

**COFNODION Y CYFARFOD PWYLLGOR ARCHWILIO A SICRWYDD RISG  
CYMERADWYO  
APPROVED MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE MEETING**

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| Date and Time of Meeting: | 9.30am, Tuesday 17 October 2023   |
| Venue:                    | Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams |

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| Present:       | <p>Cllr. Rhodri Evans, Independent Member (Committee Chair)<br/>         Mr Winston Weir, Independent Member (Committee Vice-Chair)<br/>         Mrs Judith Hardisty, Vice-Chair, HDdUHB<br/>         Mr Maynard Davies, Independent Member (VC)<br/>         Mr Michael Imperato, Independent Member (VC)</p>   |
| In Attendance: | <p>Ms Anne Beegan, Audit Wales<br/>         Ms Eleanor Ansell, Audit Wales (VC)<br/>         Mr James Johns, Head of Internal Audit, NWSSP<br/>         Ms Sophie Corbett, Deputy Head of Internal Audit, NWSSP (VC)<br/>         Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary<br/>         Mr Steve Moore, Chief Executive (part)<br/>         Mr Huw Thomas, Director of Finance<br/>         Mr Ben Rees, Head of Local Counter Fraud Services (part)<br/>         Miss Charlotte Wilmshurst, Assistant Director of Assurance and Risk<br/>         Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (part)<br/>         Ms Rhian Bond, Assistant Director of Primary Care (VC) (part)<br/>         Ms Amanda Legge, All Wales PPV Manager (VC) (part)<br/>         Ms Sue Tillman, PPV Location Manager (VC) (part)<br/>         Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience (part)<br/>         Mr Keith Jones, Director of Secondary Care (VC) (part)<br/>         Mr Matthew Willis, General Manager, BGH (VC) (part)<br/>         Ms Dawn Jones, Hospital Head of Nursing, BGH (VC) (part)<br/>         Ms Liz Carroll, Director of Mental Health and Learning Disabilities (VC) (part)<br/>         Ms Angela Lodwick, Assistant Director, Mental Health and Learning Disabilities (VC) (part)<br/>         Professor Philip Kloer, Medical Director/Deputy Chief Executive (VC) (part)<br/>         Ms Carly Hill, Assistant Director (VC) (part)<br/>         Ms Lisa Davies, Head of Effective Clinical Practice and Quality Improvement (part)<br/>         Ms Delyth Raynsford, Independent Member (VC) (observing)<br/>         Ms Julie Davies, Assurance and Risk Administrator (VC) (observing)<br/>         Ms Clare Moorcroft, Committee Services Officer (minutes)</p> |

| Agenda Item | Item  |  |
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| AC(23)168   | <p><b>Introductions and Apologies for Absence</b><br/>           Cllr. Rhodri Evans, Audit &amp; Risk Assurance Committee (ARAC) Chair, welcomed everyone to the meeting. Apologies for absence were received from:</p> |  |

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|                  | <ul style="list-style-type: none"> <li>Mr Andrew Carruthers, Director of Operations</li> <li>Mr Ian Bebb, Clinical Audit Manager</li> <li>Mr Steven Hughes, Deprivation of Liberty Safeguards Coordinator</li> </ul>  |  |
| <b>AC(23)169</b> | <b>Declaration of Interests</b>   |  |
|                  | No declarations of interest were made.  |  |
| <b>AC(23)170</b> | <b>Minutes of the Meeting held on 26 July 2023</b>  |  |
|                  | <b>RESOLVED</b> – the Minutes from the meeting held on 26 July 2023 were approved as an accurate record.  |  |
| <b>AC(23)171</b> | <b>Minutes of the Meeting held on 15 August 2023</b>  |  |
|                  | <b>RESOLVED</b> – the Minutes from the meeting held on 15 August 2023 were approved as an accurate record.  |  |
| <b>AC(23)172</b> | <b>Table of Actions</b>   |  |
|                  | <p>An update was provided on the Table of Actions from the meetings held on 26 July and 15 August 2023 and confirmation received that outstanding actions had been progressed. In terms of matters arising:</p> <p><b>AC(23)118</b> – It was agreed that this action could be closed, as the report from the review of sealing and signing contracts appears on today’s agenda.</p> <p><b>AC(23)124</b> – Mr Winston Weir suggested that this action was not completed, as a revised operational structure is not yet in place. Cllr. Evans agreed that there had been a delay and requested an update. Mr Steve Moore indicated that the operational structure has been agreed; however, an Organisational Change Process (OCP) needs to take place. Mr Moore hoped that the OCP would be nearing an end by the time of the next ARAC meeting in December 2023. Mr Andrew Carruthers would be invited to attend to provide an update on progress.</p> <p><b>AC(23)127</b> – Mrs Judith Hardisty requested clarity around a timescale for the MOU with Swansea Bay UHB in relation to ARCH projects. Mrs Joanne Wilson confirmed that more detail, including a date, was required.</p> <p><b>AC(23)146 (AC(23)90)</b> – Members were advised that this letter needs to be sourced from the Chief Executive’s Office.</p> <p><b>AC(23)150</b> – Referencing the appended revised Management Response, Mr Weir observed that he had, at the previous meeting, highlighted the need for a Quality Impact Assessment and it was suggested that there was insufficient clarity around this. It was agreed that a more explicit narrative in this regard is required.</p> <p><b>AC(23)151</b> – Mrs Wilson reported that she and Mr Huw Thomas had been working together on governance around contract and procurement processes. The wider Finance team has also been involved. Outcomes will be reported to the next meeting.</p> | <p><b>CM</b></p> <p><b>CM</b></p> <p><b>AC/KJ</b></p> <p><b>JW</b></p> <p><b>LD/MR</b></p> <p><b>JW/HT</b></p> |

