

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Meeting of the Audit Committee
held on Thursday, 15th September 2022 at 9.00am to 12.15pm
Microsoft Teams**

Present:

Nuria Zolle	Independent Member (in the Chair)
Patricia Price	Independent Member
Tom Crick	Independent Member
Keith Lloyd	Independent Member

In Attendance:

Gareth Howells	Director of Nursing and Patient Experience
Andrew Biston	Assistant Director of Finance - Accounting and Governance
Darren Griffiths	Director of Finance and Performance
Hazel Lloyd	Acting Director of Corporate Governance
Osian Lloyd	Head of Internal Audit (from minute 169/22)
Matt John	Director of Digital
Felicity Quance	Senior Audit Manager
Sara Utley	Audit Wales
Len Cozens	Head of Compliance (minute 157/22)
Georgia Pennells	Corporate Governance Officer
Keir Warner	Head of Procurement (minute 166/22)
Julie Williams	Procurement Business Manager (minute 166/22 & 172/22) Observing
David Lockey	National Director, EMRTS Cymru (minute 171/22)
Mark Winter	Operations Director, EMRTS Cymru (minute 171/22)
Melanie Blake	Director of Transformation - West Glamorgan Partnership (minute 155/22)
Kelly Gillings	Transformation Manager - West Glamorgan Partnership (minute 155/22)
Sharon Miller	Head of Primary Care, Primary & Community Services Unit (minute 170/22)
Sue Tillman	Post Payment Verification Location Manager (minute 170/22)

Minute No.		Action
148/22	APOLOGIES	
	Apologies were noted from, Inese Robotham Chief Operating Officer, Jackie Davies Independent Member and Sian Harrop-Griffiths Director of Strategy.	
149/22	WELCOME / INTRODUCTORY REMARKS	

	The chair welcomed everyone to the meeting.	
150/22	DECLARATION OF INTERESTS	
	No declaration of interests were received .	
151/22	MINUTES FROM THE PREVIOUS MEETINGS	
	The minutes from the meeting held on Thursday 14 th July 2022 were approved .	
152/22	CONSIDERATION OF ANY MATTERS ARISING NOT OTHERWISE ON THE AGENDA	
	There were no items raised under matters arising.	
153/22	ACTION LOG	
	The action log following the meeting held on Thursday 14 th July 2022 was received and noted .	
154/22	WORK PROGRAMME	
	The work programme was noted .	
155/22	WEST GLAMORGAN MARKET STABILITY REPORT	
	<p>Committee members welcomed Melanie Blake - Transformation Manager, West Glamorgan Partnership to the committee and Kelly Gillings – Director of Transformation, West Glamorgan Partnership.</p> <p>The West Glamorgan Market Stability report was received.</p> <p>In introducing the report, Melanie Blake, Transformation Manager highlighted the following points:</p> <ul style="list-style-type: none"> - Market stability reports are a tool to assist the Regional Partnership Boards in planning and commissioning quality care and support for their populations. The reports should help Regional Partnership Boards to determine the overall shape and balance of the market for 	

	<p>care and support within the region. This is the first year that market stability reports are required;</p> <ul style="list-style-type: none"> - The primary audience for the market stability report are local authorities and Local Health Boards, in their role as statutory partners of RPBs. The document will be of interest to other partner agencies and sectors represented on Regional Partnership Boards including the third sector, care and support providers, housing representatives, citizens who need care and support, and their families and carers; - The West Glamorgan market stability report was approved at the Regional Partnership Board meeting on the 7th of July 2022. Following formal approval at the Regional Partnership Board, the report requires approval by full council and a similar decision making body within the Health Board; - The market stability reports are the next step in the development of long term commissioning strategies for the care and support needs of local communities, including the development of accommodation that is fit for the future. <p>In discussing the report, the following points were made:</p> <p>Nuria Zolle noted that the report suggested that there was sufficient capacity to meet the demand, however it was acknowledged that there was a backlog impacting the flow of patients in hospitals and queried how this would 'square up'. Melanie Blake noted that there were timing issues when developing the market stability report. Under the code of practice the local authorities must take the lead to develop the local sustainability report coordinating with the health board and then it's pulled together as a regional report. The report was started during Covid-19 therefore it hasn't developed as it was envisaged however, a work programme has recently been developed and it was work in progress to address the gaps.</p> <p>Kelly Gillings added that the next stage involved commissioning. For the Regional Partnership Board a population needs assessment must be created and local authorities go through a wellbeing assessment, which contribute to the five year plan which must be written by March 2023. The market sustainability report would inform the capital plan, however there was further data captures to be made.</p>	
Resolved:	Committee members noted the report with further discussions to take place at the health board meeting.	
156/22	IMPLEMENTATION OF THE QUALITY MANAGEMENT SYSTEM REVIEW	

