

AUDIT COMMITTEE PUBLIC MEETING

Minutes of the Meeting Held on 14.12.21

Via Microsoft Teams - the Health Board has determined that the public are excluded from attending the Committee's meeting in order to protect public health during the pandemic.

Present	
Richard Medwyn Hughes	Independent Member (Chair)
Richard Micklewright	Independent Member
Jacqueline Hughes	Independent Member
Lyn Meadows	Independent Member

In Attendance	
Jo Whitehead	Chief Executive
Louise Brereton	Board Secretary
Simon Cookson	Director of Audit and Assurance, NWSSP
Andrew Doughton	Performance Audit Lead, Audit Wales
Simon Evans-Evans	Interim Director of Governance
Sue Green	Executive Director of Workforce and Organisational Development
Dave Harries	Head of Internal Audit, NWSSP
Nicola Jones	Acting Deputy Head of Internal Audit, NWSSP
Sue Hill	Executive Director of Finance
Tim Woodhead	Finance Director of Operational Services
Molly Marcu	Interim Deputy Board Secretary

Agenda Item	Action
AC21.73: Opening Business and Apologies for Absence.	

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<p>The Chair welcomed Members and attendees to the meeting. Apologies were received from Gill Harris, Deputy Chief Executive and Executive Director of Nursing and Midwifery.</p> <p>The Committee Chair thanked Lyn Meadows for her contributions as a longstanding member of the committee and also a member of the Health Board.</p> <p>This was echoed by members and executive colleagues in attendance. The Committee Chair extended a welcome to Richard Micklewright to his first meeting as an Audit Committee member.</p>	
<p>AC21.74: Declarations of Interest.</p> <p>No declarations of interest were made at the meeting.</p>	
<p>AC21.75 Procedural Matters.</p> <p>AC21.75a Draft minutes</p> <p>The Committee resolved to approve the minutes of the meeting of the 28th of September 2021 as an accurate record, subject to a slight amendment to section 21.5.1.0</p> <p>AC21.75b Summary Action Log</p> <p>The Committee reviewed the actions pertaining to the accountability performance framework. It was confirmed that the work was still on track to be delivered in March 2022.</p> <p>AC21.75C Breach Log</p> <p>AC21.75d Remuneration and Terms of Service Committee terms of reference</p> <p>The Board Secretary reported that the terms of reference were submitted to the committee for approval due to a recommendation from a September 2021 internal audit report recommendation on Upholding Professional Standards in Wales to incorporate a Designated Board member as a formal member of the Committee.</p> <p>Following submission of the revised terms of reference to the Remuneration Committee, the Audit committee was now asked to approve this amendment on behalf of the Board, in line with the BCUHB governance processes.</p> <p>The Audit Committee resolved to approve the revised terms of reference of the Remuneration and Terms of Service Committee.</p>	

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<p>AC21.75e Overview of Procurement regulations</p> <p>The Finance Director of Operational Finance provided a verbal update on procurement regulations.</p> <p>He reported that the procurement regulations had been amended due to the removal of the Value Added Tax (VAT) element, which however did not warrant an adjustment to the Health Board's standing orders, standard financial instructions.</p> <p>In terms of impact, it was clarified that this change would slightly reduce the OJEU limits.</p> <p>Richard Micklewright enquired whether the Health Board was still subject to OJEU rules post Brexit.</p> <p>The Finance Director of Operational Finance confirmed that the European Regulations were still applicable to Public Sector bodies, in the same manner as they were previously.</p> <p>The Committee noted the verbal update on procurement regulations.</p>	
<p>AC21.76: Issues Discussed in Previous Private Committee Session.</p> <p>RESOLVED: That the report on issues discussed in the previous Private Committee session be noted.</p>	
<p>AC21.77: Chair's Assurance Report : Risk Management Group</p> <p>The Interim Director of Governance presented the Risk Management Group Chair's report on behalf of the Deputy Chief Executive and Executive Director of Nursing and Midwifery.</p> <p>Members of the Committee were informed the Risk Management Group was quorate when it met in October 2021, with good representation.</p> <p>There were a few matters to bring to the attention of the Committee. Firstly, the Chairmanship of the Group had been revised from the Deputy Chief Executive and Executive Director of Nursing and Midwifery to the Executive Medical Director.</p> <p>This change provided a degree of segregation of duties from the Deputy Chief Executive (with operational responsibility for risk management) whilst enhancing the arrangements for scrutiny and challenge of the risk management arrangements.</p> <p>Secondly, the Interim Director of Governance reported that the group had undertaken deep dives on BAF 21-12 (Security) and BAF 21-13(Health and safety risks)</p>	

