

Betsi Cadwaladr University Health Board (BCUHB)

Confirmed minutes of the Audit Committee

held on 21 April 2026

in the Boardroom, Carlton Court, St Asaph and via Teams

Name	Title
Committee Members Present	
Paul Lambert	Independent Member (Chair of Audit Committee)
Rhian Watcyn Jones	Independent Member (via Teams)
In Attendance	
Tehmeena Ajmal	Chief Operating Officer (part meeting)
Russell Caldicott	Executive Director of Finance (via Teams)
Clara Day	Executive Medical Director (part meeting)
Glesni Driver	Head of Statutory Compliance & Inquiries
Dyfed Edwards	Health Board Chair
Dave Harries	Head of Internal Audit, NWSSP
Matt Joyes	Deputy Director Legal Services
Fflur Jones	Performance Audit Lead, Audit Wales
Nicola Jones	Deputy Head of Internal Audit, NWSSP
Stuart Keen	Director Estates and Environment
Michelle Phoenix	Financial Audit Manager, Audit Wales
Danielle Timmins	Head of Local Counter Fraud
Committee Support	
Philippa Peake Jones	Head of Corporate Governance
Diane Davies	Corporate Governance Manager

PRELIMINARY MATTERS

AC26.26 Welcome and apologies for absence

The Chair welcomed all attendees to the meeting and, in response to his question, received confirmation that Committee members had received all papers within an appropriate timeframe for consideration prior to the meeting. He therefore confirmed that the papers would be considered as read.

Apologies were received from Pam Wenger Director Corporate Governance, for whom Matt Joyes deputised, Urtha Felda and Dyfed Jones Independent Members.

AC26.27 Declarations of Interest

No declarations of interest were received.

AC26.28 Unconfirmed Minutes of the meeting held on 17 February 2026

The Committee considered the unconfirmed minutes of the meeting held on 17 February 2026.

It was resolved that the Committee:



- **AGREED** the minutes of the meeting held on 17 February 2026 as a true and accurate record.

AC26.29 Matters Arising and Action Log

The Committee reviewed the action log and progress against outstanding actions.

Members raised concern regarding the level of slippage across a number of actions and emphasised the importance of agreeing realistic and achievable timescales rather than repeatedly revising deadlines.

Discussion focused in particular on actions relating to the Performance Framework and the Commissioning Assurance Framework. The Executive Director of Finance and officers advised that delays had arisen due to portfolio changes following the departure of the Director of Performance and Commissioning, with responsibility subsequently transferring into the Finance portfolio. Updated timelines were provided, including confirmation that the Commissioning Assurance Framework was scheduled for consideration by the Executive Committee on 6 May, followed by Board consideration later in May.

Members stressed that actions should only remain open where there was clear ownership, delivery intent and appropriate committee oversight. It was agreed that revised timescales should be amended within the action log where delivery could not reasonably be achieved within the original deadlines.

Members discussed whether matters arising from the previous meeting had been appropriately reflected within the action log. Clarification was provided regarding issues raised in respect of document accessibility and internal audit reporting, and it was agreed that these would continue to be monitored through ongoing agenda items rather than treated as discrete actions.

It was resolved that the Committee:

- **NOTED** the action log and progress updates provided; and
- **AGREED** that revised, realistic timescales should be reflected where necessary

AC26.30 Update on Outstanding Audit Recommendations

The Executive Director of Finance introduced the report on outstanding audit recommendations and highlighted that delivery of audit actions was treated as a priority within his portfolio. He outlined the key areas covered by the report, including the Performance Framework, Commissioning Assurance Framework, major projects, and value and sustainability.

Members challenged whether the information presented sufficiently demonstrated how the Health Board would ensure delivery over the coming 12 months, noting that while narrative updates were provided, clearer milestones, governance routes and committee escalation arrangements were required to support assurance.

The Committee discussed the risk of reporting activity rather than progress and emphasised the importance of demonstrating how recommendations translated into



sustained improvements in oversight and control. Members sought assurance that internal audit follow-up activity would be appropriately timed to provide meaningful assurance on implementation rather than premature confirmation. Officers confirmed that internal audit follow-up work would be planned once frameworks and governance arrangements were embedded, and that future reporting would seek to be clearer on oversight routes and anticipated milestones.

It was resolved that the Committee:

- **NOTED** the update on outstanding audit recommendations; and
- **REQUESTED** future reports demonstrate clearer governance structures, delivery milestones and escalation routes.

AC26.31 Corporate Governance Report

The Head of Corporate Governance presented the Corporate Governance report, including information relating to late submission of papers and the Committee's forward work plan. Members reiterated concern regarding the continuing impact of late paper publication on the Committee's ability to exercise effective scrutiny. It was acknowledged that while work had been undertaken to improve report quality and author awareness, further improvement was required to embed timely submission as routine practice.