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|                         | <p><b>AC(23)157</b> – Ms Anne Beegan reiterated that, whilst it is possible for Audit Wales to provide planned reporting dates for work in progress, this is more challenging for work being scoped, which will need to be confirmed as it progresses. Whilst recognising the issues involved, Cllr. Evans indicated that the Committee would appreciate timely updates on planned reporting. Mrs Wilson agreed that a lack of information does make agenda-planning challenging and advised that she would continue to work with Ms Beegan in this regard.</p>  |  |
| <p><b>AC(23)173</b></p> | <p><b>Matters Arising not on the Agenda</b></p> <p>There were no other matters arising.</p>  |  |
| <p><b>AC(23)174</b></p> | <p><b>Escalation Status Update</b></p> <p>Mr Moore presented the Escalation Status Update report, indicating that this is relatively self-explanatory. The report details the fourth Quarterly Targeted Intervention (TI) meeting with Welsh Government, held on 19 September 2023. This meeting had been chaired by the Deputy Director General of Health and Social Services. With regard to Planning, Welsh Government had recognised the progress made on process, culture and approach, in particular the planning maturity matrix. The challenging environment and fragility of services was also acknowledged. The focus should move towards embedding the work undertaken within the Health Board’s Clinical Services Plan. In terms of Finance, whilst there was a clear recognition of the time dedicated to this issue, the focus now needs to be on delivery, which was reflected in the discussion. Mr Moore advised that the organisation now has details of the nature of every other Health Board’s savings schemes. It should be noted that others do not necessarily take the same approach as HDdUHB, which only includes those schemes impacting on the underlying run rate. This inconsistency in approach requires consideration. Mr Moore raised the possibility of the Health Board being further escalated for its financial position following the next Tripartite meeting. Finally, recent media attention around Emergency Department waiting time figures and how these are calculated was noted. Members were assured that HDdUHB has not excluded anyone from its figures and is, therefore, confident that these are representative of the true position.</p> <p>Cllr. Evans welcomed this last piece of information, which he felt demonstrated the Health Board’s transparency as an organisation. In terms of the possibility of further escalation, Cllr. Evans noted that HDdUHB is not an outlier in terms of financial position, which is an issue across Wales. Referencing the differing approaches to savings taken by Health Boards, Mr Weir agreed that HDdUHB appears to be below the benchmark compared with others; however, felt that the approach taken within HDdUHB was the correct one. Mr Weir queried whether it is possible to conduct a ‘deeper dive’ into how HDdUHB compares with other Health Boards, to seek to identify where it is an outlier in savings delivery. This is relevant to the organisation’s focus on and culture around savings. Mr Moore responded that there are a range of overlapping and interconnecting issues involved. Whilst this should not distract the Health Board from doing what is required, the very nature of its services and estate makes savings delivery challenging. It</p> |  |

is acknowledged, however, that the organisation has been in deficit since 1990, and that there may also be a cultural aspect or element involved. There is a need to take the approach that the financial position is for all to contribute to in terms of identifying solutions. The Health Board also needs to demonstrate a consistent position with the rest of Wales. Mr Huw Thomas agreed that savings delivery is particularly challenging due to the configuration of the Health Board and the number of sites it operates. An example to illustrate was the significant work which has been undertaken around heart failure, which has reduced admissions to hospital. This could produce benefits of £1.7-2m; however, HDdUHB's cardiology beds are dispersed across a number of hospitals, negating the benefit of removing beds. This demonstrates the difficulty of translating productivity gains into 'cashable' gains and the organisation may need to consider more creative solutions. Mr Weir welcomed this additional context and explanation, noting that Welsh Government will likely continue to raise this issue, and suggesting that it is helpful for Members to have a collective understanding of the challenges involved.

Building on this discussion, Mr Maynard Davies enquired whether – given that every Health Board is experiencing financial difficulties – the Welsh Government's Finance Delivery Unit (FDU) is evaluating savings schemes from the perspective of potentially identifying All Wales solutions or initiatives. Mr Thomas confirmed that there is a central repository of information, known as 'The Vault', which is shared with Health Boards on a monthly basis. This is then shared locally with Executive Directors to prompt ideas for savings. As mentioned earlier, other Health Boards identify items as savings which HDdUHB do not. Mr Thomas felt that the local approach presented a more honest and robust reflection of the organisation's real financial position. He suggested, however, that there should be discussion within Directors of Finance around taking a consistent view and approach.

HT

Mr Davies noted the statement on page 3 of the report in regard to Planned Care Recovery funding and the allocation being made on a regional basis. He queried whether Swansea Bay UHB (SBUHB) is aware that it should be treating Hywel Dda's long-term patients with the same priority as its own. Mr Moore confirmed that Welsh Government had advised SBUHB that a proportion of the funding allocated is for treating HDdUHB patients. Members heard that allocation had been on a provider basis rather than a commissioner basis; it was suggested that this could be viewed as flawed, and should perhaps be evaluated on a national basis, for example by Audit Wales. Referencing the Planning section, Mr Michael Imperato requested clarification around the statement that a 'step-change' is required in terms of time and resource. Mr Moore explained that, for the Clinical Services Plan work, ensuring stakeholder engagement will require significant resource. Whilst there may be a case for requesting specific additional financial support from Welsh Government, this needs to be balanced against the current challenging financial environment.

With regard to the Emergency Department waiting figures and media attention around this, Mrs Hardisty enquired whether Welsh Government had requested data from Health Boards and whether

comparison information was available. Mr Moore confirmed that this was the case; whilst the comparative position was not yet known, HDdUHB can be assured that their figures will not change. Mr Thomas advised that Health Board Performance Leads are conscious of this issue and that he will be taking it forward locally with the Performance team. Mrs Hardisty observed that the letter from the Director General makes reference to 'issues related to performance resulting in long waiting times and poor patient experience'. Whilst HDdUHB has some patients waiting 104 weeks for treatment, it has developed plans to address this. Yet there are four other Health Boards with patients waiting more than 5 years for treatment, and not all of them are under special measures. The same applies to c-difficile rates and CAMHS, where there have been improvements. Mrs Hardisty was of the opinion that the organisation should, on occasion, challenge the assertions made around its performance. Mr Moore advised that Mrs Mandy Rayani had certainly done so around patient experience. Members also heard that a meeting to discuss this topic is planned and that Mrs Rayani has been invited to attend. Mr Moore stated that the Health Board has been prioritising obtaining clarification around the criteria for de-escalation. It was felt that, perhaps, Welsh Government had misunderstood the motivation behind this, when it was simply a case of seeking clarity. Mrs Wilson reported that the formal post-meeting letter from Welsh Government has been received and has been circulated to Board Members.

HT

Mr Weir welcomed the useful update with regard to Reinforced Autoclaved Aerated Concrete (RAAC) and noted the comment from Welsh Government on this topic that further requests for funding to address RAAC issues and to support services in and around Withybush Hospital (WGH) would need to be linked to wider medium-term plans. Mr Weir enquired whether the Health Board is capturing learning from the processes put in place as a result of RAAC and reflecting on whether it could or should move more beds into the community. Mr Moore agreed that this could certainly be considered, adding that his sense from the RAAC Tactical Group is that the Health Board may not want to return to the original model of care. The changes put in place to manage the impact of RAAC had received positive feedback and had reduced lengths of stay in hospital. Welsh Government has expressed concern around making further investment in maintaining WGH; the Health Board has explained that this issue is intrinsically linked with the speed at which it can progress the new hospital build.

Ms Beegan advised that Audit Wales has made the decision to defer its planned Digital Review and replace this with a Financial Efficiencies Review, which is likely to begin before Christmas. In response to an earlier suggestion, it was further confirmed that the Planned Care Recovery Review will include an examination of how Planned Care Recovery funding has been utilised. Mr Moore reiterated concerns around the provider versus commissioner funding allocation model, and Mr Thomas suggested that it would be helpful if the Health Board could input to the review at the planning/scoping stage.

The Committee **RECEIVED** for information the update from the TI meeting held on 19 September 2023.

