

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'CONFIRMED' MINUTES OF THE MEETING OF THE AUDIT
COMMITTEE HELD ON 28 OCTOBER 2019, AT YNYSMEURIG
HOUSE, ABERCYNON**

PRESENT

Paul Griffiths	-	Independent Member (Chair)
Maria K Thomas	-	Independent Member
Dilys Jouvenat	-	Independent Member
Jayne Sadgrove	-	Independent Member
Ian Wells	-	Independent Member

IN ATTENDANCE

David Jones	-	Local Counter Fraud Specialist
Beverley Jones	-	Local Counter Fraud Specialist
Dave Thomas	-	Wales Audit Office
Sara Utlej	-	Wales Audit Office
Emma Samways	-	NWSSP – Internal Audit & Assurance
Ken Hughes	-	NWSSP – Internal Audit & Assurance
Steve Webster	-	Director of Finance
Elisabeth Williams	-	Finance Manager
Daxa Varsani	-	Financial Accountant
Gwenan Roberts	-	Head of Corporate Services
Hywel Daniel	-	Deputy Director of Workforce & OD (In part)
Emma Walters	-	Committee Secretariat
John Murray	-	Deloitte (Observing)
Scott Lavender	-	All Wales Post Payment Verification Manager (In part)
Sara Jeremiah	-	Post Payment Verification Location Manager (In part)
John Palmer	-	Chief Operating Officer (In part)
Ruth Treharne	-	Director of Planning & Performance (In part)

PART 1. PRELIMINARY MATTERS

AC/19/118

APOLOGIES FOR ABSENCE

Apologies for absence had been received from Len Cozens, Georgina Galletly, Paul Dalton and Gareth Lucey.

AC/19/119 **WELCOME AND INTRODUCTIONS**

Paul Griffiths, Chair, **welcomed** everyone to the meeting, including Ken Hughes, Internal Audit; Beverley Jones, Local Counter Fraud Services; Elisabeth Williams and Daxa Varsani, Finance Department and John Murray from Deloitte who was observing the meeting.

AC/19/120 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interests, to those previously notified.

AC/19/121 **'UNCONFIRMED' MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 15 JULY 2019 AND 3 SEPTEMBER 2019**

The minutes of the meeting held on 15 July 2019, were **CONFIRMED** as a true and accurate record, subject to the following amendments:

- Page 10, AC/19/108, final paragraph to read 'Dave Thomas advised that any additional fee would be kept to a minimum'.

The minutes of the meeting held on 3 September 2019 were **CONFIRMED** as a true and accurate record.

AC/19/122 **AUDIT COMMITTEE ACTION LOG**

The Committee Action Log from the meetings held on 15 July 2019 and 3 September 2019 was reviewed by Members and the following was **NOTED**:

18/028 – Members **NOTED** that that there was still a requirement for Counter Fraud involvement to be included within the audit tracker.

19/103 – Steve Webster advised that the new Medical Director was taking the lead on Medical Variable Pay and was in the process of developing a report on processes, checks and controls in place. It was hoped the report would be presented at the January meeting **(Added to the Action Log)**.

19/105 – Members **NOTED** that the Charitable Funds Committee would meet more regularly and it was hoped the first meeting would take place early in 2020. Members **NOTED** that the Annual Trustees meeting would be held in November.

AC/19/123 **MATTERS ARISING**

There were no matters arising.

PART 2. INTERNAL CONTROL AND RISK MANAGEMENT

AC/19/124 **POST PAYMENT VERIFICATION 6 MONTHLY UPDATE REPORT**

Scott Lavender and Sara Jeremiah were in attendance for this item.

Scott Lavender presented the report and reminded Members that he provided an update at the last meeting which he attended on the changes in reporting that would be taking place. Members **NOTED** that the report focussed on capturing the history of a practice over the course of their current visit and two historical pre-ceding visits to demonstrate levels of performance over a longer time period.

