

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

**Present:**

Nuria Zolle	Independent Member (in the Chair)
Martyn Waygood	Independent Member
Jackie Davies	Independent Member (to minute 156/21)
Patricia Price	Independent Member

**In Attendance:**

Gareth Howells	Director of Nursing and Patient Experience (Interim)
Andrew Biston	Head of Accounting and Governance
Darren Griffiths	Director of Finance and Performance
Neil Thomas	Deputy Head of Internal Audit (from minute 156/21 to 157/21)
Len Cozens	Head of Compliance
Osian Lloyd	Deputy Head of Internal Audit
Daniel King	Audit Wales
Anne Beegan	Audit Wales
Helen Higgs	Head of Internal Audit
Hazel Lloyd	Head of Risk
Sue Tillman	Post Payment Verification Location Manager, NWSSP
Matt John	Director of Digital
Jack Butler	Finance Graduate Trainee
Felicity Quance	Audit and Assurance Services
Keir Warner	Head of Procurement (minute 164/21)
Des Keighan	Assistant Director of Operations – Estates (to minute 156/21)
Liz Stauber	Head of Corporate Governance
Leah Joseph	Corporate Governance Officer

Minute No.		Action
<b>149/21</b>	<b>APOLOGIES</b>	
	The following apologies were noted: Tom Crick, Independent Member and Pam Wenger, Director of Corporate Governance.	
<b>150/21</b>	<b>WELCOME / INTRODUCTORY REMARKS</b>	

	The chair welcomed everyone to the meeting, particularly Patricia Price who had joined the health board as an Independent Member. She also noted that it was the last Audit Committee meeting for Pam Wenger and Helen Higgs, adding that both had made a significant contributions as Director of Corporate Governance and Head of Internal Audit.	
<b>151/21</b>	<b>DECLARATION OF INTERESTS</b>	
	There were no declarations of interest.	
<b>152/21</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	
<b>Resolved:</b>	The minutes of the meeting held on 14 <sup>th</sup> September 2021 was <b>received</b> and <b>confirmed</b> as a true and accurate record.	
<b>153/21</b>	<b>MATTERS ARISING</b>	
	There were no items raised under matters arising.	
<b>154/21</b>	<b>ACTION LOG</b>	
	<p>The action log was <b>received</b>.</p> <p>i. <u>35/21 Audit Register</u></p> <p>Nuria Zolle requested that the newly appointed Director for Workforce and OD be invited to attend January's Audit Committee meeting to discuss outstanding recommendations.</p> <p>ii. <u>Clinical Audit Plan</u></p> <p>Nuria Zolle requested that the clinical audit plan be added to the work programme for March 2022 as per agreement with Medical Director.</p> <p>iii. <u>Board effectiveness action plan</u></p> <p>Nuria Zolle requested that the Board effectiveness action plan be added to the work programme for January 2022 as it was deferred at November's meeting.</p> <p>iv. <u>Child and adolescent mental health services internal audit report</u></p> <p>Nuria Zolle requested that an update report following the 'limited' assurance internal audit report be taken through January's Audit Committee.</p>	<p><b>NZ</b></p> <p><b>NZ</b></p> <p><b>NZ</b></p> <p><b>NZ</b></p>

