

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

Date and Time of Meeting:	1.00pm, 19 <sup>th</sup> October 2021
Venue:	Boardroom, Corporate Offices, Ystwyth Building, St David's Park, Carmarthen and via MS Teams

Present:	Mr Paul Newman, Independent Member (Committee Chair) (VC) Mr Winston Weir, Independent Member (Committee Vice-Chair) (VC) Mr Maynard Davies, Independent Member (VC) Professor John Gammon, Independent Member (VC) (part) Mrs Judith Hardisty, Vice-Chair, HDdUHB (VC)
In Attendance:	Ms Anne Beegan, Audit Wales (VC) Mr Simon Cookson, Director of Audit & Assurance, NWSSP (VC) Mr James Johns, Head of Internal Audit, NWSSP (VC) Ms Sophie Corbett, Deputy Head of Internal Audit, NWSSP (VC) Mrs Joanne Wilson, Board Secretary (VC) Mr Huw Thomas, Director of Finance (VC) Mrs Charlotte Beare, Head of Assurance & Risk (VC) Mr Ben Rees, Head of Local Counter Fraud Services (VC) (part) Mr Terry Slater, Local Counter Fraud Specialist (VC) (part) Professor Philip Kloer, Deputy Chief Executive & Medical Director (VC) (part) Mr Andrew Carruthers, Director of Operations (VC) (part) Mr Lee Davies, Director of Strategic Development & Operational Planning (VC) (part) Ms Jill Paterson, Director of Primary Care, Community & Long Term Care (part) Mrs Lisa Gostling, Director of Workforce & OD (VC) (part) Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (VC) (part) Mr Paul Williams, Assistant Director of Strategic Planning & Development (VC) (part) Ms Cathie Steele, Head of Quality & Governance, Nursing and Midwifery (VC) (part) Mr Ian Bebb, Clinical Audit Manager (VC) (part) Mr John Evans, Assistant Director, Medical Directorate (VC) (part) Ms Lisa Humphrey, Interim General Manager W&C (VC) (part) Mr Brett Denning, General Manager PPH (VC) (part) Ms Liz Carroll, Director of MHLD (VC) (part) Mr Nic Cudd, Graduate Finance Trainee (VC) (observing) Ms Aimee Francis, IM Mentor (VC) (observing) Ms Clare Moorcroft, Committee Services Officer (minutes)

Agenda Item	Item	
AC(21)171	<b>Introductions and Apologies for Absence</b>	
	Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, welcomed everyone to the meeting, particularly Mr Nic Cudd, Graduate Finance Trainee and Ms Aimee Francis, Reverse Mentor, who were observing the meeting.	

	Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Mr Steve Moore, Chief Executive</li> <li>• Ms Steph Hire, General Manager, Scheduled Care</li> </ul>	
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<b>AC(21)172</b>	<b>Declaration of Interests</b>	
	No declarations of interest were made.	

<b>AC(21)173</b>	<b>Minutes of the Meeting held on 24<sup>th</sup> August 2021</b>	
	<b>RESOLVED</b> – that the minutes of the Audit & Risk Assurance Committee meeting held on 24 <sup>th</sup> August 2021 be <b>APPROVED</b> as a correct record.	

<b>AC(21)174</b>	<b>Table of Actions</b>	
	<p>An update was provided on the Table of Actions from the meeting held on 24<sup>th</sup> August 2021 and confirmation received that outstanding actions had been progressed. Mrs Joanne Wilson noted that a number of actions are RAG rated amber. Several of these are scheduled to be discussed at today’s meeting; with regard to the others:</p> <p><b>AC(21)105</b> – as the Digital Health and Care Wales (DHCW) review is not yet finalised, an update will be obtained for the December 2021 meeting.</p> <p><b>AC(21)117</b> – an update on progress in implementing changes from the Committee’s Self-Assessment of Effectiveness is scheduled for the December 2021 meeting.</p> <p><b>AC(21)155</b> – the Committee’s concerns regarding graduate recruitment were flagged to the Board, and an update on Radiology is scheduled for June 2022.</p> <p>In terms of matters arising:</p> <p><b>AC(21)118</b> – noting the update regarding Declaring, Registering and Handling Interests, Gifts, Hospitality, Honoraria and Sponsorship, Mr Maynard Davies enquired how the proposed new system will be evaluated and specifically how a comparison with the current system will be made. Mr Huw Thomas explained that the electronic system used in Betsi Cadwaladr UHB had greatly simplified the process, resulting in a significant increase in compliance. Mr Thomas had hoped that it would be possible to introduce the same system to HDdUHB; however, this had not proved straightforward and therefore, the UHB is in the process of developing its own system. Mr Thomas was confident that this will overcome a number of the barriers which exist in the current system. Members noted that there will be a Post Project Evaluation (PPE) and that it is hoped the new system will be in place before the 2022/23 financial year. It was noted that the current system is operating effectively and numbers are increasing.</p> <p>In relation to AC(21)155, Mrs Judith Hardisty stated that this topic had not been considered at the October 2021 meeting of the People, Organisational Development &amp; Culture Committee (PODCC); although it is due for discussion. Mrs Hardisty also reminded Members that it had</p>	

	<p>been agreed at the previous meeting that an update on Radiology would be provided earlier than June 2022 if possible. With regard to the first of these, Mrs Wilson explained that the date in the Table of Actions reflects the date of the PODCC meeting at which this topic is being considered. The update on Radiology had been scheduled in agreement with the Director of Operations, taking into account the fact that the new Head of Service commences in post in late December 2021. Following discussion, it was agreed that this update would be forward planned for April 2022 in the first instance. Professor John Gammon, Chair of PODCC, clarified that the issue of graduate recruitment had been mentioned at the October 2021 meeting; however, it had been discussed in more expansive terms, rather than being restricted to Radiology.</p> <p>It was agreed that completed actions would be removed from the Table of Actions.</p>	<b>CM</b>
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<b>AC(21)175</b>	<b>Matters Arising not on the Agenda</b>	
	There were no matters arising not on the agenda.	