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| AC(23)175 | <b>Board Oversight (Substantial Assurance)</b>  |  |
|           | <p>Ms Sophie Corbett introduced the Board Oversight report, the purpose of which had been to review the arrangements in place to ensure adequacy of Board oversight of key risks and challenges. Meetings had taken place with three Independent Members, including the Chair of the Health Board. The audit had identified no major issues, with the findings generally positive. One medium priority matter arising was recorded, and a rating of Substantial Assurance awarded.</p> <p>Cllr. Evans welcomed the excellent report, thanking the Internal Audit team and congratulated those involved, noting in particular the areas of good practice identified. Mrs Wilson thanked the Internal Audit team for their findings, whilst recognising that there is more to do around operational governance. As such, work is taking place around Committee Effectiveness and assessing whether SBAR templates are fit for purpose. Cllr. Evans agreed that the organisation must not be complacent and commended this sensible approach.</p> <p><i>Mr Steve Moore left the Committee meeting.</i></p>   |  |
|           | The Committee <b>NOTED</b> the Board Oversight (Substantial Assurance) report.  |  |
| AC(23)176 | <b>All Wales NHS Audit Committee Chairs' Meeting Update</b>   |  |
|           | Cllr. Evans presented the summary report from the All Wales NHS Audit Committee Chairs' Meeting on 13 April 2023, which had noted a number of examples of good practice.  |  |
|           | The Committee <b>NOTED</b> the All Wales NHS Audit Committee Chairs' Meeting update.  |  |
| AC(23)177 | <b>Revised Model Standing Orders and Model Standing Financial Instructions</b>  |  |
|           | <p>Mrs Wilson introduced the Revised Model Standing Orders (SOs) and Model Standing Financial Instructions (SFIs) report, advising that a Welsh Health Circular had recently been received which impacts on SOs and SFIs. The report identifies the required changes, with Members requested to consider and approve these, prior to onward ratification by the Board.</p> <p>Cllr. Evans welcomed the format of the report, with red text making the changes easily identifiable. Highlighting page 3 of the SBAR, in relation to Chapter 4 – Financial Duties, Mr Davies queried the inclusion of an individual's email address, noting that the staff member in question may leave or change role. Whilst this was acknowledged, Members heard that as this is part of the model SFIs it cannot be modified. Moving onto page 4, in relation to Chapter 11 - Procurement and Contracting for Goods And Services, Mr Davies noted the exclusions and queried whether this meant that a contract of more than £1m could be entered into without scrutiny or Welsh Government consent. Mr Thomas explained that it meant that contracts awarded under an approved framework would not require further approval from Welsh Government. They would, however, still require Board approval. It was emphasised that this wording does not modify the Health Board's internal Scheme of Delegation, which states that anything in excess of £1m requires Board</p> |  |

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|  | <p>approval. It was agreed, however, that this section is poorly worded, and Mrs Wilson committed to feed this back.</p>   | <b>JW</b> |
|  | <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>CONSIDERED</b> the required amendments made to HDdUHB’s Standing Orders and Standing Financial Instructions in light of WG revised Model Standing Orders and Model Standing Financial Instructions.</li> <li>• <b>CONSIDERED</b> the previously agreed local amendments to HDdUHB’s Standing Orders and Standing Financial Instructions as approved by the Board in July 2023 and whether any further local amendments are required.</li> <li>• <b>RECOMMENDED</b> the revised version of HDdUHB Standing Orders and Standing Financial Instructions to the Board on 30 November 2023 for approval.</li> </ul> |           |

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| <b>AC(23)178</b> | <b>Financial Assurance Report</b>   |  |
|                  | <p>Mr Thomas introduced the Financial Assurance Report, which was of the usual format. Members were reminded that the report is intended to communicate issues of financial compliance and any concerns in relation to this. Mr Thomas advised that the Finance team is in the process of thoroughly examining financial compliance, to ensure that the underlying controls are robustly documented and that compliance is accurately reported to ARAC. The Financial Assurance Report is likely to increase in content and size as a result. Referencing the changes to Model SOs and SFIs, Mr Thomas drew Members’ attention to changes to the Scheme of Delegation around the Health Board’s delegated authorisation limits by type of loss in respect of ex gratia payments for personal property claims. The current limits had been put in place in 2009, and an uplift was proposed, which would allow departmental managers to approve losses of up £1000, rather than all losses of over £250 having to be approved by the Director of Finance. Members were assured that details of all losses will continue to be presented to ARAC. Breaches of the No PO, No Pay Policy are being actively scrutinised, with actions taken to improve performance in this area. Whilst the overall debt balance of Overpayments of Salaries has reduced for the first time in some time, the average recovery period has increased. An All Wales digitalisation of payroll process will be rolled out more widely in early 2024. As reported at the previous meeting, and detailed within section 2.4.2, the Health Board has begun to repay the monies received in respect of overclaiming benefits to the DWP and Pembrokeshire County Council. Appendix 1 details two Single Tender Actions (STAs) in relation to St John Ambulance Cymru and NuvoAir.</p> <p>Mr Weir agreed with the proposed changes to Scheme of Delegation loss approval limits, whilst suggesting that they should perhaps be even higher for departmental managers, to reduce the administrative burden on the Director of Finance. Work in relation to reducing No PO, No Pay breaches was welcomed, although a timescale for implementation was requested. In response, Mr Thomas suggested that changes in relation to PHS Group Ltd and Medtronic Ltd should be implemented relatively quickly; use of Just Wales Ltd was being reduced, and the majority of Royal Main usage will be ended with the introduction of Hybrid Print &amp; Post from November 2023. Referencing Losses and Special Payments, and write-offs relating to expired drug stock, Mr Weir enquired whether</p> |  |

losses relate to particular types of drug. Mr Thomas explained that write-offs generally involve relatively expensive specialist drugs which have reached their expiry date. Certain of these cannot be transferred between sites for use elsewhere, due to issues such as temperature control. Losses in relation to drugs tend to occur and be reported periodically, due to batches reaching their expiry date. It was suggested that this might be a suitable topic for a future Internal Audit.

JJ/JW

Referencing Appendix 1, and HDD-STA-639 for St John Ambulance Cymru, Mrs Hardisty advised that she had seen a presentation on this service at the Value Based Health Care event, and felt that its value was perhaps questionable. The end point of this contract, on 31 December 2023, was also not felt to be the best timing. It was further noted that there is another similar scheme with Welsh Ambulance Services NHS Trust (WAST). Mrs Hardisty requested assurance that a proper evaluation of the service provided will be undertaken. In Appendix 2, it was noted that there are quite a number of direct awards via Shared Services, including HDD-DCO-23-18 for office furniture, which Mrs Hardisty suggested could have been the subject of a tendering exercise. It was queried whether such awards are sometimes made out of convenience as opposed to testing the market. In respect of HDD-DCO-22-12, Mrs Hardisty observed that waste and recycling services will always be required and questioned the value of 6 month extensions to contracts in such cases. In response to the query around HDD-STA-639, Mr Thomas advised that Delta also provides a service in this sector. The three counties each take a different approach, and it may be time to consider a Health Board wide approach. The St John Ambulance Cymru service had been presented as somewhat of a fait accompli; however, the contract period had been kept as short as possible, with a clear requirement for a tendering process. This was the case with a number of the direct awards; with the contract period kept intentionally short to allow procurement to go out to market.