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<p>Meetings had progressed for the purposes of undertaking deep dives on cyber security and clinical capacity at the tier 1 (corporate risk register) level.</p> <p>Ten divisional risk reports had been reviewed by the Risk Management Group (as part of its cycle of meetings) in order to ascertain the effectiveness of the risk management processes across the divisions reviewed.</p> <p>The remainder of the report reflected business as usual activity in relation to the risk management improvement plan, as well as the risk management training plan, with the latter now slightly off track, but on course to be achieved at the end of March 2022.</p> <p>In response to an enquiry from Richard Micklewright, the Interim Director of Governance confirmed that the target of training 1000 staff members was still feasible to be achieved by the end of March 2022.</p> <p>To date, half of the target had been delivered, however it was recognised that this was at risk of non-delivery by March 2022, due to sickness within the team and the focus of the organisation in terms of delivering on the national priorities of the vaccination programme and the impact of winter. However, all efforts would be put towards achieving this target.</p> <p>The Chief Executive explained that she had indeed had a similar discussion with the Interim Director of Governance, and was assured by mitigations put in place to achieve compliance.</p> <p>She stated that the impact of COVID would need to be considered and factored into the activities of the organisation more generally, although it was very familiar to colleagues who were with the organisation during the last wave of the pandemic.</p> <p>The Health Board had already received an instruction from Welsh Government to stand down all non-essential meetings, and then there would be further consideration of the set-up of gold command, as well as how the organisation would manage and maintain good governance during COVID.</p> <p>The Committee noted and received the Corporate risk register report</p>	
<p>AC21.78: Board Assurance Framework</p> <p>The Board Secretary presented the Board Assurance Framework report. Members were informed that that this iteration of the BAF constituted the sixth monthly and full board assurance framework submitted to the audit committee as part of the assurance processes.</p> <p>There were 21 risks on the BAF, which was considered a high number, however this would be resolved as part of the refresh process aligned to</p>	

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<p>the Integrated Medium Term Plan (IMTP) in the fourth quarter of the 2021/22 financial year.</p> <p>This work would also focus on the appropriateness of risks and their alignment to the strategic objectives.</p> <p>Whilst this work was underway it was proposed to suspend presentations on the BAF in quarter 4 until the completion of the refresh process, leading up to a Board workshop in February 2022, aligned to a reset alongside the strategic objectives and the IMTP.</p> <p>It was acknowledged that there was a significant amount of work to be done in order to update the BAF, including the alignment of target risks with the organisation's risk appetite.</p> <p>Members were invited to comment.</p> <p>Lyn Meadows noted that there was a need to take into consideration the impact of COVID on the delivery of this work.</p> <p>The Committee noted the BAF report and approved the suspension of quarterly reports to committees for quarter 4 of the 2021/22 period</p>	
<p>AC21.79: Corporate Risk Register</p> <p>The Interim Director of Governance presented the key highlights from the risk register report.</p> <p>The Committee was informed that there were four new risks raised since the last report, and one additional risk (pertaining to the Health Board's resilience to uncertainties) was currently being drafted at the time of the meeting, at the request of the Quality Safety Experience Committee.</p> <p>The Committee was informed that 4 risks had decreased in rating, with one remaining unchanged.</p> <p>Jacqueline Hughes proposed consideration of a legionella risk specifically relating to Health Board premises, addition that there was possibly an exposure to risk in other sites occupied by BCUHB</p> <p><i>Action : Interim Director of Governance</i></p> <p><i>Consideration to be given to expanding the legionella risk to be expanded to incorporate non BCU sites</i></p> <p>Richard Micklewright requested clarification on why risk CRR20-08 was confined to vision and not wider issues as a result of COVID.</p> <p>The Interim Director of Governance clarified that this risk was focussed on capacity issues within ophthalmology, where there was an enhanced difficulty to recruit within this specific service as a result of the pandemic. This risk was being monitored at the Quality and Safety Experience Committee, and remained prevalent, however it had not crystallised as yet.</p>	

