

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed minutes of the Audit Committee
held in Public on 21 October 2025
in the Boardroom, Carlton Court, St Asaph and via Team

Committee Members Present	
Name	Title
Urtha Felda	Independent Member (Vice Chair of Audit Committee)
Dyfed Jones	Independent Member
Rhian Watcyn Jones	Independent Member (<i>via Teams</i>)
Paul Lambert	Independent Member
In Attendance	
Russell Caldicott	Executive Director of Finance
Nesta Collingridge	Head of Risk Management
Clara Day	Executive Medical Director (<i>part meeting</i>)
Glesni Driver	Head of Statutory Compliance and Inquiries
Linda Dyson	Regional Risk Manager, Central (<i>observer</i>)
Fflur Jones	Performance Audit Lead, Audit Wales
Dave Harries	Head of Internal Audit
Nicola Jones	Deputy Head of Internal Audit
Phylis Makurunje	Aspiring Board Member
Jane Moore	Executive Director of Public Health Part meeting
Sharon Scott	Head of Emergency Preparedness, Resilience and Response (<i>part meeting</i>)
Helen Stevens-Jones	Director of (<i>part meeting</i>)
Danielle Timmins	Head of Counter Fraud (<i>via teams – part meeting</i>)
Pam Wenger	Director of Corporate Governance
Committee Support	
Philippa Peake Jones	Head of Corporate Governance
Laura Jones	Acting Corporate Governance Manager

PRELIMINARY MATTERS
<p>AC25/131 Welcome and Apologies</p> <p>Apologies were received for Dyfed Edwards and Stuart Keen.</p> <p>The Vice Chair welcomed Paul Lambert, Independent Member to the meeting noting that Paul will become the Chair of the Audit Committee commencing from the next meeting being held in December 2025.</p>
<p>AC25/132 Declarations of Interest</p> <p>No declarations of interest were raised at the meeting.</p>



AC25/133 Unconfirmed Minutes of Meeting held on 19 August 2025

It was agreed that the minutes of the meeting held on 19 August 2025 were a true and accurate record.

AC25/134 Matters Arising and Action Log

Members received the action log and noted progress against the actions.

Matters Arising and Action Log: Contracted Patient Services Review

- In relation to action AC25/109.1 it was noted that the Director of Corporate Governance has discussed this with the Chief Executive as the Director of Performance and Commissioning has now left the organisation. It was confirmed that this will be transferred over to a different Directors portfolio to ensure the recommendations relating to the Commissioning Assurance Framework are actioned.

Statutory Compliance Report: Consultant Job Planning Review

- In relation to action AC25/110.1 it was confirmed that the new Executive Medical Director has recently commenced in post and has been made aware of the issues relating to the progress of this review. The Executive Medical Director has been given some time to review this area of concern and will present a report to the next Committee meeting in December 2025.

Internal Audit Progress Report: Scheme of Reservation and Delegation

- In relation to action AC25/69.2 it was noted that as the Director of Performance and Commissioning has now left the organisation the action relating to the Scheme of Reservation and Delegation will be addressed by including relevant contracts and documents in the Finance Report that is submitted to the Board to ensure visibility of the required documentation.

Concerns were raised around specific items relying on individuals which leads to lack of pace around certain actions. It was suggested that there is a need to ensure tasks can be picked up by team members to take areas of work forward where required.

The Committee reviewed the action log and agreed to close the following actions, after consideration of the updates and papers presented to the Committee (where required): AC25/111.1, AC25/115.1, AC25/115.2, AC25/116.1, AC25/117.1, AC25/64.1, AC25/64.2, AC25/67.2, AC25/69.1, AC25/70.1, AC25/04.1, AC24/124.3 and AC24/121.2.

GOVERNANCE

AC25/135 Update on Outstanding Audit Recommendations

Members received the report and the Executive Director of Public Health and the Head of Emergency Preparedness, Resilience and Response highlighted:

- The Internal Audit Report received reflects the amount of progress that has been made in relation to Emergency Preparedness, Resilience and Response over the past 18 months since Sharon Scott has been in post.

