

**COFNODION Y CYFARFOD PWYLLGOR ARCHWILIO A SICRWYDD RISG
CYMERADWYO**

APPROVED MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE MEETING

Date and Time of Meeting:	9.30am, Tuesday 12 December 2023
Venue:	Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams

Present:	<p>Cllr. Rhodri Evans, Interim Vice-Chair, HDdUHB (Committee Chair)</p> <p>Mr Maynard Davies, Independent Member</p> <p>Mr Michael Imperato, Independent Member (VC)</p> <p>Ms Anna Lewis, Independent Member (part)</p>
In Attendance:	<p>Ms Urvisha Perez, Audit Wales (VC)</p> <p>Ms Eleanor Ansell, Audit Wales (VC)</p> <p>Mr James Johns, Head of Internal Audit, NWSSP</p> <p>Ms Sophie Corbett, Deputy Head of Internal Audit, NWSSP (VC)</p> <p>Mr Eifion Jones, NSSWP (VC)</p> <p>Mr Murray Gard, NSSWP (VC)</p> <p>Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary</p> <p>Mr Steve Moore, Chief Executive (VC) (part)</p> <p>Professor Philip Kloer, Medical Director/Deputy Chief Executive (VC) (part)</p> <p>Miss Charlotte Wilmshurst, Assistant Director of Assurance and Risk</p> <p>Ms Rhian Davies, Assistant Director of Finance (deputising for Mr Huw Thomas, Director of Finance)</p> <p>Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience (part)</p> <p>Mr Andrew Carruthers, Director of Operations (VC) (part)</p> <p>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (part)</p> <p>Mr Lee Davies, Director of Planning and Strategy (VC) (part)</p> <p>Mr Keith Jones, Director of Secondary Care (VC) (part)</p> <p>Ms Victoria Coppack, Service Delivery Manager, Ophthalmology (VC) (part)</p> <p>Ms Stephanie Hire, General Manager Scheduled Care (VC) (part)</p> <p>Mr Matthew Willis, General Manager, BGH (VC) (part)</p> <p>Ms Dawn Jones, Hospital Head of Nursing, BGH (VC) (part)</p> <p>Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC) (part)</p> <p>Ms Clare Moorcroft, Committee Services Officer (minutes)</p>

Agenda Item	Item	
AC(23)202	Introductions and Apologies for Absence	
	<p>Cllr. Rhodri Evans, Audit & Risk Assurance Committee (ARAC) Chair, welcomed everyone to the meeting. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mr Winston Weir, Independent Member • Ms Anne Beegan, Audit Wales • Mr Huw Thomas, Director of Finance • Mr Ben Rees, Head of Local Counter Fraud Services 	

AC(23)203	Declaration of Interests No declarations of interest were made.	
AC(23)204	Minutes of the Meeting held on 17 October 2023 RESOLVED – the Minutes from the meeting held on 17 October 2023 were approved as an accurate record.	
AC(23)205	Table of Actions An update was provided on the Table of Actions from the meeting held on 17 October 2023 and confirmation received that outstanding actions had been progressed. In terms of matters arising: AC(23)124 – Cllr. Evans suggested that there are a couple of updates which require clarification from Mr Andrew Carruthers. It was noted that this recommendation, from SA2022, has been outstanding for some time. Mrs Joanne Wilson confirmed that Mr Carruthers will be joining the meeting in due course, and suggested that he be asked to provide further detail in terms of timescales. In the meantime, Members heard that the OCP has been circulated to operational teams and that work is also being undertaken on operational governance. AC(23)127 – Mrs Wilson reported that she is working with Mr Carruthers’ team on an overarching Memorandum of Understanding (MOU) in relation to the services covered by A Regional Collaboration for Health (ARCH). Concerns had been raised regarding the implications of regional solutions for HDdUHB patients. Again, work is ongoing, and Mr Carruthers can be asked to provide an update later in the meeting. Members were reminded that there is also the issue of a Regional Partnership Board (RPB) MOU, which is currently with Local Authority partners. AC(23)172 (AC(23)151) – noting that this report had been due for presentation at today’s meeting, Mrs Wilson advised that she had met with Procurement and that the report had been drafted. However, Mrs Wilson wished to ensure that all the relevant information is included and correct, hence deferral to the February 2024 meeting. Members were assured that use of the G Cloud framework has been ceased, unless approved by the Financial Control Group; the latter has significantly strengthened governance in this area. AC(23)182 – it was agreed that this action would remain open, and an update would be provided to the next meeting. AC(23)188 – Members were reminded that Ms Jill Paterson, Director of Primary Care, Community and Long Term Care, had expressed concerns around the findings of this report at the previous meeting. Mrs Wilson had met with Ms Paterson and a representative from the Internal Audit (IA) team, and reminded her that there is a recognised sign-off process for IA reports, which had been followed. Members heard that there had been a minor amendment to Recommendation 1 and that Primary Care had provided additional information in relation to another recommendation. Assurance had also been obtained around achievement of the implementation dates. The report otherwise	

	<p>remained as previously presented. The revised report is presented as part of today’s agenda, and Ms Paterson will attend for that item.</p> <p>AC(23)191 – due to the concerns expressed at the previous meeting, Members heard that Mr James Johns had undertaken a review of those actions which should have, by now, been completed. An interim report on findings is included on today’s agenda. However, it had been determined, following a discussion with Mrs Mandy Rayani, that this was not sufficient, and a follow-up audit will be conducted to ensure that actions are fully embedded.</p>	
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AC(23)206	Matters Arising not on the agenda	
	There were no other matters arising.	

AC(23)207	<p>Escalation Status Update</p> <p><i>Mr Steve Moore and Professor Philip Kloer joined the Committee meeting.</i></p> <p>Mr Steve Moore introduced the Escalation Status Update report, suggesting that this is relatively self-explanatory. He did not feel that the accompanying letter necessarily fully reflects the emphasis of the mid-year Joint Executive Team (JET) meeting it followed. There, three key challenges over and above those already identified were discussed:</p> <p>Finances The gap between the Health Board’s forecast deficit and the Welsh Government Control Total. Representatives from the Health Board had been able to describe the ongoing work in relation to the financial position. Members heard that delivery of the planned savings target of £19.5m has since been confirmed, although the in-year figure is likely to be approximately £15m. Welsh Government have expressed, however, a need to exceed the target figure.</p> <p>Regional Working Concern was expressed regarding the pace at which regional working is being taken forward. The Health Board was able to outline progress, with plans in place to treat Orthopaedic and Ophthalmology patients.</p> <p>Clinical Services Plan Welsh Government is encouraging the Health Board to be as clear as possible around how it plans to manage clinical services between now and the building of the new hospital. The Health Board was able to provide examples of positive initiatives, including progress on waits of more than 104 weeks, Transforming Urgent and Emergency Care, Infection Prevention and Control (particularly in Primary Care) and recent staff awards.</p> <p>Referencing page 2 of the appended letter, and the statement around ‘...clear actions and de-escalation criteria for this’, Mr Maynard Davies enquired whether this accurately reflects the position. Whilst indicating that Mr Huw Thomas may have more recent information via the Integrated Quality, Planning and Delivery (IQPD) meetings, Mr Moore stated that he had been somewhat surprised by this statement. From his point of view, there was still a degree of ambiguity around Welsh</p>	
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Government's criteria and requirements for de-escalation, and it was highlighted that the information around this has changed during the process. In regards to the financial position, it is not clear whether de-escalation is dependent on an improvement, achievement of the Control Total or a zero deficit; in terms of performance, there is a lack of clarity around the requirement for 'consistency'.

