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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

AUDIT COMMITTEE
Minutes of the Meeting Held on 12.12.19
In the Boardroom, Carlton Court, St Asaph

Present:

Medwyn Hughes	Independent Member - Chair
John Cunliffe	Independent Member
Lucy Reid	Vice Chair

In Attendance:

Andrew Doughton	Performance Audit Lead, Wales Audit Office
Meilyr Emrys	Welsh Language Officer (for Minute AC19/80)
Dave Harries	Head of Internal Audit, NWSSP
Sue Hill	Acting Executive Director of Finance
Melanie Maxwell	Senior Associate Medical Director (for Minute AC19/84)
Lawrence Osgood	Associate Director of Workforce Performance & Improvement (for Minute AC19/80 and AC19/81)
Teresa Owen	Executive Director Of Public Health (for Minute AC19/80)
Justine Parry	Assistant Director of Information Governance & Risk (for Minute AC19/83)
Dawn Sharp	Acting Board Secretary
Clair Tipton	Workforce Information Systems Manager (for Minute AC19/80)
Mike Usher	Engagement Director, Wales Audit Office
Bethan Wassell	Statutory Compliance, Governance & Policy Manager

Agenda Item	Action
<p>AC19/74 Opening Business and Apologies for Absence.</p> <p>A private meeting with Internal and External Auditors was held at 9.00am.</p> <p>Apologies were received from the Deputy Chief Executive / Executive Director of Nursing and Midwifery, the Financial Audit Manager, Wales Audit Office and Jacqueline Hughes, Independent Member.</p>	

<p>AC19/75: Declarations of Interest.</p> <p>No declarations of interest were made at the meeting.</p>	
<p>AC19/76: Procedural Matters.</p> <p>1). The Minutes of the last meeting of the Committee held on 12/09/19 were reviewed and approved as a true and accurate record and;</p> <p>2). The Summary Action Log was noted and updated accordingly and;</p> <p>3). It was noted that Chair’s Action has been taken on the following matters since the last meeting;</p> <ul style="list-style-type: none"> • 16/10/19 – Draft Internal Audit, Continuing Health Care Review, deferment from 2019/20 plan. • 16/10/19 – Draft Internal Audit, Cluster Governance Arrangements, deferment from 2019/20 plan. • 16/10/19 – Draft Internal Audit, Compliance with Standing Financial Instructions – Procuring Goods and Services: Pharmacy Electronic Dispensing System (EDS) Review, removal from 2019/20 plan. • 16/10/19 – Approval of revised Master Scheme of Reservation and Delegation (SoRD) together with the Model Standing Orders to be presented to the October Audit Workshop prior to Board sign off in November. 	
<p>AC19/77 Revised Terms of Reference.</p> <p>Recommendation: That the Committee review and approve the following revised Terms of References (ToRs) and recommend approval to the Board:</p> <ul style="list-style-type: none"> • Audit Committee and; • Digital Information Governance Committee (DIG) and; • Charitable Funds Advisory Group. <p>An Independent Member (Chair of DIG) requested a minor amendment to the title of ‘Chief Information Officer (removal of reference to ‘digital’).</p> <p>RESOLVED: That the ToRs be approved and recommended for approval to the Board.</p>	<p>BW</p>
<p>AC19/78 Issues Discussed in Previous In Committee Session.</p> <p>The Committee formally received the report in public session of those issues discussed in the private session at the meeting held on 12.09.19, which related to:</p> <ul style="list-style-type: none"> • Financial Conformance Report. • Post Payment Verification Progress Report. • Counter Fraud Services Progress Report. • Update on Internal and External Audit Actions. <p>RESOLVED: That the report be noted.</p>	
<p>AC19/79 Amendment to Standing Orders: Scheme of Reservation and Delegation (SoRD).</p>	

Recommendation:

- The Committee is asked to approve the changes to the Standing Orders and SoRD on behalf of the Board and;
- The Committee is asked to note that, following approval and ratification, operational level SoRDs for each Executive, Area and main hospital sites will be updated in line with the changes made to the Health Board's overarching master SoRD.

