

UNCONFIRMED

ABERTAWE BRO MORGANNWG UNIVERSITY LHB MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON THURSDAY, 15TH MARCH 2018 AT 9.30AM IN THE BOARDROOM, HQ

Present:	Martin Sollis	Non-Officer Member (in the chair)
	Martyn Waygood	Non-Officer Member
	Tom Crick	Non-Officer Member
	Mark Child	Non-Officer Member (until minute 50/18)
In Attendance:	Lynne Hamilton	Director of Finance (until minute 50/18)
	Paula O'Connor	Internal Audit
	Neil Thomas	Internal Audit
	Carol Moseley	Wales Audit Office
	Dave Thomas	Wales Audit Office
	Jane Davies	Wales Audit Office
	Len Cozens	Head of Counter Fraud Service
	Pamela Wenger	Director of Corporate Governance
	Andrew Biston	Head of Accounting
	Liz Stauber	Committee Services Manager
	Sian Richards	Head of Digital Records and Information Assurance (for minute 51/18)

Minute		Action
25/18	WELCOME AND APOLOGIES FOR ABSENCE Apologies for absence were received from Angela Hopkins, Interim Director of Nursing and Patient Experience; Geraint Norman, Wales Audit Office and Huw Richards, NWSSP Audit and Assurance.	
26/18	DECLARATION OF INTERESTS Paula O'Connor advised that she had been appointed as a lay member of the City and County of Swansea Council's Audit Committee and declared an interest for this and subsequent meetings.	
27/18	MINUTES OF THE PREVIOUS MEETINGS The minutes of the meeting held on 23 rd January 2018 were received and confirmed as a true and accurate record except to note the following typographical error: <u>20/18 NWSSP: Internal Audit progress Report (paragraph two, line two)</u> Martin Sollis sought clarification as to why the follow-up review of <i>fire</i> safety was not yet ready to proceed.	
28/18	MATTERS ARISING <u>11/18 Corporate Risk Register</u> Pam Wenger advised that a draft report from the NHS Wales	

Delivery Unit had been received following its review of serious incidents and the final version would be circulated in due course.

29/18

ACTION LOG

The action log was **received** and **noted** with the following updates:

(i) Action Point One

Martin Sollis advised that he had undertaken discussions with Pam Wenger as to the appropriate arena in which to report public health issues. Pam Wenger added that in regard to the Wales Audit Office report 'Collaborative Arrangements for Managing Public Health Resources', an update was to be received by the executive team the following month.

30/18

WORK PROGRAMME

The committee's work programme was **received** and **noted**.

31/18

AUDIT COMMITTEE TERMS OF REFERENCE

A report outlining revised terms of reference for the Audit Committee was **received**.

In discussing the report, the following points were raised:

Mark Child noted that the terms of reference had be revised using guidance from the Healthcare Financial Management Association's Audit Committee handbook, adding that this was an English document and queried as to whether there was a Welsh equivalent. Martin Sollis advised that this was a national document and therefore relevant across the UK. Pam Wenger added that when health boards were established, a standard template had been introduced for terms of reference therefore this was an opportune time for a review. She stated that other 'best practice' examples had been used, including the Institute of Chartered Secretaries and Administrators (ICSA).

Pam Wenger advised that a query had been raised as to whether the Chief Executive should be included within the committee's membership however in NHS Wales the consensus was that he/she should not attend on a regular basis in order to remain impartial should an issue arise. Lynne Hamilton responded that it was common practice within the private sector for the Chief Executive to attend but she was content to follow the standard practice of NHS Wales, however consideration was required as to whether more members of the executive team needed to attend meetings on a regular basis.

Mark Child stated that the way in which health services were administered in Wales differed from other UK nations, adding that a wider view was required from the documents used to support the development of the terms of reference. Lynne Hamilton commented that the role of the committee was to provide assurance therefore universal examples of good governance would be relevant.

Martyn Waygood queried the terminology used within the membership and asked why the word 'normally' was required in relation to the executives who attended regularly. He also queried as to whether there was provision for deputies to attend and identified typographical errors. Pam Wenger undertook to review this.

PW

Martin Sollis commented that it was important for the committee to review its terms of reference particularly as it was undergoing changes in membership and structure. He added that the revised version did make allowances for the Chief Executive to attend when relevant and while he understood why the current membership included the Directors of Finance and Nursing and Patient Experience, this needed to be kept under review.

