

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Confirmed Minutes of the Audit Committee**  
**held in Public on 5 November 2024**  
**in the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Karen Balmer	Independent Member (Chair of Audit Committee)
Urtha Felda	Independent Member (Vice Chair of Audit Committee)
Dyfed Jones	Independent Member
Rhian Watcyn Jones	Independent Member ( <i>via Teams</i> )
<b>In Attendance</b>	
Russell Caldicott	Interim Executive Director of Finance
Pam Wenger	Director of Corporate Governance
Andrea Hughes	Interim Finance Director - Operational
Glesni Driver	Head of Covid-19 Inquiry and Thirlwall Inquiry
Dave Harries	Head of Internal Audit
Nicola Jones	Deputy Head of Internal Audit
Fflur Jones	Performance Audit Lead, Audit Wales
Michelle Phoenix	Financial Audit Manager, Audit Wales ( <i>via Teams</i> )
Matthew Joyes	Deputy Director for Legal Services
Eifion Jones	Deputy Head of Internal Audit Specialist Services Unit ( <i>via Teams – part meeting</i> )
<b>Committee Support</b>	
Philippa Peake Jones	Head of Corporate Affairs
Laura Jones	Project Support Manager (Corporate Governance)

### **PRELIMINARY MATTERS**

#### **AC24/142 Welcome and Apologies**

The Chair of the Committee welcomed everyone to the meeting and apologies were received for Andrew Doughton, Performance Audit Manager, Audit Wales.

#### **AC24/143 Declarations of Interest**

No declarations of interest were raised at the meeting.

#### **AC24/144 Unconfirmed Minutes of Meetings held 12.09.24**

There was discussion around the new style of minutes, it was agreed that the style is easier to understand and it was confirmed that the new format is also being tested with the Planning, Population Health & Partnerships Committee before being rolled out.

It was resolved that the Committee:

- **APPROVED** the new style of minutes for use by the Audit Committee.

- **AGREED** that the minutes of the meetings held on 12.09.24 were a true and accurate record subject to Urtha Felda being noted as Vice Chair of the Committee and Rhian Watcyn Jones being spelt without a hyphen.

## AC24/145 Matters Arising and Action Log

### Annual Timetable 23-24 Draft Final Accounts

- There was discussion around action **AC24.43.6** relating to Welsh Risk Pool payments and noted that this item is included on the agenda. It was highlighted that the Quality, Safety & Experience Committee (QSE) recently received a report based on “learning from events” which links with the Welsh Risk Pool payments and the need for the Committee to be assured that there is a robust process in place. It was confirmed that from 1<sup>st</sup> October 2024, the Legal Function has been moved into the portfolio of the Corporate Governance Directorate and the Director of Corporate Governance has agreed to become the NHS Representative on the Welsh Risk Pool Committee. Historic practice has resulted in Welsh Risk Pool penalties being received as the evidence of learning has not been provided in a timely manner and work is taking place to improve processes and systems. It was confirmed that the next QSE Committee will receive a position statement regarding claims and historic items and a QSE Sub Committee may be developed to focus on litigation and risk in terms of oversight and governance.

### Effective Governance – IHC Central Final Internal Audit Report

- There was discussion relating to action **AC24.94.9** and the appendices shared with the Committee for information. It was confirmed that there was a deep dive into complaints performance at the last QSE Committee and the documentation would be shared with the Committee for information. It was also confirmed that the Central IHC are due to join the next meeting of the Committee to provide assurance on the impact of the action being taken in relation to complaints.

### Actions:

- AC24/145.1 In relation to action AC24.94.9 it was agreed that the Head of Corporate Affairs would circulate the Complaints Improvement Deep Dive from the October QSE Committee outside of the meeting.
- AC24/145.2 In relation to action **AC24.101.13** it was agreed that the Director of Corporate Governance would share the paper that went to the Performance, Finance & Information Governance Committee (PFIG) regarding the role of the Trusted Assessor outside of the meeting.

