

# UNCONFIRMED

## SWANSEA BAY UNIVERSITY HEALTH BOARD MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON THURSDAY, 15<sup>th</sup> JULY 2019 AT 13.00 IN THE MILLENNIUM ROOM, SBU HQ

<b>Present:</b>	Martin Sollis Martyn Waygood Tom Crick Mark Child	Independent Member (in the chair) Independent Member Independent Member Independent Member
<b>In Attendance:</b>	Lynne Hamilton Andrew Biston Neil Thomas Paula O'Connor Huw Richards Carol Moseley Len Cozens Gareth Howells Pam Wenger Keir Warner Claire Mulcahy Chris White  Hazel Robinson Julie Lloyd Richard Bowmer Scott Lavender Sue Tilman	Director of Finance Head of Accounting and Governance Internal Audit Internal Audit Internal Audit Wales Audit Office Head of Counter Fraud Director of Nursing and Patient Experience Director of Corporate Governance Head of Procurement Corporate Governance Officer Chief Operating Officer and Director of Therapies and Health Science (minute 93/19) Director of Workforce and OD (minute 93/19) Staff Experience and OD Manager (minute 93/19) Finance Business Partner (minute 97/19) PPV (minute 97/19) PPV (minute 97/19)
<b>Minute</b>	<b>Action</b>	
<b>90/19</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
	No apologies for absence were received.	
<b>91/19</b>	<b>DECLARATION OF INTERESTS</b>	
	Paula O'Connor advised that she remained a lay member and chair of the City and County of Swansea Council's Audit Committee and declared an interest for this and subsequent meetings.	
	<b>CHANGE IN AGENDA ORDER</b>	
<b>92/19</b>	<b>RAISING CONCERNS REPORT</b>	
	A report providing an update on the Raising Concerns Service was <b>received</b> .  In introducing the report Hazel Robinson highlighted the following points:  - NHS Wales Staff Survey Results 2018 highlighted the need	

	<p>to focus on addressing bullying within the Health Board and the need to take action, enabling staff to speak up in a confidential way and the importance of resolution.</p> <ul style="list-style-type: none"> <li>- The 'Procedure for NHS Staff to raise concerns' was an All Wales procedure and was adopted by the Health Board Partnership Forum, but within the health board there was no infrastructure in place and therefore it was not a sustainable solution;</li> <li>- Following an engagement process with health board staff via regular intranet blogs, staff feedback helped shape and inform the thinking of what was required in terms of a raising concerns service and it was agreed that an additional service to the All Wales provision was required;</li> <li>- Best Practice was sought in NHS England where 'Freedom to Speak up' is mandated and this enabled the service specification to be designed and the market to be tested for a provider via the tender process;</li> <li>- Following the tender process, the contract was awarded to The Guardian Service Ltd for one year and was launched on the 13<sup>th</sup> May 2019;</li> </ul> <p>In discussing the report the following points were raised;</p> <p>Hazel Robinson advised that there had been some reluctance from the trade unions in that they felt that the implementation of this service cut across their roles. To mitigate this, meetings have taken place to clarify the role of the guardian service and this was still being worked through. Tom Crick added that this reluctance had brought some frustration in that this should be a positive focus for staff. Martin Sollis added that he also saw this as a positive development and in terms of governance, the audit committee had a requirement within the terms of reference to seek assurance that there was an appropriate governance system in place to raise concerns and to manage and identify risks.</p> <p>Martin Sollis queried how the team were undergoing scrutiny of the whole process. Julie Lloyd replied that it was still early in the process and that this goes wider than the Workforce function. In terms of escalation, there was a RAG system in place to deal with the escalation of the concerns. Calls categorised as 'red' must be investigated within a 12-hour window. This also fed into the executive on-call system where the on-call manager would make a decision on the action needed.</p> <p>Gareth Howells added that there was still work to do in terms of triangulation and there needed to be a process in place for the escalation of concerns to the appropriate committees. Pam Wenger offered support to Julie Lloyd in terms of the governance process and ensuring concerns were escalated through to the appropriate committees and the board. This would be discussed outside of the meeting</p> <p>Martin Sollis added that having an independent service was great</p>	<p><b>HR/JL/PW</b></p>
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	<p>for staff but the responsibility of line management needed to be borne in mind. Clarity needed to be provided to the staff of the various routes available to them to raise concerns.</p> <p>Martin Sollis requested that an update be provided to the audit committee at the end of the year in order for them to fulfil the governance requirement within the audit terms of reference.</p>	HR
	<ul style="list-style-type: none"> <li>- Hazel Robinson to provide an update on the guardian service at the end of the year.</li> <li>- Governance process to be worked through with support from Pam Wenger outside of the meeting.</li> <li>- The report be <b>noted</b>.</li> </ul>	HR  HR/JL/PW
93/19	<b>HEALTH BOARD RISK REGISTER</b>	
	<p>Chris White was welcomed to the meeting as part of the discussion on the top five health board risks on the risk register.</p> <p><b>(i) <u>Unscheduled Care Pressures</u></b></p> <p>Chris White highlighted the following points;</p> <ul style="list-style-type: none"> <li>- The unscheduled care pressure risk had increased from 16 to 25 on the health board risk register;</li> <li>- The organisation would not usually be in escalation during this time of the year and this was causing significant pressures in many areas of the health board;</li> <li>- There was no capacity in the system and this was causing pressures on elective, cancer and stroke services across the organisation;</li> <li>- A number of improvement plans were in place to improve the position including daily unit deep dives and breaking the cycle. There was a focus on the delivery of care at home, with the Hospital to Home initiatives, primary care interventions and alternative pathways and a recruitment drive for therapists;</li> <li>- Risk levels were slowly seeing a downward trend and positive improvements were being seen in particular areas for example ambulance handovers times.</li> </ul> <p>In discussion the following points were raised:</p> <p>Martin Sollis commented it was positive to see the risk level decreasing slightly but he felt it was important for it to be kept at level 25 until real sustainability could be seen.</p> <p>Mark Chid raised a query with regards to the transition fund bid for the Hospital to Home initiatives and queried how much of a risk this was as the funding still had not been agreed. Chris White replied that it was a risk to the health board but there were a number other ongoing plans to mitigate which included the current recruitment</p>	

