

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Audit Committee
held in Public on 8 May 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Karen Balmer	Independent Member (Chair of Audit Committee)
Urtha Felda	Independent Member (Vice Chair of Audit Committee)
Rhian Watcyn Jones	Independent Member
Dyfed Jones	Independent Member
In Attendance	
Sreeman Andole	Interim Executive Medical Director (<i>part meeting</i>)
Russell Caldicott	Executive Director of Finance
Nesta Collingridge	Head of Risk Management (<i>part meeting</i>)
Dave Harries	Head of Internal Audit
Fflur Jones	Performance Audit Lead, Audit Wales
Nicola Jones	Deputy Head of Internal Audit
Stuart Keen	Director of Environment and Estates (<i>via Teams</i>)
Michelle Phoenix	Financial Audit Manager, Audit Wales
Stephen Powell	Director of Performance & Commissioning (<i>part meeting</i>)
Carol Shillabeer	Chief Executive
Danielle Timmins	Head of Counter Fraud (<i>part meeting</i>)
Pam Wenger	Director of Corporate Governance
Angela Wood	Executive Director of Nursing and Midwifery (<i>part meeting</i>)
Committee Support	
Philippa Peake Jones	Head of Corporate Affairs
Laura Jones	Acting Corporate Governance Manager

PRELIMINARY MATTERS
<p>AC25/56 Welcome and Apologies</p> <p>The Chair of the Committee welcomed everyone to the meeting and no apologies were received.</p>
<p>AC25/57 Declarations of Interest</p> <p>No declarations of interest were raised at the meeting.</p>
<p>AC25/58 Unconfirmed Minutes of Meetings held 04.03.25</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • AGREED that the minutes of the meeting held on 04.03.25 were a true and accurate record.
<p>AC25/59 Matters Arising and Action Log</p>

Risk Report, Corporate Risk Register and Conformance Report

- In relation to actions AC25/33.3 and AC25/38.2 it was agreed that these would be closed at the next meeting once the Committee Development Session has taken place on 20.5.25.

Internal Audit Progress Report

- There was discussion around action AC25/39.1 relating to ESR and the financial establishment, it was confirmed that the posts are in existence, there is a negative line in the ledger for whole time equivalents and the Team are working to align this to the ESR data. The reconciliation of this issue will be reported via the Conformance Report and it was agreed to close this action and open a new action to monitor progress against the reconciliation.
- There was also discussion around progress in terms of job evaluation, the Director of Corporate Governance agreed to review this and provide an update back to the Committee.
- In relation to action AC24/154.5 regarding fire safety training there was discussion around compliance against mandatory training, it was confirmed that mandatory training is being discussed by the Executive Committee and progress against this should report into the People & Culture Committee. There was also discussion around the gaps that have been identified in relation to fire warden training, the Director of Environment and Estates confirmed that a discussion is due to take place on 02.06.25 with the fire safety holder to discuss duty holders and whether the current systems are fit for purpose. The Director of Environment and Estates will be undertaking a review of the fire safety policy to ensure it is fit for purpose. It was agreed to close the action and open a new action for a paper to come back to the August meeting highlighting a baseline position and the areas that need to be addressed.

Historical External Audit Recommendations

- A query was raised in relation to item AC25/08 from the January meeting as to whether the historic recommendations from 2022 have been closed. It was agreed that the Director of Corporate Governance would review and circulate an update outside of the meeting.

Revised Internal Audit Plan

- In relation to the follow up review of Falls Management it was confirmed that on site testing continues to take place across the sites, this is due to conclude shortly to allow the review to commence and the outcome will be reported back to the Committee in due course.

Update on Open Audit Recommendations – Final Audit Report on Llandudno Hospital Orthopaedic Surgical Hub

- There was discussion around action AC25/06.3 and the bank account for the project, it was confirmed by the Director of Environment and Estates that the bank account has now been set up with Natwest and the account details are available if required.

Actions:

- **AC25/59.1** Executive Director of Finance to monitor progress against the reconciliation of whole-time equivalents posts and ESR data and report back to the Committee.

- **AC25/59.2** Director of Corporate Governance to assess the progress of the Job Evaluation Process and report back to the Committee.
- **AC25/59.3** Compliance and progress against mandatory training to be reported into the People & Culture Committee and a paper highlighting a baseline position in relation to fire safety including the areas that need to be addressed to be presented to the Audit Committee in August.
- **AC25/59.4** Director of Corporate Governance to review whether the historic recommendations from 2022 have been closed and provide an update outside of the meeting.

