

**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, 22 nd October 2019
Venue:	Boardroom, Corporate Offices, Ystwyth Building, St David's Park, Carmarthen

Present:	Mr Paul Newman, Independent Member (Committee Chair) Mr Mike Lewis, Independent Member (Committee Vice-Chair) Mr Owen Burt, Independent Member Mrs Judith Hardisty, Vice-Chair, HDdUHB Mr David Powell, Independent Member
In Attendance:	Ms Anne Beegan, Wales Audit Office Mr Jeremy Saunders, Wales Audit Office Mr James Johns, Head of Internal Audit, NWSSP Mr Simon Cookson, Director of Audit & Assurance, NWSSP Mr Huw Richards, Internal Audit, NWSSP (part) Mrs Joanne Wilson, Board Secretary Mr Huw Thomas, Director of Finance Mrs Charlotte Beare, Head of Assurance and Risk Mr Matthew Evans, Local Counter Fraud Specialist (part) Miss Maria Battle, Chair, HDdUHB (observing) (part) Mr Joe Teape, Deputy Chief Executive/Director of Operations (part) Mrs Karen Miles, Director of Planning, Performance Informatics & Commissioning (part) Dr Philip Kloer, Medical Director & Director of Clinical Strategy (part) Mr Rob Elliott, Director of Estates, Facilities and Capital Management (part) Mr Anthony Tracey, Assistant Director of Informatics (part) Mr Steven Bennett, Health Records Manager (part) Ms Anna Bird, Head of Strategic Partnerships, Diversity and Inclusion, deputising for Ms Sarah Jennings, Director of Partnerships & Corporate Services (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)

Agenda Item	Item	
AC(19)193	Introductions and Apologies for Absence	
	Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, welcomed everyone to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> • Cllr. Simon Hancock, Independent Member • Mr Steve Moore, Chief Executive • Ms Ann-Marie Harkin, Wales Audit Office 	
AC(19)194	Declaration of Interests	
	Mr Owen Burt declared an interest in Item 4.4 (Implementing the Well-being of Future Generations Act – Hywel Dda Health Board), in that his wife is Governor at one of the schools partnered with the UHB for the Education Programmes for Patients (EPP).	

AC(19)195	<p>Minutes of the Meeting held on 27th August 2019</p> <p>RESOLVED – that the minutes of the Audit & Risk Assurance Committee meeting held on 27th August 2019 be APPROVED as a correct record.</p> <p><i>Mr Joe Teape joined the Committee meeting.</i></p>	
AC(19)196	<p>Table of Actions</p> <p>An update was provided on the Table of Actions from the meeting held on 27th August 2019 and confirmation received that outstanding actions had been progressed. Mrs Joanne Wilson drew Members' attention to the appended documents presented by way of updates to specific issues. In terms of Matters Arising:</p> <p>AC(18)247 – Mr David Powell expressed some concern that ARAC was being asked to note/acknowledge SBARs appended to the Table of Actions, such as that around the Asset Registers and questioned whether any further action could be undertaken. Mr Huw Thomas emphasised that the UHB does reconcile the output of all asset registers, and that the organisation is assured that they are all fit for purpose. It would be challenging to instruct other directorates to use a central asset register if this does not meet their specific needs. Asset registers are, however, consolidated centrally. Whilst Mr Mike Lewis accepted these comments, he reminded Members that this issue had arisen due to concerns around the UHB's ability to track the disposal of assets, and ensuring that disposed assets do not contain Personally Identifiable Information (PII). Mr Lewis suggested that the update does not provide any assurance in this regard. Mr Thomas explained that both disposal of assets and PII issues are managed at a local (directorate) level. It was noted, however, that Mrs Karen Miles' team has been requested to undertake work via the Information Governance Sub-Committee (IGSC) in relation to PII, and Mrs Wilson committed to obtain an update from Mrs Miles to clarify the scope of this work.</p> <p>AC(19)122 – it was agreed that an update on this work would be forward planned for the final quarter of the year.</p> <p>AC(19)138 – Mr Newman noted the indicated timeline for implementation of end October 2019, and enquired whether this is still the intention. Mr Teape stated that it was his aim to implement the new system before he leaves his post; however he would need to obtain an update on current progress.</p> <p>AC(19)145 – Mr James Johns advised that additional data has been included within the Internal Audit Plan Progress Report.</p> <p>AC(19)148 – Mr Thomas advised that there is one authorised accountability letter which remains unsigned – for the management element of the Primary Care budget. It was emphasised that this is not a material or operational budget. The Director of Primary Care, Community & Long Term Care had not been satisfied with her understanding of this element, and Mr Thomas and Ms Jill Paterson</p>	<p>JW/KM</p> <p>CM</p> <p>JT/AC</p> <p>HT</p>

	<p>were working to clarify this matter. It was requested that a further update, via the TOA, be provided at the next meeting.</p> <p>AC(19)167 –The Quality Governance thematic review is linked to work being undertaken at Cwm Taf Morgannwg UHB, which will be evaluated over the next few weeks. It was agreed that the timescale for this action would be amended to December 2019, to facilitate a further update.</p> <p>AC(19)168 – In response to a request for clarification regarding the update provided, Mr Teape confirmed that this action has not been completed. Although Mr Mark Henwood has been appointed to the role of Deputy Medical Director, and discussions have taken place with him, there are various facets to this action. In addition, it is challenging to gather the relevant clinicians together due to their clinical commitments. Mr Teape acknowledged that there is work still to do, and that a realistic implementation date is probably April 2020. It was agreed that the timescale for this action would be amended accordingly, and that this action would remain open.</p> <p>AC(19)173 – Mrs Judith Hardisty expressed concern regarding the approach taken in the update provided as Appendix 2. In view of the extended timescale for job planning, and the length of time that the consultant contract has been in place, the response contains a number of vague statements rather than firm commitments. Mrs Hardisty suggested that these do not offer sufficient assurance. There is also a comment around managers finding the job planning sessions ‘useful’, however there is no indication of the numbers who have attended; and Mrs Hardisty was of the opinion that it should be a requirement for clinical managers to attend. It was agreed that these concerns would be addressed with Dr Philip Kloer when he joined the meeting.</p>	<p>CM</p> <p>CM</p>
AC(19)197	Matters Arising not on the Agenda	
	There were no matters arising not on the agenda.	
AC(19)198	Feedback from the Targeted Intervention Meeting held on 27th September 2019	
	<p>Mr Teape presented an update from the Targeted Intervention meeting with Welsh Government (WG) held on 27th September 2019, explaining that WG prepare an assessment of the UHB’s financial position, which is discussed together with the organisation’s assessment of its own position. Referencing the letter received from WG subsequent to the meeting, Mr Teape wished to clarify the statement around initial conversations relating to the primary care centres, as this had been misinterpreted, with an update on current and future planned service provision provided. It was noted that WG remain concerned about specific areas of the UHB’s performance. Noting the reference within the letter to ‘a current forecast outturn assessment of a £20m deficit based on the delivery of further savings and conversion of opportunities which had been identified’ Mr Thomas emphasised that this is consistent with the figures he had presented to the Finance Committee at their meeting yesterday.</p> <p><i>Mr Teape left the Committee meeting.</i></p>	

