

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed minutes of the Audit Committee
held on 16 December 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Paul Lambert	Independent Member (Chair of Audit Committee)
Urtha Felda	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer (part meeting)
Clare Barwise	Post Payment Verification (PPV) Location Manager, North Wales Shared Services (NWSSP) (part meeting – via Teams)
Russell Caldicott	Executive Director of Finance (via Teams)
Nesta Collingridge	Head of Risk Management (part meeting)
Clara Day	Executive Medical Director (part meeting)
Glesni Driver	Head of Compliance and Inquiries (part meeting – via Teams)
Dyfed Edwards	Health Board Chair (part meeting)
Matt Edwards	Auditor, Audit Wales (part meeting – via Teams)
Dave Harries	Head of Internal Audit, NWSSP
Fflur Jones	Performance Audit Lead, Audit Wales
Nicola Jones	Deputy Head of Internal Audit, NWSSP
Amanda Legge	All Wales PPV Manager, NWSSP (part meeting – via Teams)
Justine Parry	Acting Chief Digital and Information Officer (via Teams)
Committee Support	
Philippa Peake Jones	Head of Corporate Governance
Diane Davies	Corporate Governance Manager
Observer	
Jody Evans	Risk Manager

PRELIMINARY MATTERS
<p>AC25.154 Welcome and Apologies</p> <p>Apologies were received for Independent Members Dyfed Jones and Rhian Watcyn Jones, Pam Wenger - Director of Corporate Governance and Danielle Timmins - Head of Counter Fraud.</p>
<p>AC25.155 Declarations of Interest</p> <p>No declarations of interest were raised at the meeting.</p>
<p>AC25.156 Unconfirmed minutes of the meeting held on 21.10.25</p> <p>It was agreed that the minutes of the meeting held on 21 October 2025 were a true and accurate record.</p>

AC25.150 Matters Arising and Action Log

The Committee agreed to close the action that was proposed for closure noting the update provided.

The Committee Chair stated his preference to ensure realistic timescales were agreed on actions going forward.

GOVERNANCE

AC25.158 Update on Outstanding Audit Recommendations

The Chief Operating Officer (COO) presented the item which provided an updated position on outstanding actions. In the discussion which ensued the following was noted:

- The COO emphasised that learning highlighted within the recommendations would inform future developments
- The Executive Medical Director advised that Waiting List Initiative processes would be the subject of process change that was being worked through with staff in job planning discussion.
- The Head of Internal Audit highlighted that consideration of processes needed to morph whilst structural changes were taking place.
- As significant structural change was expected it would be important to ensure strong operational and clinical interfaces were in place and embedded into governance processes.
- The Audit Committee Chair was keen to ensure that all essences of issues were well captured and accurately tracked individually. Attention should also be focussed on appropriate expertise and identification of gaps. Focus on effective processes was critical.
- A discussion ensued on whether the Planned care risk should be separated out to ensure more focussed attention to all the inherent risks and therefore ensure clarity on appropriate mitigation and actions being undertaken. The impact on the Board Assurance Framework was acknowledged.

It was resolved that the Committee

Noted the updates provided.

AC25.159 Progress on the Consultant Job Planning Internal Audit Report

The Executive Medical Director presented the item. In the discussion which ensued the following was highlighted

- Whilst Welsh Government had targeted 90% compliance on consultant job planning by Sept 2025, BCUHB had currently signed off 46% with a further 13% awaiting. There was significant variance across the organisation's areas.
- A Job Planning protocol had been co-developed and a Medical Workforce Group would own job planning progression. A revised trajectory had been proposed for 90% sign off by the end of quarter 1 2026/27.
- It was important to recognise that the Foundations for the Future programme changes would more clearly define service needs and therefore Job Planning would be a work in progress over the next 12 to 18 months.

- In response to the Health Board Chair, the Executive Medical Director advised that there was a need to facilitate improved regional management.
- The Executive Director of Finance advised that he would meet with the Executive Medical Director to evaluate how changes in policy might affect the cost envelope available. She acknowledged that there was work to be done in analysing establishment levels and management responsibility allowances.
- The Head of Internal Audit supported the approach being undertaken and drew attention to the need to address under and over payments which were of concern.
- In response to the Committee Chair's concern regarding the effectiveness of staff appraisal systems, the Executive Medical Director enlarged on complexities within consultant performance management, especially in the area of professional leadership, which was under consideration and being moved forward.

