

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)  
Audit & Risk Committee held on the 12 December 2022 as a Virtual  
Meeting via Microsoft Teams**

**Members Present:**

Patsy Roseblade	Independent Member (Chair)
Jayne Sadgrove	Health Board Vice Chair (In part)
Carolyn Donoghue	Independent Member
Ian Wells	Independent Member

**In Attendance:**

Sara Utlej	Audit Wales
Mark Jones	Audit Wales
Paul Dalton	NWSSP – Internal Audit & Assurance
Emma Samways	NWSSP – Internal Audit & Assurance
Eifion Jones	NWSSP – Internal Audit & Assurance (In Part)
Sally May	Executive Director of Finance
Hywel Daniel	Executive Director for People
Cally Hamblyn	Assistant Director of Governance & Risk
Owen James	Head of Corporate Finance
Matthew Evans	Head of Local Counter Fraud
Alison Williams	Local Counter Fraud Specialist
Nerys Conway	Assistant Medical Director, Medical Workforce
Emma Walters	Corporate Governance Manager (Secretariat)

**1.0.0 PRELIMINARY MATTERS**

**1.1 Welcome & Introductions**

P Roseblade, Committee 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 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:

- Dom Hurford, Medical Director

J Sadgrove advised that she would need to leave the meeting at 4pm.

### **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 24 October 2022**

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

#### **2.1.2 Declarations of Interest and Gifts & Hospitality Report**

Resolution: The Report was **ENDORSED** for Board approval.

### **2.2 FOR NOTING**

#### **2.2.1 Audit & Risk Committee Annual Cycle of Business**

Resolution: The report was **NOTED**.

#### **2.2.2 Audit & Risk Committee Forward Work Programme**

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

#### **2.2.3 Audit & Risk Committee Effectiveness Self-Assessment**

P Roseblade advised that there were a few areas highlighted within the self-assessment which required further action and advised that she had asked Internal Audit and Counter Fraud colleagues to provide Members with more detail in relation to their responsibilities and the reasons why they have to report against certain areas.

Resolution: The report was **NOTED**.

#### **2.2.4 Clinical Audit Annual Report**

Resolution: The report was **NOTED**.

## **3.0.0 MAIN AGENDA**

### **GOVERNANCE**

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

C Hamblyn presented Members with the action log. The following updates were discussed:

- Action 5.3.5 – It was confirmed that an update had not been included in the Chief Operating Officers report to Quality & Safety Committee in relation to the Patient Pathway Appointment Management Process. Members noted that a discussion would be held with G Hughes outside the meeting;
- Action 5.4.5 – Reminder to be sent to H Daniel in relation to providing a response to Committee Members regarding this action;
- Action 5.2 – Members noted that this action would remain in progress and the recommendation would remain on the audit tracker until Audit Wales colleagues were comfortable that processes were in place;
- Action 5.3.2 and 5.3.3 – Members noted that a discussion would be held at the Digital & Data Committee on Monday 19 December 2022 regarding the two Committee referrals.

I Wells made reference to action 18/099 and advised that he hoped that a report would be received at the February 2023 meeting of the Committee.

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

### **3.2 Matters Arising not contained within the Action Log**

There were no further items identified.

### **4.0.0 SUSTAINING OUR FUTURE**

#### **4.1 Local Counter Fraud Report**

M Evans presented the report and highlighted the key matters for Members attention.

J Sadgrove made reference to the number of days spent against each area of work and noted that roughly 50% of the days had been used in relation to Inform and Involve in comparison to roughly two thirds of the days being used against the other areas. J Sadgrove noted that M Evans planned to present a report on this matter at a future meeting of the Committee. M Evans advised that requests for Counter Fraud Awareness training had been received and in a future report he will capture data in respect of the awareness work being undertaken within the organisation.

In response to a question raised by P Roseblade in relation to the referral rate for CTM being significantly higher than the previous year and higher than the All Wales average, M Evans advised that Whilst more referrals had been received, more cases were being closed earlier due to a pragmatic view being taken on progression. M Evans provide assurance that case closures were reviewed by third parties independent from the investigation which meant that the team were maintaining a manageable case load as a result.

