

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Audit & Risk Committee held on the 7 December 2021 as a Virtual
Meeting via Microsoft Teams**

Members Present:

Ian Wells	Independent Member (Committee Vice Chair)
Jayne Sadgrove	Health Board Vice Chair
Carolyn Donoghue	Independent Member

In Attendance:

Sara Utley	Audit Wales
Dave Thomas	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
Martyn Lewis	NWSSP – Internal Audit & Assurance (In part)
Hywel Daniel	Director for People
Matthew Evans	Head of Local Counter Fraud
Joe Roberts	Good Governance Institute
Anthony Gibson	Bridgend ILG Director (In part)
Gareth Robinson	Interim Chief Operating Officer (In part)
Carole Tookey	RTE Integrated Locality Group Nurse Director (In part)
Claire Appleton	RTE ILG (In part)
Emma Walters	Corporate Governance Manager (Committee Secretariat)

Agenda

Item

1.0.0

PRELIMINARY MATTERS

1.1

Welcome & Introductions

I Wells, Committee Vice 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. 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 Committee Vice Chair advised that at the end of the meeting, he 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 from Patsy Roseblade, Independent Member (Audit Committee Chair) and Mark Jones, Audit Wales.

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 4 October 2021

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

2.2 FOR NOTING

2.2.1 Forward Work Programme

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

2.2.2 Declarations of Interest and Gifts and Hospitality Report

Resolution: The report was **NOTED**.

3.0.0 MAIN AGENDA

3.1.1 Audit & Risk Committee Action Log

G Galletly presented Members with the action log.

In relation to action log reference 18/099, Members noted that it remained unclear as to when a closure report would be available and noted that this would remain on the action log.

In relation to action log reference 8.2, Members noted that a review of the historical recommendations was still being undertaken and noted that the timescale for completion was now February 2022.

In relation to action log reference 6.2, it was noted that timescales for completion would need to be identified for this action.

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

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

Resolution: There were no further matters arising identified.

3.1.3 Audit & Risk Committee Annual Self-Assessment

G Galletly presented the report.

The Committee Vice Chair advised that Independent Members were required to complete a number of Committee Self-Assessment surveys and added that the system does not provide notification as to whether a survey has been completed or not. G Galletly welcomed the feedback provided. Members noted that a 100% response rate had been achieved.

J Sadgrove commented on the update that had been provided in relation to Welsh language and sought clarity as to whether the right question had been asked. J Sadgrove added that there was a statutory duty and compliance issues around Welsh language standards which the Health Board needed to do its best to comply with, and the question asked related to preference rather than compliance and wondered whether further thought needed to be given to how this question had been asked. G Galletly agreed that the questions asked needed to be clearer and added that there may be a need to improve Board Members awareness of the obligations of Welsh language which could be built into the Board Development programme.

D Thomas made reference to the statement made on page 5 of the report in relation to the Healthcare Inspectorate Wales and Audit Wales Joint Review being Non-Statutory, and advised that this review was a Statutory Review. D Thomas suggested that it may be helpful to amend the wording of this statement to reflect that the review was Non Standard or Discretionary.

Resolution: The report was **NOTED**.

Action: Wording of the statement contained on page 5 of the report to be amended to reflect that the Healthcare Inspectorate Wales and Audit Wales Joint Review was Non Standard/Discretionary.

3.1.4 Legislative Assurance Framework Development Update

G Galletly provided Members with a verbal update. G Galletly confirmed that as stated in the update provided in relation to the Audit & Risk Committee Annual Self-Assessment, the Framework was being progressed at an All Wales level and the review should be completed in May 2022.

Resolution: The update was **NOTED**.

4.0.0 IMPROVING CARE

4.1 Integrated Locality Group Risk Register Discussion - Presentation

C Appleton and C Tookey presented Members with an update on the review of risks that had been undertaken by the Rhondda Taff Ely Integrated Locality Group. The Vice Chair extended his thanks to C Appleton for the presentation and added that he recognised the significant amount of work that had been undertaken by the Integrated Locality Group.

G Galletly advised that whilst C Hamblyn had provided a significant amount of support to the Integrated Locality Group teams, the amount of work that had been undertaken within the ILG's was tremendous. Members noted that the Good Governance Institute were working with the Health Board to develop the Board Assurance Framework which would be the next phase of this piece of work alongside the migration of Datix.

J Sadgrove extended her thanks to C Appleton for the helpful presentation and the work that had been undertaken to date. J Sadgrove added that from an Audit & Risk Committee perspective, she was pleased to see the consistency in approach that had been taken across all three ILG's and advised that she felt encouraged by the maturing process and the decision that had been made to review risks on a two monthly basis. J Sadgrove welcomed the liaison that had been undertaken between the three Quality Managers to review the risks which existed in all three ILG's and work together to see whether common solutions could be developed to assist further with standardisation across the Health Board.