Under section 2.7, Mr Davies noted that Audit Wales had provided the Finance Team with their informal Final Accounts Memorandum, and enquired whether there were any issues of note. Mr Thomas explained that this document outlines general administrative issues and suggestions to improve or ease the audit process, none of which materially impact on the accounts. Ms Eleanor Ansell confirmed that Audit Wales had no significant concerns. The memorandum covered informal recommendations and observations. Anything significant would have been included in the ISA 260 document. Mr Davies reiterated that the funding for remedial work in relation to RAAC is to provide a temporary solution only. However, there will continue to be an ongoing impact on the Health Board both financially and in terms of disruption, until the new hospital is built. Mr Davies noted the involvement of the District Valuer and enquired whether there are likely to be any practical implications in terms of book value of assets, etc. In response, Mr Thomas advised that there may indeed be an impact which would potentially alter the value of WGH. The Health Board is working through this issue with Audit Wales, to ensure that the accounts correctly reflect the position. Returning to Appendix 2, HDD-DCO-23-16, Mr Davies enquired whether the RAAC remedial work will impact negatively on this work to install fibre ducting and fibre optic



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|  | <p>cables at WGH. It was confirmed that the two workstreams are linked, to ensure that they do not interfere with each other.</p> <p>Referencing HDD-DCO-23-15, for ORS consultancy services, Mr Imperato highlighted the focus on public spending. Whilst accepting that ORS is a credible organisation with whom the Health Board has a long-standing relationship, Mr Imperato requested assurance that it represents good value for money, with comparable costs to other similar organisations. Mr Thomas confirmed that the Health Board has used ORS a number of times previously; however, acknowledged that there has been an over-reliance on STAs. He has requested that this become a contracted arrangement in the future, so that the market can be tested. By way of assurance, Mrs Wilson advised Members that this contract had been discussed by the Board, with the costs highlighted. It had been agreed as required, to support the Clinical Services Plan.</p> <p>In section 2.4.1, Cllr. Evans noted that losses and write-offs under £5k total almost £50k, and enquired whether these are periodically reviewed. Mr Thomas explained that these exhibit common themes, including overseas patients who have not paid for their treatment, drugs and overpayments of salary which the Health Board has been unable to recover. Whilst recognising that these smaller amounts do accumulate, Members were assured that they are regularly reviewed. In terms of approval, this is via both the Director of Finance and Chief Executive. In Appendix 2, Cllr. Evans highlighted HDD-OJEU-39126, CP Plus Ltd, for Car Park Management services, querying whether the period was correct given the significant cost involved. Mr Thomas confirmed that this contract was for 7 months, the minimum time required to undertake a retendering process, which is the intention in this case.</p> |  |
|  | <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSSED</b> and <b>NOTED</b> the report</li> <li>• <b>APPROVED</b> the Scheme of Delegation amendments</li> <li>• <b>APPROVED</b> the losses</li> </ul>   |  |

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| <p><b>AC(23)179</b></p> | <p><b>Counter Fraud Update</b></p> <p><i>Mr Ben Rees joined the Committee meeting.</i></p> <p>Presenting the Counter Fraud Update report, Mr Ben Rees highlighted in particular on page 3 of the main report, Inform and Involve work, which has involved presentations to various groups during the past few months. The Counter Fraud team is considering potential 'seasonal' fraud risk areas as the winter period approaches, such as vaccination scams. The team is also liaising with the Post Payment Verification (PPV) team regarding a potential future exercise. With regard to Prevent and Deter, a review of risk management is being undertaken, in conjunction with the Assurance and Risk team. It is intended that there will be a formal reporting format and mechanism, via the In-Committee ARAC session. The Counter Fraud team is also undertaking a significant piece of work, now nearing completion, linked to the National Fraud Initiative. This exercise is examining data matches in various areas and, it is hoped, will provide the necessary assurance. A Risk Assessment exercise on Theatre Loan Trays and Consumables has been undertaken; as the process has been suspended, there is no requirement for further Counter Fraud involvement at this stage. Should</p> |  |
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|  | <p>the Theatre Loan Trays process be reintroduced in the future, however, Counter Fraud would anticipate contributing to developing the necessary controls.</p> <p>Mr Weir highlighted the appended Fraud Prevention Notice in relation to impersonating a medical professional, and queried whether assurance can be taken around services undertaking performance reviews of clinicians, which would form part of measures to identify potential fraud of this nature. Mr Rees confirmed that feedback has been received from clinical services. Members were reminded that the Nursing and Midwifery Council (NMC) and General Medical Council (GMC) are the key 'gatekeepers' in terms of clinical appraisal; guidance has been received from the NMC, which will be shared across the organisation. A working group has been established to scrutinise existing controls and introduce new controls as required. It should be noted, however, that this fraud is now being perpetrated not only by individuals, but also by organised crime groups, which highlights the need for a coordinated approach.</p> <p>On a similar topic, Mrs Hardisty indicated that the Health and Safety Committee (HSC) receives regular reports around security. The current system for issuing staff ID passes is not robust, and the Head of Security is undertaking work with the Workforce and OD team in this regard, with the intention of ensuring that there is only one point of issue for ID passes. Those undertaking recruitment/interviews are not necessarily the same individuals who issue passes. Mrs Hardisty suggested that Counter Fraud consider liaising with the Head of Security. Mr Thomas acknowledged these concerns, advising that the Digital team has reviewed this issue and has identified that the solution would incur significant expense, with the replacement of all door sensors required. Mr Rees confirmed, however, that there are certain actions which can be undertaken around high-risk areas, ensuring compliance with existing controls pre- and post-recruitment, including the appropriate pre-employment checks.</p> <p>Cllr. Evans concluded discussions by thanking Mr Rees for arranging the two Fraud Awareness sessions for Independent Board Members.</p> <p><i>Mr Ben Rees left the Committee meeting.</i></p> |  |
|  | <p>The Committee <b>RECEIVED</b> for information the Counter Fraud Update Report and appended items.</p>   |  |

