

**COFNODION Y CYFARFOD PWYLLGOR ARCHWILIO A SICRWYDD RISG
HEB EU CYMERADWYO / UNAPPROVED MINUTES OF THE AUDIT AND RISK
ASSURANCE COMMITTEE MEETING**

Date and Time of Meeting:	9.30am, 27 th August 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 Cllr. Simon Hancock, 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 Mrs Joanne Wilson, Board Secretary Mr Huw Thomas, Director of Finance Mrs Charlotte Beare, Head of Assurance and Risk Mr Joe Teape, Deputy Chief Executive/Director of Operations deputising for Mr Steve Moore, Chief Executive (part) Mr Matthew Evans, Local Counter Fraud Specialist (part) Dr Philip Kloer, Medical Director & Director of Clinical Strategy (part) Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (part) Dr Ceri Brown, Clinical Lead for Clinical Audit (part) Mr Ian Bebb, Clinical Audit Manager (part) Ms Anna Bird, Head of Strategic Partnerships, Diversity and Inclusion, deputising for Ms Sarah Jennings, Director of Partnerships & Corporate Services (part) Mr Rob Elliott, Director of Estates, Facilities and Capital Management (part) Mr Tim Harrison, Head of Health, Safety & Security (part) Mr Mark Lewis, Head of Operation Services, Estates (part) Ms Rhian Bond, Assistant Director of Primary Care, deputising for Ms Jill Paterson, Director of Primary Care, Community and Long term Care (part) Ms Melanie Watson, KPMG (Observing) Ms Clare Moorcroft, Committee Services Officer (Minutes)

Agenda Item	Item
AC(19)159	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"> Mr Steve Moore, Chief Executive Ms Sarah Jennings, Director of Partnerships & Corporate Services Ms Jill Paterson, Director of Primary Care, Community & Long term Care

AC(19)160	<p>Declaration of Interests</p> <p>No declarations of interest were made.</p>	
AC(19)161	<p>Minutes of the Meeting held on 25th June 2019</p> <p>RESOLVED – that the minutes of the Audit & Risk Assurance Committee meeting held on 25th June 2019 be APPROVED as a correct record.</p>	
AC(19)162	<p>Table of Actions</p> <p>An update was provided on the Table of Actions from the meeting held on 25th June 2019 and confirmation received that outstanding actions had been progressed. In terms of Matters Arising:</p> <p>AC(18)247 – Mr David Powell noted the update that the Finance Directorate are developing a project plan, and enquired regarding the timescale; noting that this issue has been ongoing for some considerable time. Mr Huw Thomas acknowledged that this was the case, whilst emphasising that implementing a proper solution is a significant exercise to undertake. Re-engineering the data in current systems is challenging, therefore a detailed project plan needs to be in place. Members were reminded that a review had been conducted by Internal Audit also. Mr Thomas apologised for the delay and was hopeful of a more comprehensive update at the next meeting.</p> <p>AC(19)06 – Mrs Joanne Wilson emphasised that ARAC requires assurance in respect of this issue, and suggested that when KPMG’s review is complete in October 2019, ARAC liaises with the Finance Committee to note findings. Mr Thomas agreed, explaining that the suggestion was to close ARAC’s action in terms of tracking this matter, with Finance Committee continuing to oversee the issue, noting that an update on this matter would be forward planned into the ARAC work programme.</p> <p>AC(19)49 – Mr Powell advised that there had been an agenda item on Clinical Coding at the June 2019 meeting of the Business Planning & Performance Assurance Committee (BPPAC). However, the report presented had not been satisfactory, and a further update had been requested for the August 2019 meeting. It was agreed that this matter would be referred to BPPAC.</p> <p>AC(19)57 – Mr James Johns reported that work is ongoing, to evaluate the information available. It was agreed that the date for this action would be amended to February 2020, with a further update to be provided at that time.</p> <p>AC(19)136 – Mr Thomas advised that the Finance Directorate are currently working with NHS Wales Shared Services Partnership (NWSSP) to develop a more robust system in relation to overpayments. It was agreed that the date for this action would be amended to October 2019, with a further update to be provided at that time. With regard to establishing a substantive budget for Organisational Development, Members noted that this is within the current budget.</p>	<p>CM</p> <p>CM</p> <p>CM</p>

	<p>AC(19)137 – Mr Thomas stated that, on further investigation, it had been identified that the Primary Care directorate had not been receiving the Post Payment Verification (PPV) reports presented to ARAC, meaning that they had not had access to relevant information. The reports will, in future, be shared with the Primary Care management team, which should enable the team to take action where appropriate. Whilst noting this, Mr Newman emphasised the continued need for a robust escalation process, should management intervention prove ineffective.</p> <p>AC(19)138 – Mr Joe Teape was hopeful of a resolution to this matter during September 2019. Members heard that there have been issues in relation to the rota, and associated HR issues. It was agreed that the date for this action would be amended to October 2019, with a further update to be provided at that time.</p> <p>AC(19)148 – Mr Newman enquired whether improvements have been made to the system relating to accountability letters. Mr Thomas advised that the planning cycle will take place earlier, which will enable budgets and accountability letters to be issued earlier. It is not anticipated that there will be a repetition of this year’s delays. It was agreed that this action would be rated Amber, with the date amended to October 2019 and a further update to be provided at that time.</p> <p>AC(19)149 – it was suggested that this be merged with AC(18)247.</p>	<p>CM</p> <p>CM</p> <p>CM</p>
AC(19)163	<p>Matters Arising not on the Agenda</p> <p>There were no matters arising not on the agenda.</p>	
AC(19)164	<p>Feedback from the Targeted Intervention Meeting held on 31st July 2019</p> <p>Mr Teape presented the Committee with an update from the Targeted Intervention meeting with Welsh Government (WG) held on 31st July 2019. Members heard that there are a number of performance interfaces with WG, including Referral to Treatment (RTT) meetings, and the weekly CEO telephone calls. As the UHB is not in Targeted Intervention due to its performance, Dr Andrew Goodall had suggested that there be more of a focus on strategy and finances. There had been a discussion at the meeting regarding Withybush General Hospital, fragile services, and the tuberculosis outbreak. There would be a follow up with WG in relation to a number of the clinical issues, and discussion of the support WG may be able to provide. It had also been suggested that, in view of the scale of the work involved with the Health & Care Strategy, the UHB may wish to consider establishing an Advisory Board to provide additional support. Mr Teape felt that this was an option which should be explored with Board Members. In regards to financial discussions, Mr Thomas reported that there had been a focus on the UHB providing greater assurance around delivery of the £25m Control Total; although Members were reminded that, since the anticipated additional WG allocation of £10m, the revised Control Total is £15m. WG had also emphasised the importance of the UHB’s plan for the next 3 years. Discussions – whilst challenging – were supportive.</p>	

