

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Audit & Risk Committee held on the 9th June 2021 as a Virtual Meeting
via Microsoft Teams**

Members Present:

Patty Roseblade	Independent Member (Chair)
Jayne Sadgrove	Independent Member
Ian Wells	Independent Member

In Attendance:

Sara Utley	Audit Wales
Mark Jones	Audit Wales
Steve Stark	Audit Wales
Anthony Veale	Audit Wales
Paul Dalton	NWSSP – Internal Audit & Assurance
Emma Samways	NWSSP – Internal Audit & Assurance
Martyn Lewis	NWSSP – Internal Audit & Assurance (In part)
Kate Eden	Chair, Welsh Health Specialised Services Committee (WHSSC) (In part)
Sian Lewis	Managing Director, WHSSC (In part)
Stuart Davies	Director of Finance, WHSSC (In part)
Jacqui Evans	Committee Secretary, WHSSC (In part)
Christopher Turner	Chair, Emergency Ambulance Services Committee (In part)
Stephen Harrhy	Chief Ambulance Services Commissioner (In part)
Matthew Evans	Head of Local Counter Fraud
Georgina Galletly	Director of Corporate Governance/Board Secretary
Steve Webster	Executive Director of Finance
Hywel Daniel	Executive Director for People (In part)
Owen James	Head of Corporate Finance
Cally Hamblyn	Assistant Director of Governance & Risk
Emma Walters	Committee Governance Manager (Committee Secretariat)

**Agenda
Item**

1.0.0 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted by the Chair.

The Chair advised Members that the Health Board had now commenced with the recording of Board Committee proceedings. Members **noted** that recordings would be achieved via Microsoft Teams and were not intended to provide a verbatim account of the meeting. The recording will however aid the meeting

secretariat in ensuring the accuracy of scrutiny related discussions and decisions during such meetings. Members **noted** that the existence of the recording would be temporary and it would be destroyed once the minutes had been confirmed as accurate. Members confirmed that they were content to proceed.

1.2 **Apologies for Absence**

No apologies for absence were received prior to the meeting.

1.3 **Declarations of Interest**

No declarations of interest were received prior to the meeting.

2.0.0 **CONSENT AGENDA**

The Chair asked whether Members wished to move any item on the Consent Agenda to the 'Main Agenda'. No changes to the Consent Agenda were required.

P Roseblade made reference to the ISO14001 External Audit Report at agenda item 2.2.5 and advised that this was an excellent report and asked for her thanks to be extended to the Team for this significant achievement.

P Roseblade requested that the action log was placed on the main agenda for discussion at the next meeting.

Action: Thanks to be extended to Team for achieving the ISO14001 accreditation which was an excellent achievement.

Action: Action Log to be placed on the main agenda for discussion at the next meeting.

2.1 **FOR APPROVAL**

2.1.1 **Unconfirmed Minutes of the Meeting held on the 13th April 2021**

Resolution: The minutes were **APPROVED** as a true and accurate record.

2.1.2 **Unconfirmed Minutes of the In Committee Meeting held on the 13th April 2021**

Resolution: The minutes were **APPROVED** as a true and accurate record.

2.1.3 **Unconfirmed Minutes of the meeting held on 17th May 2021**

Resolution: The minutes were **APPROVED** as a true and accurate record.

2.1.4 **Clinical Audit Forward Plan 2021-2022**

Resolution: The Forward Plan for Clinical Audit 2021 – 2022 was **APPROVED**.

2.1.5 Clinical Audit & Effectiveness Policy & Strategy

Resolution: The effectiveness of the Policy & Strategy for Clinical Audit was **APPROVED**.

2.2 FOR NOTING

2.2.1 Action Log

Resolution: The Action Log was **NOTED**.

2.2.2 Audit & Risk Committee Forward Work Programme

The Forward Work Programme was **NOTED**.

2.2.3 Procurement and Scheme of Delegation Report

Resolution: The report was **NOTED**.

2.2.4 Outcome Report – Audit & Risk Committee Effectiveness Survey

Resolution: The report was **NOTED**.

2.2.5 CTMUHB ISO14001 External Audit Report

Resolution: The report was **NOTED**.