Martin Sollis stated that Welsh Government was the statutory body for governance, therefore a significant amount of best practice would be outlined within standing orders and standing financial instructions and this would be consistent across Wales.

Tom Crick noted that the hosted agencies governance sub-committees remained a sub-committee and queried if this was to be revised as part of the ongoing review of governance arrangements. Pam Wenger advised that a report was to be received by the board later that month outlining the suggested committee arrangements however there was no change proposed in this regard for the moment.

Len Cozens advised that the references within the counter fraud section to security were not aligned to practice within NHS Wales as the two entities were separate as opposed to one service which was the standard within NHS England. He added the references to adherence to security standards set by NHS Protect were therefore not relevant as these had not been adopted by NHS Wales. Pam Wenger undertook to review this section.

PW

Dave Thomas commented that the statement advising that the committee was responsible for selecting and monitoring the external auditor was not applicable as the Auditor General was the external auditor for Wales. Pam Wenger undertook to revise this.

PW

Martin Sollis suggested that the committee approve the terms of reference subject to the suggested amendments as these would be used in due course for members to assess the effectiveness of the committee. This was agreed.

PW

- Resolved:**
- The report be **noted**.
 - The terms of reference be approved subject to the suggested amendments.

PW

32/18 GOVERNANCE STOCKTAKE AND OUTLINE WORK PROGRAMME

A report outlining the findings of the governance stocktake and the associated integrated action plan was **received**.

In introducing the report, Pam Wenger highlighted the following

points:

- Prior to her taking up post a number of external reviews had been undertaken with governance-related recommendations but these were disparate and required alignment;
- As part of the ongoing review of governance, this was an opportune time to review progress and create an integrated work plan which brought all the recommendations and actions into one place;
- While some updates would be provided to the board, the committee would have the overarching responsibility of monitoring the work programme;
- As part of the governance work, the agenda for the committee had been reformatted and a new report template trialled for this meeting to start the process of developing corporate standards.

In discussing the report, the following points were raised:

Martin Sollis commented that this was a critical piece of work as it not only provided assurance but enabled members to see action progressed against recommendations. He added that this was important if the health board was to aspire to be a learning organisation.

Mark Child queried as to whether the wording for recommendation eight of the Wales Audit Office structured assessment was correct. Carol Moseley advised that it was a typographical error and 'insufficient' should read as 'sufficient'.

Mark Child referenced the section in relation to mandatory training, adding that it would be useful for the committee to have more details as to how the health board was progressing. Martyn Waygood concurred, providing assurance that compliance in relation to health, and safety and fire safety would be discussed by the Health and Safety Committee. Martin Sollis advised that although compliance was discussed at Performance and Finance Committee, it was an area of risk that the Audit Committee should be sighted on, especially as a review was due to be undertaken of the framework. He suggested that the committee be provided with an update as to the current position. This was agreed.

Tom Crick advised that while the new standards in relation to Welsh language would not be part of mandatory training, consideration was required as to how they would be implemented.

Martin Sollis noted that the work programme was currently a work in progress, adding that it was to be reviewed by the executive team prior to finalisation. Once it had been finalised, it was vital that the committee was able to gain assurance from each recommendation.

Lynne Hamilton commented that the action plan in response to the financial governance review was a separate agenda item and stated that it would be useful for it to be integrated into this document. Pam Wenger advised that this was the intention along with the

KL

recommendations of the structured assessment.

Lynne Hamilton stated that it was important to be aware that the members of the committee were the four non-officer members with the executive directors in attendance. She added that this needed to be reflected in the language and the decisions made. Pam Wenger concurred, adding that as the action plan progressed, it would be appropriate for other members of the executive team to attend for at least part meetings in order to provide assurance in relation to the aspects of the plan relevant to them and to be held to account.

Carol Moseley commented that there was a consistent issue raised across all areas that the electronic staff record (ESR) did not accurately record compliance with mandatory training. Lynne Hamilton concurred, adding that this was repeatedly raised during the units' performance reviews, particularly for staff who had completed face-to-face sessions. She added that not only was the health board the one with lowest usage rate of ESR in Wales, it was also the only one which managed the system via the finance function rather than human resources and these issues would be discussed once the new Director of Workforce and Organisational Development (OD) took up post. Martin Sollis stated that it was difficult to hold people to account when issues were raised as to the validity of the data.