AC19/79.1: The Acting Board Secretary presented the report outlining the amendments to the SoRD and the rationale for the changes. Members noted that following the adoption of Model Standing Orders, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) had subsequently made minor changes that were required to be recognised and incorporated within the Health Boards own Standing Orders.

RESOLVED:

- **That the Committee approve the changes to Standing orders and SoRD on behalf of the Board.**
- **That the report be noted.**

AC19/80 Internal Audit Progress Report.

Recommendation:

The Audit Committee is asked to:

- Receive the progress report and;
- Note the approval via Chair's Action of the removal of the three reviews from the 2019/20 plan and;
- Discuss the two Limited Assurance Reports noting that the relevant Officers have been invited to attend.

AC19/80.1: The Head of Internal Audit proceeded to provide an overview of the progress report in Welsh and commented that overall, he considered the report to be positive. However, he did note that it was important that management ensure that any governance or Management Group detailed within relevant policies, is accurately recorded in the Health Board's organisational governance structure. Members then proceeded to discuss the following Limited Assurance Reports:

- **AC19/80.2: Patient Monies:**

The Acting Executive Director of Finance proceeded to provide an update on the progress made against the recommendations. The updated Patient Monies Procedure had been submitted to the Executive Team for approval and a question had been raised with regards whether the Health Board's Security team had been sufficiently involved. A meeting was to be held with the Associate Director of Health, Safety and Equality to review any concerns, with the intention of resubmitting the Procedure for approval to the Executive team in Dec/Jan.

Members queried the reasoning for setting up a Task and Finish Group and whether it had proved to be beneficial. The Acting Executive Director of Finance advised that this had proven to be a positive and useful step that ensured clinical input and operational engagement.

- **AC19/80.3: Welsh Language:**

The Chair welcomed the Executive Director of Public Health, Associate Director of Workforce Performance & Improvement, Workforce Information Systems Manager and Welsh Language Officer to the meeting. Members and attendees proceeded with introductions in Welsh.

The Associate Director of Workforce Performance & Improvement provided an update on the progress made against the recommendations. The findings of the report had been accepted by management and significant progress had been made to address the identified issues. An electronic portal was now in place that contained mandatory prompts and questions to accurately determine whether the position was 'Welsh essential'. For example, 'does the post have contact with the public?' The 'Welsh essential?' section in the system was set as a default to Welsh. This was to ensure the recruiting manager asked the right questions. Once completed, the information went to the Establishment Control (EC) team for quality checks. Upon receipt, if the EC team considered that the position was in fact 'Welsh essential', the original decision could be overridden. The Welsh Trac advertising system went live on the 26/11/19. The Trac advertising team then also did further quality checks on receipt. This was all evidence of a stronger level of challenge for posts that should be advertised as Welsh essential. If recruitment was not successful and a candidate was

appointed, it was possible to go back out to advert as 'welsh desirable'. This did require approval via the Workforce Information Systems Manager who would further quality check that there were no suitable candidates originally and review the recruiting manager's plan to cover any gaps the absence of welsh language skills may create.

The Chair queried how Welsh skills/competencies were checked and verified. The Workforce Information Systems Manager advised that the EC team were working closely with the Welsh Language team. They were conscious that candidates may categorise themselves incorrectly though noted that this was difficult to challenge as it was based on self-assessment. However, the Strategy was also under review and would seek to reinforce the importance of considering the skill set of the whole team alongside regular reminder communications to staff about levels of competency and the requirements for each. The Welsh Language Officer highlighted a useful flowchart that provided applicants with information on how to self assess (from 1-5) and suggested its inclusion in the forthcoming Strategy.

