

Swansea Bay University Health Board

Unconfirmed Minutes of the Meeting of the Audit Committee held on Thursday, 12th November at 9.30am via Microsoft Teams

Present:

Martin Sollis	Independent Member (in the Chair)
Tom Crick	Independent Member
Nuria Zolle	Independent Member
Martyn Waygood	Independent Member

In Attendance:

Andrew Biston	Head of Accounting and Governance
Darren Griffiths	Interim Director of Finance and Performance
Neil Thomas	Deputy Head of Internal Audit
Helen Higgs	Head of Internal Audit
Simon Cookson	Director of Audit & Assurance, Audit and Assurance Services
Dave Thomas	Audit Wales
Pam Wenger	Director of Corporate Governance
Len Cozens	Head of Compliance (until minute 137/20)
Matt Evans	Head of Counter Fraud (until minute 134/20)
Christine Thorne	Interim Head of Procurement Services (minute 144/20)
Kathryn Jones	Interim Head of Workforce and OD (minute 137/20)
Hazel Lloyd	Head of Patient Experience, Risk & Legal Services (minute 136/20)
Claire Mulcahy	Corporate Governance Manager
Liz Stauber	Head of Corporate Governance

Minute No.		Action
126/20	APOLOGIES	
	The following apologies were noted from Christine Williams, Interim Director of Nursing and Patient Experience; Carol Moseley, Audit Wales and Jason Blewitt, Audit Wales.	
127/20	WELCOME / INTRODUCTORY REMARKS	
	The chair welcomed everyone to the meeting.	
128/20	DECLARATION OF INTERESTS	

	There were none.	
129/20	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meetings held on the 10 th September 2020 were received and confirmed as a true and accurate record.	
130/20	MATTERS ARISING	
	<p>(i) <u>Clinical Audit</u></p> <p>Martin Sollis informed members that Clinical Audit had been discussed at the All Wales Audit Committee Chairs meeting last week where concerns were raised with regards to the significant changes that would take place in the national programme next year and the implications for all-Wales guidance and LHB clinical audit coverage needed. The changes needed to be monitored closely and it was agreed that this should be done through the work programmes for both the Audit and Quality and Safety Committees.</p>	
131/20	ACTION LOG	
Resolved:	The action log was received and noted .	
132/20	WORK PROGRAMME	
Resolved:	The work programme was noted .	
133/20	GOVERNANCE WORK PROGRAMME	
	<p>A report presenting an update to the governance work programme was received ;</p> <p>In introducing the report, Len Cozens highlighted the following points:</p> <ul style="list-style-type: none"> - The Programme was last presented to the Audit Committee for assurance in March 2020. It has now been reviewed and updated to reflect developments and action since that date. - This includes highlighting relevant observations and comments made by Audit Wales as part of the Structured Assessment 2020. 	

	<ul style="list-style-type: none"> - The Audit Committee are requested to agree the closure of recommendations where actions were deemed completed by the responsible leads; <p>In discussing the report, the following points were raised:</p> <p>Martin Sollis commented that this was a good report and good progress had been made since earlier reviews. Pam Wenger advised that the governance work programme would be reported to Audit Committee at regular intervals which would allow members to keep all developments under review.</p>	
Resolved:	<ul style="list-style-type: none"> - The closure of those recommendations where actions are now deemed to be complete by the responsible leads was agreed and noted; - The report be noted. 	
134/20	REVIEW OF STANDING ORDERS	
	<p>A report seeking agreement of the revised standing orders following the annual review was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points:</p> <ul style="list-style-type: none"> - There was an annual requirement to review standing orders; - As a result of the Covid-19 pandemic, it had been necessary to change the way governance arrangements operate within the health board and across NHS Wales; - As such, Welsh Government had issued proposed revisions to the standing orders to reflect this which meant minor changes were made in July 2020 and agreed by the board; - A comprehensive review has taken place and this report sets out an overarching review of the full set of standing orders. - A review of standing financial instructions (SFI's) is currently taking place and Welsh Government will be liaising with All Wales Board Secretaries in due course; - Procurement colleagues were working on a procurement manual which will sit outside of SFI's and this would be shared with Audit Committee in due course; <p>In discussion of the report, Martin Sollis asked whether the plan with regards to the Standards of Business Conduct was to place this policy outside of standing orders and for it to sit as a separate document. Pam Wenger replied that this would be the case. As this policy and procedure</p>	