Clarification was provided in relation to items shown as closed within the forward work plan, including consultant job planning, clinical audit, and the Centre for Mental Health and Society. Members noted that while some items were technically closed following receipt of reports, underlying work in several areas remained ongoing through other governance routes.

It was resolved that the Committee:

- **NOTED** the report

AC26.32 Corporate Governance Improvement Programme

The Head of Corporate Governance presented the inaugural report on the Corporate Governance Improvement Programme, which consolidated actions arising from the Structured Assessment and other governance priorities.

Members welcomed the development of a single improvement framework and recognised it as a positive step. However, challenge was raised regarding the absence of interim milestones and clarity on how progress would be demonstrated over time, particularly given the significance of the issues being addressed.

Discussion focused on the importance of evidencing improvement throughout the year rather than relying solely on year-end milestones. Members highlighted overdue policies and board effectiveness as areas where interim assurance would be particularly important. Assurance was provided that the framework was in its early stages and would be strengthened iteratively as data quality and system functionality improved.

It was resolved that the Committee:



- **NOTED** the report; and
- **AGREED ACTION:** future updates include clearer milestones, delivery trajectories and assurance routes.

AC26.32 Standards of Business Conduct

The Head of Corporate Governance presented the report. Members challenged whether current Declarations of Interest reporting adequately reflected organisational risk, particularly in relation to staff holding delegated authority for contracting or expenditure. Concerns were raised regarding the clarity of data presented and the potential for confusion between non-declaration and nil declaration.

Discussion focused on the need to adopt a risk-based approach to assurance, prioritising roles with decision-making authority rather than relying solely on aggregate compliance figures. Officers advised that work was underway to improve systems and processes, including alignment with appraisal processes and procurement controls.

It was resolved that the Committee:

- **NOTED** the report; and
- **AGREED ACTION** that future assurance should adopt a more explicit risk-based focus and clarification would be received regarding the figures provided within the report.

AC26.33 Statutory Compliance Report

The Head of Statutory Compliance and Inquiries presented the report. Members expressed ongoing concern regarding overdue policies and the quality and timeliness of evidence submitted to support audit recommendation closure. The Committee noted that a revised policy management process had been developed and consulted upon, and that governance arrangements for policy oversight continued to represent a significant area of risk.

The Committee also considered the proposed closure of a number of internal audit recommendations and discussed the importance of ensuring that closure decisions were supported by robust and verifiable evidence.

It was resolved that the Committee:

- **NOTED** the Statutory Compliance report; and
- **APPROVED** the closure of internal audit recommendations as detailed within the report.

AC26.34 Corporate Governance Code

The Head of Corporate Governance presented the annual assessment of compliance with the Code of Corporate Governance. Members noted that the assessment would inform the Annual Governance Statement and acknowledged the importance of ensuring that reported compliance was reflected in practice.



It was resolved that the Committee:

- **AGREED** the assessment of compliance and intention to reflect within the Accountability report.

AC26.35 Update on draft Annual Accounts 2025/26

The Executive Director of Finance provided an update on progress with preparation of the 2025/26 annual accounts. He advised that accounts preparation was on track for statutory submission, with Audit Wales fieldwork scheduled to commence in early May. Members welcomed the progress made and acknowledged improvements in financial control and reporting disciplines.

It was resolved that the Committee:

- **NOTED** the update.

AC26.36 Internal Audit Progress Report, Internal Audit Plan, Mandate and Charter 2026/27

The Head and Deputy Head of Internal Audit presented the progress report highlighting **continued improvement in assurance ratings**, including the first **Substantial Assurance** opinion for some time. The Committee acknowledged this as a significant achievement and credited operational teams for improved controls and compliance.

It was noted that:

- The **management response rate** to internal audit recommendations had improved (from 57% to 62%), although concerns remained regarding late or missing responses.
- A number of audits were complete, with others in draft or work in progress. Some audits would report into the next audit year due to timing and data issues.
- Four of seven follow-up recommendations relating to capital projects had been closed.

In respect of the individual final audit reports the following was noted :

Tehmeena Ajmal, Chief Operating Officer, joined the meeting to participate in discussion of the **On-Call Arrangements** Internal Audit report.

The Committee discussed the **limited assurance** opinion and noted

- Ongoing pressures on gold and silver on-call rotas.
- Inconsistencies in job descriptions and contractual expectations.
- Training gaps, particularly for executive directors undertaking gold on-call roles.

