

**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, 23 <sup>rd</sup> February 2021
Venue:	Boardroom, Corporate Offices, Ystwyth Building, St David's Park, Carmarthen

Present:	Mr Paul Newman, Independent Member (Committee Chair) (VC) Mr Mike Lewis, Independent Member (Committee Vice-Chair) (VC) Mr Owen Burt, Independent Member (VC) Mr Maynard Davies, Independent Member (VC) Cllr. Simon Hancock, Independent Member (VC) Mrs Judith Hardisty, Vice-Chair, HDdUHB (VC)
In Attendance:	Ms Ann-Marie Harkin, Audit Wales (VC) (part) Ms Anne Beegan, Audit Wales (VC) Ms Lucy Evans, Audit Wales (VC) Mr James Johns, Head of Internal Audit, NWSSP (VC) Mr Eifion Jones, Internal Audit, NWSSP (VC) Mrs Joanne Wilson, Board Secretary Mr Huw Thomas, Director of Finance Mrs Charlotte Beare, Head of Assurance and Risk Mr Ben Rees, Head of Local Counter Fraud Services (part) Ms Jill Paterson, Director of Primary Care, Community & Long Term Care (part) Ms Amanda Legge, All Wales PPV Manager (VC) (part) Ms Sue Tillman, PPV Location Manager (VC) (part) Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (part) Mr Anthony Tracey, Assistant Director of Digital Services (VC) (part) Mr Andrew Carruthers, Director of Operations (part) Mr Rob Elliott, Director of Estates, Facilities & Capital Management (VC) (part) Dr Philip Kloer, Medical Director & Deputy Chief Executive (VC) (part) Mr John Evans, Assistant Director, Medical Directorate (VC) (part) Ms Clare Moorcroft, Committee Services Officer (minutes)

Agenda Item	Item	
AC(21)01	<b>Introductions and Apologies for Absence</b>	
	Mr Paul Newman, Audit & Risk Assurance Committee (ARAC) Chair, welcomed everyone to the meeting, particularly Ms Lucy Evans, who was attending her first ARAC meeting on behalf of Audit Wales. Mr Huw Thomas congratulated Ms Ann-Marie Harkin on her recent appointment as Executive Director of Audit Services at Audit Wales. No apologies for absence were received.	
AC(21)02	<b>Declaration of Interests</b>	
	No declarations of interest were made.	

AC(21)03	<b>Minutes of the Meeting held on 15<sup>th</sup> December 2020</b>	
	<b>RESOLVED</b> – that the minutes of the Audit & Risk Assurance Committee meeting held on 15 <sup>th</sup> December 2020 be <b>APPROVED</b> as a correct record.	
AC(21)04	<b>Table of Actions</b>	
	<p>An update was provided on the Table of Actions from the meeting held on 15<sup>th</sup> December 2020 and confirmation received that outstanding actions had been progressed. In terms of matters arising:</p> <p><b>AC(19)222</b> and <b>AC(20)112</b> – an update on these actions, which relate to Radiology, is provided by means of a later agenda item.</p> <p><b>AC(20)191</b> – Mr Owen Burt requested clarification regarding the update presented. Ms Anne Beegan advised that she had spoken to her Audit Wales counterparts for other Health Boards and Local Authorities, and had established that little information on Regional Partnership Boards (RPBs) is being processed through Audit Committees. Whilst this does appear to be a ‘gap’, events have been somewhat overtaken by the Welsh Government directed work around RPB governance. Members heard that a meeting had taken place on this topic involving Mrs Judith Hardisty, Mrs Joanne Wilson, Ms Jill Paterson, Ms Alison Gittins and Mr Martin Palfreman. It had been agreed that Ms Gittins and Mr Palfreman would meet again prior to the next RPB meeting to map out governance arrangements, which would subsequently be progressed via the Integrated Executive Group.</p> <p><b>AC(20)217</b> – Mr Newman drew Members’ attention to Appendix 1. Members confirmed that they were content with the revised management response and Mrs Wilson was requested to communicate this to Mr Anthony Tracey.</p> <p>The majority of the remaining actions are RAG rated Green, or forward planned for future meetings. It was agreed that completed actions would be removed from the Table of Actions.</p>	JW
AC(21)05	<b>Matters Arising not on the Agenda</b>	
	There were no matters arising not on the agenda.	
AC(21)06	<b>Audit &amp; Risk Assurance (ARAC) Self-Assessment Exercise 2020/21</b>	
	<p>Mrs Joanne Wilson introduced the ARAC Self-Assessment Exercise report, reminding Members that this is undertaken at this time each year as part of year end processes. It had been agreed that the questionnaire used would be amended this year, to align with the version used by the Quality, Safety &amp; Experience Assurance Committee (QSEAC) in the hope of creating more meaningful reflection on the Committee’s activities. Members were requested to consider whether they are content with the proposed draft questionnaire.</p> <p>Mr Maynard Davies had two observations. Firstly, that narrative-based feedback, as opposed to quantitative feedback, will make year-on-year comparison of data more challenging. Secondly, that with the migration to Admincontrol, accessing previous committee papers may be an</p>	

	<p>issue. Addressing these comments, whilst Mrs Wilson acknowledged that comparison of data between years will be more testing, she explained that this approach had been suggested in order to potentially obtain different feedback from that collected previously. With regards to the issue of accessing previous committee papers, Mrs Wilson would check, as the ability to do so had been requested as part of the UHB's agreement with Admincontrol. Cllr. Simon Hancock felt that the suggested approach will be an improvement, whilst querying whether the different response format will present particular challenges in distilling overall messages. Mrs Wilson again recognised that this may present an issue; however, felt that the feedback obtained will potentially be 'richer', with more suggestions for improvement and different views.</p> <p>Mr Newman emphasised that the introduction of the new questionnaire is experimental and is intended to be both retrospective – in reviewing the Committee's activities during the year – and prospective – in considering what improvements might be made going forward. Whilst it will be more challenging for Members to complete, it will probably result in improved reflection.</p> <p>The Committee <b>CONSIDERED</b> the proposed self-assessment questionnaire template and <b>SUPPORTED</b> its use for 2020/21.</p>	JW
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AC(21)07	<b>Annual Review of the Committee's Terms of Reference and Membership</b>	
	Mr Newman introduced the Annual Review of ARAC's Terms of Reference and Membership, noting that there are no material changes to these.	
	The Committee <b>APPROVED</b> the ARAC Terms of Reference for onward ratification by the Board on 25 <sup>th</sup> March 2021.	