<b>AC(21)176</b>	<p><b>Review of Capital Governance Arrangements</b></p> <p><i>Mr Lee Davies and Mr Paul Williams joined the Committee meeting.</i></p> <p>Mr Lee Davies presented the Review of the Capital Governance Arrangements report, reminding Members of the background to this item. The review had now been completed, with the report detailing its findings and conclusions. Mr Lee Davies confirmed that the review had been both positive and helpful. It had identified a number of areas in which the UHB needs to make improvements, and work has already commenced in this regard. Feedback from ARAC Members would be welcomed, together with an indication of how progress in meeting the recommendations from the review should be monitored. Mr Paul Williams had nothing further to add, save for recording his thanks to the Internal Audit team for their support and assistance.</p> <p>Mr Newman asked whether Internal Audit wished to make any comment. In response, Mr James Johns explained that members of the Internal Audit team had met with representatives of the Planning team to advise on the approach taken in regards to managing capital projects elsewhere. Mr Johns felt that implementing the recommendations from the review will strengthen capital governance arrangements going forward. Referencing the table of capital projects on page 5 of the report, Mr Maynard Davies observed that it would be helpful, for context, to include information on whether these schemes came in on time and on budget, and whether PPEs were completed. Noting that the Designed for Life (DFL) Building for Wales Framework was introduced in 2006, Mr Maynard Davies enquired whether this framework has been updated in the intervening period, or requires review by NHS Wales Shared Services Partnership. In response to these comments, Mr Williams was confident that the DFL Framework had been reviewed and updated and committed to add the requested information to the table of capital projects. Mr Williams recognised that audit and PPE both have their defined purpose and scope, and offer their own benefits. Professor</p>	<b>PW</b>
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Gammon welcomed the report, particularly in view of previous discussions around capital projects at the People, Planning & Performance Assurance Committee (PPPAC). The report provides assurance that processes and systems are in place, albeit these may require refining or strengthening. Professor Gammon commended in particular the suggested log of lessons learned, to be scrutinised by the Capital, Estates and Information Management & Technology Sub-Committee (CEIM&TSC). Further clarification was requested, however, with regards to an apparent theme running through the report, around the organisation's capacity to manage the challenges associated with capital projects. The capacity issues appear to include core team functions, a lack of ring-fenced time for managing projects, and capability. Whilst Professor Gammon was confident that these issues could be resolved with focus and investment, he requested assurance in this regard, particularly in view of the significant future capital projects planned by the UHB. Mr Lee Davies explained that there is not only an issue around capacity within the Planning team; the challenges extend to Senior Responsible Owners (SROs). These are individuals who already have substantive roles and are asked to take on the management of capital schemes in addition. Training will assist in certain respects. It is well recognised that additional resources will be required to support larger capital projects, and the UHB is already considering this. Mr Williams added that previous strategic assessments have described the Planning team as 'lean'. A recent performance assessment review for Welsh Government has focused on the fact that the planned capital projects will be a major advancement for HDdUHB. The organisation needs, therefore, to reflect intensely on how projects on this scale are resourced. Mr Williams emphasised that these schemes will not only impact on the Planning team; other core corporate functions will also be affected.

Mr Newman suggested that 'ownership' of projects is also a theme running through the report, querying whether the current process by which Project Directors are appointed leads to a potential weakness, as none has the opportunity to develop a depth of expertise. Mr Williams explained that this is an issue of roles and responsibilities. The UHB tends to appoint Project Directors from the Service Manager cohort, appropriate to the service in which the project sits. It is not reasonable to expect such individuals to have expert/specialist knowledge in all the areas involved in capital project management. Whilst accepting this, Mr Newman suggested that it would be sensible to conduct a learning exercise from capital projects, to ensure that issues and remedial processes are not repeated on each occasion an individual does not have the requisite specialist knowledge. Mrs Hardisty emphasised that asking an individual to undertake the role of Project Director alongside their substantive role is a significant expectation. Commending the clear and well-written report, Mrs Hardisty noted that there are a number of capital schemes ongoing, although she was disappointed that Cross Hands is not progressing as planned. The need to ensure that opportunities for Primary Care and Community capital schemes are not missed was emphasised. In terms of lessons learned and integration of services, Mrs Hardisty advised that the University of Wales Trinity Saint David (UWTSD) had recently undertaken a review of the Aberaeron Integrated Care Centre (ICC), which considered workforce integration

and work practices such as 'hot-desking'. This review had produced useful information and it was suggested that consideration be given to similar pieces of work with University partners in other areas, for example the Cardigan ICC. Examination of 'softer' topics such as team-working can be combined with existing processes including PPEs. Mrs Hardisty noted the statement that resources are 'under consideration' and enquired whether any timescale has been set for confirming this.

In response to Mrs Hardisty's first comment, Mr Lee Davies emphasised that Cross Hands is very much at the forefront of the UHB's ambitions, and assured Members that regular meetings regarding this project are taking place. Mr Lee Davies was aware of the report on Aberaeron ICC; whilst he had not yet seen the report itself, a focus on integrated and agile working is vital. There is still a tendency to work in 'silos' and, whilst challenging, it is important for the organisation to bring together teams and reflect on the logistics of this. Mr Williams agreed, noting the need to consider the extent to which the organisation relies on its own capability, versus seeking external expertise. Mr Williams was also aware of the study conducted by UWTSO, and acknowledged that progress is not measured only by moving staff into pleasant, new accommodation; there are other elements involved. Both Mr Lee Davies and Mr Williams were open to exploring this type of work with University partners. Mr Simon Cookson advised that Internal Audit have undertaken reviews/audits of large capital schemes in a number of locations, including the Grange Hospital. The report from the latter will be shared when available. Mr Cookson counselled, however, that it is difficult to source the type of expertise required for such projects, and that this needs to be planned strategically and at an early stage. Mr Lee Davies confirmed that the UHB is planning a visit to the Grange Hospital, which will allow discussion of the various aspects, including capital and clinical considerations. Noting that there are 12 recommendations at the end of the review report, split into two categories, Mr Newman highlighted that the normal expectation would be a management response, in SMART format (Specific, Measurable, Achievable, Realistic, Time-bound). Referencing Mr Lee Davies' opening comments regarding how progress should be monitored, Mr Newman suggested that the addition of a management response with timescales would facilitate incorporation into the Audit Tracker. It was agreed that a management response would be presented to the next ARAC meeting; once agreed, this would be referred to the Strategic Development & Operational Delivery Committee (SDODC) for ongoing monitoring of progress. Mr Newman concluded discussions by thanking Mr Lee Davies and his team for the report and the open and efficient manner in which they had approached the review. Mr Lee Davies and Mr Williams wished to record their thanks to Ms Eldeg Rosser for her work on the review.

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*Mr Lee Davies and Mr Williams left the Committee meeting.*

The Committee:

- **TOOK ASSURANCE** from the review and final report;
- **CONSIDERED** the recommendations made;
- **NOTED** the action plan developed;
- **REQUESTED** that a formal management response be prepared and presented to the next meeting.

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<b>AC(21)177</b>	<b>Financial Assurance Report</b>	
	<p>Mr Thomas introduced the Financial Assurance Report, highlighting an addition to the standard format: Section 2.4.2, which details COVID-19 vaccine write-off/wastage. As vaccines are supplied by Welsh Government, there is no associated financial consequence to the UHB. Members' attention was also drawn to the Single Tender Actions (STAs) outlined in Appendix 1. Several of these relate to the Service Level Agreements with Third Sector Organisations discussed at the previous meeting; however, there are two new STAs outlined, together with a number of competitive tenders and one consultancy contract. There is one loss/special payment for approval. A Financial Procedure around Use of Consultancy is appended to the report, which – following the consultation period – will be presented to the Sustainable Resources Committee for approval.</p> <p>Referencing STA HDD573 (The Lifestyle Clinic), Mrs Hardisty noted that this appears to relate to a 'rolling' contract since 2018 and queried whether this has been market tested. Also, whether there is a plan for provision of these services going forward and/or an exit strategy. Mr Thomas reminded Members of discussions around Third Sector providers at the previous meeting, and assurances that exit strategies are being considered. The same approach applies to this STA, which runs until the end of March 2022, before which a competitive tendering process will be conducted. Mr Thomas recognised the need for the UHB to be more proactive in planning service provision of this kind. Noting the Ex-Gratia payment requiring ARAC's approval, Mr Newman requested assurance that this had been subject to the governance processes required. Mr Thomas responded that it would have been made on the basis of legal advice and through Workforce governance structures. Referencing page 9 of the report, Mr Newman requested assurance that the potential costs payable to HMRC are provided for in the current budget, and this assurance was received.</p>	
	<p>The Committee <b>NOTED</b> the Financial Assurance Report, and <b>APPROVED</b> the losses and debtors write offs noted within.</p>	