Mrs Wilson advised that the planned de-escalation meeting had been cancelled. Whilst Welsh Government had sent the Health Board information relating to de-escalation, this has (as mentioned above) altered from when the organisation entered the escalated status process. The Health Board is keen to discuss this with Welsh Government. Members heard that a Ministerial Governance Review is planned, to which the Health Board will provide an organisational response. A new escalated status framework is in preparation; however, information around this is not yet finalised. Mr Michael Imperato wished to focus on this matter, suggesting that there should be a set of clear and defined requirements for an organisation to achieve de-escalation. Comparing the process to one for addressing sub-optimal performance in staff, Mr Imperato stated that this would involve the setting of goals and requirements. He felt that there should be a simple 'route map' for exiting escalated status. Mr Moore shared this view, emphasising that this has been previously raised with Welsh Government. Members heard that the Health Board takes its own contemporaneous notes at JET meetings, and these could be shared with Independent Members.

JW

With regard to the financial position, Ms Anna Lewis noted that Welsh Government continues to describe the current forecast deficit as 'unsupportable'. As the organisation approaches the end of Quarter 3, Ms Lewis enquired at what point there is a shift from the position being 'unsupportable', to defining the actions which are collectively going to be taken. Mr Moore wished to emphasise that the Health Board recognises that its financial position is unsupportable. The key issue will be around cash support, with the February 2024 payroll being a critical point. Mr Moore has written an Accountable Officer letter to Welsh Government outlining the organisation's cash requirements, and the position continues to be reported to, and scrutinised by, the Sustainable Resources Committee (SRC).

Cllr. Evans noted the various references to actions from the meeting, including regional working, urgent and emergency care, 4 hour handover delays, cancer backlog, dental data and financial control total. He requested assurance that these were being taken forward. Mr Moore confirmed that all of these actions are individually led by specific Directors, who are in regular contact with the NHS Executive and Welsh Government. All actions tend to be monitored via the IQPD meetings. There were no additional actions from JET which are not already being dealt with. In response to a query around how each of these is monitored, Mr Moore advised that they will be discussed at the end of year JET meeting. All form part of the Executive Team activities throughout the year. Whilst no specific action plan has been developed, Mr Moore was confident that all are being managed and progressed. It was agreed that thought should be given to how progress and delivery

	<p>of these actions might be tracked. Mrs Wilson suggested that reports on each action could be provided to the relevant Board level Committee, depending on topic. This would allow the Health Board to assure Welsh Government that they are being monitored via the Committee structure. Whilst Mr Moore recognised the need to ensure that progress against actions is tracked, he cautioned against ‘creating an industry’ in this regard and potentially duplicating work. Cllr. Evans agreed; however, felt that it is important to ensure a mechanism is in place and suggested these could possibly be included on the tracker.</p> <p>Recognising that this would be Mr Moore’s final ARAC meeting, Cllr. Evans wished to thank him, on behalf of the Committee, for his contribution to ARAC over the years of his tenure as Chief Executive.</p> <p><i>Mr Steve Moore and Professor Philip Kloer left the Committee meeting.</i></p> <p>The Committee NOTED the update from the JET meeting held on 22 November 2023.</p>	CW
AC(23)208	Contract and Procurement Processes - Governance	
	DEFERRED to 20 February 2024	
AC(23)209	<p>ARAC Self-Assessment Timelines 2023/24</p> <p>Mrs Wilson presented the ARAC Self-Assessment Timelines 2023/24 report, which outlines the process to be used this year. The proposed process for ARAC is slightly different from that for the Quality, Safety and Experience Committee (QSEC), which had involved a workshop. ARAC may wish to consider the process it applies once more feedback is available from QSEC and other Committees. Members noted, however, the need for some form of Committee self-assessment process. Cllr. Evans suggested that the process go ahead as planned and this be considered for future years once more information is available.</p> <p>The Committee NOTED the timelines for the Self-Assessment process for 2023/24.</p>	
AC(23)210	<p>Financial Assurance Report</p> <p>Cllr. Evans thanked Ms Rhian Davies for attending the meeting at short notice, on behalf of Mr Huw Thomas.</p> <p>Ms Rhian Davies introduced the Financial Assurance Report, indicating that this is of the usual format and covers the month of October 2023. The report includes compliance with the ‘No PO, No Pay’ policy; whilst there continue to be breaches, the Health Board compares favourably with the rest of Wales. The target for Public Sector Payment Policy (PSPP) compliance had been achieved. There had been no Single Tender Actions or consultant contracts awarded during the month of October 2023. Those tenders that had been awarded were detailed in Appendix 1. The report also outlines current performance in relation to overpayment of salaries, and the All Wales work being undertaken in this regard. It is intended that the final draft of the All Wales overpayment policy will be presented to the January 2024 NHS Wales Shared Services Partnership (NWSSP) Committee for sign-off. It is</p>	

hoped that this area will see an improvement going forward. There are no write-offs or losses for the Committee to approve this month.

Ms Davies drew Members' attention to section 2.5 of the report, Compliance with Capital Requirements, and information around Project Bank Accounts (PBAs). These had been mandated by Welsh Government but were not working as intended. This is an issue which is not unique to HDdUHB and work to resolve the matter is underway. The issues relating to VAT outlined in section 2.6 are long-standing, and negotiations with HMRC are ongoing. Whilst the Health Board does not envisage that IFRS 17, in relation to Insurance Contracts will be a significant issue, it will ensure that it is compliant. Discussions continue with the District Valuer around the impact of Reinforced Autoclaved Aerated Concrete (RAAC) on the useful life and the value of Wwithybush Hospital (WGH). Finally, Ms Davies advised that the Finance team is continuing its work in relation to financial compliance, which is likely to impact on how it reports to ARAC.