The Committee reviewed the action log and agreed to close the following actions: **AC24.45.9, AC24.100.12, AC24.100.16, AC24/118.1, AC24/119.1, AC24/119.2, AC24/120.1, AC24/122.1, AC24/123.1, AC24/123.2, AC24/123.3, AC24/124.1, AC24/124.4, AC24/125.1, AC/126.1, AC24/127.1, AC24/127.3, AC24/128.1 & AC24/129.1**

## GOVERNANCE

### AC24/146 Update Report on Internal and External Audit Recommendations

Members received the report and noted the progress made. In presenting the report, the Director of Corporate Governance highlighted:

- The amount of detail included in the report for transparency noting that the team are currently dealing with historical recommendations and this work is being completed with support from Internal Audit.
- The first part of the report focuses on the position in terms of the 52 recommendations considered for closure.
- The report also includes a full update in relation to 'no' assurance and 'unsatisfactory' assurance recommendations as well as a rolling programme relating to 'limited' assurance by Executive stating that the Committee are asked to note the position in terms of progress.
- The team are starting to see some downward trends and movement in terms of recommendations.
- The second part of the report focuses on proposals relating to historic recommendations, the team have reviewed all recommendations received via Internal Audit, External Audit and Structured Assessment and highlighted a number of proposals for consideration by the Committee.

In discussing the report, the Committee:

- Noted the position in terms of sign off within the Office of the Medical Director stating that this issue has also been raised in other areas and these recommendations are currently being signed off by the Chief Executive. It was also noted that the Chief Executive has retained responsibility for additional recommendations including Health and Safety and the Operating Model.
- Confirmed that additional support is being provided for the Chief Operating Officer (COO) to progress recommendations and suggested the COO attends the next meeting to present an update and provide assurance.
- Highlighted areas where responsibility may need to be reviewed and confirmed that work is ongoing to identify recommendation owners.
- Referred to the number of recommendations considered for closure and returned by Internal Audit due to the lack of evidence provided. It was confirmed that all Executives have a responsibility to provide sufficient evidence and those that are returned remain in the table as pending and won't be closed until they have been through an additional process.
- Noted that the remaining two open 'no' assurance recommendations have now been approved for closure by the Executive Team, and will be submitted to Internal Audit for final review. There are now no open 'no' assurance recommendations.
- Reflected that the information being provided is more transparent and there is an improvement in assurance, the Head of Covid-19 Inquiry and Thirlwall Inquiry was thanked for the work completed.
- Approved four proposals as highlighted in the paper, these are in line with the approval process and the detail is included in appendix 4:
  - Pre-2022 recommendations marked as closed
  - Pre 2022 recommendations – other
  - 2022/23 Internal Audit recommendations marked as closed/implemented
  - Pre 2022 Internal Audit recommendations – other
- Noted the Audit Wales recommendations stating that an update on external audit recommendations will be presented to the next Committee for final closure approval along with a paper on progress against historic external audit recommendations.

**Actions:**

- AC24/146.1 Invite Imran Devji to attend the next meeting to provide an update on the Internal and External Audit Recommendations for the Chief Operating Officer.
- AC24/146.2 Bring a paper to the next meeting relating to external audit recommendations for closure approval and a paper relating to historic external audit recommendations.

It was resolved that the Committee:

- **NOTED** the current position with regards to open recommendations, those proposed for closure, and 'no', 'unsatisfactory' and 'limited' assurance recommendations.
- **APPROVED** the proposals within the report relating to historical recommendations and information from TeamMate.
- **NOTED** that a paper relating to external audit recommendations for closure approval will be presented to the January Audit Committee.
- **NOTED** that a paper relating to historical external audit recommendations will be presented to the January Audit Committee.