<b>AC(21)178</b>	<b>Audit Wales Update</b>	
	<p>Ms Anne Beegan provided an update on Audit Wales' work, advising that Charitable Funds audit work is due to begin during October 2021. In terms of performance audit work, the report from the Quality Governance Arrangements review is presented on today's agenda. A number of other reports have been deferred due to capacity issues within the Audit Wales team, which is prioritising Quality Governance and Structured Assessment work. The Staff Wellbeing report is to be published in the week commencing 25<sup>th</sup> October 2021. There have been discussions around undertaking 'deep dives'/'mini Structured Assessments' into governance arrangements in various directorates.</p> <p>Highlighting the dates of 2020 and 2021 in relation to local audit work on page 7 of the report, Mr Newman queried whether these were correct. Ms Beegan explained that this relates to work previously planned for 2020 and 2021, which has been impacted by the COVID-19 pandemic. Mr Winston Weir stated that he had found the NHS-related national studies outlined on page 8 extremely useful in terms of context-</p>	

	setting, and enquired whether updates/follow-ups were planned. Ms Beegan was not aware of any such plans in the immediate future.	
	The Committee <b>NOTED</b> the Audit Wales Update.	
<b>AC(21)179</b>	<b>Structured Assessment 2021: Phase 2 – Corporate Governance and Financial Management</b>	
	DEFERRED to 14 <sup>th</sup> December 2021 meeting.	
<b>AC(21)180</b>	<b>Orthopaedic Services Follow-up</b>	
	DEFERRED to 14 <sup>th</sup> December 2021 meeting.	
<b>AC(21)181</b>	<b>Review of the Sustainable Use of RTT Monies</b>	
	DEFERRED to 14 <sup>th</sup> December 2021 meeting.	
<b>AC(21)182</b>	<b>Supporting Staff Wellbeing during COVID-19</b>	
	DEFERRED to 14 <sup>th</sup> December 2021 meeting.	
<b>AC(21)183</b>	<b>Quality Governance Arrangements</b>	
	<i>Professor Philip Kloer, Mr Andrew Carruthers and Ms Cathie Steele joined the Committee meeting.</i>	
	<p>Ms Beegan introduced the Quality Governance Arrangements report, advising that the methodology utilised was based largely on the review of Maternity Services at Cwm Taf Morgannwg UHB, but also drew upon more generic experience. The high level messages regarding HDdUHB's quality governance arrangements are generally positive. An All Wales comparison will be conducted, and Ms Beegan was relatively confident that HDdUHB will sit well in this in terms of resources. A number of recommendations have been made, which are outlined in Appendix 1 of the report, together with the management response. Mr Andrew Carruthers welcomed this important audit, whilst highlighting that it had been key in constructing the management response to be mindful of the context within which the organisation has recently been operating. Due to the impact of COVID-19, certain elements of the UHB's routine systems/processes have been stood down at certain points. There has been, however, a commitment to maintain governance arrangements wherever possible, for example the use of standard templates across Directorates. A key issue has been the ability/capacity of teams to keep pace with milestones and deadlines. To this end, Mr Carruthers and Mrs Mandy Rayani are in the process of meeting with Directorates to review their Risk Registers, to produce a refreshed 'baseline' position. The importance of this exercise is recognised. The UHB is also considering a review of its capacity in respect of quality governance, and whether this should comprise a corporate strategy/business partner approach or whether it is a matter of strengthening operational teams.</p> <p>Mrs Hardisty thanked Audit Wales for the report and Mr Carruthers for the additional context provided, and reported that there are commonly extensive discussions at the Operational Quality &amp; Safety Experience Sub-Committee regarding risks. Referencing page 32 of the report, Mrs Hardisty queried the apparent contradictory responses to questions 5</p>	

and 6. These appear to suggest that staff do not recognise concerns as a form of patient feedback, and Mrs Hardisty wondered whether this was due to a lack of understanding or whether the questions were asked of two different staff groups. Professor Philip Kloer assured Members that staff receive complaints/concerns and are involved in responding to these, whilst acknowledging that they may not equate this with receiving feedback, as it is not systematic patient experience information. The UHB recognises that patient experience feedback is not currently as systematic/consistently systematic as would be desired. Ms Cathie Steele agreed that the terminology is confusing and that concerns and complaints are patient feedback. Members were reminded that a new patient feedback system is being introduced, which will be more dynamic and will greatly assist Directorates. Welcoming the useful report, Professor Gammon suggested that it offers a great deal of assurance. Whilst noting the laudable intended strategy to provide high quality services in terms of quality governance; Professor Gammon observed that there is an inconsistency between this strategic intent/ambition and operational delivery. Whether as a result of leadership or capacity, this is clearly an issue, and Professor Gammon enquired how the organisation intends to address it. Agreeing, Mr Newman observed that there are similar themes within the three Directorate Governance Review Internal Audit reports presented later on the agenda.

Mr Carruthers acknowledged and concurred with these comments, suggesting that many of the issues relate to Risk Registers and shortcomings in updating risks; asserting that other governance arrangements are reasonably sound. Members were reminded that many demands are placed on Directorates, and Mr Carruthers felt that consideration needs to be given to how the organisation can ensure they have the time and capacity to meet these demands. This is especially challenging in the current climate; however, it is crucial not to lose focus on this area and it is recognised that certain of these issues probably pre-date the pandemic. Mr Newman agreed that there is a lack of consistency, whilst emphasising that many of these problems are not difficult to resolve, and would actually make jobs easier. Mr Carruthers stated that he did not disagree, and offered to take this forward. Professor Gammon highlighted that there is an issue of monitoring also; improvements are being made, however, there are inconsistencies around monitoring. Mr Newman enquired whether the management response to this report will be incorporated into the Audit Tracker. Mrs Wilson confirmed that this will be the case, advising that the management response has been considered in detail. Timescales will be longer than anticipated due to operational pressures and the potential funding required to secure the necessary capacity, both corporate and operational, which will be dependent upon the review of the structure in relation to the recommendations. There are, however, certain actions which can be taken in the short term to improve the situation. Mr Carruthers assured Members that the organisation does not underestimate the scale of this issue, and that it is committed to making the required improvements. In response to a query regarding whether interim milestones for Recommendation 4 can be established prior to December 2022, Mr Carruthers undertook to do so. It was agreed that the management response would be revisited and broken