Referencing section 2.3.2 of the report, Mr Maynard Davies noted the requirement for all Health Bodies to have at least 80% take up of Management Self Service (MSS) by April 2025, and enquired with regard to the Health Board's uptake. Ms Davies committed to check with the Electronic Staff Record (ESR) team. Within the same section, Mr Maynard Davies noted reference to a task and finish group, and enquired whether this group would be considering the digitalisation of forms which has been mentioned previously. Ms Davies advised that the group was looking specifically at the topic of payroll frequency; however, discussions around digitalisation of forms and processes are ongoing.

RD

Returning to the issue of PBAs, Mr Maynard Davies observed that the cost of work in relation to RAAC at WGH is well in excess of the £2m limit requiring a PBA set by Welsh Government. Members heard that a PBA was not required for this work due to the timescale involved. Ms Davies also believed that the work was split into smaller projects, none of which exceeded £2m, but would check. In response to a further query, Ms Davies also committed to establish the amount of VAT involved in the Capital Front of House Scheme at Bronglais Hospital (BGH). In terms of contracts awarded, Mr Maynard Davies requested further clarification around HDD-OJEU-53635, Mitie Landscapes. He suggested that if this had been split into smaller site-based contracts, it may have been possible to award them to local firms, putting money into the local economy. Mrs Wilson advised that this contract had been discussed at the Financial Control Group, and would check the reasoning.

RD

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JW

With regard to PBAs, Mr Imperato queried whether their failure to work as intended is resulting in problems functionally. It would be unfortunate for this to interfere with the progress of capital projects. Mr Imperato enquired whether this is something the Committee should be concerned about, or whether it is a more operational issue. If the former, whether there is any indication of timescale for its resolution. Ms Davies reiterated that the use of PBAs had been mandated by Welsh Government, and HDdUHB had complied with this requirement. They

	<p>are not, however, working as intended, and some Health Boards have chosen not to use them. The main issue is payment of sub-contractors by contractors; whilst this is happening, it is probably not as efficient or timely as it should be. Discussions are taking place with Welsh Government. Mr Imperato's concern was whether this is impacting operationally, and whether it might negatively affect the Health Board's relationships with sub-contractors. Cllr. Evans emphasised that HDdUHB is complying with Welsh Government requirements. Noting, however, that other Health Boards have ceased use of PBAs, it was agreed that an update on HDdUHB's intended approach going forward would be included in the next Financial Assurance Report.</p> <p>Returning to the issue of 'No PO, No Pay' breaches, Cllr. Evans enquired whether any other measures can be employed to prevent these. Ms Davies advised that the Finance team is working with Procurement and undertaking discussions with contractors. There is also a need to better inform staff, to reinforce that orders should not be placed without a Purchase Order. Processes around this need to be more robust.</p> <p>The Committee DISCUSSED and NOTED the Financial Assurance report.</p>	<p>HT</p>
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<p>AC(23)211</p>	<p>Counter Fraud Update</p> <p>Ms Davies presented the Counter Fraud Update report, which outlines the four areas of Counter Fraud activity. Members' attention was drawn to the work in relation to Prevent and Deter. A specific Fraud Prevention Notice around Impersonating Medical Professionals had been received, which had prompted three proactive exercises. A new Counter Fraud process for identifying and reporting on Fraud Risks has been agreed. Outcomes will be reported via the In-Committee ARAC session, as the new approach is implemented.</p> <p>The Committee RECEIVED for information the Counter Fraud Update Report and appended items.</p>	
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<p>AC(23)212</p>	<p>Audit Wales Update Report</p> <p>Introducing the Audit Wales Update Report, and focusing on financial audit work, Ms Eleanor Ansell reminded Members that the Health Board's audited accounts had been considered in July 2023. Audit Wales is currently conducting the Charitable Funds audit, which is on schedule for completion by the end of January 2024. Reporting on the performance audit work, Ms Urvisha Perez drew Members' attention to the two reports on today's agenda: the Structured Assessment 2023 and Primary Care Follow-up Review. Management responses for both reports will be presented to the February 2024 ARAC meeting. Members were reminded that it had been Audit Wales' intention to conduct a Structured Assessment deep dive into digital arrangements; however, due to the widespread financial pressures, focused work around financial arrangements will replace this. A project brief has been issued and meeting arranged with the Director of Finance and Director of Workforce and OD. A couple of reports are at framework or draft stage, the remainder are at scoping or preparatory stage. Finally, Members' attention was drawn to the national reports and recent publications outlined within the Update Report.</p>	
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	<p>In response to a query, it was confirmed that the Charitable Funds audit will be presented to the Board as well as the Charitable Funds Committee. Cllr. Evans reiterated the importance of scheduling of reports for effective agenda planning, and enquired whether indicative dates will be adhered to. Ms Perez advised that dates are allocated once audit work has started, and timelines can be agreed with the relevant parties. Members were assured that regular update meetings take place between Audit Wales and Mrs Wilson.</p>	
	<p>The Committee NOTED the Audit Wales Update Report.</p>	

AC(23)213	<p>Ophthalmology Deep Dive Update</p> <p><i>Mr Keith Jones, Ms Stephanie Hire and Ms Victoria Coppack joined the Committee meeting.</i></p> <p>Ms Victoria Coppack presented the Ophthalmology Deep Dive Update, indicating that this detailed report provides an update on progress and proposed next steps to address the recommendations from external reviews. In terms of a brief overview:</p> <ul style="list-style-type: none"> • There has been further recruitment of staff, which has historically been challenging. Recent recruitment has provided expansion in terms of one consultant within HDdUHB and two within SBUHB • There has been investment in current staff, to facilitate increased service delivery • Primary Care pathways are being utilised more, with increased use of virtual tools • The referral process has been improved, with streamlining of referrals from Primary Care • The backlog is being managed • Work has taken place to improve the emergency pathway, with patients triaged appropriately <p>The general approach is to continue to increase capacity to meet demand, by working on each sub-specialty individually, to ensure delivery where required. Ms Coppack advised that further detail is provided in the report. Mr Keith Jones thanked Ms Coppack for outlining the progress made within the previous few months. He wished to emphasise that Ophthalmology is a fragile clinical service, with significant workforce challenges, hence its inclusion in the Health Board's Clinical Services Plan. This is somewhat strategic in nature; the ability of the service to operationally manage its way out of difficulty is, therefore, limited. The significant challenges which the service faces are reflected in the recommendations, in relation to the overall fragility of the service and the need to think differently about how it can be made sustainable going forward. Mr Keith Jones credited Ms Coppack and the team for the progress made. Ms Stephanie Hire added her thanks to Ms Coppack, who is relatively new in post, and the team for their work in what is an extremely challenging specialty. Their efforts have made inroads not previously seen.</p> <p>Recognising that progress has been made, Ms Lewis thanked Ms Coppack and the team. From a Health Board and QSEC perspective, however, a new risk in relation to Ophthalmology has recently been</p>	
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added to the Corporate Risk Register, suggesting that the specialty remains fragile, and the organisation must remain cognisant of this. In terms of the activity outlined within the report, Ms Lewis queried whether there is any quantification of the impact this might have on the capacity of the service to improve access, or any way to model the numbers involved. In response, Ms Coppack confirmed that work in relation to this was being undertaken. Meetings are planned with SBUHB to explore how they produce their data, in order to 'mirror' their approach as much as possible. This work will then allow demand and capacity modelling. The current system is very much 'manual', and Ms Coppack is keen to move to an electronic solution. There are issues around the waiting lists themselves, in terms of ensuring that coding is correct. A great deal of work is being undertaken to facilitate production of trajectories, etc, which needs to be broken down by sub-specialty. Members were assured that the service is working towards this aim; however, it is not a simple or quick task.