AC(21)08	<b>Financial Assurance Report</b>	
	<p><i>Ms Jill Paterson joined the Committee meeting.</i></p> <p>Mr Huw Thomas introduced the Financial Assurance Report, advising that this is of the standard format. Members heard that the number of breaches of the No PO, No Pay policy had increased in January 2021; however, the value of these had decreased. This anomaly was due to a number of lower value invoices from a couple of suppliers not having an appropriate purchase order, which had now been resolved. Mr Thomas reported an increase in the trend of balance outstanding in overpayments against recoveries. Members heard that the Overpayments Task &amp; Finish Group is due to present the Recovery of Overpayments and Management of Underpayments Policy, which proposes the introduction of electronic forms/processes in payroll and workforce, to the People, Planning &amp; Performance Assurance Committee (PPPAC) in March 2021. Referencing Section 2.4.1, which focuses on Consequential Losses - Field Hospitals, Mr Thomas explained that this topic had been the subject of ongoing dialogue with Welsh Government. The UHB had received inconsistent advice, with consequential losses associated with Field Hospitals originally identified as ex-gratia payments. However, it had subsequently been determined that, as these costs had been incorporated into rental agreements with due process applied, they should be processed in the same way as</p>	

	<p>other COVID-19 associated costs. Drawing Members' attention to Appendix 1, which outlines Single Tender Actions (STAs) awarded, Mr Thomas highlighted HDD537, the STA with Medi, an agency staff provider. Members heard that the UHB's usual agency supplier, Medacs, had been unable to source the necessary provision. It was suggested that further information, including value for money considerations, be provided when available from the Mental Health Directorate. Referencing HDD543, the STA with Advanced Health &amp; Care Ltd, Mr Thomas explained that Adastra remains the only IT solution compatible with Out of Hours and 111 systems.</p> <p>Thanking Mr Thomas for information regarding STAs, Mr Mike Lewis requested clarification around the decision-making process relating to the STA with Medi, particularly why it had been decided not to go out to market for such a substantial contract. In response, Mr Thomas explained that the UHB had approached every supplier who might potentially be in a position to provide the required agency staff. Medacs, who provide a payroll service which offers tax advantages, were not able to source any suitable candidates. Medi has provided a list of potential applicants; however, this may not equate to actual staff provision and Mr Thomas suggested that it is unlikely the entire STA value will in fact be expended. Although Medacs is the framework supplier, as it is the required agency worker(s) themselves that determine the agency utilised, it is not really possible to tender for such services. Mr Thomas suggested that Ms Liz Carroll and/or Dr Warren Lloyd from the Mental Health Directorate might be invited to attend the next meeting to provide further detail. Mrs Judith Hardisty was not sure that this would be helpful, adding that when a provider is not on contract, there tends to be a reason for this – either excessive cost, or they do not wish to be a framework supplier. In response to a query regarding the basis for payment, Mr Thomas confirmed that if Medi do not supply the relevant staff, they will not be paid. Using HDD538 as an example, Mrs Hardisty suggested that if a supplier's name is also a person's name, further details be provided (eg building firm) for clarity. Noting the spike in average recovery period for overpayments in August 2020, Cllr Hancock welcomed the significant achievement made in improving collection times. Emphasising the importance of prevention, Cllr Hancock queried how the introduction of electronic forms will help to avoid overpayments. Mr Thomas explained that the ambition is to make processes easier for managers. With the number of paper forms currently, there is a risk of errors and forms going missing. A defined set of electronic forms will reduce the opportunities for such issues.</p> <p>Returning to STA HDD543, in relation to Adastra, Mr Maynard Davies enquired whether Mr Thomas was aware of any plans to consider the position of this product in the market, as it has become a 'de facto' national system, and this is probably not the first STA. Mr Newman highlighted that, with this being the only viable system, the supplier is in an extremely strong position with regards to price. Mr Thomas was not aware of any plans to review the situation, and agreed that it would be preferable for this to be managed on an All Wales basis by the NHS Wales Informatics Service (NWIS). Referencing HDD542, Mr Burt suggested that the justification for this STA read more like a description of the benefits provided by the Rotamaster system. Whilst</p>	<p>HT</p> <p>HT</p>
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	<p>acknowledging this comment, Mr Thomas advised that the majority of other Health Boards are using Rotamaster, with HDdUHB being an outlier in as much as it currently has no electronic rota management system. The UHB had explored whether the Allocate system, utilised for other tasks within the organisation, could be used for rota management; however, it had elected to implement Rotamaster, which is more compliant with other Health Boards. It was suggested that this system may also suit an All Wales approach, and Mr Thomas committed to consult with NWIS regarding both Adastra and Rotamaster.</p> <p>Noting the original intention to utilise the NHS Supply Chain Framework mentioned in relation to STA HDD544, before it had been established that it could be procured direct from the supplier at less expense; Mr Newman enquired with regards to assurances around value for money. In response, Mr Thomas explained that Health Boards are reliant on national systems ensuring that procurement frameworks provide the best price. However, it is common practice to 'test' suppliers against these frameworks to establish whether a better price can be obtained. Mr Newman queried the 'trigger' for testing the market in such a way, and was informed that the procurement team utilise their professional judgement to enter into individual discussions with suppliers, rather than automatically using the national frameworks. Whilst the national frameworks generally provide the best value for money, there are instances where Health Boards can negotiate better prices directly. Revisiting earlier statements regarding No PO, No Pay policy breaches, Mr Newman noted that this related to local suppliers. Recalling the commitment to purchase more products and services locally, it was queried whether there might be other suppliers who are not familiar with UHB processes and how this commitment will be progressed. Mr Thomas explained that the breaches were more as a result of purchase orders not being raised in a timely fashion; clarification had been provided and measures are in place to ensure that there will not be a recurrence. In terms of encouraging the purchase of products and services from local firms, Members heard that Mr Thomas hoped to present a strategy document to Finance Committee in March 2021.</p> <p>In response to a query from Mr Newman regarding the Losses and Special Payments outlined in Appendix 4, Mr Thomas confirmed that these follow the previous trend, and are consistent with other Health Boards. Whilst the figures involved are a source of frustration in view of the steps taken by Ms Jenny Pugh-Jones and her team to minimise losses, they relate predominantly to short-life medicine products which the UHB is obliged to keep in stock. Members were assured that the Medicines Management team do move these medicines across UHB sites to maximise their usage.</p> <p>The Committee <b>NOTED</b> the Financial Assurance Report and <b>APPROVED</b> the losses and debtors write offs noted within.</p>	<p>HT</p> <p>HT</p>
AC(21)09	<p><b>Annual Statement of Financial Procedures</b></p> <p>Noting the report presented, Mr Newman queried the rationale for selecting procedures for review. In response, Mr Thomas explained that there is fairly consistent submission of procedures through the Finance Committee. A number of procedures have reached the point where they require review and renewal; others have changed as a result of the</p>	



	COVID-19 pandemic and the changes implemented will be retained going forward.	
	The Committee <b>NOTED</b> the Annual Statement of Financial Procedures.	

