

**Confirmed Minutes of the Public Audit and Assurance Committee
Held on Tuesday 6 April 2021 9am – 12:30pm
Via MS Teams**

Chair		
John Union	JU	Independent Member – Finance
Present:		
Ceri Phillips	CP	Vice Chair
David Edwards	DE	Independent Member - ICT
Mike Jones	MJ	Independent Member – Trade Union
In Attendance:		
Catherine Phillips	CP	Executive Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Ian Virgil	IV	Head of Internal Audit
Wendy Wright	WW	Deputy Head of Internal Audit
Nigel Price	NP	Local Counter Fraud Specialist
Darren Griffiths	DG	Audit Wales Manager
Mark Jones	MJ	Audit Wales Financial Manager
Nigel Price	NP	Local Counter Fraud Specialist
Jacqueline Evans	JE	Interim Head of Corporate Governance
Secretariat		
Nathan Saunders	NS	Corporate Governance Officer
Apologies:		
Rachel Gidman	RG	Interim Executive Director of Workforce & OD

AAC 21/04/001	Welcome & Introductions	ACTION
	The Committee Chair (CC) welcomed everyone to the public meeting.	
AAC 21/04/002	Apologies for Absence	
	Members noted that apologies for absence had been received from Rachel Gidman, Assistant Director of Organisational Development.	
AAC 21/04/003	Declarations of Interest	
	No declarations of interest were noted.	
AAC 21/04/004	Minutes of the Committee meeting held on 9 February 2021	
	The minutes of the meeting held on the 9 February 2021 were received and confirmed as a true and accurate record of the meeting, with the exception of one minor amendment to minute AAC 21/02/021 to change “HEIW” to “Health Board”, which was suggested by the Audit Wales Financial Manager (AWFM).	NS

	<p>There were no matters arising that were not included on the agenda or the action log.</p> <p>The Committee resolved that:</p> <p>(a) the minutes of the meeting held on 9 February 2021 be approved as a true and accurate record of the meeting, subject to one minor amendment.</p>	
AAC 21/04/005	<p>Action log following meeting held on 9 February 2021</p> <p>The action log was received and the CC advised the Committee that all of the actions were in hand, had been completed, were on the agenda for today's meeting or scheduled for a future meeting.</p> <p>The Committee resolved that:</p> <p>(a) the action log of the meeting held on 9 February 2021 be approved as a true and accurate record of the meeting.</p>	
AAC 21/04/006	<p>Any other urgent business: To agree any additional items of urgent business that may need to be considered during the meeting</p> <p>No additional urgent items of business were raised.</p>	
AAC 21/04/007	<p>Internal Audit Progress and Tracking Reports</p> <p>The Internal Audit Progress and Tracking Reports were received and the Head of Internal Audit (HIA) provided the Committee with the current position regarding the work to be undertaken by the Audit & Assurance Service as part of the delivery of the approved 2020/21 Internal Audit plan.</p> <p>The HIA advised that the report was brought to each meeting for assurance, and that there were assignments which had been planned to be reported to the April 2021 Audit Committee, which had not been finalised in readiness for the deadline set.</p> <p>The HIA advised that it was recognised that there had been a delay throughout the year in progressing with delivery of the plan due to delays in being able to meet with Health Board managers and staff due to the ongoing effects of the COVID-19 pandemic. The Committee noted that:</p> <ul style="list-style-type: none"> • the internal audit team had received information from the IM&T team and that work would be progressed and finalised to be included in the annual report. This would be brought to the audit committee workshop on the 13 May 2021, • discussions had commenced with the Medical Director concerning the Consultant Job Planning Follow-up audit and a start date of April 2021 had been agreed. The Medical Director had wanted to move the start from March to April to ensure it was appropriate to carry out the follow-up. The HIA advised the Committee that the outcome would be submitted to the May 2021 meeting. 	