	<p>The implementation of the quality management system review was received.</p> <p>In introducing the review, the Acting Director of Corporate Governance and the Director of Nursing and Patient Experience highlighted the following points:</p> <ul style="list-style-type: none"> - The health board undertook work to consider the quality governance arrangements in the service groups and this coincided with Audit Wales and internal audit reviews of quality governance and the quality governance framework respectively; - An action plan has been drafted which includes the actions identified during the workshops and also the response to the recommendations from the three pieces of work on quality governance and progress against this is reported regularly to the Management Board and Quality and Safety Committee; - A task and finish group, which will be chaired by the Chief Executive, is in the process of establishment and will oversee the implementation of the quality management system, particularly the standardisation of the governance arrangements within the service groups. This will be in place in autumn 2022. <p>In discussing the review, the following points were made:</p> <p>Nuria Zolle highlighted that funding for the culture work was only available until August 2022 and wondered if a decision had been reached, Darren Griffiths advised that funding had been agreed until the end of March 2023. Nuria Zolle observed that it would be useful to follow the same colour coding in the framework as to what is usually used in health board reporting as it would help in terms of flagging the delayed actions. Nuria Zolle welcomed assurance that discussions were ongoing with the Quality and Safety committee in terms of the patient experience, and this would be discussed in the Workforce and OD committee to ensure the culture fits in nicely with work plans moving forward.</p> <p>In Osian Lloyds absence Felicity Quance reminded committee members that there was an audit scheduled in the plan for the quality and safety framework.</p>	
Resolved:	Committee members noted the review.	
157/22	AUDIT REGISTERS AND STATUS OF RECOMMENDATIONS REVIEW	
	The audit registers and status of recommendations review were received .	

	<p>In introducing the review, the Head of Compliance highlighted the following points:</p> <ul style="list-style-type: none"> - The vast majority of the recommendations relating to the discharge planning audit are being taken forward by the Head of Nursing at Morriston Hospital and an update on recommendations would be provided in November 2022; - The wellbeing of future generations act recommendations relate to updates in reporting primarily around health and wellbeing objectives reporting into the recovery & sustainability plan. The recommendations have become overdue as there hasn't been an opportunity to ensure the reporting is in line with the recommendation. Providing the report is in line with the recommendations the recommendation would be closed by November 2022; - During July 2022, the Audit Tracker was moved onto an updated version of the SharePoint system, resulting in a change to some elements of functionality. This was used as an opportunity to produce a User Guide to assist users in navigating their way around the Tracker and updating their entries. <p>In discussing the review the following points were raised:</p> <p>Nuria Zolle noted it was disappointing to see recommendations slipping into the overdue category. Nuria Zolle welcomed the user guide for the Audit Tracker and noted that the discharge of planning could be picked up with the chief operating in November 2022.</p> <p>Sara Utley commented on the work Audit Wales is carrying out on unscheduled care which also looks at discharge planning which may cause realignment of recommendations.</p>	
Resolved:	Committee members noted the review.	
158/22	TO AGREE THE HOSTING ARRANGEMENTS FOR SPINAL SERVICES AND THE OPERATIONAL DELIVERY NETWORK	
	<p>A report outlining the hosting arrangements for spinal services and the operation delivery network was received.</p> <p>In introducing the report, Acting Director of Corporate Governance highlighted the following points:</p> <ul style="list-style-type: none"> - SBUHB has developed a hosting agreement that sets out the responsibilities of the ODN and the responsibilities of the Spinal Services Operational Delivery Network for South Wales, West Wales and South Powys (ODN) member health boards; 	

	<ul style="list-style-type: none"> - The hosting agreement takes the form of a Memorandum of Understanding and will be signed by SBUHB as host of the Operation Delivery Network and all health boards within the Spinal Services Operational Delivery Network. This will include SBUHB as a provider of adult spinal surgery; - The responsibility as the host of the ODN is essentially an employment and corporate services role along with delivery of all elements of the service specification. In this role SBUHB will be expected to provide HR support, finance support, accommodation to a small team that form the ODN. <p>In discussing the report the following points were raised:</p> <p>Keith Lloyd asked for an idea of how many Operational Delivery Networks there were across NHS Wales and how many were hosted by SBUHB. Hazel Lloyd agreed to send Keith Lloyd the relevant information outside of the committee.</p> <p>Patrica Price questioned SBUHB liability, in terms of quality of access and if a patient's treatment fell short due to inequalities would SBUHB be liable for this. Hazel Lloyd advised that as part of the network agreement all organisations come together and in the event of a clinical negligence case for example, each case would be considered on its own merits and as the hosting organisations it would be SBUHB role to investigate therefore the liability wouldn't only lie with SBUHB it would be looked at on a case by case basis.</p> <p>Nuria Zolle queried whether the lessons learnt from serious incidents framework should be strengthened. Hazel Lloyd agreed to link in with other health boards to strengthen the section.</p> <p>Nuria Zolle queried if there were financial risks for the health board and whether they have been appropriately managed noting that the report refers to setting up a bank account. Darren Griffiths advised that in terms of the financial exposure to the revenue position of the board, this would be covered as the post had been funded and the requirement for the Operational Delivery Networks was not to set up a separate bank account but to account for it separately, a cost centre would be set up and monitored.</p>	
<p>Resolved:</p>	<p>Committee members noted the report and agreed to the hosting arrangements subject to the report going to board for approval.</p> <p>Action - Hazel Lloyd to send how many Operational Delivery Networks there are across NHS Wales and how the proportion which is hosted by SBUHB to Keith Lloyd.</p> <p>Action – Hazel Lloyd to do further work on strengthening the lessons learnt from serious incidents framework.</p>	<p>HL</p> <p>HL</p>