	<p>With regard to the Health & Care Strategy, Mr Mike Lewis requested clarification on the suggestion that the UHB reflect on lessons learned from elsewhere. Mr Teape stated that this discussion centred on the scale of the task ahead; with a new strategy, plans for a new hospital build and development of community-based services. Members were assured that the suggestion had been made in a supportive manner. Cllr. Simon Hancock shared WG's concerns regarding the impact of pressures on staff, particularly in Unscheduled Care. In view of this, it was particularly pleasing to note that sickness absence rates continue to fall, which is a testament to the commitment and professional attitude of UHB staff. Cllr. Hancock enquired, however, whether any additional support is being put in place. Mr Teape confirmed that the organisation is considering various options, including utilisation of Winter Planning funding for staff wellbeing initiatives. Discussions are taking place with Miss Maria Battle, the new UHB Chair, and Mr Teape would welcome Members' suggestions. Mrs Judith Hardisty emphasised that the Mental Health directorate must also be considered in discussions regarding fragile services, noting that Miss Battle has requested that a report on this topic be added to the September 2019 Public Board agenda. Mr Teape agreed, recognising the need to improve Winter Planning measures in relation to Mental Health.</p>	
	<p>The Committee NOTED the update from the Targeted Intervention meeting held on 31st July 2019.</p>	

<p>AC(19)165</p>	<p>Revised Standards of Behaviour Policy</p> <p>Mrs Wilson presented the revised Standards of Behaviour Policy, advising that, whilst this will be formally considered for approval by BPPAC at its meeting on 29th August 2019, ARAC has a remit around hospitality and declaration of interests. The policy has been revised to incorporate best practice from across Wales, with suggested changes highlighted.</p> <p>Mr Powell noted the suggestion in section 8.1.2 that 'Low cost, branded or promotional gifts may be accepted where they are under the value of the common industry standard of £6 in total' and queried who assesses the value of such gifts. Mrs Wilson explained that this has been introduced in an attempt to deter companies from offering to pay for lunches, etc. The £6 threshold is consistent with industry standard and with some organisations across Wales. Cllr. Hancock welcomed the palpable strengthening of this policy, whilst suggesting that the challenge will be effective implementation. It was noted, for example, that the number of declaration of interest forms submitted by UHB staff is extremely low. Referencing section 8.2, Cllr. Hancock enquired under what circumstances it would be permissible to accept business class or first class travel and accommodation or offers of foreign travel and accommodation, highlighting that certain Health Boards do not allow this under any conditions. Mrs Wilson advised that there have been instances of staff being offered first class travel for research visits. This rule has been introduced to address such issues. Members were reminded that HDdUHB is exploring the introduction of a new electronic system which should help to increase declaration of interests and improve tracking and reporting in this regard.</p>	
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The Committee **NOTED** the revised Standards of Behaviour Policy together with the new areas introduced to provide further guidance and support, and to receive an assurance that Policy 190 – Written Control Documentation has been adhered to in the review of the Standards of Behaviour policy.

AC(19)166 Financial Assurance Report

Mr Newman reminded Members that monitoring the UHB’s financial performance in detail falls within the remit of the Finance Committee; ARAC is responsible for issues of financial governance. Mr Thomas introduced the Financial Assurance Report, advising that this follows the standard format. Members noted that there has been a steady but significant increase in aged payables. The Finance team are working with NWSSP to improve performance in relation to Public Sector Payment Policy (PSPP) Compliance.

In relation to the latter, Mr Powell noted that the UHB usually achieves this target, and queried whether the staffing issues mentioned are indicative of fragilities in these areas. Mr Thomas agreed that the issues do highlight the organisation’s reliance on specific individuals and assured Members that discussions are taking place with the relevant teams. Referencing the review of overpayments, Mr Lewis enquired whether this has presented any indication of why the number of overpayments is increasing. Mr Thomas replied that it has not, whilst emphasising that the onus is on the UHB to pursue repayment, rather than for individuals to declare overpayment. It is hoped that a number of relatively simple changes will facilitate speedier recovery, however further training for the Finance team and workforce is required. Referencing Appendix 1, Single Tender Actions (STA), Mr Owen Burt suggested that the information provided for the first of these was the reason behind this STA, rather than a justification. Acknowledging this comment, Mr Thomas explained that the STA had been approved on the basis of pace of delivery, and that it would have been difficult to secure another provider who could offer comparable value for money. In response to a query from Mr Powell Members heard that, should extension of this arrangement be required, a formal tendering process would be instigated. Mr Thomas stated that not approving this STA would have put the launch of the Quality Improvement Framework at risk, and assured Members that it had been carefully considered. Whilst acknowledging this, Mr Newman suggested that the Quality Improvement Framework was some time in development, and that this training could have been planned, allowing a full tendering process, noting that time restrictions are not a valid reason for utilisation of an STA.

Returning to the issue of overpayment of salary, Cllr. Hancock enquired with regard to implications on individuals’ tax and national insurance contributions. Members heard that this is automatically rectified via the PAYE system. Mrs Hardisty noted statements on page 8 of the report that the Overpayments Policy is being reviewed and requested clarification with regard to timescales. Mr Thomas anticipated that the strengthened policy will be available by October 2019. Referencing the HMRC Accounts Receivable inspection outlined on page 10, Mr Newman enquired whether any concerns were anticipated. Mr Thomas