	<p>drive for therapists.</p> <p>Martyn Waygood made reference to the ambulance handover figures and commented it was pleasing to see a significant improvement here. He also referenced the Kendall Bluck report with which it stated the quality of care within accident and emergency was very good. Chris White added that the Health Care Inspectorate Wales report also reinforced the point that although the department was incredibly busy it was a safe environment for patients.</p> <p><b>(ii) <u>Workforce and OD Capacity</u></b></p> <p>Hazel Robinson introduced the workforce and OD capacity risk, which was currently one of the health board's top five risks. The following points were highlighted;</p> <ul style="list-style-type: none"> <li>- The risk had a rating of 20 and been at this level for some time;</li> <li>- There was insufficient capacity within the Workforce and OD Function to support and deliver the strategic and operational workforce agenda, plans and priorities of the Health Board.</li> <li>- The workforce senior team portfolios had been reframed but there was a critical need to develop the operational teams, business partner teams and the ESR team;</li> <li>- An investment of around £500k had been estimated and it was understood that this was a challenging ask in the current financial climate, but the lack of capacity was slowing down the ability to meet key business objectives.</li> </ul> <p>In discussion, the following points were raised:</p> <p>Martin Sollis queried where this investment decision would sit. Lynne Hamilton replied that conversations were ongoing with the Chief Executive on workforce capacity and capability of all the corporate functions. She commented that the workforce function played a critical role in turning the organisation around. Tom Crick added that this was high priority for the organisation and a board level decision was needed.</p> <p>Martin Sollis concurred and stated that this needed prioritisation as this was a key business risk. He undertook to speak with Tracy Myhill on the matter. He stated that in terms of risk management, it was imperative for the Audit Committee that the top risks were taken seriously and action was undertaken to mitigate them.</p>	<b>MS</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Martin Sollis to speak with Tracy Myhill with regards to the Workforce and OD Capacity.</li> <li>- The report was <b>approved</b>.</li> </ul>	<b>MS</b>
<b>94/19</b>	<b>MINUTES OF THE 16<sup>TH</sup> MAY 2019 AND 29<sup>TH</sup> MAY 2019</b>	
	The minutes of the meetings held on the 16 <sup>th</sup> May 2019 and 29 <sup>th</sup> May 2019 were <b>received</b> and <b>confirmed</b> as an accurate record.	