3.0.0 MAIN AGENDA

3.1 Matters Arising not considered within the Action Log

There were no further matters arising identified.

4.0.0 ANNUAL REPORT 2020-2021

4.1 CTMUHB – Annual Report including Accountability Report, Remuneration and Staff Report, Performance Report 2020-2021

G Galletly presented Members with the report and advised that Members have had the opportunity to comment on various iterations of the report. G Galletly extended her sincere thanks to C Hamblyn and the wider Team for the work that had been undertaken to prepare the report.

P Roseblade advised that she noted that any changes since the version received in the previous meeting had been referenced within the cover report as requested.

Resolution: The report was **ENDORSED** for Board **APPROVAL**.

4.1.1 Welsh Health Specialised Services Committee (WHSSC) Annual Governance Statement (AGS) 2020-2021

J Evans and S Davies presented Members with the report. Members **noted** that whilst WHSSC did not have a statutory obligation to produce a formal AGS, they do so for their own governance purposes. Members **noted** that the document had been signed by S Lewis, Managing Director yesterday.

P Roseblade confirmed that Members have had the opportunity to comment on previous iterations of the report with a fair amount of scrutiny also undertaken at WHSSC.

Resolution: The report was **NOTED**.

4.1.2 EASC Annual Governance Statement 2020-2021

S Harrhy presented the report which had previously been considered by the Audit & Risk Committee and the Emergency Ambulance Services Committee. P Roseblade welcomed the report which she found to be good practice despite it not being a statutory requirement to produce.

Resolution: The report was **NOTED**.

4.1.3 National Imaging Academy Governance Compliance Statement

G Galletly presented the report and advised that any queries raised would have been addressed prior to the meeting today.

J Sadgrove advised that she welcomed the report and added that it was good governance practice to have received an AGS from each of the hosted organisations.

Resolution: The report was **NOTED**.

5.0.0 ANNUAL ACCOUNTS

5.1 CTMUHB Annual Accounts 2020-2021

S Webster presented the report which identified the changes made in relation to the draft accounts presented previously.

P Roseblade confirmed that the Committee had been given ample opportunity to review the accounts and **noted** that the recommendations made at the May meeting had now been incorporated into the final version.

Resolution: The report was **ENDORSED** for **BOARD APPROVAL**.

5.2 WHSSC & EASC Final Accounts 2020-2021

S Davies presented the report. Members **noted** that following information received from S Harrhy yesterday, regarding the related parties note on page 553, the accounts would need to be amended to reflect that Steve Ham was an Associate Member of EASC and WHSSC, and that Chris Turner was no longer an Independent Member at Cwm Taf Morgannwg UHB.

P Roseblade confirmed that Members have had the opportunity to reviews these accounts prior to the meeting today.

Resolution: Subject to minor amendments, the final audited statements for the financial year ended 31 March 2021 were **ENDORSED**.

5.3 Audit Wales: Audit of the Financial Statement (ISA 260) Report (including the Letter of Representation and Audit Opinion)

A Veale extended his thanks to Finance colleagues for the support they had provided to Audit Wales over the last few weeks.

In presenting the report, M Jones advised that Audit Wales intended to issue unqualified opinions regarding the accounts and confirmed that there were no uncorrected misstatements. Members **noted** that the Health Board would be required to submit final documents by Friday 11 June, with the accounts due to be certified by 13 June 2021. M Jones also extended his thanks to colleagues who had assisted Audit Wales throughout the process.

Members **noted** that in relation to the Senior Clinicians pensions issue referenced within appendix 3 of the report, the Auditor General would be issuing a substantive report on this issue alongside his letter of representation, which would be applicable to all Health bodies, with the exception of Health Education Improvement Wales.

P Roseblade welcomed the comprehensive report and on behalf of the Committee asked for thanks to be extended to the Director of Finance, the Finance Team and Audit Wales for completing this complex piece of work.

Resolution: The report was **NOTED**.

Action: The Committee's thanks to be extended to the Finance Team and Audit Wales colleagues for completing this complex piece of work.

6.0.0 INTERNAL AUDIT

6.1 Internal Audit Progress Report

P Dalton presented the report.