**AC24/147 Update on Outstanding Audit Recommendations**

Members received the presentation and noted the updated in relation to the outstanding audit recommendations for the Interim Executive Director of Finance. The presentation highlighted:

- The 'no' assurance audit report relating to the delivery of Health Board savings and concerns around consistency of reporting.
- Two out of the four key recommendations have been implemented.
- The team are reviewing opportunities for transformational savings and how these could deliver savings in the short term.
- The team have complied with all approved VERS applications in accordance with the requirements of the Remuneration Committee.
- The value and sustainability approach has been endorsed and a process established to report via the Value and Sustainability Group.
- The 'limited' assurance audit reports relating to water safety, budgetary control and charitable funds were discussed.
- In relation to the water safety audit, work has been completed to put actions in place, this includes a water continuity plan linking to Emergency Preparedness, Resilience and Response (EPRR).
- In relation to the budgetary control audit, a budget managers handbook has been produced and work is taking place to ensure officers sign up to their budgets to provide a level of accountability, the work completed to date has seen a significant improvement in response.
- Budget training has been reinstated and provided to over 400 officers including Executives.
- In relation to the Charitable Funds audit, processes have been put in place to review allocation costs and provide a more controlled environment. A strategic plan has been endorsed and the team are reviewing ways to secure further fundraising such as initiating a staff lottery.

In discussing the report, the Committee:

- Discussed whether budget training is included as a mandatory training module and recorded on ESR, it was confirmed that completion is captured via the Finance team and

it was recommended that this is discussed with the Workforce team to determine how the training can be linked to the ESR system.

- Referred to the presentation provided by the Chief Executive on Foundations for the Future Programmes and the need to be aware of accountability arrangements, it was suggested that the presentation is shared with the Committee.
- Commented on the progress made in relation to Charitable Funds and the need to ensure the strategy links to the Health Board's medium and long-term plan.
- Suggested that having a staff lottery as a way of raising money could be seen as the Health Board promoting gambling and that this needs to be discussed further.
- Noted that the presentation has provided an assessment around the progress and steps being taken.

**Actions:**

- AC24/147.1 Share the Interim Executive Director of Finance update presentation on open audit recommendations.
- AC24/147.2 Work with WOD to understand how budgetary training can link in with ESR.
- AC24/147.3 Share the Budget Managers Handbook with the Committee.
- AC24.147.4 Share the presentation from the CEO on Foundations for the Future Programme with the Committee.
- AC24/147.5 Urtha Felda and Dyfed Jones to discuss the suggestion of a Health Board Lottery.

It was resolved that the Committee:

- **NOTED** the progress as highlighted within the presentation.

**AC24/148 Welsh Health Circulars and Ministerial Directions**

Members received the report and noted the progress made to date. In presenting the report, the Director of Corporate Governance highlighted:

- The paper provides assurance around the process for Welsh Health Circulars and Ministerial Directions and requests the Committee agree the process and reporting cycle.
- As per the Annual Governance Statement this has previously been reported annually however it was suggested the this is reported on a bi-annual basis to the Committee to monitor progress.
- This is a new report and the Head of Covid-19 Inquiry and Thirlwall Inquiry has been working with the Executives to develop this report.

In discussing the report, the Committee:

- Noted that Welsh Government circulate the Ministerial Directions as part of regulatory guidance and it is the Health Board's responsibility to comply.
- Agreed to receive the report bi-annually and ensure a report is produced towards the end of the year to inform the end of year position.
- Discussed the current system for receiving Ministerial Directions as not very efficient and suggested contact is made to determine whether this correspondence can be sent automatically to a central point.

It was resolved that the Committee:

- **APPROVED** the process for receiving Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) in the Health Board, and ensuring these are actioned as necessary
- **APPROVED** the reporting cycle on WHCs and MDs to the Audit Committee twice per year
- **NOTED** the current position regarding WHCs and MHDs received from 1<sup>st</sup> April 2024 to 31<sup>st</sup> August 2024.

