



**AUDIT COMMITTEE PUBLIC MEETING**  
**Minutes of the Meeting Held on 17.09.20**

**Via WebEx - the Health Board has determined that the public are excluded from attending the Committee's meeting in order to protect public health**

<b>Present</b>	
Richard Medwyn Hughes	Independent Member (Chair)
Eifion Jones	Independent Member
Jacqueline Hughes	Independent Member
Lyn Meadows	Independent Member

<b>In Attendance</b>	
Mike Buckle	Assistant Director of North Wales Dental Services (for Minute AC20.73)
Andrew Doughton	Performance Audit Lead, Audit Wales
Sue Green	Executive Director of Workforce and Organisational Development (for Minute AC20.71)
Dave Harries	Head of Internal Audit, NWSSP
Debra Hickman	Acting Executive Director, Nursing & Midwifery (for Minute AC20.71)
Sue Hill	Acting Executive Director of Finance
Amanda Hughes	Audit Manager, Audit Wales
Matt Joyes	Acting Associate Director of Quality Assurance (for Minute AC20.69)
Justine Parry	Assistant Director of Information Governance & Risk (for Minute AC20.68)
Dawn Sharp	Acting Board Secretary
Wendy Welsh	Deputy Head of Internal Audit (intermittent attendance due to network/IT issues)
Bethan Wassell	Statutory Compliance, Governance & Policy Manager
Karl Woodward	Head of Counter Fraud (for Minute AC20.72)

<b>Agenda Item</b>	<b>Action</b>
<p><b>AC20/64: Opening Business and Apologies for Absence.</b></p> <p>The Chair welcomed members and attendees to the meeting.</p> <p>No apologies were received.</p>	
<p><b>AC20/65: Declarations of Interest.</b></p> <p>No declarations of interest were made at the meeting</p>	

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<p><b>AC20/66: Procedural Matters.</b></p> <p>The Acting Board Secretary presented the items. Members noted that the Workforce &amp; Organisation Development Scheme of Reservation and Delegation had since been agreed.</p> <p><b>RESOLVED:</b> That</p> <ol style="list-style-type: none"> <li>1. the Minutes of the last meeting of the Committee held on 28/07/20 (Annex a) be confirmed as a correct record; and</li> <li>2. the Public Summary Action Log (Annex b) be received; and</li> <li>3. the Standing Orders Amendments / Details of Breaches (Annex c) be noted;</li> <li>4. the briefing paper in response to Action Log ref AC20/32.04: Summary of changes: standing down Health Emergency Control Centre (HECC) (Annex d) be noted;</li> <li>5. the Chair's Action in respect of the Digital Strategy deferment (Annex e) be noted;</li> <li>6. the Chair's Action in respect of final approval of the Annual Report and Accounts (Annex f) be noted;</li> <li>7. the revised Finance &amp; Performance Committee Terms of Reference (Annex g) be recommended to the Board for approval</li> <li>8. the revised Strategy, Partnerships &amp; Population Health Committee Terms of Reference (Annex h) be recommended to the Board for approval;</li> <li>9. it be noted that all operational Schemes of Reservation and Delegation (SORDs) are now agreed with the exception of Public Health which in the process of being progressed.</li> <li>10. the Chair's Action in respect of final approval of the Annual Quality Statement be noted</li> </ol>	
<p><b>AC20/67: Issues Discussed in Previous Private Committee Session.</b></p> <p><b>RESOLVED:</b> That the report on issues discussed in previous Private Committee be noted.</p>	
<p><b>AC20/68: Chair's Assurance Report: Risk Management Group</b></p> <p><b>AC20/68.01:</b> The Assistant Director of Information Governance &amp; Risk joined the meeting and proceeded to provide Members with highlights from the report. A full review of all Tier 1 risks had now been undertaken. As to Divisional compliance, there had been four areas of concern. However, there were review meetings scheduled and the Assistant Director of Information Governance &amp; Risk was confident that the organisation was on target for the 1<sup>st</sup> of October implementation date. Scheduled training sessions were fully booked with 92 members of staff enrolled. The Chair queried the compliance level and the Assistant Director of Information Governance &amp; Risk confirmed that 50% was only</p>	