159/22	TO APPROVE THE HEALTH BOARD'S STANDING ORDERS AND STANDING FINANCIAL INSTRUCTION	
	<p>A report outlining the Health Board's standing orders and standing financial instructions were received.</p> <p>In discussing the report the following points were raised:</p> <p>Nuria Zolle asked if the committee chairs had received over sight of the standing orders and that they were content with the proposed changes. Hazel Lloyd advised that committee chairs were content and that the committees would be further reviewed in November 2022 as the work was linked to the board assurance framework in identifying issues relating to committee structures.</p>	
Resolved:	Committee members considered and approved the standing orders.	
160/22	STANDARDS OF BUSINESS CONDUCT POLICY	
	<p>A report outlining the Health Board's standards of business conduct policy.</p> <p>In introducing the report, Acting Director of Corporate Governance highlighted the following points:</p> <ul style="list-style-type: none"> - Earlier in 2022-23 internal audit completed a review of the standards of business conduct – in particular the process for declaring interests. While the audit received a reasonable assurance rating, areas for improving compliance interests were identified and work had been undertaken to strengthen the standards of business conduct policy to address these; - Full completion of the action plan in response to the audit is on track for completion. Progress has been made in a number of areas, resulting in changes to the standards of business conduct policy; - Hazel Lloyd gave thanks to the Corporate Governance team in progressing the work and embracing the internal audit findings. <p>In discussing the report the following points were raised: Nuria Zolle echoed Hazel Lloyds thanks to the Corporate Governance team.</p> <p>Patricia Price made reference to the electronic staff record (ESR) and the need for the roll out of the supervisor self-service, this was highlighted in recent ward visits and queried what the plans were surrounding that. Darren Griffiths advised that the Chief Executive Officer had asked himself and the Director of Workforce and OD to lead on the triangulation of the</p>	

	<p>roster, ESR and budgetary system and part of this work would include the roll and familiarisation of the key components of ESR.</p> <p>From a Workforce and OD perspective, this had been on the agenda for a while Tom Crick advised that the committee were aware of the lack of capability of ESR particularly from a management perspective, and he felt it would be useful to refer this work to the Workforce and OD Committee.</p>	
	<p>The standards of business conduct policy was approved.</p> <ul style="list-style-type: none"> - ESR functionality and capability to be referred to the Workforce and OD Committee. 	
161/22	PERFORMANCE AND PROGRESS REPORTS	
	<p>The performance and progress report from Audit Wales was received.</p> <p>In introducing the report. Sara Utlely highlighted the following points:</p> <ul style="list-style-type: none"> - The charitable funds accounts audit it due to complete by December 2022; - Currently working through the structured assessment and there has been good progress. <p>In discussing the report and revised policy, the following points were raised:</p> <p>Nuria Zolle noted that the 2022 programme is yet to be confirmed and whether it would be possible to receive an idea on what would be included in the programme. Sara Utlely thought that the work would be a follow up on primary care and the work would be carried out throughout a number of organisations to enable to carry out benchmarking. Sara Utlely noted that on her radar is to review the service group governance arrangements.</p>	
Resolved:	Committee members noted the performance and progress reports.	
162/22	UNSCHEDULED CARE PROJECT BRIEF	
	<p>The unscheduled care project brief was received.</p> <p>In introducing the brief, Sara Utlely highlighted the following points:</p> <ul style="list-style-type: none"> - There are three areas the project brief will focus on including, patient flow out of hospital, access to unscheduled care services and national arrangements. <p>In discussing the reports, the following points were raised:</p>	