- Emergency Preparedness, Resilience and Response plans have now been developed and are being exercised and tested to ensure staff can respond when necessary.
- Further work is required in relation to business continuity plans to ensure significant plans are in place across the organisation and staff have an understanding of their responsibilities if a Major Incident occurs to make sure the Health Board can deal with specific situations if they arise.
- In relation to the recommendations from the Internal Audit Report, the team were confident that the actions could be completed by the deadlines required.
- A business continuity dashboard has been established and a scoping exercise is underway to identify the amount of plan required across the Integrated Health Communities and Corporate Services. The dashboard will allow the team to monitor compliance and workshops are also taking place to assist staff in developing their plans.
- On call training continues to be delivered and significant progress has been made noting that 70% of staff on bronze, silver and gold rotas have now completed the required training with further plans in place to deliver training for the remaining 30%.
- External training sessions have also been taking place with multi agency partners and there is a need to ensure clinical training programmes are also developed to focus on business continuity issues.
- The relevant policies and procedures have been revised and approved for use.
- In relation to the relevant risks, every plan within the Health Board should be tested, this takes a significant amount of time and resource however the team continue to have a focus on this area of work.

In discussing the report, the Committee:

- Noted the significant progress that has been made from an Internal Audit perspective and highlighted that areas such as Corporate Services remain at risk, particularly in relation to a cyber attack and this is an area that requires focus and progress. It was confirmed that the team are working closely with the Digital, Data and technology team to provide support in developing their business continuity plans.
- Referred to the cyber risk confirming this is included in the Corporate Risk Register as a high risk for the organisation and requires robust business continuity plans to be in place to ensure the Board are assured. There is also a need to look at the broader risks included in the Corporate Risk Register to ensure they are aligned to the Board Assurance Framework and it was suggested an update is presented to the next meeting.
- Confirmed that the team will continue to work closely with Internal Audit and will escalate any adjustments to timescales if required as well as monitoring the ability to deliver training exercises at pace across the Health Board.

Action:

- **AC25/135.1** An update on the Cyber risk in relation to the Corporate Risk Register to be discussed at the next meeting of the Committee.

It was resolved that the Committee:

- **NOTED** the content of the presentation.

AC25/136 Statutory Compliance Report

Members received the report and the Director of Corporate Governance highlighted:

- The report notes progress against the Audit recommendations and where reviews have been rated as limited or no assurance, Executive Directors are being invited to attend the Committee to provide an update.
- Where recommendations are suggested for closure by management, evidence is reviewed by the relevant Executive Directors and Internal Audit to confirm whether the evidence is sufficient. There has been a lack of assurance in the past in relation to this process however it has now been revised and is more robust than other organisations.
- Amendments have been made to the style of the appendices and further work is required to ensure the information is comprehensible.
- The Director of Corporate Governance highlighted the open 'unsatisfactory' and open 'limited' recommendation to the Committee noting the progress that is being made and the actions required.
- The Committee were asked to approve the Audit Wales recommendations that have been put forward for closure.

In discussing the report, the Committee:

- Referred to the recommendations in relation to the Llandudno Hospital Orthopaedic Surgical Hub. It was confirmed that the Chief Executive has requested a review of Major Project Governance and Contractor Management to be undertaken and this will be shared at the next meeting in December 2025 if available.
- Highlighted the Public Interest Report issued by the Ombudsman and the implementation of a Commissioning Assurance Framework. It was noted that a revised timescale has been agreed with the Ombudsman and the Director of Corporate Governance agreed to follow this up outside of the meeting.
- Noted the amount of red and amber ratings querying whether the recommendations are too difficult to achieve. It was confirmed that the Directors are responsible for agreeing the initial actions, this has historically been an area of challenge and work is taking place with Internal Audit colleagues to list the evidence required at the sign off stage to provide clarity on the requirements.
- Queried 'open' Audit Wales recommendation relating to Urgent and Emergency Care and the work required with Local Authorities to facilitate discharges as no updates were provided. It was confirmed that the Chief Operating Officer is being asked to attend the next meeting in December 2025 and can address this as part of the update on open Audit recommendations.
- Referred to the 'open' limited recommendations relating to the Performance Management Framework and reporting as no updates were provided against these recommendations. It was confirmed that updates have been sought from the team however there is a limit on the amount of requests being made for updates to be provided. The current process consists of a manual process which is time consuming.

