

Audit & Risk Assurance Committee
TABLE OF ACTIONS
Arising from Meeting held on 25th June 2019

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(18)247	11/12/2018	Procurement and Disposal of IT Assets Follow-Up (Reasonable Assurance)	To take forward concerns around the lack of an adequate asset register.	HT	Feb June 2019 October 2019	<p><i>Internal Audit brief agreed. Advisory project undertaken. Project reviewed the current system in place and how it operates, a review of good practice in operation at a number of other NHS Wales bodies and a proposal to take this forward.</i></p> <p><i>Internal Audit report presented to 25th June 2019 meeting.</i></p> <p>Finance have reviewed the recommendation and are developing a project plan to address this issue.</p>
AC(19)06	19/02/2019	Feedback from the Targeted Intervention Meeting held on 8th February 2019	To undertake work through the Finance Committee to ensure the Health Board is in a position to understand the underlying deficit, and provide assurance by the next meeting that this work	HT	April July 2019	KPMG have been appointed by Welsh Government to complete the review, revised timetable to deliver a response to Welsh Government by

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			had progressed.			<p>October 2019.</p> <p>This issue is being overseen by the Finance Committee.</p> <p>Suggest issue closed from an Audit Committee perspective.</p>
AC(19)44	23/04/2019	Annual Review of the Committee's Self-Assessment of Effectiveness	To provide for the above report information around monitoring and review mechanisms for Internal Audit.	SC	<p>May June August 2019</p>	<p><i>Monitoring and review mechanisms are included in the annual Quality Assurance and Improvement Programme report which will be available in draft for the June 2019 meeting.</i></p> <p><i>Report needs to be finalised via NWSSP processes. Forward planned for 27th August 2019 meeting.</i></p> <p>The Quality Assurance and Improvement Programme report has been prepared by the Director of Audit & Assurance and was considered by the</p>

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						NWSSP Velindre Audit Committee on 9 th July 2019. Attached under agenda item 6.2.
AC(19)46	23/04/2019	Wales Audit Office Update Report	To share, when available, the proposed scope for the Clinical Equipment review.	AB	June October 2019	The Clinical Equipment review is scheduled for quarter 3 of 2019-20. The draft scope will be shared at that time.
AC(19)49	23/04/2019	WAO Clinical Coding Follow-up Review	<ul style="list-style-type: none"> To discuss Clinical Coding and Medical Records with Mr Joe Teape and suggest that Mrs Miles leads on these matters and takes them to Executive Team for further discussion; To speak to Dr Philip Kloer regarding clinical engagement; To discuss outside the meeting whether there are areas similar to Cleaning and Water Safety which should be 	KM KM JW	October 2019 October 2019 June 2019	<p>Discussion held. The Director of Planning, Performance and Commissioning will oversee the implementation of recommendations contained within the WAO review; however the Director of Operations will retain Executive Accountability for Medical Records.</p> <p>To be discussed as part of the implementation plan for the WAO review.</p> <p>To be reviewed as part of ongoing discussions with Head of Internal Audit throughout the year.</p>

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			considered for inclusion in the IA Plan;			
AC(19)57	23/04/2019	Welsh Risk Pool Claims (Substantial Assurance)	To share with Mr Huw Thomas any examples of good practice relating to WRP Claims from other Health Boards.	SC/JJ	June August October 2019	<p><i>IA is currently looking to obtain the required information in order to provide an update for the June 2019 meeting.</i></p> <p><i>The information required has been determined as wider than that in the Internal Audit report across the Health Boards, so a request will need to be made to NWSSP for the wider information on good practice.</i></p> <p>The Director of Audit & Assurance has highlighted that NWSSP is currently looking at the wider assurances they provide, linked to sharing good/ consistent practice where possible, and this information is being considered as part of that review.</p>

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						This is likely to be completed in the later quarter of the financial year.
AC(19)101	07/05/2019	Draft Annual Accounts 2018/19	To undertake retrospective analysis of previous years' WRP projections to assess whether these were realistic;	HT	June August 2019	This is included in the Financial Assurance report – section 2.8
AC(19)117	29/05/2019	Final Accounts for 2018/19	To undertake retrospective analysis of previous years' CHC claims to assess whether projections are realistic.	HT	August 2019	This is included in the Financial Assurance report – section 2.9
AC(19)122	29/05/2019	Preparedness & Compliance with the Nurse Staffing Act (Substantial Assurance)	To clarify, with regard to Objective 4, figures and percentages in relation to the need for temporary staff, in order to gauge potential risk;	JJ	June October 2019	<p><i>The assurance was given based on the adequacy of the systems in place to manage the ongoing risks around this, with each of the five wards requiring the regular use of temporary staff. If further detail was required, additional work would be needed and further information requested from the wards visited. This could be done when the further testing is undertaken.</i></p> <p>Further testing not planned until Q3/4.</p>