Following a comment made by P Roseblade as to whether Internal Audit were seeking Committee approval to commence a review into Continuing Healthcare, the Committee confirmed they would be happy for Internal Audit to take this piece of work forward.

In response to a comment raised by P Roseblade in relation to the Fire Safety Management Review, it was **agreed** that the completion date identified in the action log needed to be aligned with the date identified within the report.

Resolution: The update was **NOTED**.

Action: Completion date identified in the action log in relation to the Fire Safety Management Review to be aligned with the date identified within the report.

6.2 Internal Audit Review – Targeted Intervention

E Samways presented Members with the report which had been given a Reasonable Assurance rating.

G Galletly extended her thanks to Audit colleagues for this key piece of work which had provided recommendations to enable the process to be strengthened further.

P Roseblade **welcomed** the creation of a centralised file on Admincontrol to enable Senior Responsible Officers and Independent Members to scrutinise the evidence and extended her thanks to colleagues for putting this in place.

In response to a question raised regarding the May 2021 target date for the review of the self-assessment trackers, G Galletly advised that a self-assessment process had been undertaken with Integrated Locality Groups and suggested that this recommendation could be marked as complete, on the basis that risks were now being incorporated into discussions with risks being assessed at every stage of the process.

Resolution: The report was **NOTED**.

Action: Recommendation relating to the review of self-assessment trackers to be marked as completed on the Audit Tracker.

6.3 Internal Audit Review – Digital Response to Covid

M Lewis presented Members with the report which had been given a Reasonable Assurance rating.

J Sadgrove **welcomed** this important report which contained a significant amount of rich information which would help the Health Board to shape how it moves forward. J Sadgrove added that an important point to note was around the potential to exacerbate inequality, which the Health Board would need to address in conjunction with its partners and suggested that consideration could

have been given to surveying service users as well as staff to identify further areas of inequality.

I Wells **welcomed** the report and the management response which he had found to be very comprehensive and added that this would help guide the Health Board on its digital journey.

In response to a comment made by P Roseblade as to whether it was the role of clinical staff to assist patients in using IT or whether there was an alternative method of doing this, M Lewis advised that this was a complicated area and added that there were ambitions in place to get patients more involved in their own care, which would require further discussion with patients during the roll-out.

P Roseblade echoed the comments made by J Sadgrove and I Wells and advised that she found the report to be thorough and easy to understand.

Resolution: The report was **NOTED**.

6.4 Head of Internal Audit Opinion and Annual Report 2020-2021

P Dalton presented the report and advised that Internal Audit would be issuing a Reasonable Assurance opinion for 2020-2021.

P Roseblade extended her thanks to Internal Audit colleagues for the report and the support they had provided throughout the year.

Resolution: The report was **NOTED**.

7.0.0 EXTERNAL AUDIT

7.1 Audit Wales – Audit & Risk Committee Update

S Utley presented the report and advised that fieldwork was about to commence on Phase 2 of the Structured Assessment.

P Roseblade extended her thanks to S Utley for presenting the report.

Resolution: The report was **NOTED**.

7.2 Audit Wales Progress Report – Structured Assessment – Phase 1 Report

S Utley presented the report which highlighted a change in approach. Members **noted** that two recommendations had been made which had both been accepted by management and that monitoring of the response would be undertaken by the Planning, Performance & Finance Committee.

Resolution: The report was **NOTED**.

7.3 **Audit Wales National Report – Personal Protective Equipment (PPE)**

S Utley presented the report which was a national piece of work which focussed on the procurement and supply of PPE at a national level. Members **noted** that a formal response would now need to be developed by Welsh Government and Shared Services and **noted** that the report contained a couple of recommendations which related to the Health Board which the organisation may wish to consider when developing future plans.

In response to a question raised by I Wells as to whether concerns raised by medical staff about feeling unsafe as a result of inappropriate provision of PPE would be reviewed, S Utley confirmed that this was being considered and added that next steps should be identified within the response from Welsh Government and Shared Services.

P Roseblade **welcomed** the report which she had found to be very comprehensive.

Resolution: The report was **NOTED**.