### AC24/149 Declarations of Interests / Gifts & Hospitality

Members received the report and noted the progress made to date. In presenting the report, the Director of Corporate Governance highlighted:

- A limited assurance report has previously been received in relation to declarations of interest and it is important for the Committee to be aware of the processes and governance relating to this.
- Further work is required in relation to declarations of interest and gifts & hospitality as the findings from the audit highlighted the lack of focus on monitoring of standards of business conduct.
- A historic system was purchased and not implemented effectively therefore the team are working to address the recommendations and have the opportunity to review the system going forward.
- A position statement has been provided and work is ongoing to link declarations of interest to PADRs and review the current policy to align with NHS Wales.

In discussing the report, the Committee:

- Discussed the figures included in the report and the need for the PADR form to capture declarations of interest and ensure the information goes live on the system.
- Requested to see the data compared to those actually required to make a declaration % format so as to monitor progress.
- Queried whether all staff are required to provide an annual declarations of interest and how this information can be captured throughout the year as PADR are completed on an annual basis. It was confirmed that the figures are based on Band 8c and above but if other staff have an interest they should declare it, a flow chart has been developed and there will be ownership on individuals to provide live updates as requested.
- Stated that in the lead up to Christmas there is a need to focus on gifts & hospitality, this is a continuing process which links into charitable funds, work is ongoing and this needs to be reviewed on a regular basis.

It was resolved that the Committee:

- **RECEIVED** the report for assurance

### AC24/150 Minor Changes to Scheme of Delegation

Members received the report and noted the changes to the scheme of delegation. In presenting the report, the Director of Corporate Governance highlighted:

- There has been a transfer of Legal Services to the Director of Corporate Governance, this will ensure the right delegation is in place.
- A wider review of the Scheme of Delegation will be presented to the Committee in January 2025.

- The Committee were requested to agree the changes which will then be ratified by the Health Board.

It was resolved that the Committee:

- **SUPPORTED** the changes to the Scheme of Delegation for onward consideration and approval by the Health Board.

### AC24/151 Response to Freedom of Information Request

Members received the report and noted the response to the Freedom of Information Request. In presenting the report, the Director of Corporate Governance highlighted:

- The Committee received a verbal update in private at the last meeting in September 2024.
- Ongoing contact has been made with the individual who submitted the FOI request.
- The elements addressed from a governance and assurance perspective are around the processes in place and concerns regarding the scheme of delegation.
- The Committee need to be satisfied that the scheme of delegation process is appropriate and that further work will go via the Performance, Finance & Information Governance Committee in relation to funding and the benefits of the historic arrangement.
- Detailed investigation has taken place, there are currently no areas of concern and a further review will be completed once the Head of Counter Fraud starts in post.

In discussing the report, the Committee:

- Queried whether a full evaluation will be shared within the public domain, it was confirmed that the item is being discussed in public to provide transparency and governance and an evaluation including next steps will take place.
- Enquired at what point does the Health Board reach a conclusion with the request, it was stated that there are some further elements to work through to ensure the Audit Committee and the Board are satisfied that all areas have been addressed and the Health Board will then be able to confirm a position.
- Queried whether the Information Commissioner had been involved, it was confirmed that this would be completed.
- Confirmed that members of the Committee were assured that in depth investigations have been taking place and transparency had been provided.

#### Actions:

- AC24/151.1 A full evaluation report to be presented at the next Audit Committee.
- AC24/151.2 Gain the opinion of the Information Commissioner on the FOI.

It was resolved that the Committee:

- **CONSIDERED** and **REVIEWED** the governance of the response to an FOI request related to the Health Board's partial funding of the Centre for Mental Health and Society (CfMHaS).