D Thomas advised that on behalf of the joint review team he was encouraged to see the thought processes that had been put into place following the observations made in the joint review and the identification of key enablers.

The Committee Vice Chair extended his thanks to ILG colleagues for presenting the update and extended his thanks to G Galletly and C Hamblyn for the support they had provided throughout this process.

Resolution: The presentation was **NOTED**.

4.2 Organisational Risk Register

G Galletly presented Members with the report. Members noted that risk training had now been delivered to 270 staff across the organisation with demand continuing for the provision of future training sessions.

G Galletly advised that she had received some comments outside of the Committee in regards to timeliness of review against some of the risks and added that it would be helpful for the Committee to have a discussion on this to enable her to report back views of the Committee to the Executive Team. G Galletly added that she would be happy to work with the Executive Team on conveying the importance of regular review. G Galletly advised that it would be important to note that given that the Health Board was now moving towards a

bi-monthly reporting cycle, the Committee would be receiving the risk register for assurance at a point in time so it may not be timely, but provided assurance that the risk register was being updated for the January Senior Leadership Team meeting.

The Committee Vice Chair appreciated the update provided on timeliness of updates, however, some risks were due to be completed some time ago. G Galletly advised that it would be helpful if the Committee could have a discussion on timely updates to enable her to report back on this.

J Sadgrove advised that the question of the review was an important question and added that she had started to look at the review date and next review date columns and questioned whether risks were being kept up to date or whether the process was slipping back into a place where it could degenerate. J Sadgrove advised that a number of risks had review dates which were three months or older and added that if a decision was being made to risks being reviewed every two months then the Committee would expect to see review dates of no more than two to three months. J Sadgrove added that the Committee would need to understand whether risks were reviewed and that there had been no change to the mitigation and sought clarity as to whether there could be some way of identifying this so that the review date could be moved on. J Sadgrove recognised that whilst the position was challenging and the Health Board was on a journey in developing its approach, a process needed to be put into place to provide assurance that risks were continually being reviewed and any changes were being recorded within the action plan.

C Donoghue echoed the comments that had been made and expressed her concern regarding the review dates which did not provide her with assurance. C Donoghue advised that some of the risks related to funding bids which gave no sense of timescale of where those funding bids were and what would happen if funding was not received. S May advised that in terms of capital the Health Board could not spend over a certain amount without a funding bid. S May added that for other cases, some push back would need to be provided as to what the alternative solutions were and what the accepted risks were. G Galletly advised that this message could be cascaded to the Executive Leads who could then cascade this message into their respective functions.

Resolution: The report was **NOTED**.

4.3 Audit Recommendations Tracker

G Galletly presented Members with the report which was being presented in a revised format following discussions held at the last meeting.

The Committee Vice Chair welcomed the revised format and the way in which the tracker had been presented and added that it does highlight some issues in certain areas. The Committee Vice Chair added that a number of implementation dates had now passed, implementation dates had been provided in some areas

with no progress updates provided alongside them and added that the number of recommendations which fall under Operations remained an area of concern.

G Galletly advised that in relation to the implementation dates that had now passed, this was a presentational issue. Members noted that when a target date has not been met and a revised target date has been provided, the recommendation is moved back to red which would help to focus the minds of Committee Members as to how many times recommendations have been moved forward. In relation to the number of recommendations which fall under the Operations remit, Members noted that colleagues were working hard to ensure timely updates were being provided.

J Sadgrove welcomed the way in which the presentation of the tracker was evolving and added she was finding it difficult to see the previous updates that had been included in the previous updates column due to formatting issues. G Galletly advised that she was trying to move away from using the previous updates column and added that she would be open to suggestions from Committee members as to what level of detail the Committee wished to see. J Sadgrove advised that if the information was available then the Committee would need to have sight of all of the information. J Sadgrove advised that a process was put in place previously where focus was placed on mission drift recommendations and suggested that maybe consideration could be given to only including the last couple of updates.

S Utley advised that regular meetings were being held with the Operations Team regarding the recommendations outstanding under the Operations portfolio. P Dalton added that the development of the tracker was moving in the right direction.

Resolution: The report was **NOTED**.

4.4 AUDIT WALES

4.4.1 Audit Wales Audit & Risk Committee Update

D Thomas presented the report. Members noted that steps were being taken to identify some locally specific topics for review for 2021 which were in the process of being discussed with Officers.

Resolution: The report was **NOTED**.

4.4.2 Audit Wales Review – Structured Assessment Phase 2

S Utley presented the report and outlined the key points contained within it.

The Committee Vice Chair sought clarity as to the statement made within the report regarding deferred Board Business. S Utley advised that this related to Committee's that had been stood down due to Covid restrictions and the need to ensure that any items due for discussion at those meetings were appropriately

deferred to a future Committee or to another Committee for discussion. S Utley advised that when a review was undertaken of the forward plans there was a difference in templates used which made it difficult to identify whether items had been deferred appropriately.

