

AUDIT, RISK & ASSURANCE COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY 3 NOVEMBER 2020 VIA MICROSOFT TEAMS MEETING

Present:

Tony Thomas	Independent Member – Finance (Committee Chair)
Professor Vivienne Harpwood	Independent Member – PTHB chair
Mark Taylor	Independent Member – Capital and Estates
Ian Phillips	Independent Member – ICT
Mel Davies	Independent Member – Vice Chair
Matthew Dorrance	Independent Member – Local Authority

In Attendance:

Carol Shillabeer	Chief Executive
Pete Hopgood	Director of Finance, Information and IT
Rani Mallison	Board Secretary
Sarah Pritchard	Head of Financial Services
Helen Higgs	Head of Internal Audit
Osian Lloyd	Internal Audit
Felicity Quance	Internal Audit
Melanie Goodman	Internal Audit
Elaine Matthews	External Audit (Audit Wales)
Julie Rowles	Director of Workforce & OD and Support Services (for items 3.6 a&b)

Committee Support

Caroline Evans	Head of Risk and Assurance
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ARA/20/71	<p>WELCOME AND APOLOGIES</p> <p>The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above.</p>
ARA/20/72	<p>DECLARATIONS OF INTERESTS</p> <p>The Committee Chair INVITED Members to declare any interests in relation to the items on the Committee agenda.</p> <p>None were declared.</p>
ARA/20/73	<p>MINUTES FROM THE PREVIOUS MEETING FOR RATIFICATION</p> <p>The minutes of the meeting held on 8 September 2020 were RECEIVED and AGREED as being a true and accurate record, subject to the following amendments:</p> <p>ARA/20/63: External Audit work currently underway: Follow-up of operating theatres. This item was included in the report in error as this work is not being undertaken, so is to be removed.</p> <p>ARA/20/65: Mark Taylor questioned whether it was recommended that the health board should employ more staff.</p>
ARA/20/74	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>There were no matters arising from the previous meeting.</p>
ARA/20/75	<p>COMMITTEE ACTION LOG</p> <p>The Committee received the action log and the following updates were provided.</p> <p>ARA/19/68: Policy approved by Board 25 May 2020. List of IOs to be developed. Proposal to develop a pool of IOs recently approved by Executive Committee. Action not identified as a priority in responding to COVID-19.</p> <p>ARA/19/115e: Action not identified as a priority in responding to COVID-19.</p> <p>ARA/20/56: Action complete. Summary report included at agenda item 3.1.</p> <p>ARA/20/58: Action complete. Re-prioritisation of audit recommendations is outlined within the report on agenda item 3.3, which seeks Committee approval of the new approach. Subject to approval, audit recommendations will be re-prioritised and presented to the Committee in January.</p> <p>ARA/20/59: The health board has approached NWSSP Legal and Risk to assist with this request. NWSSP Legal and Risk are currently finalising a review of all NHS Wales cases and Lessons Learnt and will be reporting on this shortly. Therefore, the findings of this NWSSP L&R review will be</p>

	<p>analysed and incorporated into the January 2021 interim update on Losses and Special Payments to provide a response to the committee's request.</p> <p>ARA/20/61: Action complete. Report included at agenda, item 3.2.</p> <p>ARA/20/64: To be arranged for 2021.</p>
ARA/20/76	<p>APPLICATION OF SINGLE TENDER WAIVERS (STWs)</p> <p>In-line with the organisation's Standing Orders, there is a requirement for all single tender waiver and extension of contracts to be reported to the Audit Risk and Assurance Committee. Single tender waiver shall only be permitted when a single firm or contractor or a proprietary item or service of a special character is required and as set out in law. Single tender waiver shall only be employed following a formal submission and with the express written authority of the Chief Executive, or designated deputy having taken into consideration due regard of procurement requirements.</p> <p>Sarah Pritchard presented the STW requests made between 1 August 2020 and 30 September 2020 and signed by the Chief Executive, detailing one 'Prospective' STW as follows: -</p> <ol style="list-style-type: none"> 1. Construction Works (Urgency of Work due to Pandemic requirements [£30,000]). <p>Ian Phillips asked queried the Dun and Bradstreet Report.</p> <p>Sarah Pritchard explained this is a financial check and credit check run on the suppliers to enhance governance.</p> <p>The Committee RATIFIED the approval of the STW.</p>
ARA/20/77	<p>ANALYSIS OF SINGLE TENDER WAIVERS 2017-2020</p> <p>In-line with the organisation's Standing Orders, there is a requirement for all single tender waiver and extension of contracts to be reported to the Audit Risk and Assurance Committee. Single tender waiver shall only be permitted when a single firm or contractor or a proprietary item or service of a special character is required and as set out in law. Single tender waiver shall only be employed following a formal submission and with the express written authority of the Chief Executive, or designated deputy having taken into consideration due regard of procurement requirements.</p> <p>At the September 2020 Audit Risk and Assurance Committee it was requested that a summary of STWs over a period of time is presented to the next meeting, to identify trends and themes where there is a greater use of STWs in a particular area.</p>