<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Director for Workforce and OD be invited to attend January's Audit Committee meeting to discuss outstanding recommendations.</li> <li>- Clinical audit plan be added to the work programme for March 2022 as per agreement with Medical Director.</li> <li>- Board effectiveness action plan be added to the work programme for January 2022.</li> <li>- An update report following the 'limited' assurance internal audit report be taken through January's Audit Committee.</li> <li>- The action log was <b>noted</b>.</li> </ul>	<p><b>NZ</b></p> <p><b>NZ</b></p> <p><b>NZ</b></p> <p><b>NZ</b></p>
<b>155/21</b>	<b>WORK PROGRAMME 2021/22</b>	
<b>Resolved:</b>	The work programme was <b>received</b> and <b>noted</b> .	
<b>156/21</b>	<b>AUDIT REGISTERS AND STATUS OF RECOMMENDATIONS</b>	
	<p>A report providing an update on audit registers and status of recommendations was <b>received</b>.</p> <p>In introducing the estates recommendations report, Des Keighan highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Shortlisting took place surrounding the six facet survey with confirmation of preferred contacts expected to be confirmed tomorrow;</li> <li>- The procurement process will then begin, however the programme is expected to complete by March 2022;</li> <li>- The process will cover quality reviews, access reviews and would discharge requirements following the recommendations;</li> <li>- In September 2021, a selection process of a quality assurance system took place and a project manager was appointed;</li> <li>- Capital controls and procedures are in place for expenditures. This is expected to be higher than £5k and this has been reported to estates board.</li> </ul> <p>In discussing the item, the following points were made:</p> <p>Patricia Price queried the extent of output included in capital and revenue funding. Des Keighan advised that local knowledge and 'last price' are bench markers and the prediction for future projects are based on risk and functioning suitability.</p>	

Martyn Waygood was disappointed that bereavement and sickness leave had delayed works and queried what was being done to combat delays. Des Keighan advised that he had written a paper to increase estates workforce and following this a governance post and estates manager had been created. He stated that in comparison to other Health Board's, estates resources were lower, and currently the team's sickness rate was at 8% which is the highest it had been. Martyn Waygood noted that additional estates resource was needed to tackle estates issues. Des Keighan highlighted that a business care had been submitted to Darren Griffiths for additional resource.

Darren Griffiths advised that as of 1<sup>st</sup> January 2022, the management of estates was being transferred to his portfolio. He noted that the six facet survey should align the workforce requirements and additional revenue could be reviewed if required.

Des Keighan informed committee members that the estates team were reviewing a 15-year plan as many electrical systems needed replacing which would require closure of areas on hospital sites. He assured committee members that the team are aware of the requirements of the six facet survey and this is being mapped out.

Jackie Davies queried assurance surrounding the validity of accreditation of the contractor assurance accreditation system. Des Keighan advised that a number of health and safety quality systems are available and the contractor assurance accreditation system is one of a number of consortiums. He assured that the system is audited and follows a code of conduct, however although the system is free to the Health Board, contractors have to pay a fee to hold accreditation.

Martyn Waygood highlighted the need to support estates due to the wider effects on other areas, such as decanting facilities in infection, prevention and control.

Nuria Zolle noted the need for estates to discharge the internal audit recommendations and queried how they would be taken forward. Des Keighan advised that contracts are audited every six months and the team are working to transfer inductions online for a more controlled and automated process. He advised that the site management teams manage the risks and risk registers and evidence is produced to support decisions.

Felicity Quance gave assurance that the audit team will be undertaking a follow-up review of the recommendations in January, February and March 2022, and the estates team would be supported throughout. Nuria Zolle was assured by Felicity Quance's comments.

In introducing the audit registers and status of recommendations, Len Cozens highlighted the following points:

	<ul style="list-style-type: none"> <li>- The report included all updates to the audit registers made up to and including the 22<sup>nd</sup> October 2021.</li> <li>- There was a reduction surrounding Audit Wales reports due to completion and closures relating to NHS consultant contract: follow-up of previous recommendations from December 2019;</li> <li>- There are a total of 68 overdue recommendations which is a deterioration when compared to the last iteration of the report;</li> <li>- Len Cozens and Des Keighan are reviewing recommendations that can be closed and revising completion dates for a realistic approach.</li> </ul> <p>In discussing the item, the following points were made:</p> <p>Nuria Zolle was disappointed surrounding delays implementing internal audit recommendations for discharge planning. Gareth Howells reflected that he would be keen to pick up actions outside of meeting and provide an update at the next Board meeting. Darren Griffiths advised that there were still many recommendations outstanding and the Health Board should be applying a zero tolerance approach on the actions. He noted that although there have been workforce challenges, there is a need to understand reasons for delays and to offer support via the officers. Nuria Zolle agreed with the zero tolerance approach.</p> <p>Patricia Price queried the process for executive directors surrounding recommendations. Helen Higgs advised that the process begins with discussions surrounding scope with the responsible executive director to discuss findings and evidence. The findings and recommendations are agreed before the draft report is issued. There is continuous engagement throughout the process. Anne Beegan stated that Audit Wales' process is largely the same as it takes on board any comments, the clearance process and recommendations are agreed on both sides. The main response is also cleared along with timescales for recommendations.</p> <p>Nuria Zolle stated that if recommendations have been agreed by the Health Board, implementation should follow. Len Cozens highlighted that timescales need to be realistic as implementation can be overlooked. Nuria Zolle welcomed actions, the management response and a zero tolerance approach to overdue recommendations.</p>	
<b>Resolved:</b>	The current position of the Audit Registers and the status of the action plans was <b>noted</b> .	
<b>157/21</b>	<b>HEALTH BOARD RISK REGISTER</b>	

