

**Held On 05 November September 2024 at 9:00am  
Via MS Teams**

[View the full meeting here:](#)

*Please note that each item has been linked below so that it will start playing from that point. If you are unable to view sections, please copy and paste the link into your preferred internet browser.*

<b>Chair:</b>		
Rhian Thomas	RT	Independent Member for Capital and Estates and Committee Chair (CC)
<b>Present:</b>		
David Edwards	DE	Independent Member for ICT
Mike Jones	MJ	Independent Member for Trade Union
Ceri Phillips	CP	Vice Chair of the Health Board
John Union	JU	Independent Member for Finance
<b>In Attendance:</b>		
Steve Betty	SB	Deputy Counter Fraud Manager
Rachel Chilcott	RC	Corporate Governance Officer
Rachel Gidman	RG	Executive Director of People and Culture
Lucy Jugessur	LJ	Deputy Head of Internal Audit (DHIA)
Sarah Lloyd	SL	Director of Operations – CD&T
Robert Mahoney	RM	Deputy Director of Finance
Urvisha Perez	UP	Audit Lead - Audit Wales
Matt Phillips	MP	Director of Corporate Governance (DCG)
Andrew Partridge	AP	Corporate Archivist & Records Management Manager
Frankie Thomas	FT	Head of Corporate Governance
Ian Virgil	IV	Head of Internal Audit (HIA)
<b>Secretariat:</b>		
Nathan Saunders	NS	Senior Corporate Governance Officer
<b>Apologies:</b>		
Henry Bales	HB	Lead Local Counter Fraud Specialist (LLCFS)
Marie Davies	MD	Interim Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance (EDF)

Item No	Agenda Item	Action
AAC 24/11/001	<a href="#">Welcome &amp; Introduction (click to view)</a> The Committee Chair (CC) welcomed everyone to the meeting.	
AAC 24/11/002	<a href="#">Apologies for Absence (click to view)</a> Apologies for absence were received. <b>The Committee resolved that:</b> a) Apologies were noted.	
AAC 24/11/003	<b>Declarations of Interest</b> <b>The Committee resolved that:</b> a) No Declarations of Interest were noted.	
AAC 24/11/004	<a href="#">Minutes of the Committee meeting held 03.09.2024 (click to view)</a>	

	<p>The Minutes of the Meeting Held on the 03.09.2024 were received.</p> <p><b>The Committee resolved that:</b></p> <p>a) The draft minutes of the meetings held on 03.09.2024 were deemed to be a true and accurate record of the meeting.</p>	
<p><b>AAC 24/11/005</b></p>	<p><a href="#">Actions following meeting held: 03.09.2024 (click to view)</a></p> <p>The Actions were received.</p> <p>The CC advised the Committee that she had not received a response to action AAC 24/08/009 which asked how successful the Health Board were at retrospectively implementing contract terms.</p> <p>It was noted that a response would be provided offline via email.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Actions were discussed and noted.</p>	
<p><b>AAC 24/11/006</b></p>	<p><a href="#">Internal Audit Progress Report: (click to view)</a></p> <p>The Internal Audit Progress Report was received.</p> <p>The Head of Internal Audit (HIA) advised the Committee that he would take the report as read and highlight key areas which included:</p> <ul style="list-style-type: none"> <li>• <b>Audit Plan Delivery:</b> it was noted that out of the 35 audits in the 2024-2025 plan, three audits had been finalised, three were in draft, ten were in progress, and twelve were at the planning stages. The HIA acknowledged the delays but assured that resources were in place to deliver the full plan.</li> <li>• <b>Delays and Challenges:</b> the HIA advised the Committee that seven audits planned for the November 2024 meeting were delayed due to a combination of internal audit resourcing issues and delays in receiving information from the Health Board. He emphasised ongoing communication with management to address those delays</li> <li>• <b>Changes to the Plan:</b> The HIA proposed removing two audits from the 2024-2025 plan: The Charitable Funds audit, due to an ongoing external review and organisational changes, and the Planned Care audit, to avoid duplication with Audit Wales' work.</li> <li>• <b>New Standards:</b> The Committee was informed about new global internal audit standards coming in January 2025, which would be adopted for public sector organisations from April 2025. It was noted that the standards would not fundamentally change Internal Audit's work but would require some adjustments, particularly in evidencing progress on audit actions.</li> <li>• <b>Executive Summaries:</b> The HIA advised the Committee that three reports had been finalised, with two receiving reasonable assurance and would be outlined by the Deputy Head of Internal Audit (DHIA) in more detail. He noted that the Maternity Care Ockenden Review audit was brought as a draft due to delays in finalising the report.</li> </ul> <p>The IDHIA provided further detail on the three reports which included:</p>	

- [Safeguarding Audit](#): It was noted that Internal Audit had reviewed the adequacy of systems and controls related to safeguarding across the health board and progress against the Joint Inspectorate review of child protection arrangements (JICPA).

