



AUDIT COMMITTEE PUBLIC MEETING
Minutes of the Meeting Held on 18.03.21

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)
Eifion Jones	Independent Member
Jacqueline Hughes	Independent Member
Lyn Meadows	Independent Member
In Attendance	
Louise Brereton	Board Secretary
Mike Buckle	Assistant Director Of North Wales Dental Services (for Minute AC21.09)
Andrew Doughton	Performance Audit Lead, Audit Wales
Simon Evans-Evans	Interim Director of Governance
Dave Harries	Head of Internal Audit, NWSSP
Gill Harris	Deputy Chief Executive & Executive Director of Nursing
Sue Hill	Executive Director of Finance
Matthew Joyes	Acting Associate Director of Quality Assurance (for Minute AC21.08)
Simon Monkhouse	Finance Audit Lead, Audit Wales
Dawn Sharp	Deputy Board Secretary & Assistant Director
Mike Smith	Interim Director of Nursing, Mental Health & Learning Disabilities (for Minute AC21.06)
Chris Stockport	Executive Director for Primary and Community Care (for Minute (for Minute AC21.06)
David Thomas	Engagement Director, Audit Wales
Bethan Wassell	Statutory Compliance, Governance & Policy Manager
Jo Whitehead	Chief Executive
Iain Wilkie	Interim Director Mental Health & Learning Disabilities (for Minute AC21.06)
Dylan Williams	Chief Information Officer, Informatics (for Minute AC21.06)
Kamala Williams	Acting Assistant Director – Strategy & Planning (for Minute AC21.07)

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<p>AC21/01: Opening Business and Apologies for Absence.</p> <p>The Chair welcomed Members and attendees to the meeting. Members agreed that the meeting would be recorded for administrative/minuting purposes on the understanding that it would be deleted once the minutes were finalised</p> <p>No apologies were received.</p>	
<p>AC21/02: Declarations of Interest.</p> <p>No declarations of interest were made at the meeting.</p>	
<p>AC21/03: Procedural Matters.</p> <p>AC21.03.01: The Chair presented the items and Members noted the following points:</p> <p>AC21.03.02: Following a query raised at the Audit Committee pre-meeting, the Deputy Board Secretary provided additional information for the Standing Orders Details of Breaches (Appendix C) as follows: the Finance & Performance Committee breach was in relation to the 2021/24 Plan and the Planned Care Paper sign off. For the Strategy, Partnerships & Population Health Committee, the breach related to the Mass Vaccination Update Paper. Members noted that further details would be included in future iterations of the report.</p> <p>AC21.03.03: The Deputy Board Secretary drew Members' attention to Appendix D and the proposed Audit Committee Cycle of Business (CoB). Members noted that the Governance Review being undertaken by the Deputy Chief Executive was unlikely to impact the CoB of the Audit Committee and that the CoB would form part of the appendices to the Audit Committee's Annual Report due to be considered at the workshop in May.</p> <p>RESOLVED: That</p> <ol style="list-style-type: none"> 1. the Minutes of the last meeting of the Committee held on 17/12/20 (Appendix A) be confirmed as a correct record; 2. the Public Summary Action Log (Appendix B) be received; 3. the Standing Orders - Details of Breaches (Appendix C) be noted; 4. the Audit Committee Cycle of Business (Appendix D) for the 2021/22 reporting year be approved; 5. the Joint Audit & Quality, Safety & Experience Committee (JAQS) minutes (Appendix E) be approved; and 6. the update on the draft Annual Report and draft Annual Governance Statement timelines for production be noted. 	