The Health Board Risk Register (HBRR) was **received**.

In introducing the report, Neil Thomas highlighted the following points:

- The HBRR was last presented to the Audit Committee and Health Board in July 2021;
- Since these meetings, executive directors have reviewed and refreshed risk entries. The latest iteration of the register incorporates updates to mid-October 2021 and was endorsed by Management Board on 20<sup>th</sup> October 2021;
- In response to recent comments and queries following receipt of the register at Board and committees, executive directors are reviewing some entries and further revisions may be made where appropriate;
- The HBRR currently contains 39 risks, of which 21 have risk scores at, or above, the Health Board's current appetite of 20;
- The COVID-19 risk register is managed within the COVID-19 Gold Command structure. It has not been included in recent reports as its operational risk scores were below the Health Board's current appetite of 20. In recent weeks, scores have risen for two risks to meet this threshold – COV004 Covid-related Sickness Absence and COV009a Workforce Shortages;
- Access to unscheduled care service risk had increased from 16 in June 2021 to 25 in September 2021;
- Three register entries were re-assessed by executives and the levels of risk have been decreased. These included access to cancer services, delays in access to Systemic anti-cancer therapy treatment and Delays in Provision of Radical Radiotherapy Treatment;
- Additionally, risk relating to Trans-catheter Aortic Valve Implementation which had a score that had reduced to its target risk score of 12 had been closed;
- Feedback from September's Health and Safety Committee indicated that in addition to expressing a low tolerance to risk affecting patient care, it should also reflect a low tolerance to risks to the safety of staff. The Board would need to approve the extension of its risk appetite limit at 20 for the next Quarter and its low tolerance to risks with a high impact on the quality and safety of staff and patient care.

In discussing the item, the following points were made:

Nuria Zolle highlighted that the risks assigned to Audit Committee were stable.. She queried whether the overall risk system was working so that the Health Board could act quickly to mitigate and minimise risks. Neil

	<p>Thomas advised that the system could be streamlined to be more responsive, however the reporting line is directly to executives. He stated that risk scrutiny panels are being streamlined and risk management training was taking place at Singleton Hospital with the expectation that it would be rolled out across other sites. Gareth Howells supported Neil Thomas' comments and noted that the Health Board had made gains in respect of risks. He added that efficiency would remain a key factor when tackling risks and the timing component would be important.</p> <p>Martyn Waygood noted that the access to cancer services risk had decreased from 25 to 20 and noted that he had previous concerns surrounding urgent suspected cancer referrals in a past Quality and Safety Committee. He queried if the score was accurate and if it reflected the reality. Neil Thomas advised that he would communicate concerns to the Medical Director at the next HBRR review.</p> <p>Matt John queried the reasoning for the detail of the digital risks within the HBRR. Neil Thomas advised that the risks are detailed due to them being assigned to Audit Committee which helps committee members to manage the risks.</p> <p>Patricia Price queried whether the risk scores included the controls and mitigating actions already in place. Neil Thomas informed committee members that the current risk scores included the perception of risk with actions in place with an expectation that the score would reduce once actions completed.</p> <p>Jackie Davies had concerns around the risk appetite remaining at 20 for the next quarter, and queried if the appetite would be a recurring item on the agenda. Neil Thomas advised that the standard appetite prior to the pandemic was 16, however this was increased temporarily to 20 and would be reviewed periodically. Gareth Howells stated that the Health Board should not become used to having risks at 25. Nuria Zolle agreed with Gareth Howells' comments and noted that it would be discussed further at Board on 25<sup>th</sup> November 2021.</p>	
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>- The updated Health Board Risk Register and process ongoing to enhance and refresh its content were <b>noted</b>.</li> <li>- Committee members <b>considered</b> whether further assurance was required on actions to address risks identified or to enhance the register entries.</li> <li>- The extension of the risk appetite score of 20 for the next quarter, and the low tolerance to risks with a high impact on the quality and safety of staff and patient care, ahead of consideration and approval by the Board was <b>endorsed</b>.</li> </ul>	



