

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

Date and Time of Meeting:	Tuesday 18th October 2022 09:30 – 13:00
Venue:	Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams

Present:	Mr Paul Newman, Independent Member (Committee Chair) Mr Winston Weir, Independent Member (Committee Vice-Chair) Associate Professor Chantal Patel, Independent Member Mr Maynard Davies, Independent Member Mrs Judith Hardisty, Vice-Chair, HDdUHB
In Attendance:	Ms Anne Beegan, Audit Wales Mr James Johns, Head of Internal Audit, NHS Wales Shared Services Partnership (NWSSP) Ms Sophie Corbett, Deputy Head of Internal Audit, NWSSP Mrs Joanne Wilson, Board Secretary Mr Huw Thomas, Director of Finance Mrs Charlotte Wilmshurst, Assistant Director of Assurance & Risk Mr Ben Rees, Head of Local Counter Fraud Services (part) Ms Cathie Steele, Head of Quality and Governance, deputising on behalf of Mandy Rayani, Director of Nursing, Quality and Patient Experience (part) Mrs Sian Passey, Assistant Director of Nursing deputising on behalf of Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience (part) Ms Sarah Perry, General Manager, Unscheduled Care (part) Ms Janice Cole-Williams, General Manager (part) Mr Keith Jones, Director of Secondary Care Services (part) Professor Philip Kloer, Deputy Chief Executive & Medical Director (part) Professor Chris Hopkins, Head of Innovation & TriTech Institute (part) Ms Katie Lewis, Committee Services Officer (minutes) Mrs Helen Mitchell, Committee Services Officer (minutes) Mrs Marinela Stoicheci, Risk and Assurance Officer (observing) Ms Mared Jones, Counter Fraud Services (observing)

Agenda Item	Item	
AC(22)162	<b>Introductions and Apologies for Absence</b>	
	Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, welcomed everyone to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience</li> </ul>	
AC(22)163	<b>Declaration of Interests</b>	
	No declarations of interest were made.	
AC(22)164	<b>Minutes of the Meeting Held on 16<sup>th</sup> August 2022</b>	

	<b>RESOVED</b> - The Minutes from the meeting held on 16 <sup>th</sup> August 2022 were approved as an accurate record.	
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<b>AC(22)165</b>	<b>Table of Actions</b>	
	<p>An update was provided on the Table of Actions from the meeting held on 16<sup>th</sup> August 2022 and confirmation received that outstanding actions had been progressed. In terms of matters arising:</p> <p><b>AC(21)118: Report on the Adequacy of Arrangements for Declaring, Registering and Handling Interests, Gifts, Hospitality, Honoraria and Sponsorship:</b> Work has started to scope out the system requirements with the Digital Team. Members noted that all Wales position is awaited which will be shared with ARAC once received.</p> <p><b>AC(22)66: Radiology Directorate Internal Audit Update:</b> An update is awaited on the discussions between Mr Andrew Carruthers, Director of Operations and the Head of Workforce and Organisational Development on how Health Education and Improvement Wales propose to manage the graduate allocation to Health Boards. The outcome will be shared with the Committee once received.</p> <p><b>AC(22)92: Draft Annual Accounts 2021/22:</b> Information from the Welsh Risk Pool (WRP) on the process used to calculate future liabilities in respect of clinical negligence and personal injury cases has been provided in the Financial Assurance Report.</p> <p><b>AC(22)143: Tackling the Planned Care Backlog in Wales:</b> Mr Andrew Carruthers is in discussion with Professor Philip Kloer, Medical Director and Deputy CEO and the new Chair of the Ethics Panel to raise the workforce challenges and to review if it would be appropriate to hold an ethics panel.</p> <p><b>AC(22)148: Financial Assurance Report:</b> Mr Huw Thomas confirmed that there were separate contracts in place for Ceredigion and Pembrokeshire. Members were advised that the Finance Delivery Unit were reviewing COVID-19 expenditure across NHS Wales. These findings will be shared with the Committee in due course via the Targeted Intervention Update Report and will be reported to the Board in the Chief Executive Officer Report.</p>	

<b>AC(22)166</b>	<b>Matters Arising</b>	
	There were no matters arising.	

