

Betsi Cadwaladr University Health Board

Minutes of the Audit Committee held on 16 November 2023, Boardroom, Carlton Court, St Asaph

Present	
Name	Title
Karen Balmer	Independent Member, Chair
Dyfed Jones	Independent Member
Gareth Williams	Independent Member
In attendance	
Adele Gittoes	Interim Executive Director of Operations
Andrea Hughes	Interim Director of Finance
Andrew Doughton	Audit Wales Financial Audit Manager
Brenda Greenslade	Regional Risk Manager East (Observing)
Carol Shillabeer	Interim Chief Executive Officer
Chris Lynes	Deputy Executive Director of Nursing
Chris Stockport	Executive Director of Transformation and Strategic Planning
Danielle Hunt	Senior Risk Management Administrator (for minutes)
Dave Harries	Head of Internal Audit
Dyfed Edwards	Independent Member/Health Board Chair
James Risley	Deputy Executive Medical Director
Karen Higgins	Director of Primary Care
Karl Woodward	Head of Local Counter Fraud Services
Michelle Phoenix	Audit Wales Performance Lead
Nesta Collingridge	Head of Risk Management
Nicola Jones	Deputy Head of Internal Audit
Peter Greensmith	Assistant Director North Wales Dental Service
Phil Meakin	Acting Board Secretary
Rhys Blake	Associate Director of Planned Care
Russell Caldicott	Interim Executive Director of Finance

Agenda item	Action
OPENING BUSINESS	
<p>AC23.109 Welcome introductions and apologies</p> <p>AC23.109.1 The Chair of the Committee welcomed everyone to the meeting.</p> <p>AC23.109.2 Apologies were received from the Executive Medical Director, for whom the Deputy Executive Medical Director deputised and the Executive Nurse Director for whom the Deputy Executive Director of Nursing deputised.</p>	
AC23.110 Declarations of interest on current agenda	

<p>AC23.110.1 There were no declarations of interest noted.</p>	
<p>AC23.111 Draft Minutes of the meeting held on 15 September 2023 and review of summary action log</p> <p>AC23.111.1 The Committee received the draft minutes of the meeting held in September 2023 and these were confirmed as a true and accurate record. However, there was an action on the drafting in relation to the numbering and typos noted to be revised.</p> <p>Action: Minutes of the previous meeting to be updated in relation to comments around the numbering and typos.</p> <p>AC23.111.2 The Acting Board Secretary summarised the detail upon the Action Log and invited comments. The table of actions was updated, along with the items for closure.</p> <p>AC23.111.3 The Chair commented that the following items had previously been omitted from the Action Log.</p> <p>Action: Internal Audit Tracker – section to be added on which Committees are reviewing which recommendations and number of revisions made to the implementation dates</p> <p>Action: Audit Wales Performance Lead to be added as a member of Charitable Funds Committee</p>	<p>PM</p> <p>NC</p> <p>RC</p>
<p>ITEMS FOR APPROVAL OR ASSURANCE</p>	
<p>AC23.112 Details of Breaches of Standing Orders The Acting Board Secretary presented the item.</p> <p>AC23.112.1 The Acting Board Secretary introduced the routine item and highlighted the importance of good governance arrangements and compliance in relation to the Health Boards Standing Orders.</p> <p>AC23.112.2 Therein the report the Acting Board Secretary reported upon matters regarding current practice in line with the Model of Standing Orders, <i>namely</i>;</p> <ul style="list-style-type: none"> • To note that papers are published 7 days in advance, rather than 10 as stated in the <i>Standing Orders</i>. • To also note that the publication of papers was likely to continue to breach the 10 day publication and continue as 7 days electronic publication. 	