Members **NOTED** that plans were in place to hold a training event for opticians next year in relation to admin/claim error triggers, consideration was being given to providing training for pharmacies, along with further rollout out of training and education to GP practices. Members **NOTED** that there had been a reduction in admin errors which demonstrated that the advice being given was being taken on board. Members **NOTED** that there had been some revisits undertaken for areas flagged as red. Members **NOTED** that the content of the report had been discussed with the Primary Care team.

Steve Webster expressed concern that the report seemed to highlight that the practices flagged as red did not seem to be making any further improvement despite the revisits being undertaken. Scott Lavender advised that measures were being put into place and agreed that these could be better presented in future iterations of the report. Jayne Sadgrove made reference to practice 9, which had been flagged as green on the routine visit, green on the further visit and red on the third visit, which was a worsening position. Members **NOTED** that this may relate to a high trigger being flagged in one particular sample area.

Paul Griffiths extended his thanks to Scott Lavender and Sara Jeremiah for presenting the report.

Members **RESOLVED** to: **NOTE** the report.

AC/19/125 **COUNTER FRAUD BRIBERY AND CORRUPTION POLICY AND RESPONSE PLAN**

Members received the Counter Fraud Bribery and Corruption Policy and response plan. David Jones presented the Policy and advised that Policy had been updated by the Head of Local Counter Fraud Services.

Members **RESOLVED** to: **APPROVE** the Counter Fraud Bribery and Corruption Policy and Response Plan.

AC/19/126

FIGHTING FRAUD STRATEGY

Members **NOTED** that the Strategy had been developed by the Counter Fraud Steering Group and it set out the Welsh Government position on counter fraud issues. Members **NOTED** that the Strategy had been shared with all Managers and staff across Cwm Taf Morgannwg UHB.

Members **RESOLVED** to: **ENDORSED** the Fighting Fraud Strategy.

AC/19/127

DRAFT REVIEW OF AUDIT COMMITTEE TERMS OF REFERENCE

Gwenan Roberts presented Members with the draft Terms of Reference and advised that these were last reviewed by the Committee in April. Members **NOTED** that the Terms of Reference had now been updated in light of the proposed changes to Committee remits, with Risk now moving under the remit of Audit Committee as opposed to the Quality, Safety & Risk Committee.

Jayne Sadgrove advised that the Terms of Reference would need to include a section on fraud and corruption to reflect that the Committee monitors the counter fraud position and also added that in relation to reference made to the Audit Committee Handbook, the Terms of Reference needed to reflect that this was a National handbook. Members **NOTED** that consideration was being given to developing a local Audit Committee Handbook.

Paul Griffiths made reference to the changes being made to other Committee remits, for example, Integrated Governance Committee, Charitable Funds Committee and questioned whether the Committee would prefer to defer approval until all the other changes had been made. Paul Griffiths added that he would like some further discussion on Risk and the role of the Audit Committee in relation to Risk Management and would also like further discussion on Clinical Audit.

Dave Thomas, Wales Audit Office, requested a change to be made to terminology contained on page 3, and asked for 'Engagement Partners' to be changed to 'Engagement Director'.

Members **NOTED** that the suggested changes made to the Terms of Reference would be subject to further changes moving forward.

Members **RESOLVED** to:

- **ENDORSE** the Terms of Reference and **NOTE** that they would be subject to further iterative changes.

AC/19/128

UPDATE ON MODEL STANDING ORDERS

Gwenan Roberts presented the report the purpose of which was to seek Audit Committee endorsement for the adoption of Welsh Government's Model Standing Orders for Health Boards, prior to onward submission to the Health Board at its meeting in November for formal approval.

Members were reminded that the Committee last received an update on the Standing Orders at its April meeting and the report highlighted the key changes that had been made.

Maria Thomas advised that there had been no reference made in the standing orders in relation to the accountability for the Regional Partnerships Board. Gwenan Roberts **AGREED** to seek further clarity from Welsh Government colleagues regarding this **(added to the action log)**.