Mr Keith Jones reminded Members that the report is intended to provide an update against the outstanding recommendations. Members were assured that the service does have a set of data relating to each clinical pathway, outlining the position, waiting list position, access, etc. The recommendations highlight the fact that the fragility of the service precludes a 'balance' in demand and capacity within pathways and that there is a lack of confidence around current solutions to deliver this. Mr Maynard Davies wished to focus on digitalisation and waiting lists. He understood that the Open Eyes project is due to relaunch next year and, given the lack of progress, enquired with regard to timescales and/or details of what will replace this project. Ms Coppack advised that she is meeting with Digital Health and Care Wales (DHCW), who are working towards a relaunch date of April 2024. HDdUHB has previously focused on the emergency module; however, it was now felt that alignment with SBUHB (on the Glaucoma module) would be more appropriate. HDdUHB will work alongside SBUHB and adopt their delivery plan. Reciprocally, the work already undertaken by HDdUHB on Rapid Access Casualty for Eyes (RACE) will be shared with SBUHB. A Project Group is in place and there are plans to recruit a new Project Manager. Ms Coppack felt that this placed the Health Board in a much improved position.

Mr Andrew Carruthers joined the Committee meeting.

Referencing ARCH, Cllr. Evans enquired with regard to the timescale for regional working and to resolve current capacity issues. Mr Carruthers advised that HDdUHB has made a couple of requests to SBUHB for collaboration, without a great deal of progress. There appears to be a lack of appetite on the part of the clinical team at SBUHB to enact change at the pace HDdUHB would want. This has been escalated to Executive level, where there is support for regional working; the issue is clinical engagement. It is, therefore, challenging to define a timescale. This represents an additional aspect where the Health Board is struggling to obtain a constructive response. A position statement can be provided by Christmas; however, this would not necessarily be positive.

Mr Keith Jones suggested that there are three workstreams: The national review, expected to report in the New Year. A strong message around regional working is anticipated; The specialty programme of work through ARCH. This has probably run its course and will be closed in favour of the new programmes. A new SRO has been appointed and Mr Keith Jones is meeting with colleagues in SBUHB to discuss this later today. Whilst there is a broad clinical consensus around the need for regional strengthening of Ophthalmology (eg a regional centre of excellence), there is a need to balance this against the desire to provide care locally. Regional working has potential consequences, and the Health Board needs to take responsibility for its own population; The third workstream is the local review. All three strands need to be brought together.

Cllr. Evans enquired whether the 2016 recommendations remain applicable and relevant, or whether they are being addressed or met in different ways. Mr Keith Jones suggested that the fact that the 2016 recommendations are still being discussed reflects the depth and strategic nature of the challenge involved. This needs to be considered in more detail. Repeating his query in relation to the Healthcare Inspectorate Wales (HIW) findings, Cllr. Evans enquired when a consensus is likely to be reached. Mr Keith Jones felt that the HIW recommendations pose a challenge to the Health Board; whilst the position has been improved, they have not yet been fulfilled. It will only be possible to close these recommendations when patient access to the Glaucoma pathway is occurring on a consistent basis, without delays. This has strategic ramifications as well as operational and will be difficult to resolve. In response to a query around how the 'Getting It Right First Time' (GIRFT) recommendations are being tracked, Ms Coppack indicated that there is a working group which meets weekly to take this forward. Several recommendations have already been closed, and work is underway to close others. Monthly meetings take place on a national basis, where there is information exchange and feedback on projects, with input from the GIRFT team. When asked whether the service has sufficient resources to meet requirements resulting from the recommendations, Ms Coppack stated that there are many positive ideas which will increase service capacity and provide progress at a higher pace than previously.

Cllr. Evans noted the use of a high-cost locum and requested details of the costs involved, and queried whether other options are being explored. Ms Hire stated that the cost of this locum is well known to the Health Board and is delineated in costings, which have been submitted to the Financial Control Group. It equates to a figure of approximately £125k per quarter. Ms Coppack is in discussion with the Clinical Director and clinicians in Ophthalmology; one of the consultants at BGH has expressed an interest in undertaking development which would allow them to potentially take over the duties of the locum. It is acutely recognised that the Health Board is under pressure to cease agency and locum use, and Members were assured that an exit strategy is being explored. In response to a query around the risks identified, and whether these are causing patient harm, Ms Coppack advised that last year's data has been reviewed. Of the 175 complaints, 144 related to delays in treatment. All were either low or no risk. One recent case