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	<p>down into constituent parts with interim milestones. Members noted that the report has been shared with Ms Anna Lewis in her capacity as Chair of the Quality, Safety &amp; Experience Committee (QSEC), and that it will be on the agenda for the December 2021 QSEC meeting. In conclusion, Ms Beegan suggested that the UHB reflect upon and recognise the progress it has made in this area during the past few years.</p> <p><i>Professor Kloer, Mr Carruthers and Ms Steele left the Committee meeting.</i></p>	
	<p>The Committee <b>NOTED</b> the Audit Wales Review of Quality Governance Arrangements report and <b>REQUESTED</b> that the management response be reviewed/ revised to include interim milestones, and presented to the next meeting.</p>	<b>AC</b>

<b>AC(21)184</b>	<p><b>Clinical Audit Update</b></p> <p><i>Mr Ian Bebb joined the Committee meeting.</i></p> <p>Mr Ian Bebb presented the Clinical Audit Update report, explaining that this comprises a retrospective summary of the previous two years. The report indicates a variability in resourcing for Clinical Audits, both across the organisation and within the Clinical Audit team itself. The national Clinical Audit programme has now resumed, although Welsh Government remain sensitive to the need for Health Boards to prioritise their pandemic response. A full and formal restoration of the national programme is anticipated in due course. Mr Bebb outlined numbers of mandatory and local clinical audit projects undertaken during the two year period, noting an increase in compliance rates. The UHB has resumed its local 2021/22 clinical audit programme, whilst recognising pressures on services and their ability to respond/participate. The Clinical Audit Scrutiny Panel (CASP) has continued to meet during the pandemic and progress is being made with regard to national audits in which participation has, historically, been poor. The Whole Hospital Audit Meetings (WHAM) programme has resumed and has received a positive reception. The Clinical Audit team will continue to work with services and awaits further messaging from Welsh Government. Mr Bebb concluded by highlighting that the second bullet point in the report's recommendations, around Welsh Government's decision to suspend audit data collection, was erroneously included and should be disregarded.</p> <p>Mr Weir thanked Mr Bebb for his report, noting that the impact of the COVID-19 pandemic on clinical audit is clear to see. Referencing page 3 of the report, and the section on the Clinical Audit Programme for 2021/22, Mr Weir noted that a number of service areas had elected not to submit an audit programme, and requested clarification. Mr Bebb advised that, whilst certain services may not have submitted plans for local audits, they will be participating in national audits. It was emphasised that a number of services have been severely impacted by COVID-19. Mr Bebb stated that the submission period has been extended, and more projects are being received, albeit slowly. There are gaps in the programme, which the Clinical Audit team is identifying. Mr Newman enquired whether the team is seeking to identify and target such gaps, rather than simply recording them. Mr Bebb confirmed that</p>	
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	<p>the CASP will examine gaps in the programme and liaise with the relevant services. In response to a further query regarding the type of intelligence used in this process, Mr Bebb explained that this was indirect, utilising a number of different meetings. In addition, the CASP membership consists of individuals with a focus on quality and safety, policies, NICE guidance, concerns/complaints and risks. Clinical Audit is also represented on service quality and safety fora, and provides input to these. Mr Newman enquired whether the UHB is in a position to mandate local audits, or whether this is an ambition. Mr Bebb replied that in terms of local audits, these are – in the main – voluntary, driven by service priorities. There are also a number of projects driven by the priorities of the organisation.</p> <p><i>Mr Bebb left the Committee meeting.</i></p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the continued reduction in clinical audit activity during the COVID-19 outbreak;</li> <li>• <b>NOTED</b> the conclusion of the 2019/21 programme and significant increase in completion rates;</li> <li>• <b>NOTED</b> the continuing shared learning through WHAM and the development of Health Board wide sessions.</li> </ul>	

<p><b>AC(21)185</b></p>	<p><b>RCP Medical Records Keeping Standards Internal Audit Update</b></p> <p><i>Professor Kloer and Mr John Evans joined the Committee meeting.</i></p> <p>Professor Kloer introduced the RCP Medical Records Keeping Standards Update report, reminding Members of the background to this item. Despite the COVID-19 pandemic, there has been some progress, with four new Quality Improvement leads appointed. A baseline assessment of documentation against the standards had been conducted, and the findings from this are outlined from page 3 of the report onwards. Comments relating to the findings are provided by each of the Quality Improvement leads. These findings clearly identify that significant improvement work is required, comprising a range of actions on each site, together with broader UHB wide actions. Mr John Evans added that the report examines progress made against the original Internal Audit recommendations, whilst acknowledging that COVID-19 pressures have impacted on clinicians’ ability to take this work forward. Mr Evans also highlighted that the RCP audit tool is somewhat open to interpretation, which has led to differences between sites. Nevertheless, an action plan has been put in place, led by the Quality Improvement leads. This includes learning outcome plans and unification of record keeping policies. The piloting of stamps in Obstetrics &amp; Gynaecology has been delayed due to COVID-19. Finally, Mr Evans advised that this area forms part of the Clinical Audit plan going forward.</p> <p>Professor Gammon welcomed the report, recognising that this is an issue affecting other healthcare professions also. Whilst the report highlights various actions, these all appear to be relatively ‘standard’ and do not appear to be producing the desired levels of improvement. Professor Gammon queried whether a more innovative approach should be applied. Professor Kloer accepted this comment, whilst reiterating that it had not been possible to enact all of the actions planned, due to the COVID-19 pandemic. Also, it should be recognised</p>	
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that many of the issues with records keeping are basic, which could be resolved by relatively simple actions. Repetition, consistency and reliability are key. Professor Kloer has requested an escalation in the implementation of electronic records; however, it is not appropriate to wait for this to take place before expecting improvement. The standards apply, whether to written records or electronic. Professor Gammon's point was taken, however, and Professor Kloer committed to explore potential learning from other organisations who use written records. Whilst welcoming this, Professor Gammon still felt that compliance could be improved. In response, Professor Kloer highlighted that the Quality Improvement leads had only recently been appointed, and that this is one of their key objectives. Providing the organisation utilises Quality Improvement systems which are known to be effective, positive results should follow.

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Mrs Hardisty shared Professor Gammon's disappointment at the lack of improvement in this area. Highlighting Appendix 1 and Standard 12, in relation to Do Not Resuscitate (DNR), Mrs Hardisty expressed major concerns regarding compliance in this area; the implications of this for patients and their families are significant and serious. Concern was also expressed regarding suggestions of a lack of understanding around certain questions. Mrs Hardisty queried whether there are any actions which can be taken as an organisation to improve the situation; emphasising that a fundamental lack of understanding around the Standards/requirements will not be improved by the introduction of electronic records. Professor Kloer acknowledged and shared these concerns, whilst reiterating that the Quality Improvement leads have not been in post long and are prioritising this work, although the current environment is presenting additional challenges. With regards to the assertion regarding a lack of understanding, the number base for this is unknown. More specificity in terms of quantifiable data is required, in order to provide greater clarity as regards the scale of this issue. Mr Evans explained that, until the involvement of the Quality Improvement leads, the measures against the records keeping standards were not widely known. There is, however, now a focus on these.