*Matthew Joyes and Eifion Jones joined the meeting*

### FINANCIAL FOCUS

#### AC24/152 Conformance Report: Q2 2024/25

Members received the report and noted the progress made in relation to the Conformance Report. In presenting the report, the Interim Finance Director, Operational highlighted:

- The report is a comprehensive document which includes clear metrics highlighting the sustainability of a level of improvement and the realisation of benefits such as single tender waivers.
- In relation to purchase orders, significant improvements have been made in relation to the number and value of breaches.
- The All Wales letter relating to requisitions has been shared with all budget managers to reiterate the expectation to raise requisitions in advance.
- IProcurement refresher training sessions have been offered to all staff with an Oracle log on and over 400 staff have completed the training to date.
- The year to date achievement in relation to the Public Sector Payment Policy for non-NHS invoices is around 96%.
- In relation to the contract procurement review, out of the 24 actions provided by Internal Audit, 22 actions have now been closed with 2 remaining open.
- One open action relates to financial procedures where significant progress has been made, a desktop review of procedures has been completed and the team have engaged with Internal Audit and Charitable Funds.
- In relation to the open action regarding the contract register, the team have met with all Divisions to discuss the required minimum data set and evidence has been received from the majority of teams.
- The table illustrating the losses and special payments for approval was provided to the Committee.

In discussing the report, the Committee:

- Considered the narrative included in the Executive Summary referring to staff overpayments and it was agreed that this needs to be consistent and further work is required with Workforce colleagues to manage this issue. It was also suggested that a more in depth review could be completed in a future private session.
- Noted the number of PO breaches regarding non pay and confirmed that these relate to areas such as out of area placements and insourcing of radiography.
- Discussed how debts can be recovered from overseas visitors and confirmed that the relevant information has been provided to the Home Office to allow charges to be placed against individuals' passports.
- Suggested that further information is included in the table in section 3 to highlight movement in the number of claims outstanding and progress made.

#### **Actions:**

- AC24/152.1 Provide an update on payroll procedures and the public sector payment policy at a Private meeting if the issues are not resolved.
- AC24/152.2 In section 3 of the report include a movement column in the table to highlight new, current and resolved cases.

It was resolved that the Committee:

- **NOTED** and **DISCUSSED** discuss the elements of performance highlighted in the report.
- **APPROVED** the Losses and Special Payments (July to September 2024).

## AC24/153 Penalties from the Welsh Risk Pool

Members received the report and noted the information provided. In presenting the report, the Deputy Director for Legal Services highlighted:

- His change in role to Deputy Director of Legal Services which will allow greater focus on managing the Legal function across the organisation.
- The requirement of the team to submit a Learning from Events Report form along with supporting evidence to the Welsh Risk Pool within four months of settling a claim as a process to try and reduce incidents from reoccurring.
- Penalties of between £2.5k and £25k are arranged for any late submissions, last year the Health Board incurred four penalties and this year to date have incurred three penalties.
- The cause of the penalties this year have been incurred due to delays in providing the required information for the Learning from Events Report and the detail was included in the report.
- The transfer of Legal into the Corporate Governance team will allow the team to review plans in place and make amendments to the current policies and processes.
- A new integrated concerns policy was implemented in September 24 to manage concerns more effectively and this should help the teams to provide evidence of learning.

In discussing the report, the Committee:

- Noted that at any one time there are approximately 900 open claims across the organisation and around 200 claims are concluded per year.
- Suggested that learning is not being sufficiently embedded if similar issues are coming through the system therefore there is a need to test whether the learning has been embedded. It was agreed that the link to learning is key and ensuring the evidence of learning is provided at the point of incident rather than at the end of the claims process.
- Queried the timescale of the review and whether a deep dive would be useful, it was confirmed that the process is being improved and there is a need to review this at divisional level.
- Highlighted this as a potential financial risk due to the value of the penalties, queried how this is monitored to ascertain the specific charges and suggested further information is presented to the next meeting.
- Emphasised the intention to be transparent in terms of the current position and financial exposure of the risk and suggested this could form part of the Conformance Report.

### Actions:

- AC24/153.1 As part of the process and review of Legal Services look at quality and a potential Deep Dive.
- AC24/153.2 Review the penalties incurred via the Welsh Risk Pool in terms of risk and financial implication and bring this back to the Committee in January 25. Assess whether this information could form part of the quarterly Conformance Report going forward.