	is so important in supporting staff on the way they should conduct themselves as employees of the health board, it was proposed to remove this from the standing orders and make it a standalone document. This was in-line with other health boards.	
Resolved:	<ul style="list-style-type: none"> - The amendments to the standing orders to create an up-to-date suite of documents were approved; - The report be noted. 	
135/20	BOARD ASSURANCE FRAMEWORK	
	<p>A report setting out an update to the Board Assurance Framework was received.</p> <p>In introducing the report, Len Cozens highlighted the following points;</p> <ul style="list-style-type: none"> - The purpose of this report was to present an update on the position regarding the Board Assurance Framework (BAF); - The report sets out suggested next steps for its review and update, - It also proposes the process by which it will be embedded within our organisational risk and assurance processes; <p>In discussion of the report the following points were raised;</p> <p>Nuria Zolle commented that the development of the BAF was welcomed and queried how would it include emerging issues and how would they be reviewed and monitored. Len Cozens advised that in terms of identifying emerging risks, this would come from Executives and their teams and internal and external audit reviews. In terms of raising awareness, these were presented to the Executive Board and each risk is then allocated to a committee. Regular reports were received at audit committee and Board. Pam Wenger advised that there would be an alignment of the corporate risk register and BAF. Committee Chairs, as part of the agenda planning sessions would receive risk information on those rated 20 and above, and these will be used to focus the agenda and work programme for each committee. The BAF should reflect the discussions at Board and Committees.</p> <p>Martin Sollis stated that it was important to understand how the framework would be used in practice and to have timescales set in place. He added that he would like to see this operational in 2021-2022. Len Cozens replied that this could be possible but would be dependent on the pressures of COVID-19 as the framework required substantial input from Executive Directors and their teams. Martin Sollis replied that this was</p>	

	understandable, nevertheless a document like this was important for the organization when dealing with high risks such as COVID-19.	
Resolved;	<ul style="list-style-type: none"> - The background and context within which the decision to develop the Board Assurance Framework was noted. - The work which has gone into getting the BAF to its current position was noted. - The programme of work intended to further develop the current iteration of the BAF was approved and noted. - The steps proposed for embedding the BAF within our organisational risk and assurance processes was noted and approved. 	
136/20	HEALTH BOARD RISK REGISTER	
	<p>A report setting out the health board risk register was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points;</p> <ul style="list-style-type: none"> - Members were advised of the separate COVID-19 risk register and its links back to the health board risk register; - The highest COVID risks related to Care Homes, Delivery of Essential Care, Nosocomial transmission and the risk of the emergency department closure; - The following new financial risks had been added to the health board risk register; the total quantum of funding for 2020/21; the impact of COVID-19 on the Capital resource limit and capital plan in 2020/21 and the potential increase in the residual cost base for next year; - The risk score had been increased from 16 to 20 for Access to Unscheduled Care; - Support would be provided to each Committee Chair to agree how the priority list of the highest risks assigned to individual committees would be used to set committee work programmes to ensure that appropriate scrutiny took place; - The Risk Management Group would meet in November to agree the terms of reference and policy for both the group and the 	

	<p>scrutiny panel, which have been revised to reflect the changes to how we scrutinize and monitor risk;</p> <p>In discussion of the report the following points were raised;</p> <p>Martyn Waygood added that he had received the support from the team in terms of the identification of key risks and the discussion at Quality and Safety was very useful. He further added that there were some areas with a risk level of 20 and above that had seen no movement and these would need to be addressed in detail. He also highlighted that some of the narrative does not reflect the risk level. Nuria Zolle concurred, adding that the risk level for Brexit appeared low considering the current circumstances.</p> <p>Martin Sollis stated that although good progress has been made, there did not appear to be a change in the culture of managing risk across the organisation. There was still work to be done in terms of embedding appropriate risk management across the organization. He highlighted that of the 772 open risks on Datix, 108 of these were 20 and above which does suggest the health board is a high risk organization in number of areas. He queried whether this level of risk score acceptable and consistent with other LHB organisations.</p> <p>Hazel Lloyd replied that as part of the work-programme for the risk scrutiny panel and risk team, work was planned to review risk registers in particular those of Singleton and Neath Port Talbot and to scrutinize whether risks needed to be assigned 20 or above ratings.</p> <p>Pam Wenger assured that discussion surrounding each Unit's top three risks were now taking place at performance reviews. Darren Griffiths concurred, stating that this was now a well progressed and developed part of the discussion at reviews and he was pleased with the progress.</p> <p>Martin Sollis requested that the timetables for committees and Board are synced to ensure they match reporting timetables so that reporting is consistent. Pam Wenger and Hazel Lloyd undertook to carry this out.</p>	
Resolved	<ul style="list-style-type: none"> - Pam Wenger and Hazel Lloyd to ensure that timetables for committees and Board are synced to ensure they match reporting timetables so that reporting is consistent. - The updates to the Health Board Risk Register and the further changes being made in recognition of the changing risks facing the Health Board i.e. the uncertainty in terms of modelling required as a result of the current 2nd wave of Covid-19, and the risk of a potential 3rd wave, were noted; - The updates to the Covid-19 Gold Command risk register were noted. 	PW/HL