	<p>The CC asked the HIA if all of the delayed assignments would be included in the final annual report. The HIA confirmed that they would be included.</p> <p>The HIA advised the Committee that 8 internal audit reports had been finalised since the last meeting and that each of the reports provided a positive outcome with 4 substantial assurance assessment ratings, and 4 reasonable assurance assessment ratings.</p> <p>The Committee noted that the Compliance with the Nurse Staffing Levels Act (Wales) 2016 report provided substantial assurance around the processes that Cardiff and Value University Health Board (CVUHB) had put in place during the COVID-19 pandemic which was to continue monitoring and reporting compliance with the provisions of the Act.</p> <p>The HIA noted that CVUHB had reported issues around difficulties with Mental Health nursing levels however it was recognised that the area of Mental Health was outside of the remit for the Nurse Staffing Levels Act (Wales) 2016 and the issues were not included in the scope of the report providing a substantial assurance assessment rating.</p> <p>The Committee were advised that the assessment outcome for the Tentacle IT System Follow-up report had moved from a limited assurance rating to a substantial assurance rating. The HIA added that the use of Tentacle had ceased with the functionality being delivered from a module within the Patient Management System (PMS) which had been developed specifically to replace Tentacle.</p> <p>The HIA reminded the Committee that the internal audit report for the Lakeside Wing had been circulated to members in February 2021, and that the report had been formally submitted and a reasonable assurance rating had been given. The Committee noted that despite significant time pressures, robust governance arrangements had been applied to the project with no evidence of reduced controls in key areas such as the establishment of a sound project structure, assignment and operation of responsibilities, reporting or project decision making.</p> <p>The HIA advised the Committee that the Risk Management audit was undertaken annually, and that the reasonable assurance assessment rating was the same as 2019/20. However, he advised that the assurance level was at the higher end of the reasonable assurance scale which reflected the progress CVUHB had made around the maturity of its risk management processes.</p> <p>The Director of Corporate Governance (DCG) asked the HIA if the Mental Health aspects had been identified elsewhere, and the HIA responded that it was not in the plan currently, however discussions would be held with the Executive Nurse Director (END) and the DCG to incorporate it into the plan for next year.</p> <p>The Committee noted that there was one additional adjustment that required the Committee's approval which was a planned piece of work on</p>	<p>IV</p>
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	<p>the post contract audit of the costs of the Dragon’s Heart Hospital. The Interim Director of Finance (IDF) had requested the work be undertaken following work that been undertaken by KPMG.</p> <p>The HIA added that the contracts would not be finalised for the 2020/21 audit plan, and had requested approval to defer the work into the plan for 2021/22.</p> <p>The HIA advised the Committee that despite the number of adjustments made to the plan, the anticipated delivery was 30 pieces of work, in comparison with 39 pieces of work last year, therefore 30 reviews was a good number given the implications of the COVID-19 pandemic.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> (a) the Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports be noted, (b) the proposed amendment to the Internal Audit Plan for 2020-2021 be approved. 	
<p>AAC 21/04/008</p>	<p>Audit Wales Update</p> <p>The update from Audit Wales was received and the AWFM gave an update on current and planned Audit Wales work.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> • In accordance with the Welsh Government’s timetable Audit Wales would review the draft Performance Report and the draft Accountability Report once they were submitted on the 7 May 2021, and that the Financial statements would be reviewed once they had been submitted 30 April 2021, • The Audit Committee on the 10 June 2021 and the Board would consider and approve the audited accounts, performance report and the accountability report alongside the audit report, prior to the document being submitted to Welsh Government in readiness for the 11 June 2021 deadline, • Audit Wales had completed work on the Assessment of Progress against previous ICT recommendations and Test, Trace and Protect (TTP) in Wales in April 2021, • Audit Wales were currently undertaking work on the Structured Assessment 2020 – supplementary outputs, Orthopaedic Services Follow up, Quality Governance and Phase 1 of the Structured assessment 2021 – operational planning, • Work was being undertaken to review the COVID-19 vaccination rollout - A high level overview of the administration planning and the rollout approach of all vaccinations in Wales. The aim of the review was to provide assurance on the efficiency of the rollout and to identify success factors and any barriers, • Planned work that had not yet commenced included review of unscheduled care and a follow up on radiology services, • Between 8 and 12 March 2021, Audit Wales had held an online week of learning, good practice and ideas linked to the COVID-19 learning project “Making Sense of a Crisis: Learning from the 	