It was resolved that the Committee:

- **NOTED** the content of the report

## INTERNAL AUDIT

### AC24/154 Internal Audit Progress Report

Members received the report and noted the progress in relation to Internal Audit. In presenting the report, the Head of Internal Audit highlighted:

- New Global Internal Audit Standards are being introduced by the Institute of Internal Audit from 1<sup>st</sup> January 2025 and these will be applicable to the Public Sector from 1<sup>st</sup> April 2025.
- A new reporting template has been introduced and rolled out across the organisation for use from 1<sup>st</sup> October 2024.
- The team are engaging with managers to discuss management responses which is starting to provide a quicker turnaround time.
- In relation to audit reports, four have been finalised since the last meeting with two in draft and seven due to be finalised by the end of November.
- Evidence has been provided for forty nine recommendations, twenty have been closed, twelve require further evidence and seventeen are outstanding.
- The management response rate has dropped and the team are engaging with managers to discuss responses as part of the new process with the aim to provide a quicker turnaround time. It was requested that Independent Members are updated where managers fail to respond.
- An update on the audit of the Llandudno Orthopaedic Surgical Hub was provided by the Deputy Head of Internal Audit Specialist Services Unit stating that there has been focus on progress and that this is part of a wider programme of work for the organisation.
- Limited assurance has been attained for some objectives and the reasons for this include minutes not being available, decision making not captured resulting in a lack of assurance, with regular updates not being provided to the Board or Committee on an ongoing basis.
- Concerns were raised in relation to the tender evaluation and approval process as details of value of money were not available along with concerns that documented formal approvals were not obtained for the main works contract.
- An update on the Value Based Healthcare audit was provided stating that this has received a reasonable assurance rating and included a good level of tracking in terms of areas and schemes where money has been utilised although there is limited assurance on oversight via the Health Board to monitor the progress.
- An update on the Recruitment of substantive and interim executive and senior posts audit was provided stating that the Board did not formally appoint all Executive and other Board level Director posts.

In discussing the report, the Committee:

- Referred to the performance indicators and how the team plan to managed the timescales and reporting mechanisms going forward. It was noted that the management response time had dipped to 67% but that steps were in place to improve this.
- Highlighted that the Health Board do not currently have a process for managing Value Based Healthcare, it was confirmed that this work is in progress but not currently widespread across the organisation.
- Noted the concerns raised in relation to the tender evaluation and contract for the Llandudno Orthopaedic Hub and welcomed a review and further discussion outside of the meeting.
- Stated that the Llandudno Orthopaedic Hub report has been returned on a number of occasions due to the lack of required information within the management response and

noted that the project was developed under significant time pressures and that improved governance arrangements are now in place.

- Agreed that due to the lack of assurance in relation to the Llandudno Orthopaedic Hub that this should be noted by the Performance, Finance and Information Governance Committee and to invite Chris Stockport to join the January 25 meeting to provide an update.
- Noted that the Remuneration Committee have discussed the Recruitment of substantive and interim executive and senior posts audit in depth and the progress required in terms of the recommendations.
- Discussed the Corporate Legislative Compliance Fire Safety and agreed that Fire Safety training should be included as a Mandatory Training module rather than at staff discretion to ensure this is completed by the relevant members of staff, a review of the policy should also be completed.

#### **Actions:**

- AC24/154.1 Ensure Independent Members are updated with regard to failure for management to respond to Internal Audit Recommendations.
- AC24/154.2 Russell Caldicott and Dave Harries to meet outside of the meeting to discuss the findings of the Final Audit report on the Llandudno Hospital Orthopaedic Surgical Hub.
- AC24/154.3 Circulate relevant minute from the Health Board meeting in relation to the effective award of contract and delegation of approval of the Llandudno Hospital Orthopaedic Surgical Hub.
- AC24/154.4 Due to the lack of regular oversight of the Llandudno Hospital Orthopaedic Surgical Hub, note this via PFIG Committee and provide an update back to the Committee and invite Chris Stockport to join the January 25 meeting.
- AC24/154.5 Review the option to include Fire Safety Training within Mandatory Training rather than it being at staff discretion and also review the policy.