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<p>The Chief Executive stated that the Trust was working with a private sector provider in the North West region to provide additional ophthalmology activity in order to mitigate the risk.</p> <p>The Chief Executive acknowledged Richard Micklewright's observations, and she requested that the risk should be broadened to incorporate the impact on COVID in light of Omicron, and the ability of the private provider to reduce waiting times to manage this risk.</p> <p><i>Action : Interim Director of Governance</i></p> <p>The Interim Director of Governance explained that the COVID risks on the whole were regularly monitored by the operational group responsible for managing the Trust's response to COVID.</p> <p>In addition, the governance structures around gold command were currently under development, with a key element of this being COVID related risks.</p> <p>Richard Micklewright observed that there appeared to be 21 mitigations aligned to risk 13 (diminishing nursing workforce) that were operational in nature.</p> <p>It appeared that there were some medium term controls that were missing, such as processes for managing workforce numbers in the medium to long term future.</p> <p>Richard Micklewright further enquired whether members were content that the controls captured against this risk were sufficient.</p> <p>The Interim Director of Governance explained that he would facilitate a review of this risk by the Executive Director of Nursing and Midwifery in their capacity as risk owner and provide an assurance update to the Quality, Safety and Experience Committee.</p> <p><i>Action : Interim Director of Governance</i></p> <p>The Chief Executive added that there were medium term challenges associated with nursing workforce planning, which applied to medical and allied health professional workforce.</p> <p>Therefore the first piece of work underway to address this was associated with the integrated medium term plan, which was the immediate work to ensure that the plans put in place (which had formed part of previous board workshops discussions) were correlated with associated financial and workforce plans.</p> <p>This process would aid clarity that the Board was only approving plans that could be delivered immediately (due to be available workforce), from the current intakes associated with professional training in terms of the shorter to medium term with regard to workforce planning.</p> <p>The Chief Executive added that there were processes in place which enabled reviews of likely retirements, (built on history around resignations), or short to medium term absences, in order for the Health</p>	

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<p>Board to link in with Health Education and Improvement Wales , (the organisation in Welsh Government who provide and pay for the numbers of staff needed to train) in order to manage and mitigate future exposure to risk.</p> <p>It was acknowledged that despite significant expenditure amounting billions of pounds, being additionally put into the teaching and training environment through Welsh Government, it was unlikely that the organisation would be always able to ensure in the future that sufficient nurses, doctors and allied health professionals in the broadest terms are being trained in order to always to fulfil the Health Board's future workforce requirement.</p> <p>Therefore, there were significant pieces of work in play with regard to retention and also role substitution (which needed to be carefully managed in partnership with BCUHB union partners) to try and identify in traditionally hard to recruit to posts, where it was known that were insufficient training numbers across the whole of the United Kingdom to fill gaps.</p> <p>The Chief Executive stated that the organisation was working to develop new roles that will enable the provision of safe staffing, adding that had she been present in the meeting, the Executive Director of Nursing and Midwifery would be able to talk much more eloquently about the practical arrangements in place within nursing to drive the Health Board's medium term plans, which were also supported by a workforce strategy .</p> <p>The Committee Chair enquired whether the Trust was unique in experiencing staffing shortages in comparison with neighbouring organisations of a similar size.</p> <p>The Executive Director of Workforce confirmed that the benchmarking indicated that the Trust numbers were in line with peers.</p> <p>Potential risks were in relation to the age profile, the model of delivery (medicalised bed based model) which placed a higher staffing requirement .</p> <p>Moving towards a closer to home services would result in a more sustainable requirement.</p> <p>Workforce performance reports provided detailed assurance on this , and these were considered at the Performance, Finance and Information Governance Committee meeting.</p> <p>The committee noted and received the corporate risk register report</p>	
<p>AC21.80: Internal Audit Progress Report</p> <p>The Committee were provided with an overview of the findings from the main internal audit report by the NWSSP Audit and Assurance Services</p> <p>The Acting Deputy Head of Internal Audit summarised the position relating to reports completed since the last meeting.</p>	