It was resolved that the Committee

Noted the revised plan for Senior Doctor Job Planning.

Tehmeena Ajmal left the meeting

AC25.160 Clinical Audit Improvement Plan

The Executive Medical Director presented the item. In the discussion which ensued the following was highlighted

- Improvements to processes were being introduced with areas of highest risk being prioritised for action and escalation where required.
- The Committee Chair emphasised the importance of ensuring that there was a coherent handle on the totality of data available to aid decision making, especially whilst organisational structures changed. He sought clarity on with whom this responsibility lay within BCUHB as he felt improved grip, with potentially the use of Artificial Intelligence, could be of significant benefit to the organisation in identifying issues and making improvements. Business Intelligence would extremely important to taking this forward.
- In response to the Head of Internal Audit's question regarding nursing clinical audits, the Executive Medical Director advised that most were multi disciplinary due to the nature of their instigation. Tier 3 local clinical audit outputs required more understanding.
- In response to the Health Board Chair, the Executive Medical Director advised on areas the Board should take most notice of regarding patient safety, such as mortality trends. She assured that whilst this was being currently worked through, there were no areas of immediate concern highlighted.
- Assurance was provided that all Red 'RAG' rated areas within the plans provided were being prioritised to ensure clarity and action.

It was resolved that the Committee

Supported the process outlined.

Noted the Tier 1 and Tier 2 Clinical Audit 2025/26 forward plans provided.

AC25.161 Statutory Compliance Report

The Head of Statutory Compliance and Inquiries presented the item and explained the approval processes undertaken in compiling the report. The following was highlighted in discussion of the report

- The Acting Chief Digital and Information Officer provided assurance that she was currently undertaking responsibility for the digital portfolio, which would include any compliance issues arising in this area.
- In regard to clarification on Ministerial Directives, the Head of Internal Audit stated that these would be planned into the internal audit programme during 2026/27.
- The Committee Chair stressed the importance of escalating the cultural value of the internal audit process within the organisation as an important beneficial management tool, especially at an operational level.
- In response to the Health Board Chair, the Head of Statutory Compliance and Inquiries advised that governance was a common theme of concern. The Corporate Governance Directorate were continuing to develop and promote a hub of resources, to support improvement within these areas.
- The need to support and nurture cultural change was highlighted.

ACTION: Head of Statutory Compliance and Inquiries to provide greater detail on progress of all open Ministerial Directives in future reports.

It was resolved that the Committee

NOTED the Statutory Compliance report.

AC25.162 Corporate Policy Management Policy Process

The Head of Statutory Compliance and Inquiries presented the item. The following was highlighted in discussion of the report

- The ensuing consultation route and presentation to the Board for final approval was clarified.
- It was confirmed that a programme of staggered review dates would be in place, thus avoiding potential excessive capacity peaks.

It was resolved that the Committee

APPROVED the proposed policy management process and updated draft Corporate Policy Management Policy for further consultation and submission to the Board in due course.

AC25.163 Board Assurance Framework

The Head of Risk Management presented this item. The following was highlighted in discussion of the report

- Work needed to be done to close areas within the BAF where sufficient assurance was considered to be in place.
- There was a digital theme risk emerging. The Acting Chief Digital and Information Officer advised that she was now moving these forward and gave brief updates on resource issues which were impacting this and advised these were not related to recent WG interest in data issues.