	<p>involved a potentially high risk of harm; the service applied duty of candour, contacted the patient involved and has been closely monitoring their condition. A treatment plan has been put in place and the patient has recovered some sight.</p> <p>Mrs Wilson suggested that consideration be given to how this matter is taken forward. She was conscious that Ophthalmology is being reviewed in a number of fora, and felt that one should be identified as the most appropriate for scrutiny. It was also suggested that the various review recommendations might be brought together into a single action plan. Members noted that the GIRFT report needs to be considered at either SDODC or QSEC, with the Chairs of these Committee to discuss. Mr Carruthers reminded Members that there is a further national review due on this specialty. He agreed that it would be helpful to develop a streamlined action plan, observing that there is a great deal of overlap between reviews and recommendations. One area where Mr Carruthers would wish to see significant progress is on Intra-Vitreous injection Treatment (IVT) delays, where there is potential for harm and risk to patients.</p> <p>Cllr. Evans concluded discussions, thanking all of the team for their attendance and for the update on progress.</p> <p><i>Mr Keith Jones, Ms Stephanie Hire and Ms Victoria Coppack left the Committee meeting.</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the progress achieved to address the recommendations highlighted by the external reviews referenced in this report • NOTED the continued regional and national discussions, which are expected to inform longer-term, regionally focussed plans for the delivery of eye care pathways across Wales 	<p>JW/AC</p>
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<p>AC(23)214</p>	<p>Structured Assessment 2023</p> <p><i>Mr Lee Davies joined the Committee meeting.</i></p> <p>Ms Perez introduced the Audit Wales Structured Assessment 2023 report, which focuses on corporate arrangements. There is a separate review planned on operational arrangements.</p> <p>The report is generally positive; Members' attention was drawn to the key findings, in particular:</p> <ul style="list-style-type: none"> • Overall, the Health Board has generally effective corporate arrangements, however, it is facing significant performance and financial challenges • Board transparency, effectiveness, and cohesion – the Board and its committees continue to operate effectively, maintaining focus on public transparency, good governance, and continuous improvement. There are opportunities to further enhance arrangements for patient safety walkabouts, and whilst the Board is cohesive, a period of significant change will need to be well managed to ensure this is maintained 	
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- Corporate systems of assurance – the Health Board has maintained and enhanced corporate systems of assurance related to risk and recommendation tracking, and there is appropriate Board oversight. The approach to overseeing the quality and safety of services is improving. Whilst corporate oversight of organisational performance is strong, there is scope to strengthen assurance on the effectiveness of performance management systems.
- Corporate approach to planning – the Health Board has maintained its focus on its long-term vision, and development and delivery of the Annual Plan is supported by appropriate oversight. However, opportunities remain to strengthen the oversight of other corporate plans, further improve the planning objectives and review capacity to support planning activities
- Corporate approach to managing financial resources – despite a clear process for financial planning, and reasonable arrangements for managing and monitoring the financial position, the Health Board's financial position is extremely challenging for 2023-24

Members noted that there are 5 recommendations, outlined on pages 8 and 9 of the report. A completed management response is expected for the February 2024 meeting.

Mrs Wilson thanked Audit Wales for their review. Members were assured that the Chair of ARAC, the Interim Chair of the Health Board, Chief Executive, Director of Finance and Director of Planning and Strategy and Director of Corporate Governance met with Audit Wales representatives to examine the report in detail, including its findings and recommendations, prior to today's meeting.

Welcoming the report, Cllr. Evans enquired whether the management response is to be presented to the January 2024 Public Board meeting. Mrs Wilson confirmed that this is the intention. Mr Maynard Davies highlighted that ARAC would not have seen the management response by that point. Following discussion, it was suggested that the Structured Assessment 2023 report could be presented to Public Board in its current form, with it proposed to Board that management, scrutiny and implementation of the management response be delegated to ARAC. This to be taken forward via Chair's Action.

RE

Whilst strongly supporting the report's recommendations, Mr Maynard Davies highlighted in particular paragraph 16, which expresses concern around capacity to support and deliver planning activities. There is a need for clarity within the management response around the steps which are being taken to address this issue. Mr Lee Davies advised that resources within the Planning team have been enhanced during the past 12 months and that there will be further discussions going forward. However, the Health Board's financial position is extremely challenging, which will impact. Whilst it may not be possible to solve this issue, and it may continue to feature, it is recognised that the organisation needs to take a position and ownership of any associated risks. Mrs Wilson noted in relation to the recommendation regarding SRC scrutiny that this was much improved with members of the clinical executive and CDG attending the meeting. Mr Lee Davies felt that there is a need to explore with Audit Wales their expectations around the

	<p>need to 'further improve the planning objectives', noting that there is a scrutiny process in place. Ms Perez clarified that the issue was not really around a lack of oversight, it was to do with the recent reconfiguration of planning objectives and the need for clear outcomes. Audit Wales would wish to see further information around their purpose, ultimate goal and intended outcomes for the population. Mr Lee Davies welcomed this helpful context, agreeing that further consideration is required in this regard.</p> <p>With regard to the management response, Ms Lewis acknowledged that this will require a great deal of detail. She suggested, however, that the organisation should not lose sight of the report 'in its entirety'. Viewing it 'in the round' will allow appreciation of the broader thematic messages it raises. Mrs Wilson agreed, noting the need to respond both to the detailed findings and to the report as a whole.</p> <p>Members welcomed the positive and complimentary report, thanking Audit Wales for their work.</p> <p><i>Mr Lee Davies left the Committee meeting.</i></p>	
	<p>The Committee NOTED the Audit Wales Structured Assessment 2023 Report and AGREED that Chair's Action would be taken around presentation of the Report to Public Board.</p>	

<p>AC(23)215</p>	<p>Follow-up Review of Primary Care</p> <p><i>Ms Jill Paterson joined the Committee meeting.</i></p> <p>Ms Perez presented the Audit Wales Review of Primary Care, noting that this was a follow-up to the review conducted in 2018. Whilst the review focused primarily on the extent to which the Health Board has implemented the 2018 recommendations, additional work has been undertaken around the extent to which:</p> <ul style="list-style-type: none"> • The Board and/or its committees regularly consider matters relating to the planning, performance, risks, and opportunities associated with the Health Board's primary care services; and • The Health Board's central Primary Care Services Team has the appropriate capacity and capability (in terms of knowledge, skills, and experience) to deliver local and national priorities, as well as to manage day-to-day operational and business needs <p>In terms of implementation status of the 2018 recommendations, 5 had been implemented, 5 were ongoing, 4 have had no action taken.</p> <p>Members' attention was drawn to the key findings, in particular:</p> <ul style="list-style-type: none"> • Overall, the Health Board is making good progress in addressing the previous recommendations. It is improving the management of primary care services, providing additional capacity, and strengthening oversight of primary care challenges at Board. However, capacity remains stretched in some areas, and more work is needed to develop a financial baseline. Consideration of primary care, including oversight of performance, in routine committee business requires improvement. 	
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- Implementation of previous audit recommendations – the Health Board has addressed recommendations relating to clusters and evaluating new ways of working and it is progressing work on workforce planning and engagement in planning. But it has struggled to establish a financial baseline.
- Board-level visibility and focus on primary care – primary care features prominently in the Health Board’s long-term strategy vision, and there is good oversight and scrutiny of some of the challenges facing primary care at Board. However, consideration at committees is not systematically embedded within routine business, and performance oversight is lacking.
- Capacity and capability to deliver local and national priorities – resources are kept under review, with some positive increases in central primary care capacity and good progress with succession planning. However, some of the Health Board’s central primary care capacity is stretched due to the increasing number of managed practices and the limited time available for Cluster Leads to undertake their role in full.