	<p>Nuria Zolle asked if Audit Wales planned to look at some of the consequences are for patients caught up in the delays of the unscheduled care systems. Sara Utley confirmed that this was the plan.</p> <p>Matt John noted the case note review detailed in the brief and referred to the wider operational management digital information available to staff and whether part of the work looks at the effectiveness of the information. Sara Utley agreed to have a discussion outside of the committee.</p> <p>Patricia Price asked if it would incorporate good practice reviews from other NHS Wales health boards. Sara Utley confirmed it would.</p>	
<p>Resolved:</p>	<p>Committee members noted the project brief.</p>	
<p>163/22</p>	<p>TACKLING PLANNED CARE BACKLOG ACTION PLAN</p>	
	<p>The action plan was received.</p> <p>In introducing the action plan, Acting Director of Corporate Governance highlighted the following points:</p> <ul style="list-style-type: none"> - The report was published by the Auditor General setting out the findings of a report which looked at how NHS Wales was addressing the backlog of planned care patients. It included a number of recommendations for Welsh Government for which a management response has since been published; - It was recognised by Audit Wales that there would be action required from NHS Wales’s organisations to address some of the issues. A response has since been submitted by the health board to meet this requirement; - An update on the planned care programme and performance will be received by the Performance and Finance Committee in September 2022. The Performance and Finance committee will oversee the implementation moving forward and the Audit Committee is set to receive an update in six months. <p>In discussing the action plan, the following points were raised:</p> <p>Sara Utley noted it would be useful to include the work on tackling planned care in the recommendation tracker as a way of monitoring progress.</p> <p>Nuria Zolle highlighted the element of keeping in touch and engaging with patients on waiting lists and noted that the report stated this was carried out routinely as part of the validation however, the paper doesn’t acknowledge a clinical level of engagement in terms of managing patients conditions and</p>	

	<p>assisting patients with their pain and symptoms and it doesn't seem to be an area the health board was covering at present.</p> <p>Darren Griffiths declared his interest in the British Red Cross as they were managing the waiting list element of the planned care backlog. From an executive perspective Darren Griffiths highlighted that the Chief Executive Officer was pushing the efficiency of the core system and the utilisation of the £21.6m recovery money to be as effective as possible. Darren Griffiths highlighted that he provided detailed monitoring reports to the Finance Delivery Unit and he was challenged through the finance routes.</p>	
<p>Resolved:</p>	<p>Committee members noted the action plan.</p>	
<p>164/22</p>	<p>FINANCE UPDATE</p>	
	<p>A verbal finance update was received.</p> <p>Director of Finance and Performance provided the committee with the following update:</p> <ul style="list-style-type: none"> - The end of month five position was a further over spend of £0.661k; - From an income perspective the health board is over achieving income by £1.5m, pay is £0.900k over and non-pay is £3.1m overspent however, this includes the savings shortfall of £2.2m; - From a savings perspective it was pleasing to see planned savings as £29.5m of the savings £24m is recurrent; - The Performance and Finance director of the Chief Operating Officer have met with service group leaders to discuss what is needed to maintain the financial recovery and a number of actions have been issued, with finer detail flowing through the Performance and Finance Committee; - Corporate and service group directors have been issued with a financial out turn target a controlled total, with each service group apart from the Morrision service group expected to break even. Every other delivery area with the exception of Morrision have been asked to find another £2m of non-recurrent savings; - A financial improvement leader is due to commence in Morrision Hospital to assist with the position. The focus would be to reduce the run rate of expenditure in Morrision in a constructive way. <p>In discussing the finance update, the following points were raised:</p> <p>Nuria Zolle noted it would be helpful for the Audit Committee to have an oversight of the controls and what would happen in practice.</p>	

Resolved:	The finance update was noted .	
165/22	LOSSES AND SPECIAL PAYMENTS REVIEW	
	<p>The losses and special payments review was received.</p> <p>In introducing the review, Director of Finance and Performance highlighted the following points:</p> <ul style="list-style-type: none"> - The losses and special payments recorded during the period 1st April 2022 to 31st July 2022 totaled £3,285,554 of which £2,638,207 is recoverable from the Welsh Risk Pool, meaning that the actual loss to the Health Board in the period totals £647,347; - Of the losses and special payments made in the period a total of £715,507 related to cases pre 31st March 2019 for locations which transferred to Cwm Taf Morgannwg Health Board on 1st April 2019 of which the actual loss after recoveries are taken into account was £137,926; - As in previous years the Welsh Risk Pool risk sharing agreement has been invoked for 2022/23 with the health board's contribution amounting to £4.092m. <p>In discussing the review the following points were raised:</p> <p>Nuria Zolle highlighted the amount of clinical negligence and damage cases reported. Nuria Zolle and sought further context around how SBUHB compare to other health boards. Andrew Biston advised in terms of the nature of the services provided compared with Betsi Cadwaladr health board, Cardiff and Vale University health board that SBUHB was not an outlier.</p>	
Resolved:	Committee members noted the review.	
166/22	SINGLE TENDER ACTIONS AND QUOTATIONS	
	<p>The NWSSP Procurement: single tender actions and quotations report was received.</p> <p>In introducing the report, Head of Procurement raised the following points:</p>	