	<ul style="list-style-type: none"> - The updates to the Risk Management Policy and Terms of Reference for the Risk Management Group were noted; 	
137/20	GUARDIAN SERVICE UPDATE	
	<p>Kathryn Jones was welcomed to the meeting.</p> <p>A report providing an update on the Guardian Service was received;</p> <p>In Introducing the report, Kathryn Jones highlighted the following points;</p> <ul style="list-style-type: none"> - The report provided an update on the progress to date and there had been 133 contacts to the service during the period, of which 61 had been resolved, there were some outstanding contacts not resolved and this was primarily due to COVID-19 pressures; - There had been some resistance from Trade Unions in terms of the extension of the contract and this was currently being worked through; - Concerns raised by Trade Unions related to value for money, promotion of the service and access to Executives; - Following discussion at a recent Senior Leadership Team, it was strongly advised that given the current pressures on staff due to the pandemic that the contract is to be extended for a further 12 months and a review was to take place at 9 months; - The Director of Corporate Governance would be the nominated contact Executive for Trade Union colleagues and discussions were underway with regards to an Independent Member contact; <p>In discussion of the report the following points were raised;</p> <p>With regards to the value for money concern, Martyn Waygood stated that feedback from staff had always been positive but queried whether any further analysis had been carried out. Kathryn Jones replied that it was very difficult to assess the performance as this was a staff service but the number of contacts were as anticipated at this point in time.</p> <p>Nuria Zolle commented that the value for money element was very complex and there needed to be a more strategic overview in terms of the health board vision. Kathryn Jones agreed and stated that there needed to be focus on improving partnership working with Trade Union colleagues.</p> <p>With regards to the finance element, Darren Griffiths informed that the health board had a recurrent funding provision in place for the service. Pam Wenger further added that the Board had agreed to this commitment.</p>	

	<p>Martin Sollis stated that the main reason behind having the Guardian Service was due to issues not being dealt with originally by the Raising Concerns Team and a loss of faith in the service by staff. As a health board, it was important to know that our staff have a voice and that he felt the Board had made the right decision in putting the new Guardian service into place.</p> <p>Martin Sollis highlighted that the Audit Committee terms of reference requires a review process for whistleblowing and the raising concern s policy and the Guardian Service provides assurance that the process is working. He further added that it was important to have a mechanism for raising concerns which was independent of the organization. Martin Sollis queried whether the previous raising concerns e mail service was still in place as there needed to be assurance that we weren't missing any concerns. Kathryn Jones undertook to check this and feedback to Martin Sollis.</p> <p>Martin Sollis added that in terms of the guardian service itself, there was not an issue with the service provided. The issue appeared to be the relationship with Trade Unions and developing improved partnership working was key to resolving this.</p> <p>Kathryn Jones added that results of the staff survey would be issued at the end of November and this may give some staff perspective of guardian service.</p>	
Resolved;	<ul style="list-style-type: none"> - Kathryn Jones to check whether the previous e mail based raising concerns service is still active and feedback to Martin Sollis; - The report be noted. 	KJ
138/20	STANDARDS OF BUSINESS CONDUCT POLICY	
	<p>A report setting out amendments to the Standards of Business Conduct Policy was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points;</p> <ul style="list-style-type: none"> - The implementation date for the Policy had been revised to April 2021; - The implementation would include awareness raising, wider publicity of the document across the organization and the development of an electronic system; - Work was underway with colleagues in Betsi Cadwaladr University Health Board on the development of an electronic system for declarations of interest, gifts and hospitality; 	