	The Committee NOTED the update from the Targeted Intervention meeting held on 27 th September 2019.	
AC(19)199	<p>Standing Orders and Standing Financial Instructions</p> <p>Mrs Wilson introduced the Standing Orders and Standing Financial Instructions report, explaining that this follows a review of the relevant documents by WG. There are no changes to the Standing Financial Instructions; Annex 1 details proposed amendments to the Standing Orders. All Health Boards have now been requested to approve these; thus they are presented to ARAC for approval prior to ratification by Board. Members noted that the changes proposed are generally 'technical' rather than material.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the amendments to HDdUHB's Standing Orders since those approved by the Board in May 2019; • CONSIDERED whether any further local amendments are required, and AGREED that none were; • RECOMMENDED the revised version of the Standing Orders and Standing Financial Instructions to the Board on 28th November 2019 for approval. 	
AC(19)200	<p>Financial Assurance Report</p> <p>Mr Thomas outlined the Financial Assurance Report. Members' attention was drawn to the graph on page 9, and the jump in average recovery period; Mr Thomas explained that a number of older debts had been cleared/recovered, which had impacted upon this figure. Referencing information around IFRS 16 on page 11 of the report, Members heard that this is a significant change in terms of accounting for leases. It will mean that more will appear on the UHB's balance sheet as assets. Mr Thomas advised that the issue of Medical Negligence and Personal Injury claims had been discussed by the Finance Committee on 21st October 2019. It seems likely that the Welsh Risk Pool budget will be overspent this year and the risk share agreement will be invoked for the first time. This would involve a potential cost to HDdUHB of £1.4m, and is of concern for the future.</p> <p>Mr Burt enquired as to the anticipated level of liability involved with the Home Technology Salary Sacrifice scheme outlined on page 11. Members noted that this should be relatively small, explaining that this relates to a historical issue, which has now been addressed. Referencing the Single Tender Actions (STAs) detailed in Appendix 1, Mrs Hardisty noted that the first of these related to a one year contract, despite an understanding that the UHB was moving away from such short term arrangements, due to the amount of work involved in retendering exercises. Whilst Mr Thomas was not able to recall the specifics around this STA, he agreed that the organisation is trying to avoid short term maintenance contracts whenever possible. With regard to the second STA listed, Mrs Hardisty suggested that this is a great deal of money to invest in view of the intention to change the switchboard system in the (reasonably) near future. Mrs Wilson agreed to seek clarification from Mr Anthony Tracey regarding the timescale for installation of the new switchboard system. In regards to the Losses and Special Payments for approval, Mr Newman requested and</p>	JW/AT

	received confirmation that the Pharmacy Wastage figures are in line with expectations.	
	The Committee NOTED the report, and APPROVED the losses and debtors write offs noted within.	
AC(19)201	Wales Audit Office Update Report	
	Mr Jeremy Saunders introduced the Wales Audit Office (WAO) Update report, advising that the Charitable Funds Committee had approved the Charitable Funds audit work at its meeting on 20 th September 2019. The accounts will receive final sign-off next week, well ahead of the January 2020 deadline. Referencing performance audit, Ms Beegan advised that the delays which had been experienced in arranging onsite visits for the Orthopaedics review had now been resolved, with WAO staff on site yesterday and today. Work relating to the Structured Assessment is on track, with a feedback session scheduled for mid November 2019. Ms Beegan drew Members' attention to plans outlined on page 7 of the report for a WAO review across a range of public sector bodies to examine counter fraud arrangements. This work will commence in mid November 2019.	
	The Committee NOTED the Wales Audit Office Update Report.	
AC(19)202	WAO Structured Assessment 2018 - Progress to Date	
	Mrs Wilson outlined the WAO Structured Assessment 2018 report.	
	The Committee DISCUSSED and CONSIDERED progress made in respect of the recommendations from the Structured Assessment 2018.	
AC(19)203	WAO Report: Implementing the Well-being of Future Generations Act – Hywel Dda Health Board	
	<i>Ms Anna Bird joined the Committee meeting.</i>	
	Ms Beegan presented the WAO Report: Implementing the Well-being of Future Generations Act, explaining the background to this examination, which applies to all 44 bodies covered by the Act. Each review had focused on a specific step being taken to meet a wellbeing objective. For HDdUHB, the step selected had been in relation to Education Programmes for Patients (EPP) and the contribution these make to population health and wellbeing. The 'opportunities for improvement' identified during the review were detailed on page 7 of the report. Ms Beegan explained that the use of this terminology, rather than the usual 'recommendations' was due to the fact that these had been suggested by participants in the review, rather than WAO, reflecting the more collaborative approach taken. Ms Anna Bird drew Members' attention to the management action plan submitted; agreeing that WAO's approach to this review had been both helpful and collaborative. There had been a particular focus on the 5 ways of working, and how integration and collaboration are being utilised in the long-term. As outlined by Ms Beegan, WAO had asked bodies to focus on specific steps, with the HDdUHB step relating to the preventative model of healthcare. Ms Bird concluded by welcoming the opportunities for improvement identified, and commending WAO's report. Ms Beegan clarified that the step selected was for the organisation to choose; it was not determined by WAO.	