Pete Hoppood advised that an analysis of approved Single Tender documents covering the period 1st April 2017 to 30th September 2020 has been undertaken by the Head of Financial Services. It should be noted that the 2020/21 financial year metrics only includes 6 months data. Detail of Usage per Directorate is as follows with the majority being undertaken by the Directorate of Primary and Community Care and Mental Health and the Directorate of Planning and Performance (includes Estates and Commissioning):

Financial Year Approved	Directorate of Finance & ICT	Directorate of Nursing and Therapies	Directorate of Planning and Performance	Directorate of Primary Care, Community Services and Mental Health	Directorate of Public Health	Directorate of Workforce and Facilities	Grand Total
2017/18	1	3	4	7		2	17
2018/19			2	9		2	13
2019/20			3	8	1	1	13
2020/21			2	3			5
Grand Total	1	3	11	27	1	5	48

Ian Phillips commented that it is a really helpful report.

The Committee RECEIVED and NOTED the Analysis of Single Tender Waivers 2017-2020.

ARA/20/78

COVID-19 Governance Arrangements: Key Learning Areas and Management Response

Rani Mallison presented the previously circulated report, which presents the health board’s response to Internal Audit’s review of governance arrangements during the COVID-19 pandemic.

At its meeting on 08 September 2020, the Audit, Risk and Assurance Committee received a report of Internal Audit which outlined the findings of a review of the health board’s governance arrangements during the COVID-19 pandemic. The review was undertaken in an advisory capacity and therefore no assurance rating applied.

Rani Mallison advised that the review assessed the adequacy and effectiveness of internal controls in operation during the COVID-19 outbreak, with particular regard to the principles set out by the Welsh Government regarding maintaining financial governance. This review therefore focused on: governance and risk management; delegation and escalation; and departures from existing policies and processes.

Ian Phillips commented that it is a really helpful report, and asked how are we capturing the learning to ensure we are being successful and continue to do so in these unprecedented times.

Carol Shillabeer stated that there are a number of mechanisms that we are using to capture the learning, and as we have moved into each phase we

have used those mechanisms to inform each phase. One example is a piece of work led by the Innovation and Improvement Hub to gather the views of people across the organisation as to what they have felt has worked well, and what has not worked well, etc. There are additional mechanisms including regular feedback loops with Trade Unions, Reflection Sessions, and Planning Sessions. Additionally, at Board Development in December there will be a session to take a look back and a look forward in readiness for next year, to understand what we have learned through this year, and what are the new challenges in the context of the pandemic going forward.

Ian Phillips asked for reassurance that we are making the links with Incident Reporting mechanisms.

Rani Mallison stated that the findings of the audit were specifically around the risks associated with responding to the COVID-19 pandemic, so this response is in respect of that. There is work ongoing through the Clinical Quality Framework implementation plan to review and refine the Serious Incident reporting, and policy and system processes. This work will inevitably be linked to the risk management processes, but are not incorporated within this point.

Mel Davies stated that it is a really good report.

Mel asked that given the spike that we are currently going through, do we think that the committees will remain stood up?

Carol Shillabeer stated that the current scenario now in terms of the second wave is very different to the first wave, when we had no experience of COVID-19. The decision by the government at the time was to step down routine and some essential services, so we then had to adjust our working arrangements as a health board. This is one piece of evidence that demonstrates that we did that effectively. Where we are now with the second phase, is that we've learned that there is harm that is caused by stepping down non-COVID-19 services, and our commitment to try and keep that going as much as we possibly can as a health board and as a system in Wales, but actually, that and COVID-19, dealing with both of them coming in together, there is a very real potential of being overwhelmed. There is a realistic prospect of us needing to review our arrangements and review our priorities again as we go through winter. But hopefully we won't need to do that quite as significantly as we did previously, however, we don't quite know yet.

