

Audit & Risk Assurance Committee
TABLE OF ACTIONS
Arising from Meeting held on 20th October 2020

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(19)222	22/10/2019	Radiology Directorate (Reasonable Assurance) Update	To provide to the next meeting, via the Table of Actions, a clear plan (agreed by the Executive Team) of timescales for implementation of Recommendations 3 and 8.	AC	December 2019 April May August October 2020 February 2021	<i>A transformation project team has been established between the Head of Radiology, Workforce and OD and the Project Management Office (PMO) which met in February 2020 and devised a transformation project plan (please see attached) in relation to Radiology staffing levels including on-call arrangements. A second meeting was due to take place in March 2020 but was suspended due to preparing for the COVID-19. The project plan was discussed with members of the executive team who are part of the Holding to Account process in the March 2020, where it was agreed Radiology would present new costings for improved staffing levels to the Executive Team. A model was developed and costed although due to COVID-19 this has not</i>

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						<p><i>been presented to the Executive Team. Currently, during the pandemic, staff have been working differently to accommodate the patient flow and it is anticipated that some of the adjustments will continue when returning to what will be a new normal. The transformation project plan is currently a minimum of 3 months behind schedule. It is anticipated for a further meeting to be arranged in June 2020 to establish revised timescales against the remaining actions, including the implementation of the recommendations from the Internal Audit report.</i></p> <p><u><i>Update for August 2020 ARAC meeting:</i></u> <i>Further meetings have been held with leads from the programme management office in an effort to maintain momentum. A further meeting is scheduled for August 2020.</i></p>

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						<p><i>In addition, discussions have been held during July 2020 with Workforce and Organisational Development regarding bespoke leadership training for the radiology site leads. Any changes to current staging rotas have taken into consideration new ways of working.</i></p> <p><i>However, there has not been an opportunity to present developments to date or the revised staffing models to the Executive Team, due to the response to COVID-19. A revised Gantt chart around the project is attached.</i></p> <p><u><i>Update for October 2020 ARAC meeting:</i></u> <i>Agreement between the Chair of ARAC and Director of Operations that a full update report would be presented to 15th December 2020 meeting.</i></p> <p><u><i>Update for December 2020 ARAC meeting:</i></u> <i>Agreement between the Chair of ARAC and</i></p>

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						<p>Director of Operations that a full update report would be presented to 23rd February 2021 meeting.</p> <p>Forward planned for 23rd February 2021 meeting</p>
AC(19)223	22/10/2019	WAO Review of Estates 2016 Update	To provide a further update to a future meeting.	RE	April October 2020	Completed. Update provided to ARAC on 20 th October 2020.
AC(19)256	19/12/2019	Counter Fraud Update	To discuss with the Director of Workforce & OD whether Counter Fraud Awareness E-Learning should be made mandatory.	HT	February April August October 2020 December 2020	<p><i>The Local Counter Fraud Specialist is attending the Mandatory Training Group meeting on 15/06/20 to present the application for the Counter Fraud Awareness E-Learning module to be made mandatory. A decision will be made shortly after this meeting.</i></p> <p><i>The Approval Panel has been disbanded and the authorisation process handed back to the Executive Team. Efforts will be made to progress with the Executive Team in the coming month.</i></p> <p><u>Update for October 2020 ARAC meeting:</u> Following on from the Audit Wales report, which</p>

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						<p><i>recommends that consideration is given to mandatory Counter Fraud training within the organisation, The Head of LCFS has discussed the matter with the Director of Workforce & OD, who has confirmed that we would need to discuss how best to progress the matter. It is the Counter Fraud department's opinion that mandatory training will play a significant role in educating staff on the risks associated with Fraud in the NHS and will complement existing measures that are in place to reduce the Health Board's liability under section 7 of the Bribery Act, which places a requirement on an organisation to have adequate measures in place to prevent Bribery. A further meeting has been arranged for 28th October 2020, following which it is hoped that an action plan to implement Mandatory training will have been agreed, with a</i></p>