Members noted that primary points of contact were required to be Welsh essential and queried whether this also applied to clinical staff. There were concerns that this may result in further delays to difficult to recruit to clinical posts. In particular, when this necessitated recruiting from England or in some cases, outside the UK where English may not be the candidates first language. The Workforce Information Systems Manager assured Members that this had been considered. More often than not, the first point of contact would be an administrative staff member and thus the post may not fall under the 'first point of contact', Welsh essential requirement. This would again, be quality checked by the EC team who had specialist knowledge of areas and positions that were particularly difficult to recruit to. The Workforce Information Systems Manager further noted that EC response times had reduced and performance against targets had improved. The Executive Director of Public Health provided further assurance that the requirement was not causing delays and that there were some groups, for example Childrens Services, that were expected to be prioritised. She further added that the review had been really helpful.

The Head of Internal Audit queried whether there was still work to do with regards strengthening the recruiting manager's knowledge of the Strategy and the requirements for compliance with the Welsh Language Standards. This would be considered and addressed via the revision of the existing Strategy which would be used as a vehicle to embed in January. The Performance Audit Lead, Wales Audit Office highlighted the longer term strategy required by the Well-Being of Future Generations (Wales) Act 2015 and the importance of working with local partners to recruit from North Wales. The Welsh Language Officer provided Members with an overview of the work being undertaken to engage with schools. This included promoting the benefits of having bilingual skills. It was noted that the overall response was positive – many students that had initially indicated that they did not consider themselves to be able to speak Welsh at the start of the session, revised their opinion and later acknowledged that they were able to speak basic phrases and greetings in Welsh. In addition, a live webinar had been given in conjunction with Careers Wales whom had indicated an interest to provide similar sessions in the future.

Members then proceeded to discuss the frequency of, and the requirement to conduct interviews in Welsh. In particular, the quality of information sourced from references and that there was a lack of structure for ensuring candidates were being tested on essential skills. The Associate Director of Workforce Performance & Improvement advised that candidates should be assessed against all essential points including Welsh language and that training was available for recruiting managers. Enquiries would be made as to the number of staff that had received training. Whilst ideally, it would be preferable to have a qualified Human Resources professional on every panel, there was insufficient resources or capacity to support this. It was further noted by the Independent Members whom were involved with Consultant interviews that example questions provided by Workforce had proven to be useful. The Workforce and Welsh Language teams concluded that whilst there was further work to do, these types of reviews were instrumental for improvement. The discussion concluded and the Chair thanked both teams for attending (the Associate Director of Workforce Performance & Improvement remained to discuss a Wales Audit Office review).

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AC19/80.4: The Head of Internal Audit formally requested the removal of the three reviews from the 2019/20 plan (Compliance with Standing Financial Instructions – Procuring goods and services: Pharmacy EDS, Cluster governance arrangements and Continuing Healthcare) and drew Members attention to table four of the Progress report. Members were advised that whilst the Performance Indicators remained on target, performance had dropped in terms of Management Responses, ToR agreement as well as general engagement. Though he wished to express gratitude to the Acting Board Secretary for the support given in escalating issues.

AC19/80.5: Members expressed concern with regards the removal of the Cluster governance review. The Head of Internal Audit provided the background for the removal and assured Members that further review would be considered again in April to ensure the governance and planning for the new proposed service was correct.

AC19/80.6: The decision to remove the Continuing Healthcare review was due to the decision to proceed with the National Commissioning Collaborative. There were five different groups that would be reviewing the structures of meetings and to proceed with the Internal Audit review would be a duplication of work. A further review would be undertaken early 2020/21 to allow for system/process changes following the external review to be embedded. The Performance Audit Lead, Wales Audit Office highlighted the potential to look across at a regional level and emphasised the importance of the quality of care as well as the general cost allocation.

AC19/80.7: The Vice Chair enquired as to the reasoning for the pause in the review of salary overpayments (detailed at page 18 of the progress report). The Head of Internal Audit advised that this was to enable to allow management to determine the reasons for a spike before continuing with analysis which was now moving forward. The Acting Director of Finance offered to investigate and update Members further on the reasons for the spike.