	<p>Mrs Hardisty reminded Members that the EPP in Podiatry had won an award at the NHS Wales Awards 2019, and the organisers of this EPP had been asked to explore how it might be rolled-out across Wales. It was suggested that the UHB should also consider how it could be rolled-out across the region. With regard to the opportunities for improvement, Mrs Hardisty noted that there are a number of long-term goals, and queried whether the organisation is being sufficiently ambitious. Ms Bird agreed that the EPP has an important role to play, whilst emphasising that Ms Jill Paterson is the Executive Lead for this area and would, therefore, need to be involved in discussions.</p>	
	<p>The Committee NOTED the WAO Report: Implementing the Well-being of Future Generations Act – Hywel Dda Health Board, together with the associated Management Action Plan.</p>	
AC(19)204	<p>Response to WAO Report: What's the hold up? Discharging Patients in Wales</p>	
	<p><i>Ms Bird left the Committee meeting. Mr Teape re-joined the Committee meeting.</i></p> <p>Mr Teape reminded Members of the background to this item, which had been discussed at the previous meeting. As stated at that meeting, it is not necessarily possible to provide assurance regarding the WAO report, as a great deal of work is still required. Mr Teape emphasised, however, that there are strong information systems in place and good pockets of practice. The WG Delivery Unit had conducted a review last year, which had highlighted both good practice and areas for improvement. Members heard that, previously, there had been 6 discharge pathways; there are now 4 nationally agreed 'Discharge to Assess/Recover' (D2RA) pathways, which will form the basis of a new approach. The refreshed current plan and three-year plan will be presented to the Business Planning & Performance Assurance Committee (BPPAC). It was noted that the use of agency staff results in issues around discharge of patients, including continuity of care. Mr Teape assured Members, however, that the UHB does recognise the impact of delays in discharge on patients and their families, and is committed to making improvements.</p> <p>Mr Newman welcomed this more concise and cohesive response, and Mr Powell agreed that the report provided better clarity, whilst querying the omission of electronic discharge, specifically MTeD. Mr Teape reminded Members that electronic discharge had not formed part of the original WAO report. A potential plan is, however, being developed which may facilitate the implementation of MTeD within the UHB. This would be linked to a proposal to install technicians in pharmacies to service A&E departments; with MTeD implementation forming part of the associated business case. Mr Teape emphasised, however, that this proposal would need to be considered by the Executive Team. In response to a query from Mr Lewis, Members heard that the number of medically-fit patients across the UHB is currently 160, and Mr Lewis enquired about the initiatives around this into which the UHB is putting real effort. Mr Teape advised that there are a number of 'strands' in this regard, including: strengthening 'front door' models, to avoid unnecessary hospital admissions and avoid patient deconditioning; SAFER patient bundle and Red2Green implementation; out of hospital</p>	

	<p>work, to assess patients outside acute hospitals; improving discharge pathways. Noting the statements around pathways to support better discharge on pages 3 and 4, Mr Newman observed that, whilst it is always possible for the UHB to consider how to improve its own processes, real change requires effective interaction with other bodies. Mr Newman expressed concern regarding the apparent lack of 'joined up thinking' and urgency in this regard. Mr Teape acknowledged that more effective escalation processes are required, and that there needs to be shared ownership, with clearly defined actions. It was emphasised that this area presents an opportunity for shared benefits as well as shared responsibilities. Whilst agreeing that the report provides more clarity, Mrs Hardisty had expected to see examples of initiatives which have worked elsewhere and good practice which HDdUHB could adopt. It was also suggested that staff on wards have clear and valuable opinions on what needs to change in order to improve the situation. Mr Teape reiterated that there are several areas of good practice within the UHB, which the Delivery Unit report had recognised. It was agreed that this document might provide additional assurance in this regard, and that it would be circulated. It was further agreed that Mr Teape would submit the revised Unscheduled Care plans to BPPAC. It was reiterated that the UHB cannot work in isolation on this area, with Miss Maria Battle agreeing that a whole-system approach is required. As part of this, Miss Battle would be attending the Regional Partnership Board to discuss this topic. It was agreed that the issue of discharging patients and the need for a whole-system/partnership approach should be highlighted to Board.</p> <p>The Committee REVIEWED the report and NOTED the areas for further improvement.</p>	<p>CM</p> <p>JT/AC</p> <p>JW</p>
AC(19)205	<p>WAO Clinical Coding Follow-up Update</p> <p><i>Mr Teape left the Committee meeting. Mrs Karen Miles, Dr Philip Kloer, Mr Anthony Tracey and Mr Steven Bennett joined the Committee meeting.</i></p> <p>Mrs Karen Miles introduced the WAO Clinical Coding Follow-up Update report, which she hoped would provide assurance regarding progress. Members heard that Mr Anthony Tracey and Mr Steven Bennett are working hard to take the recommendations forward, without additional resource. Mrs Miles reported that the relationship between the Health Records Group and the Clinical Coders is much improved. It was suggested that medical records management is more of an All Wales issue. Mrs Miles advised that she has requested additional resources for clinical coding, potentially via the Apprenticeship Scheme. Ms Beegan suggested that resolving the issues with medical records will lessen the pressure on clinical coding, whilst reminding Members that ensuring accurate medical records is a patient safety/quality issue.</p> <p>Mrs Hardisty noted that a number of the overdue recommendations relate to medical records rather than clinical coding, suggesting that if these were all resolved, it would provide a clearer sense of the resource requirements for clinical coding. Mr Steven Bennett emphasised that medical records covers a wide range of elements, whilst assuring Members that a work programme is being developed, which will include prioritisation of actions. Mr Anthony Tracey added that Clinical Coders</p>	

	<p>are being asked to record the time they spend resolving issues with inaccurate or unclear medical records. In response to a query from Mrs Hardisty, Dr Philip Kloer advised that, whilst there is no dedicated Clinical Lead for Medical Records, there is a Chief Clinical Information Officer (CCIO), Dr Gareth Collier, and various other individuals are involved. Mr Tracey confirmed that Dr Collier is becoming more engaged in this area, and that a number of actions are being taken, such as whole hospital audits. Whilst recognising that there has been progress since the previous update, Mr Powell expressed concern regarding proposed timelines for case note tracking. It was suggested that this is a potential 'quick win', with relatively little training or investment required; the main requirement being a behavioural change. Mr Tracey agreed, whilst expressing the view that improvements are likely to be seen more quickly once the work plan is underway, and emphasising that efforts are being made to enforce case note tracking requirements. Mr Newman observed that, unlike the previous item – discharge planning – which requires a whole system approach, with certain elements out with the control of the UHB; this issue is entirely within the 'gift' of the organisation. In response to a concern regarding the apparent 'disconnect' between clinical coding and medical records, Mrs Miles highlighted that the two parties do interact at IGSC. Members were assured that the importance of accurate information and its benefits to patients are being emphasised. It was necessary, however, to put in place the relevant processes in order to determine 'what a good medical record looks like', before this message could be communicated to the workforce.</p> <p>The Committee NOTED the contents of the report and TOOK ASSURANCE regarding progress to date.</p>	
AC(19)206	<p>RCP Medical Records Keeping Standards (Reasonable Assurance) Update</p> <p>Dr Kloer presented the RCP Medical Records Keeping Standards (Reasonable Assurance) Update report, reminding Members of the background to this item. With regard to the recommendations around which assurance was sought, Members heard that Dr Kloer had written to all medical staff reminding them of the RCP Record Keeping Standards and the Health Board policy; and that a new audit process and programme for health records has been agreed, the latter being described on page 3 of the report. The proposed new process will result in a significant number of records being audited across all specialties. Dr Kloer emphasised, however, that changes will not be delayed until this process is complete; improvements will be made in the interim.</p> <p>Mr Powell expressed concern that the recommendations appear rather retrospective and reactive, as opposed to proactive. Referencing the table detailing the findings of the snapshot audit, Mr Powell noted the disparity in a number of areas, with scores ranging from 0% to 100% for certain standards. It was suggested that more actions should be taken to address these issues. Dr Kloer emphasised that the report presented is 'high level' and is not intended to set out full details of all the improvements required; there will be various actions required for each area. Whilst Mr Lewis recognised the reasons for a particular focus on Standards 2, 5 and 8, he suggested that the results around Standard 6 also present cause for concern, with medical records being legal</p>	