J Sadgrove welcomed the report which she had found to be helpful and added that for Independent Members this formed part of their triangulation. J Sadgrove advised that she recognised what had been identified within the report which provided her with real assurance. J Sadgrove agreed with the statement made within the report that it would be difficult to track the 77 risks contained within the risk register and advised that she fully supported the suggestion made to include the HIW/DU recommendations on the Quality & Safety Committee agenda and advised that she looked forward to discussing this further with G Dix and G Galletly.

Resolution: The report was **NOTED**.

Action: Discussion to be held in relation to the inclusion of a Healthcare Inspectorate Wales/Delivery Unit tracker to be included in future Quality & Safety Committee agendas.

4.4.3 Audit Wales Annual Audit Report

D Thomas presented the report.

Resolution: The report was **NOTED**.

4.4.4 Audit Wales All Wales Report – Taking Care of the Carers

D Thomas presented the report which summarised the findings across Wales and identified that a lot of good practice had been undertaken within Health Boards. Members noted that a checklist had been developed for Health Boards to use moving forwards.

H Daniel advised that regular discussions had been held at the People & Culture Committee regarding staff health and wellbeing within the Health Board. H Daniel advised that he would welcome a further opportunity to review the management response prior to its final submission. Members advised that they would be happy for the management response to be reviewed further.

Resolution: The report was **NOTED**.

Action: Further review to be undertaken of the Management Response prior to its final submission.

4.5 INTERNAL AUDIT

4.5.1 Internal Audit Progress Report

P Dalton presented the report and advised that Covid was still impacting on the programme of work, with 11 reviews at the fieldwork stage. Members noted that there were two reviews which would be delayed into next year.

In response to a question raised by C Donoghue as to what length of time had been given to colleagues to provide a response to the Bridgend Transfer of IT review, P Dalton advised that this review was out for a period of time.

Resolution: The report was **NOTED**.

4.5.2 Internal Audit Review – Fire Safety Management

The Committee Vice Chair advised that this report was received and discussed in draft at the Health, Safety & Fire Sub Committee on the 30 November. In presenting the report, E Jones advised that this report did not include the management response and added that a draft management response was discussed at the Health, Safety & Fire Sub Committee. Members noted that a limited assurance rating had been allocated to the review.

H Daniel advised that whilst the recommendations had been accepted, he was disappointed with the outcome of the review as he felt that it did not take into account a number of positive steps that had been taken, for example the introduction of the Health, Safety & Fire Sub Committee which had been very well chaired and was well attended.

H Daniel advised that the risk assessment risk was significant and resource had been identified to address this specific risk and added that he fully accepted the recommendations made in regards to fire training which was not where it needed to be. In relation to fire in general, the specific risks contained within the report had been discussed with Shared Services and the Fire Service which they agreed with and were both optimistic that these risks could be addressed quite quickly.

The Committee Vice Chair made reference to the SES system which had been managed by an external organisation and sought clarity as to whether there was now a plan in place to replace the system with a more up to date system. H Daniel confirmed that this would be picked up as an action as part of the management response.

J Sadgrove recalled the issue of the ICT system being identified in the previous audit that had been undertaken on fire and was pleased to hear that this was now being addressed. In relation to training, J Sadgrove sought clarity as to whether there was an awareness as to what training individuals required. H Daniel advised that a review had been undertaken of all 13,000 staff to determine the training needs of individuals. Members noted that all staff were required to undertake the basic fire module on ESR and added that compliance was not being achieved in this area at present and noted that a new PDR system had been put into place which requires staff to be compliant with their statutory

and mandatory training before they progress through the pay scale. Members noted that Managers would need to ensure their team were fully compliant with their statutory and mandatory training also.

Resolution: The report was **NOTED**.

4.5.3 Internal Audit Follow Up Review – CAMHS Workforce

G Robinson and A Gibson were in attendance for this item.

E Samways presented the report which had been given a limited assurance rating.

J Sadgrove advised that assurance was required that there would be a systematic approach taken to address the issues that had been raised and that the improvement plans would encompass all of the actions.

C Donoghue made reference to the loss of key posts that had been referenced within the two CAMHS reviews, one of them being the new CAMHS Clinical Service Group Manager who would be taking up post in February, with another key post identified which both seemed to be critical in taking some of this work forward. A Gibson advised that in relation to the Clinical Service Group Manager, the post had been successfully recruited to, however, the Team had been unsuccessful in securing an early release date of the post holder from Cardiff & Vale UHB. In the interim the ILG Director of Operations has stepped into this role and was progressing some of the recommendations that had been made. Members noted that the job planning aspects were also being progressed by the ILG Director of Operations.