Rani Mallison added that we have committed to bring a further paper to the Board this month about maintaining good governance during Q3 and Q4 of our response. We have committed as a Board to maintain a risk-based approach, to achieve good governance standards.

The Committee RECEIVED and NOTED the COVID-19 Governance Arrangements: Key Learning Areas.

ARA/20/79

RE-PRIORITISED APPROACH TO THE IMPLEMENTATION OF AUDIT RECOMMENDATIONS

Caroline Evans presented the previously circulated report, which sought approval from the Committee of a re-prioritised approach to implementation of audit recommendations due for implementation during the COVID-19 pandemic, which supports delivery of the health board's Winter Protection Plan.

Significant work was taken forward previously, to implement robust systems for recording and monitoring audit recommendations arising from Internal and External Audit Reviews. Progress was made in closing down a large number of previously outstanding audit recommendations.

COVID-19 was declared a pandemic by the World Health Organisation on 11 March 2020, and this subsequently led to NHS organisations, including Powys Teaching Health Board, needing to focus on preparations and plans for dealing with an expected surge in demand of patients requiring interventions. The nature and scale of the response depends on the course of the disease. The situation is changing constantly and will require an agile response.

Whilst the health board operates in unprecedented times, the Board remains accountable as always. The Good Governance Institute advises that during this developing situation, boards should be mindful of their statutory duties but equally they must be conscious of and receptive to the expectations that their staff, stakeholders and communities will reasonably place upon them.

Auditors, via internal and external audit teams, play an important independent role in providing the Board with assurance on the effectiveness and appropriateness of internal controls, systems and processes. It is therefore important that recommendations from such audits are implemented in a timely manner, ensuring that the health board operates effectively and efficiently, mitigating any identified risks.

Recognising the pressures on NHS organisations during the pandemic, Audit Wales informed the health board that whilst audit recommendations previously made will remain valid, it was fully understood that the ability of NHS bodies to implement these recommendations as originally planned would be compromised, as the response to the pandemic takes priority. However, audit recommendations which are related to important aspects of organisational governance and financial management should remain firmly within NHS bodies' line of sight as a means of ensuring business is conducted as effectively as possible in the current circumstances. Subject to approval of the new approach by the Audit, Risk & Assurance Committee, Executive Directors will be asked to reprioritise their remaining outstanding audit recommendations. Prioritisation should be based upon the following category ratings: -

	<p>Priority level 1</p>	<ul style="list-style-type: none"> • Action(s) within the Winter Protection Plan are dependent on implementation of this recommendation • Delivery of the Board’s agreed Strategic Priorities are dependent on implementation of this recommendation • High risk to patient or staff safety / wellbeing identified • Prioritised Compliance with legal requirement / statutory duty identified 	
	<p>Priority level 2</p>	<ul style="list-style-type: none"> • Action(s) within the Winter Protection Plan are not supported by implementation of this recommendation • Low risk to patient or staff safety / wellbeing identified • Compliance with legal requirement / statutory duty identified 	
	<p>Priority level 3</p>	<ul style="list-style-type: none"> • Action(s) within the Winter Protection Plan are not supported by implementation of this recommendation • No risk to patient or staff safety / wellbeing identified • No legal / compliance issues identified 	
<p>ARA/20/80</p>	<p>The Committee Chair stated that Powys is not the only health board taking this approach.</p> <p>Mark Taylor stated that he supports the approach, but asked what is the difference between prioritised compliance and compliance? Carol Shillabeer stated that there was a discussion held about this in Executive Committee, and that when we prioritise the recommendations we will be able to see what are the pinch points, and there will need to be some choices about how we prioritise resource during this time.</p> <p>The Committee RECEIVED and APPROVED the re-prioritised approach to the implementation of audit recommendations.</p> <p>CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2019-20 Powys Teaching Health Board (PTHB) as Corporate Trustee must provide to the Charity Commission by 31st January 2021, an Annual Report and Accounts that have been subject to Independent Examination by Grant Thornton on behalf of Audit Wales and approved by the PTHB Board. Pete Hopgood advised the Committee that the Charity has not exceeded the Charity Commission thresholds for statutory audit for the financial year to 31st March 2020 therefore an Independent Examination is currently being undertaken by Grant Thornton on behalf of Wales Audit Office.</p>		