Members **NOTED** that the Welsh Health Services Specialised Committee (WHSSC) had discussed their Model Standing Orders at their last WHSSC Committee meeting and that the Emergency Ambulance Services Committee (EASC) would be discussing at their next meeting on 12 November.

Members **RESOLVED** to:

- **ENDORSE** the revised Standing Orders for onward submission for Health Board approval.

AC/19/129

AUDIT RECOMMENDATIONS TRACKER

Paul Griffiths provided Members with an oral update and advised that further work would be required moving forward in relation to the content of the tracker and added that the Board Secretary would be working with Executive Colleagues to determine whether outstanding recommendations within the tracker could be closed. It was hoped that an improved position would be seen at the January meeting.

Paul Griffiths advised that the practice note had been issued to all colleagues and extended his thanks to all who had contributed to its development.

Members **RESOLVED** to: **NOTE** the oral update provided

AC/19/130

PROCUREMENTS AND SCHEME OF DELEGATION REPORT

Members **RECEIVED** the report which was presented by Elisabeth Williams.

Members **NOTED** that during the period reported of 1 June 2019 to 31 August 2019, there had been no off contract engagements and no contracts requiring Ministerial approval. Members **NOTED** that there had been three Single Tender Actions undertaken and that the Health Board continued to meet its targets for Purchase to Pay.

Members **NOTED** that a review had been undertaken of the Scheme of Delegation mainly in respect of Continuing Healthcare (CHC) packages and items which currently require Chief Executive Officer (CEO) approval and that a comprehensive review of the Standing Financial Instructions (SFIs), Scheme of Delegation and Financial Control Procedures would need to be undertaken following the Bridgend Boundary change and as part of the implementation of the new operating framework and organisational structure.

Steve Webster requested that an amendment be made to appendix A of the report and advised that Executive Directors needed to be changed to Directors with devolved budgets (**added to the action log**).

Paul Griffiths made reference to the Single Quotation Tender relating to 'Dial a Flight'. Hywel Daniel advised that this was a service the Health Board commissioned on behalf of all Health Board's and advised that the Health Board's share was £6k out of the £40k total spend.

Paul Griffiths advised that in relation to Delegated Authority, a number of items had been changed from the Chief Executive Officer to the Director of Finance and questioned why this had been undertaken. Members **NOTED** that it had been discovered that a number of items were being submitted to the CEO for signature which were felt as unnecessary and the process now fell in line with other Health Board processes.

Members **RESOLVED** to:

- **NOTE** the report
- **APPROVE** the revision to the Scheme of Delegation subject to changes discussed.

AC/19/131

LOSSES AND SPECIAL PAYMENTS REPORT

Daxa Varsani presented the report which provided an update on the losses and special payments made by the Health Board for the period 1 June 2019 to 31 August 2019, as required in Standing Financial Instructions. The following key points were **NOTED**:

- There had been an increase of £7.3m in medical negligence provision during this period. £5.7m of which was attributed to one particular case where the probability had been revised from 'Possible' to 'Certain'
- There had been an underspend on claims of £296k
- Any overspend incurred by the Welsh Risk Pool would need to be shared amongst NHS organisations
- Included within the other expenditure of £187k was an amount of £165k which related to the GP Out of Hours Tax and National Insurance (NI) Payments. Members **NOTED** that HMRC had concluded that the tax status of GP's should be that of employment rather than self-employment, which had been unsuccessfully challenged by the Health Board.

Steve Webster advised that the position in relation to the Welsh Risk Pool overspend across Wales had been discussed by the Directors of Finance. Members **NOTED** that the forecast overspend at present was approximately £10m, of which the Health Board's share would be £1m and would have a significant impact on the Health Board's financial position. Steve Webster advised that he would keep the Committee updated on the position and **AGREED** to present an update report to the next meeting which outlined how the Health Board compared to other Health Board's in terms of the financial risk share (**added to the action log**).

Members **RESOLVED** to: **NOTE** the report

AC/19/132

SGS EXTERNAL ISO14001 RECERTIFICATION AUDIT REPORT

Members **RECEIVED** the report which Members found to be very positive. Maria Thomas advised that she would wish to see assurance that plans were also in place for the Bridgend area.