Two recommendations have been made, which are detailed on page 8 of the report.

In response to a query around the timing of the management response, Ms Jill Paterson advised that this is being prepared for the February 2024 ARAC meeting. Mrs Wilson noted that it is somewhat unfortunate that, due to timing of reporting, reports are published without management responses, as this does not necessarily reflect well on the organisation. Members heard that the original Audit Wales staff member allocated to this review had retired and been replaced, which had resulted in a delay. Ms Paterson thanked Audit Wales for the report and thanked them for working with the Health Board. Noting that HDdUHB is now the only Health Board with a Director of Primary Care at Board level, at a time when Primary and Community Care is of particular importance, Ms Paterson felt the organisation has made significant progress. Members heard that there are performance standards in relation to Primary Care; and Ms Paterson expressed a wish to work with the Performance team in this respect, to strengthen Primary Care’s representation in the Integrated Performance Assurance Report (IPAR). Access Standard compliance is reported to SDODC and Post Payment Verification (PPV) performance is reported to ARAC. Primary Care has an identified Finance Business Partner; whilst there are issues with capacity, there is a commitment on their part and on the part of the Director of Finance to work with Primary Care on various fronts. There is a need to reflect the investment in Primary and Community services and how to support a ‘shift’ of services and resources from Secondary Care to Primary Care. This continues to be a national challenge. Overall, Ms Paterson welcomed the report, and looked forward to working with the Director of Corporate Governance around how its findings are addressed and how visibility is maintained at Board level.

Noting Audit Wales’ statement that ‘more work is needed to develop a financial baseline’, Mr Imperato enquired whether other Health Boards have this defined, or what the benchmark is. Ms Perez believed that

	<p>this was a finding common to many of the Health Boards, but would check. To provide context, Ms Paterson explained that most of the Primary Care budgets are ringfenced. There are components which are not, however, and there was a period of transition during which clarity around budgets for each contractor profession, and the corporate team, was required.</p>	UP
	<p>The Committee NOTED the Audit Wales Follow-up Review of Primary Care Report.</p>	

AC(23)216	<p>Table of Actions (continued)</p> <p>Returning to the outstanding queries from the Table of Actions, Cllr. Evans invited Mr Carruthers to provide updates regarding the following:</p> <p>AC(23)124 – in terms of the Operational Structure, Members heard that the OCP had been issued to operational teams last week. The consultation period would extend into the New Year, following which, further engagement may be required. A phased approach is being applied, and Mr Carruthers was hopeful that the new structure will be ready for implementation by 1 April 2024. As indicated in the Table of Actions, adjustments to the Meeting Governance structure were reported to QSEC, with the Group meeting on a fortnightly basis.</p> <p>AC(23)127 – with regard to the Orthopaedic Services Review and timescale for updates to the GIRFT report and MOU, Mr Carruthers indicated that a regional programme group has been established to consider the former. In terms of the MOU, it has been decided that, rather than individual MOUs for specific specialties, an MOU covering all services which sit within the scope of the ARCH Regional Recovery Group will be developed. This work is being led by Mr Lee Davies, in collaboration with colleagues from SBUHB and ARCH. It is within this workstream that issues relating to Orthopaedic services would be resolved. Members were assured that this is being progressed urgently; there is a clearer sense of purpose and clarity around the scope of the MOU. It was agreed that this action would remain open for further updates.</p> <p><i>Ms Jill Paterson left the Committee meeting.</i></p>	
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AC(23)217	<p>Review of Unscheduled Care</p> <p>DEFERRED to 20 February 2024</p>	
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AC(23)218	<p>Internal Audit Plan Progress Report</p> <p>Mr James Johns introduced the Internal Audit Plan Progress Report, which is of the usual format. Section 2 details those audits finalised since the previous meeting, one of which has received a Limited Assurance rating. In terms of delivery of the Plan, two reports have been forward planned for February 2024; there has been a request to bring forward the Cleaning Standards audit and to defer the Workforce Stabilisation audit.</p> <p>Noting that a number of audits have been delayed, Cllr. Evans enquired regarding the impact on the workplan for February 2024. Mr Johns responded that fieldwork is in its final stages. There may be a need to</p>	
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	<p>reflect on the scope of the Financial Savings and Control audit, due to the potential for duplication with Audit Wales' planned review. Recognising that there have been several Limited Assurance reports, Cllr. Evans queried the potential impact on the overall Head of Internal Audit Opinion for 2023. Mr James acknowledged that there may be an impact; it will depend on the outcome of audits yet to be reported. There will be follow-up audits conducted for at least two of the Limited Assurance rated reports, which may result in improved ratings and balance the overall opinion. Mr James suggested that it was too early to predict the outcome. Mrs Wilson felt that it was important to acknowledge that the Health Board has requested that Internal Audit examine areas of particular concern; this may have contributed to the number of Limited Assurance ratings. It is hoped that there will have been sufficient progress by the follow-up audits to ensure improved assurance outcomes.</p>	
	<p>The Committee TOOK ASSURANCE with regard to the delivery of the Internal Audit plan for 2023/24 year and from the finalised audit reports.</p>	