158/21	<b>BOARD ASSURANCE FRAMEWORK (Q2)</b>	
	<p>The quarter two board assurance framework (BAF) was <b>received</b>.</p> <p>In introducing the report, Len Cozens highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The BAF was previously presented to Management Board and Health Board. Following consideration at Board in July 2021, further detail was requested on population health, unscheduled and emergency care and planned care;</li> <li>- All updates received up to the 21<sup>st</sup> October 2021 have been incorporated into the revised BAF;</li> <li>- An update surrounding infection, prevention and control will be included in the BAF, which will be presented to Board on 25<sup>th</sup> November 2021.</li> </ul> <p>In discussing the item, the following points were made:</p> <p>Nuria Zolle acknowledged the work that had gone into the development of the BAF and thanked the Director of Corporate Governance and Len Cozens for their efforts. She queried what the next steps were to ensure that the document could be used as a live document, and highlighted that the recovery board was not yet in place. Len Cozens advised that the document should prompt questions, and advised that a presentation was to be taken through Management Board towards the end of the year surrounding embedding the BAF to work in parallel alongside the HBRR.</p> <p>Martyn Waygood noted that he found the document useful and was pleased the BAF was in place. He observed that there was no overarching cleanliness policy or strategy in place for infection, prevention and control. The timescales on some agreed actions had expired, and queried if they had been implemented whether the actions were successful. He noted that there were gaps in control surrounding fetal surveillance, however there were no gaps in assurance. Len Cozens advised that the Chief Executive had highlighted gaps and this would be covered in the presentation to Management Board. He advised that he was due to meet with executive directors to discuss the expiration of actions and the outcome would be included in the next iteration of the BAF.</p> <p>Nuria Zolle stated that the ongoing debates and ownership of actions remain important factors to ensure the operation of the BAF going forward.</p>	
<b>Resolved:</b>	The board assurance framework was <b>noted</b> .	
159/21	<b>INTERNAL AUDIT ASSIGNMENT SUMMARY AND PROGRESS REPORT</b>	