- The report covered STA, SQA and RA's approved in the period 17/06/2022 to the 12/08/2022. The volumes, and values are lower for SQA/STAs approved in the previous two-month reporting period;
- The number of Retrospective Action requests remains similar to the previous reporting period. Values have increased however. There has been a significant breach in relation to the sourcing of locum medical staff. Several meetings have taken place with Medicine and Workforce and OD in order to address this issue. A new process has been agreed to ensure that this situation does not reoccur;
- A wider programme of online procurement training, available to all Health Board staff, has been arranged to be delivered on the 22nd September 2022. This programme of training will be supplemented by Procurement 'Drop in clinics' at Morriston, Singleton, Neath Port Talbot Hospital, Cefn Coed and Corporate Head Quarters;
- The number of and value relating to Retrospective Action taken by the Health Board introduces an element of increased risk. A process has been embedded with Workforce and OD and clinical leads and a report would be brought to the January 2022 committee to monitor the progress of the new process;
- A wider programme of online procurement training, available to all Health Board staff, has been arranged to be delivered on the 22nd September 2022. This programme of training will be supplemented by Procurement 'Drop in clinics' at Morriston, Singleton, Neath Port Talbot Hospital, Cefn Coed and Corporate Head Quarters.

In discussing the report the following points were raised:

Darren Griffiths touched on the consultancy and that the health board were working with a company called Meridian who were undertaking a full independent assessment of the acute medical service redesign programme. Meriden would assess current state of service delivery, implementation plans and discussion around the programme which would be presented to management board on 21st September 2022 Keir Warner commented that the consultancy went through a filtering tool so competition had been applied through framework, there are occasions where this isn't possible however the default position was to compete.

Nuria Zolle asked whether there was progress in compliancy with procurement processes within primary care and other areas of the health board. Given the overall downward trend in reported numbers Keir Warner felt that there was progress and noted that there was more engagement from staff approaching procurement for advice and support. Julie Williams agreed and noted there had been support given to clusters with tenders

	<p>which has allowed for saving opportunities which may not have happened prior to the training.</p> <p>Keir Warner asked if members would actively publicise the procurement training, Nuria Zolle advised this was a health board ask however, acknowledged it was a priority for committee members. Nuria Zolle suggested a discussion should be held with corporate staff in how the training could be publicised more widely.</p>	
<p>Resolved:</p>	<p>Committee members noted the report.</p>	
<p>167/22</p>	<p>CLINICAL AUDIT REPORT AND MID-YEAR REPORT</p>	
	<p>The clinical audit report and mid-year review was received.</p> <p>In introducing the report, Medical Director highlighted the following points:</p> <ul style="list-style-type: none"> - The Health Board is required to participate in all mandated national audits/registries and clinical outcome reviews that are relevant to the services it provides. Under normal circumstances the list is refreshed and published annually by the National Clinical Audit and Advisory Committee; - Participation in mandated Welsh Government topics is monitored by the Clinical Outcomes and Effectiveness Group. Completion and submission of two-stage assurance forms offers insight into actions taken locally to meet national recommendations resulting from publication of results; - The Executive Medical Director and Deputy Chief Executive Office are currently working with colleagues to ensure more structure around the review of mortality data as a whole that includes; oversight of formal review of deaths via Mortality Reviews and the ME cases received at the Learning from Deaths Panel and the broader aspects of linking mortality data to condition specific outcomes; - Two deputy medical directors were appointed in August 2022. <p>In discussing the review the following points were raised:</p> <p>Nuria Zolle thanked the Medical Director and his team for all the work which has taken place to provide committee members with visibility of clinical audit and mortality.</p> <p>Nuria Zolle queried what would be the next step as a result of the work and how do the health board measure improvements. Nuria Zolle asked if Welsh Government receive an oversight of the work and how the health board</p>	

	<p>ensure the recommendations are addressed in the local audit. Richard Evans advised a report and action plan is submitted to Welsh Government and part of the clinical outcome and effectiveness group was to monitor the actions. Richard Evans was keen for the clinical outcome and effectiveness group to receive assurance from the service groups on the actions and escalations where required.</p> <p>Nuria Zolle highlighted that the reporting of completed clinical audits reflected poorly and queried if there was a target in place. Richard Evans agreed and noted it was linked to the time staff have. Richard Evans advised in 2023 he planned to suggest to the service group that they own the list of audits and set quarters for completion.</p> <p>Patrica Price noted that the two reports were very challenging to interpret and was left with the question as to what it meant when improving quality and clinical outcomes. Richard Evans agreed to take Patricia Prices comment on board and as the clinical outcome and effectiveness group matured he would look at the language and framing of the reporting.</p>	
<p>Resolved:</p>	<p>Committee members noted the report.</p>	
<p>168/22</p>	<p>MANAGEMENT RESPONSE AND STRATEGIC/OPERATIONAL GOVERNANCE ON THE INTERNAL AUDIT LIMITED ASSURANCE REPORT</p>	
	<p>The management response and strategic/operational governance on the internal audit limited assurance report was received.</p> <p>In introducing the report, Medical Director highlighted the following points:</p> <ul style="list-style-type: none"> - The purpose of this report is to outline the management response and associated actions emerging from the recent internal audit into National Institute for Health and Care Excellence (NICE) Guidance; - The internal audit exercise focused on the actions the health board is taking to ensure that NICE Guidance is appropriately captured and considered. It did not assess actual compliance with guidance; - The Audit Management and Tracking system has been secured cost-free for a two-year period. It is now in use at various phases of maturity in all Welsh health boards. The system utilises a standardised template for the collation of information regarding compliance with NICE Guidance. It may be possible to capture all of the necessary information via the Audit Management and Tracking system rather than a separate Word document, which will allow easier collection and audit of information; 	