<p>The Committee were asked to note and consider the point's raised within the report, along with the items of non-compliance and in particular the five breaches reported since January 2023 based on the 7-day publication.</p> <p>AC23.112.3 A discussion ensued and the Committee raised a number of questions and points.</p> <p>AC23.112.4 The Chief Executive Officer (CEO) clarified the position of the Executives function, in relation to the screening of papers and the overall management of Executive business, it was noted that the screening of papers wasn't within scope. The CEO also made comment regarding the size and quality of proposed publications, along with the practicalities, quality and time constraints of reviewing the documents.</p> <p>AC23.112.4 An Independent Member (IM - GW) provided comment on the 7 versus 10 day review as being reasonable and also commented on the Committee Chairs ability to have sufficient time to review the papers. The IM also highlighted that the Standing Orders had changed recently and were likely to change again. The IM also questioned the need to log with Welsh Government, or NHS Executive with regards to the periodic yearly review in order to reflect the updates required.</p> <p>AC23.112.5 The IM (GW) explained concerns with regards to papers written some 3 weeks prior to Board and then potentially being out of date. It was also at this point noted, that if Committee Report content were shortened then that would ensure timely sign off by the Executives. The Audit Committee Chair (KB) also requested that papers are sent to the Chairs of Committees 10 days prior to the meeting to allow time to raise questions ahead of formal publication where necessary.</p> <p>AC23.112.6 The Chair of the Health Board raised concerns in relation to the wider issues of breaches with regards to late publications and suggested the issue be raised with the Head of Corporate Affairs.</p> <p>AC23.112.7 The Interim Executive Director of Finance also addressed the comments made by the IM and confirmed that reports developed 3 weeks in advance may not contain up to date financial information. The Interim Executive Director acknowledged the time limitations of reporting data within the current reporting framework.</p> <p>AC23.112.8 The Head of Internal Audit raised concern relating to the logging of breaches with regards to the publication of Board and Committee papers. The Head of Internal Audit was concerned with the management response that was signed off by the previous Interim Board Secretary. The Head of Internal Audit concluded that the process of "sending a reminder" was not a robust internal control enhancement.</p> <p>AC23.112.9 The Chair summarised that further work was ongoing and the</p>	<p>PH</p> <p>PM</p>
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<p>Acting Board Secretary agreed to revisit the paper; in terms of quality, gate keeping and publication of papers. It was also noted that a discussion with Welsh Government was to be arranged with regards to standing orders and the forthcoming periodic review. It was clarified that papers would continue to be published 7 days prior to meetings and that the Standing Orders would not be updated to reflect.</p> <p>Action: The robustness of issues in relation to breaches of late publications to be reviewed by Head of Corporate Affairs taking into account Internal Audit's last report on breaches to work on strengthening the process.</p> <p>Action: Feedback to the Welsh Government, or NHS Executive with regards to the periodic yearly review in relation to the timeline of papers submitted to Committees.</p>	
<p>AC23.113 Corporate Governance Arrangements The Acting Board Secretary presented the report and appendices.</p> <p>AC23.113.1 The Acting Board Secretary presented the paper to the Committee and verified that this report followed the report which was presented to the Board on 28th September 2023. The Committee were asked to note the progress and consider the updates provided.</p> <ol style="list-style-type: none"> 1. Draft Committee work plans 2. Draft Terms of Reference for Committees and Advisory Groups 3. Corporate Calendars for 2023/24 and 2024/25 4. Corporate Governance Standing Operating Procedures 5. Board Induction Arrangements <p>AC23.113.2 The Acting Board Secretary clarified that the next step was to meet with Chairs and Executive Leads to review the suite of documents during November and December for onwards formal approval.</p> <p>AC23.113.3 The Chair acknowledged the request to the Committee to note and consider the updates along with providing feedback to Board with regards to the remit of the Audit Committee, it was agreed that Information Governance would remain with PFIG.</p> <p>AC23.112.4 IM (GW) agreed that Information Governance was not within the remit of the Audit Committee. The Committee further noted that the IM has taken the role of Chair of the Mental Health Act and Compliance Committee and the Meetings were forecasted as quarterly. The IM also summarised that further work was required with regards to Partnerships, People and Population Health Committee in relation to IMPT elements. It was also suggested to include a specific role or angle to include Primacy and Community Care along with early intervention focus. The consistency of abbreviations was highlighted (<i>in particular to the Remuneration and</i></p>	

