

**AUDIT COMMITTEE**  
**Minutes of the Meeting Held on 12.09.19**  
**In the Boardroom, Carlton Court, St Asaph**

**Present:**

Medwyn Hughes	Independent Member - Chair
Jacqueline Hughes	Independent Member
Lucy Reid	Independent Member

**In Attendance:**

Mags Barnaby	Director of Audit of Acute Care (for Minute AC19/57)
Andrew Doughton	Performance Audit Lead, Wales Audit Office
Dave Harries	Executive Director of Finance
Debra Hickman	Head of Primary Care, NHS GP (for Minute AC19/60)
Sue Hill	Acting Executive Director of Operations
Amanda Hughes	Financial Audit Manager, Wales Audit Office
Melanie Maxwell	Board Secretary Medical Director (for Minute AC19/56)
Amanda Miskell	Assistant Director of Nursing, Board Secretariat (for Minute AC19/58)
Justine Parry	Assistant Director of Planning and Performance (for Minute AC19/60)
Dawn Sharp	Acting Board Secretary (for Minute AC19/22)
Mike Usher	Engagement Director, Wales Audit Office
Maureen Wain	Hospital Director Wrexham Maelor Hospital (for Minute AC19/57)
Bethan Wassell	Statutory Compliance, Governance & Policy Manager

Agenda Item	Action
<p><b>AC19/51 Opening Business and Apologies for Absence</b></p> <p>AC19/51.1 The Chair welcomed everyone to the meeting and sought the Committee's agreement to vary the order of business slightly to take account of officer diary commitments.</p> <p>AC19/51.2 Apologies had been received from John Cunliffe, Independent Member.</p>	
<p><b>AC19/53 Declarations of Interest</b></p> <p>Independent Member, Lucy Reid (LR) declared an interest in item 19.61(c), the Legislation Assurance Framework, through her spouse's role as a local medical referee</p>	
<p><b>AC19/54 Minutes, matters arising and review of summary action log</b></p> <p><b>RESOLVED:</b> That</p> <p>1) The Minutes of the last meeting held on 30th May 2019, were approved as a true and accurate record.</p>	

<ol style="list-style-type: none"> <li>2) The Summary Action Log was noted and updated accordingly.</li> <li>3) The proposed content for the next Audit Committee workshop was discussed with the date to be confirmed shortly by the Acting Board Secretary</li> <li>4) It was noted that the revised Model of Standing Orders from Welsh Government was due imminently with a timeline for adoption by Health Boards across Wales for the end of November. Arrangements for sign off, prior to Board approval were agreed.</li> <li>5) It was noted that it had been agreed to defer the C-PiP (Caldicott Principles into Practice) review from the Internal Audit Plan as a result of planned changes in the reporting tool and migration to the new process (as agreed via Chair's Action)</li> <li>6) The updated Terms of Reference (TOR) for the Committee were noted (incorporating the changes agreed in the last meeting that Trade Union Partners were welcome to attend the open session of the meeting). It was further noted that the Terms of Reference would need to be further reviewed with regards Risk management and the attendance of the lead officer for Risk.</li> <li>7) It was agreed to recommend to the Board the minor change of the Charitable Funds Committee membership, replacing the Executive Director of Nursing and Midwifery with the Executive Medical Director.</li> <li>8) It was noted that the Management Response for the Welsh Audit Office, Betsi Cadwaladr University Health Board – Clinical Coding Follow-up Review had been received and was to be considered at the Digital and Information Governance Committee (DIGC) 27/09/19. Recommendations would be input into the TeamCentral system for tracking</li> </ol>	<p>DS</p> <p>DS</p> <p>DS</p> <p>DS</p> <p>BW</p>
<p><b>AC19/55 Issues discussed in previous In Committee session</b></p> <p>The Committee formally received the report in public session of those issues discussed in the private session at the meeting held on 30.05.19, which related to:-</p> <ul style="list-style-type: none"> <li>• End of Year Governance Reporting</li> <li>• Financial Conformance Report</li> <li>• Counter Fraud Services Annual Report</li> <li>• Local Counter Fraud Work Plan 2019/20</li> <li>• Update on Internal and External Audit Actions</li> </ul> <p><b>RESOLVED: That the reports be received.</b></p>	
<p><b>AC19/56 Clinical Audit Plan</b></p> <p>The Committee welcomed the Senior Associate Medical Director (SAMD) to the meeting. The Chair expressed recognition of the significant work undertaken and thanked the SAMD for the considerable advancement in progress.</p> <p>The SAMD proceeded to present an update on the draft BCUHB Clinical Audit Plan 2019/20 (Appendix 1) which included the prioritised projects to be conducted in order to provide assurance against risks to the Quality Improvement Strategy. It was acknowledged that whilst the plan detailed an absence of leads for certain audits and capacity issues across BCUHB continued to remain a challenge, the opinion was that the right framework was in place and gaps would continue to be addressed (via job planning) . In addition, the plan addressed and cross referenced external recommendations arising from the HASCAS/Ockenden reviews.</p>	