	<p>advised that there were a number of queries relating to secondments outside the NHS where VAT had not been charged, and that work is required in this area. Mr Newman noted mention of issues with Payroll transmitting Real Time Information (RTI) to HMRC and enquired whether this had any financial implications. Mr Thomas stated that this is an aged issue, with low financial risk. Members noted that the GP Out of Hours (OOH) issue now appears to have been resolved, at a cost of approximately £250k less than the sum provided for, noting that this has already been factored into the UHB's financial forecast. Continued concerns were expressed by Members regarding the lack of scope to recover this; however, it was highlighted that this frustration should be balanced against the benefits the OOH service provides to the organisation. Mr Lewis felt that it was important to note that there had been a further meeting of the Finance Committee since that referred to on page 12 of the report. In considering the losses and special payments for approval, Members were again reassured that the figure for pharmacy wastage is in line with other Health Boards.</p>	
	<p>The Committee NOTED the report, and APPROVED the losses and debtors write offs noted within.</p>	

AC(19)167	<p>Wales Audit Office Update Report</p> <p>Mr Jeremy Saunders introduced the Wales Audit Office (WAO) Update report, advising that Charitable Funds audit work is slightly ahead of expected timescales. Referencing performance audit, Ms Anne Beegan drew Members' attention to planned work around Orthopaedics, which will focus on Worthybush General Hospital and Prince Philip Hospital. Also, the planned thematic review into Quality Governance. In terms of the reports and publications detailed on page 7, Ms Beegan highlighted the two Local Authority reports as potentially of interest to the UHB.</p> <p>Noting the proposed Quality Governance thematic review, Mr Newman suggested that care will be needed to ensure that this does not duplicate the local work already conducted in this regard. Ms Beegan, agreed, whilst emphasising that various elements of the learning from the local exercise will be applied to the national review. A further update would be provided at the next meeting.</p> <p>The Committee NOTED the Wales Audit Office Update Report.</p>	AB
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AC(19)168	<p>WAO Structured Assessment 2017 and 2018 - Progress to Date</p> <p>Mrs Wilson outlined the WAO Structured Assessment 2017 and 2018 report, highlighting that all recommendations within SA 2017 have now been implemented. With regard to SA 2018, all actions are on course, with the exception of Recommendation 3a.</p> <p>Members agreed that SA 2017 should be regarded as closed. Following discussion of the update on Recommendation 3a, Mr Newman suggested that a more comprehensive update was required before Members could agree that this had been adequately addressed. Noting that the proposed completion date for Recommendation 3b is September 2019, Mr Burt queried whether it was appropriate for this to be rated as Amber. Members heard that the Medical Director has provided assurances that this will be completed by October 2019. Whilst noting that the new Medical Directorate structure is intended to be in place by October 2019, Mrs Hardisty highlighted that the</p>	
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	<p>recommendation extends further, involving the engagement of clinical directors and leaders, which is not necessarily addressed by implementation of the new structure. It was agreed that Mrs Wilson/Mrs Beare would discuss the Committee's concerns regarding Recommendations 3a and 3b with Mrs Karen Miles and Dr Philip Kloer. Mr Teape would take forward the action relating to timetabling.</p>	<p>CB</p> <p>JT</p>
	<p>Subject to the above, the Committee DISCUSSED and CONSIDERED progress made in respect of the recommendations from the Structured Assessment 2017 and 2018, and NOTED that all recommendations within Structured Assessment 2017 have now been implemented, with this report now closed on the tracker.</p>	

<p>AC(19)169</p>	<p>WAO Integrated Care Fund (ICF) Review <i>Ms Anna Bird joined the Committee meeting.</i></p> <p>Ms Anne Beegan introduced the WAO Integrated Care Fund (ICF) report and the WAO Integrated Care Fund – West Wales Regional Partnership Board report.</p> <p>Mr Powell noted that, as expected, reference is made to the fact that there is no clear exit strategy defined, should ICF monies be withdrawn. Mr Powell enquired what an exit strategy would look like, and who is taking this forward. Ms Beegan recognised the need for an exit strategy, although this would need to be for each individual project, as well as for the ICF overall. Members were reminded that the new Transformation Fund is similar, and that exit strategies will need to be planned for these projects also. Ms Anna Bird advised that the review had been conducted several months prior, and assured Members that work is already taking place in this regard. New integrated governance systems have been approved by the Board and an Integrated Executive Group established, which is considering this issue. Mr Teape informed Members that there will be a discussion regarding the Transformation Fund at the Integrated Executive Group, the outcome of which will probably need to be reported to Board. It might be appropriate to supplement this report with information regarding ICF exit strategies. Mr Newman raised concerns regarding the governance recommendations contained within the report, noting that ARAC needed assurance that these recommendations are taken forward by Ms Jennings and her team. Ms Beegan suggested that the scrutiny/governance of Regional Partnership Boards (RPBs) is less transparent, as they are all sitting separately. Mrs Hardisty advised that the UHB Chairs had raised the matter of RPBs having different funding structures with the Minister for Health and Social Services, and had asked that this be examined further. Concerns had also been expressed around the issues caused by allocation of capital funding later in the year, which can impede its effective use. A change in WG approach to RPBs and Public Services Boards (PSBs) is required.</p> <p>Cllr. Hancock emphasised that the ICF has been worthwhile in terms of the projects it has funded, whilst agreeing that planning difficulties have been caused by delays in WG decision-making. Cllr. Hancock agreed with the recommendation regarding the need for greater scrutiny. Referencing page 10 of the West Wales RPB report, Mr Lewis noted comments around weaknesses in the management of projects,</p>	<p>SJ</p>
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	<p>specifically a lack of project plans and requested clarification. Ms Beegan felt that this is less of a concern for low monetary value projects and would expect larger projects to have a project plan, whilst noting that this links with comments around exit strategies. Acknowledging this, Mr Lewis enquired whether the projects without project plans tend to be small or large; and Ms Beegan advised that there is a mix, with a number of the projects in question being those which have rolled forward from previous years. In response to a query regarding the threshold for 'small' versus 'large' project, Ms Beegan suggested that this varies and was not able to give a precise answer. It was emphasised that all projects should have a project plan, although the length and detail may vary between small and large projects. Ms Bird reiterated that there has been a time lag involved in the review and that a number of the issues had already been recognised and steps taken to address these. The RPB team is in the process of recruiting a new project management post, which will facilitate a greater level of scrutiny. In response to a query from Mr Burt, Members heard that work on an outcomes framework for the ICF is ongoing. Mr Newman noted that there had not been particularly high levels of engagement locally in the WAO's survey. It was agreed that there are a number of issues highlighted in both reports which need to be considered, which are on the whole governance related, rather than financial. Ms Beegan advised that there has been no response to date from WG; it is possible that this topic may be referred to a Public Accounts Committee. It was agreed that this matter should be highlighted to the Board in the ARAC Update Report and added to the ARAC workplan. With regard to the latter, Ms Beegan highlighted the key questions detailed in Appendix 3 of the local report, and suggested that these form part of discussions.</p> <p><i>Ms Bird left the Committee meeting.</i></p>	<p>JW CM</p>
	<p>The Committee NOTED the Wales Audit Office Integrated Care Fund (ICF) Review.</p>	
<p>AC(19)170</p>	<p>WAO Well-being Future Generations Examination DEFERRED to 22nd October 2019 meeting.</p>	
<p>AC(19)171</p>	<p>WAO Review of Primary Care (including local update) DEFERRED to 22nd October 2019 meeting.</p>	
<p>AC(19)172</p>	<p>Response to WAO Report: What's the hold up? Discharging Patients in Wales <i>Dr Philip Kloer joined the Committee meeting.</i></p> <p>Following an introduction by Ms Beegan, Mr Teape presented the response to WAO Report: What's the hold up? Discharging Patients in Wales. Mr Teape explained that this represents an honest assessment of the current position, which recognises that there are areas for improvement. The management response includes the '7 Steps' approach, together with individual county Unscheduled Care plans. Members heard that a meeting with County Directors and Hospital Directors is due to take place shortly; it is likely that the UHB will need to prioritise and focus on a reduced number of actions, in order to take these forward at pace.</p>	

