

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Audit & Risk Committee held on the 24 February 2022 as a Virtual
Meeting via Microsoft Teams**

Members Present:

Jayne Sadgrove	Independent Member (Acting Committee Chair)
James Hehir	Independent Member
Carolyn Donoghue	Independent Member

In Attendance:

Mark Jones	Audit Wales
Paul Dalton	NWSSP – Internal Audit & Assurance
Emma Samways	NWSSP – Internal Audit & Assurance
Cally Hamblyn	Assistant Director of Governance & Risk
Sally May	Executive Director of Finance
Elisabeth Williams	Finance Manager
Hywel Daniel	Executive Director for People
Chris Beadle	Head of Health, Safety & Fire
Matthew Evans	Head of Local Counter Fraud
Emma Walters	Corporate Governance Manager (Committee Secretariat)

**Agenda
Item**

1.0.0

PRELIMINARY MATTERS

1.1

Welcome & Introductions

J Sadgrove, Acting Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The Acting Chair particularly welcomed J Hehir, Independent Member for agreeing to attend the meeting to maintain quoracy. 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 Acting 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 from:

- Patsy Roseblade, Independent Member (Audit & Risk Committee Chair);
- Ian Wells, Independent Member (Audit & Risk Committee Vice Chair);
- Georgina Galletly, Director of Corporate Governance

- Sara Utleigh, Audit Wales
- Dave Thomas, Audit Wales
- Owen James, Head of Corporate Finance

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 7 December 2021

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

2.1.2 Audit & Risk Committee Annual Cycle of Business

Resolution: The Annual Cycle of Business was **APPROVED**.

2.1.3 Amendment to the Standards of Behaviour Framework Policy – Declarations of Interest

S May suggested that as well as reference made to the Research & Development Team, reference should also be made to the Innovation Team and added that confirmation would need to be sought that they were working to the same policies. Following agreement, C Hamblyn agreed to reflect the suggested changes in red prior to submission to March Board for approval.

Resolution: The report was **APPROVED** subject to the suggested amendments.

Action: Report to be amended to make reference to the Innovation Team prior to submission to Board for approval.

2.2 FOR NOTING

2.2.1 Forward Work Programme

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

2.2.2 Annual Report Timetable

Resolution: The report was **NOTED**.

3.0.0 MAIN AGENDA

3.1.1 Audit & Risk Committee Action Log

C Hamblyn presented Members with the action log and advised that the majority of the actions were complete.

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.

4.0.0 SUSTAINING OUR FUTURE

4.1 Local Counter Fraud Report

M Evans presented Members with the report.

In response to a question raised by J Hehir regarding whether there were any lessons to be learnt in relation to the case e (WARO/20/00032) where the police deemed that there was insufficient evidence to proceed with, M Evans advised that this case had originally been referred to the police as a theft of petty cash which is why the police did not initially consider investigating further. M Evans added that evidence had now been secured in relation to this matter. M Evans made reference to a second case on the register which the police did not want to investigate initially and advised that the Local Counter Fraud Team were hoping to discuss their concerns with Counter Fraud Wales.

In response to a question raised by J Hehir as to whether consideration had been given to providing Counter Fraud Awareness Training via e-learning, M Evans confirmed that an e-learning package was available and had been explored prior to Covid and added that he would be happy to discuss this further with Workforce colleagues.

In response to a comment made by C Donoghue regarding the issues experienced with the overpayment of salaries for student nurses and whether a process had been put into place to prevent this from re-occurring, M Evans advised that this issue was very Covid specific and related to pressures to get staff into posts quickly. Members noted that there were potential lessons to be learnt which can be fed back on.

J Sadgrove commented that the involvement of the Communications Team was important in relation to raising Counter Fraud Awareness and suggested whether it would be worth considering the targeting of certain staff groups or levels of staff in relation to awareness raising. J Sadgrove added that given the current poor compliance being experienced in relation mandatory e-learning she was unsure whether the introduction of a Counter Fraud e-learning package would resolve the issues. H Daniel agreed that a more targeted approach was needed with more awareness raising required regarding staff responsibilities. H Daniel added that he would be happy to discuss the approach further with M Evans. Members noted that Counter Fraud was also being captured for new employees in the Welcome Day Induction programme.

J Sadgrove extended her thanks to M Evans for presenting the report and added that it was pleasing to see how Counter Fraud was developing.

Resolution: The report was **NOTED**.

Action: Discussion to be held outside the meeting regarding Counter Fraud Awareness raising and whether a more targeted approach was required to certain staff groups/staff grades.