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<p>There had been six reports issued as final, of which three were given a 'reasonable' rating, one was limited in relation to leavers managements. Whilst no assurance rating had been allocated to the Secondary Care Division – YGC audit, there were concerns around the governance arrangements, which in practice tended to bypass of the hospital management team with no clear lines of reporting.</p> <p>The YGC audit had also found that there were some outstanding actions from the quality governance review, which had not been implemented for a considerable amount of time, despite some initial traction.</p> <p>It was acknowledged that there had been some changes in senior management , which could be a contributing factor, and also that there could be a similar gap at other sites, therefore exposing the Health Board to a wider concern around some of the governance arrangements.</p> <p>The Acting Deputy Head of Internal Audit also highlighted a further report for the committee's attention, pertaining to Maternity cross border arrangements, which was broadly speaking cited as a positive review. As part of the review, NWSSP Audit and Assurance Services had asked the Health Board to get some clarity in terms of what choices should be given to women in terms of where they can give birth as this was impacting on the cost of contracts.</p> <p>In addition, a further recommendation had been made in relation to carrying out some analysis on the data in terms of reasons behind where women are giving birth and why some appeals were successful.</p> <p>It was also highlighted that the Health Board was currently at 56% compliance with responses to internal audit recommendations, as at the end of November, which was expected to further increase over the next few weeks.</p> <p>The Acting Deputy Head of Internal Audit highlighted another targeted intervention report had also just been issued, whilst a KPMG report was now at its final stage.</p> <p>Finally, The Acting Deputy Head of Internal Audit reported that internal audit had started meetings with counter-fraud to review plans and enable cross working on areas of focus and priority.</p> <p>The Committee went into detail into the findings of the report pertaining to leavers' management.</p> <p>Lynn Meadows asked the Chief Executive whether there were any additional mitigations being considered at Executive team level given the longstanding issues with YGC</p> <p>The Chief Executive reported that members of the Executive Team had met with colleagues from the YGC.</p> <p>The Executive Team was quite keen to work with YGC over a range of complex issues, which were being appropriately managed. One of the</p>	

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<p>benefits of a revised operating model incorporated closer working directly as part of the Executive Team.</p> <p>The Chief Executive explained that each District General Hospital had its own challenges, however the issues pertaining to YGC were particular and specific to the organisation itself.</p> <p>In response to a question by Lynn Meadows, the Board Secretary was asked to clarify whether the issue relating to YGC should be escalated to the Board. The Board Secretary responded that this was within the discretion of the committee to determine.</p> <p>Richard enquired whether the Chief Executive was confident that the matters of concern at YGC would be resolved within the next 12 months. The Chief Executive explained that there were some early signs that some of the cultural challenges had been addressed</p> <p>The Interim Director of Governance explained that he had undertaken a piece of work across the three sites, and the report was welcome and timely, and lessons learnt feeding into the new governance model.</p> <p>Members agreed that this matter would be escalated to the next meeting of the Board.</p> <p><i>Action : Chair of the Audit Committee</i></p> <p>Lynn enquired about the capital scheme being postponed , and whether the delay was acceptable to the committee.</p> <p>In response to a query from the Committee Chair, members confirmed that they had no questions was highlighted that there were no questions in relation to the maternity</p> <p>The Committee were then invited to consider the findings of the leavers audit, which had been issued with a limited assurance audit opinion. The Internal Audit Manager highlighted that the main finding was in relation to failure by staff to comply with clear guidance was in place, however operational compliance was not in place.</p> <p>Operational management were expected to complete forms once notification of a pending leaver was given, however the issue was more in relation to policing compliance.</p> <p>The Head of Internal Audit reported that the findings of the audit reflected a gradual increase in salary overpayments due to the late submission of leavers' paperwork by operational managers. Clear guidance had been issued by workforce however there was a lack of operational compliance with expected controls around leavers, with the backstop control being to generate a debtor accounts for overpayments.</p> <p>This mitigation was not deemed satisfactory as it relied upon the Finance department raising debts that were in some instances written off.</p>	

