

**COFNODION Y CYFARFOD PWYLLGOR ARCHWILIO A SICRWYDD RISG
HEB EU CYMERADWYO / UNAPPROVED MINUTES OF THE AUDIT AND RISK
ASSURANCE COMMITTEE MEETING**

Date and Time of Meeting:	10.00am, 9 th June 2022
Venue:	Via MS Teams

Present:	Mr Paul Newman, Independent Member (Committee Chair) (VC) Mr Winston Weir, Independent Member (Committee Vice-Chair) (VC) Professor John Gammon, Independent Member (VC) Mr Maynard Davies, Independent Member (VC) Mrs Judith Hardisty, Vice-Chair, HDdUHB
In Attendance:	Ms Clare James, Audit Wales (VC) Ms Eleanor Ansell, Audit Wales (VC) Mr James Johns, Head of Internal Audit, NWSSP (VC) Ms Sophie Corbett, Deputy Head of Internal Audit, NWSSP (VC) Mr Gareth Heaven, Internal Audit, NWSSP (VC) Miss Maria Battle, Chair, HDdUHB Professor Philip Kloer, Deputy Chief Executive, HDdUHB Mrs Joanne Wilson, Board Secretary Mr Huw Thomas, Director of Finance Ms Jill Paterson, Director of Primary Care, Community & Long Term Care (VC) (part) Mr Kelvin Barlow, Head of Regional Collaboration (VC) (part) Ms Clare Moorcroft, Committee Services Officer (minutes)

Agenda Item	Item	
AC(22)103	Introductions and Apologies for Absence Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, welcomed everyone to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> Mr Steve Moore, Chief Executive, HDdUHB Mrs Charlotte Beare, Assistant Director of Assurance & Risk Ms Anna Bird, Assistant Director Strategic Partnerships, Diversity & Inclusion 	
AC(22)104	Declaration of Interests Mrs Judith Hardisty declared an interest in item AC(22)109 due to her role as Chair of the Regional Partnership Board (RPB).	
AC(22)105	Minutes of the Meeting held on 19th April and 5th May 2022 RESOLVED – that the minutes of the Audit & Risk Assurance Committee meetings held on 19 th April and 5 th May 2022 be APPROVED as a correct record.	

AC(22)106	Table of Actions	
	An update was provided on the Table of Actions from the meeting held on 19 th April and 5 th May 2022 and confirmation received that outstanding actions had been progressed, with the exception of AC(22)100 , which would be updated when the Table of Actions is next presented. There were no matters arising. Completed actions would be removed from the Table of Actions.	
AC(22)107	Matters Arising not on the Agenda	
	There were no other matters arising not on the agenda.	
AC(22)108	Internal Audit Plan Progress Report	
	Mr James Johns presented the Internal Audit (IA) Plan Progress report, highlighting the single audit on Risk Management & Board Assurance Report finalised since the previous meeting. This completes delivery of the Internal Audit Plan for 2021/22.	
	The Committee TOOK ASSURANCE from the progress report in terms of the full delivery of the annual plan and outcomes from the finalised audit reports.	
AC(22)109	Partnership Governance Follow-up (Reasonable Assurance)	
	<p><i>Ms Jill Paterson and Mr Kelvin Barlow joined the Committee meeting.</i></p> <p>Ms Sophie Corbett introduced the Partnership Governance Follow-up report, based on an audit intended to establish progress on agreed actions arising from the previous internal audit, which had considered the adequacy of the arrangements and management of allocated integrated care funds in line with national legislation. Overall, positive progress was noted in the implementation of management actions, with six of the eight recommendations fully implemented, and progress being made on the outstanding two actions. This had resulted in an overall rating of Reasonable Assurance. Ms Corbett advised that an Internal Audit on the new Regional Integration Fund (RIF) funding regime will be conducted later in the year. Introducing himself, Mr Kelvin Barlow advised that he had commenced in post in November 2021, after the original audit; however, has been and will continue to be involved in resolving the outstanding recommendations/actions. Ms Jill Paterson welcomed the opportunities the audit had offered and emphasised that lessons are already been learned which will feed into RIF governance arrangements. It was suggested that a number of Board level Committees will need to become more familiar with regional arrangements and how these operate, as they will be influential in various ways. Ms Paterson thanked Mr Barlow for his efforts in progressing the actions identified; it is likely that these will need to be taken forward into future working arrangements. Ms Paterson concluded by stating that the audit had presented a valuable learning experience and that further discussions would be welcomed.</p> <p>Noting that requirements around the RIF will be common to all RPBs and Health Boards, Mrs Judith Hardisty enquired whether NHS Wales Shared Services Partnership/ NHS Wales Audit and Assurance Services have discussed a unified approach. Within the online Chat, Mr Huw Thomas agreed that a national view comparing and contrasting</p>	

	<p>approaches across each region would be extremely helpful. In response, Mr James Johns explained that the planned audit in relation to the RIF has been scoped in response to specific local requirements. A wider approach could, however, be considered. To provide additional assurance regarding Matter Arising 4, Mr Barlow advised that a Performance & Finance Group has been established, which has already met on two occasions. This is intended to provide an additional level of scrutiny and oversight. Ms Paterson suggested that scrutiny around the role of HDdUHB as 'banker' for regional funds can sometimes be confused with the scrutiny of the partnership itself. Members were reminded that the UHB is also one of the partners responsible for commissioning services, etc. The latter may require the involvement of the wider RPB, which can be discussed further.</p> <p>Mr Newman suggested that the comments highlight the issues around a lack of independent scrutiny of partnership governance arrangements. Responding, Ms Paterson emphasised that RPBs are expected to provide regular reports to Welsh Government. Internal and external audits are also conducted. Should it be required, an intent to scrutinise arrangements further could be signalled through the RPB, to make all partners aware. Mr Newman explained that he was not suggesting that the UHB take on this scrutiny role; rather that he was highlighting the gap which exists. Mrs Joanne Wilson offered to raise this at the All Wales Board Secretaries Network meeting on 10th June 2022, as Mr Simon Cookson, NWSSP Director of Audit & Assurance, would be present. Responding to a query around the position in terms of monitoring the management response and addressing the outstanding recommendations, Mr Barlow reminded Members that a Performance & Finance Group had been established, which could review the recommendations and report back to ARAC if required. Mr Johns and Mrs Wilson explained that outstanding recommendations would be monitored via the Audit Tracker. They would, however, require timescales to be defined, which would be discussed with Ms Paterson and Mr Barlow. In order to reflect the fact that the Integrated Care Fund (ICF) no longer exists, Ms Paterson highlighted that any actions would need to reference 'future funding arrangements' rather than the ICF specifically. Within the online Chat, Mrs Hardisty suggested that this might be an appropriate topic for discussion at the All Wales NHS Audit Committee Chairs' meeting.</p> <p><i>Ms Paterson and Mr Barlow left the Committee meeting.</i></p> <p>The Committee NOTED the Partnership Governance Follow-up (Reasonable Assurance) report.</p>	<p>JJ</p> <p>JW</p> <p>CB/JP/ KB</p>
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<p>AC(22)110</p>	<p>Risk Management & Board Assurance Framework (Substantial Assurance)</p> <p>Ms Corbett introduced the Risk Management & Board Assurance Framework report. The purpose of this audit had been to review the organisation-wide risk management arrangements and development of the Board Assurance Framework (BAF). One medium priority Matter Arising was identified, relating to the need to review and clarify the arrangements for monitoring principal risks within the BAF. An overall rating of Substantial Assurance had been awarded.</p>	
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	<p>Mr Maynard Davies welcomed the excellent report, commending Mrs Wilson and her team. Attention was drawn, however, to an error within the table under paragraph 2.22, whereby the Safe, sustainable, accessible and kind care Strategic Objective is incorrectly attributed to the Sustainable Resources Committee rather than the Strategic Development & Operational Delivery Committee. Referencing Matter Arising 1, Mr Newman enquired where the principal risks will be reported when completed; Mrs Wilson replied that these would be routed via the Board in the first instance. Consideration will need to be given to the role of ARAC in relation to risk during the planned work relating to risk appetite and tolerance.</p>	
	<p>The Committee NOTED the Risk Management & Board Assurance Framework (Substantial Assurance) report.</p>	