	<p>CVOID-19 Pandemic”. The learning resources produced were available on the Audit Wales website.</p> <p>The Committee resolved that:</p> <p>(a) The Audit Wales Update be noted.</p>	
<p>AAC 21/04/009</p>	<p>Report of the Auditor General on Test, Trace, and Protect (TTP) in Wales</p> <p>The Report of the Auditor General on Test, Trace and Protect (TTP) was received and the Audit Wales Manager (AWM) advised the Committee that the report set out the main findings of Audit Wales’ review of how public services were responding to the challenges of delivering TTP services in Wales.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> • the service was developed largely from scratch and at pace and it was suggested that the service needed to continue to evolve alongside the mass vaccination programme to effectively manage virus rates, • The report gave a high-level overview of what had been, and continued to be a rapidly evolving programme, • The evidence base for the report included document reviews, interviews with staff in Health Boards, Local Authorities, the NHS Wales Informatics Service (NWIS), Public Health Wales (PHW) and the Welsh Government between September and December 2020, and an analysis of key metrics that showed how well the TTP programme had been performing, • the report on Personal Protective Equipment (PPE) would be published next week and would be brought to the next Audit Committee meeting for consideration. <p>The CC asked if the reports had been provided to the Executives and the AWM responded that they had been shared extensively to broad audience.</p> <p>The Vice Chair (VC) asked if the next stage of work would access national data to provide a sense that it could not be simply a matter of Test, Trac and Isolating. The AWM responded that in relation to the PPE report, local data was used and noted that the British Medical Association (BMA) and the Royal College of Nursing (RCN) data would feature at an all Wales level and that consideration would be taken on the results of national surveys.</p> <p>The Committee resolved that:</p> <p>(a) The Report of the Auditor General on Test, Trace, and Protect (TTP) in Wales be noted.</p>	<p>DG / NS</p>

<p>AAC 21/04/010</p>	<p>Assessment of progress against previous ICT recommendations.</p> <p>The report providing an assessment of progress against previous ICT recommendations was received and the Committee noted that the report presented the findings of the progress made by CVUHB against recommendations that had arisen from previous reviews concerning information governance and information technology.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> • The Health Board (HB) had implemented or was progressing all recommendations previously received and continued to strengthen its information and cyber security resources, • The dramatic increase in remote working and the adoption of new digital platforms as a consequence of COVID-19 had been a challenge for the HB's ICT infrastructure and key areas had received further investment to ensure resilience, • The new directorate structure was near completion and would enable further progress, particularly in the areas of cyber security, service delivery and digital operations, • Audit Wales had concluded that CVUHB had made some progress since the previous ICT audits however further progress was required in areas such as disaster recovery and information governance, • in addition to the outstanding recommendations from previous audits, 5 new recommendations had been made, which brought the total number of recommendations to 13. <p>The CC asked if the recommendations had been picked up on the tracking report and the DCG responded that the old recommendations were already included on the tracking report and that the new ones would be added to enable monitoring of progress.</p> <p>The Committee resolved that:</p> <p>(a) The report providing an assessment of progress against previous ICT recommendations be noted, and the management response shown at appendix 1 of the report be approved.</p>	
<p>AAC 21/04/011</p>	<p>2021-22 Fee Letter</p> <p>The Audit Wales Audit fee outturn for the past year and the fee estimate for the year ahead letter was received and the AWFM advised the Committee when the Audit Committee had considered the audit plan in February 2021, the fee was unable to be added as the information was not available as it was being considered by the Senedd's Finance Committee.</p> <p>The Committee noted that the letter set out the fee for the year ahead and that the fee estimate for 2021 was 2.6% higher than last year's fee estimate and 1.3% lower than last year's actual fee. Going forward, Audit Wales would be providing all Health Board's in Wales with a separate fee for estimates for financial work on the Health Board's account and its Charitable Fund.</p>	