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<p>The Committee were informed that the key control incorporated management receiving a resignation or termination, which was then the trigger for the completion of relevant leaver's documentation.</p> <p>The Head of Internal Audit stated that there were opportunities to utilise the self-service aspect of the ESR system, which was positively viewed as an effective control by operational management.</p> <p>This particular control was required to be embedded, however the review had ultimately resulted in a limited assurance audit opinion due to a failure by operational management to comply with the appropriate policies and procedures.</p> <p>The Director of Workforce stated that the findings were based on a sample of 27 cases, of which a high proportion were non-compliant, however it was a relatively small sample that was representative of a systemic issue that was not widespread within the organisation.</p> <p>It was acknowledged that the gaps were mainly within clinical areas, therefore this was a systemic issue that was routinely discussed by workforce staff with operational managers through their roster management meetings.</p> <p>Additional support had been put in place to those areas who were largely non-compliant.</p> <p>The Director of Workforce explained that there was evidence that this was not a widespread issue, but rather, they were pockets of non-compliance.</p> <p>The HR teams provided the business partnering service, and were well integrated into the senior management teams, where performance against this metric was monitored. Therefore it was important to recognise that this metric was owned at senior management team level.</p> <p>Operational management provided information to the business partners to enable them to raise this with the Chief Finance Officer and leadership teams.</p> <p>The Chair invited questions.</p> <p>Richard Micklewright observed that the report was highlighting systemic organisational wide issues, with some financial losses that were deemed significant.</p> <p>Richard Micklewright expressed his view was that 89% of the forms were late, and one was 126 days late, with a potential £1m impact.</p> <p>The Executive Director of Workforce responded that this was indeed a priority, and reiterated that actions had been put in place to re-escalate this as part of the divisional performance reports.</p> <p>The salary overpayments metric was included in the performance dashboard which was monitored and scrutinised at the senior leadership teams.</p>	

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<p>The Executive Director of Workforce stated that this was also included in the recruitment improvement review, which incorporated actions which would be completed the actions by the 31st of January 2022 and evidence of this completion would be reported back to the Committee.</p> <p>This four week timeline would provide the committee with assurance on the level of prioritisation on this area as well as their completion, given the context of other priorities at this point in time, and other constraints caused by COVID.</p> <p>Richard Micklewright enquired how much was owed to the Health Board due to salary payments to date.</p> <p>The Executive Director of Finance reported that the total salary overpayments figure amounted to £637,000, of which £160,000 was with collection agencies.</p> <p>This amount had been outstanding over a long time period as some of those debts were of a historic nature, due to instalment plans were put in place over a very long period, however a small proportion was written off.</p> <p>The Executive Director of Finance stated that further enhancements could be made to the process, focussing on key aspects such as cut off dates and improvements in communicating the process better to operational management.</p> <p>The payroll service was managed through NWSSP, which presented an opportunity to resolve the issue as a 'triumvirate' to ensure a coordinated communications approach.</p> <p>There was already a process in place about communicating to managers about the late form, and a further process could be put in place to enable managers to process payroll forms on time, more easily .</p> <p>The Committee Chair stated that the Committee was keen to monitor the effectiveness of the mitigations proposed as part of the management responses to the audit, recognising that the Health Board should be in a much improved position within 12 months' time.</p> <p>In seeking this assurance the Committee would take into account the work of the internal audit function to monitor implementation of these actions.</p> <p>The Committee noted and received the Internal Audit Progress reports</p>	
<p>AC21.80 External Audit - Audit Wales Reports</p> <p>Andrew Doughton highlighted the Committee's attention to page seven of the progress report, which outlined the four reviews that were finished and discussed with the board secretary, and shared with the Executive Team, who were cited on the full reviews that were being recommended for deferment.</p>	