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<p>AC21/04: 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>AC21/05: Chair's Assurance Report: Risk Management Group</p> <p>AC21/05.01: The Interim Director of Governance presented the item and provided Members with an update on the progress on the implementation of the strategy and the move away from the five-tier approach. There were 296 outstanding risks as of the 24/02/21. This was now down to 103 as of 18/03/21. Assurance had been provided by the Risk Management Team that these were being actively addressed and there was confidence that the target would be reached by the end of the month. The Chair stated that it was important to be clear and wanted to confirm that the commitment for all risks to be reviewed by the end of March 2021 was still on target. The Interim Director of Governance confirmed this to be the case. The Chair acknowledged the hard work undertaken behind the scenes though did note that the original deadline had been missed and that the Audit Committee had originally identified March as a more realistic timeframe.</p> <p>AC21/05.02: An Independent Member noted the reference to four absent Divisional Risk Reports and asked for further information in terms of detail and the impact/importance. The Interim Director of Governance advised that the omission was during the height of the pandemic. The process was that Divisional Leads were required to present their reports in person to enable a full discussion. At the meeting in January, some of the Divisional leads were understandably prioritising front line services. The Independent Member acknowledged this though pointed out that the paper indicated that it was the Corporate Risk Team who were responsible for completing the reports. The Interim Director of Governance confirmed that this was the case in order to reduce the administrative burden, though the Corporate team's input was limited to populating the data taken directly from the central database. The Independent Member expressed support for the approach though stressed the importance of divisional ownership and accountability. The Deputy Chief Executive & Executive Director of Nursing further added that any requests to escalate risks must be via the Risk Management Group (RMG). If there was inadequate representation, then the risk would not be discussed and would be referred back to the Divisional Lead. The Deputy Chief Executive & Executive Director of Nursing concluded by stating the importance of transparency in the organisation's ability to challenge.</p>	

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<p>AC21/05.03: An Independent Member noted that the risk appetite was not detailed in the planned business for the next meeting and asked for assurance that it was being discussed, not only by the RMG and at an Executive level, but was also planned for Board discussions. The Deputy Chief Executive & Executive Director of Nursing advised that it had been discussed at the RMG and there were plans for a discussion as part of the April Board Workshop. The Board Secretary confirmed that the Risk Appetite was due to be reviewed at the Board Workshop in April.</p> <p>AC21/05.04: The Deputy Chief Executive & Executive Director of Nursing and the Interim Director of Governance provided Members with an update on the Risk Management Strategy & Policy review which came into effect in October 2020 and required an annual review. The Deputy Chief Executive & Executive Director of Nursing advised the Chair that the Strategy & Policy was ratified by the Board prior to October (July) so an extension was required. The Board Secretary advised that this had been taken into account for the Audit Committee's cycle of Business. The provisional timeline was for review at the June Audit Committee meeting prior to ratification at July Board.</p> <p>AC21/05.05: The Chair concluded by acknowledging the amount of work that had been undertaken, particularly during a pandemic, and thanked the team for their efforts.</p> <p>RESOLVED: That</p> <ol style="list-style-type: none"> 1. the report be noted; and 2. the Risk Management Strategy and Policy remain extant pending the annual review in June/July. 	
<p>AC21.06: Internal Audit Progress Report</p> <p>AC21.06.01: The Head of Internal Audit presented an overview of the Report. In particular, table four detailed all performance indicators as 'green', this was very positive and the Head of Internal Audit wished to expressly note thanks to the Board Secretary and Deputy Board Secretary - escalations were being addressed efficiently with the Executive Team to clear reviews within the specified timeframes.</p> <p>AC21.06.02: The Head of Internal Audit proceeded with an overview of the plan that was based on the Health Board's Board Assurance Framework, Corporate Risk Register and Committee papers as well as meetings undertaken by Internal Audit with the Executive Team, Audit Wales, Independent Members and Chairs. The plan had now been ratified by the Executive team. The Head of Internal Audit</p>	

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expressed further thanks to all those involved. Members noted that the plan had moved away from the domains this year due to the challenges associated with Covid on being able to provide a full opinion by domain. Members further noted that there were no Welsh Government mandated reviews. The Head of Internal Audit went on to describe the joint approach between Audit Wales and Internal Audit to ensure a comprehension audit plan without duplication. This ensured a maximum use of audit resources and provided a much broader audit opinion across the service. The Head of Internal Audit concluded by advising Members that the ability to deliver the plan depended on the audit team's ability to go out and test, which may be inhibited by pandemic restrictions.	
AC21.06.03: The Chair thanked both the Head of Internal Audit and Audit Wales for the work done to date and asked the Executives present whether they were content that the plan was comprehensive, or whether there were any potential omissions. The Executive Director of Finance confirmed that they felt all areas had been covered. However, it was important to note that it was difficult to foresee what risks may emerge over the next 12 months. This was addressed by the organisation's ability to review and amend the plan accordingly.	
AC21.06.04: An Independent Member raised a query with regard to the Roster Management review and whether it covered compliance with the Working Time Directive. The Head of Internal Audit advised that the scope of the review was a follow up to the previous Limited Assurance report in 2020. The review had focused on the correct payment for shifts undertaken and the signing off of rosters. Whilst compliance with the Directive was not within the scope, it could certainly be considered as a future review as it was a fundamental control from both a workforce and finance perspective. The Independent Member agreed and observed that it would also tie in with the On-Call Arrangements review.	
AC21.06.05: An Independent Member observed that the plan was a very comprehensive list of reviews with a significant amount of work planned. The Independent Member queried what tasks were undertaken prior to the field work to ensure efficiency and/or remove any potential hurdles in advance that may inhibit progress. The Head of Internal Audit provided Members with an overview of the preparatory work that included liaising with the relevant Executive and Senior Officer to agree a project brief based on the risks identified. The Head of Internal Audit acknowledged that there was room for improvement, noting that the Plan was not routinely shared wider than the Executive Team and the Audit Committee. The Head of Internal Audit queried whether this would be beneficial and agreed to discuss with the Board Secretary. The Independent Member added that it was also important that the relevant Director cascaded the information	LB/DH