<b>95/19</b>	<b>MATTERS ARISING</b>	
	<p>(i) <u>PADR Action Plan Update</u></p> <p>A report providing an update on the PADR Action Plan was <b>received</b>.</p> <p>Tom Crick highlighted the following points:</p> <ul style="list-style-type: none"> <li>- A deep dive into compliance with personal development reviews (PADR) had taken place in April;</li> <li>- The review was not a reflection of how many actual reviews had taken place but the level of reviews recorded on the ESR system;</li> <li>- ESR figures showed the level of compliance across most staffing groups in the health board was above average although the health board was 2% below in comparison to other health boards;</li> <li>- Outliers were Estates and Facilities department, which were around 20-25% compliance. These departments were invited to the Workforce and OD Committee in August for review;</li> <li>- A deep dive of PADR compliance had reaffirmed that work was needed to address. An action plan had been agreed and was to take effect immediately;</li> <li>- From next year onwards, the annual increment for staff would only occur if a PADR was recorded within ESR;</li> </ul> <p>Martin Sollis raised his concern for this, in particular for the low level of compliance within Estates and Facilities.</p> <p>It was requested that a further update on the PADR action plan progress was provided at the November audit committee.</p>	<b>TC</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Further update to be provided to the committee on PADR compliance in November.</li> </ul>	<b>TC</b>
<b>96/19</b>	<b>ACTION LOG</b>	
	<p>(i) <u>Action Point 6</u></p> <p>Martins Sollis informed the committee that he had met with Richard Evans on a number of issues including medical agency locums, Value Based Healthcare and PROMS and Clinical Audit.</p> <p>Regarding Value Based Healthcare and PROMS he advised that there was now a more co-ordinated approach but action needed to be stepped up quickly. A prospectus was being pulled together to cover the plans in this area and resource had been provide by welsh government to help support this development.</p> <p>Concerning Clinical Audit, Martin informed that there had been development in this area although the time and pace of action needed to be monitored. He advised that going forward updates</p>	

	would need to be provided at both Quality and Safety and Audit Committee from a governance perspective.	
<b>Resolved:</b>	- The action log be <b>noted</b> .	
	<b>CHANGE IN AGENDA ORDER</b>	
<b>97/19</b>	<b>POST PAYMENT VERIFICATION (PPV) REPORT</b>	
	<p>Sue Tillman, Scott Lavender and Richard Bowmer were welcomed to the meeting.</p> <p>A report providing an update on PPV progress was <b>received</b>.</p> <p>In introduction of the report the following points were highlighted;</p> <ul style="list-style-type: none"> <li>- The PPV process aimed to provide assurance that services claimed for by primary care contractors were in accordance with clinical specification and were not misstated</li> <li>- For 2018/19 the total visits to GMS, GOS and GPS sites was 89;</li> <li>- The total recovery for the health board for 2018/19 amounted to £12,636;</li> <li>- For 2019/20 to the total planned visits to GMS, GOS and GPS sites was 100;</li> <li>- The mid-year progress report for medical, ophthalmic and pharmacy (attached) was now presented a new format;</li> </ul> <p>In discussing the report the following points were raised.</p> <p>Martin Sollis thanked the PPV team and Richard Bowmer for their attendance and the preparation of the reports.</p> <p>He advised, in terms of the report, he was looking for assurance to be provided to the Committee on how the PPV reports and plan are used to address perceived risk and how effective the process was. He wanted assurance that the correct procedures are in place. He advised that he would pick this up with Hilary Dover outside of the committee.</p> <p>Richard Bowmer assured that the intelligence from PPV team does inform the overall programme of work for primary care.</p> <p>Martin Sollis added that going forward the audit committee would only need to receive an annual report from the PPV team. The work programme would be changed to reflect this.</p>	<b>CM/PW</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Work programme to be changed to reflect an annual report be received.</li> <li>- The report be <b>noted</b>.</li> </ul>	<b>CM/PW</b>
	<b>CHANGE IN AGENDA ORDER</b>	
<b>98/19</b>	<b>FINANCE UPDATE</b>	