	<ul style="list-style-type: none"> - The Policy would be on the agenda of the Partnership Forum agenda in due course. <p>In discussing the report, the following points were raised:</p> <p>Martin Sollis queried how we would monitor and check compliance via the electronic system. Pam advised that this would depend on the system and the aim would be to run regular reports and these would be reported back to SLT/Executive Board more frequently.</p> <p>Martin Sollis commented that it would be important to ensure that the standards of conduct were outlined and provided to new starters from the outset of their employment.</p> <p>Len Cozens added that it was good to see the increased responsibilities of management within the policy and the requirement for asking the question of staff. There was a need to ensure this document is publicized widely across the organization as this was a very important document.</p>	
Resolved:	<ul style="list-style-type: none"> - The amendments to the Standards of Business Conduct Policy were approved for submission to Board in November 2020; - The report be noted. 	
137/20	INTERNAL AUDIT ASSIGNMENT SUMMARY AND PROGRESS REPORT	
	<p>The internal audit assignment summary and progress report was received;</p> <p>In introducing the report, the following points were raised;</p> <ul style="list-style-type: none"> - From a total of thirty five audit reviews within the audit plan for 2020-21, five had been finalised, one had been issued in draft, ten remained in progress, seventeen had not yet been started and two would be reported at year end. - Of the five finalised reports, one was a <i>substantial assurance</i> rating; one had a <i>reasonable assurance</i> rating and no assurance ratings were applicable for the other three reviews. <p>In discussion of the report, the following points were raised;</p> <p>Martin Sollis made reference to the Discharge Summaries review stating he was concerned that the management response had not yet been received. The review had received a limited assurance rating and this was concerning due to discharges being a key pathway process with links to COVID -19 and unscheduled care work. Pam Wenger informed that this</p>	

	has been acknowledged by the lead Executive and they were in the process of pulling together service group updates. An update was agreed within the next two weeks and Pam Wenger undertook to circulate this separately to the committee.	PW
Resolved	<ul style="list-style-type: none"> - The report be noted. - Pam Wenger to circulate the management response for the Discharge Summary review to committee members; 	PW
138/20	INTERNAL AUDIT PLAN 2020-21	
	<p>The revised internal audit plan for 2020-21 was received.</p> <p>The following points were highlighted;</p> <ul style="list-style-type: none"> - This was an updated Audit Plan for 2020-21 which had been revised in light of the impact of the pandemic on organisational risks and priorities; - The proposed revision of the plan has been agreed and supported at Executive Board and there had been positive engagement in the plan; - The plan would remain flexible and would continue to be reviewed throughout the remainder of the year. <p>In discussion of the report, the following points were raised;</p> <p>Martin Sollis added that as this has been supported at Executive Board, there was the expectation that the plan would now be delivered . He requested that if any issues should arise in terms of the delivery of audits, the issue is to be raised with himself as Audit Committee Chair. There was the need to be flexible and the need to get the balance right.</p> <p>Pam Wenger informed that the Internal Audit plan had been discussed on a number of occasions and it had been agreed that any request to defer audits would be signed off by the Chief Executive. There was the need to be flexible and agile as well as minimizing the impact on operational functions.</p>	
Resolved:	<ul style="list-style-type: none"> - The revised internal audit plan for 2020-21 was noted. 	

138/20	AUDIT ON GOVERNANCE ARRANGEMENTS DURING COVID AND THE FIELD HOSPITAL ASSURANCE REVIEW	
	<p>A report providing an update on the actions related to the audit on governance arrangements during COVID-19 and the field hospital assurance review was received;</p> <p>Darren Griffiths highlighted the following points;</p> <ul style="list-style-type: none"> - The report covers the progress on actions for two audits on governance arrangements during COVID-19; - Firstly, the COVID -19 governance arrangement review, good progress was being made on the actions; - The findings of the review were broad and across the health board and this was being managed by the Executive Board - A follow up review would be required and the scoping and field work would commence in November 2020; - The field hospital assurance follow up project gateway review was jointly commissioned by Welsh Government and the health board and was undertaken on the 12th October by the Welsh Government Integrated Assurance Hub; - Improvements and actions had been acknowledged and the assurance rating had been improved to Amber from Red/Amber. No follow up review has been planned; - Good progress was being made on all further actions and these were currently being worked through and overseen by the Health Board Silver and the Field Hospital Operational Groups. <p>In discussion of the report, the following points were raised;</p> <p>In terms of the field hospitals, Nuria Zolle raised the fact that the actions needed were mainly programme management related and queried whether the health board would be utilizing these tools going forward. She queried at what stage the project management approach should be embedded and systematic. Darren Griffiths advised that consideration of the appropriate tools and methodology was being reviewed by the gold command team. He advised that the incident structures have been kept in place for 2nd Wave.</p>	
Resolved;	<ul style="list-style-type: none"> - The actions in place and underway to address the advisory findings of the Governance arrangements during COVID-19 Pandemic – Advisory Review were noted. - The receipt of the follow up review report from WGIAH regarding field hospitals; and the assurance review were noted 	