	<p>Mr Powell noted that WAO's report had not focused on electronic discharge systems, particularly Medicines Transcribing and e-Discharge (MTeD), and enquired why. Ms Beegan stated that she would need to check, however thought this was due to delays with the roll-out of such systems. Mr Powell suggested that WAO commenting may potentially have assisted in progressing this matter by adding weight to UHB concerns. Mrs Hardisty felt that it was difficult to follow the action plan as presented, suggesting that it would be useful to have a more coordinated view of work underway/planned. Of particular concern were unclear scoring and a lack of information regarding impact. As a result, it is difficult to take assurance from the report. Agreeing, Mr Lewis noted that there are a couple of tasks within the county plans which have passed their completion date, where the status is still showing as Amber. In the Ceredigion county plan, under Step 6, there is reference to 'As above', with no indication regarding what this refers to. Whilst Members were pleased to note the level of activity, it was suggested that more focus is required and that it is difficult to gain assurance from the information in its current format. Mr Teape acknowledged all of the above comments, including the need for streamlining, whilst emphasising that the report had been an attempt to demonstrate the current position. Members heard that it is unlikely that full assurance will be possible in the short-term, as this relies on other partners and capacity which does not currently exist. It was emphasised, however, that there is a need to focus on this area, as it has the potential to significantly improve patient experience and is, therefore, one in which the UHB should be aiming to improve performance. In considering the most appropriate forum for consideration of this matter going forward, it was agreed that a further update should be provided to the next ARAC meeting, with it then being referred to the Quality, Safety & Experience Assurance Committee (QSEAC).</p>	<p>AB</p> <p>JT</p>
	<p>The Committee REVIEWED the report and accompanying action plan and REQUESTED that a further report to provide the assurance required be presented to the October ARAC meeting</p>	

<p>AC(19)173</p>	<p>NHS Consultant Contract Follow-up Review update</p> <p>Dr Philip Kloer presented the NHS Consultant Contract Follow-up review update report, suggesting that there has been significant progress, albeit from a low baseline. Generally, there has been a change of culture with regards to job plans, although the UHB still continues to experience difficulties achieving compliance in certain specialties, which it is taking steps to address. Dr Kloer felt that this part of the management response should remain Amber rated due to the following: issues with Specialty and Associate Specialist (SAS) doctor job plans; rolling out the Allocate system; the current Internal Audit review.</p> <p>In response to a query from Mrs Hardisty regarding inconsistencies between SAS doctor job plan information being presented here and to BPPAC, Dr Kloer explained that there are two different data sets: SAS doctors with job plans and SAS doctors with up to date job plans. Mrs Hardisty noted that certain completion dates had been changed in the management response, from March 2019 to December 2019, and requested assurance that these will not slip further. Dr Kloer suggested</p>	
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that this depends on what would be regarded as providing assurance. A figure of 100% within year is unrealistic, as there will always be individuals without an up to date job plan due to various factors, such as sick leave, maternity leave, etc. Having discussed this issue with his fellow Medical Directors, Dr Kloer suggested that a more realistic target is 90% within year. Referring to the ARAC minutes from December 2018, Mr Newman noted the suggestion that SAS doctor job plan compliance would be 100% by the end of March 2019, and enquired why this is not the case. Mr Newman also requested clarification of the difference between 'job planning' and 'activity information'. Dr Kloer explained that the latter was to do with connecting activity with pay, and was not a job planning meeting in a detailed sense. Accepting this, Mr Newman noted that, with this being the case, figures for SAS doctor compliance are even lower. Dr Kloer acknowledged this concern, stating that he had not anticipated how challenging the process of mapping activity against pay would be. In a number of cases, this has been 'started from scratch'; there have also been instances of debate and instances of dispute. Mr Newman suggested that the scale of the SAS doctor task had transpired to be greater and more challenging than anticipated, and Dr Kloer agreed, stating that this was also the case with certain of the consultants. In view of this, Dr Kloer suggested that March 2020 was probably a more realistic completion date than December 2019. Particularly as the process involves a significant number of individual discussions, which operational managers are being asked to undertake in addition to their existing workload.

