

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)  
Audit & Risk Committee held on the 17<sup>th</sup> August 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 Utle	Audit Wales
Mark Jones	Audit Wales
Paul Dalton	NWSSP – Internal Audit & Assurance
Emma Samways	NWSSP – Internal Audit & Assurance
Eifion Jones	NWSSP – Internal Audit & Assurance (In part)
Sally May	Executive Director of Finance
Georgina Galletly	Director of Corporate Governance
Owen James	Head of Corporate Finance
Cally Hamblyn	Assistant Director of Governance & Risk
Hywel Daniel	Executive Director for People (In part)
Daxa Varsani	Financial Accountant
Amanda Legge	All Wales Post Payment Verification Manager (In part)
Sara Jeremiah	Post Payment Verification Location Manager (In part)
Sue Tillman	Post Payment Verification Location Manager (In part)
Emma Walters	Corporate 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. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.

**1.2 Apologies for Absence**

No apologies for absence had been 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

#### 2.1 FOR APPROVAL

##### 2.1.1 Unconfirmed Minutes of the Meeting held on the 9<sup>th</sup> June 2021

M Jones, Audit Wales requested an amendment to the fourth sentence of the third paragraph under section 5.3 on page 5 of the report. Sentence to be amended to read 'with the *possible* exception of Health Education Improvement Wales'.

Resolution: The minutes were **APPROVED** as a true and accurate record, subject to the suggested amendment.

##### 2.1.2 Unconfirmed Minutes of the In Committee Meeting held on the 9<sup>th</sup> June 2021

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

##### 2.1.3 Audit & Risk Committee Annual Report 2020/2021

Resolution: The report was **APPROVED**.

##### 2.1.4 Procurements and Scheme of Delegation Report

In relation to a question raised by P Roseblade in relation to the proposed changes to the Standing Financial Instructions, particularly regarding the proposed change of authority and limits regarding legal claims, G Galletly provided assurance that all compensation payments are made based on legal advice and related to expenditure, and added that mechanisms were in place to seek reimbursements from the Welsh Risk Pool.

Resolution: The report was **APPROVED**.

#### 2.2 FOR NOTING

##### 2.2.1 Forward Work Programme

Resolution: The Forward Work Programme was **NOTED**.

##### 2.2.2 Loses and Special Payments Report

The report was **NOTED**.

### **2.2.3 Declarations of Interest and Gifts Hospitality Report**

Resolution: The report was **NOTED**.

### **2.2.4 ISO14001 External Environmental Audit Report**

Resolution: The report was **NOTED**.

## **3.0.0 MAIN AGENDA**

### **3.1 Audit & Risk Committee Action Log**

P Roseblade reminded Members that she had requested that the action log was placed on the main agenda to enable a discussion to be held in relation to some of the long standing actions.

In relation to Action 18/099, G Galletly advised that active pursuits were being made to achieve accreditation. Following discussion, Members requested that a JAG Accreditation Progress Report was added to the forward work programme for the October meeting. Members requested that the report identified the complexities and the barriers in place to achieve accreditation and the funding required to enable the works required in obtaining accreditation.

P Roseblade requested that the actions identified as 'in progress' were added to the forward work programme in accordance with their respective deadlines.

In relation to Action 4.2, Members noted that a discussion was held at the Digital & Data Committee and noted that this action could be marked as completed.

In relation to Actions 20/070 and 6.1 which related to the Internal Audit Review into Fire Safety, Members noted that a report would be presented to the October meeting.

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

Action: JAG Accreditation Progress report to be added to the forward work programme for the October meeting.

Action: Internal Audit Review into Fire Safety to be presented to the October meeting.

### **3.2 Matters Arising not considered within the minutes or the Action Log**

There were no further matters arising identified.

## **4.0.0 INTERNAL AUDIT**

### **4.1 Internal Audit Progress Report**

P Dalton presented Members with the report and advised that a discussion had been held with the Director for People in relation to the scope of the review into Recruitment & Retention. Members noted that this would be an advisory review.

Resolution: The report was **NOTED**.

#### **4.2 Internal Audit Review – Clinical Audit**

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

J Sadgrove welcomed the progress that had been made in this area and endorsed the comments that had been made within the report regarding the need for clarity on the role and remit of the Audit & Risk and Quality & Safety Committees to ensure there was no overlap and duplication of reporting.

I Wells welcomed the progress that had been made and highlighted the need to ensure the service benchmarked itself against other Health Board's.

In response to a comment made by P Roseblade in relation to a recommendation relating to risk, E Samways confirmed that whilst the Team were very much engaged with capturing risks, further work is required as to how the Clinical Audit team escalate risks identified through their audit programmes which are not directly managed by the Clinical Audit function. C Hamblyn advised that she has been working with Clinical Audit Colleagues and will explore this recommendation further with the team.

Resolution: The report was **NOTED**.

Action: Discussion to be held with the Clinical Audit Team as to how the Team escalate risks identified through their audit programmes which are not directly managed by the Clinical Audit function.

#### **4.3 Internal Audit Review – Follow Up Review Facilities**

E Samways presented the report which had been allocated a reasonable assurance rating.