	<p>Pete Hopgood thanked Sarah Pritchard and the Team for completing the accounts and the report. Pete also stated that this is the final piece of work undertaken by Grant Thornton on behalf of Audit Wales, and expressed thanks to them for their support and service over the last five years.</p> <p>Mel Davies commented that the Annual Report and Accounts are once again really well presented, making it clear of the responsibility we as trustees are charged with, and thanked everyone for the work involved.</p> <p>Mark Taylor stated that next year’s accounts will indicate a lot more movement in terms of the actions taken this year, and on the whole, this is very positive.</p> <p>Sarah Pritchard emphasised that the charity accounts are guided by the charity commission, therefore the layout and requirements are relatively a lot shorter than the health board annual accounts.</p> <p>The Committee RECEIVED and NOTED the Charitable Funds Annual Report and Accounts 2019-20.</p>												
ARA/20/81	<p>INTERNAL AUDIT PROGRESS UPDATE</p> <p>Helen Higgs presented the previously circulated report which provides progress with the 2020/21 Internal Audit Plan as recorded at November 2020.</p> <p>Helen Higgs advised that progress against the Plan is as follows:</p> <table border="1" data-bbox="419 1189 1393 1429"> <tr> <td>Number of audits finalised</td> <td>7</td> </tr> <tr> <td>Number of audits issued at draft</td> <td>0</td> </tr> <tr> <td>Number of audits in progress</td> <td>8</td> </tr> <tr> <td>Number of audits not started</td> <td>3</td> </tr> <tr> <td>Year-end reporting</td> <td>2</td> </tr> <tr> <td>Total number of audits in 2020/21 plan</td> <td>20</td> </tr> </table> <p>The Committee RECEIVED and NOTED the Internal Audit Update.</p>	Number of audits finalised	7	Number of audits issued at draft	0	Number of audits in progress	8	Number of audits not started	3	Year-end reporting	2	Total number of audits in 2020/21 plan	20
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Total number of audits in 2020/21 plan	20												
ARA/20/82	<p>INTERNAL AUDIT REPORTS, 2020-21:</p> <p>a) FIRE SAFETY (LIMITED ASSURANCE)</p> <p>Felicity Quance presented the findings of the review, which originated from the internal audit plan for 2020/21.</p> <p>It is noted that a change in Executive responsibility for Fire Safety was scheduled, for October 2020, from the Director of Planning & Performance to the Director of Workforce & Organisational Development. However, due to staff secondments, this has been delayed for a further six months.</p> <p>The Regulatory Reform (Fire Safety) Order 2005 requires a managed risk approach to fire safety. The process of fire risk assessment, mitigation and review requires a robust system of management, capable of identifying hazards, qualifying their impact, devising appropriate mitigation and continual monitoring.</p>												

The Firecode (WHTM 05-01: 'Managing Healthcare Fire Safely') provides guidance in respect of the management of fire safety in healthcare organisations. Therefore, an assessment was undertaken of the controls and practices in place within the health board to ensure that the key fire safety regulatory requirements were adequately addressed and appropriate management arrangements are embedded within the organisation. The review was cognisant of the outputs from other assurance providers such as NWSSP: Specialist Estates Services (SES).

This was the third audit undertaken of this area [2013/14: No assurance; and 2016/17: Reasonable assurance]. Compliance testing at two THB sites was undertaken to determine compliance with the THB's and national legislative requirements:

- Llandrindod Wells County War Memorial Hospital; and
- Llanidloes War Memorial Hospital.

The review identified three high and four medium priority findings.

The Committee Chair noted they are quite serious comments on the fire risk element, albeit the report is 'limited assurance'. The Committee Chair stated he would have assumed that immediate action would have been taken to deal with the high risks indicated in the report.

Julie Rowles stated that the results of the review are correct. The focus of the health board has perhaps been on some of the estate's issues in relation to fire safety, where this review is about the health board's ability to manage successfully in the event of a fire. This concurs with the issues identified, and is why the fire risk has been escalated. Immediate action has been taken. Operational managers have provided assurance that fire drills are being completed and that all sites will have undertaken a fire drill by the end of December. The issue is about ownership at site level in the event of a fire occurring, and the assignment of site management across the piece will make a significant difference to this, and work is underway to ensure this is addressed.