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| <p><b>AC(23)180</b></p> | <p><b>Post Payment Verification (PPV) Report</b></p> <p><i>Ms Jill Paterson, Ms Rhian Bond, Ms Amanda Legge and Ms Sue Tillman joined the Committee meeting.</i></p> <p>Ms Jill Paterson introduced the Post Payment Verification (PPV) and Primary Care PPV Update reports. Members heard that it had been hoped that a full system of visits would have been reinstated by now; however, routine visits were not yet in place. As outlined within the report, 5 practice visits had taken place, which would be followed up. In addition to General Medical Services (GMS), the report also covers activity relating to General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS). Whilst practices have not been named</p> |  |
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|  | <p>within the report, this information is known by the Primary Care team, who follow up on an individual basis, particularly if there are specific themes or concerns. Ms Amanda Legge thanked Ms Paterson for providing this context, echoing her comments. Progress has been slow this year due to various factors, including limitations with the new system. Separate assurance exercises are being undertaken; however, and good progress is now being made. The team plans to complete all routine visits by the end of December 2023, which will allow them to focus on revisits from January to March 2024. Members heard that new initiatives are being explored around waste and in GPS.</p> <p><i>Ms Jill Paterson, Ms Rhian Bond, Ms Amanda Legge and Ms Sue Tillman left the Committee meeting.</i></p> |  |
|  | <p>The Committee <b>NOTED</b> and <b>TOOK ASSURANCE</b> from the contents of Post Payment Verification (PPV) report.</p>   |  |

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| <b>AC(23)181</b> | <b>Primary Care PPV Update</b>  |  |
|                  | Discussed within above item.  |  |
|                  | The Committee <b>NOTED</b> the information contained within the Primary Care PPV Update report. |  |

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| <b>AC(23)182</b> | <b>Clinical Audit Update</b>  |  |
|                  | <p><i>Mrs Mandy Rayani joined the Committee meeting.</i></p> <p>Presenting the Clinical Audit Update report, Mrs Mandy Rayani stated that she remains frustrated by the Clinical Audit planning process. The Clinical Audit team would have hoped to have matured this more by now; however, Welsh Government has still not issued its 2023/24 Audit Programme. In the absence of this, the team has continued to plan unabated. The Clinical Director for Clinical Audit, Mr Stefan Bajada, has employed a fresh approach to garner improved engagement among staff. He and the team are also considering how to encourage junior medical staff to participate in local audit programmes. The disruption caused by RAAC at WGH has impacted in that location.</p> <p>Mrs Hardisty thanked Mrs Rayani and her team for the report, which reflects the scope of work being undertaken. At a recent consultant interview, Mrs Hardisty had noted that audit is not referenced as part of a consultant's leadership role, and suggested that inclusion may offer an opportunity to highlight its importance. It was further noted that Supporting Professional Activities (SPA) sessions are intended to include audit activity, and Mrs Hardisty enquired whether this is monitored. In response, Mrs Rayani advised that she had discussed this issue with Mr Mark Henwood, Deputy Medical Director, Acute Services. The SPA issue needs to be revisited; however, requires further consideration and input from the Medical Director in terms of its potential inclusion within Job Plans. The existing consultant workforce also needs re-energising around Clinical Audit activity. One positive innovation which reinforces the importance of audit is the Whole Hospital Audit Meetings (WHAM) programme, which the team has managed to maintain.</p> |  |

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In response to a query around the audit uptake across other disciplines/professions, Mrs Rayani indicated that there are clear expectations set for Clinical Nurse Specialists and Consultant Nurses. Nursing in general has a strong track record in audit. Mrs Rayani was not sure with regard to the position for Therapies, and would discuss this further with the new Director of Therapies and Health Science once he is in post. Mr Weir enquired regarding the interface between Clinical Audit and Clinical Governance, highlighting the Bronglais Hospital (BGH) Quality & Safety Governance Internal Audit report which appears later on the agenda. Members heard that clear instructions had been issued around the use of a standardised agenda template, which includes consideration of Clinical Audit. Whilst this would not be an agenda item for every meeting, it should be included on a regular basis. Introduction of the Audit Management and Tracking (AMAT) software across the Health Board should also facilitate routine tracking of audit activity. On this topic, Mr Imperato noted that the statement in the report that the Clinical Audit team is 'continuing the roll out of the AMAT software', suggesting that this is a work in progress; and enquired whether there are any specific gaps or areas of concern. Mrs Rayani explained that, whilst the AMAT software is still relatively new to the Health Board, key leads have been offered the necessary training and access to the system and that this will continue to be provided. Uptake will need to be monitored; however, the AMAT platform is increasingly being used for various activities.

Cllr. Evans welcomed the report and its clear message around the importance of participation in Clinical Audit. In considering the report's recommendations, however, Cllr. Evans asked the Committee to consider whether it is able to take assurance, in view of the issues which patently exist. Mr Weir was of the opinion that there is currently insufficient detail available to enable ARAC to take assurance. Mrs Rayani acknowledged that, as mentioned earlier, consideration of next year's Clinical Audit programme is already overdue and offered to present this to the Committee as soon as it is available. Mrs Wilson reminded Members that Clinical Audit is also within the remit of the Quality, Safety and Experience Committee (QSEC), with that forum considering the detailed programme. ARAC's remit is to consider whether a plan is in place and progress is reported to ARAC on a 6 monthly basis. It was agreed that the Committee would note rather than take assurance for the relevant recommendations.

*Mrs Mandy Rayani left the Committee meeting.*

The Committee:

- **NOTED** the increase in clinical audit programme activity for 2023/24;
- **NOTED** the continued development of the clinical audit function with the introduction of AMAT software;
- **NOTED** the continuation of the majority of mandatory national audits and the processes followed for the escalation of concerns (without exceptions);
- **NOTED** the involvement of Medical Leadership over engagement concerns with mandatory audits;
- **TOOK ASSURANCE** from the continued shared learning through Whole Hospital Audit Meetings.

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| <b>AC(23)183</b> | <b>Audit Wales Update Report</b>   |  |
|                  | <p>Ms Beegan presented the Audit Wales Update Report, advising that, in terms of financial audit, this is the period in between the Annual Accounts and Charitable Accounts audit work. In terms of performance audit work, progress is delayed on a number of projects due to resourcing issues. Work on the Structured Assessment for 2023, however, is underway and this is due to report in December 2023. As mentioned earlier, Audit Wales intend to defer their planned Digital Review and replace it with a Financial Review, due to the increased pressures and focus in this area. Ms Beegan advised that this intention will be formally communicated to Health Boards. It is recognised, however, that digitalisation also forms part of the potential solution to some financial challenges; therefore, Audit Wales will continue to scope the Digital Review in the interim. Drawing Members' attention to page 9 of the report, and planned local work, Ms Beegan indicated that there had been risk-based discussions with all Executive Directors, which had led to the identification of local work on capital funding and equipment, for inclusion in the Audit Plan. Page 10 of the report details a number of national reports, and page 11 links to a consultation on Audit Wales' fee scales for 2024/25.</p> <p>Cllr. Evans noted that the planned publication date for the Review of Operational Governance Arrangements across Service Directorates is not until April 2024 and queried this rather extended timescale. In response, Mrs Beegan explained that this review follows on from the Mental Health and Learning Disabilities review and indicated that a significant number of interviews will be required. The review will cover Acute Services, Primary Care and Finance, therefore will take time. It may be possible to present the report to the February 2024 meeting.</p> |  |
|                  | The Committee <b>NOTED</b> the Audit Wales Update Report.  |  |
| <b>AC(23)184</b> | <b>Structured Assessment 2022 - Management Response Update</b>   |  |
|                  | DEFERRED to 12 December 2023   |  |
| <b>AC(23)185</b> | <b>Review of Unscheduled Care</b>  |  |
|                  | DEFERRED to 12 December 2023   |  |
| <b>AC(23)186</b> | <b>Follow-up Review of Primary Care</b>  |  |
|                  | DEFERRED to 12 December 2023   |  |
| <b>AC(23)187</b> | <b>Internal Audit Plan Progress Report</b>   |  |
|                  | <p>Mr James Johns introduced the Internal Audit Plan Progress Report, which provides information around finalised audit reports and proposed updates to the Internal Audit Plan. Section 2 details those audits finalised since the previous meeting; to this list should be added the Sealing of Contracts Advisory Review which appears later on the agenda. A number of audits are in progress or the planning stage. Members heard that there have been discussions with the Health Board regarding the Internal Audit Plan, leading to a review of this. The proposed changes reflect some of the pressures being experienced, together with emerging risks. The format of Appendix A is slightly</p>   |  |