In response to a question raised by I Wells as to why no figures had been provided in relation to fire safety compliance for the Bridgend area, E Samways confirmed that this was as a result of Bridgend not being part of the original audit.

A discussion was held in relation to provision of face to face fire safety training which had fallen as a result of the Covid-19 pandemic. H Daniel advised that discussions had been held with the Team regarding this and steps were being taken to determine what types of training could be provided and the types of training staff required. H Daniel confirmed that there were a number of Committees who were scrutinising this position at present and added that an

update would be provided in due course. In response to a question raised by I Wells regarding when this issue would be resolved, H Daniel advised that whilst he could not provide a definitive update as to when Facilities were likely to complete the training, he was aware that a statutory and mandatory training plan was in place within every Integrated Locality Group which was being monitored on a monthly basis. Members noted that if there were any areas with low compliance they would be invited to attend the People & Culture Committee to discuss further.

J Sadgrove commented on the issues regarding ESR which had been identified within the report and questioned whether any thought had been given to providing access to a dedicated PC to enable all staff the access to digital systems. H Daniel confirmed that whilst ESR could be accessed from any computer at any time, he acknowledged that further work is required to determine what was preventing staff from accessing the system and agreed to look into this matter.

In response to a question raised by J Sadgrove as to whether there were any risks in place regarding lack of consistency amongst Portering groups now that an ILG structure was in place, H Daniel advised that a discussion regarding the ILG model will be considered at the forthcoming Executive Away and he will raise this point at this session. H Daniel confirmed that a strong central leadership structure was in place within Facilities which helped to mitigate this matter to some extent.

In response to a question raised by P Roseblade regarding recommendation one and whether the grievance was reviewed and provided satisfaction in the long run, H Daniel confirmed that he did not have the detail to hand, however agreed to seek an update outside of the meeting and report back to the Committee.

Resolution: The report was **NOTED**.

Action: Confirmation to be sought as to what was preventing Facilities staff from accessing ESR systems.

Action: Confirmation to be sought at the Executive Away Day, as part of reflections on the implementation and effectiveness of the operating model, as to whether there was any lack of consistency in place amongst portering groups now that ILG structures were in place.

Action: Update to be sought outside of the meeting to determine whether the previous grievance had been reviewed and had provided long term satisfaction.

#### **4.4 Internal Audit Review – Mass Vaccinations**

P Dalton presented the report which had been allocated a substantial assurance rating.

Committee Members welcomed the report and asked for their congratulations to be extended to everyone involved in this process. G Galletly agreed to draft a letter on behalf of the Committee to the Executive Lead and C Williams conveying the Committee's thanks.

Resolution: The report was **NOTED**.

Action: Letter to be drafted on behalf of the Committee conveying their thanks to everyone involved in the mass vaccination project.

#### **4.5 Internal Audit Review – Sunnyside**

E Jones presented the report which had been allocated a Reasonable Assurance rating.

In response to a question raised by P Roseblade as to whether the Health Board would still be indemnified by the Welsh Risk Pool should there be any building related incident at a later date given the third party contractor arrangements that were in place, S May agreed to obtain clarification on this matter outside of the meeting.

P Roseblade welcomed the new format of the report which she had found to be quite clear and detailed.

Resolution: The report was **NOTED**.

Action: Confirmation to be sought outside the meeting as to whether the Health Board would still be covered by the Welsh Risk Pool should there be any building related incident given the third party contractor arrangements that were in place.

#### **4.6 Internal Audit Review – Single Cancer Pathway Data Integrity**

P Dalton presented the draft report and advised that final report would be presented to the October meeting.

J Sadgrove expressed concerns in relation to the statement made on page 6 of the report which made reference to the Health Board not having a policy in place on Data Quality. In response, G Galletly advised that the management response was receiving a significant amount of attention at present and steps were being taken to ensure the response addressed all of the issues raised.

In response to a question raised by J Sadgrove, P Dalton confirmed that there were good practices identified within other Health Board's which could be drawn upon and shared.

In response to a question raised by P Roseblade regarding reference made within the report in relation to the Delivery Unit undertaking a review of NHS Cancer Services, P Dalton advised that he could not recall the outcome of this review

and advised that he would include an example of what had been identified within the review in the next iteration of the report.

Resolution: The report was **NOTED**.

Action: Example of what had been identified within the Delivery Unit Review of NHS Cancer Services to be included in the next iteration of the report.

## **5.0.0 EXTERNAL AUDIT**

### **5.1 Audit Wales – Audit & Risk Committee Update**

S Utleby presented the report.

Resolution: The report was **NOTED**.

### **5.2 Audit Wales Review - Vaccinations**

S Utleby presented the report and advised that the report clearly aligned to the review undertaken by Internal Audit.

Resolution: The report was **NOTED**.

### **5.3 Audit of Financial Statements Addendum Report**

M Jones presented the report and advised that nine recommendations had been made which had all been accepted by management.

In response to a question raised by P Roseblade regarding the retirement of the outgoing Director of Finance, who retired on the 17 February and returned on the 19 February 2021, M Jones confirmed that Welsh Government had made a change to the policy during the pandemic which meant that the previous two week break period had been shortened to one day.