	<ul style="list-style-type: none"> - The actions being undertaken to address the follow up review findings were noted. 	
139/20	AUDIT WALES PERFORMANCE AND PROGRESS REPORT	
	<p>The Audit Wales performance report was received</p> <p>In introducing the report, Dave Thomas highlighted the following points:</p> <ul style="list-style-type: none"> - The programme was flexible in response to COVID-19; - The All Wales briefings on the Structured Assessments were currently being finalised and a number of key lessons learned were being seen across Wales; - In response to COVID-19, a whole system governance arrangements review of Test, Track, Protect was underway and would be due for consideration at Audit Committee in January 2021; - A short piece of audit work was being undertaken on staff wellbeing and this would begin within the next two weeks; - In terms of planned work not yet started, work was being undertaken to recast the methodology for the Quality Governance review and has been updated to incorporate the four quadrants of harm; - The review of unscheduled care was back on track and data analysis was underway; <p>In discussion of the report, the following points were raised;</p> <p>In reference to the four quadrants of harm, Darren Griffiths advised that the health board had re-designed the performance reporting to incorporate focus on the four quadrants, as it was early days it would be helpful to align the thinking with any views from Audit Wales.</p> <p>Martin Sollis queried with regard to the review of the commissioning arrangements post Bridgend boundary change, if this was being undertaken in conjunction with internal audit as they were also reviewing this area. Dave Thomas advised that this was being co-ordinated and there would be no overlap.</p> <p>With regards to the National Community Care Information System Report, Martin Sollis commented that this was a very important report and it would be good to have the sight of this. Pam Wenger advised the report had been received and shared with the lead executive, she undertook to share with audit committee members.</p>	

Resolved:	<ul style="list-style-type: none"> - The performance and progress report was noted. - Pam Wenger to share the National Community Care Information System report with Audit Committee members. 	PW
139/20	FINANCE UPDATE	
	<p>Darren Griffiths provided a verbal update in which he highlighted the following points:</p> <ul style="list-style-type: none"> - The financial position for period 7 stood at an in-month overspend of £2m resulting in a cumulative overspend of £14.8m. - The year-end forecast deficit now stood at £25.4m from £96m and this was a result of the allocated funding for COVID -19 being applied. - The COVID-19 financial impact stood at £134m of which £119m had been funded non-recurrently from Welsh Government; - All the funding assumptions in the plan had now been signed off and this provided more certainty in relation to the forecast position. <p>In discussion, the following points were raised;</p> <p>Martin Sollis highlighted that he had seen the recent letter from Welsh Government covering 2020/21 arrangements and this was very complimentary of the health board, it recognized the transparency and governance arrangements in place during the pandemic and with the improvements in transparency and understating with regards to financial reporting.</p> <p>Martin Sollis commended Darren Griffiths for his hard work in achieving this through difficult times and in receiving such a complimentary response.</p>	
Resolved:	<ul style="list-style-type: none"> - The finance update was noted. 	
141/20	SPECIAL PAYMENTS AND LOSSES REPORT	
	<p>A report detailing losses and special payments was received.</p> <p>In introducing the report, Andrew Biston highlighted the following points:</p> <ul style="list-style-type: none"> - During the period, the losses and specials payments amounted to £1,519,914 of which £1,238,237 would be recovered from the Welsh Risk Pool. The actual loss to the health board for the period was £281,587; 	