Martin Sollis stated that it was a useful exercise to consolidate the recommendations and the final action plan would become a standing item on the committee's agenda.

Dave Thomas advised that there had been discussions as to whether a comprehensive external review of all governance arrangements should be commissioned but raised caution against this as the health board now had sufficient information in order to improve. Pam Wenger concurred, adding that being new in post provided 'fresh eyes' and her own 'stocktake' of governance was providing similar themes as the external reviews which provided assurance that correct areas were being given focus.

- Resolved:**
- The report be **noted**.
 - Update be received in relation to the review of mandatory training.

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33/18 FINANCIAL GOVERNANCE REVIEW UPDATE

A report providing an update in relation to progress against the action plan in response to the financial governance review was **received**.

In introducing the report, Pam Wenger advised that the executive team had reviewed the action plan and updated the progress to date prior to the remaining actions being incorporated into the integrated governance work programme.

In discussing the report, the following points were raised:

Mark Child commented that it was pleasing to see the number of

actions which had been completed. Martin Sollis concurred but stated that consideration needed to be given as to whether they had been fully completed and could be closed. He added that if any had been superseded by the structured assessment review, then it would be logical for the actions to be followed up via this route. Carol Moseley advised that while it was sensible to collate the recommendations, the specific actions from the two reviews would need to be highlighted.

Martin Sollis stated that there needed to be an honest and open approach to performance which included identifying weaknesses. He added that it needed to be acknowledged that there were still some areas to resolve and as such, the action plan should be considered a draft for the executive team to consider progress made.

Paula O'Connor advised that there would be an internal audit of progress made in quarter two.

Martyn Waygood noted that the original report had made recommendations for new roles within finance and queried as to how much progress had been made. Lynne Hamilton advised that there had been significant turnover within the team providing opportunities and mitigating the risks. She added that she was continuing to reshape the structure, which included establishing a medium term financial planning function and supporting the units to work in an integrated way rather than in silos.

Resolved: The report be **noted**.

34/18 DRAFT BOARD ASSURANCE FRAMEWORK

A report outlining the process to establish a draft board assurance framework was **received**.

In introducing the report, Pam Wenger highlighted the following points:

- The board assurance process had been discussed at a recent board development session;
- While the Audit Committee would oversee the development and process of the framework, other board committees would have a role in gaining some of the assurances;
- A development schedule had been devised which included a workshop to discuss the principles;
- Quarterly reports would be received by the committee commencing in July 2018.

In discussing the report, the following points were raised:

Tom Crick commented that it was pleasing to see the alignment with the committee's terms of reference as it reinforced the committee's purpose. Martin Sollis concurred, adding that it provided the committee with a focus from which to scrutinise its agenda items. He added that the committee should be considering the highest risks to

the organisation.

Carol Moseley advised that external audit had not been included as part of the sources of assurance. Pam Wenger undertook to rectify this.

PW

Tom Crick queried as to whether sufficient resources were available to support the programme of work. Pam Wenger responded that the organisation needed to 'own' the process so it would be board-wide staff working to develop the framework.

Martin Sollis commented that while the board and executive team signed-off the risks, the executive team would be the ones closest to the exposure and therefore needed to be committed to the process. He added that it was not clear from the risk register that this had been achieved in the past and the committee would need to consider some 'deep dives' into the highest scoring risks.

- Resolved:**
- The report be **noted**.
 - External audit be added to the sources of assurance.

PW

35/18 CORPORATE RISK REGISTER

The corporate risk register was **received**.

In introducing the report, Pam Wenger advised that a new risk had been added in respect of child and adolescent mental health services (CAMHS) following a discussion at the Quality and Safety Committee, which would be monitoring progress.

In discussing the report, Martin Sollis sought an update in relation to the upcoming general data protection regulation. Pam Wenger advised that the risk had been de-escalated from 25 to 20 and the position was to be made explicit in the report to the March 2018 board meeting.

- Resolved:** The report be **noted**.

36/18 AUDIT REGISTERS AND STATUS OF RECOMMENDATIONS

A report outlining an update with regard to audit registers and action plans was **received**.