	<p>documents; and requested assurance that this area will receive adequate focus also. Dr Kloer confirmed that this will be the case, noting that there are a number of questions raised throughout which will require addressing. In response to a query regarding the use of 'n/a' in relation to Standard 6, Members heard that this related to records where no deletions or alterations had been identified. It was noted, however, that these are the results of a snapshot audit; whilst no alterations had been found in these records, it did not follow that others on the site were without alterations/deletions. Likewise, learning from one site is applicable to the others. Mrs Hardisty enquired whether it would be possible to attribute results to individual clinicians, to enable discussion of findings at appraisals, where examples of good practice could be shared. Dr Kloer highlighted that medical records can involve more than one consultant/ clinician, and reminded Members that these findings are from a snapshot audit. Members were assured, however, that obvious outliers will be identified via the new process mentioned above, as will any major professional issues involving medical records. Whilst accepting that this is a snapshot, Mr Burt shared Mr Powell's concerns around the significant variations in figures. Mr Burt also suggested that potential 'quick wins' which would provide positive impacts should be identified where possible. Dr Kloer agreed, suggesting that, whilst all clinicians should be aware that medical records are legal documents, perhaps this should be reiterated.</p> <p>Returning to the table on page 2, Mr Newman observed that Withybush General Hospital (WGH) exhibits the weakest performance across almost every standard, and enquired regarding the reason for this. Dr Kloer was cautious to attribute widespread poor performance on the basis of a snapshot audit, whilst emphasising that issues should be addressed by the proposed improvement plan. Mr Bennett suggested that the issues identified may have been a result of the sample used in the audit, with Dr Kloer adding that the new process will be more representative and will continue throughout the year, whilst committing to analyse the WGH results further. The Committee considered again the link between medical records and clinical coding, with Dr Kloer acknowledging the impact on the latter of imprecise signatures, dates and diagnoses in patient records. There are also clearly a number of other implications involved, including continuity of care, handover of care and mortality audits. The UHB has considered various measures to assist, including providing doctors with stamps comprising their name and GMC number. Mr Tracey advised that if Clinical Coders are unable to decipher information within medical records, they do take steps to clarify with the relevant clinical team. Mr Simon Cookson enquired when and how the results of the wider audit process are likely to be reported. Also, in view of concerns around the shortage of proactive recommendations, whether there is anything in the table which is of sufficient concern to warrant more immediate attention. In response to the first query, Dr Kloer explained that each clinical lead will be responsible for taking the results through their respective quality and safety sub-committee, and including data in the relevant sub-committee annual report. As the audits will be staggered, the reporting process will require further consideration; Dr Kloer would discuss this with Mrs Wilson.</p>	<p>PK</p> <p>PK</p> <p>PK</p>
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With regard to the second of Mr Cookson's queries, Dr Kloer reminded Members that the RCP Standards had been defined due to the importance of good medical record keeping for patient care. Shortcomings in any and all of the standards need to be addressed; some are more challenging than others, however all are important. Mrs Hardisty agreed, expressing particular concern regarding deficiencies in the recording of patient names under Standard 2. Members heard that steps are being taken to assess the quality of Care and Treatment Plans in Mental Health and Mrs Hardisty suggested that there is potential for a larger, collaborative piece of work around the quality of and approach to clinical records. The challenges involved share a number of similarities. In response, Dr Kloer advised that the RCP Standards have been applied to all medical specialties except Mental Health, with all of the other Royal Colleges accepting this approach. Whilst the Standards are appropriate for use in most other specialties, Dr Kloer felt that it would be difficult to apply them to Mental Health. With regard to Mrs Hardisty's concerns around Standard 2, it was emphasised that the standard relates to the patient name appearing on every page of the record. The potential consequences, should an unlabelled page be isolated from the remainder, were, however, acknowledged. Concluding discussion of this topic, Mr Newman stated that he would like ARAC to continue to monitor both clinical coding and medical records, and suggested that a further update be provided in six months. Mrs Miles and Dr Kloer were requested to determine whether a single or combined report would be most appropriate.

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Dr Kloer was informed of discussions prior to his arrival around Consultant Job Planning, with Mrs Hardisty expressing the view that certain of the wording does not provide adequate assurance. Mrs Hardisty reiterated her specific concerns around vague commitments/timelines, which were at variance with information given at Finance Committee, and managerial attendance at training sessions. Dr Kloer emphasised that his team is providing a significant number of training sessions. Whilst he agreed that all managers should attend these, and was promoting this view as much as possible. The report reflects Dr Kloer's optimism in regards to certain aspects of Job Planning, whilst acknowledging continued concerns in regards to others. These concerns are exacerbated by the approach of the winter period, which will inevitably lead to operational pressures, and attention focused elsewhere. Whilst acknowledging these comments, Mrs Hardisty suggested that Job Planning should be viewed as part of attracting and retaining staff, and means by which staff have a clear understanding of their role. It is key to delivering a quality service to patients along with good value for money, and should not be seen as 'a chore'. Dr Kloer agreed, observing that this has not necessarily been the culture within HDdUHB historically. This appears to be changing; however, it is not yet completely embedded. Mr Johns reminded Members that an Internal Audit on Consultant Job Planning is being conducted, and advised that this has raised a number of issues which it might be useful to discuss with Dr Kloer's team. Dr Kloer welcomed this input. Mr Newman noted from information reported to Finance Committee that the percentage of job plans which are electronic is only 10%, and enquired whether there is an improvement plan in place to increase this figure to 100%. Mr Newman expressed disappointment that the