Jayne Sadgrove advised that she felt that the management actions contained within the report could do with more rigour and she felt that some of the responses did not highlight how actions would be followed up. Paul Griffiths **AGREED** to provide feedback to John Palmer that the Committee were not content in relation to the rigour of responses (**added to the action log**).

Members **RESOLVED** to: **NOTE** the report

AC/19/133

STANDARDS OF BEHAVIOUR POLICY – DECLARATIONS OF INTEREST/REGISTER OF GIFTS AND HOSPITALITY 2018/2019

Gwenan Roberts presented the report which provided the Audit Committee with information following receipt of the annual declarations of interest from Health Board staff and the Register of Gifts and Hospitality for 2018-19.

Members **NOTED** that all Directorates had been provided with an update on the responses received and the declarations still outstanding. There had been 115 outstanding declarations at the time of writing the report, 70 of which had now been completed. Members **NOTED** that discussions had been held with Swansea Bay UHB regarding processes followed for Bridgend staff and **NOTED** that the Directorate with the highest response rate was Therapies.

A discussion was held as to what happens when a member of staff does not submit a declaration and whether any sanctions were put into place. Members **NOTED** that there were no sanctions contained within the Policy, however, the Clinical Director and Directorate Manager were being informed of any non-submissions. Members **NOTED** that consideration was being given to adopting an online system which was in the process of being developed by Betsi Cadwaladr UHB.

Members **RESOLVED** to: **NOTE** the report and progress made.

AC/19/134

AUDIT COMMITTEE SELF ASSESSMENT PROCESS

Gwenan Roberts presented the report which provided Members with an update on the outcome of discussions held by Audit Committee Members in relation to the Committees Annual Assessment of Performance. Members **NOTED** that appendix 2 of the report outlined the suggestions made by Members.

Paul Griffiths extended his thanks to the Wales Audit Office and Internal Audit colleagues for the contributions they had made to discussions and advised that an update report would be presented to the Committee in 6 months highlighting the progress made in implementing the suggestions (**added to the forward work programme**).

Members **RESOLVED** to: **NOTE** the report.

PART 3. CHARITABLE FUNDS

AC/19/135

CHARITABLE FUND BALANCES AS AT 31 AUGUST 2019

Daxa Varsani presented the report which advised the Audit Committee of the activity and balances on charitable funds for the period 1 June 2019 to 31 August 2019 and provided an update on the transfer of balances associated with the Bridgend Boundary Change. The following key points were **NOTED**:

- Appendix A highlighted the balance as at the end of August was £3,016m
- Appendix B highlighted the low value and slow moving funds
- The market value was £1,993m compared to £1.5m invested to date, giving a surplus of £493k (32.8%).

Members **NOTED** that due to the volatility of the markets during the previous financial year, Trustees decided not to distribute any surpluses to individual funds at its annual meeting in October 2018. Any surpluses therefore have been retained centrally as a buffer in the event of any future falls in investment values for the time-being. Jayne Sadgrove advised that although this seemed to be a sensible financial decision, she questioned the role of the Charitable Funds Trustees and whether further discussion on this would be required at the newly established Charitable Funds Committee. Following discussion, Members **AGREED** to **APPROVE** this recommendation as a short term decision pending the establishment of a Charitable Funds Committee.

Steve Webster made reference to the suggestion to invest £0.5m into Ethical Investment Funds and asked for further consideration to be given to this by Daxa Varsani and Elisabeth Williams given the position in relation to a decision not yet being made on Brexit (**added to the action log**).