<b>AC(21)10</b>	<b>Post Payment Verification (PPV) Report</b> <i>Ms Amanda Legge and Ms Sue Tillman joined the Committee meeting.</i>  <p>Ms Amanda Legge introduced the Post Payment Verification (PPV) Report, noting that it had been an unusual and challenging year. A priority had been maintaining safety, meaning that only 2019/20 data had been utilised, and no Ophthalmic or Pharmacy visits had been conducted. The team are taking steps to conduct General Medical Services (GMS) visits where possible, and have been undertaking other work in relation to Ophthalmic Services. With regard to Pharmacy Services, it is hoped that a pilot for two new service checks, the Quality and Safety Scheme and the Collaborative Working Scheme, will be introduced. There had been almost 200 GMS visits, although practices are being permitted to postpone visits due to the pressures posed by the COVID-19 vaccination programme. A number of practices are, however, continuing with visits and PPV training. Presenting the Primary Care PPV report, Ms Jill Paterson welcomed the opportunity to attend ARAC for this item. The report sets out the processes undertaken by Primary Care in relation to PPV and the set of procedures for each contractor profession. There are robust mechanisms in place to follow up any issues raised, to action financial recovery, to draw out and understand common themes and to take forward learning. Ms Paterson hoped that the report is useful in outlining these processes, and provides the Committee with assurance in this regard.</p> <p>In response to a query from Mr Thomas, Members were assured that Primary Care contractors are aware that expenditure incurred during the previous year will be subject to normal PPV processes. The PPV team is investigating other methods for facilitating remote access, to negate the need for physical visits. GP and Ophthalmic Contractors have been receiving payments based on an average and the previous year's activity. It is important to note that priority is being given to ensuring activity is maintained. There have been instances of repeated careless errors identified during previous visits; while activity is being maintained, there will be a need for this activity to be analysed retrospectively. Welcoming the reports, together with the additional narrative provided by Ms Paterson, Cllr Hancock queried the grounds upon which the Local Medical Committee (LMC) have challenged the validity and rationale for a PPV process. Ms Paterson explained that challenges are usually based on the details of particular processes, including specific wording which has been interpreted differently by a practice. Members were assured that Primary Care will work with the LMC to enhance their understanding of the PPV process.</p> <p>Mrs Hardisty also welcomed the Primary Care PPV report. Noting that ARAC has been in receipt of PPV reports for a number of years, Mrs Hardisty enquired how this topic is being addressed on an All Wales basis. If minor but common errors are occurring across all Health</p>	
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	<p>Boards, it would seem sensible to consider training and development needs for Primary Care staff, including Practice Managers, support staff and Cluster Leads at a national level. Mrs Hardisty was not aware of an All Wales PPV report being presented to a Health Board Vice Chairs' meeting. Ms Paterson added that, previously, there has been no Primary Care involvement during presentation of the PPV report to ARAC. There have been improvements during the last year, with Ms Legge and her team taking steps to integrate more closely with the Primary Care team. Members were reminded that the PPV team does provide training to contractor professions and were informed that they have been requested to consider an All Wales approach, including learning at a national level. Ms Legge endorsed these comments, advising that she had been in post for a year. There are four PPV teams across Wales; the changes introduced in response to the COVID-19 pandemic in terms of remote visits have facilitated staff working across geographical areas, which leads to shared learning/good practice. Ms Legge agreed that an All Wales approach is required, and noted that a GMS Working Group has been established, which is due to meet on 10<sup>th</sup> March 2021. Representatives from each Health Board will discuss issues in common and share information. It is hoped that future reports will include more in the way of All Wales figures. The PPV team is committed to re-introducing training across the other contractor professions as the pandemic subsides.</p> <p>Noting reference to an overarching PPV assurance dashboard on page 3 of the Primary Care PPV report, Mr Newman suggested that the timescale for achieving this is likely to be fairly distant. Ms Paterson clarified that this refers to an All Wales dashboard; however, was happy to provide HDdUHB data whenever required. It was suggested that this be on an exception basis, ie when there are specific issues/outliers of which ARAC should be aware. Members were assured that information is regularly considered at both a Primary Care level and by specific Quality and Safety fora. It was agreed that Mr Newman and Mrs Wilson would discuss the need for/regularity of reports to ARAC on this topic.</p> <p><i>Ms Paterson, Ms Legge and Ms Tillman left the Committee meeting.</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the contents of the Post Payment Verification Report;</li> <li>• <b>NOTED</b> the contents of the Primary Care Post Payment Verification Report and the arrangements established by the Primary Care team to monitor service and financial activity across all Contractor professions, and the mechanisms in place to identify and address any matters of potential or actual concern.</li> </ul>	<p>PN/JW</p>
AC(21)11	<p><b>Audit Wales Annual Plan 2021</b></p> <p>Ms Ann-Marie Harkin presented the Audit Wales Annual Plan 2021, reminding Members that there are two elements to planned audit work: Financial, which will be led by Ms Lucy Evans, and Performance, which will be led by Ms Anne Beegan. Members noted that there is nothing in terms of financial risk relating to HDdUHB which is inconsistent with other Health Boards. Ms Harkin outlined the Performance Audit work planned for 2021/22, members of the Audit team, and the proposed timetable. Members were advised that Audit Wales is not currently in a position to confirm the Audit Fee for 2021/22, although it is not</p>	

	anticipated that this will differ greatly from last year. Ms Harkin committed to providing the ARAC Chair with this information as soon as possible, rather than waiting until the next meeting.	<b>AMH</b>
	Mr Thomas confirmed that he had discussed and fed back on the Plan. Ms Beegan advised that there are a couple of typographical errors which require correction, and that these will be rectified in the final version, once the Audit Fee has been confirmed.	<b>AB</b>
	The Committee <b>NOTED</b> the Audit Wales Annual Plan 2021	

