

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Audit & Risk Committee held on the 4th October 2021 as a Virtual
Meeting via Microsoft Teams**

Members Present:

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

In Attendance:

Sara Utley	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
Dom Hurford	Interim Medical Director (In part)
Matthew Evans	Head of Local Counter Fraud
Amanda Legge	All Wales Post Payment Verification Manager (In part)
Sara Jeremiah	Post Payment Verification Location Manager (In part)
Gareth Robinson	Interim Chief Operating Officer
Ana Llewellyn	Bridgend Integrated Locality Group Nurse Director (In part)
Linda Prosser	Executive Director of Strategy & Transformation (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.

The Chair advised that at the end of the meeting, she would be seeking Members views as to how we have done in the meeting.

1.2 **Apologies for Absence**

Apologies for absence have been received by Carolyn Donoghue, Independent Member and Hywel Daniel, Executive Director for People.

1.3 **Declarations of Interest**

No declarations of interest were received prior to the meeting.

2.0.0 **CONSENT AGENDA**

Members requested further discussion on consent agenda items 2.1.4 and 2.2.2. These items were removed from the consent agenda and discussed as part of the main agenda.

2.1 **FOR APPROVAL**

2.1.1 **Unconfirmed Minutes of the Meeting held on the 17th August 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 17th August 2021**

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

2.1.3 **Audit & Risk Committee Terms of Reference**

Resolution: The Terms of Reference were **APPROVED**.

2.1.4 **Procurements and Scheme of Delegation Report**

The Chair sought clarity as to why the Procurement Department had not supported the single tender action that had been submitted by the Mental Health Directorate and whether there would likely be challenge made regarding this. S May advised that the department felt that there was only one genuine supplier which Procurement did not agree with. Following discussion held with the Director of Primary, Community and Mental Health Services, it was agreed that the department would adhere more robustly to the procurement rules in future and had sought additional training for the team. S May added that consideration may need to be given to the provision of budget holder and procurement training across the organisation. In conclusion, S May advised that she did not think this decision would be challenged further by other suppliers.

In response to a question raised by the Chair as to whether training needed to be extended to finance staff also, S May confirmed that a discussion had been held with the Head of Procurement to discuss the issues being experienced with contracts being submitted to S May for approval after they had been

agreed/awarded. Members **noted** that an action plan was now in the process of being developed to ensure appropriate processes were in place.

Members **noted** that an issue within Facilities had recently been identified in relation to a number of invoices which related to a single supplier which had been placed as a verbal order. Members **noted** that Internal Audit had now been asked to undertake a review of the procure to pay process.

The Chair advised that the Committee would need to monitor this position closely and requested that this report was placed on the main agenda for discussion moving forwards.

Resolution: The report was **NOTED**.

Action: Future Procurements and Scheme of Delegation Reports to be placed on the main agenda for discussion moving forwards.

2.1.5 Model Standing Financial Instructions

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 Six Monthly Progress Report on Consultant Job Planning

A discussion was held as to whether the Committee still wished to receive six monthly progress reports in relation to Consultant Job Planning and Medical Rostering as regular updates were also being included in the audit recommendations tracker.

Following discussion, Members confirmed that due to the complex issues contained within these areas of work, they would still wish to receive separate reports on these matters. D Hurford confirmed he would be happy to continue to providing progress reports to future meetings.

Resolution: The report was **NOTED**.

Action: Six Monthly Progress Reports on Consultant Job Planning and Medical Rostering to continue to be presented to the Committee as substantive items.

2.2.3 Internal Audit Review into Medical Rostering

Resolution: The report was **NOTED**.

3.0.0 MAIN AGENDA

3.1.1 Audit & Risk Committee Action Log

A discussion was held in relation to the action log.

In relation to action log reference 20/070, the Chair advised that she could not see this report on the agenda for today's meeting as stated within the action log. G Galletly advised that this may be as a result of a timing issue and would ensure the Internal Audit Report on Fire Safety was presented to the next meeting.