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RESOLVED:

- **That the Progress report be received.**
- **The three reviews from the 2019/20 plan be removed.**

AC19/81 Wales Audit Office (WAO) Update Report.**Recommendation:**

The Audit Committee is asked to:

- Note the content of the audit progress update.
- Receive and discuss the Integrated Care Fund report to the North Wales Partnership Board.
- Receive and discuss the national review of public service boards*.
- Receive and discuss the Wellbeing of Future Generations report and BCUHB response.
- Receive and discuss the Primary Care Services in Wales report.
- Receive and discuss the Structured Assessment report.
- Note the ICT Asset management report. The report has already been presented to the Digital Information and Governance Committee for assurance purposes (Included within the private session of the meeting).

**Given the complexity of progress tracking cross-sector recommendations made to public service boards, we recommend that assurance on progress against recommendations is provided in the form of a narrative report to appropriate committee.*

AC19/81.1: The Performance Audit Lead, WAO proceeded to provide an overview of the progress report. Following discussion at the Public Accounts Committee of the National Assembly for Wales, a review of Interim Directors' Appointments was to be undertaken. The Engagement Director, WAO highlighted some concerns with regards BCUHB engagement and it was agreed that the Chair would escalate to the Chairman and Chief Executive. The Executive lead for the review was the Executive Director of Workforce and Organisational Development. The Associate Director of Workforce Performance & Improvement apologised for the delay in response and advised that the requested information would be sent to WAO that day.

AC19/81.2: Members then proceeded to discuss the progress report. The Vice Chair queried the identification of the Executive Lead on page six of the Progress report. The Acting Executive Director of Finance indicated this should be the Associate Director of Quality Assurance, Nursing and the Acting Board Secretary agreed to escalate for confirmation.

- **AC19/81.3: Integrated Care Fund:** Members noted the size and geography of BCUHB posed a particular challenge. Due to the requirement to liaise with six different local authorities, it was a very complex landscape. Members proceeded to discuss whether there were any similarities to other Health Boards in Wales and if there was any shared learning that could be utilised. The Performance Audit Lead, WAO advised that Aneurin Bevan University Health Board was probably the most similar in terms of geography (Greater Gwent Regional Partnership Board was listed in the notable practice which other RPBs could learn from in page 15 of the report).
- **AC19/81.4: National Review of Public Service Boards:** This was a national report that highlighted some common issues. An Independent Member queried whether there were any specific example of engaging with citizens (page 17 of the report). The Engagement Director WAO directed Members to paragraph 1.9 to 1.10 (questionnaire surveys and workshops). Members concurred that there

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was still ambiguity how these were communicated to members of the public and how visible this really was. The Engagement Director and Performance Audit Lead WAO agreed to feed these points back to the National Team and enquire as to any other specific examples of engagement. Members concluded that the recommendations would be monitored by the Strategy, Partnerships and Population Health (SPPH) Committee rather than be tracked via the Internal and External Tracker/system.