Assurance Level provided: Reasonable assurance.

Findings: Two medium and two low findings. Issues included uncertainty about the quorum of a safeguarding steering group meeting and poor attendance from some members. Another issue was ensuring the implementation of the JICPA improvement plan actions.

The CC asked what the management response had been to the findings.

The DHIA responded that the findings and action points had been acknowledged by management and work had moved forward.

- [Specialist Clinical Board Governance Arrangements](#): it was noted that Internal Audit had reviewed governance and financial arrangements within the Specialist Service Clinical Board, including escalation processes and updates to the Health Board's Committees.

Assurance Level provided: Reasonable assurance

Findings: One high and one medium recommendation. The high recommendation was related to outdated or missing terms of reference for several groups and governance forums. The medium recommendation was about the lack of minutes, agendas, and action logs for some meetings

The CC asked if guidance could be given on the findings by the Director of Corporate Governance (DCG).

The DCG advised the Committee that an advisory piece of work was being conducted by internal audit, which focused on decision-making across the organisation.

He added that the advisory work aimed to understand how decision-making operated within clinical boards and ensured consistent frameworks and structures including reviewing terms of reference and governance arrangements to identify areas for improvement.

The Executive Director of People & Culture (EDPC) suggested that the advisory piece of work on decision-making should include a focus on learning and sharing outcomes across all clinical boards and she emphasised the importance of ensuring that all clinical boards heard the outcomes of audits and learn from them, potentially through forums like the Senior Leadership Board or the operating delivery group.

- [Maternity Care](#): The DHIA advised the Committee that the Maternity Care audit assessed the progress made by the Health Board in implementing the actions from the Ockenden review and ensuring compliance with its recommendations.

She added that the audit was still and draft with a reasonable assurance provided.

	<p>It was noted that key findings included ongoing monitoring activities related to the progress of Ockenden recommendations were limited, and responsible individuals and target dates were not always defined and the Maternity and Neonatal Oversight Group's minutes were only available for December 2023 and January 2024, making it difficult to verify whether progress was discussed in subsequent meetings.</p> <p><b>The Committee resolved that:</b></p> <ol style="list-style-type: none"> <li>a) The Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports were considered.</li> <li>b) The proposed adjustments to the 2024/25 plan were approved.</li> </ol>	
<p><b>AAC 24/11/007</b></p>	<p><a href="#">Audit Wales Update (click to view)</a></p> <p>The Audit Wales Update was received.</p> <p>The Audit Lead - Audit Wales (ALAW) provided the Committee with an update on Audit Wales' activities which included:</p> <ul style="list-style-type: none"> <li>• Financial Audit Work: The audit of the 2023-24 charitable funds account was scheduled to start later in November 2024, with the Board of Trustees meeting being held on January 23rd to consider the audited accounts. The Auditor General was due to certify them on January 24<sup>th</sup> 2025.</li> <li>• Performance Audit Work: Several reports were in the clearance process which included: <ul style="list-style-type: none"> <li>- Structured Assessment Report: Issued in October 2024 with a meeting scheduled with the Health Board Chair and DCG to discuss it.</li> <li>- Cost Savings Arrangement Review: Issued in draft, with a meeting scheduled to discuss findings.</li> <li>- Local and Regional Discharge Planning Reports: Issued in draft, awaiting management response from regional partners.</li> </ul> </li> <li>• Other Reviews included: <ul style="list-style-type: none"> <li>- Managing Urgent and Emergency Care Demand: At the reporting stage.</li> <li>- Planned Care Review: At the latter stages of fieldwork</li> <li>- Eye Care Services Review: Project brief issued, but the setup meeting was yet to be held</li> <li>- Investment into Digital Systems Review: Scoping work was ongoing.</li> </ul> </li> <li>• NHS Wales Finance Data Tool: it was noted that Audit Wales had updated the tool to include data up to March 31 2024.</li> <li>• National Fraud Initiative in Wales 2022-23 Report: It was noted that the report summarised the period between April 1, 2022, and March 31, 2024 and that the next round was underway, with data submissions due in November 2024 and matches expected by the end of December 2024.</li> </ul> <p>The Independent Member – Finance (IMF) asked the ALAW if Audit Wales looked across Wales on the cost saving report, which was due to come out in January 2025.</p> <p>The ALAW responded that the same reviews had been done across all health bodies in Wales and so there was an option to do a summary report as well however it was noted that Audit Wales were just issuing the local reports at that moment in time.</p>	