In relation to action log reference 18/099, the Chair advised that whilst a progress report was being presented to the Committee today regarding JAG Accreditation, the action related to a closure report and felt that the action could not be marked as completed at the present time. G Robinson confirmed that he would be happy for the action to remain open.

In relation to action log reference 8.1 – Audit Recommendations Tracker, the Chair advised that whilst she could see that a huge amount of work had been undertaken, the revised actions would not be presented to the Committee until December 2021 which meant that the action had not yet been completed. G Galletly advised that she would be happy to keep this action open until December.

In relation to action log reference 4.5 Internal Audit Review into Sunnyside, the Chair advised that whilst a response had been provided to her question, the response had not fully answered the question asked. P Roseblade advised that she had asked for written confirmation to be obtained from the Welsh Risk Pool on this query. S May **agreed** to action this request to ensure a written response was obtained.

In relation to action log reference 6.2 – Local Counter Fraud Update, the Chair advised that as the response referred to something that would be actioned in the future, this could not be marked as completed. G Galletly **agreed** to discuss this further with H Daniel and ask him to reflect further on this action.

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

Action: Action log to be updated to reflect the discussions above.

3.1.2 Matters Arising not considered within the minutes or the Action Log

Resolution: There were no further matters arising identified.

4.0.0 IMPROVING CARE

4.1 Integrated Locality Group Risk Register Discussion - Presentation

A Llewellyn presented Members with an update on the review of risks that had been undertaken by the Bridgend Integrated Locality Group.

Members welcomed the work that had been undertaken by the Team on this matter and the holistic approach that had been undertaken in a clinical area and extended their congratulations to the staff involved. A Llewellyn **agreed** to pass on the Committees thanks to colleagues.

In response to a question raised by the Chair as to whether the Risk Register was the main driver for the Integrated Locality Group Management meetings, A Llewellyn advised that whilst it was not the key driver, the risk register was being used as a tool for discussion.

Resolution: The presentation was **NOTED**.

Action: Committees thanks to be extended to colleagues for the work undertaken in this area.

4.2 **Organisational Risk Register**

C Hamblyn presented Members with the report.

I Wells expressed concern that the Ophthalmology risk score had increased from 16 to 20 and made reference to the heat map which seemed to be getting redder which was alarming and needed to be monitored closely. C Hamblyn advised that there was a need to ensure there was clarity in place on the calibration of risks in order to ensure risks were being appropriately assessed and scored and added that the heat map had changed as a result of the robust review of risks that is ongoing review in the organisation.

The Chair commented that the risk register was now alerting the Board to problems as opposed to the risk register being updated as issues were being identified. C Hamblyn advised that the work is being undertaken in relation to the Board Assurance Framework which would further strengthen the risk management process and ensure that Independent Members were being provided with the right information at the right time.

In response to a query raised by P Roseblade regarding the risk relating to medicines management and pharmacy support to Maternity, C Hamblyn **agreed** to clarify with the risk owner whether this risk had now been resolved.

The Chair sought clarity regarding risk 4292, long waiting times for Cardiac Echo within Rhondda Taf Ely, which was a closed risk. The Chair advised that she could not see any evidence within the report as to why this risk had been closed. C Hamblyn **agreed** to undertake a review of this risk outside of the meeting.

J Sadgrove commented more generally regarding closed risks and advised that the report used to contain a section which detailed the closed risks and the justifications for closing them. C Hamblyn advised that she would look into the

matter outside the meeting as some information may have been missed off the report in error.

Resolution: The report was **NOTED**.

Action: Confirmation to be sought from the risk owner as to whether the risk relating to medicines management and pharmacy support to Maternity had now been resolved.

Action: Review to be undertaken outside the meeting regarding the comments made regarding closed risks.

4.3 **Audit Recommendations Tracker**

G Galletly presented Members with the report and advised that following discussions held with the Chair, the report would be redesigned for the next meeting to identify the high priority recommendations at the start of the tracker. G Galletly extended her thanks to colleagues for the support they had provided in reviewing older recommendations to determine whether they were still relevant.