The Chief Operating Officer described actions underway, including:

- Review of job descriptions through “Foundations for the Future”.
- Expanded training and support for on-call roles.
- Improved learning and feedback following incidents.

The report was noted.

ACTION AGREED : The Committee requested **further assurance updates at 6 and 12 months** on progress in strengthening on-call arrangements.

Clara Day Executive Medical Director joined the meeting to participate in discussion of the **NICE Guidance Compliance** Internal Audit report.

The Committee discussed the **reasonable assurance** opinion and noted:

- Strong controls in relation to NICE Technology Appraisals for medicines.



- Weaknesses in compliance with NICE clinical guidance, including the ability for staff to bypass systems without appropriate justification and limited senior oversight.
- Increasing challenges where NICE recommendations are not financially or operationally deliverable.

The Executive Medical Director outlined new processes to:

- Identify and scrutinise areas of non-compliance or partial compliance.
- Consider compliance at a whole-system level rather than in isolated services.
- Use derogations with clear mitigations where full compliance is not achievable.

The Committee welcomed the strengthened governance approach and highlighted the need for clearer reporting and assurance.

The report was noted.

Tehmeena Ajmal and Clara Day left the meeting

Risk Management and Board Assurance Framework Internal Audit report

The report received a **reasonable assurance** opinion. The Committee noted:

- Improvements in the Health Board's approach to risk management.
- Ongoing issues with linking gaps in controls to actions within the Corporate Risk Register.
- A high number of overdue risks and low compliance with risk awareness training.

It was reported that a new risk register template had been introduced to address these weaknesses.

The report was noted.

Culture and Leadership Internal Audit report

The audit received a **reasonable assurance** opinion. The Committee noted this was a broadly positive report, with assurance that plans were in place to deliver Integrated Medium Term Plan (IMTP) priorities, although some evidence and reporting to committees required improvement.

The report was noted without further comment.

Statutory Compliance - Asbestos Management Internal Audit report

The Committee noted the **substantial assurance** opinion and welcomed the significant improvement following previous weaker ratings. This was recognised as a strong example of effective operational improvement and compliance with statutory requirements. The Director of Estates and Environment commended the Estates team for the improvements achieved.

The report was noted and commendation recorded.

Internal Audit Plan 2026–27

The draft Internal Audit Plan for 2026–27 was presented. Key points noted:

- The plan is risk-based, aligned to the Board Assurance Framework and IMTP priorities.
- Specific focus on **Foundations for the Future**, financial sustainability, project delivery, and ministerial directives.
- Concerns were raised regarding assurance over:
 - Zero-based budgeting readiness for 2027–28.
 - Shift towards primary and community care and partnership working.
- Member concerns were also reiterated regarding delays and non-engagement in management responses.



Management acknowledged these gaps and advised that further clarity was required on governance arrangements before internal audit could provide assurance in some areas. The Committee requested the plan be kept under review as organisational priorities and programmes mature.

The Head of Internal Audit advised of a forthcoming internal audit staffing gap, however the recruitment process was underway to secure another team member.

It was resolved that the Committee:

- **NOTED** the progress report and raised concerns regarding late management responses.
- **APPROVED** the **Internal Audit Plan, Mandate and Charter for 2026–27**, subject to review later in the year should priorities change.

AC26.37 Audit Wales: Update to BCUHB Audit Committee

Audit Wales provided an update on progress against the financial and performance external audit work programmes.

Key points noted:

- **Financial audit (2025–26 accounts):**
 - Audit work is scheduled to commence on 5 May 2026, continuing through to June 2026.
 - Audit Wales expressed confidence that the audit should complete in advance of the statutory deadline of 30 June, subject to timely availability of information and management support.
 - Early planning work has also begun in relation to Charitable Funds, with fieldwork ongoing.
- **Performance audit work:**
 - The Structured Assessment report has been cleared and its final version was issued to the Health Board.
 - The Strategic Financial Assistance review is in clearance and will be available for the next meeting of the Audit Committee.
 - The Quality Governance review is also nearing completion, pending final factual accuracy checks.
 - A deep dive on digital systems is at draft stage.
 - Estates and corporate services audit work is currently at the fieldwork stage and progressing as planned.
 - Some reports were not ready for this meeting but would be presented to the next Audit Committee.
- **National publications and wider learning:**
 - The Additional Learning Needs national review was published earlier in the month.
 - The Managing the Regional Integration Fund (RIF) report was published in the previous month.
 - Audit Wales' Annual Plan for Wales has since been published, outlining priority areas for the coming years.