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	<p>introduction of the Allocate system had not been as 'transformational' as had been suggested. Dr Kloer drew Members' attention to the list of e-Job Planning Workshops attached as Annexe 1, advising that Ms Helen Williams and Ms Bethan Griffiths will be uploading job plans onto Allocate over the next six months. Uploading the job plans onto the system is an area over which there is more control and less concern regarding delivery; the issue is ensuring that job plans are completed by staff. This had been complicated by BMA advice suggesting that doctors are not obliged to use electronic job-planning systems. Dr Kloer reiterated the expectation around and commitment to job planning going forward. Members were reminded that the Internal Audit report on Consultant Job Planning is due to appear on the agenda of the December 2019 ARAC meeting, and that an update on the WAO NHS Consultant Contract Follow-up Review is scheduled for April 2020.</p> <p><i>Dr Kloer and Mr Bennett left the Committee meeting.</i></p>	
	<p>The Committee took ASSURANCE from the process proposed below to evaluate ongoing compliance with and monitoring of medical record keeping standards, to fulfil recommendations in the Internal Audit Record Keeping Report:</p> <ul style="list-style-type: none"> • A yearly audit by speciality, with responsibility for the audit and reporting the outcomes to be held by the Clinical Leads; • Yearly speciality record keeping audits to be included on the clinical audit forward plan and supported by clinical audit; • Outcomes reported through Directorate Quality and Safety meetings, noting that further clarification and confirmation of reporting structures is required; • The Clinical Record Keeping Policy should be updated to show reference to the cyclical audit programme, and to highlight accountability for implementation, monitoring improvement and reporting outcomes. 	
AC(19)207	<p>WAO Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality Update</p> <p>Mrs Miles introduced the WAO Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality Update report. Members' attention was drawn to the one outstanding recommendation, which is linked to the need to undertake a 'whole system' demonstration of system recovery and failover as a result of a catastrophic fail or successful cyber-attack. Mrs Miles explained the reason why this test has not yet been undertaken, stating that it would significantly affect critical live services within the UHB, including clinical systems. Only partial testing has been possible to date. As stated in the report, in retrospect, the feasibility of this recommendation should have been challenged upon receipt of the original report. Members were assured that the ICT team has worked to ensure that the organisation's infrastructure is as resilient as possible. Safeguards are also in place as part of the Major Incident Plan.</p> <p>Mr Powell agreed that the original recommendation should have been challenged. Ms Beegan agreed to establish whether other Health Boards have been able to undertake 'whole system' tests, although Mr Tracey indicated that of those he had contacted, none had done so. Mr Tracey informed Members that the ICT team do test the recovery of</p>	AB

	<p>various systems within the UHB at different times. Members noted discussions with the current backup supplier regarding the feasibility of a 'mirrored system' full test, which is not possible as part of the current contract. However, the UHB's backup contract is due for renewal in March 2021, with re-tendering to take place in early 2020/21, and this functionality will be a prerequisite for the new contract. Acknowledging the commitments made regarding partial testing of systems, Mr Newman suggested that ARAC accepts the view that this is the safer option, and that this action could be closed. Examples such as this emphasise the need to be cognisant of whether recommendations and timescales for actions are deliverable at the time they are agreed. Whilst acknowledging this, Mrs Miles suggested that the exercise of examining the feasibility of a 'whole system' test had been useful in itself, in terms of identifying how the infrastructure could be strengthened.</p> <p><i>Mr Tracey left the Committee meeting.</i></p> <p>The Committee NOTED the contents of the report and TOOK ASSURANCE regarding progress to date.</p>	
AC(19)208	<p>Business Planning & Performance Assurance Committee Assurance Report around the Discharge of their Terms of Reference</p> <p>Mrs Miles presented the Business Planning & Performance Assurance Committee Assurance Report around the Discharge of their Terms of Reference, highlighting in particular the strong relationship between BPPAC and its sub-committees and their robust work plans. These two elements help to provide good assurance. The position in relation to the planning cycle is outlined on page 4 of the report, with the Annual Plan 2019/20 having been awarded an Internal Audit rating of Substantial Assurance. In terms of performance, Mrs Miles suggested that the Executive Team Performance Reviews detailed on page 5 have proved extremely worthwhile, and are one of the most effective mechanisms for providing assurance, granularity and clarity. Mr Powell (BPPAC Chair) agreed that the sub-committees have matured during the last 12 months, which has enabled BPPAC to receive a number of their reports 'at face value' without additional scrutiny being required. There has also been an improvement in the quality of reports generally, which has contributed to a reduction in the length of meetings.</p> <p><i>Mrs Miles left the Committee meeting.</i></p> <p>The Committee NOTED the content of the report and was ASSURED that the Business Planning and Performance Assurance Committee has been operating effectively during 2018/19.</p>	
AC(19)209	<p>WAO Review of Primary Care (including local update)</p> <p>Ms Beegan advised that the national report relating to the WAO Review of Primary Care was being published on the WAO website on 22nd October 2019. Full discussion of this item was deferred to the 19th December 2019 meeting.</p>	
AC(19)210	<p>WAO Orthopaedic Services Follow-up</p> <p>DEFERRED to 19th December 2019 meeting.</p>	

AC(19)211	Internal Audit Plan Progress Report (including Mid-Year Review of the Internal Audit Plan)	
	Mr Johns presented the Internal Audit (IA) Plan Progress report, advising Members that this is in the usual format. Mr Johns highlighted the four audits completed since the previous meeting, adding that one further report has been finalised since papers were circulated. Members heard that several audits are in progress, with fieldwork taking place. A number of changes have been made to the IA Plan for various reasons, and these are detailed in Section 3.3 of the report. Mrs Wilson drew Members' attention to the statement regarding discussions around the inclusion of an audit of Planned & Preventative Maintenance, which may be required by the end of the year. Mr Newman emphasised the need to ensure that there are not too many IA reports scheduled for the end of the year, particularly if these transpire to be Limited Assurance reports requiring additional scrutiny.	
	<p><i>Mr Teape re-joined the Committee meeting. Mr Rob Elliott joined the Committee meeting.</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the Internal Audit Progress Report and the assurance available from the finalised Internal Audit reports. • APPROVED the updates to the Internal Audit Plan. 	
AC(19)212	Patient Access	
	DEFERRED to 19 th December 2019 meeting.	
AC(19)213	Research & Development	
	DEFERRED to 19 th December 2019 meeting.	
AC(19)214	Virtualisation	
	DEFERRED to 19 th December 2019 meeting.	
AC(19)215	IT Service Management	
	DEFERRED to 19 th December 2019 meeting.	
AC(19)216	Directorate Review - Bronglais General Hospital	
	DEFERRED to 19 th December 2019 meeting.	
AC(19)217	Consultants Job Planning	
	DEFERRED to 19 th December 2019 meeting.	
AC(19)218	Welsh Language Standards Implementation (Reasonable Assurance)	
	Mr Johns introduced the Welsh Language Standards Implementation report, which includes a number of examples of good practice and represents a positive overall position, resulting in a Reasonable Assurance rating. Three medium priority recommendations had been identified.	
	The Committee NOTED the Welsh Language Standards Implementation (Reasonable Assurance) report.	
AC(19)219	Water Safety Follow-up (Substantial Assurance)	