<b>AC(22)167</b>	<b>Targeted Intervention Update</b>	
	The Committee received and considered the Targeted Intervention Report presented by Mr Steve Moore. The report outlined the increase in the Health Board's escalation status to Targeted Intervention (TI) for finance and planning, however the Health Board remains in Enhanced Monitoring for quality issues relating to performance. The Enhanced Monitoring status will remain in respect of quality issues related to performance (long waiting times, poor patient experience concerns in Urgent and Emergency Care, Cancer services, Child and Adolescent	

	<p>Mental Health Services, C-Difficile rates, ITU Prince Philip Hospital and Maternity Services).</p> <p>Mr Moore advised that he had asked the Director of Nursing, Quality and Patient Experience to discuss these concerns further with Healthcare Inspectorate Wales (HIW). Mr Moore advised that he had asked Welsh Government for clarity on the criteria for de-escalation and assurance that the Health Board will be treated fairly in respect to COVID-19 costs. The Health Board will have had their first joint TI meeting with WG soon, and a more comprehensive update will be provided to the next meeting of the Committee.</p> <p>WG have confirmed that de-escalation will be considered when the Health Board has an approvable and credible plan and improvement in its financial position.</p> <p>Mr Paul Newman advised that he hoped the process would be approached constructively and in a supportive manner. Members noted that Mr Newman had agreed to be the nominated IM for TI as per the Welsh Government Correspondence and will attend the Targeted Intervention group at appropriate junctures and share updates with the Board.</p>	
	<p>The Committee <b>NOTED</b> the following recommendations:</p> <ul style="list-style-type: none"> <li>(i) The update on the Joint Executive Team (JET) meeting held on 13<sup>th</sup> July 2022 and the response from the Chief Executive NHS Wales at <b>Appendix 1</b>.</li> <li>(ii) The UHB's escalation status has been raised to <i>Targeted Intervention</i> for planning and finance, but will remain at <i>Enhanced Monitoring</i> for quality issues related to performance at <b>Appendix 4</b>, together with the CEO's response at <b>Appendix 5</b>.</li> </ul>	

<p><b>AC(22)168</b></p>	<p><b>Counter Fraud Update</b></p> <p>The Committee received and considered the Counter Fraud Audit and Risk Assurance Committee SBAR October 2022, the Counter Fraud Update October 2022 and the appended item presented by Mr Ben Rees. Mr Rees highlighted two pieces of work undertaken:</p> <ul style="list-style-type: none"> <li>• Staff survey of fraud awareness which will inform delivery of the upcoming Fraud Awareness week in November. There has been specific focus on raising awareness in all staff groups particularly those who do not have access to electronic materials.</li> <li>• A number of proactive exercises have been undertaken which have resulted in some intelligence which will be prioritised in the assessment of risk.</li> </ul> <p>Following the Committee's request to undertake a risk assessment into the impact of the current economic crisis on increasing fraud in the NHS, Mr Rees referenced Donald Cressey's Fraud Triangle, where for a fraud to occur there must be a perceived non-shareable financial need (sometimes referred to as pressure); a perceived opportunity; and rationalisation. The best means of mitigating risk is to eliminate at least one element, by raising awareness of controls and key policies and procedures. Mr Rees will present the fraud risk assessment at the</p>	
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	<p>December meeting. Mrs Judith Hardisty observed that the number of staff responses (70) was disappointing, and Mr Rees advised that individual Directorates will be invited to complete the questionnaire again following targeted work in November's Fraud Prevention Week.</p>	
	<p>The Committee <b>RECEIVED</b> for information the Counter Fraud Update and appended item.</p>	

