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Betsi Cadwaladr
University Health Board

**Betsi Cadwaladr University Health Board (BCUHB)
Minutes of the Audit Committee**

7 May 2024, Boardroom, Carlton Court, St Asaph

Present	
Name	Title
Karen Balmer	Independent Member (IM), Chair
Urtha Felda	Independent Member
Dyfed Jones	Independent Member - Via VC Link
Rhian Watcyn Jones	Independent Member - Via VC Link
In attendance	
Andrea Hughes	Interim Director of Finance, Operational Finance
Andrew Doughton	External Audit Manager, Audit Wales
Dave Harries	Head of Internal Audit
Dyfed Edwards	Health Board Chairman
Jody Evans	Corporate Governance Officer – Secretariat
Karl Woodward	Head of Counter Fraud
Matt Edwards	Audit Lead, Audit Wales
Nesta Collingridge	Head of Risk Management
Nicola Jones	Deputy Head of Internal Audit - Via VC Link
Pam Wenger	Director of Corporate Governance
Paolo Tardivel	Director of Transformation & Improvement (<i>Part Meeting</i>)
Philippa Peake Jones	Head of Corporate Affairs
Russell Caldicott	Interim Executive Director of Finance
Sjef Molmans	Local Counter Fraud Specialist



Agenda item	Action
AC24.57 PRELIMINARY MATTERS	
<p>AC24.57.1 Welcome, introductions and apologies for absence</p> <p>AC24.57.2 The Chair of the Committee welcomed everyone to the meeting, including the newly appointed Committee Member: Independent Member (RWJ)</p> <p>AC24.57.3 Apologies received from Nick Lyons – Executive Medical Director.</p> <p>AC24.57.4 – The Chair acknowledged the Head of Counter Fraud upon his upcoming retirement and long term membership on the Committee. The members and attendees expressed appreciation.</p>	
<p>AC24.57.2 Declarations of interest on current agenda</p> <p>AC24.57.2.1 No declarations of interest were made at the meeting.</p>	
<p>AC24.57.3 Minutes of previous meeting for accuracy</p> <p>AC24.57.3.1 RESOLVED: That; accordingly, the Minutes of the last meeting held on 15th March 2024 were confirmed as a correct record, subject to the change of the word "review" to "conclude" in the reference: AC24.44.1.3.</p>	JE
<p>AC24.57.4 Action Log and matters arising not covered on the agenda</p> <p>AC24.57.4.1 RESOLVED: That; updates to the summary action log be recorded therein. It was agreed to combine the actions in relation to the internal audit tracker and to keep this on the log until the Audit Committee were satisfied of the progress.</p> <p>AC24.57.4.2 The Director of Corporate Governance summarised the new approach to populate the Action Log, in advance of each Committee meeting.</p> <p>AC24.57.4.3 A brief discussion followed, with regards to Committee Chair oversight, communication and perspectives within the Health Board between the Committees.</p>	



<p>AC24.57.5 Notification of matters referred from other Committees</p> <p>AC24.57.5.1 There were no matters referred from other Committees noted at the meeting.</p> <p>AC24.57.5.2 Chair expressed the need for clarity, to the agenda item title. The Director of Governance clarified the approach with regards to Committee Chair oversight.</p>	
<p>AC24.57.6 To note the items considered in the In-committee Audit Committee on 15th March 2024</p> <p>AC24.57.6.1 – The Committee noted the items considered at the Private Audit Committee session held on 15th March 2024.</p> <p>AC24.57.6.2 The Director of Corporate Governance reported at future Committee Meetings, there would be a brief written report, listing the agenda items taken in “Private Session” to follow the stance of other Health Boards.</p> <p>AC24.57.6.3 It was agreed to update the terminology from “In committee” to “Private” in all Board and Committee Minutes and Agendas for consistency.</p> <p>AC24.57.6.4 It was further noted that the Counter Fraud Report was to be considered for incorporation within the public meeting in future where appropriate.</p>	<p>PW/PPJ</p> <p>PW/PPJ</p>

AC24.57.7 Audit Tracker: progress recommendations against External & Internal Audit Reports

AC24.57.7.1 The Director of Corporate Governance presented the report, and it was agreed the way in which the tracking report was presented to the Committee was too complex and therefore, as part of refining and simplifying the approach, the report was the first iteration and invited comments from members of the Audit Committee. It was recognised that the system was evolving and it was confirmed that there was a standard operating procedure under development to simplify the system.