In discussing the report, the following points were raised:

Martin Sollis commented that the number of outstanding recommendations remained an issue, adding that he intended on having a periodic one-to-one with the Chief Executive to discuss the position as there needed to be a significant improvement in compliance. Paula O'Connor advised that the Chief Executive had requested regular meetings with her in this regard and a monthly update report was submitted to the executive team.

Lynne Hamilton advised that the Medical Director would be the executive lead for the medical agency cap review rather than her.

Dave Thomas stated that recommendations by Wales Audit Office

were written in a way which enabled the health board to address them and as such, the organisation was invited to comment on them prior to acceptance.

Lynne Hamilton commented that a 'stock take' was required of outstanding recommendations to determine which were still relevant and those which could be closed as the issues had been subsumed elsewhere. She stated she would discuss this further with the Chief Executive and Director of Corporate Governance before bringing an update to the committee for it to discharge those which were no longer extant. Martin Sollis welcomed this approach.

Resolved: The report be **noted**.

37/18 REVIEW LOSSES AND SPECIAL PAYMENTS

A report providing an update on losses and special payments for the period 1st December 2017 to 31st January 2018, including an analysis of gross losses, was **received**.

In introducing the report, Lynne Hamilton advised that for the period there were losses and special payments totalling £3,459,869 of which £2,799,230 will be recovered from the Welsh Risk Pool and £127,012 from Welsh Government, leaving an actual loss to the health board of £533,627.

In discussing the report, the following points were raised:

Martin Sollis stated that the committee should just be noting the content of the report rather than approving the losses and special payments as these had already been agreed by the delegated authority. He added that the committee just required assurance that the correct process had been followed.

Martin Sollis sought clarity as to whether there were any industrial tribunal cases with financial consequences. Andrew Biston confirmed that there were not.

Mark Child queried whether a 'lessons learned' process was in place. Andrew Biston advised that any claim which sought support from the Welsh Risk Pool required a demonstration of the lessons learned and the action being taken. He added that there had been instances when the reimbursement had not been approved until such information had been provided to a satisfactory standard.

Resolved:

- The report be **noted**.
- Losses and special payments totalling £3,459,869 of which £2,799,230 will be recovered from the Welsh Risk Pool and £127,012 from Welsh Government, leaving an actual loss to the health board of £533,627 be **noted**.

38/18 FINANCE UPDATE

An oral report providing an update in relation to the financial position was **received**.

In introducing the report, Lynne Hamilton highlighted the following points:

- Due to a sickness absence within the finance senior management team, the full review of the financial control procedures could not be undertaken as planned in quarters three and four. As such, a risk-based approach was to be taken and priority given to cash and banking, losses and special payments and non-cash expenditure.
- As information governance was the responsibility of the absent staff member, arrangements had been put in place to ensure finance department compliance with training continued and to complete entries on the information asset register in light of the upcoming GDPR;
- The financial position continued to improve with a revised forecast deficit of £30m reported to Welsh Government.

Resolved: The report be **noted**.

**39/18 NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP):
SINGLE TENDER ACTIONS AND QUOTATIONS**

A report detailing single tender action and quotations from 19th January 2018 to 23rd February 2018 was **received** and **noted**.

40/18 REVIEW OF ANNUAL ACCOUNTS UPDATE

A report providing an update regarding the work to complete the annual accounts for 2017-18 was **received**.

In introducing the report, Andrew Biston highlighted the following points:

- A draft set of accounts was in development to quality assure the figures;
- No major changes had been made with regard to the approach to capital accounting however there was some off-site storage of equipment which need to be noted;
- Primary care accruals was the most significant estimates the health board needed to make as it had to accrue two months expenditure and a detailed methodology was in place;
- The health board was now in a position to provide provisions for phase one and two continuing healthcare cases based on previous cases and an approach has been established for phase three;
- There were no changes to the methodology for clinical negligence and personal injury cases;
- While Welsh Government would be providing the monies for retrospective funded nursing care cases as per the judicial review, provisions would need to be made going forward;
- Minor changes had been made to the technical accounting

approach.

In discussing the report, the following points were raised:

Martin Sollis stated that it was pleasing to see the approach being taken through the committee in advance. He queried as to whether the health board informed Wales Audit Office in writing of any major judgements or estimations. Carol Moseley advised that the auditors and health board had a close working relationship and discussed and agreed any changes.