<p>Terms of Service Committee (REMCOM). Reference to the responsibility of strategic objectives and involvement of the Chair was made. The IM also confirmed to provide minor points in relation to meeting etiquette and desired requirements of Committee papers. The IM acknowledged the work of the Acting Board Secretary on the Induction progress to date and the improvements made.</p>	
<p>AC23.114 Risk Management The Head of Risk Management presented these items. a) Board Assurance Framework (BAF) b) Corporate Risk Register</p> <p>AC23.114.1 The Head of Risk Management introduced the paper (a) and confirmed that the report had been received by the Quality Safety, Experience Committee (QSE) and Performance Finance and Information Governance Committee (PFIG).</p> <p>AC23.114.2 The Committee recognised the work relating to the BAF which is currently aligned to strategic priorities but will be aligned to BCUHB’s objectives once determined.</p> <p>AC23.114.3 The Head of Risk Management drew attention to SP16 -Board Leadership and the corporate governance arrangements and actions; in relation to the progression of Independent Member recruitment and the Executive portfolio review. The Committee were asked to consider the approval of SP16. The Chair asked for clarification relating to the gaps in control and the public appointment process wording. The Acting Board Secretary clarified the position and agreed to update wording as noted.</p> <p>AC23.114.4 The Head of Internal Audit commented in relation to <i>“the three lines of defence”</i> within the report and stated that Board and Committees should receive assurance, and not be part of the defence mechanism. The Head of Internal Audit also clarified the lines of defence and the expected contents.</p> <p>AC23.114.5 The CEO provided an overview of the process of Board appointments which was an agenda item on the JET (Joint Executive Team). Independent Member recruitment was also discussed and the success in recruitment of IMs within the Health Board was raised.</p> <p>AC23.114.6 The Committee noted and approved the BAF risk report - Appendix 2.</p> <p>AC23.114.7 The Head of Risk Management introduced paper (b) and confirmed that the report had also been received by the QSE and PFIG Committees. It was explained that the report consisted of the work undertaken to consolidate all of the high and extreme risks. A short</p>	<p>PH</p>

<p>summary was provided to the Committee of the report content, along with suggestions to the work which was ongoing with Committees.</p> <p>AC23.114.8 An IM (GW) raised the question in relation to the headings of the system (Datix) along with engagement and responses. The Head of Risk Management further clarified the headings and would be updated within a future version software. A further discussion ensued with regards to Tier 1 and Tier 2 risks along with extant data and their reviews.</p> <p>AC23.114.9 The CEO summarised that the continual improvement and level work was recognised, along with recognition and importance of ongoing work priorities and milestones. The Head of Risk Management also outlined the detail and next steps required to progress.</p> <p>AC23.114.10 The Committee were content with the current format and agreed to endorse the report and progress. The Committee had been assured with the progress to date.</p> <p>Action: Gaps in controls and Lines of defence to be updated on SP16.</p>	NC
<p>AC23.115 Special Measures Report The Executive Director of Transformation and Strategic Planning presented the item.</p> <p>AC23.115.1 Special Measures Update a) Update on milestones and arrangements related to AC The Executive Director of Transformation and Strategic Planning introduced and presented the item in relation to cycle 2. The report included the update on Special Measures, and the Executive Director outlined the progress to date on the deliverables associated to the Committee. The Committee acknowledged the detailed overview relating to standardisation and noted that since last meeting there was solid progress.</p> <p>AC23.115.2 It was confirmed that the management response had been received regarding the Office of the Board Secretary review.</p> <p>AC23.115.3 An IM (GW) commented upon 1.5 within the report and hoped that all Committees be operational upon commencement of the recruitment of the new IMs.</p> <p>AC23.115.4 The Chair commented upon item 1.8 and of the recruitment and role of the Director of Corporate Governance. It was clarified that the job description was reviewed and noted at REMCOM and was out to advertisement. The report was to be updated in the next iteration to reflect the progress accordingly.</p> <p>AC23.115.5 The Committee acknowledged the level of detail within the report relating to areas of challenge and process for independently assessing evidence, along with processes for how changes were being</p>	