AC24.57.7.2 The Director of Corporate Governance also reiterated the need for Executive Directors to have oversight and accountability, with regards to recommendations and timescales to provide updates to responses and closures.

AC24.57.7.3 The Committee recognised the work underway and the frustration of the Internal Audit Team, in terms of updates and closures to recommendations.

AC24.57.7.4 Feedback was invited from the Committee attendees and members.

AC24.57.7.5 External Audit Leads emphasised the need for a clearer process for monitoring timeliness, performance, and principles on a case-by-case basis. It was agreed that the process for financial audits needed to be different to the proposal in 2.1 of the report. They acknowledged the challenges of an informal process and the need for tighter timescales, which would be raised with the Committee Finance Leads.

AC24.57.7.6 The Head of Internal Audit expressed satisfaction with the standard operating procedure development, which could also strengthen engagement and facilitate escalations. The Committee also noted the lack of engagement from officers therein the past year, with regards to various outstanding recommendations.

AC24.57.7.7 An Independent Member (IM – RWJ) expressed her interest concerning the Tracking process, and voiced apprehensions about the small typeface and layout of the report’s appendices. Consequently, it was agreed to review the report to enhance future versions, in terms of readability.

AC24.57.7.8 The Health Board Chair expressed satisfaction with the upcoming simplified process, whilst acknowledging the ongoing work and dangers of non-implementation of actions. The Committee agreed that relevant Executives should be held accountable for overdue recommendations and called to Committee as and when required.

AD-RC/AD

PW



AC24.57.7.9 The Director of Corporate Governance recognised and agreed the points raised, in relation to the historic format and position statement overview. It was confirmed that the Director and the Head of Internal Audit had discussed the system and format of the report content, along with the direction of travel. A brief overview was provided in terms of the updated report format, which was under review. The Director invited questions in relation to the closure of the recommendations presented.

AC24.57.7.10 The Chair acknowledged the ongoing work and the streamlined approach. It was agreed for Chair and the Director of Corporate Governance to agree the flow of live recommendations in relation to Appendix 7 in the form of a simple table and for increased time upon agendas for reporting of updates.

AC24.57.7.11 The Head of Internal Audit apologised for the backlog of closures and the Committee acknowledged the high level of limited assurance reports generated at year end. It was recognised that a reduction of recommendations was demonstrated, but severity of findings had increased. The importance of embedding governance of policies and procedures was raised for future reporting compliance.

AC24.57.7.12 The Health Board Chair acknowledged the steep learning curve and the emphasis to close off historic actions. The Interim Executive Director of Finance expressed the importance of current Executive Leads engagement and new timeframes. An Independent Member (DJ) also commented upon the need for clear reporting and of the format being updated.

AC24.57.7.13 The Head of Internal Audit confirmed the Team was open to discussion with Executive Leads, on mitigation controls and reasonable closures of recommendations. The Committee agreed that the focus was on reducing outstanding recommendations to improve the system of internal control.

RESOLVED: The Committee

- Considered the proposed new processes around the introduction of new External and Internal Audit Reports, along with the new audit recommendation closure approval process and development of a Standard Operating Procedure.
- Noted the current position regarding open recommendations and those proposed for closure, and limited assurance recommendations.
- Approved the closure of the January recommendations approved for closure by Internal Audit.
- Approved for closure those recommendations which did not fall within the audit charter for internal audit approval.
- Noted the Audit recommendations proposed for closure - to be presented to Internal Audit for review.
- Noted current positions of overdue audit recommendations.