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<p>The rationale was included within the progress reports seeking the Committee's approval to defer those as part of the risk based planning process for 2020 /23.</p> <p>A formal request had also been received on the 13th of December 2021 from the Executive director of primary and community care around deferring the value based health care review, due to ongoing recruitment into the team, therefore at this stage there was no value in undertaking an audit.</p> <p>On this basis Audit Wales had supported that approach and were now seeking the Audit Committee's approval to defer this review.</p> <p>Assurance was given that there would still be enough reviews in the plan to maintain continuity, however it was worth noting that this relied in part on the impact of COVID and whether there was flexibility in approach on whether the Health Board was issued a narrative or a full opinion. Andrew Doughton added that this matter was now being flagged following the Chief Executive's earlier advice about COVID.</p> <p>The Committee approved the deferment of the following reviews:</p> <ul style="list-style-type: none"> • Digital strategy • Digital Transformation of services preparedness • Climate change decarbonisation • Value based health care <p>Audit Wales update</p> <p>Audit Wales highlighted Committee members' attention to the financial audit work, and commenced the report by highlighting that the funds held on trust audit was now currently progressing with the report anticipated to be issued in January 2022.</p> <p>A planning exercise was also underway on both the financial audit work and the performance audit.</p> <p>Audit Wales were working alongside internal audit meeting with a range of stakeholders to further their understanding of progress ahead of the committee meeting in March 2022.</p> <p>Exhibit two highlighted the work completed that featured in the meeting, whilst exhibit three illustrated the work currently underway.</p> <p>Members welcomed the useful report.</p> <p>Structured Assessment</p> <p>Audit Wales reminded members that this report had formed part of a recent board development discussion, therefore it would be considered in summary form in the committee meeting.</p>	

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<p>Structured assessments were designed to help the auditor general discharge his duties on the extent that the bodies have proper arrangements to secure value for money.</p> <p>The Phase One report considered the health boards' operational planning arrangements and how they were helping to support improvement and ultimately recovery.</p> <p>The second phase of this work (which had just recently been reported) was focussed on the corporate governance arrangements and the financial management arrangements have been adapted and continued to be adapted currently.</p> <p>In terms of the overall conclusion, members were informed that this was deemed quite a positive report.</p> <p>The report highlighted a very promising start by the board demonstrating strong leadership, towards making significant improvements as part of targeted intervention, which were recognised as significantly better than what was originally adopted as part of special measures.</p> <p>Governance and risk management arrangements were developing as the approach for supporting change and transformation and improvement.</p> <p>It was acknowledged that some of those were still in the process of being embedded.</p> <p>Despite this, Audit Wales had been able to gain visibility of these building blocks started to be put in place, which was in the context of considerable ongoing service pressures, waiting list backlogs, as well as tensions and challenges with IT services at the present time.</p> <p>Committee members applauded the positive findings in the report. Richard Micklewright emphasised the need to acknowledge and celebrate the positive outcomes and improvements, in spite of the development improvement process that the Health Board was currently undergoing.</p> <p>Audit Wales then presented the financial aspects of the report. The receipt of the additional income alongside improved financial planning had contributed towards strengthening the health board's financial outlook.</p> <p>Audit Wales had highlighted risks within the report around Liberty capital funding.</p> <p>It was confirmed this was not unique to the health board, although it did present challenges in areas such as diagnostic and treatment centre, as well as the regional treatment centre.</p> <p>The concern was that the health board was receiving quite substantial amounts of additional funding at some point that might not continue to flow.</p> <p>As there was also an additional challenge about financial sustainability there was therefore merit in the consideration of putting in place the right building blocks as soon as possible, to ensure that once that income started reducing again, the Health Board would have financially sustainable services rather than being in a recurrent deficit position.</p>	