<p>AC(22)111</p>	<p>Head of Internal Audit Opinion & Annual Report 2021/22</p> <p>Mr Johns presented the Head of Internal Audit Opinion & Annual Report 2021/22, reminding Members that a draft had been presented to the previous meeting. The report's key message regarding overall opinion – one of Reasonable Assurance – which represents a positive outcome for the UHB, is outlined in paragraph 1.2. The report also discusses delivery of the Internal Audit Plan and provides, in Table 1 under paragraph 1.4, a summary of the audit assignments and their assurance ratings. The majority of these had been positive, with only six returning a Limited Assurance rating, two of which had been followed up in-year with a positive improvement evidenced. Section 2 of the report provides further narrative around the basis for the overall opinion, together with a brief summary of each audit. Section 3 outlines All Wales audit work; the tables contained therein have been updated to include detail of audit scopes, as requested at the previous meeting. Section 4 focuses on delivery of the Internal Audit Plan. The document also includes a statement around conformance with the Public Sector Internal Audit Standards.</p> <p>Mr Thomas reiterated his disappointment that the opinion does not fully reflect the improved outcomes for the two Follow-up audits undertaken in-year. Mr Johns explained that the report describes all of the Internal Audit work conducted during the year, and that there is a nationally agreed process if a Follow-up audit is undertaken. Mr James felt that the opinion took into account these audit findings. Reversing the scenario, Mr Newman enquired whether, had a Follow-up audit identified a deterioration in assurance rating, this would impact on the overall opinion, and Mr Johns indicated that it probably would. He reminded Members that the report is obliged to reflect the audit work undertaken during the year, and that the UHB has received the 'benefit' of more positive Follow-up audit findings. Noting that there appears to be a national approach, Mrs Wilson committed to raise this with Mr Simon Cookson at the next All Wales Board Secretaries Network meeting. Mr Winston Weir welcomed the report, which covers a great deal of ground, reflects the range and scope of Internal Audit work and summarises its conclusions. Assurance can be taken from the fact that the majority of audits have returned ratings of Substantial or Reasonable Assurance. Mr Weir noted that a number of audits had been deferred, and requested clarification regarding the prioritisation of these going forward, in particular the audits concerning high-profile</p>	<p>JW</p>
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	<p>areas such as Elective Recovery, IT Infrastructure and Decarbonisation. Mr Johns confirmed that these key areas feature in the Internal Audit Plan for 2022/23, and will be progressed as timetabled. The title of the Elective Recovery audit has been amended, to reflect the changed position. Members were reminded that operational pressures had been recognised in making decisions to defer audits and that, whilst the list may appear lengthy, a number of deferred audits had been replaced with new ones.</p> <p>Within the online Chat, Mr Thomas welcomed the work to update the draft report to include audit scopes for audits undertaken in national bodies, which provides additional assurance and which is a helpful development. It was assumed that any audit from a national organisation resulting in an assurance rating of limited or no assurance would be shared with the UHB, to ensure that any mitigating actions required were taken. Also within the online Chat, Ms Corbett confirmed that when this had been the case previously, the relevant report had been submitted to the All Wales Directors of Finance Group in the first instance. Referencing paragraph 2.4.3 and statements around outstanding recommendations, Mr Newman indicated that consideration should be given to how best to address the backlog and requested that potential solutions/actions be included in the next Internal Audit Plan Progress Report. Mr Johns advised that the Internal Audit team is working with the Board Secretary to identify evidence in relation to recommendations which may allow closure of some. Initial discussions have commenced around the approach which might be taken. Mr Newman concluded discussions by thanking Mr Johns, Ms Corbett and their team for their contribution during the year.</p>	JJ
	<p>The Committee TOOK ASSURANCE from the Head of Internal Audit Opinion and Annual Report 2021/22.</p>	

AC(22)112	<p>Overview and Performance Report (Section of HDdUHB Annual Report 2021-22)</p> <p>Mr Thomas presented the Overview and Performance Report, reminding Members that this had been considered in draft form at the previous meeting. A few minor amendments had been made as a result of feedback from colleagues, both internal and external; however, no significant changes had been made. The report is presented for approval prior to onward ratification by the Board. Mrs Wilson thanked Ms Fiona Hancock and Ms Tracy Price for their significant contribution towards preparing the Overview and Performance report.</p> <p>Referencing page 8 of the report, Mr Maynard Davies highlighted that 61% equates to more than three in five. It was agreed that the statement ‘...almost three in five people (61%) are overweight or obese’ should be amended to read ‘...over three in five people (61%) are overweight or obese’.</p> <p>Subject to the above amendment, the Committee APPROVED the Performance Report chapter of the 2021/22 Annual Report for onward ratification by the Board.</p>	JW
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AC(22)113	<p>Accountability Report</p> <p>Presenting the Accountability Report on Mr Steve Moore’s behalf, Professor Philip Kloer reminded Members that Mr Moore is the UHB’s</p>	
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	<p>Accountable Officer and would be signing the document in that capacity. Professor Kloer thanked those involved in preparing the Accountability Report. Mrs Wilson advised that the report had been seen previously by ARAC in draft form and had been further reviewed more widely. The feedback received from colleagues internally and Welsh Government, Audit Wales and Internal Audit is captured in Appendix 1. Members were assured that the Accountability Report had also been reviewed by the Chair and Chief Executive. Mrs Wilson thanked Mr Newman for approving the amended report via Chair's Action, and thanked Mrs Charlotte Beare for her extensive work in compiling the report.</p>	
	<p>The Committee SUPPORTED the content of the Accountability Report, in order to provide assurance to the Board that a robust governance process was enacted during the year, and RECOMMENDED its subsequent approval to the Board.</p>	