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<p>down to service leads to ensure they were aware of their responsibilities.</p> <p>AC21.06.06: The Executive Director for Primary and Community Care and the Chief Information Officer joined the meeting to discuss the Business Continuity – Informatics limited assurance report. The Head of Internal Audit provided a summary of highlights noting that the review was based on a self-identified risk. Informatics, as a service, were proactive in identifying gaps and seeking assurances. Invariably, this would often result in a limited assurance report as management had already identified a potential issue.</p> <p>AC21.06.07: The Executive Director for Primary and Community Care concurred, noting that the Chief Information Office and the team had specifically identified the issue as an area for learning and an opportunity for Internal Audit input. The Executive Director for Primary and Community Care confirmed that discussions had been undertaken with the Chief Information Officer on how to address the recommendations and that they were confident with the plan in place. The Chief Information Officer provided Members with further details of the work undertaken to date and the future work required. The motivation behind the review was also in anticipation of a move towards an age of high digitalisation. It was vitally important that the Division was adequately prepared, A positive step had been the appointment of the Head of Informatics Programmes Assurance and Improvement who had a significant amount of experience and expertise in the area. The Chief Information Officer advised that Business Continuity testing within Informatics was complicated due to the variance of different services within the Division. Some departments were relatively straightforward whilst others were far more complex. This was reflected in the implementation dates and time scales. Informatics were working closely with the Corporate Business Continuity Team and the Chief Information Officer was confident that all of the recommendations would be fully implemented.</p> <p>AC21.06.08: The Chair queried when the last test had been undertaken. The Chief Information officer advised that this would not have been done within the last 18 months. However, real time implementation of plans had in fact been undertaken. For example the relocation of the Service Desk. The gap related to the documentation of the tests and was an area of governance that needed improvement to enable lessons to be learnt. The Chair affirmed that 'lessons learnt' was an extremely important requirement, more so during the pandemic. The Executive Director for Primary and Community Care and the Chief Information Officer left the meeting.</p> <p>AC21.06.09: The Interim Director Mental Health & Learning Disabilities (MH&LD) and the Interim Director of Nursing, MH&LD joined the meeting to discuss the MH&LD Governance Arrangements</p>	

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<p>limited assurance report. The Head of Internal Audit provided a summary of highlights noting that the Audit Committee had formally requested the review. Whilst the pandemic had undoubtedly had a significant impact, the progress made in terms of improving governance since the last review, was disappointing. Though it was noted that the reporting into the Quality, Safety & Experience (QSE) Committee was robust and had meant the report remained as a limited assurance. There were two key issues aside from governance and the fragility of the senior leadership team. Firstly, the implementation of the Together 4 Mental Health (T4MH) Strategy and whether it remained fit for purpose for the people of North Wales. And secondly, concerns around the Psychological Therapies Service in terms of outward reporting and leadership.</p> <p>AC21.06.10: The Chair noted that in terms of the fragility of the senior leadership team, it may be difficult for the Interim Director Mental Health MH&LD and the Interim Director of Nursing MH&LD to address in too much detail as the issues predated their appointments. However, comments would be invited from the Chief Executive and Deputy Chief Executive.</p> <p>AC21.06.11: The Interim Director MH&LD advised the report had been considered by the Division and had found it useful. Covid had obviously had an impact on the Division with key governance meetings being stood down temporarily. The plan was to restart in April (the Business meeting, Finance and Performance, Clinical Strategy and the Quality, Safety & Effectiveness Group). In terms of management fragility and psychological services, wider Health Board discussions were required. The Interim Director MH&LD advised that they had been in post since the 1st of October and had been extended until the end of September 2021. The Interim Director of Nursing, MH&LD had been in post for a similar period and the contract had also been extended. The Executive Director of Public Health was currently holding Executive responsibility for MH&LD and this had also been extended.</p> <p>AC21.06.12: The Chief Executive acknowledged both the Interim Director MH&LD and the Interim Director of Nursing MH&LD's positive contribution to the service, which had been evident when liaising with the various services across MH&LD. Member's noted that one of the key areas of Targeted Intervention that had been identified for MH&LD, in partnership with Welsh Government, was the challenge and opportunity of creating consistent and credible leadership. Whilst there was a substantive Clinical Director of MH&LD in post, one of the key issues in moving forward across the maturity matrix was securing consistent leadership across the Division. However, there were complexities with regard to the management infrastructure and employment obligations that required consideration. This has meant</p>	