The Committee Chair asked whether there are operatives within the locations with specific elements in their job descriptions that deal with the points raised in the report. Julie Rowles stated there are some areas where the job description identifies this, however, health and safety responsibility is clearly identified in Senior Managers job roles, but it is the ownership for the whole site that we have to determine.

Carol Shillabeer stated that we have a number of important building blocks in place, however, the issues is about ensuring it is deployed consistently, which is about getting absolute clarity about who has responsibility for ensuring those things are happening, and deployed on a site-by-site basis. This is a key focus, and we will move to get that sorted.

Mark Taylor stated he is pleased with these comments. This is also more important in terms of the COVID-19 situation, particularly where oxygen usage will increase at key sites, because that adds a different risk profile. This work needs to be taken forward, and previous comments provide assurance this is being done, but would welcome some feedback around how this is actually being delivered on the ground.

Julie Rowles stated it is about getting the leadership right on those sites, but require support to do this as in the absence of people stepping forward into that leadership role, we need to clarify that leadership role. It is clear for fire, but there are other aspects where we need a similar leadership approach moving forward. While I have responsibility at the Board, there are accountabilities across the piece, and it is about how we operationalise that responsibility. It was not an unknown issue, but this gives us the focus and attention that we need on addressing this issue.

The Committee Chair asked if there is any liaison with the health board and the fire authority for fire inspections.

Julie Rowles confirmed that is part of the inspection process. As identified in the review, we have received our fire audits that have identified this management issue.

Mark Taylor commented that whilst the fire authority carries out the inspections, the fire risk assessments are the responsibility of the health board. Julie Rowles agreed with this comment, and stated that every year we completed the Shared Services audit tool in terms of risk assessments. They are very clear they are an advisory role, not an assurance role.

Mel Davies stated that supporting people on the ground may be a way to get people to embrace that role more.

Carol Shillabeer confirmed that monitoring of the report will be actioned through the Audit Tracker, and a follow-up report will be presented to the Experience, Quality and Safety Committee.

Action: Board Secretary

b) HEALTH AND SAFETY FOLLOW-UP (REASONABLE ASSURANCE)

Osian Lloyd presented the findings of the review, which sought to assess whether the health board has implemented the Internal Audit recommendations made following our health and safety review in 2018/19. It is a legal requirement for the health board to comply with the Health and Safety at Work Act and other health and safety legislation. Health and safety management includes the responsibility to provide and maintain safe and healthy environment for all employees, patients, visitors, contractors and other members of the public who have contact with the organisation. Health and safety is a key responsibility for managers with effective health and

safety management being based on a good understanding of the risks and how to control them.

Our 2018/19 review of health and safety examined the extent to which a sample of key health and safety risks facing the health board were being managed in accordance with key operational policies and procedure, with a focus on lone workers and stress management. Our audit also assessed progress made against the '*Strategic Health and Safety Improvement Action Plan*' developed following the external review of health and safety management undertaken by Coleg Gwent in 2016. Our review was completed in October 2018 and delivered a limited assurance opinion overall and demonstrated there remained a need to improve the management of health and safety across the health board.

The purpose of this follow up review was to assess whether the health board has implemented the Internal Audit recommendations made following our health and safety review in 2018/19.

The review identified three medium and two low priority findings.

Julie Rowles stated that work is underway, and the Executive Team is fully focused on this area. We have had a lot of focus on Health and Safety in the organisation. This week we are taking a paper to Executive Committee that addresses one of the key issues highlighted in the report around the organisation's ability to undertake high quality risk assessments, so this is being addressed. Whilst we recognise there is still work to do, we have made progress and this is obviously as a result of the investment the health board has made into specialist knowledge within the team.

c) ANNUAL QUALITY STATEMENT (NOT RATED)

Osian Lloyd presented the findings of the review of the Annual Quality Statement (AQS), which sought to provide the health board with assurance that operational procedure is compliant with the requirements of the Welsh Health Circular: The Annual Quality Statement 2019/20 Guidance.

The health board is required to publish an Annual Quality Statement by 30th September 2020. The deadline is later than previous years due to the COVID-19 outbreak. The health board will report on the 2019 calendar year where data for the full financial year is not available. The AQS is a statement from the health board to encompass all key themes in line with the Health and Care Standards for Wales and the NHS Wales Outcome and Delivery Framework. It also provides the opportunity to reflect improvements being made to services in line with the expectations set out in A Healthier Wales, the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015.