<p>AC(22)114</p>	<p>Audit Wales ISA 260 and Letter of Representation</p> <p>Ms Clare James introduced the Audit of Accounts Report, advising that this details the proposed audit opinion on the UHB's annual accounts. Audit Wales intend to issue an unqualified true and fair audit opinion and a qualified regularity audit opinion on HDdUHB's accounts. The latter for two reasons:</p> <ul style="list-style-type: none"> • The UHB did not meet its revenue resource allocation over the three-year period ending 2021-22 and did not meet its financial duty to have an approved three year integrated medium-term plan; • The UHB's accounts include £0.9 million of expenditure and funding in respect of clinicians' pension tax liabilities. This follows a Ministerial Direction issued in December 2019 and represents a new regularity opinion qualification; however, is an issue common to all Health Boards. <p>Members' attention was drawn to the key areas highlighted on page 7 of the report:</p> <ul style="list-style-type: none"> • One uncorrected misstatement remains uncorrected in line with Welsh Government guidance; • Various misstatements are associated with the impact of increases in the value of land and buildings; another issue common to all Health Boards. A change in the buildings indexation rate in-year was not applied, in line with Welsh Government guidance and has resulted in a number of under- and overstatements. All values will be fully reviewed next year. <p>These do not represent material misstatements.</p> <p>Exhibit 2 on page 8 details a concern in relation to annual leave accrual, which is similar to last year and reflects a system issue. It had been possible to establish a position regarding calculations with which Audit Wales are content, and assurances have been provided that system improvements will be made. Corrected misstatements are detailed in Appendix 3, which comprise disclosures in the main. Those relating to the remuneration report are common across other Health Boards. The</p>	
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	<p>Letter of Representation appears at Appendix 1 and the Proposed Audit Report at Appendix 2.</p> <p>Mr Winston Weir thanked Ms James and her colleagues for the report. Noting that the issue regarding clinicians' pension tax liabilities is common to all Health Boards, Mr Weir enquired whether there had been any consideration of an agreement between the NHS Director General and Auditor General to avoid the application of a qualified regularity audit opinion in regard to this matter. Ms James responded that the Auditor General will consider whether this will require qualification again next year, noting that this will be an ongoing issue. Members were assured that the matter will be reviewed. With regard to the annual leave accrual issue, Mr Weir enquired whether this is common across other Health Boards or specific to HDdUHB. Mr Weir emphasised that the UHB is a complex organisation and reminded Members that Welsh Government had requested Health Boards to set aside funding for this area. Ms James suggested that there was a 'mixed picture' across Wales and offered to clarify further. Returning to the pension tax liabilities issue, Mrs Hardisty noted that – whilst this resulted from a Welsh Government directive – it is the UHB which is the employer, and queried whether there is a risk of challenge and where any such challenge might emanate from. In response, Ms James agreed that the UHB is the employer, whilst recognising that the decision regarding pension tax liabilities had not been taken by the organisation. However, Audit Wales can only consider this in terms of its audit opinion and use of taxpayers' money. Mrs Hardisty suggested that the UHB may need to take legal advice around the potential implications. Mr Thomas acknowledged that it is right and reasonable for Audit Wales to highlight that the UHB is not empowered to make this expenditure. There is a broader and particularly challenging issue which employers will need to consider. Whilst the logic may be understood, the implications are not yet fully defined.</p> <p>Mr Thomas thanked Ms James and the Audit Wales team for their work with the UHB, particularly the employment of remote techniques, with which the organisation is becoming more familiar. This has been another unprecedented year, which has resulted in significant risks in various aspects of the UHB's finances. The areas highlighted during the audit are largely common across Wales and Mr Thomas was pleased that no significant issues had arisen, whilst welcoming the opportunities for improvement identified. Mr Newman echoed thanks to the Audit Wales team for their work with the organisation, both on financial audit and throughout the year.</p> <p>The Committee NOTED the Audit Wales ISA 260 and Letter of Representation.</p>	<p>CJ</p>
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<p>AC(22)115</p>	<p>Final Annual Accounts 2021/22</p> <p>Mr Thomas introduced the Final Annual Accounts for 2021/22, stating that Ms James has summarised most of the issues faced this year. It has been a significant undertaking to reach this point, having been a challenging year once again. There has been uncertainty around resource allocation, with the UHB managing a significant degree of risk as a result. Key targets are as previously described, with no changes affecting the organisation's performance/position against these. The</p>	
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	reasons for Audit Wales' qualified regularity audit opinion have been outlined in the previous item.	
	The Committee APPROVED the audited annual accounts for 2021/22, for onward ratification by the Board.	

AC(22)116	Any Other Business	
	There was no other business reported.	

AC(22)117	Date and Time of Next Meeting	
	9.30am, 21 st June 2022	

**COFNODION Y CYFARFOD PWYLLGOR ARCHWILIO A SICRWYDD RISG
HEB EU CYMERADWYO / UNAPPROVED MINUTES OF THE AUDIT AND RISK
ASSURANCE COMMITTEE MEETING**

Date and Time of Meeting:	9.30am, 21 st June 2022
Venue:	Boardroom, Corporate Offices, Ystwyth Building, St David's Park, Carmarthen and via MS Teams

Present:	Mr Paul Newman, Independent Member (Committee Chair) (VC) Mr Winston Weir, Independent Member (Committee Vice-Chair) Professor John Gammon, Independent Member (VC) Mr Maynard Davies, Independent Member (VC) Mrs Judith Hardisty, Vice-Chair, HDdUHB (VC)
In Attendance:	Ms Anne Beegan, Audit Wales (VC) Mr James Johns, Head of Internal Audit, NWSSP (VC) Ms Sophie Corbett, Deputy Head of Internal Audit, NWSSP (VC) Mrs Joanne Wilson, Board Secretary (VC) Mr Huw Thomas, Director of Finance (VC) Mrs Charlotte Beare, Assistant Director of Assurance & Risk (VC) Mr Ben Rees, Head of Local Counter Fraud Services (part) Mr Lee Davies, Director of Strategic Development & Operational Planning (VC) (part) Professor Philip Kloer, Deputy Chief Executive & Medical Director (VC) (part) Mr John Evans, Assistant Director, Medical Directorate (VC) (part) Mr Keith Jones, Director, Secondary Care (VC) (part) Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (part) Mr Ian Bebb, Clinical Audit Manager (VC) (part) Ms Clare Moorcroft, Committee Services Officer (minutes)

Agenda Item	Item
AC(22)118	Introductions and Apologies for Absence Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, welcomed everyone to the meeting, noting that this was Professor John Gammon's final ARAC meeting and thanking him for his valued contribution as a Member of the Committee. Apologies for absence were received from: <ul style="list-style-type: none"> Mr Andrew Carruthers, Director of Operations Ms Stephanie Hire, General Manager, Scheduled Care

