

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

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

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

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

AC(22)119	Declaration of Interests	
	No declarations of interest were made.	

AC(22)120	Review of HDdUHB Standing Orders (SOs) and Standing Financial Instructions (SFIs)	
	Mrs Joanne Wilson introduced the Review of HDdUHB Standing Orders (SOs) and Standing Financial Instructions (SFIs) report, advising that Mr Huw Thomas had reviewed the latter. The Scheme of Delegation had also been subject to review, and will be further amended during the	

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

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

AC(22)123	Counter Fraud Update	
	<p>Mr Ben Rees presented the Counter Fraud Update report, highlighting the following:</p> <p>Inform and Involve – the Counter Fraud team is seeking to enhance and strengthen activity in this area; further training with overseas nurses has commenced week beginning 20th June 2022. The team has linked with the Workforce team around input to the Managers' Passport programme. A webinar for managers is also planned.</p> <p>Prevent and Deter – exercises are ongoing, with graduates allocated to the team assisting with the IT aspect of these.</p> <p>Strategic Governance – CFS Wales has recently issued its final annual report, which will be issued with the next Counter Fraud Update in August 2022.</p> <p>In response to a comment regarding the html code on page 4 of Appendix 1, Mr Rees advised that the Newsletter has recently migrated to a more interactive digital format (Microsoft Sway), which has not necessarily converted well to PDF format. It was suggested that future reports contain a link to the Sway format Newsletter, rather than including this as an appendix. Mr Newman enquired regarding uptake for the awareness sessions at GP practices. In response, Members heard that this had been good. As contractors, GPs are looking to reduce fraud, which would result in costs to them, providing an added incentive for engagement. It is intended to roll out these sessions across the region.</p> <p><i>Mr Ben Rees left the Committee meeting.</i></p>	BR
	<p>The Committee RECEIVED for information the Counter Fraud Update Report and appended items.</p>	

AC(22)124	Financial Assurance Report	
	<p>Mr Thomas introduced the Financial Assurance Report, highlighting the following:</p> <p>2.2.1 Breaches of the No PO, No Pay Policy – the trend in terms of number is reducing, which despite slight variance, is consistent across the year.</p>	

2.2.3 Single Tender Actions – it is pleasing to note that no Single Tender Actions (STAs) were required in May 2022. The single STA processed in April 2022 is detailed in Appendix 1, along with a summary of all STAs processed during 2021/22.

2.2.5 Consultancy contracts – these are detailed in Appendix 2.

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

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

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

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

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

HT

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

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

JW/LG

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

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

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

<p>AC(22)125</p>	<p>Audit Wales Update Report</p> <p>Ms Anne Beegan provided an update on Audit Wales’ work, noting that the UHB’s accounts have been approved for submission to Welsh Government by both ARAC and the Board. Charitable Funds financial audit work is due to commence in the autumn. Ms Beegan apologised for the omission of information regarding the Structured Assessment exercise from the report. Members heard that the Orthopaedics Services Follow-up review is scheduled to be published in September 2022 and would, therefore, be reported to the Committee in October. The review of operational governance arrangements in Mental Health & Learning Disabilities (MHL) is underway, with interviews being conducted and a survey planned. Engagement will include staff across the whole Directorate; there will be focus groups, which will be face to face and on-site. The review of Unscheduled Care will begin with an ‘out of hospital’ focus, including consideration of medically-fit patients awaiting discharge. The review will include the Regional Partnership Board (RPB) and Recovery Funding. There have been discussions around potentially beginning this work in west Wales, which will be debated with the UHB. The ‘front door’ aspect of Unscheduled Care will be considered later in the year. Alongside this, a national review will consider issues including Emergency Ambulance Services Committee (EASC) service provision and Programme Board arrangements from a Welsh Government perspective. The brief for this year’s Structured Assessment has been issued, with the intention of commencing this in early September 2022. Ms Beegan hoped that the positive trend in last year’s report can be continued. A review into Workforce will follow on from the Structured Assessment; it is planned to undertake this audit work in HDdUHB first, since it is known that there are examples of good practice which could be shared elsewhere.</p> <p>Within the online Chat, Mrs Wilson advised that she had consulted Executive Director colleagues, and that HDdUHB was happy to be first to participate in the Unscheduled Care review work.</p> <p>The Committee NOTED the Audit Wales Update.</p>	
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<p>AC(22)126</p>	<p>Phase 1 Structured Assessment – Operational Planning (Update)</p> <p><i>Mr Lee Davies joined the Committee meeting.</i></p>	
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	<p>Mr Lee Davies introduced the Phase 1 Structured Assessment – Operational Planning Update report, reminding Members of the background to this item. All actions are now completed, with the exception of Recommendation 2, in relation to Planning Capacity, which has been slightly delayed, although temporary additional capacity has been put into place. Members were advised that the Planning team is undertaking three pieces of work in parallel:</p> <ul style="list-style-type: none"> • Review of planning processes • Progressing the Programme Business Case, which has planning capacity requirements associated with it • Consideration of where commissioning should sit; this may become a Planning function <p>Ms Beegan commented that there has been positive progress in a number of areas, with examples of good practice which can be taken forward across Wales.</p> <p>Mr Newman thanked Mr Lee Davies for his report and hoped that the Planning capacity issues would be resolved imminently.</p> <p><i>Mr Lee Davies left the Committee meeting.</i></p>	
	<p>The Committee CONSIDERED and TOOK ASSURANCE from progress made in respect of the recommendations from the Audit Wales Structured Assessment 2021: Phase 1 Operational Planning Arrangements – Hywel Dda University Health Board report, published June 2021.</p>	
<p>AC(22)127</p>	<p>Internal Audit Plan Progress Report</p> <p>Mr James Johns presented the Internal Audit (IA) Plan Progress report, stating that this is fairly brief at this point in the year, although audit activity has commenced across the UHB. Appendix A details the schedule of audits planned for reporting to ARAC throughout the year; with Mr Johns satisfied that those scheduled for reporting in August 2022 are on track. An additional piece of work around the Blackline Financial Reconciliation System is planned, and this is being scoped currently. Mr Johns anticipated providing further information regarding this audit at the next meeting.</p> <p>Mr Newman reported that he and the Board Secretary had met with Mr Johns on 20th June 2022 to discuss delivery of the Internal Audit Plan. Spacing of the reports is fairly evenly distributed across the year, and there is confidence in the Internal Audit’s team ability to deliver the plan as scheduled.</p> <p>The Committee TOOK ASSURANCE with regard to the delivery of the Internal Audit plan for 2022/23.</p>	
<p>AC(22)128</p>	<p>Risk Management Framework</p> <p>Mrs Charlotte Beare introduced the Risk Management Framework, which the Committee is being requested to endorse ahead of the Board meeting in July 2022. Members were informed that this has been circulated and commented upon, with Mrs Beare highlighting the key amendments made in response to feedback.</p>	