<p>Members were asked to note that Tier one audits were Nationally driven by both Welsh Government and English authorities (the cataracts audit had been removed on a national level). Complications were experienced in Wales whereby electronic medical records and digital platforms for audit management were not available as they are in England. The SAMD advised that the Secondary Care Medical Director will be reaffirming the importance of Tier one audits and the message that they were mandatory.</p> <p>Further discussion addressed the requirement that the plan be informed from a BCUHB wide perspective with equal engagement and input from both Secondary and Primary Care. Members were advised that the development of the 2021 plan would include workshops and engagement events with the involvement and input from the Executive Director of Primary Care and Community Services.</p> <p>Committee members enquired as to the proposed reporting content, frequency and reviewing Committee/Group against the plan. Members stressed the distinct functions of Audit Committee and the Quality, Safety &amp; Experience (QSE) Committee with reference to their respective TORs. It was agreed that there should be two separate reports with outcomes/quality issues being overseen by QSE and progress against the plan monitored by Audit Committee. The SAMD agreed to draft two template reports to be shared with Members for consideration outside of the meeting. It was agreed that the report templates would be discussed at the audit workshop and subsequently submitted to the Joint Audit and QSE (JAQS) meeting in November for review.</p> <p>Members then proceeded to discuss the draft BCUHB-wide Clinical Audit Policy (Appendix 2) that had been produced in collaboration with a recent workshop event. As per the discussion of the plan, Members again noted the importance of clearly articulating reporting requirements and routes for review in the Policy, which was currently insufficiently documented. In addition, members stated that the roles and responsibility of staff required further definition within the Policy. It was acknowledged that the templates contained in the appendices of the Policy were a positive addition that encouraged a standardised approach.</p> <p>Members agreed that the Policy be further discussed at the October workshop before being submitted to JAQS in November for final approval though approved dissemination of the plan for clinical activity.</p> <p>*administrative note from Independent Member, Jacqueline Hughes (JH) - remove reference to 'Trust' from the Policy (top of page 10)</p> <p>The Head of Internal Audit confirmed that Clinical Audit would form part of the Internal Audit Risk/Audit plan for 2021.</p> <p>The Chair again, thanked the SAMD for attending and the work completed to date.</p> <p><b>RESOLVED:</b> That</p> <ol style="list-style-type: none"> <li>(1) The Clinical Audit plan be approved and;</li> <li>(2) The Policy be submitted to the workshop in October prior to review/approval at Joint Audit, Quality Safety &amp; Experience Committee in November</li> </ol>	<p>MM</p> <p>MM</p> <p>DS</p>
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**AC19/57 Wales Audit Office Update Report - Andrew Doughton/Amanda Hughes/Mike Usher**

The regular audit update was presented alongside reports which had been finalised since the last Audit Committee and included; the National Integrated Care Fund report, the Operating Theatres report and the accompanying operating theatres presentation for committee information only.

The Financial Audit Manager for Wales Audit Office, advised Members that the Charitable Funds audit was largely complete though asked Members to note a deferred final report date from September to November 2019.

The Performance Audit Lead for Wales Audit Office provided Members with an update on ongoing work and highlighted the Refurbishment / Asbestos removal at Ysbyty Glan Clwyd. The Engagement Director, Wales Audit Office would be progressing this review that would focus on lessons learnt for major capital investments, this was a national review to be published in May 2020.

The Performance Audit Lead for Wales Audit Office continued to provide an update on the forward plan including Continued Health Care and Public Sector Counter Fraud. Members noted that the Welsh Assembly Public Accounts Committee had taken significant interest in the published national report and that the Auditor General was subsequently looking at local counter fraud on an all Wales basis as an area for inclusion within the plan of work.

