

**Swansea Bay University Health Board
Unconfirmed
Minutes of the Meeting of the Audit Committee
held on Tuesday, 9th March 2021 at 9.30am
Microsoft Teams**

Present:

Martin Sollis	Independent Member (in the Chair)
Tom Crick	Independent Member
Nuria Zolle	Independent Member
Stephen Spill	Vice Chair

In Attendance:

Pam Wenger	Director of Corporate Governance
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 (until Minute 43/21)
Dave Thomas	Audit Wales
Daniel King	Audit Wales
Hazel Lloyd	Head of Risk (Minute 37/21)
Keir Warner	Head of Procurement (Minute 48/21)
Claire Mulcahy	Corporate Governance Manager

Minute No.		Action
28/21	APOLOGIES	
	Apologies were noted from Christine Williams, Director of Patient Experience; Martyn Waygood, Independent Member and Len Cozens, Head of Compliance.	
29/21	WELCOME / INTRODUCTORY REMARKS	
	The chair welcomed everyone to the meeting.	
30/21	DECLARATION OF INTERESTS	
	There were none.	

31/21	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meetings held on 12 th January 2021 were received and confirmed as a true and accurate record.	
32/21	MATTERS ARISING	
	<p>(i) <u>Clinical Audit</u></p> <p>Martin Sollis advised members that he had been informed by the Medical Director that the national clinical audit programme was now likely to continue in 2021/22. This needed to be confirmed but if so there was no immediate priority to replace the national programme and the Board needed to continue to focus on improving it's own clinical audit arrangements as previously reported to the committee.</p>	
33/21	ACTION LOG	
Resolved:	The action log was received and noted .	
34/21	WORK PROGRAMME	
	<p>The work programme was received and noted.</p> <p>Martin Sollis advised that the next set of meetings would cover year-end accounts with the last meeting on the 7th June 2021. He confirmed that this would be his last day within the health board and suitable handover arrangements would be taken forward with the new Audit Committee chair when the board committee arrangements had been finalised and agreed.</p>	
Resolved:	The work programme was noted .	
35/21	AUDIT REGISTERS AND STATUS OF RECOMMENDATIONS	
	<p>A report providing an update on the audit registers and status of recommendations was received.</p> <p>In introducing the report, Pam Wenger highlighted the following points;</p> <ul style="list-style-type: none"> - The report provided the Audit Committee with an update on progress in responding to recommendations made by NWSSP Audit & Assurance; 	

	<ul style="list-style-type: none"> - The report focusses on those reports that carried 'Limited' assurance ratings; - It includes detail regarding the original audit findings as well as the narrative of the recommendation in order to give appropriate context to the management response; - The Audit Committee are requested to consider the new format of the report and provide feedback; <p>In discussion the following points were made;</p> <p>Nuria Zolle and Tom Crick both commented that they were happy with the format of the document but had queries in relation to outstanding recommendations in relation to ESR. They agreed that they would pick this up in discussions outside of the committee.</p> <p>Martin Sollis made reference to the recommendations themselves and stated that he was pleased to see that very few outstanding recommendations were patient related high priority issues and substantial assurance could be taken that such patient quality issues were correctly being prioritised and addressed properly. He stated that there was still the need to focus on all other high priority recommendations e.g. in relation to estates, ESR and PADR, but the paper outlined the plans to address these areas with many having been delayed due to the pandemic.</p> <p>In relation to the format of the report, Martin Sollis stated that going forward he would like the report to continue to focus on the limited assurance, high priority recommendations. Further reports would be sought from Executive Leads on those as part of the committee work programme. He requested that a report be brought to committee in relation to the outstanding recommendations under the Director of Workforce in July.</p>	
Resolved:	<ul style="list-style-type: none"> - Director of Workforce and OD to be invited to committee in due course to discuss outstanding recommendations; - The progress made in implementing recommendations contained within 'Limited' assurance reports issued by NWSSP Audit & Assurance was noted. 	
36/21	BOARD ASSURANCE FRAMEWORK	
	<p>An update was provided on the Board Assurance Framework (BAF). In introducing the report, Pam Wenger highlighted the following points;</p>	