	<p>The Committee resolved that</p> <p>a) The Audit Wales Fee letter for 2021-2022 be noted.</p>	
<p>AAC 21/04/012</p>	<p>Review the system of assurance</p> <p>The report providing an update on the review of the system of assurance was received, and the DCG advised the Committee that it had been recognised that the existing assurance tools in place could be further developed into a more comprehensive Assurance Framework.</p> <p>The Committee noted that developing an Assurance Framework for the Board would further improve the governance of the Health Board and support the achievement of the Health Boards Strategic objectives.</p> <p>The DCG advised that an assurance mapping exercise would be undertaken to give CVUHB a more systematic review and give the Board an element of further assurance in terms of the different levels including management assurance, internal assurance and external review.</p> <p>The DCG advised that the Board Assurance Framework (BAF) tool was well integrated and that an internal audit assessment had given positive assurance on that.</p> <p>The DCG advised that within the BAF, there were various risks and levels of assurance on the controls in place. Each of the levels of assurance could be broken down into the three lines of assurance to help identify where further assurance was required.</p> <p>The CC asked the DCG if the risk register was aligned with the BAF, and the DCG responded that it was aligned to the BAF. She noted that the Audit and Assurance Committee itself was one of the recognised assurance tools, and that if all sources of information were to be mapped out, it could become a bureaucratic exercise and therefore clarity was required on where assurance could be given and from what sources. Informal discussions on reviewing the systems of assurance in place had been undertaken place with the CEO and Chair of the Board prior to the Committee meeting and the DCG would work with the Management Executives (ME) to develop an assurance strategy.</p> <p>The Committee resolved that</p> <p>(a) the report providing an update on the review of the system of assurance be noted, and that plans to develop a comprehensive assurance strategy for the implementation of a framework of assurance be approved.</p>	<p>NF</p>
<p>AAC 21/04/013</p>	<p>Draft Accountability Report 2020-2021</p> <p>The draft Accountability Report 2020-2021 was received and the DCG advised the Committee that the document was a very early draft which was being brought to Committee for assurance, and that the gaps in information within the document would be updated as the information</p>	

	<p>became available in April and May 2021, and that it was a work in progress.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> • In response to the COVID-19 pandemic, HM Treasury had reviewed the financial reporting requirements for 2020-2021, and in order to ease the burden of collating the required information, they had published minimum reporting requirements as per the Financial Reporting Manual (FReM) for a limited time relating to the non-audited elements of the annual report and accounts, • All NHS bodies were required to publish, as a single document, a three part annual report and accounts to include: <ul style="list-style-type: none"> ○ A Performance Report, ○ An Accountability Report – including a corporate governance report, a Staff and Remuneration report and a National Assembly for Wales Accountability and Audit Report, and ○ Financial Statements. • The work to develop the Annual report was in progress and the updated document would be presented to the Audit Committee Workshop on the 13 May 2021, and the final report would be considered at the Audit Committee on the 11 June 2021, prior to being submitted to Welsh Government in readiness for the 11 June 2021 deadline. <p>The HIA advised that the draft annual report referred to an environmental report and advised the guidance for 2020-2021 stated that there was no longer a mandate to include the information. The DCG responded and advised that the executives were aware that this requirement had been eased for 2020-2021, however they had felt that it was important to demonstrate CVUHB’s commitment to sustainability and that it would be included in the document for this year as it also demonstrated achievement against well-being objectives.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> (a) the minimum reporting requirements outlined in Chapter 3 of the Financial Reporting Manual (FReM) guidance for collating an Annual Report for 2020-2021 as a consequence of the COVID-19 pandemic, be noted (b) the draft Accountability Report 2020-2021, be noted acknowledging that there are gaps in information, which will be completed in April/May 2021, (c) the Audit Committee Workshop being held on the 13 May 2021 to endorse Sign off by the Board on the draft Performance Report (including Wellbeing Statement Sustainability) and the Accountability report be noted. 	NF
AAC 21/04/014	<p>Declarations of Interest, Gifts, Hospitality & Sponsorship</p> <p>The update report on Declarations of Interest, Gifts, Hospitality and Sponsorship was received and the DCG advised that the Committee had previously agreed that an update on Declarations of Interest, Gifts, Hospitality and Sponsorship would be provided to each Audit Committee</p>	