The Chair recognised the significant amount of work that had been undertaken to refine the tracker and commented on the large number of recommendations which were now overdue. The Chair sought clarity as to whether the recommendations had not been achieved as they had been allocated too short a deadline or whether this was as a result of the challenges being faced within the organisation at present.

G Galletly advised that some of the recommendations had been on the tracker for a significant amount of time and colleagues had found it difficult to close the older recommendations. G Galletly added that that in relation to the timescales, these would have been set by officers within the Health Board during the review and advised that she would be happy to discuss the setting of realistic timescales with colleagues moving forwards. G Robinson added that significant progress had already been made to remove a number of long standing recommendations from the tracker. P Dalton added that staff may feel they need to provide a more immediate timescale for some of the recommendations which are high priority and added that a more pragmatic approach may be required. S Utley confirmed that a discussion had been held with G Galletly on the possible need to refocus and reframe some of the long standing external audit recommendations.

In response to a question raised by the Chair regarding the previous updates that had been included in the tracker, some of which were over two years old, and whether Committee members only wished to see updates over the last 12 months, G Galletly advised that she recognised that previous updates provided could confuse matters in light of recent updates being provided.

J Sadgrove commented that further consideration would need to be given to the approach taken in relation to older recommendations as some of them were still relevant, for example, the review undertaken into Operating Theatres. The Chair added that consideration needed to be given as to how relevant the updates provided were as opposed to the actual recommendations. G Galletly confirmed that it was never the intention to amend the previous recommendations made.

Resolution: The report was **NOTED**.

Action: Discussion to be held with Executive colleagues on the need to ensure realistic timescales were being set in future audit reviews.

4.4 INTERNAL AUDIT REVIEWS

4.4.1 Internal Audit Progress Report

P Dalton presented the report and advised that Internal Audit colleagues had not been able to finalise the Fire Safety Review for this meeting and added that this report would now be presented to the next meeting.

Members **noted** the changes that had been made to the planned internal audit reviews for 2021/2022 and **noted** that a number of reviews due to be undertaken this year would now be incorporated into next year's plan.

Resolution: The report was **NOTED**.

4.4.2 Internal Audit Review – Single Cancer Pathway

P Dalton presented the report which had been allocated a Limited Assurance rating.

The Chair reminded Members that a detailed discussion was held on this report at the last meeting. G Robinson apologised for the delay in producing the management response and added that this was a highly complex area. In response to a question raised by the Chair in relation to patient harm and where this was being monitored clinically, G Robinson confirmed that actions were being monitored through the Cancer Steering Group which reported into the Cancer Performance Board.

Resolution: The report was **NOTED**.

4.4.3 Internal Audit Review – Integrated Locality Group Review

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

G Robinson welcomed the report which he had found to be helpful and added that the report would help to take forward the review being undertaken of the

operating model as a result of the differences identified within the report in the way in which Integrated Locality Groups were working.

Resolution: The report was **NOTED**.

4.4.4 Internal Audit Review – Welsh Language Act

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

J Sadgrove welcomed the report and added that she was pleased to see how well the team were performing despite their limited resources. J Sadgrove highlighted that investment into this resource was important as in addition to this being a compliance issue, this was a patient experience issue also.

Resolution: The report was **NOTED**.

4.4.5 PCH Re-development: Validation of Management Action Final Internal Audit Report

E Jones presented with the report which had been given a Substantial Assurance rating. Members **noted** that good progress was being made in addressing previous recommendations.

Resolution: The report was **NOTED**.

4.5 EXTERNAL AUDIT

4.5.1 Audit Wales – Audit & Risk Committee Update

S Utleigh presented the report which identified that Audit Wales were on schedule to commence their review of the accounts in January. Members **noted** that the Structured Assessment Phase 2 review was in the process of being drafted.

Resolution: The report was **NOTED**.

