



AGENDA ITEM

3.1.5 Appendix 4

CTM BOARD

HIGHLIGHT REPORT FROM THE AUDIT AND RISK COMMITTEE

DATE OF MEETING

28 July 2022

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Not Applicable - Public Report

PREPARED BY

Emma Walters, Corporate Governance Manager

PRESENTED BY

Patsy Roseblade, Independent Member and Chair of the Audit & Risk Committee

EXECUTIVE SPONSOR APPROVED

Georgina Galletly, Director of Corporate Governance
Sally May, Executive Director of Finance

REPORT PURPOSE

NOTING

ACRONYMS

1. INTRODUCTION

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Audit & Risk Committee at its meeting on the 23 June 2022.

1.2 Key highlights from the meeting are reported in section 3.

2. PURPOSE OF THE AUDIT & RISK COMMITTEE

2.1 The Committee will function in accordance with the NHS Audit Committee Handbook as appropriate.

2.2 The Committee will also consider issues in respect of the roles and

responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. These are the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee. The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

- 2.3 The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place – through the design and operation of the Health Board system of risk and assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.
- 2.4 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

3. HIGHLIGHT REPORT FROM THE LAST COMMITTEE MEETING

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| ALERT / ESCALATE | Nil to report this period. |
| ADVISE | <ul style="list-style-type: none"> The Committee were provided with an update on JAG Accreditation and noted that the Health Board had been given an extension of six months to enable the Health Board to prepare its Business Case for the Central Decontamination Unit at the Princess of Wales Hospital. It was expected that JAG accreditation would be restored following the six month extension; The Committee received a Limited Assurance Internal Audit Follow Up Review into the Patient Pathway Appointment Management Process. Members expressed their concern at the limited assurance rating that had been given and the lack of detail that had been contained within the Management Response. Members noted that work was being undertaken within the Planned Care Programme to strengthen and standardise waiting list management processes. Members requested that the Quality & Safety Committee were provided with regular updates on this matter given there were aspects of patient harm associated with this issue; The Local Counter Fraud report was received. A discussion was held in relation to the low numbers of staff that had been engaging with Counter Fraud Training and Members noted that consideration was being given to alternative methods for raising awareness. The Head of Local Counter Fraud confirmed that he would welcome support from Executive Colleagues in relation to awareness raising; |



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| | <ul style="list-style-type: none">• The Losses and Special Payments report was received. Members noted that an action plan was in place to help improve the position regarding Learning from Events reports;• The Procurement and Scheme of Delegation report was received. The Director of Finance agreed to provide the Committee Chair with an explanation as to why procurement processes had not been followed in relation to one of the Single Tender Action Waivers;• Committee Members welcomed the evolving format of the Audit Recommendations Tracker report. Members noted that there were a number of areas where updates had not been provided and expressed the importance of updates being provided so that the Committee could be provided with assurance that progress was being made. It was suggested that a workshop session needed to be held with Executive Colleagues to discuss the recommendations which had been outstanding for a longer period of time;• The Internal Audit Progress report was received. Members requested that a further discussion was held with Executive Colleagues in relation to the timeliness of submission of Management Responses to Internal Audit as late submission impacted on their ability to digest responses prior to submission to the Committee;• The Committee received a Limited Assurance Internal Audit Review into Facilities Governance. Members noted that the review uncovered a number of issues in relation to the Team not following procurement processes correctly which were now being addressed by the Team;• The Committee received a Reasonable Assurance Internal Audit Review into the Welsh Risk Pool. Members noted that the review did have one Limited aspect which related to timely completion of LFER documents;• A Reasonable Assurance Internal Follow Up Review on Medical & Dental Rostering was received. Members felt that a further review of the management response needed to be undertaken and requested that the Management Response was revisited and presented to the August meeting of the Committee;• A Reasonable Assurance Internal Audit Review into Financial Systems was received. Members noted that the review identified that there was a need to further strengthen procurement and requisition processes;• The Organisational Risk Register report was received;• The Audit Wales Audit & Risk Committee update was received and noted. |
| ASSURE | <ul style="list-style-type: none">• A Reasonable Assurance Internal Audit Review into Waste Management was received and noted;• A Reasonable Assurance Internal Audit Review – PCH Redevelopment: Technical Compliance was received and noted; |



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| | <ul style="list-style-type: none">• A Substantial Assurance Internal Audit Review – PCH Redevelopment: Quality Assurance Arrangements was received and noted. |
| INFORM | Nil to report this period. |
| APPENDICES | NOT APPLICABLE |

4. RECCOMENDATION

4.1 The Board is requested to **NOTE** the report.