Mark Child queried as to whether the judgement of the funded nursing care judicial review would lead to increased cost pressures. Andrew Biston advised that while Welsh Government would provide the monies for retrospective cases, going forward, there would be increased costs for the health board.

Resolved: The report be **noted** and recommendations be **approved**.

LH

**41/18 NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP):
INTERNAL AUDIT PROGRESS REPORT**

A report providing an update on current and planned internal audit work was **received**.

In introducing the report, Paula O'Connor and Neil Thomas highlighted the following points:

- An external quality assessment review had been undertaken of the internal audit service by the Institute of Internal Audit which had identified 100% compliance. A full report would be received by the committee in due course;
- Since the last update, eight reports had been finalised, one report had been drafted and work was in progress for five;
- Two changes were proposed to the current audit plan; the deferment of the 'Data Quality: Outpatient Delayed Follow-Ups' review due a recent Wales Audit Office audit of a similar nature and the addition of a follow-up review of the Medical Director's directorate;
- Two new staff members had joined the team and interviews for a third had been scheduled.

In discussing the report, the following points were raised:

Martin Sollis commented that the results of the external quality assessment had been pleasing to see. He added that he had been interviewed as part of the process and felt it was important that the fundamentals for national assurance were correct.

Martin Sollis queried whether the external assessment process covered all internal audit services. Paula O'Connor advised that the assessor had met with all the heads of internal audit across Wales.

Resolved:

- The report be **noted**.
- The changes to the audit plan be **approved**.

PO'C

NWSSP AUDIT ASSIGNMENT SUMMARY REPORT

A report providing a summary of recently finalised internal audit work was **received**.

In discussing the report, the following points were raised:

Martin Sollis noted the limited assurance rating for the health and safety review and queried the process for the follow-up. Neil Thomas advised that the original audit was undertaken five years ago and since then, follow-up audits of the critical areas had been undertaken with the most recent receiving reasonable assurance. He added that while some improvements had been evident, a full review of the service was now required to address outstanding recommendations. Martyn Waygood advised that plans were in place to establish a formal Health and Safety Committee which could monitor the recommendations of the audits. Martin Sollis suggested that the report be referred to the Health and Safety Committee and its chair provide a report as to the progress. This was agreed.

PW

Martin Sollis stated that a reasonable assurance rating for a limited scope review was not appropriate as it did not provide sufficient assurance and could give the impression that everything was okay. He added that the title of the reviews should be specific to the areas to highlight they were of smaller focus.

Martyn Waygood advised that the internal audit of the Golau Cancer Foundation had been received by the Charitable Funds Committee earlier that week where it had been agreed that it would receive regular updates as to progress.

Martin Sollis commended Lynne Hamilton and the finance team on the substantial assurance ratings for internal audits within her areas.

- Resolved:**
- The report be **noted**.
 - The health and safety internal audit report be referred to the Health and Safety Committee and its chair provide an update on progress.

PW**NWSSP: ANNUAL PLAN (TO INCLUDE THE CHARTER)**

A report outlining the draft internal audit annual plan for 2018-19, including the charter, was **received**.

In introducing the report, Paula O'Connor highlighted the following points:

- No changes had been made to the internal audit charter from last year's iteration;
- Input into the annual audit plan had been received from the executive team, with extensive discussions undertaken with the Chief Executive, Interim Chief Operating Officer, Director of Finance and Director of Corporate Governance;
- The approach had also been discussed with the Audit

Committee chair;

- Timescales were to be included within the next iteration but these may change as the year progressed;
- The all-Wales template had been followed which comprised eight domains;
- Some of the executive leads may change following a review of delegations;
- Research was being undertaken as to what could be audited within the prison service and third sector finance commissioning was also to be considered as well as the follow-up of actions not completed from 2017-18.

In discussing the report, the following points were raised:

Martin Sollis queried whether the executive team had reviewed the draft plan. Pam Wenger stated that initial conversations had taken place and the plan had been discussed at an executive team meeting. She added that some changes had been made to the original including the designation of just one executive lead per audit.

Tom Crick commented that it was positive to see that the Future Generations and Wellbeing Act had been considered.