<p><b>AC(22)169</b></p>	<p><b>Financial Assurance Report</b></p> <p>The Committee received and considered the October Financial Assurance Report presented by Mr Huw Thomas. The report highlights Public Sector Payment Policy (PSPP) and that the Health Board did not meet the Public Sector Payment Policy (PSPP) target of paying 95% of its non-NHS invoices within 30 days in September. This was due to staffing constraints within the team and reducing a backlog of historical invoices. Mr Rees confirmed that Mrs Lisa Gostling, Director of Workforce and Organisational Development has emphasised the importance of paying invoices in a timely manner; and that a number of measures have been introduced, including education of staff in NHS Shared Services Partnership (NWSSP). The committee were also advised that delays in digitising payroll forms are contributing to staff overpayments, and NWSSP are investigating a co-ordinated national approach to developing a new solution.</p> <p>Mr Thomas highlighted a write-off in excess of £5k during the period between 1 August 2022 and 30 September 2022 of £11,586.86. This was in relation to expired drugs at the Glangwili site. The drugs were ordered for a haematology patient who is no longer receiving the treatment. Every effort was made to utilise the drugs within the Health Board but this was not successful.</p> <p>The Committee noted that losses and write offs under £5k, have been presented and approved by the Director of Finance and Chief Executive; in total these amounted to £49,661.75</p> <p>Members were advised that despite some continuing challenges, the Health Board's tax and VAT status had been restated as 'low risk.' Mr Thomas thanked his team for the hard work undertaken to achieve this.</p> <p>Mr Thomas drew Members' attention to the risk sharing arrangement with the Welsh Risk Pool (WRP), which were detailed in the Appendix of the report. Mr Newman noted that there may be a change for the worse as more people opt for periodical payments and a change for the better if the discount rate changes following an increase in interest rates. Mr Thomas advised that WRP needs to undertake a remodelling exercise.</p> <p>Mrs Hardisty requested assurance that the contract would be re-tendered before next August following the approval of the single tender action for Croeso Care. Mr Thomas confirmed that officers are advised that contracts must be retendered.</p> <p>The Committee <b>NOTED</b> the recommendations and <b>AGREED TO RECOMMEND:</b></p> <ul style="list-style-type: none"> <li>• The changes to the Scheme of Delegation for approval by the Board.</li> </ul>	
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- Approve the write-off of Losses and Special Payments over £5k.