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<p>in relation to the previously mentioned areas of concern. The remaining areas were at 70-80% compliance. The Chair went on to express concern that neither the Chair nor the Vice Chair had been in attendance for one of the meetings – it was vitally important that the group was quorate.</p> <p><b>AC20/68.02:</b> An Independent Member commented that the report failed to highlight that many of the Divisions had progressed significantly. The Assistant Director of Information Governance &amp; Risk advised that at the time of writing the report, the validation exercises were ongoing, thus not possible to reflect in report.</p> <p><b>AC20/68.03:</b> An Independent Member queried whether the Assistant Director of Information Governance &amp; Risk was confident as to the Health Board's position. Members noted that whilst there was confidence in the transition from a 5 to 3 tier, a full implementation of the Risk Management Strategy would be dependent on the organisational objectives being set. The Acting Board Secretary provided an overview of the work planned to confirm the objectives, and the risks to achieving the objectives (which would then form the basis of the Board Assurance Framework). A session with Kingsfund had been completed with a further session planned. The Acting Executive Director of Finance further added that the organisation submitted quarterly plans to Welsh Government. Undoubtedly, COVID-19 had caused issues but the Health Board were not an outlier in this regard. There was a need to be flexible and wait for the necessary guidance from Welsh Government. The Head of Internal Audit added that it would be beneficial for the Health Board to confirm and publish the objectives. There was an Internal Audit Risk Management Review pencilled in for Q4 and the opinion on Risk Management would be affected if the Risk Management arrangements were not in place. It was important that the Strategy was implemented by March. The Performance Audit Lead, Audit Wales noted that the appointment of the new Chief Executive could also impact timings as they would likely want to be part of discussions.</p> <p><b>AC20/68.04:</b> An Independent Member raised two final points. Firstly, the style of the report needed improvement in terms of language (less 'note' form) and requested the addition of numbering. The second point related to the actions and whether they would be picked up by the previous or incoming Chair – it was important that the actions were worked through with the right person. The Assistant Director of Information Governance &amp; Risk confirmed that the actions would be picked up by the new Chair (the Acting Executive Medical Director).</p> <p>The Assistant Director of Information Governance &amp; Risk left the meeting.</p> <p><b>RESOLVED:</b> That the paper be noted.</p>	<p>JP</p>

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<p><b>AC20.69: Schedule of Financial Claims</b></p> <p><b>AC20/69.01:</b> The Acting Associate Director of Quality Assurance joined the meeting and presented the report whilst addressing some of the queries relating to lessons learnt that had been raised at the pre meeting. An Independent Member confirmed that discussions/evidence of lessons learnt was overseen by the Quality, Safety &amp; Experience Committee but queried whether the QSE Tracker could be developed to become more sophisticated and track lessons learnt against each claim. The Acting Associate Director of Quality Assurance advised that the intention was to move the (currently paper based) process into the electronic Datix system which would in turn make the information accessible and improve reporting functionality. Estimated implementation time was six months.</p> <p><b>AC20/69.02:</b> An Independent Member queried whether the Health Board was anticipating the risk of an increase in claims due to COVID-19. The Acting Associate Director of Quality Assurance advised that to date, there had been no specific COVID-19 claims but there was a three-year period in which a claim could be brought from the point of harm being incurred. It was therefore, too soon to see any claims, but it was anticipated that there would be an increase in the coming months.</p> <p><b>AC20/69.03:</b> Members noted that the Health Board had undertaken a piece of work with the Welsh Risk Pool to review potential COVID-19 related harms. The output of the review was pending.</p> <p><b>AC20/69.04:</b> The Acting Associate Director of Quality Assurance concluded by informing Members that the Health Board have seen an increase in complaints. The Claims department were in the process of writing to the patients and families who had been impacted by a recent COVID-19 outbreak in the East.</p> <p>The Acting Associate Director of Quality Assurance left the meeting</p> <p><b>RESOLVED:</b> 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><b>AC20.70: Annual Review of Gifts &amp; Hospitality and Declarations of Interest Register</b></p> <p><b>AC20.70.01:</b> The Acting Board Secretary presented the report. Following the introduction of the electronic system there had been a continuous drive to increase the compliance figures for declarations of interest. Unfortunately, the return rate figures for the last financial year were significantly down on the previous year reporting period (40%</p>	