	<p>for information and that the report provided an up to date position for the Financial Year 2020/2021.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> • CVUHB were in a good position and that following February’s meeting, where 713 declarations had been submitted, a further 1910 Declarations had been received. • 2,397 Declarations of Interest with ‘No Interest’ declared had been received. • to date 2,641 Declarations had been received for the year 2020/21 and that assurance should be taken from the significant increase in returns since the February 2021 Committee meeting • Standards of Behaviour messages were shared via Global Emails and CEO connects staff briefings in September, October and December 2020, • Emails and Electronic Staff Record (ESR) messages targeting specific staff members employed at Band 8a and above were circulated in November 2020, January, February and March 2021, • The Risk and Regulation Team continued to work with Betsi Cadwaladr UHB to adopt a new software system to capture and monitor declarations of interest, gifts, hospitality and sponsorship from April 2021. It was predicted there would be an increase in returns received in the new financial year following the adoption of the new software. <p>The Committee resolved that:</p> <ul style="list-style-type: none"> (a) the ongoing work being undertaken within Standards of Behaviour be noted, (b) the update in relation to the Declarations of Interest, Gifts, Hospitality and Sponsorship Register be noted. 	
<p>AAC 21/04/015</p>	<p>Legislative and Regulatory Tracker Report</p> <p>The Legislative and Regulatory Tracker report was received and the DCG advised the Committee that the report tracked compliance across the organisation and that it included inspections that had been undertaken.</p> <p>The DCG advised that three new entries had been added since the February 2021 meeting:</p> <ol style="list-style-type: none"> 1) A focused inspection of the Splott Mass Vaccination Centre was undertaken on the 1 March 2021 - An immediate action plan was prepared and completed actions were submitted by the 12 March 2021. Feedback is awaited, 2) A virtual interview was undertaken on the 18 March 2021 with staff at the Hazel Ward at Hafan y Coed. Feedback is awaited, 3) A virtual interview was undertaken on the 10 March 2021 with staff at Ward E12, Hafan y Coed. A draft report had been received and an action plan has been developed. 	

	<p>The DCG advised the Committee that 3 further inspections were due to take place:</p> <ol style="list-style-type: none"> 1) Health Inspectorate Wales (HIW) were scheduled to undertake an inspection of the Teenage Cancer Trust on the 31 March 2021, 2) UKAS were scheduled to undertake inspections at the Haematology and Phlebotomy departments between the 20 and 22 April 2021, 3) The Welsh Scientific Advisory Committee were scheduled to undertake inspections at the Audiology department on the 1 June 2021. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> (a) the inspections which had taken place since the last meeting of the Audit and Assurance Committee in November 2020 and their respective outcomes, be noted, (b) the continued development of the Legislative and Regulatory Compliance Tracker, be noted. 	
<p>AAC 21/04/016</p>	<p>Internal Audit Tracking Report</p> <p>The Internal Audit Tracking Report was received and the DCG advised the Committee that recommendations made by Internal Audit had reduced from 110 individual recommendations to 106 during the period February to April 2021.</p> <p>The Committee noted that a further 14 recommendations had been added for the current financial year, and that 8 internal audits had been added to the tracker equating to 30 reports in total. These would be added to the tracker once they had been considered by the Committee.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) the tracking report in place for tracking audit recommendations made by Internal Audit be noted, b) the progress that would be seen over the coming months in the number of recommendations which were completed/closed be noted. 	
<p>AAC 21/04/017</p>	<p>Outstanding Audit Recommendations Update – 2017/18</p> <p>The Outstanding Audit Recommendations Update report – 2017-2018 was received and the DCG gave an update on the outstanding internal recommendations for the year 2017/2018 and put forward proposals for their management going forward.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> • as of the 30 March 2021, the internal audit tracker recorded 11 recommendations for the financial year 2017/2018, 5 of which were recorded as completed, 	