	<p>A verbal update on the financial position was <b>received</b>.</p> <p>In introducing the report, Lynne Hamilton highlighted the following points:</p> <ul style="list-style-type: none"> <li>- At the end of Quarter one the position had further deteriorated by £1.495m, with a cumulative year to date figure of £3.5m.</li> <li>- The board were committed to breakeven this year but there were a number of key cost drivers facing the board; diseconomies of scale following the Bridgend boundary change, unscheduled care pressures, CHC activity and slippage against savings plans;</li> <li>- Concerning the Bridgend boundary change, the health board still did not know the outcome of the welsh government arbitration case and the PWC due diligence review;</li> <li>- Unscheduled care (USC) was posing a significant operational pressure and this was affecting both planned care and USC performance;</li> <li>- CHC activity was a growing concern as volumes were increasing month on month;</li> <li>- There was also slippage against savings plans and the health board needed to strive for a 100% savings target in order to get the results required;</li> <li>- An internal Delivery Support Team had been established which would focus primarily on USC and money , with the aim to unblock barriers and expedite actions needed to reach financial balance;</li> <li>- There would be a Board discussion on the 4<sup>th</sup> September.</li> </ul> <p>In discussion, the following points were raised;</p> <p>Concerning the unscheduled care pressures, Lynne Hamilton informed the current spend was £300k per month. Surge capacity reserves for winter of £1.2m were currently being utilised to cover these costs and if this continued at the current pace there would be no reserves left for the winter months.</p> <p>Mark Child made reference to the significant level of overspend for the year and queried what response Welsh Government had given. Lynne Hamilton replied that she had met with the Finance Delivery Unit and was in the process of pulling together a detailed plan of what was required month by month for the health board to reach a balanced financial position.</p> <p>Martin Sollis commented that this was an organisation wide issue. Difficult decisions would need to be made in order to deliver a balanced position and Welsh Government would need to understand this. Serious consideration would need to be made in terms of appropriate disinvestment and ensuring that services are</p>	
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	<p>more cost effective at the same time as improving quality.</p> <p>Martin Sollis stated that the recovery plan options would need to come to Board from a governance and assurance perspective and a special health board meeting would be required.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The report be <b>noted</b>.</li> </ul>	
<b>99/19</b>	<b>AUDIT REGISTERS</b>	
	<p>A report providing an update in relation to audit registers and action plans was <b>received</b>.</p> <p>In introducing the report, Andrew Biston highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The number of outstanding recommendations had increased during the period February 2019 to June 2019;</li> <li>- As at the 21<sup>st</sup> June 2019 there were 49 final internal audit reports issued, of which 18 had a limited assurance;</li> <li>- Of the internal audit recommendations, the number had increased from 90 to 110 for the period. There were now 28 high priority overdue recommendations;</li> <li>- Of the external audit reports issued, there were a total of 102 outstanding recommendations, nine of which were of a high priority.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Martin Sollis raised his concern for the increased number of outstanding recommendations. He requested that executive colleagues were made aware of this and are reminded that high-risk recommendations should be a top priority and that meeting the deadlines was key. He stated he did not want to see an increase in number within the next report and added that pressure needed to be increased so that recommendations, in particular high priority ones, were actioned in a timely manner.</p> <p>Pam Wenger undertook to add to the executive team agenda and undergo a deep dive of areas with high numbers of outstanding recommendations.</p>	<b>PW</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Pam Wenger to raise the issue at the executive team Meeting and undergo a deep dive of areas with high numbers of outstanding recommendations.</li> <li>- The report be <b>noted</b>.</li> </ul>	<b>PW</b>
<b>100/19</b>	<b>SINGLE TENDER ACTIONS AND QUOTATIONS</b>	
	<p>A report setting out Single Tender Action (STA's) and Quotations (SQA's) approved since the previous meeting was <b>received</b>.</p> <p>In introducing the report, Keir Warner highlighted the following points;</p>	