The AQS is an opportunity for the public to know in an open and honest way about what and how the health board is doing in making the best use of resources to provide and deliver safe, effective and user/patient-centred services and ensuring that care is dignified and compassionate.

The review identified one medium priority finding.

d) ADVANCED PRACTICE FRAMEWORK (NOT RATED)

The *NHS Wales Framework for Advanced Nursing, Midwifery & Allied Health Professional Practice in Wales* ('the Framework') was established in 2010 in response to a growing concern regarding the number of staff working with an advanced practice title in Wales and lack of clarity regarding what an Advanced Practitioner actually is. The framework was developed by a multidisciplinary professional group led by the former National Leadership & Innovation Agency for Healthcare (NLIAH) and is now available on the Health Education & Improvement Wales (HEIW) website.

Advanced Practice defined within the Framework as "*a role requiring a Registered Practitioner to have acquired an expert knowledge base, complex decision-making skills and clinical competences for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant Masters level education*".

The Framework is intended to guide the successful development, implementation and evaluation of advanced practice roles within NHS Wales, to ensure a consistent approach is taken and appropriate governance arrangements are in place to support advanced level practice. It provides the foundation on which all future advanced practice roles are to be developed and existing roles are to be reviewed and managed.

Osian Lloyd advised the Committee that it is apparent that there has been very little development in Advanced Practice within the health board in recent years. Internal Audit was unable to identify an executive lead for Advanced Practice. The individuals spoken with recognised the need for strategic focus on establishing robust arrangements for the development and evaluation of Advanced Practice posts.

Given the relatively low number of Advanced Practice posts within the health board, the risk to patient safety from professionals taking on roles and responsibilities that they lack the competence to carry out safely and effectively is considered low. Instead, the risk is opportunities lost from failure to realise the benefits that Advanced Practice roles can bring to the health board and the population it serves.

It was agreed with the Director of WOD and Support Services and the Chief Executive Officer that a full audit of the Advanced Practice Framework would be premature and so fieldwork was not progressed further. It is proposed to defer the full review to the 2021/22 Internal Audit Plan.

A number of points have been identified for the health board to consider as a starting point for developing the arrangements for advanced practice.

Julie Rowles stated that the feedback was particularly useful. The Director of Nursing and Director of Therapies and Health Sciences will be key in the development of the Advance Practice Framework moving forward, and we can now take this forward in terms of our plans for the future, based on the advice and recommendations from the review.

Ian Phillips stated that we do have examples of good practice in this area, and didn't feel this was balanced, however not criticising the report. In the future we need to be looking at areas where we are potentially ahead of the game, we have the opportunity to put Professional Practice even further forward and lead the way.

Carol Shillabeer added that she agrees with this view, and that we have some really good examples of where we have been able to push forward. I feel as though we should be setting our ambitions higher. We have learned that we can change things swiftly and radically. Thanks to colleagues for the work on it.

The Committee RECEIVED and NOTED the update.

ARA/20/83

EXTERNAL AUDIT UPDATE

Elaine Matthews presented the previously circulated report, which provides an update on current and planned Audit Wales work. Accounts and performance audit work are considered, and information is also provided on the Auditor General's wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX). Elaine Matthews advised on the following audit work that is currently underway: -

Topic	Executive Lead	Focus of the work	Current status
Orthopaedic services – follow up	Medical Director	This review will examine the progress made in response to our 2015 recommendations. The findings from this work will inform the recovery planning discussions that are starting to take place locally and help identify where there are opportunities to do things differently as the service looks to tackle the significant elective backlog challenges.	Report being drafted
Review of the Welsh Health Specialised Services Committee (WHSSC)	Chief Executive Officer	WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales. This work will use aspects of our structured assessment methodology to examine the governance arrangements of WHSSC. Our findings will be summarised into a single national report.	Fieldwork underway
Test, Track and Protect	Director of Public Health	In response to the Covid-19 pandemic, this work will take the form of an overview of the whole system governance arrangements for Test, Track and Protect, and of the Local Covid-19 Prevention and Response Plans for each part of Wales.	Report being drafted

The Committee RECEIVED and NOTED the External Audit Update.