	<ul style="list-style-type: none"> - The Audit Committee were requested to review and discuss the updated BAF; - A significant amount of work had been undertaken by Len Cozens to refine the document further; - The document was a work in progress and would be further refined and integrated with the annual plan deliverables; - The aim was to have to BAF in place and operational by April 2021; <p>In discussion of the report the following points were raised;</p> <p>Nuria Zolle commented that it was great to see the document developing but it was very important that ownership was taken as a BAF would only work with ownership. She added that she had specific comments on objectives two and three and would send these through to the Head of Compliance.</p> <p>Stephen Spill queried to what extent the document would survive the new annual plan and strategy and would the document need to be reframed to fit. Pam Wenger advised that the assurance and controls would remain the same but there may be the need to map the new objectives. Once the annual plan is agreed, this framework will need fit into those processes and it will be mapped across.</p> <p>Martin Sollis added that at a recent planning meeting, it was agreed to look at the objectives and some further work is required once they are agreed, there will be a process of testing and updating even after the document is in operation.</p> <p>Martin Sollis made reference to external reviews, adding that it was fundamental that they are all coordinated in one place and via a common approach. Pam Wenger agreed, adding that this was a key point of assurance and mechanisms would be put in place to capture all external reviews.</p>	
Resolved:	<ul style="list-style-type: none"> - The progress on the development of the Board Assurance Framework was noted. - The draft version of the BAF for use within SBUHB, acknowledging that it is an iterative document and will be continually reviewed and updated was approved. 	
37/21	HEALTH BOARD RISK REGISTER	
	Hazel Lloyd was welcomed to the meeting.	

	<p>An update on the health board risk register and the COVID-19 risk register was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points;</p> <ul style="list-style-type: none"> - There were thirty-four high risks on the health board risk register and no new risks have been added since November 2020; - One risk, the funding to support the response to the COVID-19 pandemic had been closed as the position on this was now clear; - There were twenty-three risks on the COVID-19 Gold Command Risk Register, five had been closed and four new risks had been added since November 2020; <p>In discussion, the following points were raised</p> <p>In relation to <i>Risk 37: Operational and strategic decisions are not data informed</i>, Nuria Zolle made reference to the business intelligence strategy being signed off in April 2021 and queried the progress on this. Hazel Lloyd advised that the information would need to be provided by the Director of Digital, she undertook to update members outside of committee.</p> <p>Stephen Spill queried when those risks related to COVID-19 Gold Command would be subsumed within the main risk register. Martin Sollis concurred and noted that a number of risks covered by the COVID-19 Gold Command register were longer term and may exist post the Gold command e.g. those relating to workforce. He asked officer's to consider how and when they should be reported within the main risk register and Pam Wenger undertook to update at the next Board meeting.</p> <p>In relation to <i>Risk 73: potential for a residual cost base increase post COVID-19</i>, Darren Griffiths advised that this would need be modified and he would pick this up as part of the discussions surrounding the base plan and recovery. Tom Crick queried the health board's cost base in the longer term and how this was viewed by Welsh Government. Darren Griffiths advised that a meeting took place with Welsh Government and the Finance Delivery Unit and it was highlighted that the lack of savings for the Board was a concern. There would be a provisional sum for COVID-19 and recovery costs and the allocation for this would be seen soon. In relation to Planned care, Darren Griffiths advised that the health board were required to submit solutions on the planned care recovery and a financial assessment of the potential cost to Welsh Government.</p> <p>Tom Crick commented that he had wider concerns in terms of the transformational plan for the health board, he acknowledged the funding concerns from Welsh Government but the health board were not in a position to go forward with the transformation plan. Darren Griffiths</p>	<p>HL</p> <p>PW</p>
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	<p>advised that this was also being discussed with Welsh Government and there was assurance that no health board would be penalised.</p> <p>In relation to the risk report itself, Martin Sollis highlighted that it was clear there had been little movement in terms of the reduction of risk ratings and queried whether these risks had been agreed with the sub-committees. He added there was a need to focus on changes and ensuring the risks have gone through the appropriate route. Hazel Lloyd assured that they had, and updates on the risks are provided from Executives and are taken through committees where there is good discussion on individual risks.</p> <p>With regards to Risk 15: <i>Population Health Improvement</i> Martin Sollis noted that the current description needed improvement as the nature of the risk was unclear. It was important to consider how we describe risks and how they correctly fit into the business objectives. Hazel Lloyd agreed and stated she would link with the Director of Public Health to update this risk description.</p>	<p>HL</p> <p>HL</p>
<p>Resolved;</p>	<ul style="list-style-type: none"> - Hazel Lloyd to provide members with information on the progress of the Business Intelligence Strategy that sits within Risk 37; - Pam Wenger to raise with executive colleagues to consider how and when COVID-19 risks should be reported within the main risk register; - Hazel Lloyd to link with the Director of Public Health to update the risk description for <i>Risk 15: Population Health Improvement</i>; - The updates to the Health Board Risk Register were noted; - The updates to the Covid-19 Gold Command risk register were noted; - Members gave their support to the maintaining the risk appetite of 20 with a review every three months. 	<p>HL</p> <p>PW</p> <p>HL</p>
<p>39/21</p>	<p>TO REVIEW PROGRESS AGAINST STRUCTURED ASSESSMENT RECOMMENDATIONS</p>	
	<p>A report providing an update on the progress against all extant structured assessment recommendations was received and noted.</p>	
<p>Resolved;</p>	<ul style="list-style-type: none"> - Members received assurance regarding those recommendations which have been confirmed as completed, closed or superseded; 	