Members **RESOLVED** to:

- **NOTE** the current balances and investment performance of Cwm Taf funds.
- **APPROVE** the proposal to retain the investment surplus as a buffer, given recent volatility in the market and the UK political environment, subject to further discussions being held at the Charitable Funds Committee
- **APPROVE** the proposed changes to the Scheme of Delegation of duties for the authorisation of the charitable fund expenditure
- **NOTE** the proposal of investing additional cash in the Ethical Investment Funds managed by the UHB's current provider CCLA, which would be considered further by Finance colleagues

- **NOTE** the update on registering the change in charitable funds objects with the Charity Commission
- **APPROVE** the proposal to purchase the Small Society Lotteries (Non-Commercial) licence to accommodate staff lottery within the Princess of Wales Hospital.

PART 4. INTERNAL AUDIT

AC/19/136 **INTERNAL AUDIT PROGRESS REPORT**

Emma Samways presented the Internal Audit & Assurance progress report.

Members **NOTED** that the following reports had been finalised:

Retention of Staff Follow Up	Limited
Carbon Reduction Commitment	Substantial
Data Quality – Patient Pathway Appointment Management Process	Limited
Consultant Job Planning	Limited
Primary Care Cluster Plans	Reasonable
WHSSC – Directorate Review of Cardiac	Reasonable
WHSSC – Information Governance	Reasonable

Members **NOTED** that there had been a deterioration in turnaround times of management responses and that there were a number of Audits that were planned to be undertaken in 2019/2020 which would now be undertaken in 2020/2021, which was as a result of various reasons.

Maria Thomas expressed her disappointment at the deterioration in the turnaround time of management responses and Paul Griffiths questioned whether the Committee needed to be explicit that they expected Managers to provide a response in a timely way.

Members **RESOLVED** to: **NOTE** the report.

INTERNAL AUDIT & ASSURANCE AUDIT REPORTS

Retention of Staff Follow Up – Limited Assurance

Members **NOTED** that the original audit had been undertaken in 2018 and had been given a limited assurance rating. The follow up review undertaken identified that 5 out of the 6 recommendations made had not been fully implemented or implemented at all.

Members **NOTED** that it had been identified that named individuals against the recommendations had left the organisation and work had been undertaken with the Interim Director of Workforce & OD to develop a wider response.

Hywel Daniel advised that he was disappointed to have received a second limited assurance report and on review of the audit he felt that some of the recommendations made had not been practical, although there were also some practical suggestions made.

Paul Griffiths advised that the Committee were always disappointed to receive limited assurance reports and added that to receive a second limited report was not acceptable. A discussion was held as to whether the Workforce Team felt they could deliver the recommendations within a reasonable timescale. Members **NOTED** that retention of staff was a key priority area for the Health Board and steps would be taken to ensure the recommendations were delivered. Hywel Daniel **AGREED** to seek confirmation from the Team that the recommendations that had passed their target dates had been completed. Members requested an update on progress prior to the January Audit Committee **(added to the action log)**.

Members **NOTED** that the report would now be shared with the Nurse Retention Group who would monitor progress made against the recommendations.

Members **RESOLVED** to: **NOTE** the report

Consultant Job Planning – Limited Assurance

Emma Samways presented the report which had been given a limited assurance rating, with 5 high priority, 2 medium priority and 1 low priority recommendations being made.

The review identified that only 26% of consultants had an agreed signed off job plan at the time of the review, with personal outcomes not being recorded and most job plans not having any outcomes recorded at all. Members **NOTED** that a range of issues had been identified in relation to Additional Duty Hours claims.

Hywel Daniel advised that the audit had been welcomed by the Health Board and advised that steps were being taken to ensure consultant job planning was owned locally by operational teams and the overall strategic lead was the Medical Director as opposed to Workforce & OD, although they would continue to work closely with the Medical Director to support the process.

In response to a question raised by Jayne Sadgrove, Emma Samways confirmed that the scope did not cover Clinical Academic posts.

Maria Thomas expressed her disappointment in the report and advised that she had not been given any assurance as to how this would be addressed, particularly from the Quality & Safety perspective. Dilys Jouvenat also expressed her concern at the position as reports received at other Committees indicated that there had been improvements made in the job planning process. Dave Thomas made reference to a previous review of job planning undertaken by the Wales Audit Office and suggested that this may be worth a revisit.