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: AC25/33.1, AC25/33.3, AC25/38.1, AC25/38.2, AC25/38.3, AC25/38.4, AC25/40.1, AC25/06.3, AC25/07.1, AC25/10.1, AC24/127.4 and AC24/154.5

GOVERNANCE

AC25/60 Update on Outstanding Audit Recommendations

The Executive Director of Nursing and Midwifery gave a presentation and highlighted:

- There are three limited assurance reports which have overdue actions and relate to Falls Management, Lessons Learnt and Deprivation of Liberty Safeguards (DoLS) 2024.
- In relation to Falls Management, the Team are awaiting sign off in one area, there are plans to increase the amount of training being provided and there has been a significant increase to 76.63% in the current mandatory training compliance figures. The Executive Director of Nursing and Midwifery is working closely with the Director of Environment and Estates in terms of addressing the Health and Safety and Manual Handling issues.
- In relation to Lessons Learnt, the majority of the actions have now been put in place, the Team have been awaiting support to complete the last outstanding action to develop the learning repository and this is now due to be completed by 31 June 2025. A range of actions have also been taken to mitigate this risk including the implementation of bi-weekly thematic learning reviews across the Health Board to discuss key themes and lessons learnt with the wider teams.
- In relation to DoLS work has taken place to improve the quality of DoLS assessments. The Executive Director of Nursing and Midwifery is the Executive Lead for Safeguarding across Wales and is working on the Care Inspectorate Wales report relating to DoLS as well as developing an action plan for the Health Board utilising best practice.

In discussing the report, the Committee:

- Queried whether the lessons learnt are recurring or whether they are being embedded to provide sustained improvements. It was confirmed that there is a corporate risk based around lessons learnt, the repository will enable more agile and consistent working in this area and provide an extra level of assurance.
- Referred to the revised DoLS form that has been developed and it was confirmed that this is being trialled as part of the All-Wales work and provides a vast improvement in the quality of information being captured.

It was resolved that the Committee:

- **NOTED** the presentation.

AC25/61 Update on External and Internal Recommendations

Members received the report and noted the progress made to date; the Director of Corporate Governance highlighted:

- Appendix 1 contains a summary of the recommendations with rationale for closure, these have been signed off by the Executive Committee and will now go to Internal Audit colleagues for final approval. Progress is being made in this area and Internal Audit are monitoring this closely to ensure recommendations are not being closed prematurely.
- Appendix 2 contains a summary of all open 'unsatisfactory assurance' recommendations, some of these relate to the operating model and are being aligned to the foundation for the future programme and will remain open until further progress has been made.
- Appendix 3 highlighted progress against open 'limited assurance' recommendations which include Consultant Job Planning as an additional review requested by the Chief Executive.
- Appendix 4 contains all Internal Audit recommendations for the Committee to consider closing, these have been signed off and recommended for closure by Internal Audit.
- Appendix 5 highlights External Audit recommendations for Audit Wales and the Committee to consider closing. These relate to the Structured Assessment and the Review of Board Effectiveness; some are suggested as outstanding and additional evidence has been shared with Audit Wales.

In discussing the report, the Committee:

- Agreed that sufficient evidence has been provided for those Internal Audit recommendations proposed for closure.
- Highlighted that there has been a recent change in Internal Audit reporting where the Team are highlighting the required evidence when producing the management action to ensure Teams are aware of the requirements.
- Confirmed that the Internal Audit video has now been finalised and provides advice to staff in relation to the information required.
- Stated the need to identify the level of appropriate scrutiny by Executive Directors to ensure they are held accountable and also limit the amount of time spent following up on responses.
- Queried whether there is an escalation path in place as well as guidance to assist the production of high-quality reports. It was confirmed that the Teams do have access to the Chair and Director of Corporate Governance in terms of escalation and the Internal Audit video now provides information on 'what does good look like', this will be monitored as we move forward and evaluated as part of the wider governance hub.
- Queried the figures highlighted in the table in section 3.2.2 of the report "Limited Assurance Recommendations" and requested that this be updated to include the overall number of recommendations.
- Stated that Internal Audit are in the process of procuring software which has an escalation process and automated reminders embedded. This will allow a system for Executive Directors to use for review, will involve less manual work and will impact efficiency significantly.
- Queried whether Internal Audit reports can be shared via email, it was confirmed that these are published on the IMs Teams Channel however this process will be reviewed.