	<ul style="list-style-type: none"> - After the recoveries from Welsh Risk Pool were taken into account, the net loss to the health board stood at £925,612 for the period 1st April 2020 to 30th September 2020; - The risk sharing arrangement is likely to be invoked in 2020/21 and the Swansea Bay share of additional costs amounted to £0.639m; - The latest estimate from Welsh Risk Pool of the charge to the DEL budget for 2020/21 is £121m, the Welsh Government allocations has yet to be confirmed; - Appendix A sets out the basis for calculating the risk sharing percentage for each health board; - In 2020/21, the percentage had increased from 16.09% to 16.59% for SBU due to the large value of periodical payments for claims paid upfront and obstetric cases; <p>In discussion of the report, the following points were raised;</p> <p>Martin Sollis made reference to the risk sharing calculation adding that he had hoped that this would be more refined and more specific to the risk of certain services rather than it being based on historical claims which was currently the case. He queried whether this formula had been reviewed by All Wales Directors of Finance. Darren Griffiths advised that it had not yet been reviewed but it was part of the programme going forward.</p>	
Resolved	<ul style="list-style-type: none"> - The report be noted. 	
142/20	FINANCIAL CONTROL PROCEDURE REVIEW UPDATE	
	<p>A report providing an update on the progress in completing the annual update of the financial control procedures was received.</p> <p>In introducing the report, Andrew Biston highlighted the following points;</p> <ul style="list-style-type: none"> - During 2019/20 updates had been made to remove references to Abertawe Bro Morgannwg University (ABMU) Health Board and replace with Swansea Bay Health Board; - Although this update had taken place, a further detailed review of financial control procedures was planned for the 2020/21 financial year; - In undertaking the review, notice will be taken of the proposed updated Health Board Standing Financial Instructions (SFI's - Of the three reviews scheduled for quarter 2, all are complete and are awaiting upload to the intranet. 	

	<ul style="list-style-type: none"> - Eight reviews are scheduled for quarter 3. Of these, five have commenced, two have been sent to be reviewed with a return date requested of 30th November 2020 and four reviews were scheduled for quarter 4; 	
Resolved	<ul style="list-style-type: none"> - The update on progress in completing the annual update of financial control procedures was noted. 	
143/20	PROJECT BANK ACCOUNTS FOR CAPITAL SCHEME	
	<p>A report seeking approval for the approach to the set up and management of Project Bank Accounts was received.</p> <p>In introducing the report, Andrew Biston highlighted the following points;</p> <ul style="list-style-type: none"> - The report sought approval for the approach to the set up and management of Project Bank Accounts which has been mandated by Welsh Government for all major capital schemes; - These accounts were ring fenced bank accounts used for transferring funds from health boards to supply chain partners and sub-contractors in a transparent manner that should help sub-contractors with their cash flow; - Project Bank Accounts can be single or dual authority. In line with other health boards in Wales and standing financial Instructions, the health board seeks approval to use a single authority account. - In order to set up, a mandate must be completed along with an application form by the delegated officer, namely the Director of Finance and relevant financial control procedures would need to be updated to reflect this; - Accounts application forms and bank mandates are required to be signed as deeds; - The first project bank account needed is required for the Singleton cladding scheme; <p>In discussion of the report, the following points were raised;</p> <p>Members sought further assurance in terms of the risk and benefits of these accounts. Andrew Biston advised that as we would be the first Board to use an account, the practicalities were still being worked through.</p> <p>Martin Sollis queried whether there was any risk or responsibility of the health board after the money leaves the health board bank account. Andrew Biston confirmed that the health board would discharge any responsibility once it had made payment and it was the responsibility of</p>	

	<p>the main contractors to pass money to the sub-contractors according to timescales set out within the business cases and the schedules require this to take place within 3 days of receipt.</p> <p>In discussion, it was agreed that as this was a national mandated requirement and it was needed for the Singleton Cladding scheme, members agreed to approve the update to the SFI in terms of the new requirements. However as national arrangements were still being developed it was agreed that this should only be used to facilitate arrangements for the Singleton Cladding Scheme in the first instance and wider use would be subject to a further update in due course when more detail on the national requirements were known.</p> <p>Pam Wenger added that she was seeking further clarification on whether accounts would require sign off under deed.</p>	
Resolved;	<ul style="list-style-type: none"> - Members noted the requirement to set up Project Bank Accounts in line with the requirement confirmed by Welsh Government in its letter to health boards and Trusts of 11th November 2019; - Members approved the use of single authority Project Bank Accounts for all schemes requiring Project Bank Accounts within Swansea Bay University Health Board; - Members approved the proposal that the Director of Finance be the officer delegated to complete the accounts application form and bank mandate for all Project Bank Accounts subject to it only being used to facilitate arrangements for the Singleton Cladding Scheme in the first instance until further updates and assurances are provided. 	
144/20	<p>NWSSP PROCUREMENT: SINGLE TENDER ACTIONS AND QUOTATIONS</p>	
	<p>Christine Thorne was welcomed to the meeting.</p> <p>The NWSSP Procurement: single tender actions (STA'S) and quotations (SQA'S) report was received.</p> <p>In introducing the report, Christine Thorne highlighted the following points:</p> <ul style="list-style-type: none"> - The report covered activity for the period 26th August 2020 to 30th October 2020; - There were 28 SQA's and 8 STA's approved during the period with a total value of the £652,679; 	