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|  | different to the norm, with information added around proposed changes and the background to these. A 'clean' revised version is also included.  |  |
|  | <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the updates to the plan</li> <li>• <b>TOOK ASSURANCE</b> with regard to the delivery of the Internal Audit plan for 2023/24 year and from the finalised audit reports</li> </ul> |  |

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| AC(23)188 | <p><b>Deprivation of Liberty Safeguards (Reasonable Assurance)</b></p> <p><i>Ms Jill Paterson joined the Committee meeting.</i></p> <p>Ms Corbett introduced the Deprivation of Liberty Safeguards (DoLS) report, which had returned a rating of Reasonable Assurance. Members heard that DoLS is already managed at risk, with an identifiable gap between the number of assessments in progress versus the unallocated assessments awaiting review. The purpose of the audit was to review the actions being taken to enhance the current DoLS service to reduce the backlog within the Health Board. Four matters arising were identified, one low priority and three medium, in relation to the referral spreadsheet and digitalisation of the referral form; projected impact, milestones and delivery deadlines; Risk Register entry; and the Mental Capacity Act and Consent Group.</p> <p>Whilst accepting that there is a gap between the number of assessments in progress and the unallocated assessments, Ms Paterson highlighted that a number of actions have been put in place to address this, and that this is an issue across Wales. Ms Paterson also disputed the wording of Matter Arising 1, stating that patients' clinical needs are being met with the current paper-based referral process, and that digitalisation of the system would not impact specifically on this. Further clarity around this would be appreciated. Mr Johns explained that this Matter Arising had been categorised as Low priority; however, Ms Paterson still felt that the wording is not reflective of the situation. Cllr. Evans suggested that this be discussed outside the meeting. From a digital perspective, Mr Thomas highlighted that the DoLS referral process represents a complex system requirement. Whilst a potential solution has been identified, it will take time to implement and will clearly not meet the indicated target date, which has already passed.</p> <p>Building on this issue, Mr Davies noted that the target date for Matter Arising 3 has also passed. Mrs Wilson indicated that the relevant risk on the Risk Register has not yet been updated and that the target date will need to be revised, along with the one relating to Matter Arising 1. Mr Davies also suggested that the wording of the management response to Matter Arising 4 should be revisited, with the current statement that 'Every effort will continue to be made.....' being somewhat vague. Noting reference to the current triage process for referrals, Mr Imperato requested assurance that this is sufficiently robust. In response, Ms Paterson confirmed that it was an extremely robust process, and has been discussed at both QSEC and the Strategic Development and Operational Delivery Committee (SDODC). The process had been put in place due to the gap already mentioned and delayed implementation of the Liberty Protection Safeguards (LPS). Members were assured that the team is managing and reviewing referrals and cases waiting on a daily basis.</p> |  |
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|                  | <p>Further to the above discussions, it was agreed that this report would be re-presented to the next meeting, following discussion of any rewording necessary, etc.</p> <p><i>Ms Jill Paterson left the Committee meeting.</i></p>   | <b>JJ/JP</b> |
|                  | <p>The Committee <b>NOTED</b> the Deprivation of Liberty Safeguards (Reasonable Assurance) report and <b>REQUESTED</b> that an amended report be presented to the next meeting.</p>   |              |
| <b>AC(23)189</b> | <b>Sealing of Contracts (Advisory Review)</b>   |              |
|                  | <p>Ms Corbett introduced the report from the Advisory Review into Sealing of Contracts. The Internal Audit team had been requested to undertake a review of the process for applying the Health Board's common seal, following issues around the contract for the construction of the Day Surgery Unit at Prince Philip Hospital. Members were advised that the exercise undertaken was an advisory review rather than a full audit. In terms of findings, robust governance and internal controls in line with Standing Orders had been observed, and no issues were identified which required action.</p> <p>Cllr. Evans welcomed the assurance provided by the report, which clearly identifies that a robust process exists.</p>  |              |
|                  | <p>The Committee <b>NOTED</b> the Sealing of Contracts (Advisory Review) report.</p>  |              |
| <b>AC(23)190</b> | <b>Audit Tracker</b>  |              |
|                  | <p>Mrs Wilson presented the Audit Tracker report, advising that since the previous report, 8 reports have been closed or superseded, with 14 new reports received by the Health Board. As at 14 September 2023, the number of open reports has increased from 105 to 111. 40 of these reports have recommendations that have exceeded their original completion date, an increase from the 33 reports previously reported in August 2023. There is an increase in the number of recommendations where the original implementation date has passed, from 151 to 164. However, the number of recommendations that have gone beyond six months of their original completion date has reduced from 57 to 54, as reported in August 2023. Members heard that there are currently 409 open recommendations on the Audit Tracker, a decrease from the 438 reported in August 2023. Mrs Wilson advised that the Assurance and Risk team is working with services regarding the outstanding and overdue recommendations to progress these and/or agree revised completion dates.</p> |              |
|                  | <p>The Committee <b>TOOK ASSURANCE</b> on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Committee.</p>  |              |
| <b>AC(23)191</b> | <b>Quality &amp; Safety Governance Bronglais Hospital (Limited Assurance)</b>   |              |
|                  | <p><i>Mrs Mandy Rayani, Mr Keith Jones, Mr Matthew Willis and Ms Dawn Jones joined the Committee meeting.</i></p>   |              |

Ms Corbett introduced the Quality & Safety Governance, Bronglais Hospital (BGH) report. The purpose of this audit had been to review operational quality and safety governance arrangements, to provide assurance that issues fundamental to the quality and safety of services are managed, monitored, and escalated. Members were reminded that the Health Board had developed and mandated standard terms of reference and agendas for directorate quality and safety groups. A subsequent 2022/23 Internal Audit of the revised arrangements had identified inconsistencies in the adoption of these. Findings from the BGH audit included a lack of clear governance structure and reporting arrangements from informal groups and meetings through to the Health Board; gaps in the quality and safety topics expected to be reviewed at directorate-level and reports/representation at meetings; and high open incident numbers with no clear plan or action to identify the root issue and address the backlog. Six Matters Arising had been recorded, three high priority and three medium priority, and a Limited Assurance rating had been returned.