	<ul style="list-style-type: none"> <li>- During the period 3<sup>rd</sup> May 2019 to 24<sup>th</sup> June 2019 there were 6 x SQA's and 2 x STA's approved where competition was not sought.</li> </ul> <p>In discussing the report , the following points were raised;</p> <p>Martin Sollis thanked Keir Warner for the comprehensive report and welcomed him to his first meeting of the Audit Committee. He stated that the report provided him with assurance that the correct processes had been followed with regards to single tender actions and quotations.</p> <p>Pam Wenger made reference to the STA for the remedial building work following the fire at Singleton Hospital. The completed STA form was received by the Procurement department in retrospect of works commencing. She advised that this was a breach in standing orders, and therefore this would be referenced within the annual governance statement at the end of the year and should be noted for the record.</p> <p>Tom Crick raised a query regarding the fees for the MSc at University of Manchester and the process surrounding this. Keir Warner undertook to look into the specifics of the SQA and get back to him.</p>	<b>KW</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Keir Warner undertook to the look into the specifics of the MSc SQA and get back to Tom Crick.</li> <li>- The report be <b>noted</b>.</li> </ul>	<b>KW</b>
<b>101/19</b>	<b>HEALTH BOARD RISK REGISTER (continued)</b>	
	<p>A report providing an update on the Risk Management work within the health board was <b>received</b>.</p> <p>In introducing the report Pam Wenger highlighted the following points;</p> <ul style="list-style-type: none"> <li>- As at the 28<sup>th</sup> June 2019, there were 29 risks outlined on the health board risk register; 20 of which had been rated high and 9 had been rated moderate.</li> <li>- Currently the risk register contained one risk rated 25 and four risks rated level 20 ; Unscheduled Care Pressures at level 25 and Balanced Financial Plan, Discharge Information, Capacity with WODS and Brexit at level 20;</li> </ul> <p>In discussing the report, the following points were raised;</p> <p>With regards to risk (45) Discharge Information , Pam Wenger informed the executive director lead for this risk had been asked to review the rating in light of the additional controls in place.</p> <p>Tom Crick made reference to the recent IT outages, and the health board's dependency on NWIS and other national systems, he felt that the risk rating was not high enough in terms of the organisational wide impact this would have and the impact on patient data and care in terms of critical IT systems going down.</p>	

	<p>Tom Crick undertook to discuss this further with Pam Wenger and Matt John outside of the meeting.</p> <p>Martin Sollis stated that he felt the board was considering corporate and unit risks separately and that the board needed to have more sight of 'ward to board', in particular those risks rated 16 or above. Pam Wenger advised that there was sub-committee in place, which undertook this scrutiny and also provided the link in terms of accountability and performance management.</p> <p>Martin Sollis added he was uncomfortable with the volume of risks at a level of 16 and the stated this committee needed assurance that these were being looked at as a priority.</p> <p>Paula O'Connor added that within the 2018/19 audit plan, it was recognised that significant progress was being made in terms of the recommendations with the 'ward to board' system and the links with the corporate risk register.</p>	<b>TC/PW</b>
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Tom Crick, Pam Wenger and Matt John to discuss IT system outages and the dependency on national systems.</li> <li>- The report be <b>noted</b>.</li> </ul>	<b>TC/PW</b>
<b>102/19</b>	<b>BOARD ASSURANCE FRAMEWORK</b>	
	<p>A report providing an update on the progress to develop and strengthen the health board's Board Assurance Framework was <b>received</b>.</p> <p>In introducing the report, Pam Wenger highlighted the following points;</p> <ul style="list-style-type: none"> <li>- The Board Assurance Framework had been reviewed and updated to align with the new Health Board risk register and mapped to focus areas from internal audit reports/external inspections etc. Internal audit would assess the BAF in December 2019;</li> <li>- The Interim Head of Compliance was in the process of meeting with nominated leads in order to update the information populated within the BAF dashboard;</li> <li>- The document will be received at Executive Team meeting scheduled for 31 July 2019, prior to final submission to the Audit Committee on the 19 September 2019.</li> </ul> <p>In discussing the report the following points were raised;</p> <p>Pam Wenger advised that due to the current priorities within risk management, progress in the development of the board assurance framework had been slower than anticipated.</p> <p>Paula O'Connor added that the suggested template had been piloted in Primary Care and Community and that the unit had found it to be highly beneficial. She stated that she would be meeting with the Interim Head of Compliance in due course to discuss and support with BAF development.</p>	