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<p>that it has been appropriate to extend the interim positions to maintain stability and consistency.</p> <p>AC21.06.13: The Deputy Chief Executive & Executive Director of Nursing provided Members with a further update on psychological therapies. An internal advertisement for an Acting Head of Service post had been completed whilst work continued with the national and local team to pull together a substantive job description before proceeding to external advert. Applications for the post had been received and were being progressed. The Interim Director MH&LD confirmed that this would be a welcome addition to the senior leadership team.</p> <p>AC21.06.14: An Independent Member drew Member's attention to the Management Response within the report and queried the implementation dates – December 2021 and March 2022 were quite a way off considering the importance and gravity of the recommendations. The Interim Director MH&LD assured Members that meetings to address the T4MH recommendation were already underway. The Independent Member queried whether, given the importance of the recommendation, there could be interim milestones integrated. The Interim Director of Nursing MH&LD advised that the March 2022 date reflected the requirement for consultation and stakeholder participation but was happy to discuss and integrate interim milestones. The Independent Member advised that this was also applicable to the psychological therapies recommendation, noting that the psychological therapies report had been received 18 months previously. The Chief Executive advised that the Health Board had been reviewing its current processes of engagement and provided Members with an overview of the work undertaken. There was a view that if the Health Board were going to think about co-design engagement and consultation, then there would typically be an extended time frame required to review existing strategies. The Independent Member agreed that co-production was best practice and would generally take 12 months to complete. However, the Health Board had already undertaken a significant consultation three years ago, for which it had received accolades and awards. The Independent Member stated that there was still a significant amount of valuable data and information that could be utilised. The Health Board was not starting from a blank piece of paper and needed to be mindful that it was not asking the same questions for which they would receive the same answers. The Chief Executive agreed and advised that one of the first pieces of work undertaken would be an analysis of the existing data and responses. The Deputy Chief Executive & Executive Director of Nursing suggested that this could be incorporated as one of the intermediate milestones of the recommendation. However, it was also important to go back out and verify that responses remained the same post Covid. The Deputy Chief Executive & Executive Director of Nursing suggested that the intermediate milestones be</p>	<p>LB/IW/MS</p>

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<p>monitored via the Targeted Intervention Framework. The Deputy Chief Executive & Executive Director of Nursing also concurred with the observation for the implementation of the psychological therapies recommendation and agreed it should be brought forward, particularly so, given the progression made to appoint a Head of Service. Members agreed that the Interim Director Mental Health & Learning Disabilities (MH&LD) and the Interim Director of Nursing would look to address the points raised.</p> <p>AC21.06.15: An Independent Member expressed support for the points made and additionally noted the importance of the Audit Committee being sufficiently reassured that progress would be made and adequately monitored by via the Targeted Intervention framework. It was important that any agreed interim milestones were completed within the specified time frames.</p> <p>AC21.06.16: An Independent Member advised that as a Trade Union Representative, they had observed a tangible change in the way the MH&LD Division engaged with the Trade Unions, working in partnership to make improvements in the service and staff well-being. Members agreed that this should be commended and noted.</p> <p>AC21.06.17: The Performance Lead, Audit Wales reminded Members of the Joint Review follow up that had been undertaken in 2016-17. As part of that review, the opinions of Local Authorities had been sought. Referring back to the point previously made about engagement and consultation, the Performance Lead, Audit Wales noted that some of the Local Authorities had not felt particularly engaged around Learning Disabilities. This would be an area for improvement within any subsequent consultations and something the Health Board may wish to concentrate slightly more on.</p> <p>AC21.06.18: The Interim Director Mental Health & Learning Disabilities (MH&LD) advised Members that all of the points made would be taken on board. The MH&LD Division had been working through, and continued to work through, some difficult legacy issues. However, progress was being made. The MH&LD Division were very conscious of the Maturity Matrix and the key deliverables within the Targeted Intervention Framework. The Chair thanked both the Interim Director Mental Health & Learning Disabilities (MH&LD) and the Interim Director of Nursing, MH&LD for their work, though acknowledged that frustrations and concerns remained as to the fragility of the management team. It was important that the momentum was maintained and that progress continued, defined target dates should not be permitted to slip. The Interim Director Mental Health & Learning Disabilities (MH&LD) and the Interim Director of Nursing, MH&LD left the meeting.</p>	