	<ul style="list-style-type: none"> • following the last meeting the DCG had met with the executives and reviewed whether the outstanding recommendations for 2017/18 should continue to be recorded on the Internal Audit Tracker and what plans were in place to ensure that the recommendations were proactively managed, • 6 of the live recommendations for 2017/18 were recorded as partially completed and once they were signed off they will be removed from the tracker, • To ensure that recommendations are not closed and forgotten, it was proposed that no entry was removed from the tracker until a formal agreement had been reached for the subsequent review of the recommendation subject matter in the new financial year. <p>The EDF asked the DCG if the outstanding audit recommendations for 2018/2019 and 2019/2020 would be completed over the next period, the DCG advised that she would review them and agree timescales for completion.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> (a) the Outstanding Audit Recommendations Update – 2017/2018 be noted, (b) the proposals for the future recording and removal of historic recommendations from the Health Board’s Internal Audit Tracker were approved, (c) that plans to undertake appropriate reviews for entries that are removed from the Health Board’s Internal Audit Tracker be agreed. 	NF
AAC 21/04/018	<p>Audit Wales Tracking Report</p> <p>The Audit Wales Tracking report was received and the DCG advised the Committee that the report gave assurance on the implementation of recommendations which had been made by Audit Wales by means of an external audit recommendation tracking report.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> • 20 external audit recommendations were brought forward from February 2020’s meeting and a further 5 recommendations had been added to the tracker which related to the follow up Operating Theatres audit, • a further 4 recommendations had been completed since November 2020, and there were 17 recommendations that were partially complete, • since the Committee meeting in November 2020, 4 actions had no recorded action taken • the Audit Wales reports discussed at today’s meeting would be added to the tracker. <p>The CC queried the total number of outstanding actions and the DCG confirmed that there were 21, and that the total of 25 on the tracker included the actions that had been completed for completeness. The completed actions would be removed from the document after the meeting.</p>	

	<p>The Committee resolved that:</p> <p>(a) the progress made in relation to the completion of Audit Wales Recommendations be noted, (b) the continuing development of the Audit Wales Recommendation Tracker be noted.</p>	
<p>AAC 21/04/019</p>	<p>Counter Fraud Annual Plan 2021-2022</p> <p>The Counter Fraud Annual Plan 2021-2022 was received and the Local Counter Fraud Specialist (LCFS) advised the Committee that the new plan outlined the planned NHS Counter Fraud work for period April 2021 to 31 March 2022. He advised that the plan was fundamentally the same as the existing approved plan.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> • During 2020-2021, 187 members of staff attended fraud awareness sessions and 81% stated that they “Strongly agreed”, and 18% stated that they “Agreed” that the session had improved their knowledge of counter fraud work, • The new plan maintained the current level of resources deployed for counter fraud, which was deemed to be adequate and appropriate, • The total number of proactive and reactive days to be allocated for 2021-2022 was 440 days, • The main change within the plan was the adoption of the Standards for Counter Fraud which comprised of 12 components. A self-assessment had been undertaken against the new standards which provided an assurance that the counter fraud service was currently meeting the requirements of the standard, with the exception of CVUHB’s annual counter fraud plan which needed to be signed off by the EDF and then approved by the Audit and Assurance Committee who would then monitor progress on a quarterly basis. <p>The EDF advised the Committee that she would let the CC know when the plan was signed off.</p> <p>The Committee resolved that:</p> <p>(a) the Counter Fraud Annual Plan for 2021-2022 be approved.</p>	<p>CP</p>
<p>AAC 21/04/020</p>	<p>Self-assessment of effectiveness - Verbal</p> <p>The verbal update on the self-assessment of effectiveness was received and the DCG advised the Committee that to ensure effective governance Committees of the Board were required to undertake a self-assessment of their effectiveness on an annual basis, in accordance with the provisions of the Health Board’s Standing Orders.</p> <p>The DCG advised that the results of the surveys should be available by the next committee meeting.</p>	<p>NF</p>