	<p>The internal audit assignment summary and progress report was <b>received</b>.</p> <p>In introducing the report, Helen Higgs highlighted the following points:</p> <ul style="list-style-type: none"> <li>– There are 31 reviews in the 2021/22 internal audit plan;</li> <li>– The review of decarbonisation moved from the 2021/22 plan to quarter one of 2022/23;</li> <li>– The review of electronic staff record was deferred to the 2022/23 internal audit plan.</li> </ul> <p>In introducing the final internal audit reports, Osian Lloyd and Felicity Quance highlighted the following:</p> <ul style="list-style-type: none"> <li>– The annual plan approach final internal audit had ‘reasonable’ assurance and no significant issues raised. Management have accepted the findings;</li> <li>– The Singleton Hospital cladding final internal audit report had ‘reasonable’ assurance and recommendations had been agreed by management. The project would need to be reassessed as it continues and all actions had been addressed;</li> <li>– The IT service manager final internal audit report had ‘reasonable’ assurance and recommendations had been agreed by management;</li> <li>– The general dental service final internal audit report had ‘substantial’ assurance classification which was positive;</li> <li>– The elective orthopaedic final internal audit report had four ‘reasonable’ assurances and one ‘limited’ assurance.</li> </ul> <p>In discussion of the report, the following points were raised:</p> <p>Darren Griffiths highlighted that the internal audits reflected the quick moving environment and added that the right governance was needed to support the changes needed.</p> <p>Nuria Zolle highlighted that the child and adolescent mental health service (CAMHS) commissioning arrangements draft internal audit report had ‘limited’ assurance. She requested that the report is referred to the Quality and Safety Committee, and requested that a report is taken through January’s Audit Committee.</p>	<p><b>NZ</b> <b>SHG</b></p>
<p><b>Resolved:</b></p>	<ul style="list-style-type: none"> <li>– The Singleton Hospital replacement cladding final internal audit report was <b>noted</b>.</li> <li>– The annual planning approach final internal audit report was <b>noted</b>.</li> </ul>	

	<ul style="list-style-type: none"> <li>– The service management review final internal audit report was <b>noted</b>.</li> <li>– The procurement and tendering - single tender and single quotation actions final internal audit report was <b>noted</b>.</li> <li>– The general dental services final internal audit report was <b>noted</b>.</li> <li>– The elective orthopaedics final internal audit report was <b>noted</b>.</li> <li>– The progress report was <b>noted</b>.</li> <li>– The CAMHS commissioning arrangements draft internal audit report was <b>noted</b>.</li> <li>– CAMHS commissioning arrangements draft internal audit report be referred to the Quality and Safety Committee.</li> <li>– CAMHS commissioning arrangements draft internal audit report be received at January’s Audit Committee.</li> </ul>	<p><b>NZ</b></p> <p><b>SHG</b></p>
<b>160/21</b>	<b>AUDIT WALES PERFORMANCE AND PROGRESS REPORT</b>	
	<p>The Audit Wales performance report was <b>received</b>.</p> <p>In introducing the report, Anne Beegan highlighted the following points:</p> <ul style="list-style-type: none"> <li>– The structured assessment 2021 phase two is due to be finalised and presented to Board;</li> <li>– Quality governance report is due to go out for clearance within the next two weeks;</li> <li>– Work is ongoing with the Health Board’s internal audit team which compliments both teams;</li> <li>– Review of unscheduled care and review of service group governance arrangements have not yet begun.</li> </ul> <p>In discussion of the report, the following points were raised:</p> <p>Nuria Zolle found the timescales for the unscheduled care review helpful. Anne Beegan advised that a phased approach would be taken for the high level unscheduled care review, which would include the whole pathway. She stated that Audit Wales are still scoping sections which includes admission, discharges, ‘phone first’ and social care pressures.</p> <p>Nuria Zolle queried the approach to the review of the commissioning and contracting arrangements post-Bridgend boundary change. Anne Beegan advised that there are operational challenges surrounding the boundaries of Neath Port Talbot and Bridgend.</p>	

<b>Resolved:</b>	The Audit Wales performance and progress report was <b>noted</b> .	
<b>161/21</b>	<b>AUDIT WALES 'TAKING CARE OF THE CARERS' REPORT</b>	
	<p>The Audit Wales report on 'taking care of the carers' was <b>received</b>.</p> <p>In introducing the report, Anne Beegan highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The checklist could be used as a tool for committee members;</li> <li>- There are a number of recommendations for Welsh Government and NHS Bodies.</li> </ul> <p>In discussion of the report, the following points were raised:</p> <p>Nuria Zolle suggested that the report and checklist are referred to Workforce and OD Committee, and queried if a board development session could be organized to discuss the documents further. Anne Beegan advised that there was not an All Wales board development session scheduled, however an internal board development session could be arranged.</p> <p>Gareth Howells highlighted that the checklist was good to self-assess against and would discuss the matter further with the Director of Workforce and OD outside of the meeting.</p>	<b>NZ</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report and checklist be referred to Workforce and OD Committee.</li> <li>- The checklist was <b>noted</b>.</li> <li>- The report was <b>noted</b>.</li> </ul>	<b>NZ</b>
<b>162/21</b>	<b>FINANCE UPDATE</b>	
	<p>Darren Griffiths provided a verbal update on the financial position and highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The financial position for month seven stood at an in-month overspend of £1.87m which had been expected;</li> <li>- £23m has been received for elective care;</li> <li>- The current financial plan stood at a forecast deficit of £24.4m, and SBUHB remained on track against this figure;</li> <li>- The profile had been maintained throughout the first seven months of the financial year;</li> </ul>	