- Suggested that the External Audit recommendations remain open and come back to the next meeting, potentially in private session, for further discussion.

Action:

- **AC25/61.1** External Audit recommendations to remain open and come back to the next meeting, potentially in private session, for further discussion.
- **AC25/61.2** Update the limited assurance recommendations table to include the overall number of recommendations for future reports.

It was resolved that the Committee:

- **NOTED** the current position with regards to open recommendations, those proposed for closure, and 'unsatisfactory' and 'limited' assurance recommendations.
- **APPROVED** the Internal Audit recommendations outside the scope of the Internal Audit Charter put forward for Audit Committee closure approval.
- **AGREED** the External Audit recommendations would remain open and come back to the next Audit Committee.

AC25/62 Risk Impact of Overdue Policies

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

- The paper refers to a previous action to provide an update on the risk of overdue policies and the report has been reviewed by the Executive Committee.
- The Team are working to address the impact on clinical risk and the policy process is being reviewed and revised.

In discussing the update, the Committee:

- Stated that the request from the Committee was to review the policies with the highest risk and queried whether there are any risks in terms of compliance. It was confirmed that Executive Directors are being invited to provide updates to the Committee on their open audit recommendations which provides a review of progress.
- Confirmed that further work is required to refine the process and provide clear definitions in terms of a policy and a procedure.
- Requested a tracker is developed to monitor progress in terms of target completion dates and suggested the tracker could also be shared with other Committees.
- Stated that the IMTP refers to a governance hub and toolkit and the Internal Audit process will form part of this suite of information which is being developed.
- It was confirmed that an update on progress will come back to the next meeting.

Action:

- **AC25/62.1** Update on progress of the overdue policy process to come back to the next meeting with deadline / completion targets to be included.

It was resolved that the Committee:

- **NOTED** the position on all overdue policies.
- **NOTED** the risk impact of the current overdue policies.
- **NOTED** the proposals around reviewing overdue policies.
- **NOTED** the request for update information in relation to three outstanding policies.
- **AGREED** areas of escalation by Executive Directors.

AC25/63 Internal Audit Explainer Video and Communication Plan

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

- The revised Internal Audit video has been shared with the Committee along with the Internal Audit Reports via the IMs Teams Channel.
- The Communication Plan is being developed as part of a wider Plan to ensure good governance is being provided across the organisation and the progress will be evaluated by the Team.

In discussing the update, the Committee:

- Queried whether this information could form part of the induction programme for new managers, it was confirmed that the Director of Corporate Governance would discuss this further with the Director of People Services.

Action:

- **AC25/63.1** Director of Corporate Governance to discuss with the Director of People Services whether the Internal Audit video could be included as part of the induction programme for new managers.

It was resolved that the Committee:

- **NOTED** the Internal Audit explainer video presentation that has been developed.
- **AGREED** the communication plan detailed within this paper.

AC25/64 Corporate Risk Register and Board Assurance Framework

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

- The Corporate Risk Register is being presented to the Committee to provide assurance.
- Updates are provided on the target date extensions that have been amended and noted by the Executive Committee.
- The target date for the Urgent and Emergency Care risk has been extended, this has been discussed with the Risk Lead and reviewed by the Risk Scrutiny Group and the Quality, Safety and Experience Committee.
- The revised target date relating to the Operational Planning for Transmittable Diseases and Outbreaks risk has been challenged by the Planning, Population Health and Partnership Committee due to the external factors that impact this risk.
- In relation to the extended target date for the Oncology Services risk, this has been requested due to the action plan recently being developed and refined.
- A new risk has been opened to focus on Neurodevelopment Waiting List, this will report into the Quality, Safety and Experience Committee and Audit Wales are supporting the Team with this risk.
- Another new risk has also been opened to focus on External Recommendations and Response plans which will sit under the remit of the Audit Committee.
- In terms of overdue actions, the rationalisation plan is progressing and the amendments have been discussed and challenged by the Committees.
- In relation to the Board Assurance Framework this has been reviewed in terms of the level of assurance for all Committees and further work is required.

- The document has been discussed by the Risk Scrutiny Group and Executive Committee and agreed that all ratings are suggested as limited assurance and this will go to the Board in May 2025.