Discussion:



- Members discussed the Regional Integration Fund review and noted that it built on previous work commissioned by Welsh Government, including links to earlier urgent and emergency care audits.
- Concern was raised regarding the findings of the Additional Learning Needs review, particularly around health inequalities and premature mortality for people with additional learning needs.
- Members agreed that such national reports should act as a trigger for local reflection and action, rather than being simply noted.

Assurance:

- Audit Wales confirmed that some organisations had undertaken patient-story deep dives or follow-up discussions in response to similar findings.

It was resolved that the Committee:

- **NOTED** the report
- **AGREED ACTION** to itemise within the Committee forward work plan to consider the implications of the Additional Learning Needs review in approximately six months, and whether further scrutiny or assurance work is required locally.

AC26.38 Audit Wales: BCUHB Structured Assessment 2025 report

Key points:

- The report provided a comprehensive assessment of governance, financial management and organisational effectiveness.
- Members noted the importance of developing a clear and structured response to the recommendations.
- It was highlighted that detailed prior consideration by the Audit Committee should inform subsequent discussion at Board level.

Assurance:

- Audit Wales confirmed that:
 - Financial statements **received an unqualified audit opinion**.
 - Performance audit reports, including Planned Care and Urgent and Emergency Care, had already been considered earlier in the year.
 - The Structured Assessment summary largely draws together conclusions previously reported.

It was resolved that the Committee:

- **NOTED** the report
- **AGREED ACTION** to liaise with Audit Wales to ensure a co-ordinated response to the Structured Assessment recommendations is brought to Audit Committee prior to Board consideration in future timetables (Cycle of Business).

AC26.39 Audit Wales: Draft Annual Audit Summary Report 2025–26

The Committee considered the Draft Annual Audit Summary Report.

Discussion:

- Members welcomed the proposal to publish Annual Audit Committee Assurance (AAA) reports within a short timeframe following meetings.
- The Head of Corporate Governance confirmed:
 - Publication commenced from 1 April.



- The first report has already been published.
- The aim is publication within seven days, subject to Chair sign-off.

Assurance:

- Accountability agreements were confirmed to be progressing, with the majority already signed and issued.

It was resolved that the Committee:

- **NOTED** the report.

AC26.40 Audit Wales: Draft Annual Audit Plan 2026–27

Key points highlighted by Audit Wales:

- Accounts were expected to be received on 30 May.
- Key audit risks identified included:
 - Risk of misstatement in expenditure and journal entries, particularly given forecast deficit pressures.
 - Capital expenditure underspend earlier in the year, with a concentration of spend late in the financial year.
 - Failure to meet the three-year financial duty, which will result in a qualified regulatory opinion.

Discussion:

- Members recognised the scale of the financial challenge but noted that the forecast deficit represented a relatively small proportion of overall turnover.
- Senior officers highlighted:
 - Strong improvements in financial governance over recent years.
 - Timely submission of accounts with no changes between draft and final versions.
 - A continued need to strengthen capital planning to reduce end-year delivery risks.

Assurance:

- The Committee acknowledged the high level of accuracy required by the audit materiality thresholds.
- Positive assurance was provided regarding the capability and performance of the finance team.

It was resolved that the Committee:

- **NOTED** the report and confirmed it was content with the proposed approach.

AC26.41 Counter Fraud Progress Report and Work Plan

The Head of Local Counter Fraud presented the Counter Fraud Progress Report and proposed work plan for 2026/27.

Members noted ongoing prevention activity, case management and engagement with staff, and welcomed the continued focus on fraud risk.

It was resolved that the Committee:

- **NOTED** the progress report; and
- **APPROVED** the Counter Fraud Work Plan for 2026/27.

AC26.42 Agree items for referral to Board/other Committees



The Committee considered key themes for inclusion within the AAA report to the Health Board arising from the meeting which included the pace and consistency of audit recommendation closure, the need for clearer governance and milestones for major programmes, improving assurance over declarations of interest through a risk-based approach, and strengthening committee oversight arrangements.

The Committee Chair emphasised the need for the organisation to implement a strongly articulated risk-based governance framework which provided clarity on scrutiny through Committees to the Health Board so that Members could have confidence in the Health Board's assurance processes.

AC26.43 Review of Meeting Effectiveness

Members reflected on the following

- Improvements were needed on report submissions to the deadlines requested.
- Effective assurance reporting was required in order to provide sufficient Member confidence that the Committee's work remained at strategic level and not operational.
- Timelines and end of year targets needed to be clearly articulated and understood by members. It was important that *"in order to know the destination, the journey had to be understood"*.
- Attention was drawn to the role of the maturing Executive Delivery Groups which would provide improved line of sight to the Executive Committee.

AC26.44 Date of the next meeting : 23.6.26

Resolution to exclude the Press and Public

"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."