	<ul style="list-style-type: none"> - The position was not ideal in terms of numbers and it was important to take account of the current market, shortage of supply and resources; - The report highlights the increased use of local suppliers which is positive as this was an overall objective for the procurement service; - The report also includes the full position of activity of the health board's response to the first wave of the pandemic - Within the normal activity, it was important to highlight to committee the contract for legal advice for the singleton cladding but this was not anticipated to be higher than £5k; - Within COVID-19 activity, key points to highlight would be the contract for Veolia, which was required to avoid a system failure and Comcen, which was taken out due to there being no other suppliers available; - There was a small increase within the 'further matters' section, but these requests were primarily due to timeliness rather than process; <p>In discussing the report, the following points were raised:</p> <p>Martin Sollis stated that he felt assured that the health board was compliant on issues related to COVID-19 and it was helpful that these were separated out within the report for transparency purposes. He added that he was pleased with the report and the progress highlighted within it.</p> <p>Martin Sollis thanked Christine Thorne as this was her last meeting attendance. Darren Griffiths also thanked her for all her support and the big contribution she had made during the pandemic, in particular within the setup of the field hospitals.</p>	
Resolved:	<ul style="list-style-type: none"> - The NWSSP Procurement: single tender actions and quotations report was noted. 	
145/20	SENIOR INFORMATION RESPONSIBLE OFFICER ANNUAL REPORT	
	<p>The Senior Information Responsible Officer Annual Report was received.</p> <p>In discussion of the report, Martin Sollis commented that this was a very positive report and was testament to the hard of work of the team.</p>	

Resolved:	<ul style="list-style-type: none"> - The assurances and progress provided across all areas of the report were noted. - The objectives and priorities across the five sections of the report for 2020-2021 were noted. - The report was approved. 	
146/20	INFORMATION GOVERNANCE FRAMEWORK	
	<p>A report setting out the Information Governance Framework 2020-2021 was received.</p> <p>In discussion of the report, Pam Wenger advised that the document had been approved at both the Information Governance Board and the Senior Leadership Team. The document provides the health board with assurance around its commitment and strategy to remain compliant with the new data protection legislation since its last iteration.</p>	
Resolved	<ul style="list-style-type: none"> - The Information Governance Framework 2020-2022 was approved. 	
147/20	INFORMATION GOVERNANCE ASSURANCE REPORT	
	The information governance assurance report was received and noted .	
148/20	NHS DELIVERY UNIT ANNUAL GOVERNANCE REPORT	
	<p>The NHS Delivery Unit Annual Governance report was received.</p> <p>In discussion of the report, Pam Wenger reminded members that this annual governance report was agreed following the stand down of the previous hosted agencies sub-committees. The report was very detailed and provided an overview of the work and activities of the NHS Wales delivery Unit for the period 2019-20.</p> <p>Tom Crick commented, as previous Chair of the sub-committees, that he was happy to move away from the previous sub-committees and that that the committee can be assured that 'the houses were in order' and there was also visibility in terms of their risk registers and governance arrangements.</p> <p>Martin Sollis queried whether their work-programme was set by Welsh Government, Tom Crick advised yes this was the case and that although</p>	

	the health board was the host organization for the Unit, the operational delivery sat with Welsh Government.	
149/20	EMRTS ANNUAL REPORT	
	The EMRTS Annual Report was received and noted .	
150/20	ITEMS TO REFER TO OTHER COMMITTEES	
Resolved:	There were no items to refer.	
151/20	ANY OTHER BUSINESS	
Resolved:	There was no further business and the meeting was closed.	
152/20	DATE OF NEXT BOARD MEETING	
	The date of the next meeting was confirmed as 12 th January 2020	