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<p>AC21.06.19: Members agreed that the Internal Audit plan 2021/22 be formally approved.</p> <p>RESOLVED: That</p> <ol style="list-style-type: none"> 1. the progress report be noted 2. the Internal Audit Plan 2021/22 be approved; 3. the Limited Assurance reports be received and discussions noted. 	
<p>AC21.07: Audit Wales Update Report</p> <p>AC21.07.01: The Finance Audit Lead, Audit Wales provided a brief update on the financial audit. Member's noted that good progress was being made on the planning and risk assessment and that Audit Wales were working closely with the Finance Team to iron out all of the complications caused by Covid. The Funds Held on Trust audit was planned to take place in August.</p> <p>AC21.07.02: The Performance Audit Lead, Audit Wales provided a brief overview of the performance audit update. Members noted that the update report reflected the pressures on the system and also Audit Wales beginning to introduce other elements relating to Covid, this included a report on Track, Trace and Protect, governance, Personal Protection Equipment (PPE) and ongoing work relating to vaccinations. Consequently, that had meant that some of the intended work planned for the next 12 months had been pushed back though the Care Home Commissioning review would be continued to progress. The review had been identified prior to the pandemic, though the pandemic had shone a light on the pressures within the system. The intention was for the report to be reported at a regional level. The report on ophthalmology had been paused, though there was significant recovery to be done around eye care services so it was important that the review recommenced. The Follow-up Outpatients was likely to be considered in part, as part of the Structured Assessment. The Performance Audit Lead, Audit Wales concluded by noting the planned work on the additional Welsh Government funding and the Health Board's plans for the financial allocation. The review would examine how the funding was being used to improve and deliver long-term sustainable services as opposed to just financial recovery.</p> <p>AC21.07.03: The Chair noted the comments on the additional funding and asked whether the Chief Executive could provide any further updates. The Chief Executive acknowledged that the strategic support had been provided to the Health Board to develop sustainable services. Part of the conversation as to finalising the Health Board's Plan was to be clear on the proposals to utilise the resources. Welsh</p>	

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<p>Government had not quite finalised its budgets though having said that, the Health Board were seized on the opportunity the resources afforded. The Chief Executive was clear, that any Business Plans needed to be seen as a 'loan' and were required to deliver fundamental benefits and improvements as a return on investment. Whilst there was certainly opportunity, Covid still represented a challenge for all Health Boards in delivering their in year savings target. Notwithstanding this, the Health Board were keen to use the resources to genuinely transform services and invest in new models of care. For example, the Health Board had 12 physician assistants who were about to graduate. In order to employ them safely, the Health Board needed to provide them with an internship / year of close supervision, which required investment. However, it was hoped that in the future the individuals would become part of a multi-disciplinary team that could reduce the reliance on locum rheumatologist consultants – a position that the health Board had been trying to recruit to for a number of years due to a national speciality shortage. Therefore, it was clear that persisting with an old model would not deliver a quality service. As a final point, the Chief Executive noted that North Wales covered a large area, there would be a requirement to have a conversation with Welsh Government about the extent to which the true cost of providing services is adequately reflected in the current funding formula.</p> <p>AC21.07.04: Members proceeded to review and discuss the Audit Wales plan. The Finance Audit Lead, Audit Wales drew Member's attention to some of the key points within the plan. The audit continued to be carried out remotely and the Audit members continued to remain independent to the Health Board, any threats to independence were managed via restricted access to information. Members noted that there were two generic risks included in the plan – management override of controls and revenue recognition. A watching brief was being kept upon the NHS 'scheme pays' initiative and its potential impact on the regularity of the opinion. Members also noted that the Health Board would not meet its first financial duty to break even over a three-year period. The Finance Audit Lead, Audit Wales concluded by providing members with an overview of the timings; the audit work will commence once the draft accounts were finalised on the 30th April, submitted to Audit Committee in June prior to being laid with Welsh Government 14th/15th of June. The Executive Director of Finance further noted that the Audit Wales team had been well integrated with the Finance Department; the challenges of remote collaboration had been dealt with efficiently and wished to thank both the team and the auditors.</p> <p>AC21.07.05: The Performance Audit Lead, Audit Wales provided a brief overview of the performance elements of the plan. The Structured Assessment would be split into two phases, the review of the effectiveness of operational planning arrangements to continue to</p>	