<b>AC(21)12</b>	<b>Audit Wales Update</b>	
	<p>Ms Beegan presented an update on Audit Wales' work, highlighting to Members that the Review of Test, Trace, Protect is being carried forward; and that the Quality Governance Review has been reinstated, with a revised methodology and flexible timeline, although Audit Wales still aim to obtain the views of frontline staff. The work on Structured Assessment has commenced, although this is also being conducted differently. COVID-19 specific work is planned, including a high-level, desk-based review of the vaccination programme. There are also a number of other national reports due for publication.</p> <p>Referencing page 5, Exhibit 3, Mr Davies noted that the Orthopaedic Services Follow-up report was being drafted, and highlighted that the Orthopaedic Surgery guidelines have been updated due to COVID-19. Mr Davies queried whether this will impact upon the report and implementation of its recommendations going forward. Ms Beegan advised that all of the fieldwork for this report had been conducted prior to the COVID-19 pandemic; therefore, it had been necessary to review findings, given the change in circumstances. Rather than a traditional report format, Audit Wales is focusing on opportunities for improvement and areas that Health Boards will need to consider when Orthopaedic services are reinstated. There is a national element to this work, and Members were assured that Audit Wales is considering carefully the timing of publication, given that Health Boards are in the midst of the COVID-19 vaccination programme. Elections and purdah are also imminent. Mrs Wilson suggested that the Executive Lead for the Vaccination Rollout Review should be the Director of Public Health rather than the Medical Director. In response to a query from Mr Newman, Ms Beegan advised that there are some similarities between the planned Quality Governance Review and Internal Audit work, however it is intended to be complementary and consist of detailed examinations of service areas. Mr Newman enquired whether the focus is the 'operational' aspect of quality, with Ms Beegan confirming that the review will examine the escalation mechanisms for quality issues.</p>	<b>AB</b>
	The Committee <b>NOTED</b> the Audit Wales Update.	

<b>AC(21)13</b>	<b>Audit Wales Review: Supporting Staff Wellbeing during COVID-19</b>	
	DEFERRED to 20 <sup>th</sup> April 2021 meeting.	

<b>AC(21)14</b>	<b>Audit Wales Review: Test, Trace, Protect</b>	
	DEFERRED to 20 <sup>th</sup> April 2021 meeting.	



AC(21)15	<b>Audit Wales Orthopaedic Services Follow-up</b> DEFERRED to 22 <sup>nd</sup> June 2021 meeting.	
AC(21)16	<b>Internal Audit Plan Progress Report</b> <p>Mr James Johns presented the Internal Audit (IA) Plan Progress report, which summarises the current position, outcomes, and provides an update on Internal Audit activity since the previous meeting. Members' attention was drawn to Section 2, which details those IA reports finalised since the previous meeting, and Section 3, which updates on delivery of the Plan. Changes have been made to the Plan for various reasons, in agreeance with the UHB, with new audits planned on Data Modelling and the Vaccination Programme. Highlighting Section 3.5, Mr Johns advised that consideration is being given to the development of the Annual Report and Opinion for 2020/21; Members were assured that changes made to accommodate the COVID-19 response will not affect the team's ability to formulate this document. With reference to Section 3.6, the Internal Audit Plan 2021/22 will be presented to the April 2021 ARAC meeting. This will consist of risk-based audits, national audits and an increased focus on follow-up work.</p> <p>Mr Newman enquired whether the planned national audits will allow for more comparative data across Health Boards. In response, Mr Johns explained that nationally-agreed audit work included projects such as the COVID-19 Governance review.</p> <p>The Committee <b>CONSIDERED</b> the Internal Audit Progress Report, the assurance available from the finalised Internal Audit reports and <b>APPROVED</b> the proposed updates to the plan.</p>	
AC(21)17	<b>Quality &amp; Safety Governance (Reasonable Assurance)</b> <i>Mrs Mandy Rayani joined the Committee meeting.</i> <p>Mr Johns introduced the Quality &amp; Safety Governance report, stating that this had particularly focused on how the revised governance arrangements had been embedded. Three directorates had been selected, and a review of papers and minutes undertaken. Liaison had been primarily with the Quality &amp; Safety team, to minimise pressure on operational teams. The audit had recognised progress, with a couple of areas of improvement identified, including risk registers and terms of reference. An overall rating of Reasonable Assurance had been awarded.</p> <p>Whilst pleased with the Reasonable Assurance rating awarded, Mrs Rayani indicated that the areas for improvement will be taken forward. The team will be seeking to introduce standardised agenda formats and Mrs Rayani was optimistic that the position would be improved from April 2021 onwards. Referencing Finding 3, Mrs Hardisty noted that the responsibility for this appears to be allocated to the nursing team, and queried why it did not also implicate directorate management, medical staff and other professions which collectively form directorates. In response, Mrs Rayani reminded Members that the Director of Nursing, Quality &amp; Patient Experience is the quality governance lead. It would be anticipated, however, that issues and actions would be discussed within triumvirates. Consideration is also being given to introducing County</p>	

	level measures, which would be multi-professional and which would feed into the Operational Quality, Safety & Experience Sub-Committee (OQSESC). Whilst it may appear that nursing is leading on these recommendations, Members were assured that they are being addressed across professions.	
	Mr Newman queried the statement in the management response to Recommendation 2 that the template agenda will be shared with all directorates for adoption. Mrs Rayani explained that this relates to directorate level quality governance meetings, and that a template agenda has been developed with consistent/standardised agenda headings. It was agreed that the management response would be amended to clarify. With reference to the management response to Recommendation 3, Mr Newman queried whether the word 'encourage' was sufficiently strong in this context. Mrs Rayani suggested that 'instruct' would be more appropriate and also felt that a statement around consistency across directorates should be included. It was agreed that the management response would be amended accordingly. Mr Newman welcomed the report and commended Mrs Rayani and her team on the positive outcome.	MR
	The Committee <b>NOTED</b> the Quality & Safety Governance (Reasonable Assurance) report and <b>REQUESTED</b> that management responses be amended as outlined above.	MR

AC(21)18	<b>Health &amp; Care Standards (Substantial Assurance)</b>	
	Mr Johns introduced the Health & Care Standards report, noting that this builds on previous audits focusing on processes around the Health & Care Standards, and how these are embedded/utilised. No findings were noted, and a rating of Substantial Assurance was awarded.	
	Mrs Rayani was delighted with the outcome of this audit, stating that it represents the culmination of a great deal of work in this area. It was suggested that highlighting the Health & Care Standards in all reports to groups, sub-committees, committees and Board has served to emphasise their importance.	
	The Committee <b>NOTED</b> the Health & Care Standards (Substantial Assurance) report.	