AC(22)170	<p><b>Audit Wales Update Report</b></p> <p>The Committee received and noted the Audit Wales (AW) Update Report presented by Ms Anne Beegan.</p> <ul style="list-style-type: none"> <li>• <b>Orthopaedics Services – Follow up Review:</b> The report will be presented to the Committee at its meeting in December 2022.</li> <li>• <b>Review of Operational Governance Arrangements – Mental Health &amp; Learning Disabilities:</b> As a result of delays in establishing focus groups and the reviewer being ill, the report will now be presented to the Committee at its meeting in December 2022.</li> <li>• <b>Review of Unscheduled Care:</b> The review has started and will be undertaken in two phases. Phase 1 of this report will focus on discharge planning, whilst Phase 2 will consider how the Health Board is working with its partners. This would provide AW an opportunity to review Regional Partnership Boards (RPB) through an unscheduled care lens. Mrs Hardisty commented that as Chair of the West Wales RPB, she could attest that the Regional Integrated Fund (RIF) has been complicated to implement and that there were strict rules about how the funding should be utilised, and that she would work with the Board Secretary about how to improve the Board’s understanding of the RIF through a briefing.</li> <li>• <b>Structured Assessment:</b> Work has commenced on this year’s assessment with the report to be presented to the Committee in December 2022.</li> <li>• <b>Follow-up Review of Primary Care:</b> Follow up work will be undertaken across all Health Boards, which will review progress against previous recommendations relating to Primary Care.</li> <li>• <b>Workforce Planning:</b> This review will start with HEIW, and include some smaller organisations, and Hywel Dda in recognition of the good practice that has been implemented, before being widened to other health boards across Wales.</li> </ul> <p>Ms Beegan advised that Audit Wales had been involved in discussions relating to the Health Board’s increased escalation status, reminding Members that last year’s Structured Assessment process had been undertaken in two stages, phase 1 focussed on planning, with phase 2 reviewing the Health Board’s arrangements for corporate and financial governance. Both these reports informed the Annual Audit Report, and progress against the recommendations from last year’s Structured Assessment will be reviewed as part of this year’s assessment. Members were advised that whilst being in Targeted Intervention may result in additional specific work being undertaken, the audit fee should not be affected as governance is not one of the areas that the Health Board has been escalated for.</p> <p>Referring to the review of Unscheduled Care Services, Mrs Hardisty provided assurance as the Chair of the Regional Partnership Board that work is underway to examine collaborative work undertaken by partners to improve discharge planning and the use of Integrated Care Funding to support the current Unscheduled Care pressures and challenges which will be captured within the minutes of the meetings.</p>	AB
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	The Committee <b>NOTED</b> the Audit Wales Update.	
<b>AC(22)171</b>	<p><b>Welsh Community Care Information System– Management Response</b></p> <p>The Committee received and considered the Welsh Community Care Information System (WCCIS) Audit Response presented by Mr Huw Thomas. The report outlined the main risks identified, main recommendations and a stocktake of the programme. Mr Thomas advised that the rollout of WCCIS would not be adopted by Carmarthenshire and Pembrokeshire Local Authorities due to ongoing challenges and assured the Committee that the rollout would not progress across the Health Board, although it may be used within specific areas, for example, health visiting.</p> <p>Mr Maynard Davies advised that he was supportive of the decision not to further roll out the system, noting that at present the system is used by 258 staff, Mr Davies queried whether this was comparable with other areas in Wales. Mr Davies also requested details of the costs incurred to the end of the contract period, and information on the system that will replace WCCIS. Mr Thomas agreed to investigate the incurred costs to date and the re-contracting position, with clarity around the benefits of any new system over current systems.</p> <p>In response to concerns about the contract coming to the end of its term, Mr Thomas confirmed that he would seek clarification on the contract tendering position.</p> <p>Mrs Joanne Wilson advised WCCIS has been identified as one of the Chair’s objectives and noted an update would need to be provided to the Board and the Chair following the discussion on this agenda item.</p> <p>The Committee <b>DISCUSSED</b> and <b>NOTED</b> the current position of WCCIS within the Health Board and the responses to the Auditor General’s Report.</p>	<p></p> <p><b>HT</b></p> <p><b>HT</b></p> <p></p>
<b>AC(22)172</b>	<p><b>Internal Audit Plan Progress Report</b></p> <p>Mr James Johns presented the Internal Audit (IA) Plan Progress report, highlighting the audits finalised since the previous meeting, and the planning and delivery of the current year’s Internal Audit Plan. The Committee was advised that there have been some changes to the plan, the follow up of Trittech Governance was brought forward however four audits were deferred and the reason for these delays were outlined in section 3.2.</p> <p>As outlined in section 3.4 of the report, the Committee was advised that initial discussions have commenced with the Board Secretary and Director of Finance to understand the changing priorities and operational pressures, as well as the impact of the increase in escalation status (to Targeted Intervention) on the second half of this year’s Internal Audit plan. Any potential changes to the audit plan will need to be discussed with and approved by the Committee Chair. Ms Beegan confirmed that she and Mr Johns meet regularly to avoid duplication of work.</p>	