<p>logged and managed.</p> <p>b) Feedback from Independent Reviews – OBS Review</p> <p>AC23.115.6 The Acting Board Secretary provided the overview of the report in relation to the review, which was a record of the recent development session. It was confirmed that the report was to be published within the public domain which would include key themes. It was noted that an action plan had been included within the document and the Acting Board Secretary requested that the Committee note that the actions were also in relation to the special measure deliverables along with some separate additional items. The Acting Board Secretary requested that the Committee note the progress to date.</p> <p>AC23.115.7 The Chair queried whether the Health Board Vice Chair could attend the Audit Committee. Best practice was clarified by the Acting Board Secretary which was taken from the NHS Wales Audit Committee Handbook that the vice chair could be a member of the Committee but it was not best practice for the Vice Chair to Chair the Audit Committee.</p> <p>The Acting Board Secretary agreed to review the content and quality of the report prior to public release.</p> <p>AC23.115.8 The Committee agreed to endorse the feedback.</p> <p>Action: Review the quality of the report (OBS review) prior to public release.</p>	<p>PH</p>
<p>AC23.116 Review of amendments to SFIs & Breaches on SFIs and EASC and WHSSC</p> <p>The Interim Executive Director of Finance introduced the items.</p> <p>AC23.116.1 The Interim Director of Finance summarised the highlights of the report which included the responsibilities, policies and procedures that were to be adopted by the Health Board. The Interim Director also presented the updates as noted therein Appendix 2 of the report.</p> <p>AC23.116.2 The Audit Committee were asked to take assurance and consideration around the support, incorporation and adoption of the Standing Financial Instructions. The Audit Committee were also asked to support the incorporation and adoption of the Standing Orders for WHSSC and EASC as Schedules 4.1 and 4.2.</p> <p>AC23.116.3 The Chief Executive Officer provided an explanation around the need to include an extra step in relation to single tender waivers, to ensure confidence and robustness with the process. The CEO agreed to feedback in relation to the Scheme of Reservation and Delegation (SORD) update.</p>	

<p>AC23.116.3 A short discussion took place with regards to clarification and detail of SFIs. It was noted that the key requirements were noted and were being reviewed and monitored. A discussion ensued in relation to controls, the approach and procurement thresholds.</p> <p>AC23.116.4 The Chair and Committee agreed to endorse the report.</p>	
<p>AC23.117 Amended Scheme of Reservation and Delegation (SORD) The Interim Executive Director of Finance presented the item.</p> <p>AC23.117.1 The Interim Director of Finance summarised the report and provided an overview of the document; it was explained that the paper set out the decisions that are reserved for the Board and those that are then delegated down to the hierarchy the budget holders. It was confirmed that various updates had been made within Tables A, B and B2 of the SoRD and had been updated to reflect the changes from the 2023 Standing Financial Instructions review.</p> <p>AC23.117.2 The Committee were asked to note the latest version of the SORD for onwards submission to the Health Board Meeting for approval. Once approved it was recognised that work would then be undertaken to update the relevant policies, procedures and the oracle hierarchical updates.</p> <p>AC23.117.2 An Independent Member (GW) referred to the tables and updates to the documents along with referral limits. The Interim Director provided clarification to the IM in relation to the queries raised. The IM also requested clarification on the paper being presented to Committee and of the relevancy; the IM was provided with clarity around the limits and hierarchical delegations to Committees to receive documents. It was noted that the CEO was keen to review the detail and would work with the relevant officers to refine and review as required. It was agreed that the paper was to be presented at the next Health Board Meeting.</p> <p>AC23.116.4 It was noted to endorse the report.</p>	
<p>AC23.118 Report on Single Tender Waivers and Losses & Special Payments Q4 22/23 The Interim Executive Director of Finance introduced the items.</p> <p>AC23.118.1 The Chair referred to an earlier discussion around concerns raised in relation to Single Tender Waivers, and asked the Committee to note that this report which was for Q4 22/23 had not previously been brought to the Committee. The Interim Executive Director of Finance also emphasised that the report was historic and provided the explanation of the report detail to the Committee.</p>	