	Martin Sollis stated that he was happy to approve the suggested template and requested that the updated framework be brought back to the committee in September.	
<b>Resolved:</b>	- Board Assurance Framework to be brought back to committee in September.	<b>PW</b>
<b>103/19</b>	<b>GOVERNANCE WORK PROGRAMME 2019/20</b>	
	A report providing an update on the progress against the Governance Work Programme was <b>received</b> and <b>noted</b> .	
<b>Resolved:</b>	- The work programme be <b>noted</b> .	
<b>104/19</b>	<b>HOSTED AGENCIES GOVERNANCE ARRANGEMENTS</b>	
	<p>A report was <b>received</b> setting out the proposed future governance arrangement for the hosted agencies.</p> <p>In introducing the report, Pamela Wenger highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Following a review of the governance structure , consideration had been given as to whether the health board required specific sub-committees for hosted agencies or whether reports could be incorporated into the core business of other board committees;</li> <li>- It was felt that as the governance arrangements could be scrutinized as part of the main board committee structures and it would be practical to stand down the sub-committees for Emergency Medical Retrieval and Transfer Service (EMRTS) and the NHS Delivery Unit.</li> <li>- It was proposed that a quarterly clinical governance report for EMRTS be integrated in the work programme for the Quality and Safety Committee.</li> <li>- The Audit Committee would receive annual reports for both EMRTS and NHS Delivery Unit.</li> <li>- As the hospitality register, single tender action/quotations and risk register were already reported to audit committee as part of the health board's regular updates, there would be no requirement for standalone reports;</li> </ul> <p>Members concurred that they were happy with the proposed governance arrangements.</p>	
<b>Resolved:</b>	- The proposed future governance arrangements for the hosted agencies were <b>approved</b> .	
<b>105/19</b>	<b>NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) INTERNAL AUDIT PROGRESS AND ASSIGNMENT SUMMARY</b>	
	A report setting out progress and assignment summaries of internal	

	<p>audit was <b>received</b>.</p> <p>In introducing the reports, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Five reports had been finalised with executive leads since the last meeting (including 2018/19 reports not previously reported to the committee).</li> <li>- Including the assignments of the Specialist Services Unit, five had a <i>reasonable assurance</i>, one had a <i>limited assurance</i> rating (Safe Water Management) and there were two with <i>no rating</i> assigned;</li> </ul> <p>Martin Sollis stated he was very disappointed with the report on Safe Water Management as he had concerns with the risk it posed to the health board. Gareth Howells informed the committee that immediate action was being taken alongside Chris White's team within Estates, as the estates department were a key component in the improvement action.</p> <p>Martin Sollis asked for a full update report to be brought to next committee and requested that this be also referred into Health and Safety Committee for monitoring. He stated that the audit committee required assurance on this and there needed to be immediate action taken.</p>	
	<ul style="list-style-type: none"> <li>- Update report on the progress on Safe Water Management action plan be received at the September Committee.</li> <li>- Safe water management be referred into the health and safety committee and added to the health and safety framework.</li> </ul>	<p><b>GH</b></p> <p><b>PW/GH</b></p>
<b>106/19</b>	<b>WALES AUDIT OFFICE PROGRESS REPORT</b>	
	<p>The progress report from Wales Audit Office was <b>received</b>.</p> <p>In introducing the report, Carol Moseley highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Fieldwork was underway for the Wellbeing of Future Generations 2019 (WFG) and a workshop would be taking place next week;</li> <li>- All Wales data collection was in progress ahead of the fieldwork for the Orthopaedics Service follow up;</li> <li>- The Quality Governance review would be an extension of the structured assessment and scoping would take place in collaboration with HIW. Fieldwork was expected to start in late 2019 to early 2020;</li> <li>- The national report of ICF findings was due to be published on the 18<sup>th</sup> July and a summary would be presented to the next meeting of the Audit Committee;</li> <li>- The Good Practice Exchange team had also facilitated a programme of shared learning events throughout 2019;</li> </ul>	