	The Committee <b>RECEIVED ASSURANCE</b> to the delivery of Internal Audit Plan for 2022/23 and <b>APPROVED</b> the reported adjustments to the schedule of reports which will be updated in the ARAC forward work programme.	
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<b>AC(22)173</b>	<b>Quality and Safety Governance Framework</b>	
	The Committee received and considered the Quality and Safety Governance Final Internal Audit Report presented by Ms Sophie Corbett. The Review looked at the operational governance arrangements in place for ensuring the quality and safety of services are managed, monitored and escalated, where appropriate. Whilst there was evidence of new standardised templates, not all sampled directorates have adopted these templates, and the level of detail recorded in meeting minutes is inconsistent, and not clear on issues that should be escalated to the Operational Quality, Safety and Experience Sub-Committee. Reasonable assurance was concluded with two medium priority matters relating to the adoption of the standard terms of reference and agenda templates by all directorates; and the quality of minutes to clearly evidence discussion of key issues.  Ms Cathie Steele welcomed the report findings and confirmed that further work will be taken forward through the Operational Quality, Safety and Experience Sub Committee.	
	The Committee <b>ACCEPTED</b> the terms of the report and the management response.	

<b>AC(22)174</b>	<b>Audit Tracker</b>	
	The Committee received and considered the Audit Tracker presented by Miss Charlotte Wilmshurst. Members were advised that as of 20 <sup>th</sup> September, the number of open reports decreased from 98 to 91, 47 of which have recommendations that have exceeded their original completion date. There is a slight decrease in recommendations where the original implementation date has passed from 128 to 124.	
	Ms Hardisty queried Royal College historical recommendations and why they remained open on the Audit Tracker. The Committee was advised that if the Royal College was invited by the UHB, no response to the Royal College was necessary. Ms Wilmshurst and Ms Steele agreed to meet to review the process for managing historical Royal College recommendations.	<b>CW/CS</b>
	The Committee requested confirmation whether the virtual switchboard is fully functional, as it was unclear whether this had been implemented by the stated timeline of September 2022 outlined in the Audit Tracker.	<b>HT</b>
	Noting that a number of recommendations were unable to be closed until the closed MH unit was reopened, Ms Hardisty queried when this would be resolved. Ms Steele agreed to investigate with a view to clarifying the position regarding a re-opening date.	<b>CS</b>
In recognition that the Health Board is an outlier for eye care claims, the Committee agreed to invite the ophthalmology service to the December meeting to understand the outstanding challenges and how the outstanding recommendations are being progressed.	<b>AC</b>	

	The Committee received <b>ASSURANCE</b> from the Audit Tracker.	
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<b>AC(22)175</b>	<b>Falls Management</b>	
	<p>The Committee received and considered the Falls Management Internal Audit Report presented by Ms Sophie Corbett. The Committee was advised that the audit reviewed the arrangements in place across the Health Board for the prevention of falls and the effective management of patients following a fall. The report concluded reasonable assurance and advised one high priority matter, relating to the completion of falls risk assessments, and five medium priority matters. These include reviewing the Falls Policy, the absence of a delivery plan and target completion date for development of the falls strategy; lack of a formal falls training programme; the timeliness and completeness of falls incident investigations; and sharing of lessons learned across the Health Board.</p> <p>Ms Corbett advised that whilst targeted training was undertaken by the Quality Improvement Officer for falls, there was no Health Board wide training to capture all staff. Ms Corbett referenced a falls review undertaken by Aneurin Bevan UHB (ABUHB) and added that she had used the resulting programme-wide scheme to inform her audit.</p> <p>The report also advised that falls investigations were not always started promptly and may not contain sufficient detail. Miss Wilmshurst agreed to review the management response for Matters Arising 2.1a in Appendix A, with Ms Sian Passey.</p> <p>The Committee also agreed that the report should be provided for information to the next Quality, Safety and Experience Committee.</p>	<p><b>CW/ SPa</b></p> <p><b>HM</b></p>
	The Committee <b>NOTED</b> the update provided.	