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- **AC19/81.5: Implementing the Well Being of Future Generations Act:** Members noted the progress made though acknowledged Health in general to be a little behind Local Authorities. Members further noted there were good examples of joint working. An Independent Member highlighted that long-term funding was an issue outside of BCUHB control. The Performance Audit Lead WAO stressed the need for prevention, supported by short term funding to meet long-term needs. The Acting Executive Director of Finance highlighted the issue about the ability to have a strategic impact when funding was often received late in the day. The Engagement Director WAO agreed and advised that the point had been raised with Welsh Government.
- **AC19/81.6: Primary Care Services in Wales:** members noted that this was a National report following the previous local report received in 2018. The Vice Chair queried what the priorities were for primary care on a national basis. In particular, community pharmacists undertaking wider roles and whether this was sustainable. The Performance Audit Lead WAO agreed that clarity on the roles was required.
- **AC19/81.7: Structured Assessment:** The Performance Audit Lead WAO provided an overview of the report and highlighted the issues of performance. There was evidence of a cycle of fail and recover which did not provide long-term sustainability. Members discussed the need to build cohesive and constructive relationships at Board and Committees. The Acting Executive Director of Finance assured Members that the Board was very aware of these issues which would be further discussed at a Board Workshop to look to a five year outlook as well as a detailed operational review with the top 120 managers looking at how to deliver services better. An Independent Member raised concern with regards how BCUHB move from cost saving recovery to transformation and whether there was a sufficient plan in place. However, he did note that he felt grip and control had improved which had also been evidenced at the Finance and Performance (F&P) Committee. The Vice Chair expressed gratitude for the report and cited it as being a useful roadmap though noted the temporary organisational structure, which was person dependent. It was important to focus on succession planning. The Performance Audit Lead WAO agreed and advised that the work should be program based and managed. The Engagement Director WAO concluded that the Structured Assessment was an ongoing conversation but there were signs of encouragement.
- **AC19/81.8: Cwm Taf Morgannwg University Health Board Update:** The Engagement Director WAO provided an update to Members. In particular, the report had highlighted concerns around sufficient sight of issues (the gap between ward to Board). It was important for the Board to have its finger on the pulse of what was happening at an operational level as well as confidence in how to raise and escalate issues. The Vice Chair stated that it was governance that underlies all of these types of reports and members noted that the BCUHB response to the report was to be discussed at an upcoming Board workshop on the 19th December.

AC19/81.9: The Engagement Director WAO concluded the update by advising Members that there would be a rotation of WAO staff. Dave Thomas would take over as the Engagement Director with Richard Harries to lead on the financial audit work. The Chair thanked the Engagement Director WAO for his input and wished him well in the new position.

RESOLVED:

- **The content of the audit progress update be noted.**
- **Received and discussed the Integrated Care Fund report.**
- **Received and discussed the National Review of Public Service Boards report with the assurance on progress against recommendations provided in the form of a narrative report to the Strategy, Partnerships and Population Health (SPPH) Committee.**
- **Received and discussed the Wellbeing of Future Generations report and BCUHB response. A formal Management Response was to be received at March Audit Committee.**
- **Received and discussed the Primary Care Services in Wales report, and add the applicable Recommendations to the Tracker**
- **Received and discussed the Structured Assessment. The intention was that the Management Response would be finalised and approved at 9th January Board.**

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AC19/83 Corporate Risk Register and Assurance Framework Report.

Recommendation:

The Audit Committee is asked to:

- 1) Note, approve and recommend the Corporate Risk Register (CRR) to the Board and to gain assurance that the risks are managed in line with the Health Board’s risk management strategy.
- 2) To recommend two new risks which were approved by the Quality, Safety & Experience Committee (QSE) to the Board for inclusion onto the CRR.

AC19/83.1: The Assistant Director of Information Governance & Risk presented the report to Members and advised that it was a requirement that the CRR was presented at Audit Committee twice a year. The Coversheet detailed the changes since the previous iteration and included two new risks (CRR20: Security Risk and CRR21: Health & Safety Risk). Members further noted that their previous comments on the Risk Management Strategy had been taken on board and were currently being reviewed by the Deputy Chief Executive / Executive Director of Nursing and the Associate Director of Quality Assurance, Nursing. The intention was to have the revised version to Members by the end of the week for approval via Chair’s Action.