Mr Weir suggested that the introduction of a unified Medical Records Keeping policy will be key, and enquired with regards to the timescale for this. Also, how often the Quality Improvement leads feed back to those service areas where performance is poor. In respect of the latter, Mr Evans advised that the Quality Improvement leads meet on a weekly basis and share learning across sites. With regard to the first query, there are different processes and standards for the various healthcare professions; however, a unified policy will assist. Mr Evans would provide further information regarding milestones/timescales for this work. Whilst recognising that progress is required on developing such a policy, Professor Kloer emphasised that even in its absence, he did not accept that doctors are unaware of the Standards. Returning to an earlier comment, Mr Newman highlighted that handovers and DNRs are the source of a number of complaints/concerns and medical negligence claims; indicating that a lack of compliance with standards is potentially leading to events which significantly impact on patients and their families, and come at financial and reputational cost to the UHB. Mr Newman enquired when an improvement in this area might be

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	<p>expected. In response, Professor Kloer stated that he would anticipate a fairly rapid improvement, with Mr Evans adding that the Clinical Audit team will be asked to review progress against the agreed plan in late autumn 2021, with an outcome expected in early spring 2022. It was agreed that ARAC would revisit this area at its April 2022 meeting, in the hope that it can then be referred elsewhere for monitoring. Mr Newman thanked Professor Kloer and his team for their continued work and focus in this area.</p> <p><i>Professor Kloer and Mr Evans left the Committee meeting.</i></p>	
	<p>The Committee <b>RECEIVED</b> the report as a source of assurance, albeit limited, regarding the progress made in relation to the original Internal Audit report recommendations, and subsequent actions agreed by the Record Keeping Audit Working Group, following the delayed progress previously noted due to the pandemic response. Due to limited progress being made, a further update was <b>REQUESTED</b>, to be scheduled for the April 2022 meeting.</p>	<b>PK</b>

<b>AC(21)186</b>	<p><b>Internal Audit Plan Progress Report</b></p> <p>Mr Johns presented the Internal Audit (IA) Plan Progress report, highlighting the audits finalised since the previous meeting. Progress against the Internal Audit Plan is reasonable, with a significant amount of audit activity taking place. Members were advised that the proposed changes to the audit plan have been discussed with the ARAC Chair and Board Secretary.</p> <p>The Committee <b>NOTED</b> progress with the plan for the current year and the assurance available from the finalised Internal Audit reports, and <b>APPROVED</b> the required adjustments to the plan.</p>	
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<b>AC(21)187</b>	<p><b>Discharge Processes Review</b></p> <p><i>Mr Carruthers and Ms Jill Paterson joined the Committee meeting.</i></p> <p>Ms Sophie Corbett introduced the Discharge Processes report, explaining that this had considered the adequacy and consistency of processes across the UHB. Due to constraints on site visits associated with the COVID-19 pandemic, the audit had taken an enquiry-based approach. The current issues around domiciliary care provision have severely impacted upon the UHB's capacity to discharge patients. It is suggested that the UHB should review the differences in structures and processes which exist across the organisation. The report had not been assigned an assurance rating; however, key findings are outlined on page 4. Ms Jill Paterson welcomed the audit into this extremely important area, emphasising that the issues around patient flow across the health and care system are well documented. Whilst fully accepting and supporting a number of the audit's key findings, such as the need to ensure that policy documents are current on the UHB intranet and the need to capture various themes, there are others which Ms Paterson did not necessarily accept. These included:</p> <ul style="list-style-type: none"> <li>• Suspension of formal DTOC reporting to Welsh Government has resulted in the Health Board no longer monitoring delays internally and not being apprised of performance related issues.</li> </ul>	
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Ms Paterson advised that HDdUHB has continued to provide reports to Welsh Government. Performance in this area forms the basis of many meetings and is, therefore, monitored. The issue of variability across the region has also been addressed in several respects, with Ms Paterson providing examples. Members were assured that performance data/information exists and is being acted upon.

- The provision of health and care services differs across the three counties with a formal integrated structure and approach in Carmarthenshire, an integrated approach in Pembrokeshire and a non-integrated approach in Ceredigion. There is opportunity for the Health Board to review the differing arrangements to identify and share best practice from each county, with potential for achieving a single, consistent model.
- The Expected Date of Discharge (EDD) should be used to inform the discharge planning process. However, the purpose and value are misunderstood, resulting in inconsistent use and non-compliance with *WG Requirements*.

Ms Paterson explained that it can be challenging, on admission, to assess a patient's functionality and how this may change throughout their hospital stay. In addition, the UHB is obliged to work with three Local Authority partners and their individual protocols. For this reason, whilst a consistent framework may be desirable, it is unlikely to be absolutely the same for each county. In conclusion, Ms Paterson accepted that there are certain areas requiring improvement; however, disagreed with other findings of the audit.

Focusing on the second finding/bullet point, around variation across the three counties, Mrs Hardisty queried whether the suggestion is that the UHB should be leading on this, to develop and implement an agreed and standardised policy. Or whether the Internal Audit team had taken into consideration that the UHB is obliged to work with Local Authorities who each have their own arrangements and decision-making processes. Whilst there may be scope to review processes and potentially influence change, this may be outwith the UHB's control. Ms Corbett explained that the finding related to a sense that UHB staff in each county are working in isolation, and have a lack of awareness regarding processes in the other counties. Whilst it may not be feasible or appropriate to introduce a single approach/policy, increased information sharing would be beneficial. Mrs Hardisty welcomed this clarification and looked forward to the UHB's response to this report. Mr Weir appreciated the independent nature of the report, expressing concern around the first finding, meaning that staff are not able to access up to date information on the intranet. In respect of the finding around EDD, whilst Mr Weir appreciated the difficulties involved, he felt that an indicative EDD could be determined, which can be reviewed periodically, and suggested that a commitment in this regard form part of the management response. Professor Gammon thanked Ms Paterson for the additional context provided, and welcomed the helpful report. Whilst accepting that this very much focuses on discharge processes, Professor Gammon emphasised that it is not possible to separate the processes from the workforce structure who deliver them.

	<p>It was suggested that this aspect be taken into account in preparing the management response.</p> <p>Mr Newman noted with interest the various comments regarding the need for a management response from Independent Member colleagues. There is currently a lack of clarity regarding whether the findings of the report are accepted, rejected or accepted in part, and the basis for such assertions. Mr Newman suggested that a management response clarifying these, together with timescales and in a SMART format, be submitted to the next ARAC meeting, accompanied by a copy of the original report. Ms Paterson indicated that she would be happy to provide such a document, which would also outline the improvement work already being undertaken. For clarity, Ms Paterson explained that the findings which were disputed were those detailed in the final two bullet points. Noting that Internal Audits routinely include 'close-out' meetings, it was suggested that such issues should be discussed during these meetings, rather than when the report is presented to ARAC. Mr Johns confirmed that a number of 'close out' meetings had taken place in relation to this report and that Internal Audit had finalised the report based on the information available to them on completion of these. Mrs Wilson reiterated comments from previous meetings that all audit reports should include recommendations and a management response to these, to facilitate formal monitoring via the Audit Tracker.</p> <p><i>Ms Paterson left the Committee meeting.</i></p>	
	<p>The Committee <b>NOTED</b> the Discharge Processes Review report and <b>REQUESTED</b> that a formal management response, in SMART format, with clear timescales and ownership, be prepared and presented to the next meeting.</p>	<p><b>AC/JP</b></p>