A Williams presented Members with the outcome of the proactive review that had been undertaken in relation to salary overpayments to temporary staff that had been recruited during the Covid-19 pandemic. Members noted that 1240 cases were reviewed which identified a small number of non-compliant cases which resulted in overpayments.

P Roseblade welcomed the robust and comprehensive update received. P Roseblade questioned whether there was a requirement for further training to be provided to managers to prevent further salary overpayments occurring in future. Members noted that the Counter Fraud Team were in the process of developing a risk assessment which should hopefully address the position moving forwards. S May noted that this is an area of concern which had been identified which required addressing as a whole system issue.

Resolution: The report was **NOTED**.

#### **4.2 The National Fraud Initiative in Wales 2020 – 2021: National Fraud Initiative Self-Appraisal Checklist**

M Evans presented the report which was a reflection of the work that had been undertaken as part of the National Fraud Initiative. Members noted that a report would be presented to the Committee in June 2023 in relation to National Fraud Initiative progress and outcomes.

S Utleby confirmed that discussions had been held in relation to the Management Response provided and added that Audit Wales appreciated the completion of the self-appraisal checklist.

Resolution: The report was **NOTED**.

#### **4.3 Procurements and Scheme of Delegation Report**

S May presented Members with the report.

In response to a comment made by P Roseblade in relation to the waiver of the Engagement and Communication Single Tender Action, S May advised that a discussion was held with the Communications Team regarding this matter and advised that further discussions would need to take place with the Assistant Director of Engagement and Communication to ensure appropriate engagement is undertaken moving forward.

Resolution: The report was **APPROVED**.

#### **4.4 Losses and Special Payments Report**

S May presented Members with the report.

In response to a query raised by C Donoghue, S May confirmed that references being made to Integrated Locality Group Governance Teams would now be changed to Care Groups.

In response to a comment made by C Donoghue regarding the statement made in section 2.10 that the submission of Learning From Events reports was progressing well, S May advised that whilst good progress had been made, further work was required to ensure that fully completed reports were being submitted as opposed to high level reports. Members noted that the Health Board were working closely with the Welsh Risk Pool who were understanding of the process being followed.

C Donoghue made reference to the statement made within the key risks section which stated that sustainable improvements would be made once the new Quality Governance Operating Model was in place and sought clarity as to the timescales as to when the new model would be implemented. Members noted that the Director of Nursing had initiated the Consultation on the proposed new structure for Quality Governance which was due to close in January 2023. Members noted that it was hoped that the new structure would be implemented quickly once the consultation had closed. C Hamblyn advised that there should be greater clarity on the position at the February Audit & Risk Committee. J Sadgrove advised that a discussion was held at the Quality & Safety Committee where concerns were raised as to whether sufficient resource had been allocated to the processing of Learning From Events reports to enable improvements to be made in a timely manner and learning identified and shared.

In response to a question raised by P Roseblade as to whether any claims had been rejected by the Welsh Risk Pool and if so what the total value of the losses were, O James advised that to date no claims had been rejected and written off as a loss.

In response to a question raised by P Roseblade as to whether the submission of blank LFER forms would achieve anything, S May advised that the former Director of Corporate Governance had discussed this with the Welsh Risk Pool prior to her departure and there was a shared understanding in place of the process being followed.

In response to a query raised by P Roseblade as to why the permanent injury benefit seemed high compared to previous years and whether there was anything in particular that was driving the increase, O James advised that he would need to review the position and would provide a response outside the meeting.

Resolution: The report was **NOTED**.

Action: Review to be undertaken of the reasons behind the increase in permanent injury benefits compared to previous years.

#### 4.5 Consultant Job Planning

N Conway presented Members with the report which provided an update on progress being made in relation to Consultant Job Planning. Members noted that to date 35% of job plans had been signed off.

J Sadgrove advised that this was an area where the Committee had expressed concern against over recent years and added that she was pleased to see that the issues were being addressed with vigour. J Sadgrove advised that she welcomed the work being undertaken to ensure consistency across the Health Board and added that she looked forward to further progress being made in this area. N Conway confirmed that the Care Groups had been challenged to achieve a target of 50% in relation to completed job plans.

H Daniel advised that a broader piece of work was being undertaken in relation to medical workforce productivity in its entirety and added that support was being received from an external organisation to develop a coherent plan for medical workforce moving forwards.