	<ul style="list-style-type: none"> - Compliance with and responses to, NICE Guidance is a standing agenda item at Clinical Outcome and Effectiveness Group and will feature in reports to the new Patient Outcomes and Clinical Effectiveness Sub-group, commencing September 2022; - The recent appointment of two full time Deputy Medical Directors is the first step in strengthening the Executive Medical Directors Department. In the longer term, appointment of a Director level post will aid a review of the wider support structure to aid many of the work-streams for Clinical Outcome and Effectiveness Group, including NICE and other key guidance. <p>In discussing the report the following points were raised:</p> <p>Nuria Zolle noted the move from the word to the tracking system, and highlighted there were risks and benefits with both. Nuria Zolle welcomed the response to the internal audit report, and thanked Richard Evans for his response.</p> <p>Keith Lloyd echoed Nuria Zolle’s comments and understood it to be a sensible approach to capturing soft data in a way that was easily trackable.</p> <p>On behalf of Osian Lloyd, Felicity Quance raised that additional assurance would be sought from the internal audit follow up report.</p>	
Resolved:	Committee Members noted the report.	
169/22	INTERNAL AUDIT PROGRESS REPORTS REVIEW	
	<p>The internal audit progress reports review was received.</p> <p>In introducing the review, the Head of Internal Audit highlighted the following points:</p> <ul style="list-style-type: none"> - Progress remains good on the delivery of the overall 2022/23 Internal Audit Plan. Further information has been included in respect of timings and this should give members a clear sense of the flow of work; - There has been a change of focus for the staff self-service review, the Singleton Cladding review has been brought forward to September 2022; - The report now includes a section detailing the estates assurance follow up. <p>In discussing the review the following points were raised:</p>	

Darren Griffiths was pleased to report the six facet survey results and the final draft of the estates strategy has been received. Within the next month, the estates and strategy directorate plan to meet to discuss the outputs of the two documents, the clinical service plan and the risk across the estate. All of which will be merged together, to bring to the health board meeting to start to scope a risk assessed plan. The Chief Executive Officer has asked for the work to be brought to officers by the end of October 2022.

Osian Lloyd presented the Freedom of Information Requests Final Internal Audit Report. In introducing the report the following points were raised:

- The purpose of the review was to provide assurance on the arrangement in place to comply with the freedom of information act;
- A reasonable assurance was issued on this area;
- Training compliance is below the level set by Welsh Government;
- The high priority finding was surrounding the disclosure log is not kept up to date and the team are looking at a way to address this;
- The quarterly performance report lack sufficient granularity to adequately explain the causes for under-performance and the actions required to improve compliance.

In discussing the report committee members raised the following points:

Nuria Zolle asked if narrative alongside the numbers had been received. Hazel Lloyd assured the committee that the team were taking the actions forward and it had been raised with the chair of the Information Government committee who receives the reporting.

Osian Lloyd presented the stakeholder engagement and communication internal audit report. In introducing the report the following points were raised:

- The overall objective of the audit was to assess the health board's approach to public engagement, with a focus on service planning;
- A reasonable assurance was issued on this area;
- There were incomplete records of stakeholder engagement, events and contacts in respect;
- Lapse in stakeholder reference group annual activity reporting;
- Stakeholder reference group governance weaknesses.

In discussing the report committee members raised the following points:

Nuria Zolle noted the stakeholder reference group was going through changes and there was a workshop scheduled to take place and it was noted this would assist in the review of the stakeholder reference group.

Osian Lloyd presented the health and safety internal audit report. In introducing the report the following points were raised:

- The purpose was to review the health boards structures and arrangement for complying with the health and safety legislation;
- A limited assurance was issued on this area;
- The previous review of the health and safety was undertaken in 2020/21 which reported reasonable assurance against previous recommendations made in 2019/20 limited assurance health and safety review;
- There were ten key matters arising with a high priority on minimal reporting against agreed key performance indicators;
- Limited progress in addressing areas within the health and safety plan, including audit programme and training which was linked to resourcing raised as a concern linked to capacity in the team;
- The need of refinement in reporting to the Health and Safety Operation Group;
- The Health and Safety Operation Group terms of reference is overdue and clarity was required on supporting groups.