In relation to the Tier 4 monitoring, monthly meetings were being held with WHSSC with a performance dashboard in place which needed to be made more visible.

In relation to the Governance post, this post had not been lost but all governance posts had been brought together under the one ILG. Members noted that some funding had now been released back into the Clinical Service Group to support governance processes.

Resolution: The report was **NOTED**.

4.5.4 Internal Audit Follow Up Review – CAMHS Governance and Risk

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

Resolution: The report was **NOTED**.

4.5.5 Internal Audit Review – Bridgend Transfer of IT

M Lewis presented the report which had been given Limited Assurance rating.

G Galletly advised that the response included in the report in relation to Information Governance resources and the volume of requests the team were dealing with did not reflect the agreed wording and advised that the response would need to be amended before it was included in the tracker moving forwards.

J Sadgrove commented that this is also on the Digital & Data Committee's agenda where a significant amount of time had been spent discussing how we actually resolve this issue and added that Independent Members have expressed disappointment that funding isn't yet in place and there was no other option than to keep going with the tactical approach. The Vice Chair echoed the comments made by J Sadgrove and advised that this issue had been escalated by the Digital & Data Committee as an area of concern. The Vice Chair added that the Team had undertaken a magnificent job of trying to pull all of this work together without any additional funding and advised that he was concerned that there would be significant challenges moving forwards if funding wasn't received.

The Committee Vice Chair made reference to page 9 of the report and the agreed management action and advised that no responsible officer had been identified. M Lewis agreed to feed this back.

Resolution: The report was **NOTED**.

4.5.6 Internal Audit All Wales Review – Estates Assurance Control of Contractors

P Dalton presented the report for information.

Resolution: The report was **NOTED**.

4.5.7 Internal Audit All Wales Review – Estates Assurance Fire Safety

P Dalton presented the report for information.

Resolution: The report was **NOTED**.

4.5.8 Internal Audit All Wales Review – Estates Assurance Water Management

P Dalton presented the report for information.

Resolution: The report was **NOTED**.

5.0.0 SUSTAINING OUR FUTURE

5.1 Procurement & Scheme of Delegation Report

S May presented the report. Members noted that the 95% target for Purchase to Pay performance was being achieved and noted that the Procurement Team were undertaking a series of lunch and learn events which were being used to raise awareness of procurement processes. Members noted that a number of changes were being made to final pay controls.

Resolution: The report was **NOTED** and **ENDORSED** for Board **APPROVAL**

5.2 Losses and Special Payments Report

S May presented the report. G Galletly advised that it was anticipated that redress costs would increase as a result of a realignment made within the Claims Team to focus on redress. It is anticipated that this should result in Claims costs reducing.

Resolution: The report was **NOTED**.

5.3 Local Counter Fraud Report

M Evans presented the report.

A discussion was held in relation to the issues that had been identified in relation to overpayments of salary to student nurses where it was noted that a decision had been made to not take these forward as investigations. Members noted that a proactive exercise may need to be undertaken on this matter. S May advised that these were fairly young members of staff who were in really difficult situations which had probably been made worse because of this error and added that this would need to be managed sensitively and humanely.

J Sadgrove advised that we need student nurses to come in and feel valued and have a good experience of the NHS so that they stay with the NHS. In terms of overpayments in general, of which the Health Board has a history of, J Sadgrove sought clarity as to whether the Health Board was now in a position to review our controls to determine whether there is anything further that can be done to prevent overpayments. M Evans advised that a review of controls was being undertaken within Swansea Bay and suggested that the same approach could be undertaken within Cwm Taf Morgannwg.

H Daniel advised that this was the first he had heard of this issue and added that if there were issues then he would need to be made aware of them. H Daniel advised that pay arrangements over the last 18 months had been complex, with different rates and enhancements being introduced, with some staff working different working arrangements to what they had worked previously. H Daniel advised of the need to ensure that the organisation has a good handle on its pay systems.

G Galletly echoed the comments that had been made and added as this was an error made by the Health Board, the Health Board should extend an apology to the staff who had been affected by this.

Resolution: The report was NOTED.

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:

- It was noted that colleagues were far less likely to answer these questions during the meeting and a suggestion was made whether members could provide feedback outside the meeting. G Galletly advised that if members did not feel comfortable in providing a response during the meeting they could share their views with the Committee Chair following the meeting;
- It was noted that a good reflective session was held at the end of the last Quality & Safety Committee with a really helpful discussion held. J Sadgrove advised that she had discussed with the UHB Chair as to whether the questions should be asked offline, particularly at Board which was broadcast live to the public;
- C Donoghue advised that she had found the balance of discussion and questions raised very helpful and added that she felt the key points had been drawn out by the report presenters.

7.0.0 DATE AND TIME OF NEXT MEETING

The next meeting would take place at 10:30am on Thursday 24 February 2021.

8.0.0 CLOSE