	<p>Mr Huw Richards introduced the Water Safety Follow-up report, reminding Members of the background to this audit. All of the recommendations from the previous IA report had been addressed, and the report represents a positive position, with no issues to draw to ARAC's attention. For this reason, a Substantial Assurance rating had been awarded.</p> <p>Mrs Hardisty noted that in Appendix A, page 1, number 4, there is an incomplete sentence against item (b) under current status. It was agreed that this would be corrected and the report reissued.</p> <p>The Committee NOTED the Water Safety Follow-up (Substantial Assurance) report.</p>	<p>HR</p>
AC(19)220	<p>Water Safety – Additional Sampling (Limited Assurance)</p> <p>Mr Richards introduced the Water Safety – Additional Sampling (Limited Assurance) report. Whilst there were positive aspects identified, including improved governance structures and enhanced local procedures, 11 suspect/significant legionella water samples have been reported in the past 12 months at WGH. The Estates department need to update schematic drawings to enable proactive management of this issue; work in this regard is ongoing and will take time to complete. It has been suggested that IA revisit this area before the end of the financial year.</p> <p>Mr Rob Elliott reported that the Estates department worked hard to address the findings of the original Water Safety IA report in preparation for the follow-up, whilst acknowledging that the additional audit appears to have identified further issues in terms of prioritisation. Members heard that approximately £120k has been spent on improving pipework on the UHB estate, and the department is committed to addressing the additional issues raised, with a number of mitigations already in place. There are known areas of risk at WGH, and a more targeted approach is required in this regard, with reports being made to the UHB Water Safety Management Group. Referencing Appendix A, and the management response to Recommendation 5, Mrs Hardisty enquired whether the proposed action plan will include processes to ensure that the Estates team have the most up to date plans of sites, and whether plans will be shared with all the relevant parties. Mr Elliott explained that, for new projects/builds/commissions, all the relevant pipework is labelled. For the older estate, however, it is not necessarily practical or safe to label/re-label the entire infrastructure, due to the risks and disruption involved in such an exercise. Mrs Hardisty further enquired regarding how the risk of not undertaking such an exercise is managed and what mitigations are in place. Mr Elliott replied that various mitigations are in place, including the monitoring of water temperatures.</p> <p>In response to a query regarding how common Welsh Water Infringement Notices are, Mr Elliott advised that these are relatively new and therefore this is a difficult question to answer. Referencing the management response to Recommendation 9, Mr Newman requested further elaboration on the term 'periodically'. Members were informed that, when Estates have the full schematic drawings available, it will be possible for them to undertake a more extensive risk assessment and develop from this a work plan. Mr Elliott stated that the period involved</p>	

	<p>will not be any longer than 3-6 months. Mr Newman suggested that this response requires further clarification/ more detail. He also queried why the UHB does not have drawings of all parts of its estate. Mr Elliott explained that this is as a result of prioritisation of capital investment on a risk-based approach. In this case, priority has been given to correcting the issues with pipework. Mr Teape advised that there has been concern expressed at Executive Team regarding the 'visibility' of decisions regarding prioritisation. One of Executive Team's key tasks will be to examine those items which are not being prioritised and where these fit into the risk management structure. It will then be possible to be clear about decisions made and the associated risks. In response to a suggestion that the Estates department should not be relying on an IA report to identify this issue, Mr Teape reiterated that a decision had been made to prioritise other capital/estates matters. Mr Elliott emphasised that the issue of a lack of schematic drawings was known to Estates prior to the audit, and there were already plans to allocate resources to this.</p> <p>Responding to a query from Miss Battle regarding whether there is a centralised list of all the outstanding Estates/IT/Medical Equipment backlog which Board has sight of, Mrs Wilson advised that this is managed through the Capital, Estates and IM&T Sub-Committee, which reports to BPPAC. Mr Teape suggested that the Executive Team should be conducting a full review of the backlog. Miss Battle agreed, and further recommended that this should be discussed by Board, perhaps at a Board Seminar. Revisiting the assertion that it is not practical or safe to label/re-label the older UHB estate pipework, Mr Lewis queried the impact of this on Estates' ability to manage issues effectively. Mr Elliott reiterated that there is a programme of activities, including temperature monitoring, in place. Concluding discussions, Mr Newman requested that the management response to Recommendation 9 be reworded, with this to be managed via the Audit Tracker and Table of Actions.</p> <p>The Committee NOTED the Water Safety – Additional Sampling (Limited Assurance) report.</p>	<p>JW/MB</p> <p>RE/CB</p>
AC(19)221	<p>Estates Directorate Governance Review (Limited Assurance)</p> <p>Mr Johns introduced the Estates Directorate Governance Review report, highlighting the key findings outlined in Section 4. A number of issues and high priority recommendations had been identified, which had resulted in an overall rating of Limited Assurance.</p> <p>Mr Elliott acknowledged that there is work required in this area. Focusing specifically on the issue of sickness management, Members were reminded that the Estates department consists of a large number of staff (800+). The department undergoes regular independent reviews, with Mr Elliott suggesting that there are examples of good practice within the department, and other areas where improvements could be made. Whilst the department has increased the number of Performance Appraisal and Development Reviews (PADRs) conducted, there are challenges involved in ensuring that PADR objectives are meaningful and timely. An issue had also been identified with risks on the Corporate Risk Register not being replicated on the Directorate Risk Register; discussions regarding management of this issue going</p>	