	<ul style="list-style-type: none"> <li>- The formal half year review with Welsh Government had taken place with no matters of concern;</li> <li>- The winter challenges is expected to increase additional monies from Welsh Government;</li> <li>- The recovery and sustainability plan is being taken through Performance and Finance Committee.</li> </ul> <p>In discussion of the update, the following points were raised:</p> <p>Martyn Waygood congratulated Darren Griffiths and the finance team following no concerns raised by Welsh Government.</p> <p>Nuria Zolle shared Martyn Waygood’s appreciation and was pleased that a recovery and sustainability plan was in development. Darren Griffiths advised that he attends routine liaison meetings with Welsh Government and the Director of Strategy as there is an anticipation that the Health Board would issue an integrated medium term plan (IMTP) and work is also ongoing to submit a balance financial IMTP.</p>	
<b>Resolved:</b>	The finance update was <b>noted</b> .	
<b>163/21</b>	<b>FINANCIAL CONTROL PROCEDURE REVIEW PLAN</b>	
	<p>The financial control procedure review plan was <b>received</b>.</p> <p>In introducing the report, Andrew Biston highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Of the three reviews scheduled for quarter two, all have been reviewed and are undergoing final checks before uploading to the intranet;</li> <li>- Eight reviews are scheduled for quarter three. Of these, three have been returned for review with proposed amendments, with review ongoing for the other five. One is likely to be delayed until quarter 4 due to the potential need for the procedure to be split to link in with the format of the new standing financial instructions;</li> <li>- Four reviews are scheduled for quarter four;</li> <li>- NHS Wales finance academy commenced a review of the financial control procedures across Wales with the aim of ensuring that there is consistency in the content and format of the procedures;</li> </ul>	
<b>Resolved:</b>	The report was <b>noted</b> .	

164/21	<b>NWSSP PROCUREMENT: SINGLE TENDER ACTIONS AND QUOTATIONS</b>	
	<p>The NWSSP procurement: single tender actions and quotations report was <b>received</b>.</p> <p>In introducing the report, Keir Warner highlighted that:</p> <ul style="list-style-type: none"> <li>- During the period of 19<sup>th</sup> August 2021 to 14<sup>th</sup> October 2021, there were 11 Single Quotation Actions (SQAs) approved, with a total value of £136,600.51 and nine Single Tender Actions (STAs), with a total value of £809,406.97. There were three retrospective action file notes, with a total value of £ 368,652.13 which were sent to the Head of Procurement for approval;</li> <li>- In comparison to the previous reporting period from 29<sup>th</sup> April 2021 to 21<sup>st</sup> June 2021, the figures were almost identical;</li> <li>- The volume and values of SQA and STAs approved is comparable to the previous two-month reporting period;</li> <li>- Three STA's were not reported in line with agreed timescales during the height of the pandemic response in 2020. One relates to the Swansea Grand Theatre and this would be discussed with colleagues in strategy.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Nuria Zolle found the additional detail helpful, and noted that the internal audit was a useful opportunity to discuss comment surrounding the retrospective actions.</p> <p>Osian Lloyd provided an overview of the procurement and tendering final internal audit report. He advised that he and the internal audit team worked closely with the procurement team to address the actions and financial vetting.</p> <p>Keir Warner highlighted that financial vetting was a particular gap and the team were working with Andrew Biston to finalise the process. He stated that timeliness of STA and SQA approvals tied in to staff not being aware of the amount of due diligence and value for money tests that take place. He reflected that following a training session with the executive team on 20<sup>th</sup> October 2021, a guidance document on SQAs and STAs would be developed before the end of 2021.</p> <p>Darren Griffiths highlighted the pressures from the organisation on the procurement team due to late STAs and SQAs. He supports additional resource into the team and a business partner perspective is being taken forward which should provide a proactive approach.</p>	