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<p>respond to the challenges of the pandemic and to recover and restart services. Phase two would examine how well the Health Board was embedding sound arrangements for corporate governance and financial management, drawing on lessons learnt from the initial response to the pandemic. The second area the Performance Audit Lead, Audit Wales wished to draw Members attention to the All Wales Thematic Review. The planned work on unscheduled care would be delivered as part of the 2021 programme. There were still significant risks around unscheduled care, though consideration as to the timing of the review was required with regard to Covid pressures.</p> <p>AC21.07.06: The Engagement Director, Audit Wales provided Members with an update on the Audit fee, which was not included in the report due to not being approved by the Finance Committee of the Senedd in time. The fee had now been approved and Audit Wales would write out to the Health Board imminently after the meeting. Members noted that the fee would be as it was last year. An Independent Member noted that the fee had been frozen and queried whether remote working had delivered any savings with regard to there no longer being a requirement to travel to North Wales and, if so, would these savings be passed on to the Health Board. The Engagement Director, Audit Wales advised that in totality, the savings were balanced out by additional costs and complications of collaboration. The Engagement Director, Audit Wales assured Members that any identified savings would indeed be passed on to the Health Board. The Chief Executive noted an additional point on savings that the Health Board were beginning to consider was its carbon footprint. Whilst the Health Board would of course welcome a fee reduction, there were other benefits to be acknowledged. The Health Board was working collaboratively with Welsh Government to explore the future benefits and opportunities associated with agile working.</p> <p>AC21.07.07 An Independent Member reiterated the Executive Director of Finance's appreciation for the work undertaken and went on to query whether the financial audit risks identified in the report were encapsulated within the divisional risk registers. The Executive Director of Finance advised that the majority of the risks were captured, though would review and confirm after the meeting. The second question for the Executive team was whether Members could be reassured that the Health Board were taking a proactive and parallel approach to ensure there were 'no surprises'. Given the breadth and importance of the area, It was important that the Health Board was not solely reliant on the outcomes of audit reports. The Executive Director of Finance confirmed that the Health Board were very much moving ahead on a number of different agendas; this was front and centre of the transformation programme. The Chief Executive confirmed that there was a significant amount of synergy between the work the Health Board wished to pursue, including the</p>	SH

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<p>maturity matrices, performance management and the Board Assurance Framework. The Chief Executive was keen to engage with the Executive team and strengthen both individual and team performance reviews when objective setting. A discussion was planned for a future Board Workshop to provide clarity on the spend associated with the strategic support. This extended beyond clinical services and transformation to include capacity, which would enable the Health Board to focus on the task in hand.</p> <p>AC21.07.08: The Engagement Director, Audit Wales provided an overview of the other reports included for information. This included the Doing it Differently, Doing it Right report that detailed key themes, lessons and opportunities within NHS governance and the letter sent by the Auditor General updating on the findings from the work on Personal Protective Equipment (PPE). The full report was due for publication after Easter.</p> <p>AC21.07.09: The Acting Assistant Director – Strategy & Planning joined the meeting for the Well-being of Future Generations Wales report. The Acting Assistant Director – Strategy & Planning advised Members that the original report had been received in 2019 with the Management Response (MR) being delayed. Members noted that the nature of the report had necessitated the Health Board take a slightly different approach to the MR. The recommendations made were couched in terms of opportunities for improvement. The Acting Assistant Director – Strategy & Planning provided an overview of the highlights from the report.</p> <p>AC21.07.10: The Chair noted that the MR may require review in terms of key deliverables – it was important that tangible objectives could be drawn and measured against in terms of progress tracking. The Performance Audit Lead, Audit Wales concurred and observed that trying to track the MR as it stood, may become quite challenging to demonstrate evidence of progress. The Performance Audit Lead, Audit Wales noted that there were perhaps two ways to progress, one of those being the Audit Tracker, which would probably provide greater assurance, and the other being via the planning approach. The Well-being of Future Generations was not necessarily about compliance with the Act; rather, it was about embedding the spirit of the Act and the key principles into the Health Board's planning processes. The Chief Executive advised Members that the Health Board intended to further consider its planning processes. The Health Board needed to be clear about outcomes of activity and how this related to its strategic plan as well as both short and long-term objectives. The Performance Audit Lead, Audit Wales observed that the two options previously highlighted were not mutually exclusive, though if the Audit Committee did decide to specifically track individual items within the Tracker, the recommendations would need to be</p>	