<p>AC23.118.2 The Committee were asked to note the progress against the Single Tender Waivers & Single Quote Waivers implemented by the Health Board from the period January 23 to March 23 and along with the request to approve the Losses and Special Payments report from the same period. The committee approved accordingly.</p> <p>AC23.118.3 The Head of Internal Audit informed the group that a meeting took place with the Director of Procurement and Deputy Director to go through the report and factual accuracy. The Head of Internal Audit summarised that all NHS Organisations submit Single Tender Waivers and Single Quote Waivers and there was a recommendation made to liaise with Welsh Government in terms of the current process, in order to try to reduce the numbers of single quotes.</p> <p>AC23.118.4 Comment was made in relation to the understanding of procurement and grant status. An IM (GW) also provided an overview of his understanding of the requirements of open and transparent procurement / testing of the market. The CEO made comment and acknowledged the ongoing work with regards to the commissioning and contracting approach ahead. A discussion ensued in relation to the management, engagement and importance of the process. The Interim Executive Director of Finance assured the Committee of the appropriate engagement taking place. Further comment was made in relation to the important work with the Local Authority's and Partners, along with current processes in place, aspects of monitoring and value for money.</p> <p>AC23.119.5 The Committee agreed to note and approve the reports presented.</p>	
<p>AC23.119 Dental Assurance Report The Assistant Director of North Wales Dental Service presented the paper.</p> <p>AC23.119.1 The Assistant Director of North Wales Dental Service presented the paper and expressed that the monitoring and performance of dental contracts were rigorous and hard work undertaken by the Team in maintaining the contract management process and delivery. The report provided the update on the position regarding assurances relating to the delivery of and payment for Primary Care Dental Services.</p> <p>AC23.119.2 The Assistant Director provided a summary to actual levels of service delivery. It was recognised there were between 25-30% of the population that were covered, dependent upon area and location. A further overview was expressed with regards to the context of the statistics. It was also stated that commissioning exercises were ongoing to replace lost activity and confirmed that work was ongoing with practices in order to increase the numbers of service delivery. Comment was made in relation to community dental services along with work being undertaken within cycle 3 special measures and the vision of including the maximisation</p>	

<p>opportunities and fixed structure formats.</p> <p>AC23.119.3 The Committee noted the report and update.</p>	
<p>AC23.120 Internal and External Audit Tracker</p> <p>AC23.120.1 The Head of Risk Management presented the report Update on the Internal and External Audit Recommendations Tracker Tool.</p> <p>AC23.120.2 The Committee were asked to note the current position (October 2023) of outstanding audit recommendations and to take assurance in response to audit recommendations and proposed recommendations for closure.</p> <p>AC23.120.3 The Head of Risk Management briefly talked through this paper and asked to note outstanding recommendations and consider the proposal of any closures from the Executives. The Head of Risk Management confirms in total there are 40 recommendations which are proposed for closure since August, however, still 57 remain as ongoing. The Head of Risk Management notes there is still some ongoing work to be made to the tracker itself and has received feedback with regards to this.</p> <p>AC23.120.2 The Chair raised concern that Committee are not receiving the right level of assurance around some of the progress being made on the tracker. The Committee did not approve the paper 1A for closure and would like it to be presented again at the January meeting. The Chair requested that the reports be updated to include:</p> <ul style="list-style-type: none"> • the original management response to the recommendation as it is hard to determine from the status update as to whether the actions agreed are being addressed • What year the audit was from • A column that provides “evidence” for example a link to a document / minutes / website so that there is a cross check that the action has been done – as a committee again the status update gives no evidence to underpin closure. (It was felt that not enough assurance was provided simply because in the OBS comments column an Exec Director has said approved / approved for closure. • Identification of who will check the evidence to verify / validate it • Full Names and job titles - names mentioned should include surname not simply Jason or Phil or whoever along with their job title. <p>AC23.120.3 An IM (GW) pointed out one thing specifically around number 90 on page 19 around the Charitable objectives and in the comment column it does not reflect the spends accurately.</p> <p>AC23.120.4 The Acting Board Secretary has arranged for additional resources from within OBS team to make sure can progress this.</p>	<p>PM</p>