Lynne Hamilton queried if there were any 'contingency' days in the plan to enable unforeseen requests to be undertaken. Paula O'Connor advised that there were. Martin Sollis stated that it would be useful to see the full plan with the allocations of days for each review. Paula O'Connor stated that it was based on outputs rather than time.

Lynne Hamilton stated that acknowledging that some executive leads may change, it should not stop the current incumbents from progressing the audits in the meantime.

Martin Sollis suggested the plan be agreed subject to the timescales being added. This was agreed. Paula O'Connor asked that it be circulated to the executive team and service directors. Pam Wenger undertook to do this.

PO'C

PW

Resolved:

- The report be **noted**.
- The annual audit plan for 2018-19 be **approved** subject to the inclusion of timescales.
- The plan be circulated to the executive team and service directors.

PO'C

PW

44/18

WALES AUDIT OFFICE (WAO) PROGRESS REPORT

A report providing an update on current and planned WAO activity was **received**.

In introducing the report, Carol Moseley highlighted the following points:

- Briefing notes for the primary care and integrated care funding reviews had been circulated;
- The contingency days held for local work within the 2017 plan were to be used to support board development sessions;
- A WAO good practice event 'Preparing for the Future Generations and Wellbeing Act' was taking place in May 2018;
- The Auditor General's housing adaptations report had been published which had some alignment with the discharge planning report later on the agenda;
- Welsh Government were completing the management response following the review of the NHS Wales Informatics Service (NWIS).

Resolved: The report be **noted**.

45/18 CHANGE IN AGENDA ORDER

Resolved: The agenda order be changed and item 5c be taken next.

46/18 WAO STRUCTURED ASSESSMENT 2017

The Wales Audit Office structured assessment for 2017 was **received**.

In introducing the report, Carol Moseley highlighted the following points:

- Given the significant change in board membership, this year's structured assessment was longer and more detailed;
- Positive work had been reflected as well as the areas in which improvement was recommended;
- The complexity of arrangements has historically presented a challenge to the pace of change;
- Positive work to strengthen aspects of governance had been recognised but noted the health board was not yet where it needed to be in relation to both finance and performance;
- The new board membership provided clear opportunities for 2018 and the priority needed to be embedding the committee and delivery unit structures, strengthening performance arrangements and developing the board assurance framework;
- 18 recommendations had been identified to support the health board strengthen its arrangements and maximise its opportunities.

In discussing the report, the following points were raised:

Martyn Waygood noted that there was a £60m backlog of maintenance and £70m of obsolete equipment and queried as to how the board was sighted on this. Martin Sollis commented that it

should be included within the risk register.

Tom Crick stated that there were positive messages in regard to information communication technology and the health board should have clear aspirations in relation to delivery of the digital strategy.

Pam Wenger offered her thanks to Wales Audit Office for the report, adding that the messages it contained were quite stark. She added that while the health board had accepted all the recommendations, two had been refined at its request. Carol Moseley added that the intention had not changed but the wording had been made more clear. She stated that there were learning opportunities throughout the report.

Martin Sollis commented that this was an opportunity to use the board assurance framework to drive the plan and focus of the agendas.

Pam Wenger advised that the Wales Audit Office annual report was to be received by the board later than month and queried as to whether the committee felt the board should also receive the structured assessment. Martin Sollis stated that it should.

Pam Wenger stated that the management response was currently being drafted and would be received by the committee in due course.

Resolved: The report be **noted**.

47/18 WAO ANNUAL REPORT 2017

The annual report for Wales Audit Office for 2017 was **received**.

In introducing the report, Dave Thomas highlighted that the report outlined the work of Wales Audit Office for 2017 for both performance and financial audit and included a summary of the structured assessment.

In discussing the report, Martin Sollis noted the use of the term 'significant audit risks' and sought further details. Carol Moseley advised that these related to financial audit risks relevant to accounts work. Dave Thomas added that the template could be amended to be more specific that it related to financial risks for future years.

Resolved: The report be **noted**.

48/18 WAO ANNUAL PLAN (TO INCLUDE FEES)

The Wales Audit Office annual plan for 2018 (including fees) was **received**.

In introducing the report, Dave Thomas highlighted the following points:

- Included within the plan was the all-Wales work, part of which would entail thematic follow-ups of orthopaedics and coding;

- Discussions would take place with the health board as to the appropriate local work to undertake;
- The fees for 2018 had reduced compared with last year reflecting the quality of the information received from the finance team for the annual accounts process and the skillmix of the audit team.