4.2 Losses and Special Payments Report Quarter 3

S May presented Members with the report.

A discussion was held in relation to the backlog of submissions of Learning From Events Reports (LFER). C Hamblyn advised that she was aware that the Welsh Risk Pool had allowed more time for the submission of LFER's and added that the Team were working hard to improve the position. C Hamblyn advised that this had been raised as a risk on the Organisational Risk Register.

Following discussion, it was agreed that an urgent response would be required as to whether the Health Board was going to meet the target deadline for the submission of the backlog of cases and the deadline for the submission of current cases. Confirmation would also need to be provided as to whether the delays in submission were as a result of capacity issues, process issues or knowledge issues. J Hehir advised that there could potentially be financial implications associated with this and added that it was imperative that these issues were resolved.

Resolution: The report was **NOTED**.

Action: Response to be provided as to whether the Health Board was going to meet the target deadline for the submission of the backlog of LFER cases and the deadline for the submission of current cases. Confirmation would also need to be provided as to whether the delays in submission were as a result of capacity issues, process issues or knowledge issues.

4.3 Procurement and Scheme of Delegation Report

S May presented Members with the report.

J Sadgrove welcomed the report and advised that she was pleased to see the recovery in the Purchase to Pay performance and that budget holder training was being re-introduced to support staff in understanding the rules that were in place.

Resolution: The report was **NOTED**.

5.0 IMPROVING CARE

5.1 Audit Recommendations Tracker

C Hamblyn presented the report. Members noted that an amendment had been requested by S Utley prior to the meeting in relation to the Orthopaedics recommendations contained within the External Audit Tracker. Members noted that these recommendations had now been marked as superseded as opposed to completed.

P Dalton welcomed the significant amount of work that had been undertaken to strengthen the trackers and added that some of the outstanding recommendations would be reviewed in follow up reviews to test the latest reported position.

M Jones made reference to the recommendation contained within the external audit tracker relating to the audit undertaken of the remuneration report which was still marked as outstanding. M Jones advised that a further audit would be undertaken against this area and suggested that a further review is undertaken of the position to determine whether the position was correct. H Daniel agreed to undertake a review against this particular recommendation to determine whether this was still applicable.

C Donoghue commented on the content of the responses provided against Discharge Planning which she felt could be strengthened and also commented on references made within the tracker regarding policy group delays having an impact on the recommendation being marked as completed, which needed to be looked into further. J Sadgrove added that further work was required in relation to the timeliness of the updates provided.

C Beadle provided Members with an update against the outstanding recommendations contained within the tracker in relation to the Internal Audit Health & Safety Management Review. Members noted that recommendation 2 could now be marked as completed as the Health & Safety Policy had now been approved. Members noted that in relation to recommendation 3, the Health & Safety Team had been working closely with Clinical Audit colleagues to determine whether the AMaT system could be used to capture audit information. Members noted that the Team were now working towards a revised target date of end of May 2022 to complete this recommendation.

J Sadgrove welcomed the updates provided and the innovative approach that was being taken.

Resolution: The report was **NOTED**.

Action: Review to be undertaken of the recommendation contained within the External Audit Tracker which related to the audit undertaken of the Remuneration report to determine whether this was still outstanding.

5.2 Organisational Risk Register

C Hamblyn presented the report.

J Sadgrove welcomed the update provided and the continued maturing approach being taken to risk management. J Sadgrove added that it was pleasing to see how popular the risk management training sessions had been.

In response to concern raised by J Sadgrove that the report being presented today was not the most up to date version, C Hamblyn advised that the report had been approved in January and was the most recent version. Members noted that the Organisational Risk Register is in the process of being updated with the March update being received at the next Strategic Leadership Group and the Committees and Board thereafter.

J Sadgrove commented that a number of risks made reference to Infection, Prevention and Control and advised that this would be a major area of risk which would need particular scrutiny at Quality & Safety Committee. C Hamblyn advised that some of these risks had been identified following a targeted risk session held with Infection, Prevention and Control colleagues and added that she planned to undertake further targeted sessions moving forward which may identify new risks.

In response to a question raised by J Sadgrove in relation to the new risk identified by the Patient Care & Safety Team regarding Civica implementation delays, C Hamblyn advised that she had discussed this with the Patient Care & Safety Team and is in the process of being updated to reflect the current position.