The Performance Audit Lead for Wales Audit Office directed members to some of the key sessions from the Good Practice Exchange (GPX) detailed on page 10 of the WAO Audit Committee Update report.

The Interim Director of Acute Care and the Hospital Director of Wrexham Maelor Hospital joined the meeting to specifically discuss the Operating Theatres report. The Chair welcomed both to the meeting.

The Performance Audit Lead for Wales Audit Office proceeded to provide an overview of the Operating Theatres report findings to Members. Positive improvements were noted in a number of areas including staff views of the service. However, there were still areas for improvement, particularly with regards to patient experience. Members were further asked to note the difference between theatre utilisation (start/finish time and gaps between procedures), and theatre productivity (the number of patients seen), of which BCUHB needed to continue to improve. The three distinct management structures across BCUHB were also highlighted and whilst this could be perceived to create a variation in service, delivery was overseen by a pan North Wales group to ensure consistency across the three sites.

The Interim Director of Acute Care and the Hospital Director of Wrexham Maelor Hospital concurred with the findings of the report and commented that they had found the audit useful in building strong foundations. Feedback on progress against recommendations to date was provided to Members and included the recruitment of a dedicated position with hands on experience to deliver improvements.

A discussion ensued and matters were raised with regards the three different approaches across the site, whether this posed a risk and if so, how that risk was

<p>managed. For example, rotating surgeons that might need to be familiar with three separate systems. The Hospital Director of Wrexham Maelor Hospital commented that she considered the clinical risk was moderated due to the Theatre Nurse in Charge and supporting theatre staff being static. To support this opinion she referenced the finding that 66 of the 75 staff surveyed agreed they had the necessary information required before the start of the list (see para 29 of the report).</p> <p>Members raised further concerns with regards performance against targets in January as well as the number of administrative cancellations (cancellation not due to patient reason). It was acknowledged that further work was required to establish booking rhythm, rigour and routine though winter pressures were the significant factor. It was confirmed that the intention was to ensure appropriate lock down of hospital lists at the 6 week period. It was also highlighted that the data did not reflect ring fenced critical care beds.</p> <p>Five new recommendations were made to support improvement. A management response had been received and would be input into the TeamCentral system for tracking.</p> <p>The Interim Director of Acute Care and the Hospital Director of Wrexham Maelor Hospital left the meeting and the Chair thanked both for attending.</p> <p>The Performance Audit Lead, Wales Audit Office concluded by asking Members to note the last paper, the recent publication on Integrated Care Funds, of which, the overall finding was positive. There were recommendations made, the majority of which were for Welsh Government though AD suggested BCUHB may want to consider adding R4 (<i>We recommend that the Welsh Government works with NHS bodies and local authorities to ensure that appropriate scrutiny arrangements are in place for decisions made by the RPBs on behalf of those bodies</i>) to TeamCentral for tracking as the Strategy Partnerships &amp; Population Health Committee (SPPH) may wish to take a view. Members agreed to track R4.</p> <p><b>RESOLVED:</b> That</p> <ol style="list-style-type: none"> <li>(1) The content of the audit progress update be noted;</li> <li>(2) Received and discussed the Integrated Care Fund and Operating Theatres reports as well as noting the accompanying operating theatres presentation for information.</li> <li>(3) Five Recommendations from the Operating Theatres Report to be added to the Tracker</li> <li>(4) R4 of the Integrated Care Fund report to be added to the tracker</li> </ol>	<p>BW</p> <p>BW</p> <p>BW</p>
<p><b>AC19/58 Internal Audit Progress Report</b></p> <p>The report presented was summarised for the Committee and detailed the eight assurance reviews which had been finalised since the Committee meeting back in May 2019, with recorded assurance, as follows:</p> <ul style="list-style-type: none"> <li>• Substantial assurance (green) – one;</li> <li>• Reasonable assurance (yellow) – six; and</li> <li>• Assurance not applicable (blue) – one.</li> </ul>	

The report also detailed the draft reporting stages; as well as work in progress; Follow-up status of two recommendations had also been reviewed within the period; and the recommendation for removal from the 2019/20 plan four reviews relating to: Caldicott – Principles into Practice (CPiP) self-assessment; Health Board governance arrangements – Quality & Safety; Compliance with Standing Financial Instructions – Procuring goods and services: Community Dental Services; and Capital Systems: Primary Care benefits realisation.