	<ul style="list-style-type: none"> - The progress and position in respect of those recommendations which currently remain open was noted; 	
40/21	COMPLIANCE WITH THE CORPORATE GOVERNANCE CODE	
	<p>A report providing an update on the health board's compliance with the Corporate Governance Code was received and in discussion the following points were raised;</p> <p>Members made reference to item 2.7 of the report querying whether this should state <i>Accounting Officer</i> or <i>Accountable Officer</i>. If this relates to Accountable Officer, the responsibilities should be wider than finance. Pam Wenger undertook to look into this and amend as appropriate.</p>	
Resolved;	<ul style="list-style-type: none"> - Clarity to be sought on whether 2.7 should state Accounting Officer or Accountable Officer; - The compliance with the corporate governance code was noted. - The assessment of compliance against the corporate governance code was supported. - The need to reflect the assessment in the accountability report was agreed. 	PW
41/21	INTERNAL AUDIT ASSIGNMENT SUMMARY AND PROGRESS REPORT	
	<p>The internal audit assignment summary and progress report was received;</p> <p>In introducing the report, Helen Higgs highlighted the following points:</p> <ul style="list-style-type: none"> - From a total of thirty four audit reviews within the audit plan for 2020-21, ten had been finalised, three had been issued in draft, ten remained in progress, one had not yet been started and two would be reported by the year end. - Of the five finalised reports since the last reporting period, two had a <i>substantial assurance</i> rating; two had a <i>reasonable assurance</i> rating and no assurance ratings were applicable for the other reviews. - Committee were requested to consider the following proposed changes to the 2020-21 plan ; - <i>I.T Application Systems (Signal)</i> - in discussion with management, it is proposed to remove this review from the 2020/21 plan due to later than expected implementation. 	