Steve Webster advised that he was also concerned at the content of the report, particularly the additional duty hours (ADH) approval process and agreed that this was an area that needed to be strengthened. Paul Griffiths expressed his disappointment at the report also and advised that this would need to be given serious attention.

Paul Griffiths requested that Internal Audit and Workforce & OD meet to discuss the recommendations made and agree how they would be addressed. It was also suggested and **AGREED** that a copy of the report be shared with the Finance, Performance & Workforce and the Quality, Safety & Risk Committees (**added to the action log**). Members **NOTED** that reports previously presented to the Finance, Performance & Workforce Committee may not have included figures for Princess of Wales Hospital and **NOTED** that job planning was now being monitored at Clinical Business meetings.

Members **RESOLVED** to:

- **NOTE** the report;
- **REFER** the report to the Finance, Performance & Workforce Committee and Quality, Safety & Risk Committee

Primary Care Cluster Plans – Reasonable Assurance

Ken Hughes presented the report which had been given a reasonable assurance rating, with 1 high priority and 3 medium priority recommendations made.

A discussion was held in relation to the management response which was felt to be quite defensive and it was **NOTED** that the majority of the responses related to the fact that most of the recommendations would be considered during the development of the Directorate's Integrated Medium Term Plan.

Following discussion, it was **AGREED** that the report would be shared with the Primary, Community, Population Health & Partnerships Committee so that a discussion could be held as to how the Directorate were going to achieve the recommendations (**added to the action log**).

Members **RESOLVED** to:

- **NOTE** the report;
- **REFER** the report to the Primary & Community Care Committee for discussion

Carbon Reduction Commitment – Substantial Assurance

Emma Samways presented the report which had been given a substantial assurance rating, with one low priority finding made. Paul Griffiths welcomed the report and asked for his thanks to be extended to the Team for achieving a substantial assurance rating.

Members **RESOLVED** to: **NOTE** the report

Data Quality 2018/19 – Patient Pathway Appointment Management Process – Limited Assurance

John Palmer and Ruth Treharne were in attendance for this item.

Emma Samways presented the report which had been given a limited assurance rating, with 2 high and 3 medium priority recommendations made. Members **NOTED** that the objective of the review was to focus on the appointment booking process, which was an area management had requested a review into. The review identified concerns in relation to the correct recording of patient outcomes which did not appear to be consistent and was a risk to patients. Concerns were also identified in relation to closed pathways and training for medical secretaries. The management response showed that there was an acknowledgement of the findings.

Ruth Treharne advised that she had been disappointed to have received a limited assurance report and added that all of the recommendations had been accepted in full. Members **NOTED** that a Task & Finish Group would be established to ensure all recommendations were being implemented. Members **NOTED** that there were areas of good practice identified within the report.

Ian Wells made reference to electronic outcome forms and questioned why the management response had not been more robust in advising that the Health Board were going to move towards electronic outcome forms.

John Palmer advised that outcome forms were being passed to patients to hand in to reception at the end of their appointment and it was this process that needed to be strengthened as not all forms were being handed in. Members **NOTED** that medical secretaries were being asked to check whether an outcome had been recorded when they produced the letter following the appointment.

Maria Thomas advised that she was concerned in relation to the quality & safety issues associated with closed and open pathways and advised that she would require assurance as to whether any harm was being placed on patients. Following discussion, it was **AGREED** that the report was referred to the Quality Assurance Sub-Committee for further review **(added to the action log)**.

Paul Griffiths also expressed his disappointment at receiving the limited assurance report and advised that he expected the recommendations to be taken very seriously and that timeframes would be adhered to.

Members **RESOLVED** to:

- **NOTE** the report;
- **REFER** the report to the Quality Assurance Sub Committee for further review.

PART 5. EXTERNAL AUDIT

AC/19/137

WALES AUDIT OFFICE UPDATE REPORT

Members **RECEIVED** the report which was presented by Sara Utley. Members **NOTED** that in relation to Charitable Funds, a request had been made by Gareth Lucey that the position be closely monitored, as if the Health Board exceeded the threshold, the Health Board may be liable for a full audit of the charitable accounts. Members were assured that the balance sheets were being closely monitored.