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						<p><i>view to finalising these actions prior to year-end.</i></p> <p><u>Update for December 2020 ARAC meeting:</u> Following a meeting with the Director of Workforce & OD, it has been agreed that the Counter Fraud Training package will be made mandatory.</p>
AC(20)42	21/04/2020	Internal Audit RCP Medical Records Keeping Standards (Reasonable Assurance) Update	To provide a further update in six months.	PK	October 2020	Completed. Update provided to ARAC on 20 th October 2020.
AC(20)43	21/04/2020	WAO Clinical Coding Follow-up Update	To provide a further update in six months.	HT	October 2020	Completed. Update provided to ARAC on 20 th October 2020.
AC(20)112	23/06/2020	Table of Actions: AC(19)222 – Radiology Directorate (Reasonable Assurance) Update	To obtain an update from the Director of Operations regarding the lack of posts for radiology students.	JW	August October 2020 February 2021	<p><i>There are posts available when vacancies occur within the establishment for student radiographers to apply. Work has been undertaken to align any potential vacancies with student graduation.</i></p> <p><u>Update for October 2020 ARAC meeting:</u> Work continues to be undertaken by one of the sub groups of the National Imaging Program Strategy Board, in conjunction with</p>

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						<p><i>Health Education and Improvement Wales (HEIW), to align workforce plans with student recruitment. HDUHB is represented on the Program Strategy Board which meets bi-monthly. Ensuring students secure posts once qualified is Integral to the transformation project which is focussing specifically on maintaining a sustainable workforce model, for Radiology services. Further information pertaining to this subject matter will also be incorporated within the Radiology report scheduled for review at the December 2020 meeting.</i></p> <p><u>Update for December 2020 ARAC meeting:</u> Agreement between the Chair of ARAC and Director of Operations that a full update report would be presented to 23rd February 2021 meeting.</p>

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						Forward planned for 23 rd February 2021 meeting.
AC(20)124	23/06/2020	Variable Pay (Reasonable Assurance)	To request that the management response be reviewed and presented to the next ARAC meeting;	JW AC	August October December 2020	<p><i>Revised Management Response presented to August 2020 meeting.</i></p> <p><u>Update for October 2020 ARAC meeting:</u> <i>The service has explored an approach to place Pathology onto Rosterpro. However, the central team capacity to assist with this has been delayed, due to COVID-19; combined with the fact that the UHB is replacing the Rosterpro system with Allocate. As a result of the delay, the Head of Pathology Services is currently reviewing the pros and cons of both options prior to making a recommendation to the steering group, scheduled for 16th November 2020. The steering group will review the new services requesting e-rostering solutions and will then advise how many can be accommodated and over what timescales.</i></p>

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						<p><u>Update for December 2020 ARAC meeting:</u> The Health Board Workforce Information System (WFIS) group explored an approach to place Pathology onto Rosterpro. The conclusion being, it was not advisable to bring a new service onto Rosterpro when the system is being discontinued, and replaced with Allocate.</p> <p>Allocate delivery plan commences in April 2021, with Nursing services. The overall roll-out plan runs over a 2 year period.</p> <p>ARAC is being asked to review if Pathology can be aligned to the two year roll-out plan, considering manual processes related to contracted hours, pay enhancements and on-call and overtime payments have recently been bolstered. If this timeline is not acceptable, the Head of Pathology Services will need to</p>

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						develop a business plan seeking extra resources to join Allocate sooner.
AC(20)154	25/08/2020	Audit Wales Counter Fraud	<ul style="list-style-type: none"> To research and present findings regarding best practice, including capacity, to a future meeting; 	BR	December 2020	Forward planned for 15 th December 2020 meeting.
AC(20)175	20/10/2020	Update on Escalation/Targeted Intervention Status	To provide a six monthly assurance report.	SM	April 2021	Forward planned for April 2021 meeting.
AC(20)176	20/10/2020	Audit Wales Structured Assessment 2020	Areas for suggested improvements are being taken forward and would be reported to Board.	JW	November 2020	Update attached (see Appendix 1).
AC(20)177	20/10/2020	Internal Audit Advisory Review: Governance Arrangements during the COVID-19 Pandemic	<ul style="list-style-type: none"> Suggested areas of improvement noted in the report to be included in the governance report to Board. 	JW	November 2020	Completed. Included in 'Maintaining Good Governance' report to Public Board meeting on 26 th November 2020.
			<ul style="list-style-type: none"> To provide an update on actions being taken against suggested improvements. 	JW	December 2020	Update attached (see Appendix 1).
AC(20)178	20/10/2020	Financial Assurance Report	<ul style="list-style-type: none"> To correct the error in appendix 2; 	HT	November 2020	Completed.
			<ul style="list-style-type: none"> To discuss what is appropriate to be reported to ARAC and the Finance Committee going forward to avoid duplication. 	HT/PN	December 2020	Completed.
AC(20)179	20/10/2020	Audit Wales Update	Updated workplan to be reported to the next ARAC meeting in December 2020	JW	December 2020	Forward planned for 15 th December 2020 meeting.