Mr Teape added that operational managers are being asked to provide a date by which meetings will have taken place for all staff whose job plans are due. Mr Teape agreed that March 2020 should be regarded as the target date for completion, whilst emphasising the need for a forward plan to support managers in achieving this. Recalling previous discussions which suggested opposition to use of an electronic system for job planning, Mr Newman requested an update. Dr Kloer confirmed that, whilst this was the view of the BMA, the UHB is rolling out the Allocate system and is providing educational sessions for Service Delivery Managers. Referencing the statement on page 2 of the report that the system is 'slowly being adopted', Mr Powell suggested that this indicates a lack of mandated and disciplined approach and that there should be a month by month plan demonstrating roll-out. Dr Kloer disputed this suggestion, explaining that there is a quarter by quarter plan for job planning, and that a plan for the roll-out of the Allocate system also exists. These are monitored through the CEO performance reviews and by other means. Dr Kloer did acknowledge, however, the need to consider how to support directorates in achieving job planning targets. In response to concerns regarding the time it is taking to roll-out the Allocate system, Members heard that there had been issues with the Local Negotiating Committee (LNC) and BMA. The necessary engagement work with doctors had been partially successful. Dr Kloer assured Members, however, that an improved system is now in place. Mrs Hardisty emphasised that Allocate is purely a system for recording job plans, and how it is managed is a separate issue. What is important is to ensure that job planning is undertaken. Mrs Hardisty suggested that the report as written gives the sense that the system is perhaps less controlled than is the case. It was also recommended that

	<p>examples of good practice from directorates who are successfully managing job planning be shared with others. Dr Kloer accepted all of the comments made by Members, conceding that the task has been greater than anticipated and that it has not been delivered to the desired timeframe. Dr Kloer agreed to explore providing more detailed trajectories for job planning, whilst reiterating that this will probably not be achieved until March 2020.</p> <p>Mr Newman concluded discussions by drawing comparisons between job plans and Performance Appraisal and Development Reviews (PADRs), with quality being as important as quantity. It was hoped that the Internal Audit review due to be considered by ARAC in October 2019 will provide further information in this regard. Mr Newman suggested that it would be useful to have projections of job planning processes going forward to March 2020. Also, that a further update be scheduled for April 2020, and that this topic be highlighted in the ARAC update report to Board.</p>	<p>PK PK JW</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the progress made with regards to Consultant & SAS Doctor Job Planning; • NOTED the developments with regards to the online e-job planning software, Allocate; • NOTED the internal audit being undertaken to review whether or not the job planning process is sufficiently meeting the needs of the Health Board. 	

<p>AC(19)174</p>	<p>WAO Review of Operational Quality & Safety Arrangements Update</p> <p><i>Mrs Mandy Rayani, Dr Ceri Brown and Mr Ian Bebb joined the Committee meeting.</i></p> <p>Mr Newman reminded Members that the WAO Review of Operational Quality & Safety Arrangements report had been received at the previous meeting, and that the management response was now being presented. Mrs Mandy Rayani introduced the management response, acknowledging that further work is required, particularly in two areas: Mental Health reporting arrangements, which has been discussed at QSEAC and will be discussed further; and linking with the county structure. A practical approach to both will need to be considered. Mr Newman noted that, in the main, April 2020 completion dates have been proposed and requested clarification with regards to the reason for this timescale. Mrs Rayani explained that it would be possible to simply issue templates, etc. However, she felt that a more supportive approach is required in order to ensure that processes are embedded and consistently applied. Whilst a completion date of April 2020 had been indicated, Mrs Rayani was hopeful that this exercise would be completed by December 2019. Members noted that there were structural elements to this work, in addition to those relating to documents and templates. It is also possible that the new UHB Chair will wish to provide input. In terms of recruitment, Dr Kloer advised that the posts of Associate Medical Director, Quality & Safety and Deputy Medical Director, Primary Care have been appointed. Recruitment to the post of Deputy Medical Director, Acute is due to take place on 28th August 2019.</p>	
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	<p>Members noted that the date for Recommendation 8 should read October 2019 rather than October 2020. Referencing Recommendation 3a, Mrs Hardisty indicated that there is a need to review the Terms of Reference for the Mental Health Legislation Assurance Committee (MHLAC). Currently, this committee considers only the implementation of legislation, whereas other Health Boards take a different approach, including quality of services. Mrs Hardisty stated that she would like to be involved in any discussions around this matter, and both Mrs Rayani and Mr Teape welcomed such input. Noting that implementation of recommendations will be tracked via the UHB Audit Tracker, Mr Newman enquired how the organisation will judge whether or not actions are working. Mrs Rayani reminded Members that WAO had undertaken this review at the request of QSEAC; whilst specific metrics for evaluating success had not been considered, Mrs Rayani would welcome suggestions and further discussion in this regard. Mr Newman suggested that the new arrangements need time to 'bed in', however a scheduled review is required, to evaluate whether the recommended changes have actually been implemented; and what impact they are having, if any. Ms Beegan reminded Members that WAO will be undertaking a further review of Quality and Safety arrangements on an all Wales basis, following the review which has been undertaken at Cwm Taf Morgannwg University Health Board, and will monitor implementation of recommendations, and suggested that this could be incorporated into the Structured Assessment exercise.</p>	MR
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the WAO report following the review of operational quality and safety arrangements; • Was ASSURED that the findings of WAO have been considered and appropriate actions have been identified to address the recommendations; and • SUPPORTED the management response to the recommendations. 	

AC(19)175	<p>Clinical Audit Update</p> <p>Mrs Rayani presented the Clinical Audit Update report, advising that this includes the UHB's first Annual Clinical Audit Report. Members heard that the Scrutiny Panel mentioned during previous discussions has now been established and met for the first time last week. The panel is chaired by Dr Ceri Brown; Terms of Reference have been agreed and a workplan is being developed. Looking forward to next year's Annual Clinical Audit Report, Mrs Rayani explained that a piece of work is required around audit outcomes and impact from a patient perspective. There are also plans to introduce a follow-up process for audits, which may take a similar form to the UHB Audit Tracker. The number of clinical audits being undertaken is not insignificant; however, there needs to be a focus on how the organisation might better utilise, help and guide junior doctors in conducting clinical audit. Further discussion is required in this regard. Mrs Rayani reported that, via the CEO performance review, an annual audit plan at service level will be produced. It is anticipated that this will be in place by the end of May 2020, and consideration will be given to mapping this against Risk Registers. In response to a specific query from previous discussions, Members heard that the National Ophthalmology Audit is no longer a mandatory audit, although the reasons for this change are not clear.</p>	
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Overall, Mrs Rayani suggested that the clinical audit position is an improved one.