- *Agency staff management* – in discussion with management and given that alternative assurances are available, we are proposing removal of this review.
- *Mass vaccinations programme* – it is proposed that this review replace our follow up review of Covid 19 response governance arrangements which will be covered in the 2021/22 plan

Neil Thomas highlighted the following points;

- Included within the papers were four final audit reports; *Discharge Planning (Final)*; *Primary Care Clusters*; *Vaccinations and Immunisations (Follow-Up)* and *Cleaning*;
- The Discharge Planning audit had received a limited assurance rating;
- Fieldwork took place during Quarter 4 of last year, on twelve wards over the four sites;
- The outcome of the audit showed some good practice in some areas but there were a number of issues of non-compliance with the Safer Discharge Policy more widely;
- Other issues included inconsistency of record-keeping across the SIGNAL system, Clinical Portal and written records;
- Some of the findings indicated that the policy might require adjustment to reflect the appropriate management of patients in some services e.g. Gorseinon Hospital. An action plan has been put together that includes a review of policy and a mechanism to provide assurance regarding compliance following its implementation;

In discussion of the report, the following points were raised;

In relation to the proposed changes to the audit plan, Martin Sollis stated that he was content with the changes but requested that the audit *I.T Application Systems (Signal)* is kept on the priority list due to its links with the Discharge Planning Audit.

With regards to the *Discharge Planning* audit, Martin Sollis highlighted his concern with the widespread non-compliance of the policy. This has significant links to the Medically Fit for Discharge position and it is a fundamental area for review. The policy was outdated but it was important for this to be taken forward and there needed to be better compliance across the whole organisation. It was agreed that this needed further scrutiny by other relevant committees to ensure that the necessary improvements were being made in this key area

Concerning the *Cleaning* audit report which received a reasonable assurance rating, Martin Sollis referenced the number of procedural issues

	<p>that needed to be addressed in a number of key recommendations. It was important to bear in mind that there were also high priorities within both limited and reasonable rated audits.</p> <p>Martin Sollis requested that going forward any draft limited assurance reports like the discharge planning report are copied to relevant committee Chairs and the Lead Executives at the earliest opportunity so that committees could gain an early understanding any potential problems while still recognizing that the report was draft and subject to management comments and responses. Pam and Wenger and Helen Higgs undertook to ensure this is taken forward.</p>	PW/HH
Resolved;	<ul style="list-style-type: none"> - Ensure that any draft limited assurance reports are copied to relevant committee Chairs and the Lead Executives earlier in the process; - The Committee approved the proposed changes to the revised 2020/21 Internal Audit plan; - The report was noted. 	PW/HH
42/21	INTERNAL AUDIT PLAN 2021-22 AND CHARTER	
Resolved;	The Internal Audit Plan for 2021-22 was received and approved .	
44/21	AUDIT WALES – ANNUAL PLAN 2021-2022	
	<p>The Audit Wales Annual Plan for 2021-22 was received;</p> <p>In discussion the following points were raised;</p> <p>Dave Thomas advised that information surrounding the fee had not been included with the report due to a timing issue, but the health board would receive a letter in due course which advises of the fees for the 2021-22.</p> <p>In relation to the Audit of Annual Accounts, Martin Sollis queried why Audit Wales were referring to Pension Pay Scheme payments as potentially being irregular expenditure as if this was the case then this would be a significant issue to be drawn to the attention of the Board as part of the accounts process. Members noted that further clarification and work was ongoing with Audit Wales and Welsh Government on this issue and a further update would be given at the next audit committee.</p>	
Resolved;	<ul style="list-style-type: none"> - The Annual Plan was noted. 	
43/21	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"> - Appended to the report was the <i>Doing it Differently, Doing it Right</i> document; this was a positive report and was for noting by the committee; - The Audit Wales programme had been flexible in response to COVID-19 and the flexibility in timing and approach was ongoing; - The report reflects where the programme has been amended slightly. 	
Resolved:	The Audit Wales performance and progress report was noted .	
45/21	FINANCE UPDATE	
	<p>Darren Griffiths provided a verbal update on the financial position and highlighted the following points:</p> <ul style="list-style-type: none"> - The financial position for period 11 stood at an in-month overspend of £1.758m and a cumulative overspend of £22.351m; - The health board were on track to deliver the £24.4m year-end agreed deficit; - There had been a material variable pay variant within enhanced variable pay; - There had been a reduction in PPE costs during the period. 	
Resolved:	The finance update was noted .	
47/21	SPECIAL PAYMENTS AND LOSSES REPORT	
	<p>A report detailing losses and special payments for the period 1st October 2020 to 30th November 2020 was received.</p> <p>In discussion, the following points were raised;</p> <p>Andrew Biston made reference to appendix H of the report which detailed the loss of four wound drainage devices within a six month period. Members queried how these devices with a value of £8k could go missing. Andrew Biston advised that the equipment had been mistaken as disposable equipment by agency staff within the department. A process of education and strengthening of procedures was being undertaken to ensure this did not happen again.</p>	