AC(21)19	<b>Closure of Actions (Reasonable Assurance)</b>	
	Introducing the Closure of Actions report, Mrs Rayani stated that the team involved had worked extremely hard and had been disappointed with the Reasonable Assurance rating. Finding 1 had identified that 2 out of 20 closed cases did not have the required signatures; however, the current practice is to log them on an electronic system, which does not require a signature. Introduction of a new Datix system is imminent and consideration will be given to whether signatures are required, or whether uploading action plans to the system is sufficient. Finding 2 had identified a shortcoming in only one case from the sample. Despite these concerns, Mrs Rayani accepting the findings of the audit. Acknowledging these comments, Mr Johns emphasised that it had been felt that these issues should be highlighted within the audit findings.	
	Referencing the management response to Recommendation 1, Cllr Hancock enquired with regards to the improvements/benefits offered by	

	<p>the new Datix system. Mrs Rayani responded that this system represents a radical step forward, with new modules, improved reporting, easier monitoring and a more user-friendly interface. Overall, this will provide improved assurance. Emphasising that the issues identified are minor, Mr Newman congratulated Mrs Rayani and her team on another positive report. Mrs Rayani thanked the Internal Audit team for their support in clarifying potential areas for improvement.</p> <p><i>Mrs Rayani left the Committee meeting.</i></p> <p>The Committee <b>NOTED</b> the Closure of Actions (Reasonable Assurance) report.</p>	
<b>AC(21)20</b>	<b>Health &amp; Safety</b>	
	DEFERRED to 20 <sup>th</sup> April 2021 meeting.	
<b>AC(21)21</b>	<b>Transformation Steering Group</b>	
	DEFERRED to 2021/22 Internal Audit programme.	
<b>AC(21)22</b>	<b>Infrastructure – to be REPLACED by Data Modelling</b>	
	DEFERRED to 20 <sup>th</sup> April 2021 meeting.	
<b>AC(21)23</b>	<p><b>Effectiveness of IT Deployment in Relation to COVID-19 (Substantial Assurance)</b></p> <p><i>Mr Anthony Tracey joined the Committee meeting.</i></p> <p>Mr Johns introduced the Effectiveness of IT Deployment in Relation to COVID-19 report, noting that the scope and objectives of this audit are outlined in Section 2. A number of examples of good practice had been identified, particularly around the speed of introducing new ways of working in response to the pandemic. Overall, this was a positive report, with a rating of Substantial Assurance, reflecting the significant work undertaken by the IT team in response to COVID-19.</p> <p>Cllr Hancock felt that Mr Anthony Tracey and his team should be congratulated on the findings of this audit, which are well-deserved. Mrs Hardisty agreed, commending the IT team and Mr Thomas as Lead Executive, on this remarkable achievement. In response, Mr Thomas stated that it should be acknowledged that Mrs Karen Miles was Lead Executive at the beginning of the COVID-19 pandemic and response. Mr Davies was particularly pleased to note findings around benefits realisation, in view of discussions regarding this topic at the December 2020 ARAC meeting. Echoing other Members' comments, Mr Newman added his thanks to the IT team and congratulated them on a report with extremely positive and strong findings.</p> <p>It was agreed that the positive findings of this report, together with Quality &amp; Safety Governance, should be highlighted in ARAC's Update Report to Board.</p> <p><i>Mr Tracey left the Committee meeting.</i></p> <p>The Committee <b>NOTED</b> the Effectiveness of IT Deployment in Relation to COVID-19 (Substantial Assurance) report.</p>	<b>PN/JW</b>

AC(21)24	<p><b>Contracting Follow-up (Reasonable Assurance)</b></p> <p>Mr Johns introduced the Contracting Follow-up report, reminding Members that the original audit had taken place 12 months prior, and had resulted in a Limited Assurance rating. Further work is required on a couple of recommendations; however, significant progress and improvements have been made since the original audit, reflected in the rating of Reasonable Assurance.</p> <p>Mr Thomas welcomed the findings of this audit. Whilst recognising that not all requirements have been completed, progress has been made. Members heard that Mr Thomas has been in discussion with Mr Johns regarding an Internal Audit focusing on Commissioning, to maintain momentum in this area into next year. Mr Newman welcomed the positive direction of travel highlighted by the audit findings, whilst agreeing that this area should be revisited. It was suggested that the input of quality considerations into contracting discussions should form part of the proposed Commissioning audit. Acknowledging these comments, Mr Thomas advised that Mr Shaun Ayres has established a Commissioning Group which includes input from the Quality team.</p> <p>The Committee <b>NOTED</b> the Contracting Follow-up (Reasonable Assurance) report.</p>	
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AC(21)25	<p><b>Capital Assurance Follow-up (Reasonable Assurance)</b></p> <p>Mr Eifion Jones introduced the Capital Assurance Follow-up report, advising that this audit represented an amalgamation of four prior capital assurance reviews. There was one capital assurance audit which had not been included: Women &amp; Children's Phase 2; the report from this would be presented separately to the April 2021 meeting. Good progress had been made in addressing recommendations, with 5 out of 7 closed. A rating of Reasonable Assurance had been awarded.</p> <p>Noting the two recommendations relating to Post Project Evaluations, Mr Davies enquired where such outputs are considered within the UHB for assurance purposes. Mr Jones suggested that the Capital Estates and IM&amp;T Sub-Committee would be an appropriate forum to receive such evaluations, with Mr Davies agreeing and suggesting that this be taken forward. Still on the subject of Post Project Evaluations, Mr Lewis noted it is proposed that both of those mentioned are conducted some time after the projects are completed. Mr Lewis queried the value of conducting evaluations 6-9 months after a project is delivered. Mr Jones accepted that concerns and issues may 'fade in people's memories' over time. It was suggested, however, that there is a balance between sufficient time for reflection and ensuring that learning is applied in a timely fashion.</p> <p><i>Mr Andrew Carruthers joined the Committee meeting.</i></p> <p>Mr Lewis reiterated concerns around the impact of an extended period of time on the value of Post Project Evaluations such as that for the Cardigan Integrated Care Centre and the Bronglais General Hospital Front of House projects. In addition, Mrs Hardisty suggested that evaluations should begin before a capital project is signed off, and sought assurance that processes are in place to ensure that evaluations become a mandatory component of projects. Responding to these</p>	HT
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	<p>comments, Mr Andrew Carruthers indicated that he would need to establish what had prevented the Post Project Evaluations from taking place. Mr Carruthers committed to do so, and to ensure that this was addressed going forward. Mr Newman welcomed this commitment, emphasising that it would be reassuring to know that that learning has been embedded for future capital projects.</p>	<b>AC</b>
	<p>The Committee <b>NOTED</b> the Capital Assurance Follow-up (Reasonable Assurance) report.</p>	