Referencing the National Ophthalmology Audit, Mr Newman recalled that the reason given for HDdUHB non-participation was that the current IT system is unable to support reporting requirements. Mr Newman enquired whether, if other Health Boards are participating, this is because they do have the necessary systems in place. Mr Teape emphasised that the UHB's Ophthalmologists do wish to participate in this audit and have expressed this view on various occasions. It is his understanding that not all of the other Health Boards are participating. The IT system required is being procured on an All Wales basis and it is understood that once in place, the UHB will be in a position to participate. Mr Teape committed to provide a further update via the Table of Actions. Mr Ian Bebb advised that compiling the Annual Report had allowed the Clinical Audit team to reflect on various matters and consider new approaches, and endorsed Mrs Rayani's suggestion that there needs to be a translation of clinical audit work taking place into patient outcomes and impact. Dr Ceri Brown suggested that the most significant challenge faced by the UHB is to reduce the number of clinical audits to a reasonable level.

JT

Cllr. Hancock commended the report. Referencing page 6 of the Annual Clinical Audit Report, Cllr. Hancock noted the statement that 'The amount of support available for clinical audit within the Health Board has fallen' and requested further information. Mrs Rayani explained that there are specialties where there is insufficient administrative support for data collection. The UHB needs to consider afresh how it provides support to clinical staff for audit activities. Also welcoming the report, Mr Powell noted the intention that the Forward Clinical Audit Programme is in line with Health Board strategy. Observing that the new Health & Care Strategy is significantly different, Mr Powell enquired whether any thought has been given to how the clinical audit strategy will need to change to reflect this. Mrs Rayani stated that there has not been detailed consideration of this yet, although it was noted that there are a number of Primary Care and community-based audits already taking place. Whilst there has been significant progress, the clinical audit strategy will need to evolve and this is one of the areas requiring further consideration. Dr Brown suggested that the Patient Reported Outcome Measures (PROMs) work out of Cardiff which is developing a patient data set offers potential opportunities in this regard.

Mr Lewis noted comments that there are up to 300 clinical audits in which the UHB could participate, and enquired how participation is determined on a risk-based approach. Mrs Rayani explained that priority is first given to mandatory audits; there are also conversations with services regarding specific strategic audits they have proposed. Going forward, it is planned to focus on those audits which best meet the UHB's needs and for services to 'own' these. Junior doctors are required to undertake clinical audits as part of their training; it may be that in future they are presented with a 'pick list' of audits which the UHB has identified to select from. Mr Bebb confirmed that a risk-based approach to prioritising audits is being planned. Members were reminded that there does need to be an element of balance and that the

	<p>UHB does not necessarily want to discourage services from participating in audits they have identified as important/of value. Mr Lewis noted the intention detailed on page 6 to ‘Ensure more clinical audit... is embedded appropriately within directorate risk assessment processes...’ and suggested that this should always have been the case. Dr Kloer reminded Members that the Associate Medical Director, Quality & Safety post has been appointed and that this, together with a number of other posts will be crucial in supporting the approach to clinical audit going forward. Whilst Dr Kloer acknowledged that the current focus is predominantly hospital-based, he was confident that the changes in structure will have an impact. Mr Bebb reminded Members that risk assessments are conducted for those audits in which the UHB does not participate, and that there is increasing service involvement. This, together with the regular scrutiny applied, is resulting in a change to the treatment of clinical audit, although new systems are taking time to embed fully.</p> <p>Mr Newman concluded by echoing comments regarding the quality of the report presented; and suggesting that the ‘baseline’ requirement should be participation in all mandatory audits, with local audits focusing on areas of risk and where value can be added. Mr Newman requested that this be considered in drawing together the clinical audit plan for 2019/20. It was further suggested that there needs to be a wider discussion around undertaking a review against the Audit Committee handbook, in regards to the Committee’s requirement/role relating to clinical audit.</p> <p><i>Dr Kloer, Mrs Rayani, Dr Brown and Mr Bebb left the Committee meeting.</i></p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • REVIEWED and DISCUSSED the annual Clinical Audit Report 2018-19; • NOTED the update against the audit tracker recommendations that have now been completed; • NOTED the update on the National Ophthalmology Audit, which is no longer a mandatory national project. 	
AC(19)176	<p>Internal Audit Plan Progress Report</p> <p>Mr Johns presented the Internal Audit (IA) Plan Progress report, highlighting the four audits completed since the previous meeting; and drawing Members’ attention to requests to move two audits (Rostering and Commissioning & Contracting) to later in the year.</p>	
	<p>The Committee CONSIDERED the Internal Audit Progress Report and the assurance available from the finalised Internal Audit reports.</p>	
AC(19)177	<p>Quality Assurance and Improvement Programme</p> <p>Mr Johns introduced the Quality Assurance and Improvement Programme report, advising Members that this is a requirement of the Public Sector Internal Audit Standards. The report ensures compliance with requirements and includes details of audit activity, areas for improvement, the audit satisfaction survey process and internal assessments. Mr Johns reminded Members that this report also addresses action AC(19)44 in the Table of Actions and Mr Newman welcomed the report.</p>	

	The Committee NOTED the Quality Assurance and Improvement Programme report.	
AC(19)178	Annual Quality Statement (Reasonable Assurance)	
	Mr Johns introduced the Annual Quality Statement (AQS) report, advising that this had examined the process around production of the AQS, together with its content. A rating of Reasonable Assurance had been awarded, with IA noting the processes in place to ensure WG deadlines are met, and evidence of good practice regarding language and communications. Four medium priority recommendations had been made, which Mr Newman agreed were sensible.	
	The Committee NOTED the Annual Quality Statement (Reasonable Assurance) report.	
AC(19)179	A Regional Collaboration for Health (Reasonable Assurance)	
	Mr Johns introduced the A Regional Collaboration for Health (ARCH) report, reminding Members that the background to the ARCH programme is fairly extensive. Mr Johns explained that the recommendations from the previous report are to be taken forward, and that comments had been received from Mrs Miles in lieu of a formal management response.	
	Mr Powell stated that he was somewhat confused by the scoring applied and how other Health Boards impact on HDdUHB's rating. Mr Johns explained that this relates to the overarching way in which the report has been prepared. There are wider issues around ARCH which, until they are resolved, leave elements of weakness and risk. In response to a concern that, without formal recommendations, it is difficult to take matters forward, Mr Johns reiterated that if the report had been prepared 'in totality', it would have had a different format. Mr Newman suggested that this be put down to the unusual nature of this report.	
	The Committee NOTED the ARCH (Reasonable Assurance) report.	
AC(19)180	Environmental Sustainability (Reasonable Assurance)	
	Mr Johns introduced the Environmental Sustainability report, advising that IA had identified adequate practices in this area, with five medium priority recommendations resulting in an overall rating of Reasonable Assurance.	
	The Committee NOTED the Environmental Sustainability (Reasonable Assurance) report.	
AC(19)181	Carbon Reduction Commitment (Substantial Assurance)	
	Mr Johns introduced the Carbon Reduction Commitment report, which had been awarded a Substantial Assurance rating. On a related matter, Mrs Hardisty noted that WG has declared a Climate Emergency, although little detail has been released; and enquired whether there has been any indication of the measures against which organisations' compliance will be assessed. Mr Johns explained that the CRC report is in response to a requirement from HM Treasury.	
	The Committee NOTED the Carbon Reduction Commitment (Substantial Assurance) report.	