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AC(19)132	25/06/2019	Table of Actions: AC(19)64 – National Standards for Cleaning Follow-up (Limited Assurance)	<ul style="list-style-type: none"> To highlight to Board the issue of lack of capital investment, its impact on ability to improve cleaning audit levels and potential implications for infection rates. 	JW	July 2019	Completed. Included in update report for Public Board meeting on 25 th July 2019.
			<ul style="list-style-type: none"> To provide further feedback to the Director of Estates and Facilities in respect of SMART responses. 	CB	July 2019	Completed. Date to be agreed for training.
AC(19)136	25/06/2019	Financial Assurance Report	<ul style="list-style-type: none"> To present the KPMG report on key tax risks to the In-Committee session of a future meeting. 	HT	August 2019	Agreed at Finance Committee in July 2019 that this will be overseen by the Finance Committee.
			<ul style="list-style-type: none"> To provide an update regarding the underpayments and overpayments policy not having the anticipated effect and steps being introduced to rectify this situation. 	HT	August 2019	An update has been included in section 2.3.2 of the Financial Assurance report. A further update will also be presented to the next ARAC meeting. The overpayments policy is currently under review in order to strengthen the options available.
			<ul style="list-style-type: none"> To provide, in the case of STAs for multiple-phase projects/programmes, detail regarding the 	HT	August 2019	This will be taken forward by Procurement, and will be provided where

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			<p>cumulative total/ commitment for all phases.</p> <ul style="list-style-type: none"> To discuss with the Director of Workforce & OD establishing a substantive budget for Organisational Development; To provide an update regarding the Bronglais General Hospital Front of House Capital Scheme at the next meeting; To provide an update regarding the KPMG review into net deduction leased car schemes at the next meeting. 	HT	August 2019	<p>applicable and where forward information is available to produce an indicative cost/s for future phases.</p> <p>This issue has been addressed.</p>
				HT	August 2019	This is included in the Financial Assurance report – section 2.6.1
				HT	August 2019	This is included in the Finance Assurance report – section 2.6
AC(19)137	25/06/2019	Post Payment Verification (PVV) Update	<ul style="list-style-type: none"> To consider a more focused response and escalation process in cases of continued high error rates. 	HT	August 2019	Historically, the Primary Care team have not been sighted on the work of the PPV team as reported to the Committee. This has now been rectified and a report will be provided to the management team on an ongoing basis to support management actions in response to

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			<ul style="list-style-type: none"> To work with the PPV team to provide comparison information between error rates at first revisit and second revisit to judge whether there has been any improvement for the next ARAC meeting. 	HT	August 2019	<p>the PPV work.</p> <p>The new design of the reports for ARAC highlight the previous three visits for the practices in question and show a trajectory of improvement. Alongside this the PPV Lead has put together a 12 year visit database for All Wales in PPV which would show a larger portion of the history of practice performance.</p>
AC(19)138	25/06/2019	Operating Theatres Update (response to WAO & IA reviews)	To provide a further update, via the Table of Actions, on discussions with HR and the BGH scrub team.	JT	August 2019	Implementation of the new system has been deferred pending a grievance hearing in September 2019. Alongside this, recruitment efforts are continuing, to facilitate implementation of the system as soon as possible thereafter.
AC(19)140	25/06/2019	WAO Review of Operational	To prepare a management response to Operational	MR	August 2019	Management response to be

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		Quality & Safety Arrangements	Quality & Safety Arrangements.			presented to 27 th August 2019 meeting.
AC(19)141	25/06/2019	WAO Structured Assessment 2017 and 2018 – Progress to Date	To investigate the existence of All Wales Primary Care data.	JW	August 2019	The Assistant Director of Primary Care has advised there has been no release of data in July 2019. The Performance Team are continuing to work with Primary Care to further develop the Primary Care Dashboard; however have advised that the majority of primary care data currently available cannot be broken down below the Hywel Dda level, due to restrictions relating to the release of Practice level data and General Data Protection Regulation (GDPR) compliance as per guidance issued by General Practice Council Wales (GPCW) / British Medical Association (BMA). However, it is anticipated that more

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						data will become available over the coming year and the dashboard will be enhanced.
AC(19)145	25/06/2019	Internal Audit Plan Progress Report	Should there be a need to change the scheduling of reports, to highlight changes in red text and provide an explanatory note, and also to include the amount of days spent on each audit within the plan.	JJ	August 2019	<p>The highlighting in red of changes to report scheduling has been actioned.</p> <p>The inclusion of audit days in the report is currently being reviewed, and will be discussed further with the ARAC Chair in the first instance.</p>
AC(19)148	25/06/2019	Budgetary Planning (Reasonable Assurance)	To provide an update on the number of outstanding authorised accountability letters via the Table of Actions.	HT	August 2019	A number have been signed due in July and August; one area outstanding which has now been escalated via the CEO/HTA process for conclusion.
AC(19)149	25/06/2019	Asset Management Systems Briefing Note	To add a further recommendation/matter for consideration to the report around consolidation of independent asset registers with the main system.	HT	August 2019	This will be explored further, in line with recommendation AC(18)247.
AC(19)151	25/06/2019	Quality Assurance and	To check whether this report needs to be considered via	SC	August 2019	The Quality Assurance and

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		Improvement Programme	the Velindre NHS Trust governance processes before submission to ARAC.			Improvement Programme report has been prepared by the Director of Audit & Assurance and was considered by the NWSSP Velindre Audit Committee on 9 th July 2019. Attached under agenda item 6.2.
AC(19)153	25/06/2019	Audit Tracker	To discuss potential subjects for the holding to account process at agenda-setting.	PN/JW/ CB	July 2019	Completed.