Members then proceeded to review the CRR with the following comments:

- **AC19/83.2: Coversheet:** The Vice Chair queried the de-escalated risks. There was a discussion with regards which risks each referred to and Members agreed that the full title should be included in future reports rather than just the ID/number. An Independent Member expressed an ongoing general concern as to the inherent scoring of risks. The Assistant Director of Information Governance & Risk informed Members that an Executive Risk Management Scrutiny Panel had been formed and would support the influence for change.
- **AC19/83.3: CRR05 Learning from Patient Experience:** Controls not updated. Control 14 – Associate Director has been in post for over two years, suggest remove. General dissatisfaction in controls listed, indicates a lack of understanding in what a ‘control’ is. Assistant Director of Information Governance & Risk advised that the planned training program will address this though there was work to do around terminology of ‘controls’. Training package to be sent to Members. Risk to be referred back to the QSE Committee in January for review.
- **AC19/83.4: CRR06 Financial Stability:** Members discussed the scoring of the Risk and whether potential future costs had been taken into account. The Acting Executive Director of Finance briefed Members on a previous conversation with other Directors of Finance on Welsh Risk pool costs. The additional cost was in BCUHB forecast but needed to be considered at F&P Committee where the initial risk rating would be considered. Further discussion ensued as to whether there should be two separate risks and Members recommended an additional risk for Sustainability.
- **AC19/83.5: CRR10A National Infrastructure and Products:** Issues with Controls (project governance is not a BCUHB control). Assuring Committee should state Digital and Information Governance (DIG) Committee. Point 3 of further actions to achieve target risk score (Implementation of recommendation’s from Architecture and Governance Reviews due in May 19), Members queried how BCUHB engage with this – comments to go to Chair of DIG and the Executive Medical Director.

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<ul style="list-style-type: none"> • AC19/83.6: CRR10b Informatics - Acute and Community Health Records: Assuring Committee should state Digital and Information Governance (DIG) Committee. Title of Risk has also changed, should just read 'Health Records'. To be picked up at DIG. 	JP
<ul style="list-style-type: none"> • AC19/83.7: CRR10C Informatics infrastructure capacity, resource and demand: Assuring Committee should state Digital and Information Governance (DIG) Committee. 	JP
<ul style="list-style-type: none"> • AC19/83.8: CRR11a Unscheduled Care Access: This risk was reviewed at F&P on the 2nd December but has not been updated. The Assistant Director of Information Governance & Risk advised a new lead had been identified and had met with the Head of Risk. 	JP
<ul style="list-style-type: none"> • AC19/83.9: CRR11b Planned Care Access: This risk was reviewed at F&P on the 2nd December but has not been updated. Further comments around scoring – initial score of 20 and remains at 20 yet Risk has 17 controls in place which suggests the controls are having no effect to mitigate. Also queries whether a lot of the controls relate to previous year and should therefore be removed. 	JP
<ul style="list-style-type: none"> • AC19/83.10: CRR12 Estates and Environment: Queries were raised with regards the likelihood score of '3' and whether this took into account electrical issues. Risk to be referred back to F&P. 	JP
<ul style="list-style-type: none"> • AC19/83.11: CRR13 Mental Health Services: The progress graph appeared to show an anomaly (gap). Members were advised this was due a formatting issue where the current line was obscured by the target line. There was a further discussion with regards the previous unauthorised reduction in score and how this should be recorded in the progress graph. Members agreed that in order to accurately reflect previous discussions / other Committee minutes, the graph would continue to show the unauthorised reduction but would need a footnote explaining the rationale. Further work is required on controls and actions, both are out of date / not updated. The use of the term 'ongoing' is inappropriate, actions need to be able to evidence improvement. Risk to be referred back to the QSE Committee in January for review. 	JP
<ul style="list-style-type: none"> • AC19/83.12: CRR14 Staff Engagement: Query with regards scoring and whether realistic. If the target score has been achieved, then the recommendation should be to de-escalate. Members also commented that there was an excessive number of controls that should be streamlined. Risk to be referred back to SPPH for review. 	JP
<ul style="list-style-type: none"> • AC19/83.13: CRR15 Recruitment and Retention: Members queried the initial score and considered whether the recent Welsh Language Measure Internal Audit review should be considered against the Risk. Actions to be listed for compliance with Welsh Language standards. 	JP
<ul style="list-style-type: none"> • AC19/83.14: CRR16 A major safeguarding failure occurs: Title of risk is not appropriate, requires renaming. Further actions out of date and require updating. Risk to be referred back to QSE in January for review. 	JP
<ul style="list-style-type: none"> • AC19/83.15: CRR20 Security: members queried whether this was collective or site specific. Further queries on scoring (should impact/likelihood be reversed?). Risk to be referred back to the QSE Committee in January for review. 	JP
<ul style="list-style-type: none"> • AC19/83.16: CRR21 Health & Safety Leadership and Management: Controls need to be revised (a Policy is not a control) as well as scoring (narrative does not match score). 	JP