It was resolved that the Committee:

- **RECEIVED** the progress report.
- **NOTED** the introduction of the Global Internal Audit Standards from January 2025 with implementation in the Public Sector from 1 April 2025.
- **NOTED** the change in the internal audit report template.

*Eifion Jones left the meeting*

#### **AC24/155 Internal Audit Plan (Oct 24 to March 25)**

Members received the report and noted the Internal Audit Plan. In presenting the report, the Head of Internal Audit highlighted:

- The plan has been circulated to members outside of the meeting for consideration and feedback and had also been presented to the Executive Team where no changes were highlighted.
- Following consultation, the draft plan has not been amended and the Committee were requested to formally approve the plan.

It was resolved that the Committee:

- **APPROVED** the Internal Audit Plan 2024/25 – October 2024 to March 2025.



## EXTERNAL AUDIT

### AC24/156 External Audit Progress Report

Members received the report and noted the progress made to date. In presenting the report, the Financial Audit Manager and Performance Audit Lead for Audit Wales highlighted:

- The final accounts audit for 2023/24 has been completed, recommendations have been shared for consideration, a management response for all recommendations has been accepted and a report will come to the next meeting.
- Post project discussions have taken place with the Finance Team and the Director of Corporate Governance to capture the learning.
- Planning for the Charitable Funds audit has commenced and will be discussed at the Charitable Funds Committee on 12<sup>th</sup> November 2024.
- The performance audit update was shared and it was confirmed that work in underway in the following areas: Structured Assessment, Planned Care and Urgent and Emergency Care and an update will be provide at the next meeting.
- Over the next few weeks the team will focus on a deep dive into investment into digital systems and quality governance arrangements.

In discussing the report, the Committee:

- Referred to cost savings and budgets and it was confirmed that there is a need to reflect on how budgets are set and the work required to review overspends.
- Noted that the budgets have been set in a more coherent manner for this financial year.

It was resolved that the Committee:

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

## COUNTER FRAUD

### AC24/157 Local Counter Fraud Service Progress Report (Q2)

Members received the report and noted the Local Counter Fraud Service Progress Report. In presenting the report, the Interim Finance Director, Operational highlighted:

- This is the first time the Counter Fraud report has been presented in public.
- Danielle Timmins has been appointed as the Head of Local Counter Fraud Services and will commence the role on 1<sup>st</sup> December 2024.
- It was noted that the Counter Fraud policy was due to be updated in September and that this has been delayed.
- The Committee were made aware of the current key activities being completed by the Team which include a review policies and procedures and communication via media reports in relation to fraud deterrence.
- The need to ensure qualifications are valid when appointing staff members.
- The position at the end of Quarter 1 which highlights that five cases have been closed and there are currently thirty two open cases.

It was resolved that the Committee:

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

## FOR INFORMATION



### **AC24/158 Summary of Business to be Reported from Private**

It was resolved that the Committee **NOTED** the report.

### **AC24/159 Committee Forward Workplan**

It was resolved that the Committee **NOTED** the forward workplan for information.

### **CLOSING BUSINESS**

#### **AC24/160 Agree Items for Referral to Board / Other Committees**

It was resolved that this would be discussed outside of the meeting.

#### **AC24/161 Review of Meeting Effectiveness**

In discussing the item, the Committee:

- Noted the high quality of discussion and that challenge around relevant topics was conducted in a constructive way.
- Highlighted a good balance of agenda items.
- Noted the progress made by the Committee in a short space of time.
- Suggested the Committee would benefit from the attendance of Executive Directors going forward and that Executive Directors would not send a deputy and instead attend to support their team members.
- Agreed that the Interim Chief Operating Officer would attend the next meeting.

#### **AC24/162 Date of Next Meeting**

Audit Committee Development Session: Thursday 5<sup>th</sup> December 2024, 11.00-12.30

Audit Committee: Thursday 16<sup>th</sup> January 2024, 9.30-13.30

#### **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'*