

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 August 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	WAO Review of Estates 2016: Outstanding Improvement Plans
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joe Teape, Deputy Chief Executive/Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Elliott, Director of Estates, Facilities & Capital Management

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide the Audit & Risk Assurance Committee with an update on the two outstanding actions from the WAO Audit of Estates undertaken in 2016 and provide assurance that there is an action plan to deliver on the outstanding actions.

Cefndir / Background

An audit was undertaken in 2016 of the Estates function within Hywel Dda University Health Board, which covered a wide range of areas including:

- Performance Reporting
- Development of Forward Work Plan for Estates
- Customer Focus and Clinical Engagement
- Estates Strategy
- Revenue impact on Estates of estate changes
- Expansion of Performance Management
- Business Planning Mechanisms to improve value for money
- Planning to ensure appropriate staffing levels and skill mix

Of these eight elements, six have been completed; however, two remain outstanding:

- Expansion of Performance Management
- Planning to ensure appropriate staffing levels and skill mix

Asesiad / Assessment

Performance Management

The WAO Audit recommended the widening of the range of performance management Key Performance Indicators (KPI's) to include areas such as:

- Time

- Cost
- Productivity
- Service/Customer feedback

Unfortunately, the existing Estates Software System (RAM4000) used to track and manage the Planned Preventative Maintenance programme and Breakdowns within Estates is unable to support the development of this information.

The current system is also now at end of life and advice has been received from the provider that system support will no longer be available from May 2020. Significant work has been undertaken over the last year in reviewing alternative systems, including site visits to a range of other facilities to look at the various systems in use.

A bid for Capital funding to purchase a replacement system was submitted in March 2019 (there will be a minimum six month lead-in to transfer to the new system). Part of the criteria used to evaluate the available system was the expansion the KPI criteria as noted above and the preferred replacement system will support this. Currently, this bid is still under consideration for funding.

Workforce Sustainability

At the time of the WAO Audit in 2016, it was established that the staffing levels and skill mix were appropriate for the current workload. It was identified that there was an aging workforce, and work commenced with Workforce colleagues to review and assess this position and discuss options to address this in the future. During the period this work was undertaken the UHB has also undertaken a review of compliance levels within the Operational Maintenance Teams across the sites and a Gap Analysis paper has been developed and supported, to address shortfalls in Operational Maintenance staff.

The discussions with Workforce and Organisational Development on Workforce Sustainability have now been completed and an SBAR will be submitted to the Workforce and Organisational Development Sub-Committee meeting on 6th September 2019 for consideration.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to take assurance that:

- Six of the eight actions within the WAO Audit of Estates have been completed.
- Delivery of the work on Performance Indicators is linked to Capital funding approval for the purchase of a new system. This bid is currently being considered for funding this financial year.
- The action to develop a Sustainability Plan for Estates has been completed and the report will be considered at the next Workforce and OD meeting in September 2019.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference

Cyfeirnod Cylch Gorchwyl y Pwyllgor

4.1 The purpose of the Audit & Risk Assurance Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the UHB's system of assurance, to support them in their decision taking and in

	<p>discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.</p> <p>4.4 The Committee's principle duties encompass the following:</p> <p>4.4.1 Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non clinical.</p>
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):	7. Staff and Resources 3.3 Quality Improvement, Research and Innovation
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Ariannol: Financial / Service:	<p>New IT system has been bid for via the Discretionary Programme. Future running costs will be contained within existing budgets.</p> <p>Staffing issues call out the need to ensure that we have full continuity of appropriate expertise available within operational teams. This will need to be contained with existing budgets.</p>

Ansawdd / Gofal Claf: Quality / Patient Care:	No direct patient care consequences within this report.
Gweithlu: Workforce:	Not applicable.
Risg: Risk:	The management of this risk around information analysis for KPIS and for workforce planning are contained within the actions referred to in the SBAR.
Cyfreithiol: Legal:	Not applicable.
Enw Da: Reputational:	Not applicable.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Not applicable.