	<p>The Committee resolved that:</p> <p>a) The verbal update on the self-assessment of effectiveness be noted.</p>	
<p>AAC 21/04/021</p>	<p>Induction Support for Committee Members - Verbal</p> <p>The verbal update on the Induction Support for Committee Members was received and the DCG advised that the composition of the Committee membership had not been approved by the Board, and it had been suggested that that this committee include the Independent Member – ICT and the Vice Chair within the membership.</p> <p>The Committee noted that there was an opportunity for new members to have an induction on the Audit and Assurance Committee, and to spend time with the CC and familiarise themselves with the standing Audit and Assurance agenda items on a regular basis.</p> <p>The Committee Resolved that:</p> <p>(a) The verbal update on the Induction Support for Committee Members be noted.</p>	
<p>AAC 21/04/022</p>	<p>Clinical Audit Plan</p> <p>The Clinical Audit Plan 2021-2022 report was received and the EMD advised the Committee that the purpose of the report was to inform them of the proposed tier 1 and tier 2 (national and local) audit plans for each Clinical Board in 2021/2022.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> • Welsh Government had not yet published a National Clinical Audit and Outcome Review Plans (NCAORP) for 2021/2022. However, it was not anticipated that any significant changes would be made from the previous rolling program National Clinical Audit and Outcome Review Plan (NCAORP) 2019/2020, • The HQIP (Healthcare Quality Improvement Partnership) was responsible for several national healthcare quality improvement programmes, including managing and commissioning the National Clinical Audit and Patient Outcomes Programme (NCAPOP) on behalf of NHS England, the Welsh Government and in some cases other devolved authorities, • NCAPOP covered two main sub-programmes: The National Clinical Audit Programme (NCAP) and the Clinical Outcome Review Programmes (NCORP). HQIP had published a publication schedule for 2021, • CVUHB participate in 38 National Clinical Audits that were mandated by Welsh Government. A Clinical Audit Lead was identified for each audit, the majority of which were undertaken by the clinical leads. There were a further 13 audits that come under the clinical outcome review programme, • For the past three years a formal process had been in place to ensure that all national audit publications were reviewed and the health board results were considered and where necessary the 	

	<p>requisite improvements were put in place. The Health Board reported the results, and improvements to Welsh Government,</p> <ul style="list-style-type: none"> • In February 2018 the committee agreed an approach to categorise clinical audits into three tiers, to support a prudent and targeted approach: <ul style="list-style-type: none"> ○ Tier 1 - Mandatory National Clinical Audits. ○ Tier 2 - All other national audits and local clinical audits undertaken to address the patient safety and quality agenda, ○ Tier 3 - Local clinical audits undertaken for any other reason including revalidation and CPD purposes. • The Clinical Boards and Clinical Audit Leads has developed a 2021/2022 Clinical Audit Plan incorporating all Tier 1 and anticipated Tier 2 audits. There was not an expectation that Tier 3 audits would be included in the clinical audit plans, however the requirement to register and have approved all audits and to report and escalate the results remained imperative, • The current Clinical Audit Process had been in place for some years, and whilst this process had served well, there were areas for improvement that had been identified through a recent review of the Quality Assurance Processes in Patient Safety. <p>The EMD advised that steps had been taken in recent months to improve and monitor Clinical Effectiveness and Quality Assurance, including:</p> <ol style="list-style-type: none"> 1) The establishment of the Clinical Effectiveness Committee in December 2020, which met monthly and all national audit results were presented to the Committee. The Associate Medical Director chaired the meetings, 2) Investment in Team Structure following benchmarking against other Health Boards in Wales along with a review of current resources and team structures identified that an investment would be required to deliver the desired improvements, 3) Capturing Clinical Audit and Improvement Activity - a demonstration was planned with a neighbouring Health Board in Wales for a digital system called AMaT. This system tracked and monitored Clinical Audit activity to provide additional control and to provide real-time insight and reporting for clinicians, wards, audit departments and the health boards. <p>The Committee resolved that:</p> <ol style="list-style-type: none"> (a) The content of the report and the proposed Clinical Audit Plan for 2021/2022 be noted. 	
<p>AAC 21/04/23</p>	<p>Internal Audit Plan 2021/2022</p> <p>The Internal Audit plan 2021-2022 was received and the HIA advised that following an extensive planning process and in accordance with the requirements of the Public Sector Internal Audit Standards, the plan set out a risk-based plan of work for the year 2021/2022.</p>	