Actions:

- **AC25/136.1** A copy of the documentation in relation to the Major Project Governance and Contractor Management Review to be shared at the next meeting in December 2025.
- **AC25/136.2** Director of Corporate Governance to follow up the progress in relation to the implementation of a Commissioning Assurance Framework outside of the meeting and report back to the Committee.
- **AC25/136.3** Chief Operating Officer to refer to Audit Wales recommendation 1364 in relation to Urgent and Emergency Care when presenting to the Committee in December 2025.

It was resolved that the Committee:

- **NOTED** the content of the report.
- **APPROVED** the Audit Wales recommendations put forward for closure.

AC25/137 Revised Policy Management Process

Members received the report and the Director of Corporate Governance highlighted:

- Progress has been made to revise the policy management process however an interim report is being presented to the Committee for comment.
- The final version of the policy will come back to the Committee in December 2025 for onward approval by the Board in January 2026.
- The document has been shared with the Executive Committee and Internal Audit for comment and provides clarity on approval routes.

In discussing the report, the Committee:

- Noted the following comments relating to the policy:
 - Concern around whether the full impact assessment is too onerous.
 - Requested definitions in terminology are included to ensure the document is easy to understand.
 - Noted the importance of approval routes to ensure a timely process.
- Confirmed that the comments would be considered noting that the intention of the revision is to simplify the impact assessment process and streamline the current system to ensure clarity and simplicity.

Action:

- **AC25/137.1** Final version of the Policy Management Process to be presented to the Committee in in December 2025 for onward approval by the Board in January 2026.

It was resolved that the Committee:

- **NOTED** and **COMMENTED** on the proposed policy management process to enable to work on the consultation of the overarching policy.
- **NOTED** that following comments, the final Policy will be considered at the Audit Committee in December 2025.

AC25/138 Risk Management Framework

Members received the report and the Head of Risk Management highlighted:

- Minor revisions have been made to the framework and an escalation process has been developed for risks that require escalation to the Executive Committee and back to the Risk Management Group.
- Internal Audit reviewed the document last year and provided a substantial assurance rating.
- Board Members have had the opportunity to contribute to the document via a Board Development Session.

In discussing the report, the Committee:

- Suggested that the risks should be driven by the Board collectively rather than via the Executive Committee. It was confirmed that this was discussed during the Board Development Session and will be revised.
- Noted that the Board are required to review the risk appetite on an annual basis therefore both the Risk Appetite and Risk Management Framework will be presented to the Board in November 2025.

It was resolved that the Committee:

- **RECOMMENDED** endorsement of the Risk Management Framework for onward assurance for Board approval in November 2025.

AC25/139 Corporate Risk Register Report

Members received the report and the Head of Risk Management highlighted:

- Two Development Sessions have taken place with the Executive Committee to review the Corporate Risk Register and ensure the risks are strategic in nature.
- Recommendations were agreed to consolidate some of the corporate risks, those that were more operational in detail will sit under the Chief Operating Officer's Operational Leadership Team and a member of the Risk Team will provide support.
- Some new strategic risks have been developed in relation to modernising our infrastructure and timely patient access to safe and effective care however further work is required to ensure the risks contain the correct actions.
- A refined version of the Corporate Risk Register will be presented to the Board in November 2025.

In discussing the report, the Committee:

- Noted that there is a need for a line of sight for the operational risks to be escalated, the process is being discussed with Internal Audit and will be considered in further detail with the Executive Committee.
- Confirmed that the Board Assurance Framework has clear strategic objectives therefore there is a need to ensure all objectives being developed are smart to provide assurance to the Board as this will impact the clarity of the Board Assurance Framework.
- Referred to the risk relating to timely patient access noting the controls being put in place are not mitigations and there is a need to provide assurance that the controls are having an impact. It was confirmed that further work is required to strengthen controls and mitigations.

It was resolved that the Committee:

- **PROVIDED FEEDBACK, RECEIVED ASSURANCE** and **ENDORSED** the updated corporate risk register.

AC25/140 Corporate Governance Report

Members received the report and the Director of Corporate Governance highlighted:

- A Corporate Governance Report will be presented to all Committees going forward.
- Breaches against the Standing Orders between the period of April and September 2025 have been noted in the report. Some incidents relate to poor drafting of Board papers therefore a new report template is being developed alongside report writing training and additional tools to provide support in this area.
- A live update on the Declarations of Interest system has been provided, further work is required on the process and this is being discussed with Internal Audit.
- As part of the Integrated Medium Term Plan there was a commitment to develop a Governance Improvement Plan to measure progress. The plan is structured around key themes and responds to findings from internal and external assessments, including the Structured Assessment, Board Assessment, Internal Audit and Audit Wales reviews.