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<p>compared with 88% in the previous year). Members noted that the impact of Covid might have had some impact on this coupled with vacancies and staff absences within the Office of the Board Secretary however it was envisaged that compliance figures should revert to their previous levels this year. Adjustments to the electronic system were awaited to improve the process, particularly in terms of recording authorisations, the ability to distinguish between gifts which have been donated to Awyr Las and those gifts which had been received which were for example for use on wards but may have been logged in an individual's name. It was hoped that these upgrades to the system would be implemented by the Systems Team shortly however staff vacancies together with the advent of COVID had prevented this so far.</p> <p><b>AC20.70.02:</b> An Independent Member clarified their personal declaration that should read that two of their children were employed by the Health Board and that one was employed by the Royal Voluntary Society at Ysbyty Gwynedd. The Acting Board Secretary noted the amendment but advised that the report had been included in the Annual Report, which was finalised for the Board. Members agreed that the correction would be noted in the Minutes.</p> <p><b>AC20.70.03:</b> The Chair queried the green highlighted areas of the report as asked as to the significance. The Acting Board Secretary advised that for the purposes of this meeting, the green highlighted areas had no significance.</p> <p><b>AC20.70.04:</b> The Performance Audit Lead, Audit Wales observed that there was an obvious reduction in the number of declarations from the Estates department and queried whether there would be anymore focus on this area in the future. The Acting Board Secretary advised that there had been further declarations received across the organisation and that they would feature in the next iteration of the report. The Acting Executive Director of Finance concurred with the Performance Audit Lead, Audit Wales and stated that it was important that the Health Board reviewed the declarations position with the Director of Estates.</p> <p><b>RESOLVED:</b> That the Annual Declarations of Interests/Gifts and Hospitality for 2019/20 report be received.</p>	DS
<p><b>AC20.71: Internal Audit Progress Report</b></p> <p><b>AC20.71.01:</b> The Head of Internal Audit presented the progress report and highlighted the following key points:</p> <p><b>AC20.71.02:</b> Internal Audit were yet to receive a management response for the Quality Impact Assessment review. An Independent Member</p>	

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<p>expressed concern and queried whether the current escalation process was effective. The Acting Board Secretary agreed to review in discussion with the Head of Internal Audit.</p> <p><b>AC20.71.03:</b> The Acting Director of Mental Health and Head of Internal Audit were scheduled to meet Conwy's Strategic Director of Social Care and Education and Internal Audit on the 23rd March 2020 to progress the combined draft report for the review on Conwy Community Mental Health Team. However, the meeting had been cancelled due to COVID-19.</p> <p><b>AC20.71.04:</b> The Head of Internal Audit advised that following discussions with the Director of Performance with regard to the Performance measure reporting to the Board – Accuracy of information, Internal Audit had been advised that referral to treatment (RTT) would now focus on shifting towards risk stratified component waits rather than RTT nationally. The Head of Internal Audit requested direction from Members as to whether continuing with the scope/review would add any value. A discussion ensued. An Independent Member raised concerns whether it would be appropriate to set aside the review entirely. Another Independent Member concurred and queried whether it was possible to examine RTTs in a different way. The Performance Audit Lead, Audit Wales advised that Welsh Government were reviewing RTT overall. The Acting Executive Director of Finance added that the Finance and Performance (F&amp;P) Committee were also focusing on this issue. There was an extraordinary meeting planned for September which would focus on the risk of harm. The Chair enquired as to how information was being captured if RTT reporting had been formally stood down. The Acting Executive Director of Finance advised that the data collation had continued, it was only the formal reporting that had ceased. Members agreed that the Head of Internal Audit would liaise with the Acting Executive Director of Finance and the Performance Audit Lead, Audit Wales to refine the scope.</p> <p><b>AC20.71.05:</b> The Head of Internal Audit drew Member's attention to paragraph 12 of the report and asked the Committee to consider whether the Approved Clinicians and Section 12 (2) review should be incorporated into this year's plan or placed on hold and incorporated into the 2021/22 plan. The Acting Board Secretary advised that her preference was to include in this year's plan as a standalone review (from the leadership and governance review), recognising the all Wales role it played. The Committee agreed.</p> <p><b>AC20.71.06:</b> An Independent Member raised a query as to the scope of the 'Violence and Aggression – Obligatory responses to violence in healthcare' review and whether it included the Mental Health &amp; Learning Disabilities (MH&amp;LD) Division. The Head of Internal Audit confirmed that the review would cover the entire Health Board, including MH&amp;LD.</p>	DS