AC(19)182	<p>WAST Handover of Care at Emergency Departments Follow-up: Health Board Related Recommendations</p> <p>Mr Johns introduced the Welsh Ambulance Services NHS Trust (WAST) Handover of Care at Emergency Departments Follow-up: Health Board Related Recommendations report. Members noted that this review had been conducted by the IA office which covers WAST, and is not Health Board specific. Mr Teape advised Members that, whilst this report had been considered by the WAST Audit Committee, circulation to Health Boards for comment had not necessarily been as formal as it should have been. The suggestion that lessons be learned regarding communications has been fed back to the relevant IA office. Whilst Health Boards (including HDdUHB) have provided comments, Mr Teape suggested that a formal response be presented to the next meeting, which can then be submitted to the WAST Audit Committee.</p> <p>Mr Newman welcomed this suggestion, although he queried whether this is an area in which the UHB should have its own workstream. Mr Teape explained that whilst HDdUHB is not an outlier in terms of Handover at ED, there are improvements which could be made and the WAST review could be used as a basis for an internal review. Mrs Hardisty was concerned that the Emergency Ambulance Services Committee (EASC) has not been involved, and was not sure that an internal process was required. Following discussion, it was agreed that Mr Teape would draft a formal Health Board response for the WAST Audit Committee, which would also be shared with ARAC.</p> <p>The Committee NOTED the WAST Handover of Care at Emergency Departments Follow-up: Health Board Related Recommendations report.</p>	JT
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AC(19)183	<p>Scrutiny of Outstanding Improvement Plans: WAO Review of Estates 2016</p> <p><i>Mr Rob Elliott, Mr Tim Harrison and Mr Mark Lewis joined the Committee meeting. Mr Teape left the Committee meeting.</i></p> <p>Mr Rob Elliott presented the Scrutiny of Outstanding Improvement Plans: WAO Review of Estates 2016 report, which covers a number of the challenges in terms of performance management, together with future demands around staffing and skilling the Estates workforce. With regards to the first of these, capital bids have been submitted for resource which, if successful, will better address the performance approach to maintenance. However, as funding has not yet been approved, no solution is in place currently.</p> <p>Mr Newman, noting the short supply of and multiple demands on capital, enquired regarding alternatives in the absence of funding. Mr Elliott assured Members that the UHB is able to achieve maintenance standards, and meet assurance and governance requirements, within current resources and with the systems it has. The limitations which would be addressed by additional resources relate to timescales and productivity. In response to a query regarding the costs involved, Members heard that these are £70-100k, which consists of updated software and mobile equipment for signing off maintenance tasks on-site. Mr Powell advised that the remaining unallocated capital resource allocation is only £300k, suggesting that the probability of success is,</p>	
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	<p>therefore, low. Even if resource is forthcoming, there is likely to be a significant delay in implementing the new system. Mr Newman stated that the information supplied does not provide ARAC with the required assurance, and enquired whether – if additional resources are not allocated – it is proposed to continue as before. Members were then informed that the current Estates software system is end of life and will go out of service in May 2020. If a new system is not supported, the department would be forced to revert to a paper system. The paper system previously utilised will allow management of maintenance, in terms of recording whether tasks have been completed; the benefit of an updated software system is in regards to improving productivity and efficiency. Whilst emphasising that there is further work possible which could provide assurance, evidenced in the Holding to Account meetings, Mr Thomas clarified that currently, no assurance is possible regarding time, cost, productivity and quality of work. Mr Elliott agreed that current system constraints prevent such comparisons. Although Mr Newman understood the reasons for wishing to raise the profile of the benefits of an updated system, Mr Newman highlighted that allocation of resource is not within the remit of ARAC. The Committee’s concern is obtaining assurance regarding systems currently in place and/or those likely to be in place. Mr Newman suggested that hopes regarding the new software system be put to one side for the time being. Mr Elliott acknowledged these comments, suggesting that a further report be prepared which outlines how the current system could address outstanding actions, together with additional benefits provided by the updated system. Agreeing, Mr Newman recommended that the report also consider the potential impact should the current system fail or go out of service. Mrs Wilson indicated that the report should also include an update to the original management response, from the 2016 WAO review noting it had taken 4 years to develop a workforce plan. Mrs Hardisty expressed concern that it has taken 3 years to develop a plan to address the findings of this review, and suggested that the report also include more detail, to aid ARAC’s understanding in this regard. Whilst acknowledging this comment, Mr Elliott emphasised that the Estates team has been undertaking a great deal of work concurrently around gap analysis.</p>	<p>JT/RE</p>
	<p>The Committee NOTED the report and REQUESTED that a further update and updated management response be submitted to the next meeting.</p>	

<p>AC(19)184</p>	<p>Scrutiny of Outstanding Improvement Plans: Internal Audit Health & Safety 2016</p>	
	<p>Mr Tim Harrison outlined the Scrutiny of Outstanding Improvement Plans: IA Health & Safety 2016 report, advising that the IA report had identified 6 recommendations, of which 4 had been implemented. Achievement of the outstanding recommendations is being constrained by staffing resources. Mr Harrison outlined the 2 outstanding recommendations and the current position regarding these, explaining that the Health & Safety team is not in a position to routinely monitor and provide advice on a proactive basis. It is, however, taking steps to address areas of high risk. Members heard that, as detailed within the report, shortcomings in monitoring of health and safety compliance have also been highlighted as part of a recent Health & Safety Executive (HSE) Inspection. As also indicated in the report, other</p>	