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<p>refined. The Chair noted the future planned workshop and queried whether this could be facilitated as part of the session. The Board Secretary confirmed this could be included in the May workshop. The Acting Assistant Director – Strategy & Planning left the meeting.</p> <p>RESOLVED: That</p> <ol style="list-style-type: none"> 1. the programme update be received; 2. the Audit Wales Audit Plan be received and discussed 3. the BCUHB management response to the recommendations in the Well-being of Future Generations report was received and discussed and specific recommendations for tracking to be identified at the May Audit Workshop. 	LB
<p>AC21.08: Schedule of Financial Claims</p> <p>AC21.08.01: <i>The Chair advised Members that the agenda item was to be taken out of order to enable the public and private report to be presented consecutively by the Acting Associate Director of Quality Assurance.</i></p> <p>AC21.08.01: The Acting Associate Director of Quality Assurance joined the meeting and provided an overview of the public section of the report. The Chair noted that the paper outlined the various levels of assurance and committees that had provided scrutiny.</p> <p>RESOLVED: That the claims and payments listed in the schedule be noted and reported to the Board as part of the Chair's assurance report.</p>	
<p>AC21.09: Dental Assurance Report</p> <p>AC21.08.1: The Assistant Director Of North Wales Dental Services joined the meeting and provided Members with an overview of the report. The Chair queried where the Health Board was in terms of take up and patient attendance – and how this compared with the last iteration of the report from September. The Assistant Director Of North Wales Dental Services provided Members with an update and advised that the Health Board were in an improved position in terms of service delivery. The NHS Business Services Authority had introduced a new clinical system called Eden, this had been adopted by the BCUHB Dental Contracting team and was being worked through so as to establish how best to utilise the new system and performance manage the practices. As to areas of non-compliance, it remained the case that contractors were being actively managed. With support from the Local Dental Committees, a Support and Assurance Forum had been created to provide additional support to performers and practices by facilitating discussions with the contracting team. To date, one</p>	

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<p>contractor had been through the process and a successful resolution had been found.</p> <p>AC21.08.2: The Chair enquired as to what savings were required to be made and what the overarching current financial situation was. The Assistant Director Of North Wales Dental Services advised that Welsh Government had requested the service to implement contract reform which disbanded the traditional Units of Dental Activity (UDA) system. The focus moving forward would be to actively encourage contractors to join the contract reform programme as the previous clawback facility would not be available unless they did so. There was an expectation from the Chief Dental Officer and Welsh Government that contractors will participate in the new process. In the event that the Health Board found that a contractor was unwilling to participate, the Health Board would reserve the right to resort to the potentially identifiable UDA for accountability. With patient charge revenue being non-existent for the financial year, the budget for the service was a risk with a significant overspend. The service was working closely with finance colleagues to actively manage.</p> <p>AC21.08.2: The Chair asked the Executive Director of Finance for comments. The Executive Director of Finance confirmed that the Assistant Director of North Wales Dental Services was working closely with the Finance team to understand the specific implications of what contracts have been in place during Covid. Members were assured that the matter was fully addressed via other financial reports within the organisation. The Assistant Director Of North Wales Dental Services advised that there would need to be a requirement to revisit the budget. Of particular note, there would be significant additional costs associated with estate ventilation alterations necessary to deliver future services. This was being overseen by the Dental Clinical Director in conjunction with the Director of Estates and a business plan was being considered. The Chair and the Chief Executive noted the importance though considered that this was a more appropriate discussion to be had at the Quality, Safety & Experience Committee. The Chief Executive advised that they would reflect on the matter with the Board Secretary and the Executive Director of Primary Care & Community Services. The Assistant Director Of North Wales Dental Services left the meeting.</p> <p>RESOLVED: That</p> <ol style="list-style-type: none"> 1. the Dental Assurance Report was received and discussed. 	LB
<p>AC21.10: Legislation Assurance Report</p> <p>AC21.09.1: The Statutory Compliance Governance & Policy Manager presented the report and drew Member's attention to the following points; The Legislation Assurance Framework (LAF) previously formed</p>	