8.0.0 **INTERNAL CONTROL AND RISK MANAGEMENT**

8.1 **Audit Recommendations Tracker**

G Galletly presented the report which provided an update on progress made against Internal and External Audit recommendations.

In response to comments made by J Sadgrove regarding mission drift and ownership of recommendations, G Galletly advised that she would undertake a review of the position outside of the meeting and welcomed any other specific feedback Independent Members may have.

In response to a question raised by I Wells as to whether some Executive Directors had more recommendations than others, for example, the Chief Operating Officer, G Galletly advised that each Executive Lead had a support structure beneath them who would be responsible for providing updates against each area.

P Roseblade commented on the pie chart which identified no red areas and advised that from a scrutiny perspective it would be helpful if a pie chart could be developed which showed progress on each action against the original implementation date and acknowledged that the Committee would understand the slippage in action achieved given the pandemic situation.

P Roseblade expressed concerns that the implementation date against DQ01 had been revised to May 2021 and suggested that this should be challenged by the Committee as it is a high priority recommendation arising from a limited assurance report. In response, G Galletly advised that she had taken on board

the comments made and added that it is within the Committee's gift to not accept the suggested revision to the target date and to request that this recommendation is marked as red which would keep this as a high priority issue.

Resolution: The report was **NOTED**.

Action: Review to be undertaken of the recommendations which had drifted and the recommendations in which responsibility had been placed on another department to action.

Action: Chart to be developed which showed progress on each action against the original implementation date.

8.2 Organisational Risk Register

C Hamblyn presented the report and advised that this was the version of the report that had been presented to May Board and added that reporting timelines were in the process of being adjusted to ensure the Committees were being presented with the most recent version of the report.

In response to a question raised by I Wells in relation to the risk score remaining at 20 for risk 3826, despite the number of actions that had been undertaken over a long period of time, C Hamblyn advised that the risk was in the process of being reframed by the Interim Chief Operating Officer and Integrated Locality Group (ILG) colleagues.

In response to a comment made by I Wells regarding risk 4565, C Hamblyn advised that the June update would highlight that this risk had now de-escalated as a result of plans that had been put into place. In response to a comment made by P Roseblade as to how the Committee could be assured that the plans had been executed, C Hamblyn advised that whilst the risk is removed from the Organisational Risk Register, the risk still remained on the Digital & Data Committee Risk Register for scrutiny.

In response to a question raised by P Roseblade regarding the lack of progress being made against the fire safety risks, C Hamblyn advised that a Fire Officer was in the process of being recruited and it would be their role to address the outdated risk assessments and undertake the training required. Members **noted** that a discussion on fire safety risks had been recently undertaken at the Health, Safety & Fire Sub Committee. Members **noted** that a review of this risk would also be undertaken as part of the Internal Audit Review into Fire Safety Management.

Resolution: The report was **NOTED**.

8.3 Local Counter Fraud Update

M Evans presented the report.

J Sadgrove **welcomed** the report and encouraged the Counter Fraud Team to liaise with the Health Board's Communications Team to promote the Counter Fraud sharepoint page in order to encourage more visitors.

In response to a question raised by J Sadgrove as to how the Health Board planned to address the overpayments of salary issues, M Evans advised that prevention and deterrent were the key tasks that needed to be undertaken and added that the Local Counter Fraud Team would be happy to support the Health Board in addressing this. S Webster advised that there were issues with the staff termination process which needed to be digitalised and added that a discussion had been held with Internal Audit as to whether a review of the termination process could be incorporated into one of the workforce related audits moving forwards.

P Roseblade **welcomed** the suggestion made in relation to Counter Fraud working within the Health Board's communications team to promote the Counter Fraud Sharepoint page. P Roseblade advised that in relation to overpayment of salaries, staff needed to be made aware of their responsibility to inform of any salary overpayments and that if they continued to receive overpayments this could be considered as theft.

P Roseblade **welcomed** the announcement that G Galletly had now been appointed as the Health Board's new Counter Fraud champion.

Resolution: The report was **NOTED**.

9.0.0 ANY OTHER BUSINESS

No items were identified.

10.0.0 DATE AND TIME OF NEXT MEETING

The next meeting would take place at 10:15am on Tuesday 17th August 2021.

11.0.0 CLOSE