In response to a question raised by P Roseblade as to whether the work being undertaken to develop a rate card included a rate card for GP's, H Daniel advised that this had not been included in the first phase but would need to be considered moving forwards.

Resolution: The report was **NOTED**.

#### 4.6 Medical Rostering

N Conway presented report providing Members with an update on progress achieved in relation to the recommendations contained within the Internal Audit Review of Medical Rostering.

P Roseblade made reference to recommendation 1.1 which had been marked as completed and advised that she was under the impression that the Health Roster system was not being used within Anaesthetics and the Emergency Department. N Conway advised that she understood that the Health Roster system did not support the Anaesthetics and Emergency Department rota's which had resulted in them using an alternative system for their rostering arrangements. H Daniel advised that a further review of the position would need to be undertaken to determine where this decision was made and whether testing of the system had been undertaken within these areas. H Daniel advised that he would discuss this further with the Medical Director.

C Donoghue made reference to recommendation 5.1 which had been marked as completed and advised that it seemed premature to mark this as completed when the update advises that training had been offered. C Donoghue also advised that it would be helpful if timescales for completion could be included against the recommendations which remained in progress. P Dalton advised that correlation would need to be undertaken in relation to the updates included

within this report compared to the updates contained within the Audit Recommendations Tracker.

In response to a comment made by I Wells in relation to Recommendation 3.1 where he queried which group was now responsible for approving the draft Medics Rostering Policy, N Conway confirmed that this policy would now need to be considered by the Policy Review Group initially prior to being received at the Local Negotiating Committee for approval.

The report was **NOTED**.

Resolution:

Action: Discussion to be held with the Medical Director outside the meeting in relation to the decision to not use the Health Roster System within Anaesthetics and the Emergency Department. Discussion also required as to whether the system had been tested within these areas.

Action: Correlation to be undertaken in relation to the updates included within the Medical Rostering report compared to the updates contained within the Audit Recommendations Tracker.

## 5.0.0 IMPROVING CARE

### 5.1 Organisational Risk Register

C Hamblyn presented the report and provided an update against the key matters for Members attention.

I Wells made reference to the emerging risk relating to Digital and Data contained on page 4 of the cover report and advised that he was unsure what this was referring to. C Hamblyn agreed to confirm the position outside the meeting.

I Wells made reference to risk 4664 and advised that he had concerns about the wording contained within the update. It was suggested that a further discussion on this risk was held during the In Committee session and it was agreed that any risks of this nature would need to be discussed In Committee moving forwards.

C Donoghue advised that there were some key themes within the risk register which did not seem to change, for example, number of references made to submission of business cases, staff appointments being made and a number of risks which did not have timescales set against them. C Donoghue advised that it would be helpful if these points could be shared with the Executive Team at the risk workshop being held in January 2023. P Roseblade reiterated the need to ensure any new updates were clearly identified in red.

Resolution: The report was **REVIEWED**.

- Action: Confirmation to be provided outside the meeting as to the nature of the emerging risks relating aligned to the Digital and Data function.
- Action: Feedback identified by C Donoghue in relation to the risk register to be discussed with the Executive Team at the Risk Workshop being held in January 2023.

## 5.2 Audit Recommendations Tracker

C Hamblyn presented the report and highlighted the key matters for the attention of the Committee.

S Utley advised that some recommendations relating to the Audit of the Accounts Addendum seemed to have been removed from the External Audit Recommendations tracker and asked for a review to be undertaken as to why they had been removed. M Jones added that for consistency it would be helpful if future iterations of the cover report could outline any key commentary for External Audit as well as Internal Audit.

Resolution: The report was **NOTED**.

Action: Review to be undertaken of the External Audit Recommendations Tracker to determine why five recommendations relating to the Audit of the Accounts Addendum had been removed from the tracker.

Action: Future iterations of the cover report to include commentary for External Audit to ensure consistency with Internal Audit entries.

## 5.3 INTERNAL AUDIT

### 5.3.1 Internal Audit Review Progress Report

P Dalton presented the report.

Resolution: The report was **NOTED**.

### 5.3.2 Internal Audit Review – Decarbonisation

E Jones presented the report. Members noted that 11 recommendations had been made, some of which did not have target dates set against them, with some recommendations being jointly owned between the Health Board and Welsh Government.