Given the work undertaken in this area, Cllr. Evans indicated that a Limited Assurance report was disappointing. Mrs Rayani agreed, particularly as the reason for requesting an audit in this area was to seek assurance that operational quality and safety governance measures were being applied consistently across the organisation. There is clearly still much to do to reach an acceptable standard in this regard. With specific reference to a lack of attendance at meetings by members of the Infection Prevention & Control team, Mrs Rayani indicated that once meeting dates are shared, the team can endeavour to identify attendees. In terms of performance dashboard usage, Members were informed that this is made available for operational teams to draw down reports for their own service area.

Mr Matthew Willis echoed the disappointment regarding the findings of this audit, whilst assuring Members that immediate action has been taken. The standard agenda format had been adopted and utilised; however, the standard terms of reference had not, and Mr Willis apologised for this oversight. This would be rectified immediately and concerns around non-attendance at meetings would be escalated appropriately. Initially, access to the performance dashboard had only been given to himself; however, the number of individuals with access has now increased. The team is addressing the concerns around ensuring that the Quality Forum meets its responsibilities as laid out in its terms of reference. A Lead Nurse for Quality and Safety has been established. Datix and incident reporting is beginning to improve, and further work in this area will be undertaken. More formal reporting processes are being developed. The hospital's administrative capacity has been limited, and Mr Willis suggested that the administrative support for the Quality Forum and other groups needs to be bolstered, perhaps with a new Band 3 role.

Mrs Hardisty expressed concern around the findings detailed within the report, and was not sure why these had only now been identified via an Internal Audit. Particular concern was voiced around how one hospital can have 578 new incidents, yet to be investigated, recorded on the Datix system. Mrs Hardisty queried the level of assurance which could



be taken that other Health Board wide processes are being consistently implemented at BGH. It was noted that reports to the Operational Quality, Safety and Experience Sub-Committee (OQSESC) would not have suggested that these issues existed at BGH. Mr Keith Jones reiterated that failure to adopt the standard terms of reference was an oversight, which clearly highlighted the need for a periodical review and learning in this area. In terms of Datix incidents, Mr Jones had been reassured by the openness and acceptance of concerns by the team at BGH and advised that this matter was also being considered during the Directorate Improving Together (DIT) sessions. It was highlighted, however, that validation of incidents is required, in order to confirm that they have been correctly allocated to BGH.

Mrs Hardisty queried this last assertion, and Mrs Rayani advised that the allocation on Datix is made by the reporter, not by a central data entry team. Whilst there is a limited number of incidents which are allocated to the incorrect 'owner' due to staff changing roles, Mrs Rayani had been assured that these are transferred as soon as this issue is identified. Following an earlier discussion with Ms Cathie Steele, Head of Quality and Governance, Mrs Rayani had also been assured that a noticeable 'spike' in data could be seen when the new incident reporting process had been introduced. It was highlighted, however, that the severity of incidents reported is a better indicator of issues than the overall number. Members heard that appointment of a Quality and Safety Lead Nurse has facilitated an improved oversight in this area. Nevertheless, Mrs Rayani has requested a list, by Directorate, of all incidents and complaints open longer than 6 months, to explore how these might be closed.

With regard to Datix incidents, Mr Willis stated that the Emergency Department is a particular 'hotspot'. There are other incidents, such as those relating to community acquired pressure sores which – whilst requiring recording – are not necessarily easy to close off. Ms Dawn Jones welcomed the findings of the report and assured Members that actions to address these are being taken forward. Extraordinary scrutiny meetings are planned to review the incident backlog and identify any common themes. A great deal of work is in progress. Returning to one of Mrs Hardisty's earlier comments, Mr Thomas noted that the report identifies a number of points relating to control, which he was concerned were not being picked up within the performance dashboard. He would take this forward with the Performance team and as part of the relevant DIT session. Referencing the management response to Matter Arising 2, Mr Thomas highlighted that ARAC is not the correct forum for funding requests and that the Health Board is not currently in a position to support requests for additional staff, suggesting that consideration be given to redeploying existing BGH Band 3 staff.

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In response to Mrs Hardisty's first comment, Mrs Rayani suggested that these issues were known, hence the request for an Internal Audit. The inconsistencies and deficiencies in reporting to OQSESC were also known. Members heard that deep dives and quality panels had been conducted. The DIT sessions are much more 'formed' now, and Mrs Rayani was frustrated that the issues had not been identified there. It was emphasised that corporate teams are always open and willing to

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|  | <p>provide support to directorates. Whilst Mrs Rayani anticipated that the more general operational governance work being undertaken will assist with issues such as this, there is process and structural work which also needs to be completed.</p> <p>Due to the significant concerns, the Committee felt that a follow-up audit should be conducted sooner rather than later, ideally in time to report to the next meeting in December 2023. Mrs Wilson would discuss this with representatives from Internal Audit.</p> <p><i>Mrs Mandy Rayani, Mr Keith Jones, Mr Matthew Willis and Ms Dawn Jones left the Committee meeting.</i></p> | <p><b>JW/<br/>JJ/SC</b></p> |
|  | <p>The Committee <b>NOTED</b> the Quality &amp; Safety Governance Bronglais Hospital (Limited Assurance) report and <b>REQUESTED</b> that a follow-up report be presented to the next meeting.</p>  |                             |