<p><b>AC(21)188</b></p>	<p><b>Women &amp; Child Health Directorate Governance Review (Reasonable Assurance)</b></p> <p><i>Ms Lisa Humphrey joined the Committee meeting.</i></p> <p>Ms Corbett introduced the Women &amp; Child Health Directorate Governance Review report, which found that the Directorate had maintained adequate governance arrangements, despite pressures posed by the COVID-19 pandemic. Full findings are outlined at Appendix A. Of the 5 recommendations, Miss Lisa Humphrey advised that 4 have now been completed and 1 is partially complete, with one updated Terms of Reference document awaited. The report's overall rating of Reasonable Assurance was welcomed.</p> <p>Referencing Matter Arising 2, Mr Weir requested clarification regarding processes for financial management and workforce. Ms Humphrey stated that, whilst there is no formal meeting, management and reporting processes are in place. In terms of finances, it has been challenging to identify savings, although a 'deep dive' had taken place in September 2021 to explore potential opportunities. The main focus in terms of savings, however, is on 2022/23. As outlined in the management response, the Directorate is establishing a monthly operational business meeting which will include finance and workforce discussions. Mr Thomas agreed that it had been a challenging and</p>	
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	<p>abnormal year in terms of finances, and that the focus had been on identifying savings opportunities rather than setting formal savings targets for Directorates. There have been a number of changes within the Women &amp; Child Health Directorate which have impacted on its recurrent budget; there needs to be a focus on the Directorate's structure going forward. In regards to Matter Arising 4, Mrs Hardisty noted that in the PPH Directorate Governance Review report, the equivalent recommendation had been given a low (green) priority, despite no entries of gifts, sponsorships or hospitality having been recorded. It was suggested that this apparent lack of consistency across Directorate Governance reports should be examined. Mr Carruthers echoed this view, stating that it was only when the suite of three Directorate Governance Review reports were presented together in the papers for the meeting that he had become conscious of this issue. Inconsistencies also exist between the scoring of Risk Registers between reports and Directorates. Mr Carruthers recognised that there may be a reason for this apparent inconsistency. Mr Johns committed to explore this matter further. Mr Newman thanked Ms Humphrey for attending and for providing the management response.</p> <p><i>Ms Humphrey left the Committee meeting.</i></p> <p>The Committee <b>NOTED</b> the Women &amp; Child Health Directorate Governance Review (Reasonable Assurance) report.</p>	<p><b>JJ</b></p>
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<p><b>AC(21)189</b></p>	<p><b>Medical Staff Recruitment (Reasonable Assurance)</b></p> <p><i>Mrs Lisa Gostling joined the Committee meeting.</i></p> <p>Ms Corbett introduced the Medical Staff Recruitment report, which had identified 1 high and 1 medium priority recommendation, with an overall rating of Reasonable Assurance awarded. Mr Carruthers welcomed this audit into an area of major significance to the organisation. The complexities involved are not underestimated, and delivery on the recommendations will require close liaison with the Director of Workforce and her team. With regard to the high priority Matter Arising/ recommendation, Mr Carruthers noted that the consultant body is 'thinly spread' and that this impacts on ability to respond within the desired timescale, despite recruitment being of benefit.</p> <p>Reference the same Matter Arising (1), Mr Maynard Davies enquired whether there is any evidence of the UHB losing staff it has recruited due to delays in the appointment system. Mrs Lisa Gostling confirmed that this was the case. It was emphasised that delays can occur for a number of reasons, sometimes on the part of the candidate themselves. In regards to Matter Arising 3, Mrs Hardisty did not feel that the management response necessarily constitutes a solution. Regards Matter Arising 1, Mrs Hardisty queried whether any of the recruitment delays were due to difficulties in obtaining Royal College advisors to participate in Advisory Appointments Committee (AAC) panels. Ms Corbett confirmed that there were instances of this, whilst emphasising that this was not a criticism of the UHB, as it was outside the organisation's control. Mrs Gostling explained that the UHB tries, where possible, to schedule AAC panels in advance to avoid such issues; it is generally when the original date has to be rescheduled that difficulties arise. Mrs Hardisty enquired whether this audit is being replicated in</p>	
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	<p>any other Health Boards, and (if so) whether it might result in a review of AAC process to evaluate Royal College participation. Mr Johns stated that this audit had been scheduled as a result of identification of a specific risk in discussion with the UHB, so was not aware of it being replicated elsewhere. Mr Cookson committed to investigate and advise accordingly. Returning to Matter Arising 3, Mrs Gostling wished to clarify that mention of accommodation did not refer to provision of accommodation; this matter centres on wellbeing and support for new starters and the need for a more robust 'buddy scheme' to improve uptake. Mr Weir suggested that uptake is likely to be low if expectations are low. Recruitment delays do not create a good impression of the organisation and a 'buddy scheme' is not sufficient to address this. Moving to a new country from overseas, particularly with family, is a major commitment, and the UHB needs to take this issue more seriously. Mrs Gostling suggested that the language of this report is not necessarily as expected/reflective of the issue. For example, the Occupational Health KPI mentioned in respect of this finding requires Occupational Health clearance prior to commencing in post. However, it is not possible for the UHB to undertake Occupational Health checks until appointees arrive in the UK. Members were assured that HDdUHB do support new staff, with advice regarding transport and accommodation, Welcome Packs, meetings with teams and provision of a 'starter pack' of food/groceries. The 'buddy scheme' is based in the appointee's service area, and encourages the consultant team to engage with their new staff. Mr Weir thanked Mrs Gostling for this additional assurance.</p> <p>Referencing the management response, Mr Newman suggested that this is in the format of a discursive narrative rather than SMART. This makes it challenging to monitor progress, and Mr Newman requested that the management response be revisited/revise and appended to the Table of Actions for the next meeting.</p> <p><i>Mrs Gostling left the Committee meeting.</i></p>	<b>SC</b>
	<p>The Committee <b>NOTED</b> the Medical Staff Recruitment (Reasonable Assurance) report and <b>REQUESTED</b> that the management response be reviewed/revise and presented to the next meeting.</p>	<b>AC/LG</b>
<b>AC(21)190</b>	<p><b>Waiting Lists Risk Management (Reasonable Assurance)</b></p> <p>Ms Corbett introduced the Waiting Lists Risk Management report, which focused on the internal controls and governance around implementation of Welsh Government requirements in regard to Waiting List Risk Management. An overall rating of Reasonable Assurance had been awarded, with 1 medium priority recommendation. The audit had identified a small number of patients on the waiting list who had not been subject to re-prioritisation procedures. Mr Carruthers assured Members that this cohort of patients had now been re-prioritised, and that Directorates are exploring mechanisms which can be put in place to avoid this recurring.</p> <p>The Committee <b>NOTED</b> the Waiting Lists Risk (Reasonable Assurance) report.</p>	



AC(21)191	<b>Restart of Elective Work/Planned Recovery</b>	
	DEFERRED to future meeting.	