<b>AC(21)26</b>	<p><b>Estates Assurance Follow-up (Substantial Assurance)</b></p> <p><i>Mr Rob Elliott joined the Committee meeting.</i></p> <p>Mr Jones introduced the Estates Assurance Follow-up report, reminding Members that there had been a number of reports in this area with Limited Assurance ratings during the last 18 months. Overall, the audit outcome was an extremely positive assessment with regards to progress made, resulting in a Substantial Assurance rating.</p> <p>Welcoming the findings of the report, particularly in view of the several previous reports with less positive ratings, Mr Carruthers and Mr Rob Elliott expressed their gratitude to the Estates team who had worked extremely hard in securing this improvement. Cllr Hancock enquired whether the Estates team are confident that the management of contractors on community sites is as robust as it should be. Whilst recognising that this is not yet at the desired level, Mr Elliott assured Members that progress is being made. Various actions are being implemented, including training and requirements for contractors to report to specific personnel on site and sign-in. Mrs Hardisty advised that the Health &amp; Safety Assurance Committee had received a report at its most recent meeting around the use of technology to address outstanding training issues. Such approaches may be of use in other applications, including the above.</p> <p>Mrs Hardisty, noting the issue of Residential Accommodation and management of SIFT monies highlighted under Recommendation 10, was not sure that this should sit with the Director of Operations and felt that it would be challenging for his team to progress this by March 2021. Whilst acknowledging this comment, Mr Carruthers explained that an interim arrangement is in place to ensure that the UHB does not lose sight of this issue. Responsibility for accommodation generally sits with sites and their management team; however, it has been reassigned to the portfolio of the Medical Director and discussions need to take place with the Medical Director and his team. Mr Newman recognised that significant progress has been made and thanked all of those involved.</p> <p><i>Mr Elliott left the Committee meeting.</i></p> <p>The Committee <b>NOTED</b> the Estates Assurance Follow-up (Substantial Assurance) report.</p>	
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<b>AC(21)27</b>	<p><b>Radiology Directorate (Reasonable Assurance) Update</b></p> <p>Mr Carruthers presented the Radiology Directorate Update report, reminding Members that the issues raised have previously been managed via the Table of Actions. Mr Carruthers had wished to provide a more coherent update, which is clear with regards to the outstanding</p>	
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issues and sets out how the Directorate plan to address these going forward. The report presented attempts to consolidate all of the issues in one place. Members were reminded that the original report dates back to 2018, and a number of the recommendations have already been closed. Those outstanding are 3 and 8, which both relate to the historic arrangements for the radiography out of hours/on-call provision. A Task & Finish Group to address these recommendations had been established prior to onset of the COVID-19 pandemic; progress had been made, however, this had been impacted by COVID-19. Progress had been further impacted by several site leads leaving. Since the pandemic began sites have been, by necessity, working differently and it is hoped that more flexible working practices can be maintained to deliver an improved position going forward.

Mrs Hardisty thanked Mr Carruthers for his report, and noted that it mentions various obstructions identified by staff which had impeded change. Assurance was sought that, with new personnel entering management roles, staff will be provided with adequate opportunities to comment on proposals. In addition, Mr Carruthers was asked how confident he was that the long-standing issues could be addressed. In response, Mr Carruthers stated that he was hopeful of a satisfactory resolution. There had been differences in opinion within the previous site leads in response to the original recommendations; it is hoped that the changes in personnel will allow plans to progress. The Directorate team seem to be more accepting of the fact that changes need to be made than they were previously. Mr Carruthers assured Members that he has not lost sight of the fact that this issue needs to be addressed at pace. It should also be recognised that the original recommendations formed the basis of a savings plan upon which the UHB has not been able to deliver; so there are financial implications also.

Commending the report, Cllr Hancock enquired whether there is any evidence that a formal rota system is preferable to the expediency of the current hybrid model. In response, Mr Carruthers emphasised that the Directorate and UHB as a whole will have learned a great deal from the past year. It will be vital to capture this learning and evaluate whether it should be embedded, either partially or in its entirety, into new ways of working. Both the pre- and post-pandemic situation will need to be considered. Whilst the hybrid model was introduced for a specific purpose, a full on-call roster system is preferable. Mr Lewis stated that the report's contents provide an indication of the time and effort dedicated to this issue, and he thanked those involved for their commitment. Referencing Recommendation 8 on page 3, Mr Lewis queried how the update could be non-binary when the requirement in the recommendation is binary. Mr Carruthers agreed to seek clarification regarding this update. Members were informed that the Radiology workforce in question has been accustomed to working in a specific way, and is in scarce supply. Mr Lewis acknowledged the challenges involved and emphasised that it does appear progress is being made. With regards to the 'Next steps' outlined in the report, Mr Newman observed that the solution is partly predicated on recruiting graduates to complete rosters, which is in turn dependent on financial approval. Mr Newman enquired with regards to confidence in the UHB's ability to achieve these actions. Mr Carruthers reminded Members that

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	<p>there is always a risk when recruiting staff that they will not actually materialise; however the Head of Radiology is more optimistic than at any time previously with regard to the workforce situation. In terms of finances, the proposals and their potential financial benefits to the organisation had been a key premise under the Turnaround Holding to Account process. Whilst there was nothing to suggest the position had changed, discussion of this with the Executive Team was required.</p> <p>Assuming that all of the above comes to pass, Mr Newman enquired when an improved position can be anticipated. In response, Mr Carruthers suggested that August/September 2021 should allow sufficient time to assess the situation in terms of new starters and engagement with existing staff. It was agreed that an update would be provided to ARAC in August 2021.</p>	<p><b>AC</b></p> <p><b>AC</b></p>
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the Radiology Directorate Update 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;</li> <li>• <b>NOTED</b> that, despite extended timeframes, significant progress has been made to addressing the outstanding recommendations;</li> <li>• <b>NOTED</b> that it is fully acknowledged that delays have occurred during this process; however, it is necessary that staff have opportunity to comment and providing an altered service in the pandemic became the priority. In addition, the reviews of the service highlighted other areas that could be addressed at the same time, to provide an overall more robust and resilient staffing model for radiography;</li> <li>• <b>REQUESTED</b> an update in August 2021.</li> </ul>	
<p><b>AC(21)28</b></p>	<p><b>Mental Health Legislation Assurance Committee (MHLAC) Assurance Report around the Discharge of their Terms of Reference</b></p> <p>Mr Carruthers presented the MHLAC Assurance Report, which he suggested is relatively self-explanatory. As with a number of the UHB's committees, MHLAC's activities have been impacted by COVID-19.</p> <p>In response to a query regarding whether the issues with data migration and the resulting operational challenges have been resolved; Mr Carruthers understood that this is ongoing and offered to confirm outside the meeting. Members heard that these issues have been testing for the Operational team and are particularly frustrating in view of the impact of COVID-19 on demand for Mental Health services, as they have affected reporting abilities. Mr Newman thanked the team in Mental Health for their efforts and for producing the report.</p> <p><i>Mr Carruthers left the Committee meeting.</i></p> <p>The Committee <b>NOTED</b> the content of the Mental Health Legislation Assurance Committee Assurance report, and was <b>ASSURED</b> that the Mental Health Legislation Assurance Committee has been operating effectively during 2020/21.</p>	<p><b>AC</b></p>