	<p><b>The Committee resolved that:</b></p> <p>a) The Audit Wales Update was noted.</p>	
<p><b>AAC 24/11/008</b></p>	<p><a href="#">Medical Records Tracking Verbal Update (click to view)</a></p> <p>The Medical Records Tracking Verbal Update was received.</p> <p>The Director of Operations for CD&amp;T (DOCDT) presented to the Committee and provided relevant information which included:</p> <ul style="list-style-type: none"> <li>• The original Medical Records Tracking Audit report was issued on January 24, 2023, with limited assurance for the tracking of acute medical records. A follow-up report in June 2023 showed progress, moving to reasonable assurance, but four actions remained open which included: <ul style="list-style-type: none"> <li>- Establishing Clinical Information Management Group: This group was to be chaired by the Medical Director but had not yet been established. The DOCDT emphasised that it was a straightforward action that should be completed by November 2024.</li> <li>- System for Tracking Medical Records: The DOCDT chaired a Clinical Information Programme Board focused on transforming the current system and incorporating issues highlighted by the Ombudsman. It was noted that the action was partially complete, pending the establishment of the Clinical Information Management Group.</li> <li>- Communication Strategy: A strategy was being developed to ensure appropriate handling and transfer of clinical records. Progress included training by the PMS team, periodic reminder emails to staff, and a training package for all existing staff on their responsibilities. This action was also partially complete.</li> <li>- Location-Based Tracking and Monitoring: Five out of seven libraries had moved to location-based tracking. The largest library, with approximately a quarter of a million records, was still in progress. The action was ongoing and was expected to take about a year to complete.</li> </ul> </li> </ul> <p>The UHB Vice Chair (UHBVC) asked about the progress towards digitalisation and the abolishment of paper records within the health board and inquired whether there was any pushback from clinicians or if the delay was due to financial constraints.</p> <p>The DOCDT responded that the transition to a true digital health record was still several years away and was constrained by the current systems and available technology.</p> <p>She added that whilst there were efforts to make marginal gains with existing systems, significant investment and development were needed for a comprehensive digital transformation.</p> <p>The HIA added that Internal Audit would be looking at medical records in the future and would pick up on the plans for the digitalisation of records and assurance could be given that plans would move forward.</p> <p>The CC asked that the slides presented be shared with the Quality, Safety &amp; Experience Committee for noting at their next meeting.</p>	