KB/PW



<p>AC24.57.8 Special Measures Update Paolo Tardivel - Director of Transformation & Improvement presented the update to the Committee.</p> <p>AC24.57.8.1 The Director summarised the overview of activity, and transition from the initial Stabilisation Phase and development of the longer-term plan.</p> <p>AC24.57.8.2 The overview also provided an update on the Special Measures response, Annual Planning Cycle, as part of the development of the 3-year plan, as agreed at the March Health Board Meeting.</p> <p>AC24.57.8.3 The Committee also received a summary update, against the Independent Reviews and conclusion of the discovery phase.</p> <p>AC24.57.8.4 The Director of Governance commented upon tracking of Special Measures through Committees, in relation to the context of the Annual Plan. A discussion took place and it was agreed to review the tracking process through the Committee structures in order to maintain oversight.</p> <p>RESOLVED: <i>The Committee</i> noted and received acceptable assurance for the Special Measures update and its transition into the Annual Delivery Plan, in terms of reporting, and the update regarding Independent Reviews.</p>	<p>PW/PT</p>
<p>AC24.58 RISK MANAGEMENT (including Board Assurance Framework)</p>	

**AC24.58 Risk Management*****Pam Wenger, Director of Corporate Governance******Nesta Collingridge, Head of Risk Management***

AC24.58.1 The Head of Risk Management presented the report and updated the Committee on the Chairs Assurance from the Risk Management Group held on the 9th April 2024, where the group reviewed the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) along with the emerging risks.

AC24.58.2 The Committee noted 2 key changes to the BAF; which included a scoring of 20, in relation to an Estates risk report, based on Annual Plan Deliverables. In addition, the Leadership risk aligned to the Annual Plan Deliverables was reduced to 12, which had been based on achievements to the milestones. Attention was also drawn to risk ref CRR24-16 - Leadership, which was to remain at a 16.

AC24.58.3 Members and attendees also noted the update in relation to the CRR; "Safeguarding" and a reduction in scoring from 16 to 12. It was noted that risk would continue to be monitored.

AC24.58.4 The Committee were informed of a forthcoming Risk Management workshop, to include Board Members in identifying BAF risks and objectives. It was also noted that Committees continue to review assurance updates, as aligned to their sphere of activity and monitoring oversight.

AC24.58.5 The Director of Governance drew attention to the progress of Risk Management and the plans in alignment to the Risk Management Framework and BAF. It was noted and agreed to; establish the requirement to review the reporting updates of the Risk Management Group, through to Executive Team Meetings. The frequency in relation to reporting of BAF and CRR at Committees, was taken as an action for review.

AC24.58.6 A discussion took place in relation to oversight and function of the controls and updates to Committee Meetings. It was noted that discussions would continue at the Board Workshop, in order to discuss and review format and contents.

AC24.58.7 Emphasis was raised on defining objectives, and setting expectations of the strategic objectives and measurement at year end, by the Head of Internal Audit. The Director of Corporate Governance acknowledged the point, that the long-term strategy and goals of the BAF include the review of the definitions, to ensure that they are SMART in nature.

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AC24.59 Breaches of SFIs and Scheme of Delegation	
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AC24.59.1 No update received. Item taken within Private Session.	
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**AC24.59.2 23/24 Annual Conformance Report****(1 April 23 - 31 March 24)*****Russell Caldicott - Acting Executive Director of Finance******Andrea Hughes - Interim Director of Finance, Operational***

AC24.59.2.1 The Interim Director of Finance – operational, introduced the report, and provided the verbal overview of the key items.

AC24.59.2.2 The Committee noted the year-end report relating to the performance figures. The Committee also discussed items of non-compliance in relation to Purchase Orders with Standing Financial Instructions, the E-Waiver System Developments and Single Tender Waivers.

AC24.59.2.3 Receivables and conformance with payroll procedures had also been noted, along with Payables and conformance in relation to the Public Sector Payment Policy. The Committee Chair also discussed with the Interim Director of Finance the consequential loss of £1,519.08, pending final repair works. The Interim Executive Director also commented upon areas where queries arose.

AC24.59.2.4 An Independent Member (RWJ) referred to compliance with procedures in terms of financial instructions and procurement, and acknowledged that movement was in the right direction.

AC24.59.2.5 The Independent Member also queried overpayments being created via the payroll system. The Interim Executive of Finance confirmed that overpayments had been made as a result of the staff member not having been removed from the system. It was highlighted for termination documentation to be timely upon departure, in order to prevent further payments being made.

AC24.59.2.6 The Head of Internal Audit and Chair of the Committee referred to outliers in relation to Purchase Order (PO) breaches. The Interim Executive of Finance provided an overview into the circumstances and reduction in compliance with policies and procedures, which was being raised within the wider leadership teams in relation to training and development.