AC(22)119	Declaration of Interests No declarations of interest were made.
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AC(22)120	Review of HDdUHB Standing Orders (SOs) and Standing Financial Instructions (SFIs) Mrs Joanne Wilson introduced the Review of HDdUHB Standing Orders (SOs) and Standing Financial Instructions (SFIs) report, advising that Mr Huw Thomas had reviewed the latter. The Scheme of Delegation had also been subject to review, and will be further amended during the
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	<p>year, including with regard to arrangements around the Director of Public Health role, which may require changes to Director portfolios, and in relation to the establishment of the pan-Cluster planning groups.</p> <p>Referencing page 6 of the Scheme of Delegation, 5.2.1, Mrs Judith Hardisty reminded Members of changes to regional funding arrangements and the introduction of the Regional Integrated Fund, for which the UHB has financial responsibility. In light of this, Mrs Hardisty queried whether the statement around ‘pooled budget arrangements’ is one of the amendments required. Mrs Wilson confirmed that this is the case and that revised wording has been requested from the Director of Primary Care, Community & Long Term Care. This would be shared with Mrs Hardisty and would be amended prior to submission to the Board in July 2022.</p>	<p>JW</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the previously agreed local amendments to HDdUHB’s Standing Orders and Standing Financial Instructions as approved by the Board in May 2021 and NOTED that further local amendments will be required prior to submission to Board. • Subject to these further amendments, RECOMMENDED the revised version of HDdUHB Standing Orders and Standing Financial Instructions to the Board on 28th July 2022 for approval. 	
<p>AC(22)121</p>	<p>Annual Review of the Committee’s Terms of Reference & Membership</p> <p>Mrs Wilson presented the Committee’s Terms of Reference & Membership, for the purposes of their annual review. Minor amendments, marked for Members’ reference, were suggested for consideration.</p> <p>Mr Maynard Davies noted that, under 2.4.3, there was no mention of the Strategic Development and Operational Delivery Committee (SDODC). It was also suggested that under 3.2.2, ‘corporate objectives’ should be amended to ‘strategic and planning objectives’ for reasons of consistency. Finally, under 3.2.4, it was agreed that ‘National Assembly for Wales’ should be replaced with ‘Welsh Government’.</p> <p>Subject to the above amendments, the Committee APPROVED the Audit and Risk Assurance Committee’s Terms of Reference for onward ratification by the Board on 28th July 2022.</p>	<p>CB</p>
<p>AC(22)122</p>	<p>All Wales NHS Audit Committee Chairs’ Meeting Update</p> <p>Mr Newman introduced the All Wales NHS Audit Committee Chairs’ Meeting Update report, which represents a summary of topics discussed at the most recent meeting. There had been a particular focus on cyber security, with a sobering presentation on the impact of a ransomware attack in May 2021 which had targeted the Health Service Executive in Ireland. Mr Newman understood that it is intended to deliver a similar presentation at a future Board Seminar. Mrs Wilson explained that there will be a discussion on this topic at the In-Committee Sustainable Resources Committee (SRC), followed by a training session for Board Members later in the year. Due to the complexity of the topic and potential impact involved, this training is likely to be extensive. Mr Huw Thomas confirmed that a report is due for</p>	

	<p>presentation at IC SRC. Members were also informed that there is a 'Cyber/Digital Innovation Week' planned for November 2022. There is a great deal of work being undertaken in this area, and Mr Thomas emphasised the importance of providing training for Board Members. Referencing the Scheme of Delegation and mention therein of security issues, Mr Maynard Davies enquired whether there is any reference to the Senior Information Risk Owner (SIRO) role in respect of cyber security. Mrs Wilson confirmed that this is included and is delegated to the Director of Finance.</p>	
	<p>The Audit and Risk Assurance Committee RECEIVED the All Wales NHS Audit Committee Chairs' Meeting Update report for information.</p>	

<p>AC(22)123</p>	<p>Counter Fraud Update</p> <p>Mr Ben Rees presented the Counter Fraud Update report, highlighting the following:</p> <p>Inform and Involve – the Counter Fraud team is seeking to enhance and strengthen activity in this area; further training with overseas nurses has commenced week beginning 20th June 2022. The team has linked with the Workforce team around input to the Managers' Passport programme. A webinar for managers is also planned.</p> <p>Prevent and Deter – exercises are ongoing, with graduates allocated to the team assisting with the IT aspect of these.</p> <p>Strategic Governance – CFS Wales has recently issued its final annual report, which will be issued with the next Counter Fraud Update in August 2022.</p> <p>In response to a comment regarding the html code on page 4 of Appendix 1, Mr Rees advised that the Newsletter has recently migrated to a more interactive digital format (Microsoft Sway), which has not necessarily converted well to PDF format. It was suggested that future reports contain a link to the Sway format Newsletter, rather than including this as an appendix. Mr Newman enquired regarding uptake for the awareness sessions at GP practices. In response, Members heard that this had been good. As contractors, GPs are looking to reduce fraud, which would result in costs to them, providing an added incentive for engagement. It is intended to roll out these sessions across the region.</p> <p><i>Mr Ben Rees left the Committee meeting.</i></p> <p>The Committee RECEIVED for information the Counter Fraud Update Report and appended items.</p>	<p>BR</p>
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<p>AC(22)124</p>	<p>Financial Assurance Report</p> <p>Mr Thomas introduced the Financial Assurance Report, highlighting the following:</p> <p>2.2.1 Breaches of the No PO, No Pay Policy – the trend in terms of number is reducing, which despite slight variance, is consistent across the year.</p>	
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2.2.3 Single Tender Actions – it is pleasing to note that no Single Tender Actions (STAs) were required in May 2022. The single STA processed in April 2022 is detailed in Appendix 1, along with a summary of all STAs processed during 2021/22.

2.2.5 Consultancy contracts – these are detailed in Appendix 2.

2.2.6 Overdrawn on account – the UHB was overdrawn on its RBS account at the end of April 2022. Whilst this is a rare occurrence and the reasons are outlined in the report, it is of concern. Lessons have been learned, in terms of additional checks being put in place. There is no punitive impact on the organisation; however, the issue was raised with Welsh Government. Members were informed that review of Treasury Management processes will be included as part of the Internal Audit Plan.

2.2.7 Blackline – further information regarding operation of this system is provided at Appendix 4, as a source of assurance. This system is now being viewed as a potential option for other Health Boards, which may be beneficial if adopted on an All Wales basis.

2.3.1 Overpayment of Salaries – the Finance team continues to take steps to reduce overpayments, including a greater use of robotics in Workforce processes.

2.6.1 Compliance with VAT Requirements – various issues relating to VAT are outlined; none of which are risks, but offer potential benefits. Bluestone is supporting the UHB in its attempt to reclaim VAT incurred on the Licence to Occupy agreement. Responses from HMRC to these queries are awaited.

