potential risk of: <ul style="list-style-type: none"> Potential for financial penalties and reputational damage to the Health Board.
Recommendation		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
Agreed Management Action	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	Enfys Williams (Welsh Language Support Manager)

Matter Arising 2: Identification and Recording Risks (Operation)		Impact
A review of the Health Board Corporate and Directorate/Service level risk registers identified no reference to the risk of non-compliance with the Standards and the potential financial penalties the organisation could incur.		Potential risk of: <ul style="list-style-type: none"> • Potential for financial penalties and reputational damage to the Health Board.
Recommendation		Priority
Management should assess the financial and reputational risk of non-compliance with the Welsh Language Standards on the risk register.		High
Agreed Management Action	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	Yvonne Burson (Assistant Director of Communications)

Matter Arising 3: Self-Assessment Tool (Operation)		Impact
Several directorates and services have not completed and returned their self-assessment tool to capture compliance and non-compliance with the Standards to the WLS Team. The target for completion for these returns were due in April 2021.		Potential risk of: <ul style="list-style-type: none"> Potential for financial penalties and reputational damage to the Health Board.
Recommendation		Priority
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. 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.		High
Agreed Management Action	Target Date	Responsible Officer
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. 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.	30 th September 2022	Enfys Williams (Welsh Language Support Manager)

Matter Arising 4: Welsh Language Steering Group (Design)		Impact
<p>The Welsh language paper submitted to PPPAC in December 2020 also identified a number of actions that were to be implemented in order for the organisation to capture compliance with the Standards. One of the key requirements identified was the formation of a Welsh Language Steering Group. However, this group has yet to be established.</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
Recommendation		Priority
<p>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.</p>		Medium
Agreed Management Action	Target Date	Responsible Officer
<p>Establish a Welsh Language Steering Group in order to capture and review the organisation's compliance with the Standards as soon as capacity allows.</p>	31 st March 2022	Yvonne Burson (Assistant Director of Communications)

Matter Arising 5: Failure to comply with Health Board Complaints Policy (Operational)		Impact
<p>We found that the complaint had not been resolved within 30 days and that the patient was not kept informed due to the delay. We also found that the complaint was marked as completed on the 4th May 2021, when in fact the final correspondence to the patient had not been sent out at the time of the audit. We did note that a letter of apology was in the process of being translated for immediate dispatch to the patient.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> complaints received by the Health Board are not addressed.
Recommendation		Priority
<p>Management should undertake a lessons learned review of this incident to ensure future Welsh language complaints are managed appropriately.</p>		Medium
Agreed Management Action	Target Date	Responsible Officer
<p>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.</p>	12 th August 2021	Louise O'Connor (Assistant Director – Legal and Patient Experience)

Matter Arising 6: SBAR Report Format (Design)		Impact
All papers reported to the Health Board and its supporting committees and groups contain the approved SBAR format. To further enhance and embed current practices, consideration should be given to include reference to the Welsh Language Standards within the SBAR template in the same way Health & Care Standards have been incorporated.		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.
Recommendation		Priority
To enhance and embed the Standards, management should consider the inclusion of referencing the Welsh Language Standards within the SBAR report format.		Low
Agreed Management Action	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	Alison Gittins (Head of Corporate & Partnership Governance)

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.</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.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved.</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.</p>
	<p>Assurance not applicable</p>	<p>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.</p>

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
<p>High</p>	<p>Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.</p>	<p>Immediate*</p>
<p>Medium</p>	<p>Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.</p>	<p>Within one month*</p>
<p>Low</p>	<p>Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.</p>	<p>Within three months*</p>

* Unless a more appropriate timescale is identified/agreed at the assignment.



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