4.5.2 Audit Wales Report WHSSC Committee Governance Arrangements including the Management Response

S Utleigh presented the report. Members **noted** that the report had previously been discussed at the Hosted Bodies Audit & Risk Committee and **noted** the importance of reviewing the report from a CTMUHB perspective.

Resolution: The report was **NOTED**.

4.6 JAG Accreditation Progress Report

G Robinson presented the report and advised Members that not having accreditation did not mean that the service being provided was unsafe and was mostly related to core capacity and demand.

Members welcomed the report and advised that they were pleased to hear that this did not have a negative impact on patients or clinicians.

J Sadgrove advised that an area of concern was in place regarding the resourcing of waiting list initiatives which had been discussed at Quality & Safety Committee. Members **noted** that workforce colleagues were in the process of seeking an All Wales approach to this particular issue.

The Chair welcomed the news that the capital bid had been approved and sought clarity as to whether there was a revenue bid also in place. G Robinson advised that a capital and revenue bid for the third theatre was previously submitted and added that this had now been superseded by the National Endoscopy Programme.

The Chair extended her thanks to G Robinson for presenting the report and added that she looked forward to receiving an update as to when closure would be expected.

Resolution: The report was **NOTED**.

4.7 Clinical Audit Assurance Framework

G Galletly presented the report and added that the proposed approach had been fully supported by the Interim Medical Director. Members **noted** that the forward work programmes for the Audit & Risk and Quality & Safety Committees would now be updated to reflect the revised approach.

The Chair welcomed the report which provided much needed clarity on the process.

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

5.0.0 SUSTAINING OUR FUTURE

5.1 Local Counter Fraud Update

M Evans presented the report.

G Galletly confirmed that as part of her role as Counter Fraud Champion, she had arranged for some specific counter fraud awareness training to be provided to the Executive Team.

In response to a question raised by the Chair as to whether the overpayment of salary issues would be included in the training and whether the communications team would be able to support in terms of raising awareness in relation to salary

overpayments, M Evans confirmed this this would be discussed in the training sessions and added that further consideration would be given to what support would be required from the communications team.

In response to a question raised by the Chair in relation to resource utilisation and the number of days allocated, M Evans advised that there should be no issue in achieving the number of days allocated and any larger counter fraud investigations would be passed to Counter Fraud Wales to manage.

Resolution: The report was **NOTED**.

5.2 Post Payment Verification Report – Mid Year Update

A Legge presented the report and added that she had asked for an additional report to be circulated to Members outside of the meeting which outlined Post Payment Verification progress for Primary Care Services as at August 2021.

In response to a question raised by M Evans in relation to the reference made to a review being undertaken of bonus payments made to contractors, A Legge confirmed that this related to the one off bonus payments that had been received by all staff within the Health Board and added that contractors had been asked to provide evidence that the bonus payments had been passed on to staff.

Resolution: The report was **NOTED**.

Action: Additional report in relation to Post Payment Verification progress for Primary Care Service to be shared with Members outside the meeting.

6.0.0 ANY OTHER BUSINESS

There was no other business to report.

A discussion was held in relation to how Committee members felt the meeting went today. The following responses were provided:

- The Committee did not feel that there was anything it needed to do more or less of;
- The Committee felt that they had not managed their time well and it was felt that in some meetings the ending felt a bit rushed. However, members felt that the order of today's agenda worked well and suggested that it would be good if the order of the agenda could be rotated at each meeting;
- The Committee felt that they had considered its values and had acted in a way that supports embedding its values across CTM;
- It was felt that the Committee had maintained a strategic focus
- The Committee felt that they had received sufficient assurance in some areas and in areas where assurance had not been sufficient they had sought further clarification;

- The Committee felt they had a better understanding of risks following each meeting.

P Roseblade requested that if any Committee Members wished to share any further views on the above questions then they would need to submit their views to the Corporate Governance Team.

7.0.0 DATE AND TIME OF NEXT MEETING

The next meeting would take place at 10:15am on Tuesday 7th December 2021.

8.0.0 CLOSE