The Head of Internal Audit provided an overview of the report and commented that overall, he considered the report to be very positive and proceeded to provide further comments on individual reviews ;

- **Carbon Reduction Commitment (CRC) Order:** The report was positive though it would be the last time the Committee would receive the report (the CRC Energy Efficiency Scheme (Revocation and Savings) Order 2018 makes provision for the early closure of the CRC scheme). Although BCUHB were subject to a penalty from Natural Resources Wales, the penalty was outside the Health Board's control.
- **Annual Quality Statement (AQS):** Though there were some data quality issues, overall the report was positive.
- **Reporting Arrangements for Delivery of Savings:** No further comments
- **Integrated Care Fund:** The report was positive though there were some issues with compliance of Standing Orders
- **Annual Plan:** No further comments
- **Capital Systems:** The TOR should not have enabled YG to follow a separate procurement route when a much larger procurement exercise was being undertaken by BCUHB.
- **Patient Monies:** The report had been issued and would be tabled for review at the next Committee
- **Infection Prevention:** The Assistant Director of Nursing, Infection Prevention joined the meeting to discuss the findings. The findings of the report had been well received by management and areas of good practice had been identified. However, there were areas of non-compliance. The Chair voiced concerns with regards some areas of poor practice. The Assistant Director of Nursing, Infection Prevention responded that annual Ward Accreditation was now in place and informed the Committee that an additional external review from Janice Stevens (conducted May 2019) had been undertaken and areas improvement had been acknowledged. The Assistant Director of Nursing, Infection Prevention assured Members that immediate measures had been put into place to address the findings of both reviews.

It was further highlighted that domestic vacancies were resulting in fewer domestic audits being undertaken. However, 50% of Domestic staff time was currently taken up with audit completion. The intention was to reduce this time allocation in order to provide further training. Whilst members recognised and accepted insufficient storage created issues of clutter, Members were not satisfied with this approach and affirmed that areas of non-compliance were not training issues, but accountability issues. The Chair explicitly noted that the findings were operational issues, for which a zero tolerance approach should be adopted – training and meetings were not the answer. Independent Member, Jacqueline Hughes (JH) commented that the Credits 4 Cleaning was an unwieldy tool that took significant time. The Assistant Director of Nursing,

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- The amendments be approved and reported to the Board as part of the Chair's Assurance Report noting that further amendments were imminent.

### **AC19/60 Interim Risk Management Arrangements – Debra Hickman/Justine Parry**

The Holding Position of the Risk Management Strategy was noted, following discussion at a Workshop involving Independent members on the 02/09/19.

The Secondary Care Nurse Director and the Assistant Director of Information Governance & Risk joined the meeting. The Chair welcomed both.

The Assistant Director of Information Governance & Risk asked Members to note an inaccuracy in the submitted report in that the current risk table did not reflect risks as appended to the report. The Secondary Care Nurse Director and the Assistant Director of Information Governance & Risk proceeded to provide Members with an update on the Risk Management strategy review and outcomes from the 2<sup>nd</sup> September workshop.

The Chair highlighted his concerns that the reasons for the change in approach had not been documented. The Head of Internal Audit further noted that the paper presented did not outline the rationale or drivers for the change in tiers from five to three. Additionally, there was insufficient information on how the current risks levels would be reclassified. Further concerns were raised with regards the scoring and level allocation – an operational risk that scores 25 should not necessarily be classified as a 'corporate' risk. The Head of Internal Audit acknowledged the verbal justification from the five to three tier change (inefficient and delayed escalation) though recommended that the current strategy remains in operation until March and proof of concept is established. The Head of Internal Audit advised against a mid-year change.

The Secondary Care Nurse Director responded and advised Members that the work being undertaken was in the background to establish training needs and inform the plan on how to transfer to the new tier system. The Secondary Care Nurse Director confirmed the request was to continue background work in preparation for the revised strategy go live date and ensure a seamless transfer.

The Head of Internal Audit queried the 2020 launch date and whether it was realistic. The Secondary Care Nurse Director reiterated that this further evidenced the requirement for the proposed background work. Members expressed a view that the change in direction was not clear and were concerned that the background work had not been approved.

The Assistant Director of Information Governance & Risk addressed the query and explained that the revision was in response to the clinical opinion that the five tier was too cumbersome and confirmed that the revised Strategy would indeed go back to the Board.

The Chair proposed the existing Strategy be extended though further commented that the proposed background work was not clear. A scheduled workshop was required to approve the background piloting work proposed.