In discussing the report, the Committee:

- Highlighted that it is the responsibility of Directors and Managers to ensure staff complete their Declarations of Interest.
- Queried where procurement and financial governance fit with the Governance Improvement Plan. It was confirmed that this is an area that links in with the Standing Financial Instructions however further discussion on this with the Executive Director of Finance may be helpful.

It was resolved that the Committee:

- **NOTED** the breaches to the Standing Orders.
- **NOTED** the Declarations of Interests.
- **NOTED** and **COMMENTED** on the Draft Governance Improvement Plan 2025-27.
- **NOTED** the Summary of business considered in private session to be reported in public.
- **NOTED** the Forward Workplan.
- **RECEIVED** an update on the Mental Health and Society.

INTERNAL AUDIT

AC25/141 Internal Audit Progress Report

Members received the report and the Head of Internal Audit highlighted:

- The progress report is being presented to the Committee in the new format.
- Table 1 outlines the reviews that have been finalised during the reporting period noting that progress has been made in relation to Civil Contingencies and reported to the Committee.
- It has been agreed that reports issued as final during the reporting period are included in the supporting papers for the Committee to ensure members have sight of the reports for the information.

- An issue in relation to the Public Health review was raised regarding grant funding being used for fixed-term posts and this poses a significant risk.
- Processes are now in place in relation to the Patient Experience review however there is a need to focus on embedding learning at an operational level.
- The agreed actions in relation to the Consultant Job Planning review have not been addressed within the specified timescales and the Health Board's job planning compliance is currently at 43%, this is an issue that needs to be addressed.
- A number of follow up recommendations have been returned as the evidence being provided is not robust enough to demonstrate implementation.
- A number of additional reviews have been approved and noted in the report. Two further reviews have also been requested in relation to a Major Project Governance and Contractor Management Review and a review around the Centre for Mental Health and Society.
- The performance indicators highlight an issue with report turnaround times, the ability for managers to respond to draft reports and the lack of sufficient evidence being provided. It was confirmed that the Vice Chair has raised these issues via a letter to the Chief Executive following the last meeting and it was suggested this is taken further via a meeting with the relevant Committee members.

In discussing the update, the Committee:

- Welcomed the review on Major Project Governance and Contractor Management but raised concern as to whether the review of the Centre for Mental Health and Society will be substantive. It was noted that there have been issues procuring an independent reviewer therefore a review has been requested to identify whether there are any substantial issues that need to be addressed.
- Referred to the Patient Experience review querying how to address persistent problems in specific areas over a number of years. It was confirmed that the Patient Advice and Liaison Service are embedded in this area, the Citizen Experience Report that goes to the Board does include some of the information being captured and the Executive Director of Nursing and Midwifery is revising the People Experience Framework.

Consultant Job Planning

The review was discussed and it was noted that:

- The Executive Medical Director is aware of the delay and the Medical Director for the Integrated Health Community, West is now taking this forward.
- An agreed policy has previously been cowritten with the Local Negotiating Committee and the British Medical Association and is now locally owned. The policy has been presented to the Joint Local Negotiating Committee and the Medical Workforce Group and there is now a need to draft the document into a full policy by the end of the year.
- The policy will provide clarity around appeals processes and training needs assessments and will be aligned to a dashboard allowing teams to review information down into individual specialities.
- Wider discussion is required to progress this piece of work and new timescales are being established.

In discussing the update, the Committee:

- Queried the confidence of the team to achieve the timescales being set. It was confirmed that these have been proposed by the Medical Director for the Integrated Health Community, West who is leading on this work and is confident with the timescales. It was confirmed that if any dates need to be revised these will be submitted via the Audit Committee to ensure delivery.
- Going forward there will be a focus on developing job plans and confirming any changes to the structures and services.
- Noted that progress against the Consultant Job Planning review is being presented to the People and Culture Committee in December 2025 ahead of coming back to the Audit Committee following that meeting.
- Questioned whether this is a policy and structure issue or whether there are further issues surrounding this area of work. It was confirmed that there are a range of issues including protocols, productivity, culture and accountability in relation to clinical leadership and management.