<b>AC(22)176</b>	<b>Directorate Governance – Glangwili Hospital</b>	
	<p><i>Mr Keith Jones, Ms Sarah Perry and Ms Janice Cole Williams joined the meeting.</i></p> <p>The Committee received and considered the Glangwili Hospital Unscheduled Care Directorate Governance Internal Audit Report presented by Ms Sophie Corbett. The review was undertaken to establish whether the directorate governance structures follow the principles set out in the Health Board’s system of assurance and support the management of key risks. The report concluded reasonable assurance overall with one high priority matter arising, relating to sickness management and four medium priority matters relating to having no terms of reference or work plans for the Directorate’s Quality, Safety and Assurance and Budget &amp; Management Groups; updating the risk relating to financial performance on directorate risk register; timeliness of the management of incidents; and the statutory and mandatory training compliance rates are below the Health Board target of 85%.</p> <p>The Committee was advised that following recent discussion at the Sustainable Resources Committee (SRC), the finance risks were in</p>	



the process of being reviewed by Finance Business Partners, prior to the ownership of these risks reverting to the Directorates. Mr Winston Weir confirmed there had been a discussion in SRC following recognition that ownership of financial risks should sit with the budget holders, however queried that Directorates had not been asked to identify savings schemes in the context of the financial position of the Health Board. Ms Perry confirmed that a bed reduction scheme is an ongoing piece of work within the organisation, which had been interrupted by COVID-19. The Directorate are working on a savings plan however front-door pressures are unprecedented. Operational challenges are understood and will be part of the delivery plan for savings in the future. Mr Thomas was concerned about the statement (2.21) made within the report, and indicated that this was factually incorrect, considering that there had been a large amount of work undertaken to align opportunities with savings, and understanding the need to balance finance with quality and performance to develop a plan to deliver savings in future. Mr Carruthers concurred that the Health Board approach had been to take a more strategic approach rather than provide Directorates with a percentage savings target from budget.

Observing that a small sample had been used to test the sickness management arrangements in place, Mrs Hardisty queried the validity of recommending this as a high priority matter. The Committee was advised that it had been difficult to obtain evidence, and the evidence demonstrated a lack of understanding of sickness management during the COVID-19 period; and Ms Sarah Perry confirmed that due to operational pressures, return to work (RTW) interviews were not always documented.

In relation to the number of outstanding incidents, Ms Corbett advised that whilst she was not in a position to make a comparison with other Health Boards, the number of outstanding incidents did seem high in comparison to other sites in Hywel Dda, however conceded that this might be attributable to the numbers of patients and business undertaken on site. Acknowledging the number did seem large, Mr Carruthers cautioned against taking a performance management approach and it would be more beneficial to understand the underlying quality and safety issues associated with incidents. Mrs Sarah Perry assured the Committee, that she has sight of every incident, and that due to current front door pressures and workforce capacity issues, the Directorate does receive a high number of complaints, many of which can be complex and involve a number of areas and therefore can be more challenging to investigate when more than one service is involved. Ms Steele provided further assurance to the Committee that the Corporate Quality and Assurance Team reviews every incident on a daily basis, and the Assistant Director (Legal and Patient Support) reviews all claims to identify themes and timelines. The Directorate Quality Assurance Team reviews complaints daily and escalates to the relevant Directorate. The Committee agreed that the management response to recommendation 5.1 needed further work, and that an updated response could be appended to the Table of Actions for the December meeting.

CW/SPe

	<i>Ms Sarah Perry left the meeting.</i>	
	The Committee <b>NOTED</b> the Glangwili Hospital Unscheduled Care Directorate Governance Internal Audit Report.	