AC(21)29	<b>Audit Tracker</b>	
	<p>Mrs Wilson introduced the Audit Tracker report, advising Members that this is of the usual format. Pages 2-4 outline the open high-priority recommendations, and page 5 details current audit tracker activity.</p> <p>Noting that the Health &amp; Safety Executive (HSE) visited in January 2021, Mr Davies enquired whether any informal feedback has been received regarding issues raised. Mrs Charlotte Beare advised that the outcome of the HSE visit had been discussed at the Health &amp; Safety Assurance Committee (HSAC) on 17<sup>th</sup> February 2021. Whilst concerns around social distancing measures had been raised, the UHB is still awaiting the formal report. When received, recommendations will be added to the Audit Tracker. Mrs Hardisty, HSAC Chair, advised that a verbal update had been provided on what had been a positive visit. Discussions around ways of working to address HSE concerns regarding social distancing were planned. The UHB was, however, somewhat disappointed with the way in which these concerns had been raised, as there had been no prior discussion with the Director of Nursing, Quality &amp; Patient Experience. It was suggested that ARAC might need to consider whether the HSE should be included in future Private Sessions such as the one this afternoon, as they are a regulator.</p> <p>Mr Newman recognised that collation of the Audit Tracker report involves a great deal of work, and thanked Mrs Wilson, Mrs Beare and their team.</p>	
	<p>The Committee <b>TOOK ASSURANCE</b> on the following:</p> <ul style="list-style-type: none"> <li>• Executive Directors and Lead Officers understand that there is still the expectation that outstanding recommendations from auditors, inspectorates and regulators should continue to be implemented during COVID-19, to ensure services are safe and the risk of harm to patients and staff is managed and minimised;</li> <li>• The rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Committee.</li> </ul>	
AC(21)30	<b>Prioritised Plan for Outstanding Audit/Regulatory/Inspectorate Recommendations - Update on Progress</b>	
	<p>Mrs Wilson reminded Members that Board in November 2020 had requested that a prioritised plan be developed for when the UHB moves into 'recovery phase', and assurances from Executive Directors that there were no significant issues that required urgent action. Creating this plan had taken longer than anticipated; however Mrs Wilson and Mrs Beare had reviewed all outstanding recommendations, categorising over 150 and evaluating them from various perspectives including patient safety. They had also met with Ms Beegan and Mr Johns to review all Audit Wales and Internal Audit recommendations, to ensure that these are still relevant/appropriate. Subsequently, 8 recommendations had been closed. Mrs Wilson emphasised that the recommendations under consideration are under the ownership of various Executive Leads, and that discussions will also be taking place with them. It is intended that a more detailed update will be presented to ARAC's next meeting. By this time, a further meeting with Mr Johns will have taken place, to ascertain whether any more Internal Audit recommendations can be closed.</p>	

	Mr Newman enquired whether a discussion is planned with the Director of Operations to establish whether he is able to address the backlog of recommendations within his remit. Mrs Wilson confirmed that this is the intention, to assess when it would be appropriate to ask Operational teams to begin this work in view of current pressures.	
	The Committee <b>NOTED</b> the Prioritised Plan for Outstanding Audit/Regulatory/Inspectorate Recommendations Update Report.	

<b>AC(21)31</b>	<b>Counter Fraud Update</b>	
	<i>Mr Ben Rees joined the Committee meeting.</i>	
	Mr Ben Rees presented the Counter Fraud Update, advising that Counter Fraud Services Wales had recently published their quarterly statistics, which he would provide to the next meeting. Members' attention was drawn to reports of COVID-19 vaccination scams; Mr Rees stated that the Counter Fraud team is linking with colleagues in Local Authorities and Public Health Wales, to ensure that people are in possession of information which will help them to avoid becoming victims of such scams. Members heard that the Recovery of Overpayments and Management of Underpayments Policy is due to be presented to Staff Partnership Forum and thence to PPPAC. Various Fraud Risk Assessments have been conducted, and Mr Rees highlighted the suggestion that Fraud Risk monitoring be incorporated within future ARAC reports.	
	In regards to COVID-19 vaccination scams, Mr Newman enquired whether there is any intelligence available around scam success rates or whether any arrests have been made. In terms of the latter, Mr Rees was only aware of one high-profile case in southern England, where an individual had tricked an elderly female into paying for a COVID-19 vaccination and had allegedly administered a fake 'vaccination'. The individual involved had been apprehended and charged. One local case would be discussed during the In-Committee session.	
	The Committee <b>NOTED</b> the Counter Fraud Update report.	

<b>AC(21)32</b>	<b>Quality Review of Consultant Job Plans</b>	
	<i>Dr Philip Kloer and Mr John Evans joined the Committee meeting.</i>	
	Mr Johns introduced the Quality Review of Consultant Job Plans report, noting that a Follow-up of the original Internal Audit is also planned. A sample of Job Plans had been reviewed, with the key area for improvement highlighted being to develop an approach to ensure personal and service outcomes are included within Job Plans across the UHB.	
	Whilst recognising that the report focuses on a relatively brief 'snapshot' audit, Dr Philip Kloer welcomed its findings, which provide useful information and raise a number of questions. Dr Kloer advised that he had been in contact with other Medical Directors regarding personal and service outcomes, and that there is variation across Wales in how well these are captured within Job Plans. Members heard that Job Planning, in common with many activities, has been impacted by the	

COVID-19 response; however, the UHB has plans in place to restart Job Planning processes from April 2021. In order to implement the capture of personal and service outcomes, which will require a phased approach, Dr Kloer suggested that a Task & Finish Group be established. The team is also aware of sensitivities within the Local Negotiating Committee (LNC) around how these outcomes will be recorded in Job Plans. The UHB will seek to outline the advantages for the individual as well as the organisation in including personal and service outcomes. It is also intended to review other Health Boards' guidance to obtain any examples of good practice. Mr John Evans advised that certain services already include personal and service outcomes in Job Plans, for example Mental Health & Learning Disabilities. Inclusion potentially lends itself better to services with a more predictable nature, rather than those adapting and changing on a daily basis.