<p>AC(23)219</p>	<p>Interim Update - Quality and Safety Governance BGH <i>Mrs Mandy Rayani, Mr Keith Jones, Mr Matthew Willis and Ms Dawn Jones joined the Committee meeting.</i></p> <p>Mr Johns reminded Members that the original Internal Audit report, which had returned a Limited Assurance rating, had been presented to the previous meeting. Due to the Committee's concerns, a two-part follow-up process was agreed, with an interim update provided today. A management response has been provided and actions agreed, which are starting to be implemented; Section 2 of the report details progress made. Positive steps have been seen, with a number of actions already completed and others requiring evidence to support completion. It has been agreed that the second part of the follow-up process will be more focused, to ensure actions are embedded. Key messages from the interim report, however, are that progress is already being seen, prior to the more detailed follow-up audit.</p> <p>Mrs Mandy Rayani was pleased that the team has taken this matter seriously and was grateful for their efforts. It is important that the actions taken are sustained and embedded; ongoing separate work around operational governance may also impact further. In terms of incident management and pressure damage, Mrs Rayani would anticipate an improvement, with a revised reporting process having been agreed. Work is being undertaken to ensure there is a process in place for reviewing risks; this will probably also form part of the planned Board risk appetite discussions. The need to escalate issues via the Operational Quality, Safety and Experience Sub-Committee (OQSESC), however, remains of particular significance.</p> <p>With regard to the risk review, Mr Matthew Willis assured Members that all risks are reviewed. However, there are certain risks, for example those around recruitment and retention, which are ongoing and not easily resolved or mitigated. The wording around actions in relation to such risks is being reviewed in terms of specificity, to ensure that they are deliverable and relevant. Alternative mitigations are also being explored. Members were assured that a proactive approach is being</p>	
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	<p>taken. Ms Dawn Jones wished to place on record her thanks for the support and guidance provided during this process, emphasising that improvements have been made and will be sustained. Mrs Wilson noted that the Assurance and Risk Officer for this area is Mr Daniel Morgan, and encouraged BGH staff to contact him for assistance should they require it. Cllr. Evans agreed that maintaining dialogue is vital. Mr Imperato reported that he had spent the previous day at BGH and had been impressed and assured by his visit, thanking Mr Willis for making him welcome.</p> <p>Drawing discussions to a close, Cllr. Evans thanked all of those involved and looked forward to the further update in February 2024. He wished to express particular thanks to Mrs Rayani, on the occasion of her final ARAC meeting, for all her previous input to the Committee. She could always be relied upon to deliver what is requested, and would be greatly missed.</p> <p><i>Ms Anna Lewis, Mrs Mandy Rayani, Mr Keith Jones, Mr Matthew Willis and Ms Dawn Jones left the Committee meeting.</i></p> <p>The Committee NOTED the Interim Update - Quality and Safety Governance BGH report.</p>	
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AC(23)220	WGH RAAC Internal Major Incident	
	DEFERRED to 20 February 2024	

AC(23)221	<p>Estates Condition (Limited Assurance)</p> <p><i>Mr Rob Elliott joined the Committee meeting.</i></p> <p>Mr Eifion Jones introduced the Estates Condition report, explaining that this audit sought to evaluate the arrangements put in place by the Health Board to identify and manage key risks associated with the existing estate and the implementation of resulting strategies to manage/mitigate the risk. The main findings of concern centred upon risk management, survey information and data quality. NWSSP has held several discussions with Welsh Government, who are aware that they will be receiving a number of Limited Assurance reports in this regard. There are plans to compile an All Wales report. Positive developments have included constructive meetings between colleagues from NWSSP Specialist Estates Services (SES) and the Health Board's Estates department. A letter has been issued by Welsh Government recognising the pressures around backlog maintenance and suggesting potential opportunities to access funding.</p> <p>Mr Murray Gard indicated that NHS Wales is facing unprecedented challenges in this area, emphasising that the Health Board is not alone. The Limited Assurance rating for this audit is replicated elsewhere. There is a need for the Health Board to review its programme of site surveys, and Mr Gard suggested further engagement with SES in this respect. The Health Board has various component parts of its Strategy, and there is a need to ensure these interrelate. With regard to the Property Asset Strategy, an update had been received which is in line with national guidance. Funding presents a significant challenge. Whilst the Health Board had been able to secure various funding streams, the</p>	
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backlog maintenance continues to show a generally negative trend. There has been enhanced visibility at corporate level, and a new Corporate Risk reflects this positively. The Board Assurance Framework also highlights risks in this area, which remain at extreme levels. This has remained constant since 2021, and potential mitigating actions need to be reviewed. Recruitment and retention of staff also present challenges. A capability and capacity review is required. Mr Gard noted that HDdUHB is an outlier compared with other Health Boards, in that it is currently reporting no high risk backlog. In conclusion, whilst progress has been recorded, there is a need for further engagement.

Referencing paragraph 2.11, and HDdUHB's approach versus other Health Boards, Mr Maynard Davies enquired whether there is any sense of which is more accurate. Mr Rob Elliott noted the need to consider what surveys offer to the organisation; bringing in consultants from the Private Sector is not necessarily advantageous in managing risks. Other Health Board have done so and spent £300-400k. Deep dives into risks can be provided, but this is at further cost. External surveys do not necessarily provide intelligence which would assist in prioritising the areas which should be targeted. An experienced maintenance team can provide information on the highest risk areas. Mr Elliott felt that such spends would be better utilised for patient care. In response to a further query around whether SES provide support for costings, Mr Elliott indicated that these are usually generated either internally or by external consultants. Different approaches are taken by different Health Boards; there are plans for increased standardisation. Improved consistency around how the backlog is measured, together with a centralised approach, would be welcomed.

With regard to the £12.8m expenditure on RAAC, Mr Maynard Davies noted that this represents only a 'temporary fix'. Agreeing, Mr Elliott emphasised that the remedial work undertaken addresses only the critical and high-risk RAAC planks. The consultants involved in this work have advised the Health Board that further deterioration can be expected. Referencing Appendix B, Mr Maynard Davies observed that there are inconsistencies in how items are classified and rated, particularly taking into account high risk backlog maintenance costs. In response, Mr Elliott explained that HDdUHB utilise a risk-based methodology of scoring, which SES has indicated is the correct approach. Other Health Boards are declaring more high risk costs, perhaps in an attempt to secure funding. Mr Elliott felt that it is important to implement a consistent approach across Wales, to ensure that funding is allocated appropriately. Mrs Wilson agreed, and enquired whether consideration of this matter will form part of the All Wales report mentioned earlier. Mr Eifion Jones confirmed that it will be, and that initial dialogue has taken place with SES. Work has commenced around strengthening definitions and addressing variations in interpretation. SES is keen to take this forward. It was emphasised by the Committee that, in order to ensure a representative picture and equity between Health Boards across Wales, this process needs to be made more robust and consistent.