	Nuria Zolle noted that awareness needed to be raised in respect of the gaps, and a clear approach of process for vetting was needed. She queried if the internal audit team were content with the communication messages from procurement. Osian Lloyd confirmed that the team was content with the procurement register and compared to other Health Board's, the low rate of findings were low.	
<b>Resolved:</b>	The NWSSP Procurement: single tender actions and quotations report was <b>noted</b> .	
<b>165/21</b>	<b>HOSTED AGENCIES ANNUAL REPORT (DELIVERY UNIT)</b>	
<b>Resolved:</b>	The hosted agencies annual report was <b>received</b> and <b>noted</b> .	
<b>166/21</b>	<b>INFORMATION GOVERNANCE GROUP REPORT</b>	
	<p>The information governance group report was <b>received</b>. :</p> <p>In discussion the following points were raised:</p> <p>Martyn Waygood highlighted that there had been an increase of subject access requests. Matt John advised that there was a number of significant requests in the child healthcare space which required attention to detail. He added that the digital information held by Health Board is inclusive of e-mails, message applications and other methods of communication. A level of skill is required and often the requests need to be address by clinicians, and as such a task and force group is in place to manage expectations. Martyn Waygood noted that the work was resource intensive. Nuria Zolle commented that issues should be escalated to board under the HBRR.</p> <p>Matt John informed committee members that cyber security training took place a few weeks ago at Management Board, however the item required monitoring. Nuria Zolle supported Matt John's comments and stated that clear systems are needed.</p>	
<b>Resolved:</b>	The information governance group report was <b>noted</b> .	
<b>167/21</b>	<b>ITEMS TO REFER TO OTHER COMMITTEES</b>	
<b>Resolved:</b>	<p>The following items were referred to other committees:</p> <ul style="list-style-type: none"> <li>i. 161/ 21 Taking care of carers' to be referred to Workforce and OD Committee</li> </ul>	

	ii. 159/21 Child and adolescent mental health services (CAHMS) internal audit 'limited' assurance report to be referred to Quality and Safety Committee	
<b>168/21</b>	<b>MEETING EFFECTIVENESS</b>	
	<p>Nuria Zolle reflected that throughout parts of the meeting, information technology had failed. She noted that she required a new iPad to assist with chairing the committee. Martyn Waygood suggested that those Independent Members who chair committee meetings should have both an iPad and laptop computers. Matt John advised that he could support technical issues and would look into the possibility of Independent Members who chair committee meeting having both iPads and laptop computers. Darren Griffiths advised that he would support new iPads for colleagues to assist with meetings. Nuria Zolle and Martyn Waygood would discuss this further in the Independent Members' briefing.</p> <p>Martyn Waygood reflected that the meeting had focused on the right areas from an Audit Committee perspective and had flowed well. He found the Independent Member pre-meet helpful and felt there was ample time to discuss the internal audit reports.</p> <p>Gareth Howells noted that the meeting was successful and there were discussions linking to other committees.</p> <p>Darren Griffiths advised that the depth of papers and pre-reading papers steered discussions so that the meeting flowed. Nuria Zolle echoed Darren Griffiths' comments.</p>	
<b>169/21</b>	<b>ANY OTHER BUSINESS</b>	
<b>Resolved:</b>	There was no further business and the meeting was closed.	
<b>170/21</b>	<b>DATE OF NEXT AUDIT COMMITTEE MEETING</b>	
	The date of the next meeting was confirmed as 18 <sup>th</sup> January 2022.	