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AC(20)180	20/10/2020	Audit Wales Structured Assessment 2019 – Progress to Date	To discuss further and provide a more meaningful update.	JW	December 2020	Covered in Agenda Item 4.3.
AC(20)181	20/10/2020	Internal Audit Plan Progress Report	To provide update following discussions on IT reliance on modelling.	HT/JJ	December 2020	This has been discussed with Internal Audit, and they are currently considering the resource requirement within their team to reflect in next year's plan.
AC(20)186	20/10/2020	Bronglais General Hospital Directorate Governance Follow-up (Reasonable Assurance)	<ul style="list-style-type: none"> To discuss the reporting arrangements across all directorates to ensure there is a standardised approach that provides assurance without causing unnecessary additional work. 	AC	April 2021	Being taken forward.
			<ul style="list-style-type: none"> Discuss risk no.197 (patient flow) to ensure the risk is reviewed appropriately. 	CB/HD	December 2020	Completed.
AC(20)188	20/10/2020	Records Management Follow-up (Limited Assurance)	<ul style="list-style-type: none"> To highlight to Board the ongoing issues and lack of progress due to COVID-19. 	JW	November 2020	Completed. Included in update report to Public Board meeting on 26 th November 2020.
			<ul style="list-style-type: none"> To provide a further update on how the issues raised can be taken forward. 	AC	December 2020	Progress update attached (see Appendix 2).
AC(20)190	20/10/2020	Internal Audit RCP Medical Records Keeping Standards	<ul style="list-style-type: none"> To provide a progress update in 9 to 12 months' time. 	PK	October 2021	Forward planned for October 2021 meeting.

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		(Reasonable Assurance) Update				
AC(20)191	20/10/2020	Partnership Governance (Integrated Care Fund) (Limited Assurance)	<ul style="list-style-type: none"> To highlight report to Integrated Executive Group (which reports to the RPB) for discussion to agree how the recommendations within the report will be addressed. 	JP	November 2020	Completed. Audit Report was discussed by IEG on 26 October and recommendation for expanded IEG meeting on a quarterly basis bringing relevant officers together to interrogate programme updates and strengthen programme governance agreed. Arrangements to commence in Quarter 3.
			<ul style="list-style-type: none"> To highlight to Board the partnerships Governance arrangements issues. 	JW	November 2020	Completed. Included in update report to Public Board meeting on 26 th November 2020.
			<ul style="list-style-type: none"> To explore how other Health Boards have progressed with partnership governance arrangements. 	AB	December 2020	Early discussion with leads for other Health Boards. Further update to be provided at 23 rd February 2021 meeting.
AC(20)195	20/10/2020	Scrutiny of Outstanding Improvement Plans	Discuss and agree workplan for scrutiny of outstanding improvement plans.	PN/JW	December 2020	Completed. A discussion took place following the October 2020 ARAC meeting, where it was agreed to restart the scrutiny programme in February 2021, in recognition of the increasing pressures from COVID-19 and winter on operational services. This would be reviewed at the

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						agenda-setting meeting for February 2021 ARAC.

Minute References – AC (20) 176 & 177

It was agreed at the previous meeting to provide the Committee with an update on suggested improvement opportunities from both the AW Structured Assessment 2020 and the Internal Audit Advisory Review: Governance Arrangements during the COVID-19 Pandemic.

AW Structured Assessment 2020 - Improvement Opportunities

Opportunity for Improvement	Executive Lead	Response
The Health Board should be commended for its efforts in ensuring good governance during the pandemic, which reflects the increasing maturity of the Board. In the event of a second peak, the Board should however consider whether it would be able to sustain the same level of Board and committee business (para 23)	Board Secretary	Board and Committees remain under constant review during the pandemic. In response to the second wave, meetings were held with Lead Executive Directors and Chairs of Committees to review arrangements and workplans. Agendas were refined and reduced with some Committees stood down until the New Year. QSEAC has returned to monthly meetings.
Scrutiny across the quality and safety agenda continues to be good. Whilst the Covid-19 response has had an acute hospital focus, the depth and breadth of challenge has spanned a wide range of issues with mental health, learning disabilities and primary care key focus areas of attention. Papers provide the necessary assurance on the arrangements in place, but Independent Members are increasingly seeking assurance on outcomes, which will need to be addressed as the Health Board starts to exit the pandemic (para 44)	Director of Nursing, Quality and Patient Experience	Work is being progressed to look at ways in which a greater focus can be given to outcomes in reports at QSEAC and other associated committees. QSEAC remains focused on whole system quality and safety matters and the new arrangements for Quality Governance meetings at county level will assist in ensuring equity of service scrutiny and assurance. These arrangements will commence in the new year.
To date however, the performance reporting framework has not provided assurance regarding the four quadrants of harm set out in the NHS Wales Operating Framework. The Executive Director of Finance is currently redeveloping the performance framework which will look to include the four quadrants of harm. (para 107)	Director of Finance	This remains in development with the aim of completing it by new the financial year.