Mrs Hardisty felt that the progress made should be recognised. It was noted that the sample used in the audit was heavily skewed towards Mental Health, with no Job Plans from Unscheduled Care or certain other areas. Whilst acknowledging the reasoning for earlier statements, Mrs Hardisty was not sure that Mental Health could be described as entirely 'predictable'. The proposed evaluation of other Health Boards' approach was endorsed. Mrs Hardisty also requested an update on progress in terms of Internal Audits in relation to Specialty and Associate Specialist (SAS) doctors. In response to the above, Mr Johns advised that the sample used had been identified in discussion with the Job Planning team. These were from areas less likely to be impacted by COVID-19 and which had Job Plans available. In regards to the second query, the original IA had included a sample of SAS doctors, which will be replicated in the follow-up. Dr Kloer endorsed Mr Johns' statements around the sample, adding that it had also been important to test where personal and service information was being collected. Good progress was being made on SAS doctor Job Plans prior to the COVID-19 pandemic, and it will be vital to regain this momentum. There is a focus generally on increased engagement with SAS doctors, which should assist. With regards to 'predictable' versus 'unpredictable', Dr Kloer explained that Mental Health has been accustomed to the inclusion of personal and service outcomes in their Job Plans for some time. Certain services have more unpredictable service demands, such as ongoing care responsibilities for patients; others are sessional, such as Radiology and Anaesthetics. Services will need to learn from Mental Health and from other health organisations in relation to the inclusion of personal and service outcomes.

Mr Newman suggested that, when the Follow-up audit is scoped, the Quality Review and the issues identified therein are also considered. Further, that consideration be given to assessing the quality of Job Plans, as well as the 'numerical' aspect. It was suggested that it would be useful for ARAC to see the proposed scope of the Follow-up audit in advance. Mr Johns committed to discuss these suggestions with Dr Kloer and Mr Evans.

*Dr Kloer and Mr Evans left the Committee meeting.*

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	The Committee <b>NOTED</b> the Quality Review of Consultant Job Plans report.	
AC(21)33	<b>Audit Wales Supplementary Structured Assessment Output: 'Doing it Differently, Doing it Right?'</b>	
	Ms Beegan advised that this represents a summary of the Structured Assessment work from 2020/21.	
	The Committee <b>NOTED</b> the Audit Wales Supplementary Structured Assessment Output: 'Doing it Differently, Doing it Right?'	
AC(21)34	<b>Auditor General for Wales Letter: Procurement and Supply of PPE during the COVID-19 Pandemic</b>	
	Ms Beegan felt that it would be useful for ARAC to have sight of this letter, which represents a high-level insight. There are plans to publish a report around PPE in March 2021 or soon after. Mr Newman stated that the reports mentioned within the letter raise a number of themes relating to PPE provision.	
	The Committee <b>NOTED</b> the Auditor General for Wales Letter: Procurement and Supply of PPC during the COVID-19 Pandemic	
AC(21)35	<b>Auditor General for Wales Letter to Public Sector CEOs and Senior WG Stakeholders</b>	
	Ms Beegan explained that this is an update to the previous letter outlining the approach being taken by Audit Wales during the COVID-19 pandemic. It is recognised that different Health Boards are at different stages in dealing with the pandemic, and Ms Beegan emphasised that Audit Wales are sensitive to the ongoing pressures and willing to be flexible in their approach.	
	Mrs Wilson thanked both Ms Beegan and Mr Johns for their willingness to accommodate the UHB during this time.	
	The Committee <b>NOTED</b> the Auditor General for Wales Letter to Public Sector CEOs and Senior WG Stakeholders	
AC(21)36	<b>Audit &amp; Risk Assurance Committee Work Programme 2020/21</b>	
	The Committee <b>NOTED</b> the ARAC Work Programme.	
AC(21)37	<b>Any Other Business</b>	
	Members noted that this was the final ARAC meeting for Cllr Simon Hancock and Mr Mike Lewis. Cllr Hancock stated that, during his time on the Committee, he had seen a continued journey of improvement and that ARAC was now in a strong position. Mr Newman and Mrs Wilson, on behalf of both ARAC and the UHB, thanked Cllr Hancock and Mr Lewis for their contribution.	
AC(21)38	<b>Reflective Summary of the Meeting</b>	
	<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"> <li>Approval of the proposed ARAC Self-Assessment questionnaire for 2020/21</li> </ul>	

	<ul style="list-style-type: none"> <li>• Approval of the ARAC Terms of Reference for onward ratification by Board</li> <li>• The Committee received and noted the Annual Statement of Financial Procedures</li> <li>• The Committee received the Post Payment Verification report covering the period 1<sup>st</sup> October 2020 to 31<sup>st</sup> January 2021</li> <li>• The Audit Wales Annual Plan 2021 was received</li> <li>• The Committee received a number of positive Internal Audit reports, which it agreed should be highlighted to Board, including: <ul style="list-style-type: none"> <li>○ Quality &amp; Safety Governance (Reasonable Assurance)</li> <li>○ Health &amp; Care Standards (Substantial Assurance)</li> <li>○ Closure of Actions (Reasonable Assurance)</li> <li>○ Effectiveness of IT Deployment in Relation to COVID-19 (Substantial Assurance)</li> </ul> </li> <li>• The Committee received a report on an Internal Audit Quality Review of Consultant Job Plans, noting that a Follow-up to the original Internal Audit is scheduled</li> <li>• An update report on the Radiology Directorate Internal Audit was received, with the Committee noting progress made in implementing recommendations and next steps planned</li> <li>• The Committee was assured that the Mental Health Legislation Assurance Committee has operated effectively during 2020/21</li> <li>• A report in relation to the Audit Tracker was received and the position noted</li> <li>• The Committee received an update report on the Prioritised Plan for Outstanding Audit/Regulatory/Inspectorate Recommendations, noting progress made and next steps planned</li> <li>• An update on Counter Fraud work was provided</li> </ul>	
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AC(21)39	<b>Date and Time of Next Meeting</b>	
	9.30am, 20 <sup>th</sup> April 2021	