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<p>part of the Corporate Risk and Assurance Framework though was now a standalone product. The plan was to continue to report the LAF on a bi-annual basis. Members noted that appendix two (items of low or no assurance) was omitted from this iteration of the report. This was due to capacity issues within the Office of the Board Secretary and the requirement of operational leads to prioritise the Covid response. However, the Finance team had reviewed their allocated legislation and submitted a self-assessment. This was awaiting review/quality checks by the Statutory Compliance Governance & Policy Manager. The intention was that the appendix two would be reinstated for September Committee now that the substantive Board Secretary was in post and the Deputy Board Secretary had returned to their substantive post.</p> <p>AC21.09.2: The Statutory Compliance Governance & Policy Manager proceeded with highlights from appendix one which detailed legislation enacted since the previous report. A meeting had been held with the Chief Pharmacist and Deputy Director Medical Physics to discuss the implications of the Medicines and Medical Devices Act 2021 and ensure the information was disseminated throughout their respective governance arrangements/groups. The Statutory Compliance Governance & Policy Manager concluded by advising Members that the final item, the Equality Act 2010, s.1 as amended by the Wales Act 2017, s. 45, had been included specifically at the request of an Independent Member to acknowledge the imminent commencement of the Socio-Economic Duty for Wales though at the time of report writing, the Regulations were not in force. Since the report had been published, the Equality Act 2010 (Commencement No.15 (Wales)) Order 2021 had been enacted on the 12/03/21.</p> <p>AC21.09.3: An Independent Member queried whether this was just an administrative exercise for the Health Board. The Statutory Compliance Governance & Policy Manager advised that the report was presented to Audit Committee for information on newly enacted legislation and the measures the Health Board were undertaking to ensure awareness, implement and address any impacts. However, it was acknowledged that the assurance usually provided in appendix two was omitted so the report, in this instance, was of a more administrative nature. The self-assessment and review of assurance was a significant undertaking with over 600 pieces of legislation contained within the LAF. For example, the Estates department had in excess of 100 line items to review. The Independent Member queried whether the Health Board was clear on whether they were compliant with all legislation as the self-assessments had not been undertaken or quality checked and if so, what level of risk did this represent. The Statutory Compliance Governance & Policy Manager advised that the scale of legislation applicable to the Health Board meant that the impact of non-compliance varied from item to item. Though self-assessments had not been carried out for all items, the items that</p>	

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<p>would be considered high risk were largely already managed. For example, Health & Safety was overseen by the Corporate Health & Safety team. The Independent Member acknowledged this and queried whether adequate resources were aligned to the LAF, it was important that those that were operationally responsible were well engaged. The Board Secretary observed that the LAF was a useful tool that they had not seen elsewhere before and it was an example of good practice from the Health Board. Acknowledging the Independent Member's point, the Board Secretary considered that there was more work to do now that capacity was back up within the team. The Board Secretary considered that given the scale, perhaps a risk-based approach could be considered. The Chair noted the work undertaken but observed that that this was again down to flux within the system. The Statutory Compliance Governance & Policy Manager advised Members that whilst a risk based approach to assessment was an option, i.e. identifying items that represented high liability - criminal prosecution or judicial review, it was often the unmanaged, under the radar items that could potentially trip the Health Board up. The Chief Executive noted the original point as to whether the exercise was mainly administrative in nature and observed that whilst this iteration of the report needed improvement, legislative compliance and assurance was an important aspect of the Health Board's corporate governance and agreed that a risk-based approach was preferable way forward. The Chief Executive further noted that legislative compliance was a very important aspect of governance in Australia so had been pleased to see the comparative work the Health Board had undertaken.</p> <p>RESOLVED: That</p> <p>the Legislation Assurance Framework report be noted;</p>	
<p>AC21/11: Issues of Significance for Reporting to Board</p> <p>RESOLVED: That the Chair prepare his assurance report for the Board.</p>	
<p>AC21/12: Date of Next Meeting: 10/06/21</p>	
<p>AC21/13: Exclusion of Press and Public</p> <p>Resolution to Exclude the Press and Public - "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>	