Governance Arrangements during the Covid-19 Pandemic undertaken by Internal Audit - Priority Considerations for the Future

Priority Considerations for the Future	Executive Lead	Response
Developing a protocol pack for future events that require similar arrangements, to swiftly implement the required measures. For example, building on approved procedures currently in place within the Health Board review and reapprove meeting etiquette, membership and meeting arrangements	Board Secretary	The Board and Committee Standard Operating Procedure will include an appendix detailing the governance response to an emergency situation such as a pandemic or winter pressures which will include areas such as an assessment of committee meetings and frequencies that need to continue, and ensures the focus is on patient quality and safety.
Papers and minutes for all committees to be brought up to date on the website and maintained in that way.	Board Secretary	Completed
Assess aspects of the arrangements established during the pandemic that have worked well and consider whether they will form part of arrangements for the longer term, such as virtual committee meetings.	Board Secretary	Virtual meetings will continue. The Executive Team has been reviewed and will have a formal meeting going forward. Arrangements established during the pandemic will continue to be considered further as the pandemic continues to change the ways in which we work.
Building on the current established process develop guidance for the level of information required to be documented in the Decision Logs, particularly where a large number of items or expenditure is being approved in one decision. This can be used for future mobilisation of the process, in the event of potential future peaks.	Board Secretary	The decision logs contain all the decisions made by Gold, Silver and Bronze including expenditure.
Consider whether any updated working practices, as a result of the pandemic, need to be reflected in future updates of standard operating process or financial control procedures.	Director of Finance	Financial Control procedures are reviewed on cyclical basis and learning from pandemic will be included in future reviews.
Consider whether the process of documenting and recording items of expenditure that required retrospective ratification, along with the reporting of value for money considerations be regularised into an agreed procedure to be used in the event of a future wave of they pandemic.	Director of Finance	As above.

Internal Audit: Records Management Follow-up – October 2020

(Limited Assurance)

Updated 7th December 2020

Recommendation	Status	Update	Actions
1	Action not Addressed	Corporate Records Management Strategy and Policy will be reviewed for consideration by IGSC in March 2021, prior to submission to PPPAC (which has replaced BPPAC).	Review Corporate Records Management Strategy and Policy and present to the Information Governance Sub-Committee, which reports to PPPAC, in Mar 2021.
2	Action Partially Addressed	<p>An SBAR report was submitted to the Executive Team in March 2020 requesting additional staffing resource to support the planning and implementation of a scanning solution. The outcome of the paper was that further discussions were required and this would be revisited as part of the Health Records Programme Modernisation Group (HRPMG). Unfortunately, due to the covid pandemic the group has been on hold for several months.</p> <p>A meeting as also scheduled between the COO, Deputy</p>	<p>Re-establish the HRPMG at the earliest opportunity.</p> <p>Review SBAR for staffing support.</p> <p>Confirm date of the storage meeting.</p>

			Director of Op's and the Health Records Manager to discuss current and long term storage capacity.	
3	Management should ensure that the services and functions holding patient records locally are reminded of their requirement to comply with the Retention & Destruction Policy.	Action Partially Addressed	The Health Records Manager sent a global reminder to all Health Board staff, however currently due to the destruction embargoes; the Health Board is unable to destroy any patient records. This recommendation formed a key element of the various work streams that were involved with the HRPMG. As above progress has been delayed due to covid.	Re-establish the HRPMG at the earliest opportunity. As per previous discussions at ARAC, undertake specific audits within these service areas.

4	Management should establish refresher sessions to ensure existing staff receive records management training.	Action Partially Addressed	Following a recent meeting with the IG team there is a possibility that we may be able to provide some joint IG/Health Records training next year. The training possibility is currently under review and will be assessed in line with current covid protocols, guidance and hospital rates. Further meetings are planned for the February with a view to implementing the training sessions towards the middle of next year.	Provide an update following the meeting in February.
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