In response to a query raised by J Sadgrove regarding the new risk added regarding Health Surveillance and whether this related to the Occupational Health challenges the Health Board had been facing, H Daniel advised that issues regarding health surveillance had recognised for a couple of years and added that a plan was now in place to address the position. Members noted that a report on the Occupational Health service in general was being presented to the next Health, Safety & Fire Sub Committee. H Daniel advised that the Health Board were now working in partnership with Cardiff & Vale UHB regarding the provision of Occupational Health Services to Cwm Taf Morgannwg.

Resolution: The report was **NOTED**.

5.3 INTERNAL AUDIT

5.3.1 Internal Audit Progress Report

P Dalton presented the report. Members noted that a number of reviews would now be undertaken during quarter 4 with three reviews being rolled forward into 2022/2023.

J Sadgrove extended her thanks to Internal Audit for the flexible approach being taken.

Resolution: The report was **NOTED**.

5.3.2 Internal Audit Review – Concerns

E Samways presented the report which had been allocated a Limited Assurance rating. Members noted that a management response had been provided and the Director of Corporate Governance had agreed with all recommendations made.

C Hamblyn provided an update on behalf of G Galletly and advised that G Galletly was very grateful to Internal Audit for producing such a comprehensive review and added that the Quality & Safety Committee had been previously notified that this review would be coming forward. Members noted that a review undertaken by the Welsh Risk Pool had also been received. C Hamblyn advised that recruitment was underway to appoint an Assistant Director for Legal and Concerns, and added that a pilot was also being undertaken in relation to the triage of Concerns. Members noted that the pace and impact of the improvement work will be impacted by the new system that was being introduced.

C Donoghue commented in relation to the timescale that had been identified in the report and sought clarity as to whether they were realistic. In response to a question raised by C Donoghue as to where progress would be monitored, J Sadgrove advised that progress would be monitored via the Audit Recommendations Tracker and added that the report would also be shared with Quality & Safety Committee. E Samways also advised that a follow up review would be undertaken in this area given its limited assurance rating.

Resolution: The report was **NOTED**.

Action: Report to be shared with the Quality & Safety Committee for awareness.

5.3.3 Internal Audit Review – Fire Safety Management

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

H Daniel reminded Members that the draft report had initially been received at the December Audit & Risk Committee which had not included the management response and had also been discussed at the Health, Safety & Fire Sub Committee. H Daniel advised that whilst the Team had been disappointed with the audit outcome they had accepted the report and would now work through the findings contained within it. Members noted that a discussion had been held regarding the timelines that had been identified to confirm whether they were realistic and noted that a significant amount of work was already in train with some actions being delivered.

Members noted that progress would be monitored via the Audit Tracker and the Health, Safety & Fire Sub Committee, with any issues being escalated to Quality & Safety Committee where applicable.

Resolution: The report was **NOTED**.

5.3.4 Internal Audit Review – Continuing Healthcare

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

C Hamblyn advised Members that a discussion had been held between the Director of Corporate Governance and the Bridgend ILG Nurse Director regarding this report where a suggestion was made that in order to seek assurance on Objective 7, which related to the Health Board's plan to improve monitoring and reporting in relation to Continuing Healthcare (CHC) and Funded Nursing Care (FNC) activity, a referral be made to the Quality & Safety Committee.

S May advised that she would support a further review into this matter given the size of the expenditure in this area and the links to inflationary pressures over the next couple of years. M Jones confirmed that Audit Wales planned to undertake a review in this area as part of their 2022/2023 audit plan.

J Sadgrove extended her thanks to E Samways for presenting the report and confirmed that a referral would be made to Quality & Safety Committee in relation to Objective 7.

Resolution: The report was **NOTED**.

Action: Referral to be made to the Quality & Safety Committee regarding Objective 7 asking for the Committee to seek assurance on the Health Board's plan to improve monitoring and reporting in relation to CHC and FNC activity.

5.3.5 Internal Audit Review – PCH Redevelopment Programme - Governance

P Dalton presented the report which had been given a reasonable assurance rating.

J Sadgrove welcomed the report and advised she was pleased to see that processes had been strengthened.

The report was **NOTED**.

Resolution:

5.4 AUDIT WALES

5.4.1 Audit Wales Audit & Risk Committee Update

M Jones presented the report.

Resolution: The report was **NOTED**.

6.0.0 ANY OTHER BUSINESS

There was no other business to report.

J Sadgrove extended an invitation to Committee Members to share their views outside of the meeting as to how they felt the meeting went today.

7.0.0 DATE AND TIME OF NEXT MEETING

The next meeting would take place at 10:30am on Thursday 28 April 2022.

8.0.0 CLOSE