- In response to the Committee, the Executive Medical Director expanded on the connection between strategic medical technology horizon scanning, NICE and Value & Sustainability work across the NHS.
- Following the Board Chair's concern regarding the efficacy of risk scrutiny, the Head of Risk Management clarified the operational processes in place leading up to presentation to the Committee.
- In discussion of Member's concern with progress and/or inertia of risk movements, the Head of Risk Management advised that when the new risk management software was implemented potentially from February 2026, monitoring and scrutiny would be more effective within a year (*post meeting note: Risk Management Software is currently out to procurement with no date yet fixed for implementation*).
- The Executive Director of Finance welcomed the improvements made to the culture of risk management visibility and challenge however, he cautioned that delegation should not obscure the need to take action on the risks presented. He also called for more differentiation between the BAF and Corporate Risk Register.
- The Committee Chair congratulated the Head of Risk Management in changing the culture of risk within the organisation, especially given its size, and wished her every success in her new role outside NHS Wales on behalf of the Board.

It was resolved that the Committee

NOTED the Board Assurance Framework as presented and intention to further update on receipt of the three year plan.

AC25.164 Corporate Governance Report

The Head of Corporate Governance presented this item. The following was highlighted in discussion of the report

- There was ongoing work to improve processes and systems to collate Declarations of Interest
- Internal Audit raised concern with the repetitive theme of late paper submissions across all Committees to the Directorate of Corporate Governance for publication within agreed timescales. Board members concurred that this had a detrimental impact on their arrangements in preparing for meetings. The Head of Corporate Governance advised that new templates and supportive guidance were being rolled out in the new year to improve the quality of submissions going forward.

It was resolved that the Committee

NOTED

- the breaches to the Standing Orders;
- the Declarations of Interests;
- the summary of business considered in private session on 21 October 2025;
- the Forward Workplan;

RECEIVED an update on the Mental Health and Society

Dyfed Edwards, Clara Day and Nesta Collingridge left the meeting

FINANCE

AC25.165 Finance Conformance Report

The Executive Director of Finance presented this item. The following was highlighted in discussion of the report

- The Executive Director of Finance drew particular attention to the focus on grip being applied within the Centre Integrated Healthcare Community, continued concerning level of overpayments with more attention being focussed on termination processes and pleasing 97% conformance with public sector payment policy.
- In regard to the length of cases managed by the Legal & Risk Pool, he clarified that some of these related to obstetric cases in which interim payments were necessary prior to reaching final settlement agreements which were dependent on individual patients' assessments.
- In response to concern regarding the disappointing level of learning from events reports provided which had resulted in penalties being applied,
- In discussion of the breached contracts data provided, assurance was given that closer examination revealed that not all were related to the Digital Directorate, but rather services utilising digital technology. The Acting Chief Digital and Information Officer offered to assist the Executive Director of Finance in examining these further.

ACTION: Whilst it was acknowledged that there had been a reduction in outstanding learning reports, the Deputy Director of Legal Services would be contacted to provide greater assurance that patient experience remained a focus to learn from and processes were in place to avoid the application of penalties.

It was resolved that the Committee

NOTED the report

APPROVED the Losses and Special Payments (July to September 2025)

Amanda Legge and Clare Barwise joined the meeting for this item only.

AC25.166 Post Payment Verification Update

The Executive Director of Finance presented this item. The following was highlighted in discussion of the report

- The Independent Members present requested that future Board agendas feature greater attention to Primary Care, as their actions resulted in financial impacts to the organisation. It was acknowledged that the Planning, Population Health and Partnerships Committee was now scheduled to include more focus on Primary Care within its business, albeit there was not a cohesive handle on Primary Care data. The Executive Director of Finance welcomed any suggestions for inclusion within reporting which he would explore further.
- In response to the Head of Internal Audit's questioning of potential internal control risks, given BCU was a GMS outlier in 2024/25, the All Wales PPV Manager advised that this was not an area of concern however, assurance was provided that Counter Fraud would be alerted should a concern arise.