Resolution The report was **NOTED**.

### 5.3.3 Internal Audit Review – iCTM Improvement Team Discussion

P Dalton presented the report which had been allocated a reasonable assurance rating. P Roseblade welcomed the management response provided which she had found to be comprehensive.

Resolution The report was **NOTED**.

#### **5.3.4 Internal Audit Review – Clinical Service Group – Radiology Discussion**

E Samways presented the report.

C Donoghue advised that there was a significant amount of detail contained within the report and drew attention to the statement that staff would be encouraged to enter their annual leave onto ESR. C Donoghue queried whether this process should be mandated rather than voluntary. In response, H Daniel confirmed that there was an expectation for staff to be enter their annual leave onto ESR as the agreed system for annual leave management.

Resolution: The report was **NOTED**.

#### **5.3.5 Internal Audit Review – Wellbeing**

E Samways presented the report and advised that a reasonable assurance rating had been allocated.

H Daniel advised that the Team had felt disappointed with the outcome of the audit and felt that there were some areas which could have been reflected on slightly differently.

S May expressed concerns with regards the focus of the report findings recognising the significant activity led by the Wellbeing Function and in particular the reference to the need for a group to be established in recommendation 5. In response, E Samways advised that the findings in relation to recommendation 5 related to a number of groups being in place in the past who were monitoring the wellbeing agenda and the gap that this may now present.

P Roseblade sought clarity as to whether the recommendations were achievable. H Daniel advised that whilst the recommendations would be addressed, it was considered that they would not add significant value to the wellbeing agenda offered by the Health Board and added that the Team had asked Internal Audit to review the quality of the Health Board's wellbeing offer.

I Wells queried whether this report should be paused in light of the concerns expressed by Executive Colleagues. In response, P Dalton advised that a number of discussions had been held with Executive Colleagues regarding this review prior to Committee, but welcomed a further opportunity to discuss with S May outside the meeting in acknowledgement of the feedback received at the meeting.

Following discussion, it was agreed that this review would not be added to the audit recommendations tracker until a further conversation had taken place outside the meeting. It was agreed that a verbal update would be provided to

the February meeting regarding the outcome of the discussions that had taken place.

Resolution: The report was **NOTED**.

Action: Further discussion to take place outside the meeting in relation to the outcome of the review. Verbal update to be provided to the February Audit & Risk Committee regarding the outcome of the discussions held.

## **5.4 AUDIT WALES**

### **5.4.1 Audit Wales Audit & Risk Committee Update**

S Utley presented the report

Resolution: The report was **NOTED**.

### **5.4.2 Audit Wales Review - Making Equality Impact Assessments more than just a tick box exercise**

S Utley presented the report. P Roseblade requested that the report was shared with all Independent Members for information and awareness.

Resolution: The report was **NOTED**.

Action: Report to be shared with all Independent Members via the Independent Members portal on Admincontrol.

### **5.4.3 Audit Wales - Review of Commissioning and Contracting Arrangements (CTM & Swansea Bay)**

S Utley presented the report and advised that the management response was in the process of being finalised and would be presented to the February Audit & Risk Committee. Members noted that four recommendations had been made which had been accepted by Management.

I Wells made reference to the suggestion made within the report that all service level agreements would be temporary and added that he understood following discussion amongst the Executive Team that there would be some Service Level Agreements that would remain in place. S Utley advised that there would always be some elements of Service Level Agreements in place between organisations and added that the programme would need to identify which agreements needed to remain in place. S May advised that a Memorandum of Understanding had been developed to underpin this which would be discussed further at the Joint Executive Group.

Resolution: The report was **NOTED**.

#### **5.4.4 Audit Wales Review - Transforming Leadership Partnership Board Baseline Governance Review**

S Utley presented the report and advised that seven recommendations had been made which had all been accepted by Management.

Resolution: The report was **NOTED**.

#### **6.0.0 ANY OTHER BUSINESS**

#### **7.0.0 COMMITTEE HIGHLIGHT REPORT**

#### **8.0.0 How Did We Do?**

There was no other business to report. The Committee Chair advised that she would welcome feedback from Members outside the meeting as to how they felt the meeting went.

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

The next meeting would take place on Monday 13 February 2023.

#### **8.0.0 CLOSE**