AC(21)192	<p><b>PPH Directorate Governance Review (Reasonable Assurance)</b></p> <p><i>Mr Brett Denning joined the Committee meeting.</i></p> <p>Ms Corbett introduced the PPH Directorate Governance Review, advising that 3 medium priority recommendations had been identified and an overall rating of Reasonable Assurance awarded. Mr Brett Denning thanked the Internal Audit team for the respectful manner in which they had conducted the audit, and welcomed the findings. Whilst observing that it had been necessary to implement an appropriate and proportionate governance mode during the COVID-19 pandemic, it was pleasing to note that the audit had evidenced the maintenance of adequate processes. Of the 5 recommendations, 2 had already been completed, and Mr Denning was confident that the remaining actions will be addressed within the stated timescales.</p> <p>Referencing Matter Arising 4, regarding the lack of identified savings schemes and the associated risk of the financial position not being met, Mr Weir expressed concern that this is rated only medium priority. Mr Johns explained that this would be based on the fact that actions are in place around processes to identify savings schemes, which provide assurance around the Directorate’s ability to manage this area. There is also a recognition of current pressures on the organisation which may preclude the identification of savings plans. Mr Thomas added that this principle is not restricted to PPH, it reflects a generic approach across the UHB. Members were reminded that the organisation is not operating under ‘normal’ financial conditions, or even ones which might have been predicted, and that there are significant pressures affecting the acute sites and Unscheduled Care in particular. These extraordinary circumstances do not mean, however, that PPH is not managing its governance structures correctly. There are processes by which financial governance responsibilities can be discharged, and the risks are clarified within the Operational Risk Register. However, it may be necessary to reflect on whether these are sufficient or require review. Mr Thomas suggested that it may be appropriate for the Sustainable Resources Committee to undertake a more general review of budgets and the associated risks. Mr Newman observed that there is a recognised process to review expenditure and savings; whilst ARAC can take assurance that a process is in place, this does not automatically produce the required savings. It is a case of process versus outcome. Whilst acknowledging these comments, Mr Weir reiterated the need to recognise the significance of this issue. If it is outside of the Directorate’s control, escalation processes should be in place. Members’ attention was drawn to the Directorate’s forecast overspend of almost £4m, as a portion of the organisation’s forecast £25m deficit, and the potential impact of non-delivery. Mr Weir could not equate this with an assessment of reasonable assurance. It was emphasised that this is not a criticism of PPH and that the operational pressures the Directorate is experiencing were fully recognised. Mr Johns reiterated that the assessment is based on whether processes exist and are being adhered to. To clarify, Mr Denning confirmed that</p>	
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	<p>the Directorate had considered every possible option in terms of savings opportunities. However, even those areas which had delivered savings previously had indicated that this was not possible in the current environment. Mr Denning shared the viewpoint of Mr Thomas, in that it would have been impossible to predict the collapse of domiciliary care provision, challenges in securing nursing workforce, etc. The scale of the difficulties currently being experienced is unprecedented. Recognising Mr Weir’s discomfort with the rating awarded, and acknowledging the explanation around this, it was agreed that this matter would be explored in more detail at the Sustainable Resources Committee.</p> <p>In response to earlier queries regarding apparent inconsistencies between Directorate reports with regard to Registers of Interest, Mr Johns explained that the PPH audit had examined only the Register of Gifts, Hospitality and Sponsorship, recognising the limitation of the scope of the audit.</p> <p><i>Professor Gammon and Mr Denning left the Committee meeting.</i></p> <p>The Committee <b>NOTED</b> the PPH Directorate Governance Review (Reasonable Assurance) report.</p>	<p>HT</p>
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<p>AC(21)193</p>	<p><b>Mental Health &amp; Learning Disabilities Directorate Governance Review (Reasonable Assurance)</b></p> <p><i>Ms Liz Carroll joined the Committee meeting.</i></p> <p>Ms Corbett introduced the Mental Health &amp; Learning Disabilities (MHL) Directorate Governance Review report, advising that an overall rating of Reasonable Assurance had been awarded, with 1 high priority and 2 medium priority recommendations. Ms Liz Carroll welcomed the report, whilst indicating that she had been disappointed with findings around the Risk Registers. For service level risks, sessions with Heads of Service have been scheduled to ensure that processes and rhythm for risk management are embedded. The Directorate is working closely with its Finance Business Partner in respect of savings, and is confident that opportunities will be identified. Findings around Terms of Reference were also frustrating, and Members were assured that annual reviews will be undertaken going forward.</p> <p>Mr Newman highlighted a factual inaccuracy in relation to paragraph 2.17, where it is stated that the Directorate has overspent, when the forecast is for an underspend. Noting that this may have referred to a specific overspend, Mr Johns committed to check and correct this if appropriate. Referencing Matter Arising 2, Mrs Hardisty highlighted again inconsistencies in priority rating, compared with the other Directorate reports. Mr Johns explained that the issue had been that these risks had been outstanding for some time. Whilst accepting that this might be the case, Mrs Hardisty suggested that it is not reflected in the current wording. The need for accuracy and consistency between Directorate Governance reports was emphasised. Returning to the issue of financial performance, Mr Weir suggested that an underspend is of as much concern as an overspend. The incongruity of seeking savings opportunities when in a position of being underspent was also highlighted. Mr Weir felt that the budget should be being spent on the</p>	<p>JJ</p>
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	<p>frontline, for example staffing, to ensure that services are delivered effectively. Ms Carroll clarified that the financial position at the time of the audit was partly due to a lag in availability of resources. Whilst agreeing that the issue of recruitment requires consideration, Members heard that there are significant challenges in this area. The Directorate is exploring alternatives to traditional workforce models, including developmental posts. Mr Thomas did not wish to discourage a focus on identifying savings opportunities. Members were reminded that there is a huge diversity in the services provided by MHLA, meaning that there may be underspends in certain areas while inefficiencies exist in others. Challenges are also presented by allocation of additional monies part way through the year and the organisation's ability to spend these in the manner prescribed by Welsh Government.</p> <p><i>Mr Carruthers and Ms Carroll left the Committee meeting.</i></p>	
	The Committee <b>NOTED</b> the Mental Health & Learning Disabilities Directorate Governance Review (Reasonable Assurance) report.	
<b>AC(21)194</b>	<b>Annual Recovery Plan and Planning Objectives (Reasonable Assurance)</b>	
	<p><i>Mr Lee Davies re-joined the Committee meeting.</i></p> <p>Ms Corbett introduced the Annual Recovery Plan and Planning Objectives report, wherein 2 medium priority recommendations had been identified, resulting in an overall rating of Reasonable Assurance. Mr Lee Davies welcomed the relatively positive report, accepting the issues which had been identified and committing to address these.</p> <p>Mr Newman suggested that this constitutes a useful forensic examination of the UHB's Recovery Plan and Planning Objectives and commended the clarity of both the report and the management response. Noting the target date of 31<sup>st</sup> January 2022 for Recommendation 2, Mr Maynard Davies queried whether this was sufficiently early. Mr Lee Davies explained that the action associated with this recommendation is twofold; preparation of the guidance has already commenced, the target date refers to the totality of the action.</p> <p><i>Mr Lee Davies left the Committee meeting.</i></p>	
	The Committee <b>NOTED</b> the Annual Recovery Plan and Planning Objectives (Reasonable Assurance) report.	
<b>AC(21)195</b>	<b>Mental Health Patient Administration System</b>	
	DEFERRED to 14 <sup>th</sup> December 2021 meeting.	
<b>AC(21)196</b>	<b>Directorate Review: Therapies</b>	
	DEFERRED to 14 <sup>th</sup> December 2021 meeting.	
<b>AC(21)197</b>	<b>Corporate Governance</b>	
	DEFERRED to 14 <sup>th</sup> December 2021 meeting.	
<b>AC(21)198</b>	<b>Non Clinical Agency Spend</b>	
	DEFERRED to 14 <sup>th</sup> December 2021 meeting.	