	<p>Health Boards have more Health & Safety and Security resources. To address this, additional resources had been approved, and it is hoped that the new appointments will be made by January 2020 at the latest.</p> <p>Mr Newman stated that he was not assured by the report, in terms of how the UHB will get to the point it needs to. For example, the phrase 'in due course' is meaningless. ARAC requires assurance regarding how these outstanding actions will be addressed; Mr Newman suggested that a Gantt Chart may be an effective tool to communicate some of the necessary information. Mrs Hardisty noted that there is no reference to Health & Safety representatives and enquired whether the UHB has a Health & Safety Committee, noting that this is mandatory if requested by H&S representatives. Mr Harrison suggested that the UHB's Health & Safety and Emergency Planning Sub-Committee undertakes this role and confirmed that the organisation complies with the legislative requirements in this regard. Mr Lewis noted statements that the Health & Safety team is reactive rather than proactive, and enquired what assurances are available that it is taking a risk-based approach currently. Mr Harrison suggested that the approach is not entirely reactive, emphasising that a great deal of work has been undertaken in community premises and that significant progress has been made with limited resources. As mentioned earlier, high risk areas are being monitored. There was acknowledgement, however, that the approach is generally more reactionary rather than planned. For the Committee's information, Mr Johns advised that an Internal Audit review of Health & Safety is planned for Quarter 3 of 2019/20.</p> <p>Mr Newman stated that the information supplied does not provide ARAC with the required assurance, and suggested that a detailed plan outlining the approach being taken to address the outstanding recommendations, with timescales, is required.</p> <p><i>Mr Elliott, Mr Harrison and Mr Lewis left the Committee meeting.</i></p> <p>The Committee NOTED the report and REQUESTED that a further update be submitted to the next meeting.</p>	<p>JT/TH</p>
<p>AC(19)185</p>	<p>Primary Care Applications Committee Assurance Report around the Discharge of their Terms of Reference</p> <p><i>Ms Rhian Bond joined the Committee meeting.</i></p> <p>Ms Rhian Bond presented the Primary Care Applications Committee (PCAC) Assurance Report, advising that this sets out the contractual matters which PCAC has dealt with during the previous 12 months. Members heard that there had been two extraordinary meetings, to manage contractual issues which had arisen outside the timeframe of planned meetings.</p> <p><i>Ms Bond left the Committee meeting, Mr Matthew Evans joined the Committee meeting.</i></p> <p>The Committee NOTED the content of this report and took assurance that the Primary Care Applications Committee has operated effectively during 2018/2019.</p>	
<p>AC(19)186</p>	<p>Audit Tracker</p>	

	<p>Mrs Wilson presented the UHB Central Tracker, drawing Members' attention to the 80 reports currently open, 30 of which have now passed their original completion date. Members noted the list of reports which have passed their original completion date, attached at Appendix 1.</p> <p>Mr Newman requested suggestions of reports which might be suitable for scrutiny/holding to account by ARAC. Members were reminded of concerns regarding the pressures being experienced at Wityhush General Hospital (WGH); and the suggestion that, for this reason, the HIW Inspection of WGH Ward 1, 10 and 12 be disregarded for scrutiny at the current time. Mr Lewis suggested that the HIW Inspection of Greville Court Learning Disabilities, conducted in 2016, might be appropriate for consideration. It was noted, however, that delays in implementing recommendations may be connected to residential legislative issues which may stretch wider than the UHB's remit. Mr Newman recommended that this be followed up, and an update provided via the Table of Actions.</p> <p>Mrs Wilson highlighted the WAO Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality: Update on Progress, where 6 recommendations are outstanding. Mr Powell suggested that implementation of a number of these is currently constrained by lack of progress by the NHS Wales Informatics Service (NWIS) and was not sure that ARAC scrutiny would be useful. Again, it was suggested that an update be obtained, and likewise for the External Governance Review. Members were reminded that further updates to the WAO Review of Estates and Internal Audit Health & Safety are due to be considered at the next meeting.</p>	<p>CB</p> <p>CB</p> <p>CB</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 15 reports have been closed on the audit tracker since ARAC June 2019 and 80 reports are currently open, 30 of which have now passed their original completion date. 	
<p>AC(19)187</p>	<p>Counter Fraud Update</p> <p>Mr Matthew Evans introduced the Counter Fraud Update report, advising that with regard to overpayment of salary, a meeting is planned between representatives from Counter Fraud, Payroll, Finance and Electronic Staff Record (ESR), with an update to be provided to the next ARAC meeting.</p> <p>Cllr. Hancock noted the intention to '....seek wider and improved dissemination of the Counter Fraud Newsletter by developing a contact list of Department Heads and Senior Managers for cascading to staff', and expressed surprise that such a list does not already exist. Mr Evans explained that this is being developed in conjunction with the Communications team; there is a list of budget holders, however this is not necessarily appropriate for these purposes.</p> <p>The Committee NOTED the Counter Fraud update report.</p>	<p>ME</p>
<p>AC(19)188</p>	<p>NHS Wales Fighting Fraud Strategy</p>	

	The Committee NOTED the NHS Wales Fighting Fraud Strategy.	
AC(19)189	Audit & Risk Assurance Committee Work Programme 2019/20	
	The Committee NOTED the ARAC Work Programme.	
AC(19)190	Any Other Business	
	There was no other business reported.	
AC(19)191	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"> • WAO ICF Review – to highlight to Board the issues identified in both reports which need to be considered by the UHB; • Response to WAO Report: What's the hold up? Discharging Patients in Wales – to note discussions regarding the findings of this review, planned actions to address recommendations, and the request for a further update; • NHS Consultant Contract Follow-up Review update – to report progress to date and ongoing work in this area, and the request for a further update; • WAO Review of Operational Quality & Safety Arrangements – to note discussions regarding the management response to this review; • Scrutiny of Outstanding Improvement Plans: WAO Review of Estates – to flag to Board dissatisfaction with the update provided, as it fails to provide assurance; • Scrutiny of Outstanding Improvement Plans: Internal Audit Health & Safety – to flag to Board dissatisfaction with the update provided, as it fails to provide assurance; • Primary Care Applications Committee – to record that ARAC was assured that PCAC has operated effectively during 2018/19. 	
AC(19)192	Date and Time of Next Meeting	
	9.30am, 22 nd October 2019, Boardroom, Corporate Offices, Ystwyth Building, St David's Park, Carmarthen	