	<p>forward had taken place with Mrs Charlotte Beare. Mrs Wilson explained that she had discussed the findings of this audit with Mr Johns, and had expressed her concerns regarding risk appetite and tolerance and this was Board approved, with the recommendations not aligning to a Health Board decision. It is vital that departments work to the UHB risk management framework, and Mrs Beare will be continuing to work with the Estates team in this regard. Mr Newman advised that an Internal Audit of PADRs had been conducted earlier in the year and suggested that it would be useful for Estates management to review the relevant report; with Mrs Wilson offering to send this to Mr Elliott.</p>	JW
	The Committee NOTED the Estates Directorate Governance Review (Limited Assurance) report.	
AC(19)222	<p>Radiology Directorate (Reasonable Assurance) Update</p> <p>Mr Teape presented the Radiology Directorate (Reasonable Assurance) Update report, advising that an Organisational Change Process is being prepared for consideration by the Executive Team. There are a number of workforce risks, with one site lead having left and another due to retire. Various meetings with staff have taken place, and their feedback collated. Mr Teape will work with Ms Amanda Evans, Radiology Services Manager, to resolve the staffing issues. The Task & Finish Group has been re-established, with a clear timeline for implementation defined and a risk assessment of the preferred option to be prepared. Whilst progress has been made, the process is not yet complete.</p> <p>Mrs Hardisty was unclear regarding the challenges involved, and expressed concern regarding timescales for change. At Finance Committee, there had been mention of indicative savings of approximately £600k from January 2020; Mrs Hardisty queried whether these savings will be delivered if ongoing issues prevent changes to shift cover. Mr Teape explained the only method whereby this figure would be achieved and also detailed the potential implications to the service. Mr Thomas advised Members that the £600k figure was against the original savings plan, and that the forecast outturn has been adjusted accordingly. In response to a suggestion that the timescales for implementation of Recommendations 3 and 8 are not clear, Mr Teape stated that he would provide a clear plan, agreed by the Executive Team, to the next meeting. It was agreed that an update would be provided via the Table of Actions.</p>	JT/AC
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the report as a source of assurance that all recommendations from the internal audit have been addressed or are being addressed within timescales that have been revised where applicable; • NOTED that despite extended timeframes, significant progress has been made to addressing the recommendations made; • NOTED that it is fully acknowledged that delays have occurred during this process, which were necessary to ensure that all staff had an opportunity to comment. 	
AC(19)223	<p>WAO Review of Estates 2016 Update</p> <p>Mr Elliott introduced WAO Review of Estates 2016 Update report, which represents a follow-up from the previous meeting, reminding Members of the clarification requested. The report now includes information on</p>	

the capabilities of the RAM 4000 system, with Mr Elliott advising that an 'Invest to Save' bid has been submitted to WG for funding to upgrade the Estates Management System. The potential additional benefits of such a system were also outlined in the report. The second part of the report focuses on workforce planning, and includes details of the gap analysis undertaken, and the external validation of this assessment being sought from NHS Wales Shared Services Partnership (NWSSP). Further work is required in terms of a risk assessment and succession planning. Mr Elliott has written to WAO to inform them that 6 of the 8 actions within the WAO Review of Estates have been completed.

Referencing page 3 of the report, Mr Powell noted the statement around the 6 month implementation programme for the new Estates Management System. In view of this, unless an order is placed almost immediately, the timeline of May 2020 will not be achieved. Mr Elliott was unable to offer any indication of a timescale for decision on the 'Invest to Save' bid. Members noted that a contingency plan, albeit much more time/workload intensive, is set out within the report. Again with regard to the RAM 4000 system, Mr Powell noted that this is also being used by the Finance team, and enquired whether they will be affected by the same issue in terms of software support expiration. Mr Thomas advised that, whilst the Finance team does use RAM 4000, it is a different module, which is not affected. Mrs Hardisty highlighted information regarding the Workforce Plan detailed on page 3 of the report; noting that despite funding for additional staff having been agreed, these staff do not appear to have been appointed yet. It was emphasised that a workforce plan is not a finite exercise, it is an ongoing process, and Mrs Hardisty felt that there was a lack of clarity regarding the position.

Mr Matthew Evans joined the Committee meeting. Mr Teape and Miss Battle left the Committee meeting.

Mr Elliott confirmed that the additional staff have not yet been appointed. As mentioned above, the Estates department had requested further external validation of their gap analysis. Once this has been received from NWSSP, steps will be taken to appoint staff, probably early in the new year. Mrs Hardisty suggested that this is a somewhat unorthodox approach; to establish that additional staff are required and have this agreed, then commission a further assessment. It was highlighted that funding had been agreed for the 2019/20 cycle, rather than 2020/21, and failure to use it within the expected timeframe could be viewed negatively. Mr Newman felt that this was compounded by the fact that the original WAO review was conducted in 2016, three years ago. Mr Elliott assured Members that the Estates department has examined both Health Technical Memorandum (HTM) and workforce requirements. Whilst it was acknowledged that the workforce plan has been too long in preparation, other work has also been undertaken concurrently, including around the Health & Safety and Fire Safety teams. Mr Newman suggested that the relevant WAO recommendation was clear; Members were reminded that it was to develop workforce and training plans. Mr Thomas clarified that there was a request for funding for additional staff, which had been approved. The issue now appears to be a lack of clarity and confirmation regarding how this is to

	<p>be utilised. Members were assured that funding will not be removed because it has not been utilised this year. In response to a query regarding the likely success of the 'Invest to Save' bid, Mr Thomas committed to provide an update to the next meeting. Mr Newman emphasised the need for tangible progress between now and the start of the next financial year, requesting that a further update be presented to the April 2020 meeting.</p>	<p>HT</p> <p>RE</p>
	The Committee NOTED the WAO Review of Estates 2016 Update.	
AC(19)224	<p>IA Health & Safety 2016 Update</p> <p>Mr Elliott presented the IA Health & Safety 2016 Update report, reminding Members that this is also a follow-up to discussions at the previous meeting. The specific areas upon which ARAC had requested further assurance were: greater scrutiny around the timing of appointments; demonstration that the current team operates a risk-based approach. Mr Elliott suggested that the first of these is provided by means of the Gantt chart on page 2, with the intention of addressing the outstanding recommendations by March 2020. The report also describes how the Health & Safety (H&S) team take a risk-based approach to their work; including involvement with the Health & Safety and Emergency Planning Sub-Committee (H&SEPSC), the Datix incident reporting system and routine screening of H&S-themed high risks. Whilst the team work within a defined framework, they currently do so with limited numbers of staff; the additional staff members will assist. Members heard that the Health & Safety Executive (HSE) work is channelled through the H&SEPSC, and that a work plan relating to this has been agreed.</p> <p>Mr Powell reported that 8 HSE Improvement Notices had been issued to the UHB, and queried the potential consequences, including financial, resulting from these. Members noted that this matter had been escalated to Board, due to concerns expressed at BPPAC. Mr Elliott assured Members that, where immediate actions are required, these have been taken. The Estates department is developing a plan of works at pace to address the issues raised, although the cost implications involved are not yet confirmed. Progress will be reported via the H&SEPSC. In terms of short-term financial impact, Members heard that the HSE fee is approximately £12-15k. Mrs Hardisty was concerned by the number of Improvement Notices, and hoped that the report to be provided to BPPAC would offer assurances that such a situation would not be repeated. Mrs Wilson informed Members that the Chief Executive will be chairing a Control Group to examine this area and ensure that it is being effectively managed. Mr Elliott will be a key member of this group. Referencing the Gantt chart, Mr Newman observed that this only deals with appointment of personnel; it does not address when plans will be implemented. Mr Elliott advised that the task of H&S audits will be ongoing, the additional staff to be appointed will facilitate a more proactive approach, with this being embedded within teams going forward. Mrs Hardisty enquired whether the new H&S posts have been advertised, and Mr Elliott advised that they had (* see note below). Revisiting the original management response to Recommendation 4, that 'a realistic planned H&S inspection programme will be introduced', Mr Newman reminded Members that at the previous meeting, confirmation of when this programme will be</p>	