	Martin Sollis requested that terms of reference for the Quality Governance review be shared with Martyn Waygood as the Chair of the Quality and Safety Committee and also Pam Wenger. Carol Mosely advised that these would be issued in October/November of this year.	
<b>Resolved</b>	- The report be <b>noted</b> .	
	<b>CHANGE IN AGENDA ORDER</b>	
<b>107/19</b>	<b>LOCAL COUNTER FRAUD SERVICES – PROGRESS REPORT</b>	
	<p>The progress report for Counter Fraud Services was <b>received</b>. In introducing the report, Len Cozens highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The Wales Audit Office had recently published a paper entitled 'Counter Fraud Arrangement in the public sector and this was attached as (appendix 1)</li> <li>- As part of a sub-group of the all-wales Counter Fraud Steering Group, he had participated in the production of the NHS Wales Fighting Fraud Strategy (appendix 2).</li> <li>- With regards to Prevent and Deter, he was currently working through stage 1 of a procurement fraud risk process, and was undergoing a fact finding exercise of local contracts, Phases 2 and 3 would be an analysis of the data set.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>With regards to the fighting fraud strategy, Pam Wenger queried what communication had taken place in terms of raising awareness across the health board and undertook to meet with Len Cozens outside of the committee to discuss.</p>	
<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- Pam Wenger and Len Cozens to discuss the awareness raising process for the fighting fraud strategy.</li> <li>- The report be <b>noted</b>.</li> </ul>	<b>PW/LC</b>
<b>108/19</b>	<b>REGISTER OF DECLARATIONS OF INTEREST</b>	
	<p>A report providing an update on the register of declarations of interest was <b>received</b>.</p> <p>In introducing the report, Pam Wenger highlighted the following points</p> <ul style="list-style-type: none"> <li>- Following the recommendations from the Internal Audit Capital Systems: Declarations of Interest &amp; Risk Management, the health board would be reviewing the standards of business conduct policy;</li> </ul> <p>Martin Sollis commented that it was good to see that action was planned following the internal audit report as improvement in this area was important.</p>	

	Kier Warner advised that procurement services would also be looking to strengthen the standing operating procedures for the contract programme.	
<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>109/19</b>	<b>HOSPITALITY REGISTER</b>	
	<p>A report outlining the entries included on the hospitality register during the last twelve months was <b>received</b>.</p> <p>In introducing the report, Pam Wenger highlighted the following points;</p> <ul style="list-style-type: none"> <li>- This was a key area of priority for improvement for 2019/20;</li> <li>- The standards of business conduct policy was scheduled for review in 2019 and reporting and scrutiny arrangement would be strengthened as part of the process;</li> <li>- Currently this was a paper based system but there was an aim to implement an electronic system as part of the improvement process;</li> </ul> <p>In discussing the report, the following points were made:</p> <p>Martyn Waygood queried the process around the inter-relationship between consultants and pharmaceutical companies. He stated that this process needs to be reviewed and also policed effectively. Gareth Howells advised of new bribery rules in place and it would be important for these to be re-affirmed across the health board.</p> <p>Keir Warner advised there would also be a piece of work for procurement to undertake with regards to the supplier code of conduct.</p>	
<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>110/19</b>	<b>INFORMATION GOVERNANCE GROUP UPDATE</b>	
	A report providing an update on the Information Governance Group was <b>received</b> and <b>noted</b> .	
<b>111/12</b>	<b>ORGANISATIONAL ANNUAL REPORT</b>	
	The organisation annual report was <b>received</b> and <b>noted</b> .	
<b>112/19</b>	<b>ANY OTHER BUSINESS</b>	
	There was no further business and the meeting was closed.	
<b>113/19</b>	<b>NEXT MEETING: Thursday, 19<sup>th</sup> September 2019</b>	