AC24.59.2.7 The Chair and Interim Director of Finance briefly discussed payables and the comparison of the detail, value and volume, to the previous year end, it was agreed for the Interim Executive Director to communicate the detail to the Chair following the meeting.

AC24.59.2.8 Chair also queried a losses and special payment item from the year 2008/9 relating to the resolution. It was confirmed that the item was “open” in status.

RC



AC24.59.2.9 The Director of Corporate Governance acknowledged the new e waiver system and the significant reductions, The Interim Executive Director of Finance confirmed that the details of approvals were incorporated therein the report within appendix 1, which allowed for oversight and assurance.

AC24.59.2.10 The Health Board Chair thanked the Finance Team for their significant work, and emphasised the importance of learning and development in the future.

AC24.59.2.11 The Chair of the Committee also drew attention to the e waiver system and noted that there were some concerns raised in a previous Internal Audit report. The Head of Internal Audit clarified that the review had been undertaken in October 2023 and progress had been made since the report had taken place. The Head of Internal Audit stated that the expectations of the system was being tested in due course for assurance by Internal Audit accordingly, in order to mitigate risks aligned to the system processes.

AC24.59.2.12 Following discussion, the Interim Executive Director of Finance strongly advised the committee that the Health Board would not revert back to the paper based system. The Committee agreed.

AC24.59.2.13 An Independent Member (RWJ) referred to the table of debts, it was suggested to brief the Committee within Private Section, in response to the repayment system.

AC24.59.2.14 Chair raised a final query in relation to the table showing the payable balances over 6 months old, with regards to a debt due within the 2022/2023 financial year. It was confirmed that additional correspondence detail in the further action column was to be included within a Quarter 1 update report to the Committee to provide evidence of progress.

RC

RESOLVED: The Committee noted and discussed:

- Non-compliance of Purchase orders with Standing Financial Instructions.
- The E-Waiver System Developments and Single Tender Waivers.
- Receivables and conformance with payroll procedures.
- Payables and conformance with Public Sector Payment Policy.
- The Committee approved the Losses and Special Payments Report from (January to March 2024) and the Committee approved a consequential loss of £1,519.08.



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<p>AC24.59.3 Agree the content of the Annual Accounts meeting of the Audit Committee (Meeting to be held on 21 May 2024)</p> <p>AC24.59.3.1 The Committee discussed and agreed the draft end of year content for the Private Meeting scheduled for 21 May 2024. It was confirmed that it was not a Workshop or Development Session.</p> <p>AC24.59.3.2 It was agreed for the Draft Annual Governance Statement (AGS) be provided in advance of the meeting, to Internal and External Audit for comment. It was also agreed to provide the full submission of the AGS to the July 2024 Committee Meeting.</p> <p>AC24.59.3.3 The Head of Counter Fraud informed the Committee that the Functional Standard Fraud Return was to be approved by the Committee Chair and Interim Executive Director of Finance by 31st May. Due to the Chairs leave the Chair needed to approve the return by 21st May 2024. It was agreed for the item to be included within the 21 May Committee meeting for wider discussion. .</p>	<p>PPJ/PW</p> <p>KW</p>
<p>AC24.60 INTERNAL AUDIT</p>	



AC24.60.1 To receive the Internal Audit Progress Report and Internal Audit Reviews Limited/No Assurance Reports in Full

AC24.60.1.1 The Head of Internal Audit provided the report to the Committee and informed the attendees of an error on the agenda stating a surname of *Thomas* which should have read *Jones*.

AC24.60.1.2 The Committee were informed of the shorter reporting period within the report timeline. An overview of data within the report was presented. The Head of Internal Audit drew attention to the main oversight of reports (draft and complete), which had been issued for the year 2023/24 relating to the key themes of compliance, governance and risk management and reporting. The image also provided the levels current assurance, and attention was drawn to the number of limited and unsatisfactory audits for the period.

AC24.60.1.3 The Head of Internal Audit also provided a detailed overview with regards to assurance ratings over the last 5 years. The Committee noted the assurance levels reported therein the report.

AC24.60.1.4 The Committee then received an update in relation to the Executive Summaries. It was reported that the Special Measures Audit had had been taken through the relevant Committees, along with the Management Response. It was recognised that the report was now within the public domain. It was noted that there had been areas of concerns, however there had been movement to progress the actions required. It was recognised that a follow up would take place within October 2024.