	<p>introduced and further detail regarding its format had been requested. The information presented in the report does not meet this request. It was further suggested that the management response was overly optimistic, with Mr Newman reminding Members that there is little point in committing to unachievable responses which are not Specific, Measurable, Achievable, Realistic, and Timely (SMART). Mr Elliott was asked to address these issues.</p> <p>* Subsequent to the meeting, Mr Elliott checked the position with the Head of Health & Safety and whilst recruitment is imminent, the positions are not yet out to advert. The dates for appointment stated within the paper, however, are on programme.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • NOTED that Recommendations 1, 2, 3, 6 and 7 have been completed and Recommendations 4 and 5 will be completed as indicated by the measures outlined within the report; • CONFIRMED that the Action Plan response to the Improvement Notices received from the Health and Safety Executive will be reported via the H&SEPSC and BPPAC. 	<p>RE</p>
<p>AC(19)225</p>	<p>Audit Tracker</p> <p><i>Mr Elliott and Mr Richards left the Committee meeting.</i></p> <p>Mrs Wilson outlined the UHB Central Tracker report, advising that since the previous meeting, a further 12 reports have been closed, with 21 new reports received by the UHB; leaving 89 reports currently open, 36 of which have now passed their original completion date. Members noted the list of reports which have passed their original completion date, attached as Appendix 1, which is regularly reviewed at Executive Team meetings.</p> <p>Mr Newman expressed concern regarding the number of reports exceeding their planned completion date, suggesting that it is not unrealistic to expect delivery according to the agreed management response. It was agreed that Mrs Wilson would re-circulate the letters previously sent on behalf of Mr Newman as ARAC Chair, regarding late or non-delivery of recommendations from external/internal audit and regulatory reports. Mrs Hardisty recalled that there had previously been a suggestion that an audit be conducted around working time directive compliance and the overall situation regarding working patterns, and was concerned that this does not appear to have been scheduled or revisited. Mr Johns advised that this has been incorporated into the Internal Audit Plan, as an audit of On-Call Arrangements. Mr Burt noted that there were a number of instances of the statement 'no update received from service' and requested further clarification. Mrs Beare explained that updates had been requested in all cases, however had not been forthcoming within the required timeframe.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the tracker presented to ARAC demonstrates where progress of implementing recommendations is behind schedule, and to ask that the appropriate action is taken to address these areas. • NOTED that 12 reports have been closed on the audit tracker since ARAC August 2019 and 89 reports are currently open, 36 of which have now passed their original completion date. 	<p>JW</p>

	<ul style="list-style-type: none"> REVIEWED progress of items on the strategic log. 	
AC(19)226	Counter Fraud Update <p>Mr Matthew Evans presented the Counter Fraud Update report. Referencing the Overpayment Case Review appended to the report, Mr Powell noted that this contains a number of recommendations, and enquired who will be managing and monitoring these. Mr Evans advised that the report is provided to ARAC for information only; it is intended that the recommendations be considered by the Task & Finish Group mentioned in the Financial Assurance Report. This group will direct the recommendations to the appropriate departments and individuals for them to take forward. As Mr Powell was still unclear who will monitor compliance/completion, Mr Thomas offered to take ownership of these recommendations and work on them in conjunction with the Director of Workforce & OD. Referencing Appendix 1 of the Counter Fraud Services in NHS Wales Operational Performance Report 2019/20 for Quarter 1, Mr Newman noted that the figures therein are labelled as 2014/15. Mr Thomas and Mr Evans suggested that this is an oversight, however agreed to check.</p> <p>The Committee NOTED the Counter Fraud update report.</p>	<p>HT</p> <p>ME</p>
AC(19)227	Audit & Risk Assurance Committee Work Programme 2019/20 <p>The Committee NOTED the ARAC Work Programme.</p>	
AC(19)228	Any Other Business <p>There was no other business reported.</p>	
AC(19)229	Reflective Summary of the Meeting <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"> • Standing Orders and Standing Financial Instructions – to recommend to Board the revised version of the Standing Orders and Standing Financial Instructions for approval; • Response to WAO Report: What's the hold up? Discharging Patients in Wales – to note that a further update was provided and to highlight to Board the issue of discharging patients and the need for a whole-system/partnership approach; • WAO Clinical Coding Follow-up Update and RCP Medical Records Keeping Standards Update – to report progress to date and ongoing work in these (linked) areas, and the request for a further update in six months; • Internal Audit Report: Water Safety - Additional Sampling (Limited Assurance) – to note discussions and concerns regarding the findings of this Internal Audit. Also, the suggestion that Executive Team and Board should conduct a review of the list of the outstanding Estates/IT/Medical Equipment backlog; • Internal Audit Report: Estates Directorate Governance Review (Limited Assurance) – to note discussions regarding the findings of this review and planned actions to address recommendations; 	

	<ul style="list-style-type: none"> • Internal Audit Report: Radiology Directorate Update – to report progress to date and ongoing work in this area, and the request for a further update to the next meeting; • Scrutiny of Outstanding Improvement Plans: WAO Review of Estates – to note that a further update was provided, together with the discussions and continued concerns this had generated. To report the need for tangible progress between now and the start of the next financial year, and the request that a further update be presented to the April 2020 meeting; • Scrutiny of Outstanding Improvement Plans: Internal Audit Health & Safety – to note that a further update was provided, together with the discussions and continued concerns this had generated; • Business Planning & Performance Assurance Committee – to record that ARAC was assured that BPPAC has operated effectively during 2018/19. 	
AC(19)230	Date and Time of Next Meeting	
	9.30am, 19 th December 2019, Boardroom, Corporate Offices, Ystwyth Building, St David's Park, Carmarthen	