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<p><b>AC20.71.07:</b> As a final point, the Head of Internal Audit advised that they would like to revisit the plan with the Acting Executive Director of Finance and the Acting Board Secretary, which was agreed. The Head of Internal Audit concluded by expressing thanks to those involved in supporting the reviews.</p>	DS
<p><b>AC20.71.08:</b> The Acting Executive Director, Nursing &amp; Midwifery joined the meeting and provided the Committee with an overview of the progress being made to address the recommendations from the Decontamination Limited Assurance Report. In particular, Members noted that the Terms of Reference (ToR) of the groups had been reviewed, senior management were in attendance and there was evidence of self-assessment at the meetings. The Acting Executive Director, Nursing &amp; Midwifery drew Members attention to the third recommendation. The COSHH assessment had been relaunched in December 2019 but an issue of resources remained. A review of the Infection Prevention structure was required. An Independent Member asked whether the Acting Executive Director, Nursing &amp; Midwifery was confident that there was sufficient COSSH training in place. The Acting Executive Director, Nursing &amp; Midwifery advised that she would need to look into this. The Chair asked whether the decontamination/infection Nurse role, identified in the Management Response had been appointed. The Acting Executive Director, Nursing &amp; Midwifery advised that interviews had taken place and an offer had been made but the individual was not yet in post. The Acting Executive Director, Nursing &amp; Midwifery was progressing the matter. The Acting Executive Director, Nursing &amp; Midwifery left the meeting.</p>	DH
<p><b>AC20.71.08:</b> The Acting Executive Director of Finance provided Members with an overview of the findings from the Salary Overpayments review and emphasised the importance of training for budget holders. An Independent Member requested clarity on where the F14 procedure was being consulted on. The Acting Executive Director of Finance advised that the procedure would be circulated with both Finance and WOD colleagues but would expect this to also include Trade Union partners. A discussion ensued as to the process of repayments. Members noted that a particular problem arose when the overpayment related to a member of staff who had left the employment of the Health Board and it was not possible to recover via the usual process (salary deduction). This was usually as a result of managers not submitting the necessary leavers form in time. The Chair queried whether budget holders received a monthly statement and an Independent Member further queried whether this was in fact a performance/disciplinary matter. The Acting Executive Director of Finance confirmed that this was monitored, i.e. repeated occurrences by the same manager, but the issue more often than not was one of unawareness as to the procedure – hence the critical importance of training and education. An Independent Member concurred that it was important that the procedure was robust in the first instance (for example, processing faults attributed to the electronic</p>	

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<p>system) before disciplinary options were considered. A balanced approach was necessary. The Head of Internal Audit noted that there were legacy issues inherited from predecessor organisations and offered the support of the Internal Audit Team for training support.</p> <p><b>AC20.71.09:</b> The Executive Director of Workforce &amp; Organisational Development (WOD) joined the meeting to discuss the Roster Management review and stated that it had been a useful report. It had highlighted that the concerns as to locking down shifts were well founded. However, COVID-19 had presented additional challenges and there was a requirement to re audit, as this was a key area of focus. The Chair acknowledged the difficulties presented by COVID-19 but advised that it was not necessary to wait for another report, assurance was required that work was being done to address the highlighted risks and gaps in assurance. The Executive Director of WOD assured Members that the team were continuing to work with divisional managers. A number of checks had been put in place though there was further work to do. An Independent Member queried whether there was more than one level of 'lockdown' and the Executive Director of WOD advised that there was a 'pre and post' level. The Executive Director of WOD concluded by noting that the re audits would provide the necessary assurance and this was where the Health Board needed to focus its efforts.</p> <p><b>AC20.71.10:</b> The Head of Internal Audit presented the Governance Arrangements during Covid-19 pandemic report. A discussion ensued as to the requirement to hold meetings virtually and Members noted that the Health Board had adapted well overall though there were considerations as to a lack of the ability to speak Welsh during meetings. The Acting Board Secretary advised Members that options were being progressed with Informatics as to the different digital platforms that could provide the functionality. Members proceeded to review the Cross-Border flow agreements, expressing concern as to the value of the monthly payments that continued to be made without any recourse and queried whether the risk was adequately reflected on the risk register. The Acting Executive Director of Finance advised Members that a meeting between England and Wales would be held to establish an effective solution for the flow of money over the border. As to the documentation of the risk, this was covered via several different risks but would be raised at F&amp;P to establish whether a specific risk was required. An Independent Member noted that the report detailed instances where information had not been forthcoming despite being requested by Auditors. Members expressed concern and requested that this be addressed.</p> <p><b>AC20.71.11:</b> An Independent Member requested further information around the overtime payments detailed in the report and the Head of Internal Audit provided the background and further advised that a more detailed review was being undertaken by the Financial Governance Cell.</p>	<p>SH</p> <p>DS</p>