In discussing the report committee members raised the following points:

Darren Griffiths noted that nothing in the report was new and were areas which had been corrected in previous years. From a resource perspective two further fire officers have been supported which are in post and two further posts have been recruited to the structure however, Darren Griffiths noted this isn't full structure but given the resourcing position of the board and the level of risk, recruitment has been prioritised. From an estates perspective, Darren Griffiths has held discussions with the Assistant Director of Estates. Board members received training on IOSH which provoked some helpful thoughts which may need to be supplemented within the report as there were good test and challenge about the articulation of health, safety and wellbeing in terms of how this is prioritised and messaged aligned with the quality and safety programme.

Darren Griffiths advised that the business processes and governance structures were straightforward however, more thought would be given to

	<p>the key performance indicators and more resourcing would sought in quarter four leading into next year’s financial plan.</p> <p>Felicity Quance presented the Singleton cladding internal audit report. In introducing the report the following points were raised:</p> <ul style="list-style-type: none"> - The audit was undertaken to review the delivery and management arrangement in place to progress the Singleton Hospital Cladding Replacement project, and the performance against its key objectives; - This is the third audit of the project and considered the period of September 2021 to July 2022; - Reasonable assurance has been determined at this review; - The project is reporting a delay by four months with completion expected by February 2024 risk to operational delivery and service disruption has been documented as well managed; - The impact of the delay has resulted in slippage against the current year’s capital resource limit has been proactively reported, with £900k confirmed to be returned to Welsh Government in August 2022; - At this point in time the project is in budget, however a potential overspend at completion had been reported and a medium recommendation priority has been given to reporting to board the costs associated with the legal action; - Quality issues have arisen to date in the installation of glazing which did not meet the agreed specification and cosmetic issues in relation to the cladding fixings however, both have been addressed and have not impacted the wider programme delivery as it currently stands. 	
<p>Resolved:</p>	<p>Committee Members approved the changes made to the Internal Audit Progress Report.</p> <ul style="list-style-type: none"> - The Health and Safety limited assurance report would be referred to the Health and Safety Committee. 	
<p>170/22</p>	<p>POST PAYMENT VERIFICATION END OF YEAR REPORTS</p>	
	<p>Committee members welcome Sue Tillman, Post Payment Verification Location Manager to the committee.</p> <p>The post payment verification end of year reports were received.</p>	

	<p>In introducing the reports, the Post Payment Verification Location Manager highlighted the following points:</p> <ul style="list-style-type: none"> - The purpose of the Post Payment Verification process is to provide assurance to Health Boards that the claims for payment made by primary care contractors are appropriate and that the delivery of the service is as defined by NHS service specification and relevant legislation; - PPV of claims for General Medical Services, General Ophthalmic Services and General Pharmaceutical Services are undertaken as a part of an annual plan by NHS Wales Shared Services Partnership run on a 3-year cycle and agreed by Health Board Audit Committees; - The team have adapted to the current climate, with the changes ongoing within the post payment verification team as visiting contracted premises hasn't been possible. Post Payment Verification has been completed through remote access for general pharmaceutical services as a pilot scheme; - Quarterly meetings are scheduled with the Head of Primary Care, Primary Care Managers, Finance Lead, PPV Team and local Counter Fraud team to regularly review the progress report and to discuss themes, recommendations and any risks; - PPV training events and roadshows to Practice Managers have been delivered locally. In addition to facilitating one-on-one training requirements, particularly for new practice managers. <p>In discussing the reports the following points were raised:</p> <p>Nuria Zolle thanked the post payment verification team for their work. Nuria Zolle had questions surrounding sharing the learning from investigations and preventing errors and agreed to take the questions outside of the committee.</p> <p>Sharon Miller assured committee that the primary care sector work very closely with the post payment verification team and the opportunity is taken to contact the relevant practice to run through learning points and is always shared through the wider practice manager's forums as well as the roadshows that the post payment verification team carry out.</p>	
Resolved:	Committee Members noted the report.	
171/22	EMRTS ANNUAL REPORT	
	Committee members welcomed David Lockey National Director, EMRTS Cymru and Mark Winter Operations Director, EMRTS Cymru to the	