The Committee proceed to review each Corporate Risk from the submitted report and

<p>commented as follows:</p> <ul style="list-style-type: none"> <li>• CRR02: Members noted a reduced score though highlighted this had not been approved at QSE. The Secondary Care Nurse Director and the Assistant Director of Information Governance &amp; Risk to confirm with the relevant lead and report back to Members</li> <li>• CRR06: Engagement Director, Wales Audit Office commented that the likelihood scoring or articulation need to change</li> <li>• CRR12 – Members expressed surprise that the current score was 3 and that given Estates issues it should be referred back to the Finance &amp; Performance Committee (F&amp;P) The acting Executive Director of Finance confirmed that this would be further considered by F&amp;P</li> <li>• CRR13: Members noted that the score had been decreased, yet the Quality, Safety and Experience Committee (QSE) had previously reviewed twice and not approved. The Assistant Director of Risk and Information Governance agreed to review with the relevant lead and respond to the chair of QSE</li> <li>• CRR17 – action did not justify how it was going to achieve target score / address the issue. More clarity requested.</li> </ul> <p>Members suggested that extra boxes (date reviewed by exec and date reviewed by committee) could be inserted. The Assistant Director of Information Governance &amp; Risk responded that information should be detailed in coversheet.</p> <p><b>RESOLVED:</b> That</p> <ol style="list-style-type: none"> <li>(1) The existing Risk Management Strategy arrangements be extended, acknowledging the ongoing work to simplify the management of risks across the organisation which was being piloted and;</li> <li>(2) The latest Corporate Risk Register information be noted and;</li> <li>(3) The Assistant Director of Information Governance &amp; Risk follow up the queries as outlined.</li> </ol>	<p>DHI/JP</p> <p>DHI/JP</p> <p>SH</p> <p>DHI/JP</p> <p>DHI/JP</p> <p>JP</p>
<p><b>AC19/61 Interim Board Assurance Framework (incorporating the Legislation Assurance Framework)</b></p> <p>The overview of the BAF narrative document described to the committee the arrangements in place for managing the Health Board’s assurances across the breadth of its activities. Members were reminded of the previous iterations and discussion in relation to the BAF. Discussions at a previous All Wales Audit Chairs meeting in January 2018 had decided that the agreed BAF would include a narrative document, an overarching Map and the Corporate Risk Register (note, last Audit Committee, agreed that the draft Map would reflect the BCUHB annual objectives with the Legislation Assurance Framework forming Part B).</p> <p>The Acting Board Secretary advised Members that the BAF Narrative document would need to be reviewed in the light of the Deputy Chief Executive / Executive Nurse Director’s work on governance arrangements</p> <p>The Acting Board Secretary concluded by informing Members that the Map had previously included a RAG (Red, Amber, Green) rating for assurance. However,</p>	

discussions at Board on 05/09/19 in relation to Improvement Groups and how often they met had necessitated that the RAG rating be removed in the interim until the cycle of business for said Improvement Groups was confirmed.

Members raised concerns with regards an absence of key clinical objectives such as waiting lists. The Acting Board Secretary affirmed that the plan should be driven by the Integrated Medium Term Plan, which the Health Board did not currently have. Therefore, Members had agreed (at March Audit Committee and subsequent Workshop) that the Map would reflect the Annual Plan though acknowledged that further work was required.

The Engagement Director, Wales Audit Office commented that desired outcomes needed to be defined clearly. The Acting Board Secretary responded that the outcomes were taken from the latest Board approved Annual Plan. Questions were raised regarding clarity around individual actions ownership and that these should be sub divided where appropriate.

Members proceeded to review the LAF. The Statutory Compliance, Governance & Policy Manager (SCGPM) provided Members with an update of progress since the last submission (December 2018). Members noted that BCUHB were considerably advanced in their development and that the LAF was very much a new product not available commercially or by way of any other health organisation. However, the requirement to identify all applicable legislation, assess requirements for compliance, assign to the relevant Division/identified lead, collate assurance criteria and summarise for review was a considerable task for which, resources were limited. Members also noted that there was no existing precedent for the project thus suggestions and critique on the report submitted as well as the structure of the framework were welcomed.

The SCGPM went on to advise that conversations were ongoing with NHS Wales, Legal & Risk with regards national hosting as well as the Datix migration team for system continuity - verbal assurance had been provided that the utilised module within Datix would continue to be available to BCUHB post migration to the new system.

