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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	4.6 (i)
Freedom of Information Status		Open	
Reporting Committee	Audit Committee		
Author	Claire Mulcahy, Corporate Governance Officer		
Chaired by	Martin Sollis, Non-Officer Member		
Lead Executive Director (s)	Pam Wenger, Director of Corporate Governance		
Date of last meeting	21 November 2019		

Summary of key matters considered by the committee and any related decisions made.

- **Health Board Risk Register**

The committee received a report on the development of the risk management process and were informed of the good progress being made in terms of engagement, discussion and challenge. Entries had been aligned to the sub-committees of the Board and they would receive quarterly reports from January 2020 with the aim of improving visibility of each of the risks and this would in turn help drive agendas for the sub-committees. The committee also approved the Risk Management Policy for ratification by the Board.

- **Clinical Audit and Effectiveness Report**

Members were provided with an overview of the health board's position within clinical audit and effectiveness for the first six months of 2019/20. Key issues raised by members from within the report were the evaluation and compliance with recommendations in relation to NICE guidance and the lack of programme in place in terms of addressing the quality and safety agenda. Members were assured that assessments were carried out in relation to adherence to NICE guidelines and compliance was good. The issue to address was that the implementation of guidance differed across the units. With regards to the programme to address the quality and safety agenda, the committee were advised that an assessment was being carried out with a focus on the quality and safety structure and the ability to utilise the skillset within the organisation to get all measures of quality, standards, outcomes and patient experience in one place. The item was formally referred into the Quality and Safety Committee for monitoring.

- **Audit Registers and Status of Recommendations**

Members were informed that the number of outstanding recommendations had increased during the period, there were 133 outstanding internal audit recommendations and a total of 99 for external audit. Key points raised in discussion related to the over ambitious completion deadlines and members agreed that there needed to be an improvement in this area. It was agreed that those executives with the highest number of outstanding recommendations, would be invited to the committee for further discussion.

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Key risks and issues/matters of concern of which the board needs to be made aware:**• Long Waiters Report**

An update on the actions undertaken to address the recommendations from the NHS Delivery Unit's Report on long waiting planned care patients was received. Members were advised that the health board's planned way forward was via the clinical services plan in particular through the pathway re-design stream and also support would come via Value Based Healthcare. Committee member's main concern was for the clinical priority and validation of long waiting patients and stressed urgent assurance for the board was need in terms of clinical prioritisation and to ensure that any potential harm to patients was appropriately minimised. The item was formally referred into the Quality and Safety Committee.

• Internal Audit Progress and Assignment Summary

Members were informed that of six final audit reports completed since the last meeting, one was of substantial, two reasonable and three had no rating assigned; GP Out Of Hours, Quality Standards Reporting and Nursing Quality Assurance and Commissioning: Service Level Agreements. Particular concern was raised with regards to the Nursing Quality Assurance follow up review, key issues included the compliance testing at ward level of the resuscitation equipment and also the recording of controlled drugs checks at ward level. Members were disappointed that no rating could be assigned and would endeavour to seek further assurance in these areas. Members also raised concerns with regards to the dissemination of external reports across all areas of the health board and a general issue of learning lessons. The committee were advised that there was an aim to standardise the process more efficiently and this would be done via the Board Assurance Framework.

Members were also informed of a particular audit of concern within the Estates department, of which highlighted issues with non-compliance of Standing Orders and Standing Financial Instructions. It was agreed that managers would be invited to the next committee in order gain assurance on the control mechanisms in place and their approach to compliance with health board processes.

• Finance Update

Members heard that the revenue financial position at the end of period 7 (October 2019) was a cumulative overspend of £8.7m. There had been detailed discussions with Welsh Government and Finance Delivery Unit with the support of KPMG in ensuring the robustness of the financial plan. Work was ongoing for the Board to make a detailed assessment in order to reach a breakeven plan. Assessments were being made on the impact of improving financial balance and balancing quality and patient safety at the same time, ensuring a holistic view of the Board's responsibility.

Delegated action by the committee:

None identified.

Main sources of information received:

The following reports were received with no significant issues raised:

- Governance Work Programme;
- Model Standing Orders;
- Wales Audit Office Progress Report;
- Financial Control Procedures Review Plan;
- Single Tender Actions and Quotations;
- Welsh Ambulance Service Trust (WAST) Handover Follow Up Review;
- Information Governance Group Chair's Assurance Report;

- Digital Services Management Group Chair's Assurance Report.

Highlights from sub-groups reporting into this committee:

None identified.

Matters referred to other committees

The following items were formally referred into the Quality and Safety Committee

- i. Long Waiting Patients
- ii. Clinical Audit and Effectiveness

Date of next meeting

16 January 2020