Advising that that the Overpayment and Underpayment of Salaries Policy had been approved at the People, Organisational Development and Culture Committee (PODCC) meeting on 20th June 2022, Mrs Hardisty noted that the Financial Assurance report does not include mention of underpayments, and queried whether it should. Mr Thomas was unsure whether this information was captured via UHB processes, emphasising the need to ensure that data is robust rather than anecdotal. Ms Sophie Corbett indicated that Internal Audit is conducting a review of overpayments, and advised that a report is produced by NHS Wales Shared Services Partnership (NWSSP) which details both overpayments and underpayments. This is provided to Health Board Workforce teams. Whilst conscious that the report to ARAC is concerned with financial assurance, Mr Thomas committed to include information on underpayments in future reports. Noting statements regarding interface issues between software, Mr Maynard Davies enquired whether there is a timescale for the replacement of the Electronic Staff Record (ESR) system. Whilst Mr Thomas was not in possession of a confirmed timescale, he suggested that – even with the advent of a new ESR system – the actions being taken by the UHB to automate processes will be advantageous.

HT

With regard to STA Ref HDDSTA-601 relating to Rotamap, Mrs Hardisty observed that this specifies Carmarthenshire, querying whether the

same system is utilised across all four sites and (if not) whether it will be, going forward. Mr Thomas advised that he had queried why the Anaesthetics department were not utilising Allocate and had been informed that the Rotamap system was an interim measure to bring systems in line with the rest of Wales. In response to a query around why different rota systems are being utilised, Mr Thomas suggested that this is probably a topic more suited for discussion at PODCC. Certain systems are utilised across Wales, others are local; there are various nuances which would require further exploration and explanation. Returning to overpayments, and highlighting Figure 4 on page 8 of the report, Professor John Gammon noted that the trend in terms of aged overpayments suggests a worse position. Given that recovery rates are improving, a stabilising or downward trend should be evident. Mr Thomas explained that the issue centres around a 'step-change' in the balance outstanding. He agreed that the position is worse than the trend shows, which can be attributed in the main to the significant increase in fixed term contracts associated with the COVID-19 pandemic. Teams established for testing and vaccination programme delivery effectively represent new directorates, which do not necessarily have in place the robust controls and processes embedded in long-standing directorates.

JW/LG

Referencing Public Sector Payment Policy (PSPP) Compliance, and noting the increase in invoices received for Agency Nurses, Mr Winston Weir enquired whether this reflects an increase in use of agency staff. Mr Thomas suggested that the UHB is probably using agency nurses at maximum levels. However, the organisation has improved the way in which it pays agencies, with the Allocate system enabling enhanced tracking of hours worked versus invoices processed. In response to a further query regarding whether the UHB has an electronic data interchange with agencies, Mr Thomas confirmed that it does. With regard to Appendix 2, Mr Weir requested background to the consultancy contract with Deloitte LLP for business case development. Mr Thomas advised that this related to work undertaken on behalf of and funded by Digital Health and Care Wales (DHCW) in regards to development of an Electronic Patient Record. In response to a request for clarification around the consultancy contract with Elemental Solutions in relation to a Social Prescribing System, Mrs Wilson indicated that this is an error, and that this refers to a system rather than a consultancy contract. Members were advised that consultancy contracts have been added to the agenda for the SRC meeting on 28th June 2022, to ensure the requisite scrutiny on behalf of the Board. Mr Weir welcomed the positive progress on reducing the use of STAs and extended his thanks to the Finance team for their efforts in this regard.

Referencing Compliance with Capital Requirements, Mr Maynard Davies noted the opening of a project bank account and the associated issues, querying whether the UHB is any nearer resolution of these with NatWest. Mr Maynard Davies also enquired regarding the possible implications of a dispute between the UHB and a primary contractor in terms of impact on sub-contractor payment. In response to the first query, Mr Thomas explained that NatWest are the Governmental bank; therefore, this is a UK Treasury issue. Whilst the arrangements in place in relation to project bank accounts are probably not ideal, a discussion

	<p>at a national level would be required around desired outcomes and how these could be fulfilled. It was agreed that this matter would be highlighted to the Board. In regards to the second query, it was suggested that this would likely be covered within the contract terms and conditions. Mr Thomas agreed to make further enquiries.</p>	<p>PN/JW</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the report; • TOOK ASSURANCE from management that Blackline is performing as expected; • NOTED that the Director of Finance has authorised the opening of a project bank account in line with Standing Financial Instruction (SFI) 7.2.2, the risks of which are highlighted in Appendix 5 of the report. 	<p>HT</p>

<p>AC(22)125</p>	<p>Audit Wales Update Report</p> <p>Ms Anne Beegan provided an update on Audit Wales' work, noting that the UHB's accounts have been approved for submission to Welsh Government by both ARAC and the Board. Charitable Funds financial audit work is due to commence in the autumn. Ms Beegan apologised for the omission of information regarding the Structured Assessment exercise from the report. Members heard that the Orthopaedics Services Follow-up review is scheduled to be published in September 2022 and would, therefore, be reported to the Committee in October. The review of operational governance arrangements in Mental Health & Learning Disabilities (MHLD) is underway, with interviews being conducted and a survey planned. Engagement will include staff across the whole Directorate; there will be focus groups, which will be face to face and on-site. The review of Unscheduled Care will begin with an 'out of hospital' focus, including consideration of medically-fit patients awaiting discharge. The review will include the Regional Partnership Board (RPB) and Recovery Funding. There have been discussions around potentially beginning this work in west Wales, which will be debated with the UHB. The 'front door' aspect of Unscheduled Care will be considered later in the year. Alongside this, a national review will consider issues including Emergency Ambulance Services Committee (EASC) service provision and Programme Board arrangements from a Welsh Government perspective. The brief for this year's Structured Assessment has been issued, with the intention of commencing this in early September 2022. Ms Beegan hoped that the positive trend in last year's report can be continued. A review into Workforce will follow on from the Structured Assessment; it is planned to undertake this audit work in HDdUHB first, since it is known that there are examples of good practice which could be shared elsewhere.</p> <p>Within the online Chat, Mrs Wilson advised that she had consulted Executive Director colleagues, and that HDdUHB was happy to be first to participate in the Unscheduled Care review work.</p> <p>The Committee NOTED the Audit Wales Update.</p>	
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<p>AC(22)126</p>	<p>Phase 1 Structured Assessment – Operational Planning (Update)</p> <p><i>Mr Lee Davies joined the Committee meeting.</i></p>	
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	<p>Mr Lee Davies introduced the Phase 1 Structured Assessment – Operational Planning Update report, reminding Members of the background to this item. All actions are now completed, with the exception of Recommendation 2, in relation to Planning Capacity, which has been slightly delayed, although temporary additional capacity has been put into place. Members were advised that the Planning team is undertaking three pieces of work in parallel:</p> <ul style="list-style-type: none"> • Review of planning processes • Progressing the Programme Business Case, which has planning capacity requirements associated with it • Consideration of where commissioning should sit; this may become a Planning function <p>Ms Beegan commented that there has been positive progress in a number of areas, with examples of good practice which can be taken forward across Wales.</p> <p>Mr Newman thanked Mr Lee Davies for his report and hoped that the Planning capacity issues would be resolved imminently.</p> <p><i>Mr Lee Davies left the Committee meeting.</i></p>	
	<p>The Committee CONSIDERED and TOOK ASSURANCE from progress made in respect of the recommendations from the Audit Wales Structured Assessment 2021: Phase 1 Operational Planning Arrangements – Hywel Dda University Health Board report, published June 2021.</p>	