	<p>In terms of Welsh Risk Pool, Andrew Biston informed that there had been less cases recently and less payments were being made due to COVID-19. A useful presentation had been received at a recent Technical Accounting Group from Legal and Risk which covered potential future pressures and changes and this may be useful for members of the committee.</p> <p>In relation to the GP Indemnity scheme expenditure, Martin Sollis queried the process and requested assurance on the process for GP Scheme payments. Andrew Biston advised that the process was similar to that of clinical negligence and personal injury. Overall it is managed by Legal and Risk, but the health board works closely with practices to ensure that there was a robust process to ensure that lessons were learned on each case to minimise any future occurrences and claims .</p>	
Resolved	<ul style="list-style-type: none"> - The presentation received at the technical accounting group from Legal and Risk to be included within the next report; - The losses and special payments made in the period were noted. 	AB
46/21	ANNUAL ACCOUNTS UPDATE	
	<p>A report informing the Audit Committee of the annual accounts timetable and closure plans for the financial year ending 31st March 2021 was received.</p> <p>In introducing the report, Andrew Biston highlighted the following points;</p> <ul style="list-style-type: none"> - The report set out the timetable, key dates and milestones for the submission of the Annual Accounts for 2020/21; - The arrangements in place for the review and adoption of the Annual Accounts; - The approach for accounting for capital issues, which the need for off-site storage of capital equipment; - The approach in accounting methodologies used across the primary care accrual areas including the various GMS contracts, pharmacy and prescribing; - The report also set out the approach in accounting for key areas such as field hospital costs and pension annual allowance charges - With regards to untaken annual leave, using the all-Wales methodology developed by Deputy Directors of Finance an estimate has been sent to Welsh Government. The estimated accrual for the health board was £11.6m 	

	<ul style="list-style-type: none"> - The report highlights the anticipated movements in key provisions such as permanent injury, defence and redress fees and the GP Indemnity Scheme; - As a result of the transfer of Laundry Services to NHS Wales Shared Services Partnership (NWSSP), there would be a requirement transfer assets and liabilities and the completion of formal S1 and S2 transfer documentation would be needed; - Manual stock counts would be required within all areas apart from Morriston Hospital Operating Theatres due to the use of the new Omnicell stock system; <p>In discussion of the report, the following points were raised;</p> <p>Martin Sollis commented that the major judgements and estimates set out within the report for year-end accounting were mainly consistent with previous years. One of the most significant implications for the year end accounts may be the accrual for untaken annual leave.</p> <p>Andrew Biston advised that the annual leave accrual was being discussed with auditors as part of the interim audit. He also confirmed that a consistent approach was being applied across Wales and further definitive guidance was anticipated from Welsh Government on the matter.</p> <p>Martin Sollis made reference to the equipment in the field hospital, querying what would be done with this equipment post the pandemic. The equipment expenditure was significant and it would be good to find further use for the equipment as it was deemed not appropriate for ongoing use within an NHS setting. Keir Warner advised that discussions were underway with the NHS Wales IP5 Brexit storage unit in Newport as to whether equipment could be stored there. This would relieve the burden on the NHS in terms of storage and would allow a decision to be made as to what will be done with the equipment in the longer term.</p>	
Resolved;	<ul style="list-style-type: none"> - The annual accounts timetable and the proposed accounting methodologies were approved. 	
48/21	NWSSP PROCUREMENT: SINGLE TENDER ACTIONS AND QUOTATIONS	
	Keir Warner was welcomed to the meeting.	