	The Committee ENDORSED the Risk Management Framework, prior to its submission to the Board for approval on 28 th July 2022.	
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AC(22)129	Audit Tracker	
	<p>Mrs Charlotte Beare presented the Audit Tracker report. Members heard that since the previous report, 27 reports have been closed or superseded, with 27 new reports received by the UHB. As at 20th May 2022, there are 97 reports currently open. 48 of these reports have recommendations that have exceeded their original completion date, which has decreased from the 55 reports previously reported in April 2022. There is a slight decrease in recommendations where the original implementation date has passed from 122 to 115. The number of recommendations that have gone beyond six months of their original completion date has decreased to 36 from 45 reported in April 2022. In terms of services, Central Operations are subject to a peer review in July 2022 and the position will be reviewed after that date. As was the case at the previous meeting, a ‘watching brief’ remains in place with respect to MHLD.</p> <p>Observing that there are a number of reports where recommendations have remained outstanding for some time, Mrs Hardisty enquired whether the point is ever reached when it is decided to close these, particularly those where implementation involves actions outwith the UHB’s control. Mrs Hardisty also enquired where Royal College visit recommendations are reviewed, suggesting that, as these often involve standards and training, PODCC may be the most appropriate forum. In response to the first query, Mrs Beare explained that an annual review of the Audit Tracker with Executive Leads is planned for the summer. Members were reminded that there is a formal process involved in closing recommendations, and that this is reported to ARAC. Both Mrs Wilson and Mrs Beare advised that the UHB had not received any Royal College visits/reports for some time; however there are plans to review the process involved in regards to recommendations.</p> <p>Mr Newman felt that the report suggests a reasonable level of engagement by services, which was confirmed by Mrs Beare; although it was noted that there are fluctuations in engagement during the update programme cycle due to operational pressures. Noting the planned exercise around reviewing and closing recommendations, Mr Newman suggested an equivalent exercise to identify areas of concern/requiring focus, for reporting over the course of the next few meetings. Mrs Beare noted that there are several reports which have gone beyond six months of their original completion date which might form the basis of this list; Mr Newman felt that ‘degree of severity’ should also be taken into account. Mr Maynard Davies observed that there have been a number of recent reviews/assessments concerning Cyber Security and suggested that the actions emanating from these should also be included in the Audit Tracker. Mrs Beare committed to do so.</p>	JW/CB
	The Committee TOOK ASSURANCE on the rolling programme to collate updates from services on a quarterly basis in order to report progress to the Committee.	CB

AC(22)130

RCP Medical Records Keeping Standards Internal Audit Update

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

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

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

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

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

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

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

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

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

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

KJ

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

	<p>to the pandemic; Mr Jones would not envisage the next exercise being of a comparable size. As mentioned, one of the learning reflections related to the need to target validation resources to provide the greatest impact, although this may not obviate the need for additional validation. Bringing discussions to a close, Mr Newman suggested that this issue should be highlighted to the Board.</p> <p><i>Mr Jones left the Committee meeting.</i></p>	PN/JW
	<p>The Committee RECEIVED the External Validation Update report for information.</p>	

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

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