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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	2.4 (v)
Freedom of Information Status		Open	
Reporting Committee	Audit Committee		
Author	Claire Mulcahy, Corporate Governance Manager		
Chaired by	Nuria Zolle, Independent Member		
Lead Executive Director (s)	Hazel Lloyd, Acting Director of Corporate Governance		
Date of meeting	10 March 2022		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none"> Progress to develop a Quality Management System <p>The report set out the work underway in response to the Audit Wales review of quality governance and the internal audit of the quality and safety framework. A number of areas of improvement were identified and work to develop a robust quality management system was underway via externally facilitated workshops. A further report would be received at Audit Committee following the next workshop which would include a fully developed plan.</p> <p>Key matters raised by members;</p> <ul style="list-style-type: none"> <i>Focus on finance and performance targets and little consideration of what these meant from a quality perspective; feedback sessions indicated there is some focus on quality but work was need to ensure priorities were in line and good quality would ultimately lead to good performance.</i> Internal Audit Assignment Summary and Progress Report <p>There were 29 review in the internal audit plan for 2021/22 of which 18 had been completed. The following final internal audit reports were presented and priority recommendations for each were highlighted to the committee; <i>Mental Health Legislation Compliance, Waste Management, Planned Care Recovery and Risk Management Framework/Board Assurance Framework.</i></p> Bed Poverty <p>The report set out the proposal to utilize the large number surplus beds which were unsuitable for the acute of community sector by donating to families and those people in greatest need within our community. Engagement had taken place with local authority partners and local community network. The total number of surplus beds was 595 and were initially allocated as COVID-19 beds for use in the field hospitals. Welsh Government were fully supportive of the proposal. There would be no cost to the health board and all is in line with the Financial Control Procedure. Members approved the proposal and agreed to proceed with Chair's Action.</p> 			

Key Matters raised by members

- *Caution and sensitivity needed on the communication with the public;*
- Assurance sought on the cleanliness of beds and the potential use in replacing old beds within the organization.

Key risks and issues/matters of concern of which the board need to be made aware:

• Finance Update

A verbal update on the month 11 position was received. Members were advised that the financial position stood at an in-month overspend of £1.705m. The forecast £24.4m deficit remained and the health board had plans in place to utilize any slippage. The health board was currently £1.4m under the required controlled deficit but there was confidence that this would be reached. The key issues affecting the position included capacity for planned care recovery, workforce restraints and further funding received from Welsh Government.

• Annual Accounts Timetable and Plan

The report set out the key dates and milestones of annual accounts timetable and plan and the approach to accounting. Key issues were drawn to the attention of the committee in relation to the technical accounting treatment in closing the draft annual accounts. These were as follows; *Storage of Equipment, Accrual for untaken Annual Leave; Pensions Annual Allowance Charge and Laundry Transfer to NHS Wales Shared Services Partnership.*

• Health Board Risk Register and Cyber Security Risk

The report provided an update on risk as up to the 24th February 2022 and had been discussed at Management Board on the 9th March 2022. Three new risks had been added to the Risk Register; *CRL and Capital Plan Risk; Risk of Closure of Burns Service and Release of Bed Capacity Savings.* Each of which had a current score of 20. There were three risks rated over 25; *Access to Unscheduled Care; Access to Cancer Services and Health and Safety Infrastructure;*

Key matters raised by members;

- *Risk of Closure of Burns Service;* concerns were raised surrounding the language used within the description. More focus was needed on the impacts to the service user.
- *Release of Bed Capacity Savings;* members felt more discussion was needed on this risk at Board level.

i. Cyber Security Risk

This risk was currently assigned a risk score of 20. It had been a recommendation of the National Cyber Security Centre (NCSC) to bolster cyber defences in light of current circumstances. Updates were required on the health board's antivirus software. Currently, tactical command and control procedures were underway via GOLD with three times weekly reporting and significant work was underway with increased monitoring and detection. Members agreed the recommendation that the risk score of Cyber Security was to be increased to 25 from its current score of 20.

Audit Registers and Status of Recommendations and update on outstanding Workforce and OD Recommendations.

The committee received a more focused report that provided specific assurance on the actions that were being taken to deal with limited assurance and high priority recommendations.

i. Workforce and OD Recommendations

A review of historical outstanding recommendations had taken place and number of out of date recommendations in terms of context and relevance had been indicated.

Key Matters raised by members;

- *ESR Roll-out*; it was imperative to ensure that robust internal processes were in place before the new system is implemented.
- *European Working Time Directive*; since the audit, the new e-rostering system and process was in place to support this and a policy and procedure was due for implementation;
- *Personal Appraisal Development Reviews*; those PADR's overdue by one year needed to be prioritised.
- *DBS Checks*; plans were required to ensure the three-year rolling process for DBS checks is put in place and consideration of the financial implications was required.

Delegated action by the committee:

Internal Audit Plan 2022/23 and Draft Internal Audit Charter

The Internal Audit Plan 2022/23 was **approved**.

Annual Accounts Timetable and Plan

The year-end annual accounts timetable and closure plan was **approved**.

Cyber Security Risk

Members agreed the recommendation that the risk score of Cyber Security was to be increased to 25 from its current score of 20.

Bed Poverty

The proposal was **approved** and members **agreed** to proceed with Chair's Action.

Main sources of information received:

The following reports were received with no significant issues raised:

- **Audit Wales Performance and Progress Report**
- **Board Assurance Framework**
- **Board Effectiveness Action Plan**
- **WHSCC Governance Review and Management Report**
- **NWSSP Single Tender Actions and Quotations**

Highlights from sub-groups reporting into this committee:

None identified.

Matters referred to other committee

- The report on Progress to develop a Quality Management System was referred to Quality and Safety Committee.

- The Mental Health Legislation Compliance Audit Report was referred to Mental Health Legislation Committee for information.

Date of next meeting

19th May 2022