AC(21)199	<b>Quality, Safety &amp; Experience Assurance Committee Assurance Report around the Discharge of their Terms of Reference</b>	
	<i>Mrs Mandy Rayani joined the Committee meeting.</i>	
	<p>Mrs Mandy Rayani introduced the Quality, Safety &amp; Experience Assurance Committee (QSEAC) Assurance Report, suggesting that this is relatively self-explanatory. Members heard that, in addition to QSEAC's routine bi-monthly meetings, extraordinary meetings to address COVID-19 topics had taken place. Mr Newman thanked Mrs Rayani and her team for her work in the area of quality, safety and patient experience and commended the manner in which QSEAC has operated, particularly during the past 18 months.</p> <p><i>Mrs Rayani left the Committee meeting.</i></p>	
	The Committee <b>NOTED</b> the content of the Quality, Safety & Experience Assurance Committee Assurance report, and was <b>ASSURED</b> that QSEAC has operated effectively during 2020/21.	

AC(21)200	<b>Audit Tracker</b>	
	<p>Mrs Charlotte Beare presented the Audit Tracker report. Members heard that since August 2021, 13 reports have been closed or superseded, with 16 new reports received by the UHB. As at 28<sup>th</sup> September 2021, there are 95 reports currently open. 49 of these reports have recommendations that have exceeded their original completion date, which has increased from the 45 reports previously reported in August 2021. There is a decrease in recommendations where the original implementation date has passed from 102 to 86. The number of recommendations that have gone beyond six months of their original completion date has also reduced from 51 to 44 as reported in August 2021. There are five areas of potential concern, detailed on page 6 of the report. The Assurance and Risk team is actively working with the relevant services/directorates in an attempt to bring these back on track.</p> <p>Mr Newman sensed that there are good levels of engagement on the part of services and Mrs Beare confirmed that this is the case. Those services where there are concerns have responded positively, and this information is being shared with ARAC in the spirit of openness. Mr Newman thanked Mrs Beare for the report, recognising the significant amount of work involved in collating this information.</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.	

AC(21)201	<b>Planning Objectives Update</b>	
	<p>Mrs Wilson introduced the Planning Objectives Update report, advising that this is of a format standard to all Board level Committees. Three Planning Objectives have been assigned to ARAC, as follows:</p> <ul style="list-style-type: none"> <li>• 3B <i>Delivering Regulatory Requirements</i></li> <li>• 3F <i>Board Assurance Framework</i></li> <li>• 3H <i>Planning Objective Delivery Learning</i></li> </ul>	

	<p>Of these, 3F has been completed; 3H has been deferred and is subject to further guidance from the Chief Executive. Planning Objective 3B requires further review and/or discussion at Board, as it relates to a continuous process and therefore cannot be achieved/completed. Members noted that this update will be a standing item on ARAC's agenda going forward and agreed that objective 3B could never be achieved and requires review as part of the IMTP process.</p> <p>The Committee <b>TOOK ASSURANCE</b> on the current position in regards to progress on the Planning Objectives aligned to ARAC, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.</p>	
<b>AC(21)202</b>	<p><b>Counter Fraud Update</b></p> <p><i>Mr Ben Rees and Mr Terry Slater joined the Committee meeting.</i></p> <p>Mr Ben Rees introduced his colleague Mr Terry Slater to the Committee and presented the Counter Fraud Update report. Members' attention was drawn to the annual review of requisitions exercise which is currently underway; the findings of which will be presented to the December 2021 meeting.</p> <p>Highlighting the table detailing areas of activity on page 2, Mr Newman noted the minimal usage of days allocated to Strategic Governance. Mr Rees explained that certain activities probably require re-classification into this category and undertook to review this matter.</p> <p>The Committee <b>RECEIVED</b> for information the Counter Fraud Update Report and appended item.</p>	<b>BR</b>
<b>AC(21)203</b>	<p><b>National Internal Audit Reports (Limited Assurance)</b></p> <p>None to report.</p>	
<b>AC(21)204</b>	<p><b>Post Payment Verification Progress Report</b></p> <p>The Committee <b>NOTED</b> the Post Payment Verification Progress Report.</p>	
<b>AC(21)205</b>	<p><b>Audit &amp; Risk Assurance Committee Work Programme 2021/22</b></p> <p>The Committee <b>NOTED</b> the ARAC Work Programme.</p>	
<b>AC(21)206</b>	<p><b>Any Other Business</b></p> <p>There was no other business reported.</p>	
<b>AC(21)207</b>	<p><b>Reflective Summary of the Meeting</b></p> <p>A reflective summary of the meeting was captured which will form the basis of the ARAC Update Report, and highlight and escalate any areas of concern to the Board. Mrs Wilson noted that there were no issues from the meeting requiring escalation to Board. The ARAC Update Report would include a summary of discussions, together with the following specifically:</p>	

	<ul style="list-style-type: none"> <li>• Completion of the Capital Governance Review and request that a formal management response be prepared for the next meeting;</li> <li>• Receipt of and discussions around the Audit Wales Review of Quality Governance Arrangements and the request for milestones to be incorporated within the management response;</li> <li>• Receipt of an update on progress around RCP Medical Records Keeping Standards and scheduling of a further update in April 2022, recognising that limited progress had been made;</li> <li>• Consideration of the Internal Audit report into Discharge Processes and request that a formal management response be prepared for the next meeting;</li> <li>• Concerns regarding the common themes across Directorate Governance Reviews in respect of operational governance relating to quality and safety, financial management, risk management and consistency within the directorate governance arrangements;</li> <li>• Concerns regarding a lack of consistency in respect of ratings/grading within these reports;</li> <li>• Receipt of the Internal Audit report into Medical Staff Recruitment and request that the management response be reviewed/ revised for the next meeting;</li> <li>• Consideration of the Planning Objectives assigned to ARAC, recognising objective 3B could never be achieved and requires review as part of the IMTP process.</li> </ul>	
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<b>AC(21)208</b>	<b>Date and Time of Next Meeting</b>	
	1.00pm, 14 <sup>th</sup> December 2021	