<b>AC(22)177</b>	<p><b>Directorate Governance – Withybush Hospital</b></p> <p>The Committee received and considered the Withybush Hospital Unscheduled Care Directorate Final Internal Audit Report presented by Ms Sophie Corbett. The report, which concluded reasonable assurance, reviewed the directorate governance arrangements and governance structures, provided one high priority recommendation in relation to financial monitoring arrangements, and five medium priority recommendations. These related to workforce governance arrangements which showed that whilst workforce issues were being discussed in the Quality and Safety meeting, these were not on the group’s terms of reference; risk management as risk actions were not updated; incidents and concerns, statutory and mandatory training and sickness management.</p> <p>The Committee noted similar concerns in respect of the directorate financial risk as were raised in the previous discussion in respect of Glangwili Hospital Directorate Governance report. Ms Janice Cole-Williams advised that the report did not fully reflect the measures in place to monitor and manage the Directorate’s financial position. The finance forum was suspended in May 2020, and the decision was taken to have one meeting forum to discuss Directorate business to enable the Directorate to focus on its response to COVID-19. In the interim, fortnightly meetings with finance and workforce colleagues were scheduled to discuss the financial position. The Service Manager and Delivery Manager also meet individually with the finance partners on a fortnightly and monthly basis respectively. Whilst these meetings were referenced in the report, Ms Corbett advised that there was no evidence that these informal meetings were minuted, and there was an expectation that the Directorate would have similar formal governance arrangements that were in place in other Directorates. The Committee received assurance that formal finance meetings are in the process of being reinstated. Mr Carruthers concurred that as the organisation is now emerging from the pandemic, there is a need to reinstate more effective, streamlined, if not consistent, arrangements for operational Directorates to manage and oversee financial performance, and that these needed to provide the right flow and reduce duplication. The Committee accepted the content of the report, however requested that Internal Audit review Matters Arising 1 of the report as it needs to be more nuanced and reflect that financial matters are discussed, albeit not in a formal structure.</p> <p>The Committee noted the sickness absence rates appeared to be higher in Withybush Hospital than Glangwili Hospital and Mrs Cole-Williams agreed that whilst rates can fluctuate, the sustained high level of sickness increased workforce pressures and this affected the Directorate’s capacity to effectively manage incidents and undertake mandatory training, as ward sisters often have to fill gaps in the rota to ensure the delivery of patient care. Whilst sickness is monitored, the pressures on staff were unprecedented due to the increased</p>	<b>SC</b>
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	<p>operational pressures, and the Committee was assured that the Directorate was working with OD Relationship Managers in areas where there are high sickness absence rates and low numbers of recruitment and retention of staff.</p> <p><i>Ms Janice Cole-Williams left the meeting</i></p>	
	The Committee <b>ACCEPTED</b> the contents of the report.	
<b>AC(22)178</b>	<b>TriTech Institute Governance Review Follow-up (Substantial Assurance)</b>	
	<p>The Committee received and considered the TriTech Follow Up Final Report (Client) presented by Mr James Johns. The report concluded substantial assurance and advised that significant progress has been made by management to address the previous audit report's findings, which concluded limited assurance, including the development and submission of a TriTech business case. All previous recommendations have now been addressed and closed.</p> <p>Professor Philip Kloer expressed his gratitude to Leighton Phillips and Chris Hopkins for addressing the gaps in governance that were previously identified, acknowledging that are still challenges and risks that are monitored and managed through the Research and Innovation Sub-Committee and risk management process.</p> <p>Mr Newman also paid tribute to Professor Philip Kloer, Leighton Phillips and Professor Chris Hopkins and wished them good luck on the initiative going forward.</p>	
	The Committee <b>NOTED</b> the TriTech Institute Follow Up Final Report.	
<b>AC(22)179</b>	<b>WHSSC Joint Committee Chair's Report</b>	
	The Committee noted that the WHSSC Joint Committee Quality Patient Safety Committee Chair's report was shared in error.	
<b>AC(22)180</b>	<b>CTMUHB Audit &amp; Risk Committee Assurance Report</b>	
	The Committee received and noted the CTMUHB Audit and Risk Committee Assurance Report – August 2022.	
<b>AC(22)181</b>	<b>Audit &amp; Risk Assurance Committee Work Programme 2022/23</b>	
	The Committee received and noted the Audit Work Programme 2022-23 v4.	
<b>AC(22)182</b>	<b>National Internal Audit Reports</b>	
	None to report.	
<b>AC(22)183</b>	<b>Any Other Business</b>	
	There was no other business reported.	
<b>AC(22)184</b>	<b>Date and Time of Next Meeting</b>	
	9.30am, 13 <sup>th</sup> December 2022	