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<p><b>AC20.71.12:</b> The Acting Executive Director of Finance considered that there was evidence to demonstrate that the Health Board had implemented some robust procedures during the pandemic. Though, there were some key issues that the Health Board needed to ensure did not happen again. The Performance Audit Lead, Audit Wales noted that some of the issues would be picked up by the Audit Wales Structured Assessment. In addition, the Acting Board Secretary advised Members that whilst there were no formal recommendations to the report, the Executive team had agreed that the items detailed in the 'priority considerations for the future' section would be logged in the Audit Tracker and received at Audit Committee for monitoring. The Head of Internal Audit concluded by advising that the report would be taken to the all-Wales Directors of Finance (DoF) meeting and the positive steps (establishment of the Cabinet meeting and Financial Governance Cell) taken by the Health Board would be recorded as good practice.</p> <p><b>RESOLVED:</b> That</p> <ol style="list-style-type: none"> <li>1. the progress report be received</li> <li>2. the Limited Assurance reports be received and discussions noted.</li> </ol>	DS/BW
<p><b>AC20.72: Audit Wales Update Report</b></p> <p><b>AC20.72.01:</b> The Audit Manager, Audit Wales and the Performance Audit Lead, Audit Wales presented the report and provided Members with an overview of the highlights. In particular, the new review on Test, Track and Protect (TTP) and the potential postponement/replacement of the planned work on ophthalmology. An Independent Member noted that it was important that the QSE Committee were sighted on this matter.</p> <p><b>AC20.72.02:</b> The Head of Counter Fraud joined the meeting and the Performance Audit Lead, Audit Wales presented the National and Local Counter Fraud reports. Members noted that due to an administrative error, the Local report did not contain the full Health Board Management Response.</p> <p><i>*the final report was circulated to Members immediately and picked up again at a later stage in the meeting after a short break. Agenda items were taken out of order at the request of Audit Wales to consider the National/Local report adjacent to the Counter Fraud Progress Report considered in private Committee. The Health Board's Website would be updated to reflect the full report including the Management Response.</i></p> <p>AC20.72.03: The Performance Audit Lead, Audit Wales continued to present an overview of the national report. Overall, the report was quite positive though there were areas for improvement. The main point being</p>	<p>BW</p> <p>BW</p>

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<p>training and awareness, noting that within other Health Boards, the Counter Fraud e-learning module formed part of mandatory training for staff. The Chair observed that this issue had been raised previously and queried as to what the barrier was to its inclusion in the programme. The Acting Executive Director of Finance added that whilst there were no objections to its inclusion in principle (the issue related to the current length of the induction programme); a decision would be required by the Executive team. The Chair requested that this was actioned.</p> <p><b>RESOLVED:</b> That</p> <ol style="list-style-type: none"> <li>1. the Audit Wales programme update be received; and</li> <li>2. the reports on Counter Fraud services be received.</li> </ol>	DS
<p><b>AC20.73: Primary Care Dental Assurance Report</b></p> <p>AC20.73.01: The Assistant Director of North Wales Dental Services joined the meeting and provided Members with an overview of the report. COVID-19 had had a significant impact on the service and the requirement for continued contract payments at 80% of full contract value, initially for the three-month period to the end of June, had meant that the Health Board were paying a significant amount for a considerably reduced service. The Chair noted this and asked for further information in terms of risk management. The Assistant Director of North Wales Dental Services provided the background to the management processes and the assurances in place. The Chair asked the Acting Executive Director of Finance whether she was aware of the issue in terms of lost income for the Health Board. The Acting Executive Director of Finance confirmed that Finance were sighted on the loss of patient charge revenue.</p> <p>AC20.73.02: A discussion ensued as to Members experience and awareness of what dental services were available during the pandemic. Members highlighted that equally, patients may not be fully aware as to what services were available, i.e. that practices remain 'open for contact'. The Assistant Director of North Wales Dental Services advised that all contractors had signed and returned an initial declaration at the onset of the pandemic indicating their compliance with the 'open for contact' requirement. However, access was limited due to the requirement to deep clean etc. A second declaration for the Amber phase conditions (commencing 22<sup>nd</sup> June) had been issued. An Independent Member queried the level of non-compliance and the Assistant Director of North Wales Dental Services advised that one contractor had confirmed they were not fully compliant, and the decision had been made to no longer provide NHS services. The Contracting team would now contact all local providers to enquire whether the additional sessions could be picked up.</p>	