<p>AC(22)127</p>	<p>Internal Audit Plan Progress Report</p> <p>Mr James Johns presented the Internal Audit (IA) Plan Progress report, stating that this is fairly brief at this point in the year, although audit activity has commenced across the UHB. Appendix A details the schedule of audits planned for reporting to ARAC throughout the year; with Mr Johns satisfied that those scheduled for reporting in August 2022 are on track. An additional piece of work around the Blackline Financial Reconciliation System is planned, and this is being scoped currently. Mr Johns anticipated providing further information regarding this audit at the next meeting.</p> <p>Mr Newman reported that he and the Board Secretary had met with Mr Johns on 20th June 2022 to discuss delivery of the Internal Audit Plan. Spacing of the reports is fairly evenly distributed across the year, and there is confidence in the Internal Audit’s team ability to deliver the plan as scheduled.</p> <p>The Committee TOOK ASSURANCE with regard to the delivery of the Internal Audit plan for 2022/23.</p>	
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<p>AC(22)128</p>	<p>Risk Management Framework</p> <p>Mrs Charlotte Beare introduced the Risk Management Framework, which the Committee is being requested to endorse ahead of the Board meeting in July 2022. Members were informed that this has been circulated and commented upon, with Mrs Beare highlighting the key amendments made in response to feedback.</p>	
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The Committee **ENDORSED** the Risk Management Framework, prior to its submission to the Board for approval on 28th July 2022.

AC(22)129	Audit Tracker	
	<p>Mrs Charlotte Beare presented the Audit Tracker report. Members heard that since the previous report, 27 reports have been closed or superseded, with 27 new reports received by the UHB. As at 20th May 2022, there are 97 reports currently open. 48 of these reports have recommendations that have exceeded their original completion date, which has decreased from the 55 reports previously reported in April 2022. There is a slight decrease in recommendations where the original implementation date has passed from 122 to 115. The number of recommendations that have gone beyond six months of their original completion date has decreased to 36 from 45 reported in April 2022. In terms of services, Central Operations are subject to a peer review in July 2022 and the position will be reviewed after that date. As was the case at the previous meeting, a 'watching brief' remains in place with respect to MHLD.</p> <p>Observing that there are a number of reports where recommendations have remained outstanding for some time, Mrs Hardisty enquired whether the point is ever reached when it is decided to close these, particularly those where implementation involves actions outwith the UHB's control. Mrs Hardisty also enquired where Royal College visit recommendations are reviewed, suggesting that, as these often involve standards and training, PODCC may be the most appropriate forum. In response to the first query, Mrs Beare explained that an annual review of the Audit Tracker with Executive Leads is planned for the summer. Members were reminded that there is a formal process involved in closing recommendations, and that this is reported to ARAC. Both Mrs Wilson and Mrs Beare advised that the UHB had not received any Royal College visits/reports for some time; however there are plans to review the process involved in regards to recommendations.</p> <p>Mr Newman felt that the report suggests a reasonable level of engagement by services, which was confirmed by Mrs Beare; although it was noted that there are fluctuations in engagement during the update programme cycle due to operational pressures. Noting the planned exercise around reviewing and closing recommendations, Mr Newman suggested an equivalent exercise to identify areas of concern/requiring focus, for reporting over the course of the next few meetings. Mrs Beare noted that there are several reports which have gone beyond six months of their original completion date which might form the basis of this list; Mr Newman felt that 'degree of severity' should also be taken into account. Mr Maynard Davies observed that there have been a number of recent reviews/assessments concerning Cyber Security and suggested that the actions emanating from these should also be included in the Audit Tracker. Mrs Beare committed to do so.</p>	<p>JW/CB</p> <p>CB</p>
	<p>The Committee TOOK ASSURANCE on the rolling programme to collate updates from services on a quarterly basis in order to report progress to the Committee.</p>	

Professor Philip Kloer and Mr John Evans joined the Committee meeting.

Mr John Evans introduced the RCP Medical Records Keeping Standards Internal Audit Update report, advising Members that HDdUHB had, as requested, engaged with other Health Boards, in order to identify challenges in common and share learning. There had been interest from other Health Boards in the work being undertaken by HDdUHB, particularly the employment of stamps for doctors. Mr Evans stated that stamps had now been provided to 800 HDdUHB doctors, and that their use was unanimously supported. Stamps had been fully implemented within Sexual Health, with the Emergency Department and ENT at Glangwili General Hospital also rolling out their use. A benchmarking audit has been undertaken, with follow-up audits planned. Work is also ongoing in conjunction with the Learning & Development team to develop a suite of learning and training resources. In addition, steps are being taken to emphasise to all doctors the importance of good record keeping. Members were informed that this topic will form part of this year's Clinical Audit programme.

Professor Gammon welcomed the report, whilst noting the historical challenges around Clinical Audit. Professor Gammon was particularly concerned by the disparity in resources across the region, and resultant lack of equity. Whilst emphasising that this report focuses only on the Medical Records aspect of the Clinical Audit programme, Mr Evans agreed to raise this concern separately with the Director of Nursing, Quality & Patient Experience. Within the online Chat, Members were reminded that an update on Clinical Audit is scheduled later on the agenda. Mrs Hardisty reminded Members that a new electronic nursing record has recently been introduced, which will contain a great deal of patient information. Whilst recognising that nursing patient information is distinct, the interface between these was queried. Mrs Hardisty also highlighted that the article referenced in the report is 10 years old, and enquired whether there is more recent research/evidence around the benefits offered by stamps. Finally, the potential risks in terms of doctors using another doctor's stamp were raised. With regard to the introduction of stamps, Mr Evans explained that the UHB had wished to gain traction in improving record keeping standards; and had asked clinicians for their opinion regarding what would make the biggest and most immediate difference. The overwhelming feedback had been to introduce stamps for doctors. Professor Philip Kloer accepted that the research involved is not recent, and suggested that more contemporary data/research could be sought. In terms of the nursing record interface, Professor Kloer highlighted that the nursing record is just that and that, whilst it is excellent to have this in electronic format, it does not include all of the patient's medical record. While written/paper records remain, the issues associated with them also remain.