Table two of the report was indicative of the progress against Divisional assurance criteria completion and was not demonstrative of non-compliance. For example, certain Divisions/Departments were yet to complete the assurance criteria against their allocated legislative obligations. This did not suggest that there were issues of non-compliance merely that the information was not yet collated for inclusion in the report. Furthermore, the percentage progress was subject to change as final legislation allocation was finalised or re allocated and Director portfolios changed. Members suggested that Table two would be better articulated via a narrative update. It was agreed that whilst Table two was helpful for the initial project launch, it would be removed from subsequent reports.

A discussion ensued between Members. A query was raised with regards the lack of controls in place for the Public Health Wales Act 2017. BCUHB were awaiting subsequent Regulations, specifically the Smoke-free Premises and Vehicles (Wales) Regulations 2018 and the Public Health team were aware of the pending developments. The Acting Executive Director of Finance requested that the narrative in table three with regards the National Health Service Finance (Wales) Act 2014 be

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<p>expanded to include the requirement for an IMTP. Members also queried the definition/types of controls and the SCGPM agreed to revise.</p> <p>Members discussed the allocation of The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019 to the Executive Nurse Director and directed that it was more appropriately aligned to the Executive Medical Director.</p> <p>Independent Member, Jacqueline Hughes, expressed that she would be interested to see the electronic system, and specifically, review the identified Health &amp; Safety legislation and the SCGPM agreed to facilitate.</p> <p><b>RESOLVED:</b> That</p> <p>(1) The Committee recommend to the Board the endorsement of the Interim Assurance Framework via the Chair's Assurance Report and;</p> <p>(2) the contents of the report and the current position in respect of the LAF development be noted and;</p> <p>(3) the further work required in relation to both the LAF and BAF to liaise with Divisional Leads; Legislation/Objective allocation agreement and assurance criteria completion be noted and;</p> <p>(4) the items of previous non-compliance within the LAF and now reporting substantial assurance be removed from the next report.</p>	<p>BW</p> <p>BW</p>
<p><b>AC19/62 Annual review of Declaration of Interests/Gifts and Hospitality and review of the Standards of Business Conduct Policy</b></p> <p>The Acting Board Secretary presented the annual review and policy to the Committee. It was noted that there had been no Board Member declarations of interests or gifts and hospitality of concern; or other issues of significance to bring to the Audit Committee's attention.</p> <p>The Acting Board Secretary advised Members that with regard to the policy refresh, a light touch approach had been adopted which mainly included administrative (updated hyperlinks etc.) amendments due to the proposed All Wales document.</p> <p>The Chair noted a specific entry on the Gifts &amp; Hospitality Report (AC19.62c) with regards two Consultants attending a Proton Beam radiotherapy training. Independent Member, Jacqueline Hughes provided an overview of the benefits of the technology in that it is very precise and well suited to tackling certain cancers, particularly in paediatrics.</p> <p>The Acting Board Secretary concluded by highlighting to Members that BCUHB had delivered a significant way forward with new electronic system that had generated considerable interest from other Health Boards.</p> <p><b>RESOLVED:</b> That</p> <ol style="list-style-type: none"> <li>1. The report be received and;</li> <li>2. The revised Standards of Business Conduct Policy be approved.</li> </ol>	
<p><b>AC19/63 Briefings and Updates for noting</b></p> <p>The Committee received and noted the following briefings:</p>	

<ul style="list-style-type: none"> <li>• NHS Wales Fighting Fraud Strategy</li> <li>• WAST follow up Internal Audit report on Handover of Care</li> <li>• Conwy County Borough Council (CCBC) - Mental Health Governance - Conwy Community Mental Health Team</li> </ul> <p>With regards the CCBC report, The Head of Internal Audit informed Members that he had met with the Director of Mental Health &amp; Learning Disabilities to discuss a joint follow up review to be conducted by Internal Audit and CCBC. Completion was expected to be the end of Q3/Q4.</p>	
<p><b>AC19/64 Issues of Significance for reporting to Board.</b></p> <p>The Chair agreed to prepare his assurance report for the Board.</p>	
<p><b>AC19/65 Date of Next Meeting – 12<sup>th</sup> December 2019</b></p> <p>The date of the next formal meeting was noted as 12<sup>th</sup> December 2019.</p>	
<p><b>AC19/66 Exclusion of the Press and Public</b></p> <p><b>RESOLVED:</b> 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>	