<p>Action: Internal and External Audit Tracker to be presented at the next meeting acknowledging feedback from IMs and incorporating additional info as requested by the Chair.</p>	
<p>AC23.121 Internal Audit progress report</p> <p>AC23.121.1 The Head of Internal Audit briefly introduces the paper and noted two fundamental areas of Health Board delivery of services to its customers. The HoIA expressed his thanks to the Executive Team and CEO for the improved turnaround time.</p> <p>AC23.121.2 The Deputy Head of Internal Audit raised awareness of two reports presented in Committee which were the GP OOH report and the Falls report. The Deputy Head of Internal Audit verifies they are making recommendations around compliance with policies and audit trails and documentation that's in place.</p>	
<p>AC23.122 Any no assurance or limited assurance reports as a substantive item</p> <p>AC23.122.1 The Head of Internal Audit introduced the limited assurances GP OOH and Falls reports and invited Executives to speak to these reports, detailed below (section c and d of the minutes).</p>	
<p>AC23.123 Executive update on Internal and External Audit Tracker and Limited Assurance Reports</p> <p>a) OBS update</p> <p>AC23.123.1 The Acting Board Secretary explained there are 21 actions noted with details of what they are in the paper. The Acting Board Secretary explained that approximately 10 of these actions can be closed and 11 are being progressed.</p> <p>AC23.123.2 The Acting Board Secretary stated that some of the actions are grouped: 5 actions noted around declarations of interest, gifts and hospitality of which some are duplicated and out of these 5 there are 2 that can be closed and 3 that will be updated. The Acting Board Secretary also informs that there are some other actions that will come back with an update to around Chairs actions, the BAF and Corporate Governance Disciplines.</p> <p>b) Operations update</p> <p>AC23.123.3 The Interim Executive Director of Operations briefly introduced this item and informed the group that in terms of updates she was unable to provide the level of assurance that this Committee requires. The Interim</p>	

Executive Director of Operations advised that in relation to the review there is still some work to be done in conjunction with the IHC Directors.

c) GP OOHs report

AC23.123.4 The Interim Executive Director of Operations introduced this paper before handing to Director of Primary Care.

AC23.123.5 The Director of Primary Care explained this paper was an internal audit of the peer review which took place in September 2022 and the peer review was of urgent primary care and OOH but this audit relates to OOH services only which is Pan BCU Services but hosted by East.

AC23.123.6 The Director of Primary Care gave assurance to the group of the 6 actions at the bottom of page 13 highlighting that 3 of them are now completed and the other 3 are in progress.

AC23.123.7 The Chair's observation of the actions is that all the target dates are October, however, the Director of Primary Care confirmed there are new dates for those actions.

d) Falls report

AC23.123.8 The Deputy Executive Director of Nursing briefly introduced the report and highlighted the main areas of focus. The Deputy Executive Director described highlights around the first action and noted this will go to the Patient Safety Group on 30th November. The Deputy Executive Director assured the group there will be ratification before uploading onto BetsiNet and this action is currently on target being December 2023. The Deputy Executive Director also highlighted another issue around training and a Falls Management training Module 1A and 1B have been introduced in the Health Board which the compliance is currently around 93% in all areas. The Deputy Executive Director also highlighted one more issue with regards to training and that is the Patient Handling Training which is around 60% compliance due to challenges of releasing staff to attend.