Members noted that all recommendations would be captured within the audit tracker.

Resolution: The report was **NOTED**.

## **6.0.0 INTERNAL CONTROL AND RISK MANAGEMENT**

### **6.1 Post Payment Verification Progress Report**

A Legge presented the report which provided an update as to how practices had been performing over the current cycle and two previous cycles.

In response to a question raised by P Roseblade as to whether retrospective data could be provided in terms of revisits, A Legge confirmed that this data would be included in the next iteration of the report.



J Sadgrove welcomed the report and the presentation of the full data set for the last year. J Sadgrove sought clarity as to whether remote visits were a temporary arrangement or whether this would be the future model. A Legge advised that consideration was being given to remote visits being the future model, mainly because face to face visits could be quite intrusive. J Sadgrove welcomed the proposed way forward.

Resolution: The update was **NOTED**.

## 6.2 Local Counter Fraud Update

M Evans presented Members with the report which provided details on tasks and actions undertaken within the four strategic counter fraud work areas.

In response to concerns raised by P Roseblade regarding the issues being experienced with agency providers undertaking pre-employment checks, H Daniel advised that he would need to consider the content of the report further, particularly in relation to the issues regarding off contract agencies, and advised that he would provide the Committee with a further update at the next meeting.

In response to a question raised J Sadgrove regarding the amount of time being spent on holding to account and whether there were any plans in place as to how activity could be increased in other areas, M Evans advised that a piece of work was being undertaken on 'prevent and deter' and an improvement in this area should be seen in the next report. M Evans also commented that the intention is that for the second half of the year more focus would be placed on 'inform and involve' as well as 'prevent and deter'. J Sadgrove welcomed the progress that had been made in addressing the backlog of historical cases.

G Galletly advised that she had met with M Evans to discuss her role as Counter Fraud Champion and added that discussions had been held with Workforce colleagues regarding securing some slots on induction sessions to raise awareness of Counter Fraud services.

In relation to salary overpayments, Members noted that the communications team would be helping to support the cascading of messages to staff in order to raise awareness.

Resolution: The report was **NOTED**.

Action: Content of the report to be considered further particularly in relation to the issues regarding off contract agencies undertaking pre-employment checks. Further update to be provided to the Committee at its next meeting.

## 6.3 Organisational Risk Register



C Hamblyn presented Members with the report and advised that the comments made at the August Quality & Safety Committee were in the process of being addressed in the next iteration of the Organisational Risk Register.

In relation to a comment made by I Wells regarding risks which appeared to remain stagnant for a significant amount of time, C Hamblyn confirmed that stagnant risks continued to be her main area of focus and added that discussions had been held with ILG colleagues regarding these risks. G Galletly welcomed the scrutiny being undertaken by Committee members regarding the risks and added that a deadline date of October had been set for reviewing all risks. Members noted that if any risks remained stagnant after this deadline the Committee members could seek further assurance on the risks or request that Executive Leads were invited to a future meeting to discuss the risk in more detail.

In response to a question raised by P Roseblade as to whether the October deadline would be achieved by ILG's, C Hamblyn advised that ILG colleagues had provided no indication that the October deadline would not be met and added that she would alert the Committee if the position changed.

In response to a question raised by P Roseblade as to whether there was an issue log in place, G Galletly confirmed that an issues log was in place for programmes and projects and added that a formal issues log was not in place in relation to risk.

Resolution: The report was **APPROVED**.

#### **6.4 AW/HIW Follow-Up Review of Quality Governance (May 2021) – Management Action Plan**

G Galletly presented the report which had been presented to the Board at its July meeting and had been well received.

In response to a question raised by P Roseblade as to whether the action plan would benefit from a RAG rated column, G Galletly advised that the recommendations would now be included on the audit tracker which would help track progress against the recommendations.

Resolution: The report was **NOTED**.

Action: Recommendations to be added to the Audit Recommendations Tracker in order to track progress.

#### **6.5 Audit Recommendations Tracker**

G Galletly presented the report and updated Members on the revisions made to the format of the report. Members noted that there remained a number of historical recommendations which mostly fell under the remit of the Chief

Operating Officer and noted that meetings would be held with ILG colleagues to focus on these historical areas.

I Wells welcomed the revised format of the report and the way in which the report had been presented which now helped to identify the recommendations which were out of date.

P Roseblade also welcomed the improved report and requested that at the October meeting focus be placed on the ILG Risk Register, the Organisational Risk Register and Audit Recommendations Tracker to ensure detailed discussions were being held.

Resolution: The report was **NOTED**.

Action: ILG Risk Register, the Organisational Risk Register and Audit Recommendations Tracker to be placed at the start of the agenda at the October meeting to ensure detailed discussions were being held.

#### **7.0.0 ANY OTHER BUSINESS**

S May advised that she found her first meeting to be very informative and welcomed the way in which the Committee had been chaired and the use of the consent agenda process.

#### **8.0.0 DATE AND TIME OF NEXT MEETING**

The next meeting would take place at 14:00pm on Tuesday 4<sup>th</sup> October 2021.

#### **9.0.0 CLOSE**