	<p>The EMRTS annual report was received.</p> <p>In introducing the report, the EMRTS Director highlighted the following points:</p> <ul style="list-style-type: none"> - The audit activity was related to the fact the service has changed every year since it was set up; - The 'Caremore' report related to the key performance indicators which were developed a number of years ago and it has been working efficiently; - Clinical audit and governance meetings take place monthly where selected challenging cases are audited against the standing operating procedures; - EMRTS continue to work with the Wales Air Ambulance Charity to reconfigure the future service to deliver an improved and more equitable service to meet the aims of the EMRTS Service Delivery Plan; - A commissioning intention for EMRTS was to look at the changes made, the future and develop how to deliver higher quality care within the resources they have. An independent company has assisted with this in the last year, and the key areas included the rearranging the resources they have to get to a higher percentage of the population and in a timely manner; - There was an ask for committee members to give thought on what they would like to see from EMRTS to demonstrate their work. <p>In discussing the reports the following points were raised:</p> <p>Nuria Zolle gave thanks for the update which reflected the breadth of the activity and what has been achieved. Nuria Zolle highlighted that the report highlights there was more clinical activity than commissioned and what has been undertaken and queried if this was a sustainable position moving forward in terms of finances and staffing capacity given the position the NHS is in.</p>	
<p>Resolved:</p>	<p>Committee Members noted the report.</p> <ul style="list-style-type: none"> - Committee members to give thought as to what information they require in the reporting moving forward. Hazel Lloyd agreed to take the thoughts of members through the Independent Member weekly meeting. 	<p>ALL</p>

172/22	CONSULTATION DOCUMENT ON HEALTHCARE PROCUREMENT REFORM IN WALES	
	<p>The consultation document on healthcare procurement reform in Wales was received.</p> <p>In introducing the consultation document, the Head of Procurement highlighted the following points:</p> <ul style="list-style-type: none"> - Following the UK's exit from the European Union, the procurement legislation applicable at the time was transposed in to UK law; namely the Public Contract Regulations 2015. The UK government has introduced the Procurement Reform Bill. Concurrently, there are also proposals to change the way healthcare services will be procured in England as a result of the introduction of the UK Government's Health and Care Act; - The Health and Care Act includes a proposed regime for healthcare services in England known as the Provider Selection Regime which removes healthcare services from the forthcoming UK Government Procurement Reform Bill and replaces current procurement practice with a non-competitive mechanism; - The aim of the Provider Selection Regime is to move away from the expectation of competition in all circumstances and move towards a system of collaboration and partnership, joining services together across the whole health and care system. This approach is intended to remove unnecessary levels of competitive tendering, remove barriers to integrating care, and promote the development of stable collaborations; - Welsh Ministers have agreed the procurement of healthcare services in Wales would continue to form part of the development of the UK Government's Procurement Reform Bill. PCR 2015 will continue to apply until these regulations are repealed and the new Procurement Reform Bill receives Royal Assent and subsequent Regulations come into force (likely by Summer / Autumn 2023); - The changes to healthcare services under the Health and Care Act potentially brings about some unintended consequences for the future procurement and commissioning of Welsh healthcare services and other services such as social care when there is a need for integrated services to be in place; - It should be noted it is intended that goods procurement would remain under the rules of Public Contracts Regulations 2015 and the proposed Procurement Reform Bill. However, there may be 	

	<p>instances where goods are within the scope of the Provider Selection Regime if they are part of service provision;</p> <ul style="list-style-type: none"> - Should NHS Wales follow a different procurement regime to NHS England going forward then the use of framework contracts let by NHS England will not be able to be used by NHS Wales. More specifically, there remains uncertainty surrounding, for example, the ability of NHS Wales to continue to contract on a cross-border basis for healthcare services which are currently commissioned under Public Contracts Regulations 2015. <p>In discussing the consultation document the following points were raised: Nuria Zolle asked for the consultation document to be shared with committee members for views and comments.</p>	
Resolved:	<p>Committee Members noted the consultation document.</p> <p>Action – Keir Warner agreed to share the consultation document with Hazel Lloyd who would distribute to independent members for views and comments.</p>	KR
173/22	ITEMS TO REFER TO OTHER COMMITTEES	
Resolved:	<p>Health and Safety limited assurance report would be referred to the Health and Safety Committee.</p> <p>ESR functionality and capability to be referred to the Workforce and OD Committee.</p>	
174/22	MEETING EFFECTIVENESS	
Resolved:	<p>Darren Griffiths and Sara Utley were in agreement that the pace of the meeting was fine given the number and breadth of the agenda items.</p> <p>Hazel Lloyd felt that the good work put into the audit tracker could have been highlighted. Sara Utley echoed Hazel Lloyds comment and wondered if more detail was required of what the recommendations are in the audit tracker report.</p> <p>Sara Utley informed that committee members that she has sent information to Hazel Lloyd in terms of what the role of the audit committee when scrutinising EMRTS which would be useful for committee members.</p>	

175/22	ANY OTHER BUSINESS	
Resolved:	No further business was discussed.	
176/22	DATE OF NEXT AUDIT COMMITTEE MEETING	
	The date of the next meeting was confirmed as 17th November 2022.	