AC24.60.1.5 The Deprivation of Liberty Safeguards (DoLS) Limited Assurance report was also received, the Committee acknowledged the amount of excellent engagement by the Team, which had been recognised by the Head of Internal Audit. The Committee had been presented with the details of the management response. Chair commented upon the excellent feedback on the engagement of the DoLS Team. The Director of Corporate Governance informed the Committee that the report was also discussed at the Mental Health Act and Compliance Committee.

AC24.60.1.6 The Work in Progress summary was presented to the Committee. Chair expressed disappointment to see a seeming lack of progress on Health & Safety and the Operating Model reviews. The Director of Corporate Governance acknowledged the actions, and confirmed that work had been followed up in relation to both Health & Safety and the Operating Model. It was agreed for the responses to be submitted to Internal Audit, along with the Chair of Audit Committee as soon as possible.

AC24.60.1.7 The Head of Internal Audit drew attention and expressed disappointment to the request for the deferment of the Contracted patient

PW



services: Quality and safety arrangements (Follow up) review from the 2024/25 to the 2025/26 plan. It was explained that the follow up review had recently been agreed by the Executive team and subsequently at the March 2024 Audit Committee. The Chair reminded the Committee of the no assurance report that had been received in May 2023.

AC24.60.1.8 A discussion took place with regards to quality, safety and commissioned services. The Director of Corporate Governance provided an overview of the service elements and progression of the work. The Interim Executive Director of Finance explained that the opportunity to embed the newly approved framework would require time to implement, which was to allow the follow up to take place, by the end of the 2024/2025. The Committee agreed to a 6 month deferral requesting that the review take place before the end of the current financial year it was agreed to inform the Quality, Safety and Experience Committee of this decision to defer by 6 months and for the QSE committee to drive progress on recommendations from the May 23 report.

AC24.60.1.9 Performance indicators to report turnaround time was noted as green in status. However, the Head of Internal Audit envisaged and alerted the Committee that the status could reduce to Amber. It was explained that the response time for BCUHB was a 20 day ruling, as opposed to 15 for other Health Boards and Shared Services. The Chair agreed to retain the 20 days at present, but that the Committee would keep this under review expecting this to revert to 15 once the backlog of recommendations was cleared.

AC24.60.1.10 An Independent Member (RWJ) referred to Limited Assurances relating to the Lessons Learnt Report dated July 2023, and the follow up progress to date. It was confirmed that the Internal Audit Tracker would provide the updates against relevant due dates. The Independent Member envisaged Impact Assessments being undertaken, it was noted that the pathway to gaining insight into the recommendations would progress in the usual manner. It was noted that the Chair of Audit Committee would raise within the Health Board Chairs Meeting, as an emerging topic. The Head of Internal Audit confirmed that the date of the follow up report would be undertaken following the risk assessment outcome.

AC24.60.1.11 The Health Board Chair commented upon the areas of work undertaken, whilst acknowledging the need to follow procedures, and also to provide a wider message out to staff, in relation to efforts and challenges in getting things right. The Interim Executive Director of Finance also commented upon the number of limited assurance reports and delivery of assurance in relation to progression and visibility of the tracker system.

RESOLVED: The Committee:

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| <ul style="list-style-type: none">○ Received and noted the progress report, along with details pertaining to reports issued in draft and work in progress.○ Noted the backlog of closures relating to audit recommendations.○ Approved a 6 month deferment of the Contracted patient services: Quality and safety arrangements (follow up review) but on the basis that this would take place in the latter part of the current financial year. | |
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AC24.61 EXTERNAL AUDIT



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AC24.61.1 Audit & Risk Committee Update

AC24.61.1.1 The Audit Wales Lead (ME) provided the routine update to the Committee (for noting), in relation to External Audit pertaining to the Committee.

AC24.61.1.2 The summary report provided the status and update of current and planned accounts, performance, and the status of current and planned audits.

AC24.61.1.3 The Audit Wales Lead informed the Committee of the link to the good practice website therein the report, and informed the Committee of an awareness event in Cardiff along with a subsequent session in the Autumn in North Wales. Committee members were encouraged to attend the event in North Wales.