In response to the query around security of stamps, it was agreed that this could be discussed with the Information Governance team. Mr Evans acknowledged that there are some potential risks which cannot be completely mitigated; however, certain safeguards can be put in place, such as ensuring stamps are surrendered when staff leave the

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	<p>UHB. Members heard that stamps are only provided to substantive staff, not to locum doctors. Replying to a query regarding whether the stamps supplement or replace doctors' signatures, Mr Evans advised that the requirement for a signature remains. Mr Newman enquired of auditors whether this is an issue vexing other Health Boards across Wales. Ms Beegan stated that this is a long-standing issue of concern, identified during Audit Wales reviews of Clinical Coding. The attention given to this topic by other Health Boards is not, however, necessarily evident, and Ms Beegan was therefore not surprised that others are interested in the steps being taken by HDdUHB. Mr James indicated that all Health Boards are grappling with the wider issue of medical records, but would ask colleagues about this specific matter.</p> <p>Mr Newman commented that this is clearly an area requiring a continued focus, due to the limited progress made and outstanding concerns and the need to maintain momentum, and requested that a further update be scheduled for ARAC's February 2023 meeting.</p> <p><i>Professor Kloer and Mr Evans left the Committee meeting.</i></p>	<p>JE</p> <p>JJ</p> <p>CM</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the RCP Medical Records Keeping Standards Update report as a source of assurance regarding the progress made in relation to the original Internal Audit report recommendations, and subsequent actions agreed by the Record Keeping Audit Working Group, following the delayed progress previously noted due to the COVID-19 pandemic response. • NOTED the actions taken and the ongoing audit plan against the new Clinical Record Keeping Standards. This will be reported and monitored through the Effective Clinical Practice Advisory Panel, which reports to the Quality, Safety & Experience Committee (QSEC). 	

<p>AC(22)131</p>	<p>External Validation Update</p> <p><i>Mr Keith Jones joined the Committee meeting.</i></p> <p>Presenting the External Validation Update report, Mr Keith Jones hoped that this is relatively self-explanatory. Members were informed that at the completion of the external validation exercise, 121,000 records had been validated, in excess of the 118,000 commissioned. The closure/removal rate from the exercise was 12%, the majority of which were from the diagnostic/post-diagnostic Stages 2 and 3 of the clinical pathway. Low closure/removal rates in Stage 1 indicated reasonably accurate records and that clinical conditions are well-recorded, which is reassuring. Limited impact on Stage 4 is to be expected, as the majority of these records represent patients awaiting treatment as a result of the COVID-19 pandemic. The principal reason for the higher closure/removal rate in Stages 2 and 3 is the extended time period between this validation exercise and the previous one. Mechanism and inaccuracy issues are, however, being highlighted/identified. There had been a lesser impact in terms of Follow-ups, which reflects the extent to which new approaches, including See on Symptom (SOS) and Patient Initiated Follow Up (PIFU) are increasing in scope. Several high-level Learning Reflections are included within the report; these include the need to concentrate the UHB's limited validation resources on those</p>	
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areas which generate the most benefit. Also, the Welsh Patient Administration System (WPAS) has specific design issues; the impact of which need to be considered and fed back into national discussions regarding this system.

A key reflection is that the UHB has a large number of staff who input system data – this increases the potential for errors or lack of standardisation. The UHB is heavily dependent upon the efforts of its staff, which makes this issue challenging to resolve. It will be necessary to consider how the risks associated with data entry can be most effectively mitigated; a review into this area has commenced. Finally, the current staff resource investment in the UHB's internal validation team is insufficient. Consideration should be given to how the required levels of validation can be maintained without necessarily resorting to external providers. The organisation is in the process of recruiting a Senior Validation Officer, who has external experience; it is hoped that this insight will assist the UHB in addressing the challenges it faces. Mr Jones emphasised that Welsh Government has expressed a strong expectation/requirement for Health Boards to continue to focus on validation as part of the approaching recovery from the COVID-19 pandemic. HDdUHB is, perhaps, 'ahead of the curve' in this respect. However, whilst this could be viewed as a positive, it could also limit the organisation's ability to evidence improvement, as its starting point is already improved.

Noting the relatively high numbers of records closed/removed, Mrs Hardisty welcomed the validation exercise. Assurances were requested, however, regarding the Learning Reflections, and that lessons learned will be taken forward. It was suggested that development of an action plan would be beneficial. Mr Jones emphasised that, in terms of learning, whilst certain of the actions are within the 'gift' of the UHB, others are not or are more systemic. An example of the former is staff inputting data onto WPAS; as advised, a review is being conducted, with consideration being given to whether a smaller cohort of staff would reduce the potential for errors and improve standardisation. A more significant issue is ensuring that the requisite training and education is available for staff, to facilitate the correct use of systems. This presents a greater challenge, and there is no definitive plan for addressing it as yet. The design of WPAS is not wholly conducive to clinical pathway management; this view would need to be fed into national discussions. Noting reference to communication with GPs, and given that this group is the UHB's primary source of referrals, Mrs Hardisty enquired regarding engagement. Mr Jones responded that, in the main, issues are less specific to the point of referral and are more related to processes from the point of receipt of referral. There do not tend to be deficiencies at the point of referral. Members were assured that, where there are changes in the status of patients, these are communicated back to GPs.

Referencing comments around WPAS, Mr Maynard Davies emphasised that, should any changes be required, these will take time to approve and implement. Assurances were sought around engagement with the Digital team in this regard. Mr Maynard Davies also enquired whether consideration was being given to other digital opportunities to improve

data collection, including robotics/automated processes. Finally, whether feedback from patients, in the form of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs), was feeding into the system, in order to improve outcomes and experience. Mr Jones assured Members that there is robust engagement between the Planned Care and Digital teams, with ongoing discussions taking place. In terms of digital opportunities, the UHB has been exploring and considering potential digital solutions to highlight pathway errors/flag inconsistencies in 'real time'. Decisions around implementing such processes will be determined by value for money judgements regarding the investment required, versus potential benefit. The relevance of PROMs and PREMs data is around its potential to cause change in patient status in the clinical pathway and whether it is recorded appropriately. Mr Jones had not seen any significant anomalies between these factors. Reiterating his suggestion regarding engagement with the Digital team, Mr Maynard Davies explained that there are potential similarities between validation and the work being undertaken in relation to ESR/Workforce. This may mean that additional system changes/investment is not required. Mr Jones committed to explore this further. Within the online Chat, Mr Thomas noted that the UHB is not to any great extent measuring PROMs as part of waiting list management. Mr Jones confirmed that the relevance is where the approach impacts on the status of the patient. The key aspect from a validation point of view is accuracy.