	<p>In response to a query around whether HDdUHB’s approach is correct, or whether it should be following other Health Boards’ example, Mr Jones suggested that the current guidance is too open to interpretation, and a strengthened definition and common basis for surveys would assist with compliance and variance. Mr Elliott suggested a need for care in what is taken from this discussion. Funds are not allocated on a risk-based scoring methodology, but via business cases. HDdUHB has been proactive in submitting the latter. Table 2 on page 12 describes the ‘journey’ in terms of major infrastructure investment. Spending has been cut again and again, with just one example being that – rather than replace a malfunctioning air conditioning plant as would have been usual – it is now the norm to replace single components. This is not due to application or otherwise of a risk-based methodology, it is due to a fundamental shortage of money at the centre. Welsh Government has set a £5m threshold and requires business cases to be presented to the Infrastructure Investment Board; Mr Elliott is attending to submit a case for the maximum available of £5m, although he has made it clear that this will only cover the next three years. Mrs Wilson emphasised that the Board needs to be made aware of this £5m limit and that this will only serve to increase estates risks further. Agreeing, Mr Maynard Davies observed that, in discussions with Welsh Government, the Health Board is being asked to consider how it could continue to deliver services if the new hospital is not approved; yet it is proving increasingly difficult to secure funding to maintain its current estate and equipment in a manner which is safe for patient care.</p> <p>Mr Carruthers agreed that escalation to Board would be helpful, noting that HDdUHB will be experiencing significant pressures at a number of its sites. He suggested that it was somewhat anomalous that the Health Board with the most recently built hospital in Wales is at the top of the risk table. Mr Carruthers shared the view that how risks are presented and reported requires more consideration and consistency. In response to a query around the management response and target date for Item 4.1 and 4.2, on page 25, Mr Elliott explained that 4.1 involves the current estate configuration. This review will be conducted by July 2024 as noted in the target date. A review regarding the future configuration, for which the timeline is currently unknown, will be a future action. Whilst accepting this, Mrs Wilson noted the need for a date which will facilitate tracking. It was suggested that a date of 1 or 2 years hence would be appropriate. It was agreed that the Committee’s discussions on this matter and its concerns would be highlighted in ARAC’s Update Report to Board. Mr Elliott also advised that he has been invited to attend the Health and Safety Committee for a Deep Dive into the risk relating to the Health Board’s ability to maintain a safe estate.</p> <p><i>Mr Andrew Carruthers and Mr Rob Elliott left the Committee meeting.</i></p> <p>The Committee NOTED the Estates Condition (Limited Assurance) report.</p>	<p>RE</p>
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<p>AC(23)222</p>	<p>Deprivation of Liberty Safeguards (Reasonable Assurance) Revised Version</p> <p><i>Ms Jill Paterson joined the Committee meeting.</i></p>	
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	<p>Mr Johns introduced the revised Deprivation of Liberty Safeguards report; revisions constituted an amendment to Recommendation 1 and to the management response to Recommendation 3. Otherwise, the report was as presented to the October 2023 meeting. Ms Paterson welcomed the constructive discussions with Internal Audit and thanked the team for their assistance.</p> <p>Noting the target date for Recommendation 1, Mr Maynard Davies enquired whether this is realistic. Ms Paterson advised that it had been earlier; the stated date had been agreed with the Digital Director. Members were reminded that the non-digital, paper based approach will continue until any digital solution is implemented, with no detrimental impact on patient experience. Members were assured that the sign-off process for Internal Audit reports has been clarified, to avoid a similar situation recurring.</p> <p><i>Ms Jill Paterson left the Committee meeting.</i></p> <p>The Committee NOTED the Deprivation of Liberty Safeguards (Reasonable Assurance) report (revised version).</p>	
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AC(23)223	Workforce Strategies - Site Stabilisation	
	REMOVED FROM IA PLAN - TO BE REPLACED	

AC(23)224	Decarbonisation	
	DEFERRED to 20 February 2024	

AC(23)225	Cross Hands Health and Wellbeing Centre	
	DEFERRED to 20 February 2024	

AC(23)226	<p>Audit Tracker</p> <p>Miss Charlotte Wilmshurst presented the Audit Tracker report, advising that since the previous report, 12 reports have been closed or superseded, with 25 new reports received by the Health Board. As at 6 November 2023, the number of open reports has increased from 110 to 124. 45 of these reports have recommendations that have exceeded their original completion date, an increase from the 40 reports previously reported in October 2023. There is a slight increase in the number of recommendations where the original implementation date has passed, from 164 to 166. However, the number of recommendations that have gone beyond six months of their original completion date has reduced from 54 to 47, as reported in October 2023. Members heard that there are currently 503 open recommendations on the Audit Tracker, an increase from the 409 reported in October 2023. There are no services of concern, with an improved position for nursing.</p> <p>Mr Maynard Davies queried whether there is any equivalent information available which would allow comparison with other Health Boards, whilst emphasising that sufficient assurance is provided by HDdUHB's own process. Mrs Wilson advised that different Health Boards take different approaches. Ms Perez confirmed this, and offered to undertake a compare and contrast exercise. Noting the statement on page 3 that 'Appendix 1 does not include recommendations from HIW and Llais</p>	UP
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	<p>reports relating to inspections of independent contractors' and in response to a query around whether those relating to Managed Practices would be tracked, Mrs Wilson confirmed that this was the case. Mr Maynard Davies noted that Digital is a service with repeated concerning variation; Miss Wilmshurst assured Members that the Head of Assurance and Risk has met with the Digital Director to discuss concerns and that internal processes are being strengthened. If necessary, consideration would be given to inviting Mr Anthony Tracey to attend a future meeting. Whilst thanking the team for their clear report, Mr Maynard Davies enquired whether Appendix 1 could be shared in Excel format rather than PDF, for ease of scrutiny.</p> <p>In response to a query around the sharp increase in open recommendations, Miss Wilmshurst explained that there is generally a balance between those opened and closed. However, there has been a recent influx of new reports; the Ophthalmology GIRFT report contains 60 recommendations alone.</p> <p>The Committee TOOK ASSURANCE on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Committee.</p>	CW
AC(23)227	Strategic Programme Governance Follow-up (Reasonable Assurance)	
	<p>Ms Sophie Corbett introduced the Strategic Programme Governance Follow-up report, the purpose of which was to establish progress in implementing agreed actions arising from the previous internal audit. Findings suggest that actions have been taken and progress has been made, with a Reasonable Assurance rating awarded. It should be noted, however, that the new arrangements are yet to be fully implemented so it is too early to assess and give assurance on their effectiveness. Further reviews will be conducted.</p> <p>The Committee NOTED the Strategic Programme Governance Follow-up (Reasonable Assurance) report.</p>	
AC(23)228	Technical Resilience (Reasonable Assurance)	
	Discussed during the In-Committee session, due to potentially sensitive information.	
AC(23)229	Emergency Planning	
	DEFERRED to 20 February 2024	
AC(23)230	Audit & Risk Assurance Committee Work Programme 2023/24	
	The Committee received and noted the Audit & Risk Assurance Committee Work Programme 2023/24, which would be updated in line with discussions and to align with Audit Wales and Internal Audit Plans.	
AC(23)231	National Internal Audit Reports	
	None to report.	
AC(23)232	Any Other Business	
	There was no other business reported.	

AC(23)233	Matters and Risks for Escalation to the Board	
	<ul style="list-style-type: none"> • Estates Condition – discussions and concerns, particularly around availability of funding and potential impact on patient care • Ophthalmology – number of recommendations dating back to 2016. Progress made and plans in place; however, risks continue to increase 	

AC(23)234	Date and Time of Next Meetings	
	9.30am, 20 February 2024	