Partnerships, Engagement and Communication Internal Audit Report

The review was discussed and it was noted that:

- A progress update has been provided highlighting the activity that has taken place since the audit was completed.
- The audit identified the need to strengthen governance arrangement, operational oversight and benefits realisation.
- As a result of this a consolidated delivery plan has been developed to align the improvement actions into a monitored programme and is being presented to the next meeting of the Planning, Population Health and Partnerships Committee.
- Quarterly monitoring meetings have now been established to review supporting evidence and highlight any areas of risk and the next phase is to standardise the Standard Operating Procedures utilised within the team.
- Assurance was provided that the implementation of recommendations remains on track and any associated risk are being managed.

Action:

- **AC25/141.1** Committee Chair, Vice Chair and Head of Internal Audit to meet with the Chief Executive to raise concerns around Internal Audit report turnaround times and the lack of sufficient evidence being provided.

It was resolved that the Committee:

- **RECEIVED** the progress report and **APPROVED** the amendments to the internal audit plan for 2025/26.

EXTERNAL AUDIT

AC25/142 External Audit Progress Report

Members received the report and the Performance Audit Lead highlighted:

- The Financial Audit Team have commenced planning arrangements for the audit of the Awyr Las Annual Report and Accounts.
- The review on Planned Care has been completed and was presented to the Audit Committee at its last meeting in October 2025.

- The thematic work on Urgent and Emergency Care has also been completed and the report is included in the papers for information.
- As part of the Structured Assessment, a deep dive review will take place into the investment in digital systems and work is taking place to agree the scope of this review.

In discussing the report, the Committee:

- Requested clarity in relation to the distinction between services including Same Day Emergency Care (SDEC), Urgent Primary Care Centres (UPCC) and Minor Injuries Units (MIU) querying how these services provide a bridge between Primary and Secondary Care to ensure staff and patients have a clear understanding of what services are available. It was confirmed that Audit Wales are doing a piece of work across Wales to establish the models being used in other areas however it was noted that there are pockets of information available but there is no overall clear picture that patients can refer to.
- Confirmed that Urgent and Emergency Care was discussed by the Board at the meeting in September 2025 and suggested this may be an area of specific focus where the Chief Operating Officer is invited to the Committee to discuss in further detail. It was agreed that the update from the Chief Operating Officer at the next meeting should include progress against Internal Audit recommendations as well as an update on this report and the recent Planned Care and Unscheduled Care reports.
- Noted the update on the National Fraud Initiative which is a UK wide Counter Fraud exercise conducted every two years. The exercise is underway and Audit Wales will conduct a high level assessment in collaboration with Counter Fraud colleagues.

Action:

- **AC25/142.1** Chief Operating Officer to join the December meeting to provide an update on the Internal Audit recommendations, the thematic work on Urgent and Emergency Care and the recent Planned Care and Unscheduled Care reports.

It was resolved that the Committee:

- **NOTED** the content of the report.

COUNTER FRAUD

AC25/143 Local Counter Fraud Service Report

Members received the update and the Head of Counter Fraud highlighted:

- The report notes the significant progress that has been made in relation to investigations with 16 cases proposed for closure during this quarter.
- Training compliance remains high and engagement continues with Counter Fraud clinics taking place and information being shared on BetsiNet which highlights an uplift in staff interaction.
- A proactive exercise has been concluded in relation to travel expenses, it was noted that no fraud was discovered however recommendations have been made for improvements.
- Two proactive exercises have commenced this quarter in relation to private patients being assessed on Health Board premises and direct payments for health budgets.

- A Task and Finish Group is being established to complete a Counter Fraud risk assessment across the organisation with support from the Risk team.
- Funding has been agreed to appoint an additional Local Counter Fraud specialist with plans to appoint to the position by the end of December 2025.

It was resolved that the Committee:

- **CONSIDERED** and **NOTED** the contents of the report.

CLOSING BUSINESS

AC25/144 Agree Items for Referral to Board / Other Committees

There were no actions agreed for referral.

AC25/145 Review of Meeting Effectiveness

It was agreed that there had been good contributions to discussion from all members of the Committee.

AC25/146 Date of Next Meeting

Tuesday 16 December 2025, 9.30am

Resolution to Exclude the Press and Public

"Those 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."