AC23.123.9 An IM (GW) showed concern in relation to the highlights reported and would like to see great clarity over how much is to do with failure and how much to do with documenting what is happening.

AC23.123.10 The Head of Internal Audit drew attention to paragraph 2.15 of the report around RIDDOR's and the reporting of. The Head of Internal Audit was surprised that there's been over 1000 reported incidents but only 2 RIDDORS reported which are in West. The Head of Internal Audit believed with this information the Health Board is potentially at a significant risk of breaching statutory requirements due to not reporting within the 7 working days /not reporting at all.

<p>AC23.123.10 The Committee sought an update from Health and Safety colleagues on assurances for RIDDOR reporting and the CEO had requested an update on all Health and Safety risks.</p> <p>Action: Committee to be provided with clarity on the lack of RIDDOR reporting and assurances to the CEO on all Health and Safety risks.</p>	<p>NC</p>
<p>AC23.124 Follow up Outpatients Management Response</p> <p>AC23.124.1 The Chair asked the group for the paper to be noted as read and for focus on highlights to be presented.</p> <p>AC23.124.2 Interim Executive Director of Operations briefly introduced this paper and introduced the Associate Director of Planned Care.</p> <p>AC23.124.3 The Associate Director of Planned Care presented the recommendations and gave an update on the work to address them. The Associate Director of Planned Care detailed a first recommendation of a strengthened clinical leadership of the programme of work alongside establishing a refreshed planned care programme and then detailed a second recommendation which was to address the outstanding recommendation from the 2015 report.</p> <p>AC23.124.4 Audit Wales Performance Audit Manager noted the group that this report will be published after being reported to this Committee.</p> <p>AC23.124.5 The Committee sought an updated management response for the Follow up Outpatients Management Response.</p> <p>Action: Management response for the Follow up Outpatients Management Response to be reviewed asap and updated for Audit Wales prior to publication</p>	<p>AG</p>
<p>AC23.125 Auditor General’s (external audit) progress report</p> <p>AC23.125.1 The Audit Wales Performance Lead briefly introduced the report and noted one highlight of the intent to raise £123k in addition to standard Audit fee. The Audit Wales Performance Lead also noted that there has been ongoing post project learning with the Interim Executive Director of Finance’s team and found the current status on this is ongoing. The Audit Wales Performance Lead also reported that there is some background planning currently with regards to Charitable Funds Committee and the Audit work on this will commence in December 2023.</p>	
<p>AC23.126 National audit reports for information</p> <p>a) National workforce data briefing</p>	

<p>AC23.126.1 The Chair asked the group to take this paper as read and informed the group it is for information.</p> <p>AC23.126.2 An IM (GW) asked for follow up data from workforce colleagues about specific patterns, in particular growth in workforce across BCUHB and further clarity is required. It was agreed that this would be picked up by the People committee.</p> <p>Action: Workforce data and specific patterns around growth of particular groups and understanding our patterns to be presented to People committee.</p>	
ITEMS FOR NOTING	
<p>AC23.127 Briefings and update sessions (as appropriate)</p> <p>AC23.127.1 The Chair and Interim Executive Director have nothing for noting.</p> <p>AC23.127.2 The Acting Board Secretary wanted to note that communication is needed with other Committees (PFIG and QSE in particular) around some decisions and insights from this Audit Committee.</p>	
CLOSING BUSINESS	
<p>AC23.128 Summary of private in Committee business to be reported in public</p> <p>The Chair had nothing to note for this item.</p>	
<p>AC23.129 Summary of key issues</p> <p>AC23.129.1 The Acting Board Secretary summarised feedback on papers, Committee decisions and actions noted in the meeting and a Chair's report to be produced to the Board in line with the minutes.</p>	
<p>Date of Next Meeting 12th January 2024</p>	