	<p>The NWSSP Procurement: single tender actions (STA'S) and quotations (SQA'S) report was received.</p> <p>In introducing the report, Keir Warner highlighted the following points:</p> <ul style="list-style-type: none"> - The report covered activity for the period 17th December to 10th February 2021; - During the period, there were 6 SQA's approved with a value of £82,409 and 10 STA's with a total value of £1,823,273; - The number of retrospective action requests was high and this was a concern. The total value for retrospective action requests for the period stood at £533,636; <p>In discussing the report, the following points were raised:</p> <p>In relation to retrospective action requests, Keir Warner highlighted his continued concern in this area and he informed members that work was underway to educate budget holders in this area. Numbers were not decreasing and he was aware the education will take time to have an effect.</p> <p>Tom Crick stressed that due to the pandemic there will be increased scrutiny in relation to STAs and SQAs, therefore to it was essential to review procedures and policies and ensure these were clarified with budget holders. Nuria Zolle concurred stating it was important to look at how we address this in the longer term.</p> <p>Martin Sollis requested that Keir Warner works with Pam Wenger on this issue, with regards to any potential breaches in SFIs and SO's that may have occurred so that they could be reported correctly at the year end .</p> <p>Martin Sollis thanked Keir Warner for his report, adding that it was good to see the monitoring being undertaken; the improvement being made and the education process that being taken forward in key areas of non compliance.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - Pam Wenger and Keir Warner to discuss any potential breaches in SFI's and SO to ensure they were reported correctly at year end. - The NWSSP Procurement: single tender actions and quotations report was noted. 	<p>PW/KW</p>
<p>49/21</p>	<p>FIELD HOSPITAL ASSURANCE REVIEW UPDATE</p>	
	<p>A report providing an update on the Field Hospital Assurance review was received.</p> <p>Darren Griffiths highlighted the following points;</p>	

	<ul style="list-style-type: none"> - The Audit Committee received the “<i>Governance arrangements during COVID-19 Pandemic – Advisory Review</i>” at its September 2020 meeting and a follow-up report at its November 2020 meeting; - The report closes the governance loop on the report by providing the audit committee with assurance that the actions set out in the follow up review have been completed. <p>In discussion the following points were raised.</p> <p>Darren Griffiths advised that a report on the health board’s Mass Vaccination Centre would be received at Board at the end of September 2021. The field hospital was being utilized as much as possible but it was recognized this was a temporary arrangement with the planned de-commissioning of the site in 2021-22. He advised that the financial plan included costs for the de-commissioning and plans were in place to ensure it was executed appropriately.</p> <p>Martin Sollis referred to gold command and the risk held in relation to the staffing of the field hospital, he commented that the risk had not materialized and queried whether the risk could be stood down. Darren Griffiths advised that this would be discussed as part of the vaccination centre plan and an update should be made in September 2021</p>	
Resolved;	<ul style="list-style-type: none"> - The completion of the actions set out in the follow up report were noted. - It was agreed that the completed actions can be communicated to the Director General of NHS Wales. 	
50/21	ITEMS TO REFER TO OTHER COMMITTEES	
Resolved:	There were no items to refer.	
51/21	ANY OTHER BUSINESS	
Resolved:	There was no further business and the meeting was closed.	
52/21	DATE OF NEXT AUDIT COMMITTEE MEETING	
	The date of the next meeting was confirmed as 18 th May 2021.	