	<p><b>The Committee resolved that:</b></p> <p>a) The Medical Records Tracking Update was noted.</p>	
<p><b>AAC 24/11/009</b></p>	<p><a href="#">Procurement Compliance Report / Single Tender Actions (click to view)</a></p> <p>The Procurement Compliance Report / Single Tender Actions report was received.</p> <p>The Deputy Director of Finance (DDF) provided an overview of the Procurement Compliance Report.</p> <p>It was noted that the report detailed the monitoring of non-compliance with standard procurement processes up to the end of September 2024 and included instances of non-compliant activity and the actions taken by procurement to address those issues which included:</p> <ul style="list-style-type: none"> <li>• Reminding staff of the need to follow due process and attempting to make non-compliant activities compliant retrospectively.</li> </ul> <p>The DDF advised that Committee that there were some areas with significant increases in non-compliance, particularly in CD&amp;T, AWMGS, Mental Health, and PCIC and mentioned that he would remind his finance team to support those clinical boards in addressing the issues.</p> <p><b>The Committee resolved that:</b></p> <p>a) The contents of the Report were noted b) The contents of the Report were approved.</p>	
<p><b>AAC 24/11/010</b></p>	<p><a href="#">Policies Verbal Update (click to view)</a></p> <p>The Policies Update was received.</p> <p>The DCG advised the Committee of four key priority areas of work undertaken by the Corporate Governance Team which included:</p> <ul style="list-style-type: none"> <li>• Declarations of interest,</li> <li>• Policies,</li> <li>• Trackers</li> <li>• Risk</li> </ul> <p>He elaborated on the progress and current status of policies within the organisation which included:</p> <ul style="list-style-type: none"> <li>• System Transition: Policies had been transitioned to the Audit Management and Tracking (AMAT) system, which had streamlined the process and improved efficiency.</li> <li>• Reduction in Policies: The number of policies reduced from 529 to 427 through data cleansing and verification with policy owners.</li> <li>• Overdue Policies: The number of overdue policies had decreased from over 400 to 290, indicating progress but still highlighting the need for further improvement.</li> <li>• Automated Reminders: Policy owners now received automated reminders from the AMAT system, helping to ensure timely updates and reviews.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Efficiency and Transparency: The new system allowed for better oversight and management of policies, making it easier to track and update them as needed.</li> </ul> <p>It was also noted that the Corporate Governance Team were working on ensuring that the system was fully utilised and that policy owners were comfortable with using it by providing updates and training.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Policies Update was noted.</p>	
<p><b>AAC</b> <b>24/11/011</b></p>	<p><b><u><a href="#">Internal Audit Tracker Update Report</a></u></b></p> <p>The Internal Audit Tracker Update Report was received.</p> <p>The Internal Audit Tracker Update was presented by the DCG and the Corporate Governance Officer (CGO). Key points included:</p> <ul style="list-style-type: none"> <li>• The Internal Audit tracker had been moved to the AMAT system, which is also used for policies and other regulatory inspections.</li> <li>• The Corporate Governance team were in the process of uploading all internal audit recommendations into the AMAT system, including recommendations from Internal Audit, Audit Wales reports, and regulatory inspections.</li> <li>• The AMAT system provided a dashboard that allowed users to view and update the status of recommendations. It offered transparency and ease of access for all relevant stakeholders.</li> <li>• The system allowed for dynamic data updates, meaning that any changes or updates to recommendations could be made in real-time and viewed by all users.</li> <li>• The new system was expected to improve efficiency by reducing the time and effort required to track and update recommendations. It also aimed to eliminate duplication of efforts across different departments.</li> <li>• The team planned to ensure that all data was fully uploaded and that the system would be used effectively across the organisation. They also aimed to provide training and support to ensure that all users were comfortable with the new system.</li> </ul> <p>The CGO provided a demonstration of the AMAT system, showing how recommendations were tracked and updated within the system.</p> <p>The CC asked about the potential for using a thematic approach to review open actions from audit reports and more specifically, recommendations that were over three years old and asked what timescale was in place to transfer all of the data over to the AMAT system.</p> <p>The DCG responded that it was important to focus on older open actions to ensure relevancy and emphasised the efficiency and dynamic nature of AMAT, which allowed for real-time updates and the ability to draw out data as required.</p> <p>He added that there were 3 trackers to transfer onto AMAT. Internal Audit, Audit Wales and Regulatory and noted that by the next Committee meeting, all of the data would be transferred.</p> <p>The HIA advised the Committee that the Internal Audit Team were in the process of introducing a new, slightly updated template for their reporting to the Health Board</p>	

	<p>which aimed to streamline the process and focus on key areas that the Committee and the Health Board needed to be aware of.</p> <p>The CC concluded the discussion and asked the Committee to provide suggestions as to how it could align overdue actions and thematic reviews.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The progress which had been made in completing management actions that continued to be monitored and updated by Internal Audit was noted.</li> <li>b) The progress which had been made on transferring to the AMAT system was noted.</li> </ul>	
<b>AAC 24/11/012</b>	<p><b>Counter Fraud Progress Update</b></p> <p>The Counter Fraud Progress Update was received.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The Counter Fraud Progress Update was noted.</li> </ul>	
<b>AAC 24/11/013</b>	<p><b>Agenda for Private Audit and Assurance Committee</b></p> <ul style="list-style-type: none"> <li><i>i. Counter Fraud Progress Update (Confidential – ongoing investigations)</i></li> <li><i>ii. Health Board Salaries Overpayment Update</i></li> </ul>	
<b>AAC 24/11/014</b>	<p><b>Any Other Business</b></p> <p>No Other Business was discussed.</p>	
<b>AAC 24/11/015</b>	<p><b>Items to be deferred to Board / Committee</b></p> <p>Medical Tracking Report to go to the Quality, Safety and Experience Committee for noting.</p>	
	<p><b>Date and time of next committee meeting</b> 4 February 2025 via MS Teams</p>	