The Committee noted:

- The plan identified the audit assignment, lead executive officer, outline scope, and proposed timing,
- The plan was structured under the six components:
 1. Annual audit work - Areas where annual audit work would support the most efficient and effective delivery of an annual opinion,
 2. Organisation based audit work – key risks and priorities from the Board Assurance Framework (BAF) and the Corporate Risk Register together with other auditable areas identified and prioritised through the planning approach,
 3. Follow up - follow-up work on previous “limited” and “no assurance” reports as well as other high priority recommendations,
 4. Work agreed with the Board Secretaries, Directors of Finance, other executive peer groups, or Audit & Assurance Committee Chairs in response to common risks faced by a number of organisations,
 5. The impact of audits undertaken at other NHS Wales bodies that impacted on the Health Board, including Public Health Wales (PHW), Health Education Improvement Wales (HEIW), the NHS Wales Shared Services Partnership (NWSSP), Digital Health and Care Wales (DHCW), the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC),
 6. Where appropriate, Integrated Audit & Assurance Plans would be agreed for major capital and transformation schemes and charged for separately.

The HIA advised the Committee:

- that the components were designed to ensure that the internal audit programmes complied with all of the requirements of the Public Sector Internal Audit Standards,
- that an interim audit draft plan had been to ME for review and comment,
- that the Internal Audit & Assurance Service was committed to ensuring its service focused on priority risk areas, business critical systems and the provision of assurance to management across the medium term and in the operational year ahead,
- the Audit & Assurance Service were particularly mindful of the level of uncertainty that existed around the COVID-19 pandemic,
- that there were potential audits looking at individual clinical boards to look at specific risks or priorities they had in each area. Initial discussions had been undertaken with the Chief Operating Officer (COO) around those pieces of work but given the impact of COVID-19, on the Health Board, the COO was keen to allow

	<p>time so that the clinical boards could be on a surer footing and assess their strategic aims and direction,</p> <ul style="list-style-type: none"> the Internal Audit Charter was produced and updated regularly to comply with the Public Sector Internal Audit Standards. It sets out the purpose of internal audit and confirmed CVUHB's independence and objectivity of internal audit. The content of the Charter was the same as it was for 2020 and there had been no fundamental changes. <p>The Committee resolved that:</p> <p>(a) The Committee approved the Internal Audit Plan for 2021/22. (b) The Committee approved the Internal Audit Charter for 2021/22.</p>	
AAC 21/04/024	<p>Internal Audit reports for information:</p> <p>The following Internal audit reports were received:</p> <ol style="list-style-type: none"> 1. UHW Surge Hospital - Lakeside Wing, 2. Compliance with the Nurse Staffing Levels Act (Wales) 2016, 3. Claims Reimbursement, 4. Charitable Funds, 5. Tentacle IT System Follow-up, 6. Integrated Health Pathways, 7. UHB Core Financial Systems, 8. Risk Management <p>The Committee resolved that:</p> <p>(a) The internal audit reports be noted.</p>	
AAC 21/04/025	<p>Items to be deferred to Board / Committee</p> <p>There were no items to be brought to the attention of the Board / Committees.</p>	
AAC 21/04/026	<p>Review of the Meeting</p> <p>The CC asked if attendees were satisfied with the business discussions and format of the meeting, and attendees indicated they were satisfied.</p>	
AAC 21/04/027	<p>Date and Time of Next Meeting</p> <p>The CC thanked everyone for their attendance and contribution to the meeting. And confirmed that the next meeting would be held on Tuesday 16 May 2021 at 9am.</p>	