In discussing the update, the Committee:

- Queried whether the Audit Committee are able to own a risk as the Committee are required to provide an overview of risk management. It was acknowledged that assurance is being provided against a system of internal risks and it was agreed that a paper would come back to the Committee setting out the arrangements.
- Confirmed that the Executive Committee will be reviewing the Corporate Risk Register in detail to ascertain whether the appropriate actions are being provided against the correct risks.
- Discussed the timescales, actions and further information required in relation to some of the specific risks. It was confirmed that further work is required to provide further clarity in some areas.
- Confirmed that all actions due in March have now been completed apart from the risk relating to fragmented care records.
- Stated that an update on the Corporate Risk Register will be included in the Corporate Governance Report to the Board and the Committees will review the scores in due course to align these with the IMTP.
- It was agreed that a deep dive should be undertaken in relation to risks CRR21-22 Orthodontic Services and CRR24-25 Dermatology and Plastic Surgery Services.
- It was noted that in a number of risks that the additional controls required were statements rather than controls.
- Congratulated the Team on the work completed to date and the aim to continue to make improvements in this area.

Action:

- **AC25/64.1** A paper to be presented to the Committee setting out the arrangements for managing the risk relating to External Recommendations and Response plans.
- **AC25/64.2** A deep dive to take place in relation to risks CRR21-22 Orthodontic Services and CRR24-25 Dermatology and Plastic Surgery Services.

It was resolved that the Committee:

- **AGREED** the new risks CRR24-27 – Neurodevelopment Waiting List and CRR24-28 External Recommendations and Response plans.
- **NOTED** the Corporate Risk Register as reported to Risk Scrutiny Group Mar 25*

AC25/65 Breaches to the Standing Orders

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

- The report relates to the publication and compliance in relation to any breaches of the Standing Orders.
- Progress has been made but there are some areas of challenge, improvements are required in terms of the Annual Governance Statement and the Team are working to become more transparent with the reporting arrangements.

In discussing the update, the Committee:

- Queried the reporting mechanism as the list of breaches did not appear to be comprehensive. It was confirmed that the Team will review the anomalies and noted that the organisation has been in a challenging position.
- Confirmed that an intervention order was in place which allowed a revision to the compliance and timescales which allowed papers to be published five days in advance which included weekends. It was agreed that this would be reviewed and confirmed with the Committee.
- Requested that the Executive Directors lead by example and ensure papers are available on time.

Action:

- **AC25/65.1** Review the anomalies in relation to the list of breaches reported and confirm the reporting arrangements in terms of publishing papers.

It was resolved that the Committee:

- **NOTED** the breaches paper.

AC25/66 Declarations of Interest and Gifts & Hospitality Report

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

- An Internal Audit review has previously taken place to review this area of work and provided limited assurance. A follow up review has taken place and is being finalised, progress has been made however further work is required to enhance standards of practice.
- The work due to be completed will include re-establishing levels of assurance with support from Internal Audit, amending the monitoring process and reviewing the methods used by other Health Boards.

In discussing the update, the Committee:

- Agreed the need to reinform the appropriate gifts and hospitality the Health Board is willing to accept and monitor this more closely.

It was resolved that the Committee:

- **RECEIVED** assurance on the progress in the compliance with the Standards of Business Conduct Policy noting there will be further improvements to be completed during 2025/26.
- **NOTED** the update against the Internal Audit Limited Assurance Report.
- **NOTED** that improvement has taken place over the past year that Declarations of Interests and Gifts and Hospitality are being reviewed and monitored within the Health Board and that the new monitoring system functioning
- **AGREED** the changes to the monitoring arrangements as set out in the Policy.

AC25/67 Welsh Health Circulars and Ministerial Directions

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

- The Welsh Health Circulars and Ministerial Directions follow a process of reporting via the Annual Accountability Report.
- There is a legal obligation to implement Ministerial Directions, this is being collated as part of the improvement plans and a compliance report will be developed.

In discussing the update, the Committee:

- Suggested further information is required around recommendations and actions to provide assurance and suggested this could form part of the system being developed to form the governance hub.
- Queried why, in relation to some WHCs requiring immediate action, the actions were only partially complete for example WHC/2024/038 and WHC/2024/040 (plus others) and requested an update at the next meeting.
- Stated that there may be a Ministerial Directions from 2022 regarding prioritising children for surgery that the Health Board are not following. Urtha Felda agreed to share the detail with the Director of Corporate Governance outside of the meeting.