AC24.61.1.4 It was also noted that the BCUHB Draft Annual Accounts had been received and work was in progress, along with Charitable Funds accounts being signed by the Auditor General.

AC24.61.1.5 The External Audit Manager (AD) then presented a report in relation to performance, and addressed detail in relation to the Financial Efficiencies Review and the informal feedback provided. It was also noted that the Workforce Planning Report had been finalised and presented to the relevant Committee, along with the Unscheduled and Planned Care review which had also been noted and was in the process of being completed.

AC24.61.1.6 The Committee acknowledged the ongoing work and the positive partnership working. A discussion ensued with regards to the performance with regards to unscheduled care; it was confirmed that the External Audit Manager (AD) would update Chair accordingly. It was also noted that the Corporate Governance Director would share the draft reports with members.

RESOLVED:

- Noted the update from External Audit in relation to the accounting and performance work.

AD
PW



AC24.61.2 Structured Assessment for 2023	
<p>AC24.61.2.1 The External Audit Manager (AD) provided the summary overview to the Committee.</p>	
<p>AC24.61.2.2 The review included a focus on corporate governance Arrangements, along with planning, financial strategy, delivery and board effectiveness. Key points and positive challenges since 2023 were highlighted. 8 Recommendations had been noted, and attention was drawn to the recommendations from previous years. It was noted that not all Audit Wales recommendations from 2023 had been added to the audit tracker.</p>	
<p>AC24.61.2.3 A query was raised by the Chair in relation to tracking of recommendations, along with systems to manage the process. A discussion ensued, it was agreed that progress against tracking of recommendations and regulatory reports would be provided to the Audit Committee, by the Director of Corporate Governance. It was also explained that the Health Board are reviewing other systems in relation to tracking systems. The deadline of the 31st July was raised.</p>	PW
<p>AC24.61.2.4 An Independent Member (RWJ) suggested that completion dates be provided therein the reports, against historical recommendations where they had not been complete. It was agreed that the Director of Corporate Governance would provide an update to the historical recommendations at a future meeting.</p>	PW
<p>AC24.61.2.5 Chair also raised a question with regards to the measurement of recommendations and impacts as noted in sections 68 – 72 of the report and recommendation 4. Priorities and areas for review were discussed and it was suggested to pilot an area to demonstrate recommendation impacts.</p>	
<p>AC24.61.2.6 The Director of Corporate Governance confirmed that the Board had received a copy of the draft Structured Assessment report, and it was agreed that the Annual Audit Letter would be provided as an appendix to the document at the next Health Board Meeting. It was also agreed to include the Structured Assessment bi monthly on the Audit Committee Cycle of Business to ensure the delivery of recommendations.</p>	PW



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AC24.61.3 Workforce Planning Report

AC24.61.3.1 The Audit Wales Lead (AD) provided the report to the Committee and confirmed that it had been presented to the People and Culture Committee on the 11th April 2024.

AC24.61.3.2 As Chair of the People and Culture Committee, Independent Member (DJ) informed the Audit Committee of the productive discussion with regards to the report taken at the recent Meeting, along with the positive approach to progress the recommendations. A discussion took place with regard to the high level overview with relating to tracking of progress, against the report and the recommendations made along with Executive and Officer oversight.

RESOLVED:

- The Committee noted the final report, which provided detail into the reviews, key findings and recommendations.



AC24.61.4 Audit Plan 2024

AC24.61.4.1 The Audit Wales Lead (ME) presented the Detailed Audit Plan for the year 2024, which provided the Audit Committee with key detail into the forthcoming Audit Plan for the year, in relation to the accounts audit, fees, key dates and performance.

AC24.61.4.2 Key areas of focus had been summarised by the Audit Lead, in relation to significant financial statement risks, along with planned responses with regards to finance. The Audit Lead drew attention to Exhibit 1 and 2 within the report and associated risks were noted.

AC24.61.4.3 Attention was also raised in relation to the Annual Audit Fee, and it was confirmed that the fee rates for 2024-25 had increased by 6.4%, as a result of inflation to all organisations. The Committees attention was also drawn to the breakdown of audit fees.

AC24.61.4.4 Within the report, core members of the External Audit Team was also highlighted upon and reference had been made to junior member's relations with the Health Board, It was confirmed that any mitigations relating to the risk had been mitigated and would be monitored.