Resolved: The report be **noted**.

49/18 WAO AUDIT REPORT: DISCHARGE PLANNING

A report outlining the findings of the Wales Audit Office review of discharge planning was **received**.

In introducing the report, Carol Moseley highlighted the following points:

- Effective discharge planning was important for patient flow;
- Some improvement had been evident with regard to the flow within the emergency department and good collaboration with partners was evident, but there was still work to do;
- A comprehensive discharge policy was now in place as well as resources to support the process;
- Operational practice differed across sites and there was no weekend work for dedicated discharge resources;
- While there was a training programme, this was largely based on refresher training;
- Sufficient discharge planning would assist with delayed transfers of care;
- The report made four recommendations;
- Healthcare Inspectorate Wales was reviewing the quality of communications between primary and secondary care and a report was expected in due course.

In discussing the report, the following points were raised:

Lynne Hamilton commented that the report was helpful in regard to financial and service planning and to deliver it would be essential. She added she would like to see it actioned quickly for the sake of patient safety and experience but it was unclear as to who was the executive lead. Pam Wenger undertook to clarify this.

Martin Sollis stated that it was important to understand the process to manage the scrutiny of issues arising from such a report, adding that there were quality and safety issues as well as performance challenges to consider. He commented that assurance needed to be sought from the relevant committee that there was traction in the underlying process. Carol Moseley responded that these comments aligned with the structured assessment and needed clarity on the focus of individual committees and what they oversaw for scrutiny and assurance purposes.

PW

Mark Child commented that it would be useful for the report to be shared with the health board's partners as it was not just the health board involved in discharge planning. He added that consideration needed to be given to extending such reviews more widely to take into account the Western Bay programme. Carol Moseley advised that there no plans to do this currently but the review of the integrated care fund would include the Western bay programme.

- Resolved:**
- The report be **noted**.
 - Executive lead for the report be clarified.
 - Report be referred to the Quality and Safety Committee.

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50/18 WAO AUDIT REPORT: FOLLOW-UP OF OUTPATIENTS

A report outlining the findings of the Wales Audit Office follow-up review of outpatients was **received**.

In introducing the report, Carol Mosley highlighted the following points:

- Progress since the review in 2015 had been the focus of the work;
- There had been some improvement and some work was in progress;
- Of the eight recommendations, four were ongoing and the rest were overdue;
- Progress had been made in relation to validation and booking protocols;
- No new recommendations had been made following the report just the requirement to address those outstanding.

In discussing the report, the following points were raised:

Martyn Waygood noted that the previous two reports had highlighted variations in practice across the health noard and queried why this had not been addressed. Carol Moseley agreed there were unexplained differences across the health board but noted that as demographics differed by area, structures may need to vary to reflect this.

Martin Sollis noted that outpatient performance had only been considered once by the Performance and Finance Committee and the Wales Audit Office review aligned with recent criticism that the health board was not a learning organisation.

Martin Sollis suggested that the Performance and Finance Committee receive both this report and the review of discharge planning to drive improvements. This was agreed.

PW

- Resolved:**
- The report be **noted**.
 - Wales Audit Office reviews of discharge planning and outpatient services be received by the Performance and

PW

51/18 INFORMATION GOVERNANCE UPDATE REPORT

Sian Richards was welcomed to the meeting.

A report outlining the information governance and fax policies for approval was **received**.

In discussing the report, the following points were raised:

Tom Crick commented that the information governance report was comprehensive and excellent. He added that it was strange to see the fax policy for approval as this was a culture from which the organisation should be moving away. Sian Richards advised that the informatics service was working to eradicate faxes and internal use was the most prolific. She added that faxes were also the biggest sources of breaches reported to the Information Commissioner's Office.

Martin Sollis queried the progress made on the infographic which had been requested at the previous meeting in relation to the police disclosure policy. Sian Richards advised this was a work in progress.

Martin Sollis commented that there were a number of procedures below the information governance policy which made it complex. Sian Richards responded that simpler versions were in place to support staff with compliance.

- Resolved:**
- The report be **noted**.
 - The information governance and fax policies be **approved**.

SR

52/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

53/18 NEXT MEETING: Thursday, 19th April 2018, 9.30am, Board Room, Headquarters.