Action:

- **AC25/67.1** Urtha Felda to share the detail of the Ministerial Directions regarding prioritising children for surgery with the Director of Corporate Governance outside of the meeting.
- **AC25/67.2** Update on incomplete WHCs requiring immediate action at the next or a future meeting.

It was resolved that the Committee:

- **NOTED** the current position regarding WHCs and MHDs received from 1st September 2024 to 31st March 2025.

AC25/68 Audit Committee Self Assessment

It was agreed that this would be presented to the Audit Committee Development Session being held on 20 May 2025.

AC25/89 Response to Audit Enquiries Letter

Members received the report and the Executive Director of Finance highlighted:

- There is a requirement for the Health Board to complete a response to a series of questions from Internal Audit, some of which relate to the accounts and commentary is required from the Chair of the Committee.
- This is a standard document that is produced on an annual basis.
- The document has been completed ahead of schedule this year and is being shared with the Committee to note and endorse.
- The Chair concurred with the management response and thanked the Team for the prompt completion.

It was resolved that the Committee:

- **NOTED** and **ENDORSED** the response to the Audit Enquiries Letter.

INTERNAL AUDIT

AC25/69 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:

- There have been issues of compliance relating to policies and procedures.
- Two of the finalised reviews have been issued as reasonable assurance.
- Opportunities for improvement have been identified to provide further controls going forward.
- An additional review of 'Contract management and procurement review – Digital, Data and Technology Directorate' has been included in the 2025/26 Internal Audit Plan.
- A follow up review of the Contracted Patient Services – Quality and Safety arrangements has been agreed due to lack of progress made in relation to the agreed actions when the initial review took place in August 2023.

In discussing the update, the Committee:

- Acknowledged the Contracted Patient Services review and the Director of Performance and Commissioning committed to action the review within Quarter 1 of the financial year.
- Confirmed that meetings have commenced with a range of external providers, supply services and internal quality teams to ensure the quality issues are addressed and confirmed that the Quality, Safety and Experience Committee will have an additional focus on quality and commissioning. It was requested that progress against this review is reported back to the August meeting.
- Referred to the approval process of contracts and highlighted the challenge involved in managing the quality aspect of contracts with partner organisations, this is an area that needs to be addressed by the operational teams.
- Noted the contract award stating that documents relating to the levels of commissioning have had full visibility through the Executive Committee.
- Highlighted that the budget has been endorsed by the Health Board, the movement has been less than 10% therefore this did not need to go back to the Board but has been to the Executive Committee for assurance.
- Stated that there has been a difference of opinion in terms of the Scheme of Reservation and Delegation and it was agreed that the Executive Director of Finance and Head of Internal Audit would discuss this further outside of the meeting to align the process and gain clarity on the narrative.
- Referred to the reports and reviews that are currently work in progress highlighting the timelines for completion and also stated that only 45% of follow up reviews have been fully closed during 2024/25. It was agreed that there have been some improvements however there is a need to focus on increasing the follow up response rates.

Action:

- **AC25/69.1** Director of Performance and Commissioning to report on the progress of the follow up on the Contracted Patient Services – Quality and Safety arrangements at the August meeting.
- **AC25/69.2** Executive Director of Finance and Head of Internal Audit to meet and discuss the Scheme of Reservation and Delegation further to align the process and gain clarity on the narrative.

It was resolved that the Committee:

- **RECEIVED** the progress report.

Stephen Powell left the meeting

AC25/70 Final Internal Audit Reports

Members received the reports and the Interim Executive Medical Director provided an update in relation to the Clinical Audit Report highlighting:

- The review focussed on areas such as services within the Health Board that are working well and are compliant, culture across the organisation and the learning gained from unsatisfactory areas of work.
- There have been three tiers of audits and there is compliance against 24 out of the 27 audits. The lack of repository resulted in limited assurance as the audits do not align and this is being addressed.
- A Clinical Audit Delivery Plan is being developed to start to deliver improvements in this area.