ARA/20/84

a) AUDIT WALES STRUCTURED ASSESSMENT 2020

Elaine Matthews presented the previously circulated report, which sets out the findings from the Auditor General's 2020 structured assessment work at Powys Teaching Health Board. The work has been undertaken to help

discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.

Elaine Matthews advised that the health board has maintained good governance arrangements during the pandemic. The Board adapted its governance arrangements to maintain openness and transparency, support agile decision-making and ensure effective scrutiny and leadership during the pandemic. The Board is committed to using learning to help shape future arrangements.

The Committee Chair stated the report is encouraging and pleasing overall, and is particularly pleased with key message 6: *'Overall, we found that the Health Board has maintained good governance arrangements during the pandemic. The Board adapted its governance arrangements to maintain openness and transparency, support agile decision-making and ensure effective scrutiny and leadership during the pandemic. The Board is committed to using learning to help shape future arrangements'*.

We were aware of it as a Committee, but it is nice to see it highlighted in the report.

Carol Shillabeer stated that the organisation has come a long way, and the report should give us confidence to keep progressing. The report gives us confidence that we have mechanisms in place to capture issues. Thank you to our Audit Wales colleagues, recognising it has been tremendously difficult to carry out the work in the current environment. It did not feel onerous and that is probably testament to Elaine's consistent contact with us as we work on a day-to-day basis. In terms of public accountability, I think this report should be taken through the Board to provide the people we serve with the confidence they should have in the organisation.

Mark Taylor stated that the report is really helpful in terms of succinctness and clarity of the issues. Paragraph 72-74 of the report identifies the staff pressures and gaps we still have, particularly around 46 nursing vacancies. I know there is work ongoing around that, but important we are not blindsided about those pressures going forward. It's a very helpful report, thank you.

Viv Harpwood stated that transparency is part of good governance, and it is important that we let people see this. We have made progress, but we do have more progress to make, so I think it would be good for the report to be seen more widely. Thank you also to Rani Mallison for her support.

b) PTHB MANAGEMENT RESPONSE

Rani Mallison presented the previously circulated report, which sets out the health board's response to the Audit Wales' Structured Assessment 2020.

	<p>Rani Mallison advised that ongoing oversight of the delivery of recommendations will be provided by the Audit, Risk and Assurance Committee via the Audit Recommendations Tracking System. Management oversight of progress will be monitored by the Executive Committee.</p> <p>Ian Phillips referred to reference 27 in item 3.8bii (management response 2019), Stakeholder Reference Group and Healthcare Professionals' Forum. Ian stated that engagement at the current time is more important than ever, and stated that the health board is very successful at stakeholder engagement and engaging with our staff. Ian Phillips asked whether there are any pre-existing mechanisms for engagement that could be adapted, as it appears that we are not engaging with these people, when this is clearly not the case.</p> <p>Rani Mallison stated that we do have existing mechanisms. The steps we will now take will be to articulate for the board the existing mechanisms we have in place to engage with stakeholders and our professional groups in the organisation as well as undertake a risk assessment of non-compliance with Standing Orders.</p> <p>Viv Harpwood seconded Ian's comment, noting that where we have a statutory requirement that we're not complying with that doesn't look right, but why would we not make use of what we're already doing in some way.</p> <p>Rani Mallison stated that the importance of complying with Standing Orders is recognised, but whilst non-compliant we should ensure we can demonstrate how we are adding value whilst achieving engagement in a different way to that as required.</p> <p>The Committee RECEIVED and NOTED the Audit Wales Structured Assessment 2020 and PTHB Management Response.</p>
ARA/20/85	<p>COMMITTEE WORK PROGRAMME 2020-21</p> <p>Rani Mallison advised that the work programme has been developed in-line with respective terms of reference, the Board's Assurance Framework and Corporate Risk Register. The work programme will be reviewed routinely at each meeting.</p> <p>The Committee RECEIVED and NOTED the Committee Work Programme.</p>
ARA/20/86	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <ul style="list-style-type: none"> • Structured Assessment and Management Response • Fire Safety (Limited Assurance) Internal Audit Report • Charitable Funds Annual Report
ARA/20/87	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business for discussion, and the Chair declared the meeting closed at 15:05.</p>

ARA/20/88	DATE OF NEXT MEETING 26 January 2021, 10:00 am, Microsoft Teams
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