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<p>AC20.73.03: An Independent Member raised a concern as to service provision within care homes. The Assistant Director of North Wales Dental Services assured Members that the team continued to work closely with the community teams.</p> <p>AC20.73.04: A further query was raised in relation to the risk of patient harm due to non-treatment and antibiotic resistance due to increased prescribing. The Assistant Director of North Wales Dental Services advised that the service continued to provide urgent and emergency care for all patients. When a patient called the dental help line, they were prioritised on a clinical need basis to receive treatment in either the Community Dental Service (CDS) red centre or the commissioned GDS / high street practice. Though again, COVID-19 requirements meant there were restrictions on how many patients could be seen (usually a three-hour session would see 15 patients treated or approximately one patient per hour).</p> <p>AC20.73.05: The Chair enquired whether the service was utilising additional voluntary support and the Assistant Director of North Wales Dental Services confirmed that the team had written out to the services to advise of the support available. The Chair concluded that the matter should receive further oversight at the QSE Committee and Members agreed that a report should be prepared. The Assistant Director of North Wales Dental Services left the meeting.</p> <p><b>RESOLVED:</b> That the Primary Care Dental Assurance report be noted.</p>	MB
<p><b>AC20.74: End of Year Reporting - Committee Annual Reports</b></p> <p>AC20.74.1: Members noted concerns previously raised at the Audit Committee pre meeting with regard to attendance at the Stakeholder Reference Group (SRG). It was agreed that the Chair of SRG would write to the attendees to request further information.</p> <p><b>RESOLVED:</b> That the following annual reports be received:-</p> <ol style="list-style-type: none"> <li>1. Finance &amp; Performance Committee</li> <li>2. Remuneration &amp; Terms of Service Committee</li> <li>3. Strategy, Partnership &amp; Population Health Committee</li> <li>4. Stakeholder Reference Annual Report</li> <li>5. Healthcare Professionals Forum and;</li> </ol>	DS
<p><b>AC20.75: Legislation Assurance Framework</b></p> <p><b>AC20.75.01:</b> The Statutory Compliance, Governance &amp; Policy Manager presented the report and drew Members attention to the following points:</p> <p><b>AC20.75.02:</b> Divisional engagement as to meeting with leads and completing the assurance criteria remained limited due to staffing</p>	

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<p>capacity with the Office of the Board Secretary and the requirement for operational management to focus on the COVID-19 response.</p> <p><b>AC20.75.03:</b> An overview of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 was provided at appendix 1. This was a significant and important piece of legislation. The Acting Associate Director of Quality Assurance had provided an update on the work undertake to address the future requirements (delayed due to COVID-19). An Independent Member queried the inclusion of the impending socio-economic duty (provided for in powers under the Equality Act 2010). Members noted that a Task &amp; Finish Group had been convened to assess the requirements though the commencement of the duty had been postponed due to COVID-19 and would now come into force 31<sup>st</sup> March 2021. The Statutory Compliance, Governance &amp; Policy Manager confirmed that the duty would be input into appendix 1 once commenced.</p> <p><b>AC20.75.04:</b> Following communication with the Executive Director of Public Health, it was proposed to Members that the Public Health Wales Act 2017 be reported as 'reasonable assurance' on the understanding that the specific duties arising from subordinate legislation would be reported as individual items (most notably, the smoke free premises regulations and the pharmaceutical services regulations).</p> <p><b>AC20.75.05:</b> Clarity on the requirements under the Information and Consultation with Employees Regulations 2004 was provided at appendix 2, following a query at the March Audit Committee meeting.</p> <p><b>AC20.75.06:</b> Members were advised that the future Board Assurance Framework (BAF) would be influenced by the outcome of the Governance Review being undertaken by the Acting Chief Executive. As the Legislation Assurance Framework formed part of the BAF, future reporting/format might also be influenced.</p> <p><b>RESOLVED:</b> That</p> <ol style="list-style-type: none"> <li>1. the Legislation Assurance Framework report be noted; and</li> <li>2. items of previous 'no' or 'limited' assurance in appendix 2, now reporting as reasonable or substantial be removed from the next iteration of the report.</li> </ol>	BW
<p><b>AC20/76: Issues of Significance for Reporting to Board</b></p> <p><b>RESOLVED:</b> That the Chair prepare his assurance report for the Board.</p>	
<p><b>AC20/77: Date of Next Meeting: 19/12/20</b></p>	
<p><b>AC20/78: Exclusion of Press and Public</b></p>	

<b>Agenda Item</b>	<b>Action</b>
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".	