In discussing the reports, the Committee:

- Queried what the key barriers are, it was noted that there is no pan BCU structure in place, there is a lack of resource and difficulty in evidencing areas of good practice. There is a need to ensure a repository is in place for people to access and provide oversight.
- Discussed whether clinicians should be completing clinical audits as part of their sessional work. It was confirmed that data should be implemented at a clinical level and clinical audits should be discussed during the clinical governance meetings however this is not being documented routinely.
- Stated that the Audit also relates to clinical nurses as well as doctors and suggested a similar process and methodology is followed that has been adopted for inquests and complaints.
- Raised concerns around assurance in terms of the quality of services and suggested this is discuss in more detail with the Director of Performance and Commissioning in terms of key performance metrics.
- Agreed that this is referred to the Quality, Safety and Experience Committee to ensure a robust Clinical Audit Plan for the Health Board is in place and this comes back to the Committee in due course to approve the Clinical Audit Plan and receive assurance as we track and monitor progress going forward.

Action:

- **AC25/70.1** Interim Executive Medical Director to take the Clinical Audit Plan to the QSE Committee and bring this back to the Committee in due course to approve the Clinical Audit Plan and receive assurance on progress.

It was resolved that the Committee:

- **RECEIVED** the final internal audit reports.

EXTERNAL AUDIT

AC25/71 External Audit Progress Report

Members received the report and the Performance Audit Lead and Financial Audit Manager highlighted:

- The Audit started earlier than planned this year and the Charity Accounts have now been signed off.
- Engagement with the teams has been very positive and followed a transparent process.

- The Remuneration report has been shared with Audit colleagues, the working papers and detail relating to salaries has been to the Remuneration Committee and the formal deadline is 9 May 2025.
- In relation to the Performance audit work it was confirmed that work continues to draft the reports relating to Urgent and Emergency Care, Planned Care and Use of the Strategic Financial Assistance.
- Fieldwork relating to a deep dive into the Digital Systems as part of the Structured Assessment has commenced and a deep dive into Estates will take place later in the year.
- The publication of the Cancer Services in Wales report and Lessons from our work under the Well-being of Future Generations Act have been shared for information.

In discussing the report, the Committee:

- Queried whether the Cancer Services in Wales report is an All-Wales review. It was confirmed that it was and is being shared with the Committee to allow members to be sighted on the All Wales response. This will be reviewed at a Health Board level later in the year.

It was resolved that the Committee:

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

AC25/72 Audit Wales Review on Cancer Services in Wales

This item was discussed as part of item AC25/71 External Audit Progress Report

COUNTER FRAUD

AC25/73 Local Counter Fraud Service Q4 Report 2024/25

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

- There has been a positive response to the Annual Counter Fraud Staff Survey, people are aware of the standard of business conduct and the policies that are in place however the number of responses was low.
- The staff survey is published on BetsiNet however it is difficult to get staff engaged as this is in addition to the Health Board staff survey therefore further work is required to increase the numbers and potentially link in with the wider staff survey.
- The Counter Fraud Functional Standard Return and Annual Report has seen a vast improvement with the submission receiving an overall green rating. There is one outstanding red action however there is a plan in place to address this.
- A draft report has been received following the engagement visit from the NHS Counter Fraud Authority, the report was positive and only included three recommendations. This will come back to the next meeting and will be included on the action tracker.

In discussing the report, the Committee:

- Referred to the amber and red rating in the Counter Fraud Functional Standard Return and queried how these move to a green rating. It was confirmed that the document reflects an honest indication, there are areas of improvement however the Team now have a more positive approach and plan going forward.



- Stated that the Counter Fraud Functional Standard Return will be discussed as part of the private Audit Committee being held on 20 May 2025.
- Wished Graham Jones well, and thanked him for his service and the work undertaken as part of the Counter Fraud team, ahead of his retirement.

Action:

- **AC25/73.1** Draft report following the engagement visit from the NHS Counter Fraud Authority to come back to the next meeting.

It was resolved that the Committee:

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

FOR INFORMATION

AC25/74 Summary of Business to be Reported from Private

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

AC25/75 Committee Forward Workplan

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

CLOSING BUSINESS

AC25/76 Agree Items for Referral to Board / Other Committees

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

AC25/77 Review of Meeting Effectiveness

In discussing the item, the Committee:

- Noted the full agenda however there were many important items included that required discussion and it was felt sufficient time had been allocated accordingly
- The conversation and challenge was positive and provided assurance in most areas.
- Acknowledged that it is helpful to have wider Executive Directors present for specific items to provide assurance.

AC25/78 Date of Next Meeting

Tuesday 24 June 2025, 9.30-12.30pm

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'