Members **NOTED** that the joint review into Quality Governance being undertaken by Healthcare Inspectorate Wales and the Wales Audit Office was on target to be published on 19 November 2019 and a further discussion on the draft management response would be held at Board Development on Thursday 30 October.

Members **NOTED** that a Wales Audit Office National Summary of Primary Care had been published last week which was still awaiting Welsh Government response. Members **NOTED** that this may need to be scheduled into a future Committee meeting for discussion **(added to the forward work programme)**.

Members **RESOLVED** to: **NOTE** the report

AC/19/138 WALES AUDIT OFFICE REPORT – CLINICAL CODING FOLLOW UP REVIEW

Ruth Treharne & John Palmer were in attendance for this item.

Ruth Treharne advised that she had not been made aware that this report had been included on the agenda and had not had sight of the final report, which had also not been seen by John Palmer. Paul Griffiths suggested that in the respect, this would be included on the January agenda for discussion also.

Sara Utley presented the report and advised that the follow up review identified that Clinical Coding remained an issue for the Health Board with a number of recommendations made, which included improving coding completeness, quality of medical records and a suggested training plan for coders, which was a new recommendation.

Paul Griffiths advised that he felt this report indicated that very little progress had been made and recognised that management had not yet had sight of the report. Ruth Treharne advised that she felt disappointed to have received the report and advised that a report was being shared with the Executive Team later today regarding clinical coding improvements with a request being made for additional non recurrent resource to clear the backlog.

Members **NOTED** that a significant amount of work had been undertaken on succession planning for clinical coders and that the Health Board had inherited a strong team of coders from Princess of Wales Hospital. Ruth Treharne advised that she would be happy to provide an updated management response to the January meeting **(added to the action log)**.

A discussion was held in relation to the target dates identified within the report, most of which related to recommendations made in 2014. Ruth Treharne advised that she was unclear as to why these had not been marked as achieved as a number of action plans had been provided with target dates identified. Following discussion, it was **NOTED** that the report would be discussed further between Sara Utley, Ruth Treharne and John Palmer outside of the meeting **(added to the action log)**.

A discussion was held in relation to the deep dives that had been presented to the Finance, Performance & Workforce Committee in relation to clinical coding. Members **NOTED** that the deep dives had focussed on the quality and completeness of coding and had not focussed on recommendations made within the previous audit.

Members **RESOLVED** to:

- **NOTE** the report;
- **RECEIVE** an updated Management Response at the January meeting.

PART 6. ITEMS FOR INFORMATION

AC/19/139 **COMMITTEE FORWARD WORK PLAN 2019/2020**

Members **RECEIVED** and **NOTED** the Forward Work Plan for 2019/2020, which would be discussed further outside of the meeting.

PART 7. ANY OTHER BUSINESS

AC/19/140 **ITEMS FOR REFERRAL TO OTHER COMMITTEES**

The items included:

Consultant Job Planning - Limited Assurance:

Referred the report to the Finance, Performance & Workforce Committee and Quality, Safety & Risk Committee

Primary Care Cluster Plans – Reasonable Assurance

Referred the report to the Primary & Community Care Committee for discussion

Data Quality 2018/19 – Patient Pathway Appointment Management Process – Limited Assurance

Referred the report to the Quality Assurance Sub Committee for further review.

AC/19/141 **CLOSE OF PART 1 OF THE MEETING – DATE AND TIME OF NEXT MEETING:**

In closing part 1 of the meeting, Members **RESOLVED** that in accordance with the provision of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960, that representatives of the press and other members of the public are excluded from the second part of the meeting on the grounds that it would be prejudicial to the public interest due to the confidential nature of the business transacted. This section of the meeting is to be held in private session.

The next meeting of the Committee would be held at 0900 hrs on Monday 20 January 2020

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Paul Griffiths, Chair

Date