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Mr Newman wished to clarify what value the UHB has obtained/derived from this exercise; whether it has avoided costs or enabled the organisation to deploy resources more efficiently. In response, Mr Jones stated that the cost had been broadly equivalent to a year's worth of validation activity, so within the historic run-rate. Should the exercise not have been undertaken, the UHB would have expended time and effort planning treatment for patients unnecessarily; it is also important to ensure that waiting lists are accurate. The information held on systems is inherent to clinical management plans; if it is incorrect, the wrong clinical approach may be taken. It is, however, difficult to quantify financial/cost benefits. Mr Jones reiterated that Welsh Government is placing significant pressure on Health Boards to conduct validation exercises as part of their recovery processes. It is unlikely, however, that the UHB will ever reach a point when the need for validation is obviated. Moving on, Mr Newman enquired regarding the quality assurance mechanisms in place to ensure removal or retention of records was appropriate. Also, recognising that this represents a 'moment in time' and will need to be repeated, when it is anticipated the next exercise will be required, and whether this will be internal or external. In response to the first query, Mr Jones indicated that there was regular contact between the external and internal teams, with full transparency around judgements. Where disparity was identified, this was fed back to the internal team and the decision making clearly defined. Clinical notes/letters formed the primary source for decisions. During the exercise, 5,000 queries had been raised and resolved and Mr Jones was confident that the process had been robust. With regard to the timing of the next validation exercise, Mr Jones stated that, historically, validation has been required on an annual basis. This exercise had probably represented around two years' worth of data, due

	<p>to the pandemic; Mr Jones would not envisage the next exercise being of a comparable size. As mentioned, one of the learning reflections related to the need to target validation resources to provide the greatest impact, although this may not obviate the need for additional validation. Bringing discussions to a close, Mr Newman suggested that this issue should be highlighted to the Board.</p> <p><i>Mr Jones left the Committee meeting.</i></p> <p>The Committee RECEIVED the External Validation Update report for information.</p>	<p>PN/JW</p>
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<p>AC(22)132</p>	<p>Clinical Audit Update</p> <p><i>Mrs Mandy Rayani and Mr Ian Bebb joined the Committee meeting.</i></p> <p>Mrs Mandy Rayani introduced the Clinical Audit Update report, drawing to Members' attention that this had been written prior to receipt of the Welsh Health Circular dated 10th June 2022 setting out Welsh Government expectations in terms of Clinical Audit. Mr Ian Bebb is reviewing this currently and will ensure requirements are embedded within the plan by the end of June 2022. Prior to the COVID-19 pandemic, the UHB had worked hard to ensure that a Clinical Audit programme was in place. During the pandemic, a number of audits had been stood down, others were continued. Mrs Rayani had tasked Mr Bebb to develop a 2022/23 Clinical Audit programme in conjunction with services. Members heard that interviews have taken place for the new Clinical Audit Lead; however Mrs Rayani did not believe an appointment had been made as yet. She and the Medical Director are discussing whether an alternative model could be put in place to ensure clinical leadership in this area. The importance of ensuring that Clinical Audit drives improvements across the organisation, rather than it being a case of 'audit for audit's sake' was emphasised. Members heard that the UHB is piloting the AMAT tool; Mr Bebb explained that this system, whilst new, is being used in a couple of other Health Boards. The system streamlines all clinical audit registration processes, which should make it easier to participate and more transparent. One of the most significant advantages is the availability of other modules, which will facilitate triangulation of intelligence. Mr Bebb looked forward to exploring the functionality of this system.</p> <p>Mrs Hardisty referenced an earlier item on the RCP Medical Records Keeping Standards and enquired whether this is part of the Clinical Audit programme. Mr Bebb confirmed that it was; Members were also informed that there is a Clinical Records Standards Group and assured that the Medical Directorate is focusing on this issue. There had been recent audit activity in this area, which was being collated and this will be a permanent fixture on the Clinical Audit programme. Discussions are also taking place with other services around record keeping. Mr Newman commented that the report gives the impression that the organisation is moving back to a more 'normal' status in regards to Clinical Audit activity. Mr Bebb agreed, emphasising that steps are being taken to re-establish and re-invigorate Clinical Audit; pleasingly, there is a great deal of positivity and energy within the services, including among new participants. The process feels more coordinated and the team is meeting with a number of services, trying to embed</p>	
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	<p>both national and local audits in service plans. Mrs Rayani advised that there are currently challenges around Clinical Audit staffing at Bronglais General Hospital (BGH); she and Mr Bebb have discussed a potentially more radical approach, perhaps developing Apprenticeships in Clinical Audit. In the meantime, steps have been taken to ensure resources are managed in a different way to support BGH. Mr Bebb noted that the COVID-19 pandemic has delivered some bonuses in terms of remote and cross-site working, which have been positive developments. It has also been possible to maintain the Whole Hospital Audit Meetings (WHAM). Recruitment issues are common to a number of administrative roles; however, interviews are taking place next week and Mr Bebb was optimistic that these would be fruitful. Mrs Hardisty suggested that potential opportunities to link with Aberystwyth University be explored, to identify relevant courses where students might undertake placements, recognising that supervision would be required. Mr Bebb committed to do so, should the upcoming recruitment be unsuccessful.</p> <p>Recognising that Clinical Audit updates are also provided to QSEC, Mr Weir suggested that it would be useful for ARAC to be provided with a summary of that information, and to see the 2022/23 Clinical Audit Plan when finalised, noting that the next update is not scheduled until April 2023. Mrs Rayani and Mr Bebb indicated that this information could be provided earlier, together with a summary of 2021/22 outcomes and shared learning from across the year. It was agreed that this would be appended to the Table of Actions. Members were reminded that, in addition to committees, Clinical Audit is also reported elsewhere, to services and clinical leads, etc. Mr Newman commended the progress made during the last few years to reach this point, particularly in regards to levels of engagement with services. Mrs Rayani, Mr Bebb and the Clinical Audit team were thanked for their work in this regard.</p> <p><i>Mrs Rayani and Mr Bebb left the Committee meeting.</i></p>	<p>IB</p> <p>MR/IB</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the continued reduction in clinical audit activity and plans for improving this; • NOTED the new opportunities available to the clinical audit function with the introduction of new software; • NOTED the continuation of the majority of mandatory national audits and the processes followed for the escalation of concerns; • NOTED the current position of the 2021/22 and 2022/23 programmes; • NOTED the continuing shared learning through WHAM. 	
<p>AC(22)133</p>	<p>National Internal Audit Reports</p> <p>None to report.</p>	
<p>AC(22)134</p>	<p>Audit & Risk Assurance Committee Work Programme 2022/23</p> <p>The Committee NOTED the ARAC Work Programme.</p>	
<p>AC(22)135</p>	<p>Any Other Business</p> <p>There was no other business reported.</p>	

AC(22)136	<p>Reflective Summary of the Meeting</p> <p>A reflective summary of the meeting was captured which will form the basis of the ARAC Update Report, and highlight and escalate any areas of concern to the Board. This would include a summary of discussions, together with the following specifically:</p> <ul style="list-style-type: none"> • Concerns regarding the issues associated with Capital Project Bank Accounts; • The request for inclusion in the Financial Assurance Report of information around underpayment of salary, as well as overpayment, to provide a more complete overview; • Receipt of an update report on RCP Medical Records Keeping Standards and the scheduling of a further update in February 2023; • Receipt of an update report following completion of the External Validation Exercise; • Receipt of a Clinical Audit update report and the UHB's improved position in this area. 	
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AC(22)137	<p>Date and Time of Next Meeting</p> <p>9.30am, 16th August 2022</p>	
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