AC19/83.17: As a general observation, the Head of Internal Audit queried what horizon scanning was in place. The Corporate Risk Register is more in line with an issue log as opposed to risk. The Assistant Director of Information Governance & Risk indicated that this would be picked up as part of the Strategy. The Vice Chair stated that this would also need to be recognised in the Board Assurance Framework. A discussion ensued with regards the inclusion of a 'Reputational' risk. Members noted that this had previously been discussed by the Executive and agreement reached not to include. The Engagement Director WAO supported this decision and advised against its inclusion.

AC19/83.18: The Assistant Director of Information Governance & Risk concluded by providing members with a brief overview on the planned form of the training. This included face to face training, initially with Senior Management and leads as well as e-learning. The Head of Risk had also developed a self-assessment competency framework.

RESOLVED:

- **That the CRR be noted and approved pending review and revision as detailed above.**
- **To recommend two new risks for inclusion to the Board onto the CRR.**

<p>AC19/84 Clinical Audit Policy.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> The Audit Committee is asked to approve the amended policy and procedure document. <p>AC19/84.1: The Senior Associate Medical Director presented the report and the revised Policy that had been updated post review at the Joint Audit and Quality, Safety & Experience (JAQS) Committee on the 5th November 2019. Members noted that the Policy had been shared with the Executive Director of Primary and Community Services who was comfortable with the content and keen to commence implementation, it was important to get the clinical teams engaged.</p> <p>AC19/84.2: The Chair thanked the Senior Associate Medical Director as it was evident that a lot of hard work had been undertaken. However, there appeared to be some confusion as to the recommendation for the Audit Committee. The QSE Committee was the approving Committee and the Policy would need to be tabled for review in January (it was not possible for the Audit Committee to approve the Policy). It was also necessary that the Committee had sight of the EqIA post amendments since JAQS.</p> <p>AC19/84.3: Members further stated that there were still some administrative amendments required and it was agreed that the Senior Associate Medical Director would meet with the Vice Chair to review. It was also agreed for the EqIA to be reviewed by the Head of Equalities and Human Rights. The Document would then be approved via Chair's Action by Audit Committee before being final approved by the QSE Committee.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> That the Clinical Audit Policy be tabled for review at January QSE Committee. 	<p>MM</p>
<p>AC19/85 For Information Charitable Funds Accounts</p> <p>Recommendation:</p> <p>The Audit Committee is asked to note the Charitable Funds Annual Report and Accounts 2018/19, together with the letter from WAO and BCUHB response.</p> <p>AC19/85.1: The Acting Board Secretary presented the report and drew Members attention to a letter received from the Wales Audit Office and the BCUHB response. The Engagement Director, WAO provided Members with the background to the items and Members noted that it was disappointing the length of time it had taken to be implemented. The Vice Chair queried the evidence that this had been implemented as specific communications of the changes had not been received. The Acting Board Secretary agreed to facilitate a specific communication to inform all Independent Members of the update.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> That the report be noted. 	<p>DS</p>

AC19/86 Issues of Significance for reporting to Board The Chair agreed to prepare an assurance report for the Board.	
AC19/87 Exclusion of Press and Public 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."	