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| <p><b>AC(23)192</b></p> | <p><b>Mental Health and Learning Disabilities (MHL) Service – Timely Access (Reasonable Assurance)</b></p> <p><i>Ms Liz Carroll and Ms Angela Lodwick joined the Committee meeting.</i></p> <p>Ms Corbett introduced the Mental Health and Learning Disabilities (MHL) Service – Timely Access report, explaining that the Health Board anticipates a significant increase in demand for MHL services. The audit purpose had been to undertake a review of the key controls in place to manage and mitigate the risk of failing to achieve Welsh Government targets for Autism Spectrum Disorder (ASD) and Psychological Therapies. Five medium priority matters arising and two low priority matters arising were identified, with an overall rating of Reasonable Assurance concluded.</p> <p>Ms Liz Carroll welcomed the report, which was self-explanatory. Waiting times for ASD was an area of Enhanced Monitoring and, as such, is discussed on a regular basis with Welsh Government. Ms Carroll and Ms Angela Lodwick plan to review Risk 1032 this afternoon, following the ARAC meeting.</p> <p>Commending the report, Mrs Hardisty stated that the assurance rating awarded was pleasing in view of the pressures being experienced within MHL. The table on page 8 detailing Neurodevelopmental referrals illustrates the significant increase since 2020, and demand across the MHL services is likely to increase even further. Whilst there is an improving picture, there is clearly more to do. Mr Davies agreed that the attainment of a Reasonable Assurance rating should be commended. With regard to Matter Arising 2 and the management response around keeping in touch with those on the waiting list, Mr Davies enquired whether MHL is liaising with colleagues in the Waiting List Support Service (WLSS) and with other directorates, to share learning and examples of good practice. Ms Angela Lodwick welcomed this valid comment, and confirmed that there had been a meeting with the WLSS. A contract to manage ‘keeping in touch’ letters has been initiated, as the numbers involved are too high for directorate administrative staff to manage. Various options are being considered.</p> |  |
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|  | <p>Mr Imperato enquired regarding the implementation of the Additional Learning Needs (ALN) Act, particularly in respect of elder teenagers. Ms Lodwick confirmed that there are expected impacts associated with this legislation – both positive and more challenging. It is likely that there will be more requests for joint assessments, for example. MHLD is working with the ALN lead for the Health Board and establishing systems in response. Cllr. Evans noted that the target date for most of the actions within the management response is December 2023 and requested assurance that this is achievable. Ms Carroll confirmed that careful consideration had been given to ensuring that target dates were realistic. Members were reminded that a draft report around Neurodevelopmental services is due from the Welsh Government’s Delivery Unit, which will likely include additional recommendations.</p> <p><i>Ms Liz Carroll and Ms Angela Lodwick left the Committee meeting.</i></p> |  |
|  | <p>The Committee <b>NOTED</b> the MHLD Service – Timely Access (Reasonable Assurance) report.</p>  |  |

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| <b>AC(23)193</b> | <b>Estates Assurance - Estate Condition</b> |  |
|                  | DEFERRED to 12 December 2023                |  |

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| <b>AC(23)194</b> | <p><b>NICE Guidance (Limited Assurance)</b></p> <p><i>Professor Philip Kloer, Ms Carly Hill and Ms Lisa Davies joined the Committee meeting.</i></p> <p>Ms Corbett introduced the NICE Guidance report, the purpose of which was to review the arrangements in place for ensuring identification, dissemination and compliance with NICE guidelines across the Health Board. Two medium and two high priority matters arising had been identified and the audit had returned an overall rating of Limited Assurance. It was noted that this specifically relates to the operation of arrangements in place for assessing and ensuring compliance with NICE guidelines, and is not a reflection of the extent to which the Health Board is compliant with these guidelines.</p> <p>Whilst disappointed with the findings of the audit, Ms Lisa Davies thanked the Internal Audit team for their thoroughness. Members heard that a number of the actions taken in response to the audit findings were already planned; however, the audit had accelerated their implementation. These included introduction of the AMAT system. As outlined within the management response to Matter Arising 2, a new approach has been introduced to identify service leads and disseminate new and updated NICE guidance within AMAT. This has been operational since 1 August 2023. Terms of reference for the various groups have been reviewed and an SBAR outlining the new reporting arrangements has been presented to almost all of the groups. Members heard that all of the actions within the management response will have been completed by December 2023.</p> <p>Referencing Matter Arising 2, and specifically recommendation 2.1b around monitoring of guidelines without a nominated lead and regular reporting of those outstanding to the CSGG, Cllr. Evans enquired whether there is an escalation process beyond this. Ms Davies</p> |  |
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|                  | <p>confirmed that an escalation process has been considered. On issuing of NICE Guidance, a timescale of 6 weeks is given to submit a statement of compliance. Prompts and escalation will be undertaken as necessary, with mitigating circumstances also considered as appropriate. Professor Philip Kloer explained that, in the case of most NICE Guidance, the lead is clear; however, there are some instances whereby guidance crosses several service areas. The Clinical Effectiveness team occasionally need to take time to identify the lead.</p> <p>In view of an earlier discussion, Mrs Hardisty enquired whether the new approach has been communicated to BGH. Ms Davies confirmed that it had, with the SBAR having been presented initially. Reports based on the new arrangements will be expected going forward. It was agreed that scrutiny of this would form part of the scope of the Quality &amp; Safety Governance BGH Follow-up audit. With regard to recommendation 3.1, around review of the governance reporting arrangements, Cllr. Evans enquired whether Mrs Rayani had been involved in this work. In response, Ms Davies explained that she had liaised with Miss Charlotte Wilmshurst in the first instance, and that the outcome of this work will be presented to the next OQSESC meeting. Professor Kloer assured Members that, in recent changes led by Mrs Rayani, Clinical Effectiveness has been granted a more 'equal footing'. There has been a significant improvement in recent years and arrangements at HDdUHB are increasingly being seen as robust, in comparison with others across Wales.</p> <p>Mrs Wilson advised that, with this audit having a Limited Assurance outcome, it will be subject to a follow-up audit by the end of the year.</p> <p><i>Professor Philip Kloer, Ms Carly Hill and Ms Lisa Davies left the Committee meeting.</i></p> <p>The Committee <b>NOTED</b> the NICE Guidance (Limited Assurance) report.</p> | <b>JJ/SC</b> |
| <b>AC(23)195</b> | <b>Locum Medical Staff</b>  |              |
|                  | REMOVED FROM IA PLAN - TO BE REPLACED   |              |
| <b>AC(23)196</b> | <b>Emergency Planning</b>   |              |
|                  | DEFERRED to 20 February 2024  |              |
| <b>AC(23)197</b> | <b>Audit &amp; Risk Assurance Committee Work Programme 2023/24</b>  |              |
|                  | 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.   |              |
| <b>AC(23)198</b> | <b>National Internal Audit Reports</b>  |              |
|                  | None to report.   |              |
| <b>AC(23)199</b> | <b>Any Other Business</b>   |              |
|                  | Members noted that this is Mrs Hardisty's final ARAC meeting before she takes up her role of Interim Health Board Chair. Cllr. Evans thanked Mrs Hardisty for her significant contribution to the Committee.  |              |

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| <b>AC(23)200</b> | <b>Matters and Risks for Escalation to the Board</b>  |  |
|                  | <ul style="list-style-type: none"> <li>• The revised version of HDdUHB Standing Orders and Standing Financial Instructions to be recommended to the Board for approval on 30 November 2023</li> <li>• The Scheme of Delegation amendments to be recommended to the Board for approval on 30 November 2023</li> <li>• Concerns around the Quality &amp; Safety Governance BGH (Limited Assurance) Internal Audit report and the request that a follow-up report to be presented to the next meeting</li> </ul> |  |

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| <b>AC(23)201</b> | <b>Date and Time of Next Meetings</b> |  |
|                  | 9.30am, 12 December 2023              |  |

UNAPPROVED