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<p>Audit Wales further made one additional recommendation pertaining to reporting of financial deficiencies.</p> <p>In addition, the report also provided a progress update against the previous year's recommendations.</p> <p>The Committee were then informed of the findings of the eye care services review.</p> <p>In summary, the review was less positive than that of the structured assessment.</p> <p>The reported highlighted substantial deterioration in eye care service performance. The review indicated referral demand increasing to pre-COVID levels, at a higher rate than capacity was recovering, therefore creating additional waits, which had increased by 50% during the pandemic.</p> <p>The report clearly identified the need to improve service efficiency, which was highlighted as being below average for the pandemic and persons who rated it.</p> <p>There was a clear business case in building strong relationships with primary care and community services as well as exploring ways to present hope to different alternatives. Reference was also made to consideration of regional treatment centres that provide longer term additional capacity.</p> <p>However, it was recognised that these would take time to develop. As previously mentioned by the Chief Executive, the Health Board had taken an interim measure by working collaboratively with a third sector provider in order to provide additional outputs to outsource services. This was a one year contract that had scope for extension by a further two years.</p> <p>It was anticipated that this arrangement should provide some breathing space however, it was reliant on the Health Board enhancing its resilience by building up his own internal capacity moving then on to longer term models for acute care.</p> <p>The Eye Care Service was going to require a stronger workforce than was currently in place, which was a significant challenge given the current workforce gaps in the service.</p> <p>The report highlighted vacancies in clinical leadership that needed to be filled, as well as an opportunity that stopped to bring together technology and optometry clinical leadership in a more coordinated way.</p> <p>Finally, another challenge had been highlighted in terms of at the constraints presented by the estate, across the three sites, therefore the issues were not unique to any one particular site.</p> <p>It was crucial for the health board to gain sufficient understanding of the change that was needed to be made to its estate as this could aid the attainment of efficiency gains and build capacity.</p>	

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<p>Richard Micklewright enquired about the graph in section 30, (which outlined the trends on the number of operating theatre sessions) and whether the data enabled an understanding of the level of productivity was, and whether the Health Board was an outlier.</p> <p>The Executive Director of Finance explained that the Executive Team had detailed discussions before the impact of COVID on Client Care and Use of our theatres, and the impact of ensuring robust infection prevention control protocols were appropriately in place.</p> <p>It was confirmed that the proportion of productivity lost as a result of these measures was estimated at 30% .This review also indicated that the Health Board was not an outlier across the UK or NHS Wales.</p> <p>The Committee was informed that the other two reports pertaining to Taking Care of the Carers and A Picture of HealthCare were submitted for information and assurance to the committee.</p> <p>Audit Wales highlighted the findings of the report on commissioning old people's home placements, which was submitted to the private session of the committee as it had to be submitted to the Local Government Executive before it could be published publicly.</p> <p>In terms of the report, it's a cross cutting regional review undertaken across north Wales, with the Northwest councils and the health board, focusing very much on the commissioning of cabin placements.</p> <p>In addition, the audit highlighted that the partners are working individually collectively to provide a calf replacement, however this made it as it created complex national processes.</p> <p>There's a significant focus on costs, which appeared to cause division amongst partners and has the potential to impact adversely on service users and their families.</p> <p>In the report, Audit Wales had highlighted the need to strengthen accountability and more joined up regional strategic approach and plan that creates the potential to drive positive change, stronger partnership working. Partners have developed market shaking statements in 2018. But there hasn't really been any real reporting and agreed to follow this up with the Deputy Chief Executive after the meeting.</p> <p>The Committee noted and received the report.</p>	
<p>AC21.82:Schedule of Financial Claims</p> <p>The Finance Director of Operational Services presented the Schedule of Finance Claims report.</p> <p>He informed the committee that the report incorporated appropriate authorisations have been given for claims over the value of 50,000.</p> <p>There was a very tight process around authorised signatories, which were verified within the Finance department before any payments were made.</p>	

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<p>Claims were also managed in accordance with the national legal and risk service risk score standards which was audited every year, with the most recent audit opinion allocated as substantial assurance.</p> <p>Every case we also submit nationally case management report and learning from events report, which is scrutinised by a learning panel awash with support and then the Welsh responsibility. The team continued to operate within the outlined process and have that assurance that is the case.</p> <p>There were a number of claims reported on this quarters report more than previous reports due to the legal system recovering normalcy.</p> <p>Questions were invited.</p> <p>Richard Micklewright enquired whether the Health Board was liable for some claims that dated back to 2006 and 2008. It was clarified that the Trust was liable for these two predecessor maternity claims that tended to be longstanding in nature.</p> <p>The Committee noted and received the Schedule of Claims report</p>	
<p>AC2183: Issues of Significance for Reporting to Board</p> <p>It was agreed that the Committee would escalate the concerns around the YGC audit to the January Board meeting.</p> <p>The Committee noted and approved the matter of significance for reporting to the January Board.</p>	
<p>AC21.84: Date of Next Meeting: 15/03/2022</p>	
<p>AC21.85: Exclusion of Press and Public</p> <p>RESOLVED:</p> <p>That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	