It was resolved that the Committee

NOTED the assurance report

INTERNAL AUDIT

AC25.167 Internal Audit Progress Report

The Head of Internal Audit presented this item. The following was highlighted in discussion of the report

- The Committee Chair advised that reasonable assurance reports would be received at the Committee and those of limited and no assurance would be discussed going forward.
- Following discussion on the theme of delay in attaining evidence to support management responses to internal audit reports, the Committee Chair requested that where there were any future delays, the responsible Executive would be invited to attend the Committee. The Executive Director of Finance agreed to share this directive at the Executive Committee.
- Discussion ensued on the deficiency in embedding learning within the organisation, including following discussion of reports at other Committees. The Committee Chair emphasised the importance of implementing learning and embedding at an operational level. It was understood that the Director of Corporate Governance was in the process of strengthening this area within the organisation through her team.
- In regard to the concern on non-compliance with contract management within directorates – especially corporate, broader discussion ensued on significant budget management accountability issues. The Committee Chair **stressed** this must be addressed, the Executive Director of Finance advised the need to ensure that appropriate accountability was signed up to and actioned had been escalated to the Chief Executive as a significant issue.
- Attention was particularly drawn to the additional reviews commissioned in year, which included capital developments and contracts.

ACTION:

- The Head of Corporate Governance to share feedback with the Director of Corporate Governance on the intention to invite Executives to future meetings where evidence to support management responses has not been provided in order that appropriate arrangements are agreed.
- The Head of Internal Audit to follow up the Learning – Regulatory Reporting (BCU-2526-11) report with the Director of Corporate Governance and re-present to the Committee at a future date.

It was resolved that the Committee

NOTED the progress report.

APPROVED the following amendments to the internal audit plan for 2025/26:

- Removal from the plan:
 - Workforce Planning (BCU-2526-23)
 - Integrated Regional Care Fund (IRCF) Projects (BCU-SSU-2526-35)
 - Adult and Older Persons Mental Health Unit at Ysbyty Glan Clwyd (BCU-SSU-2526-39)
- Additions to the plan:
 - Major Project Governance and Contract Management Arrangements (BCU-SSU-2526-43)
 - Centre for Mental Health and Society (BCU-2526-44)
 - Integrated Audit Plan – Nuclear Medicine (BCU-SSU-2526-45)
 - Integrated Audit Plan - Royal Alexandra Hospital (RAH) Health and well-being Hub

(BCU-SSU-2526-46)

EXTERNAL AUDIT

AC25.168 External Audit Progress Report 4960A2025

The Audit Wales Performance Lead Fflur Jones presented this item. The following was highlighted in discussion of the report

- An update on Audit Wales current and planned accounts, as well as performance audit work at Betsi Cadwaladr University Health Board was provided.
- The Annual Structured Assessment report was expected to be provided within the next few days.
- The Committee Chair commended the approach to the reviews being undertaken.

It was resolved that the Committee

RECEIVED the progress report.

NOTED that the Planned Care management response had been received.

AC25.169 Audit Wales - BCUHB Awyr Las 24/25 Audit Plan 5141A2025

Matt Edwards, Audit Wales joined the meeting for this item to advise good progress had been made on the Awyr Las 2025 Audit Plan report provided which was expected to be reported at the next Charitable Funds Committee on 27th January 2026.

It was resolved that the Committee

RECEIVED the Awyr Las 24/25 Audit Plan.

COUNTER FRAUD

AC25.170 Local Counter Fraud Service Report

The Executive Director of Finance presented the item. In the discussion which ensued it was agreed that the increasing instances of time sheet fraud should be referred to the People and Culture Committee to explore further.

ACTION: Refer prevention of time sheet issues and working whilst sick to the People and Culture Committee to explore further.

It was resolved that the Committee

RECEIVED the report

CLOSING BUSINESS

AC25.171 Agree items for referral to Board / other Committees

- Referral of timesheet fraud and working whilst sick issues to the People and Culture Committee for further exploration
- Increase sight of Primary Care within Board agendas.
- Embedded learning remained an issue of significance, which the Director of Corporate Governance was actively addressing with her team.
- Raise the issue of non-compliance with budget responsibility sign off agreements with a significant number of Senior Leaders and managers – which, whilst having

been escalated to the Chief Executive, needs to be drawn to the attention of Board members as an essential and remunerated element of these important roles.

AC25.172 Review of meeting effectiveness

The following feedback was received

- Effective clarity provided on the capturing of actions.
- Improved accountability of Executives will be beneficial in regard to submissions of timely management responses which will assist to improve Internal Audit report turnarounds.
- The emphasis on holding to account was welcomed.
- Time management of the agenda was commended.

AC25.173 Date of next meeting - 17.02.26

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."