AC24.61.4.5 The Chair of the Committee acknowledged the update and expressed her duty in accordance with the Audit Committee Handbook to ensure value for money from the service. The fee rate increase was discussed in detail.

AC24.61.4.6 The External Audit Manager (AD) then presented the performance related elements of the report, along with key dates for delivery. The Audit Lead referred to the structured assessment approach, along with value for money and investment approaches into reviews and delivery of planned outputs. The scoping relating to the areas of the work and planned timescales were provided.

AC24.61.4.7 The Interim Executive Director of Finance expressed the need to review benefits verses realisation, whilst consideration to resources, along with the careful management to the financial stability of the Health Board. The External Audit Manager (AD) outlined the different approaches available to undertaking the work plans (e.g. past, present and future models). It was also discussed of the need for visibility and clear planning to the approach in terms of quality governance.

AC24.61.4.8 The Chair of the Committee queried the monetary value against the All Wales Thematic Review of Urgent and Emergency Care, and how the offset had been made. It was noted that the value would be classed as a refund.

<p>AC24.61.4.9 The Interim Executive of Finance referred to Material costs, in relation to the low threshold position and asked the Committee to be aware of the low materiality threshold status.</p> <p>RESOLVED: The Committee received the Detailed Audit Plan for 2024.</p>	
<p>AC24.61.5 To receive a verbal update on :</p> <p>AC24.61.5.1 National Audit Reports - The External Audit Manager (AD) summarised the high level review relating to the From firefighting to future-proofing – the challenge for Welsh public services Audit Wales Report, which was published in February 2024.</p> <p>AC24.61.5.2 National Accounts update for information - An External Audit Lead (ME) referred to a letter issued in February 2024, with regards to the Accounts Audit Approach. It was agreed to circulate to the Audit Committee for information.</p> <p>AC24.61.5.3 The Interim Executive Director of Finance also referenced a potential pension benefits reduction, and referred to figures within a recent update taken at a recent Remuneration and Terms of Service Committee.</p>	<p>ME</p>
<p>AC24.62 COUNTER FRAUD</p>	



<p>AC24.62.1 Local Counter Fraud - Verbal Report <i>Karl Woodward Head Of Local Counter Fraud Services, Finance</i></p> <p>AC24.62.1.1 The Head of Counter Fraud thanked the Chair of the Audit Committee for the opportunity to provide the verbal update to the Committee.</p> <p>AC24.62.1.2 It was reported that the NHS Counter Fraud Authority would undertake a national exercise on Procurement Fraud.</p> <p>AC24.62.1.3 It was also reported that the Annual Report in relation to Counter Fraud was scheduled for presenting at the July 2024 Audit Committee.</p> <p>AC24.62.1.4 The Committee also acknowledged that the F03 BCUHB Counter Fraud Policy was due to be periodically reviewed and approved by August 2024. The approval process was discussed and it was agreed to include upon the Audit Committee Agenda in September.</p> <p>AC24.62.1.5 The Head of Counter Fraud informed the Committee of new legislation in Failing to Prevent of Fraud, which would be in effect by the end of the year. It was noted that the Counter fraud policy needed to be updated in relation to this.</p> <p>AC24.62.1.6 The Head of Counter Fraud also reiterated to the Committee of the Counter Fraud Functional Standard return, which was due for submission by the 31st May 2024.</p> <p>AC24.62.1.7 A discussion took place with regards to the Committee being provided with a written report in future at Public Session. It was agreed to discuss within Private session, in terms of the items for inclusion.</p> <p>AC24.62.1.8 In recognition of the imminent retirement of the Head of Counter Fraud, the Chair expressed the Committees appreciation and thanks for the service provided by him to the Committee and the Health Board over many years and wished him well for his retirement.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ○ The verbal update was provided and it was again highlighted of the requirement to update the Local Counter Fraud, Bribery and Corruption Policy. The approval route was noted and it was agreed to consider the Policy for final approval at the Committee in September along with the Annual Report relating to Counter Fraud. ○ It was agreed to provide a written report with regards to Counter Fraud to future Committee Meetings. 	<p>Agenda Item Sept 2024</p> <p>PW/KW</p>
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CLOSING BUSINESS	
<p>AC24.63.1 Agree Items for referral to Board / other Committees Chair - for information</p> <p>AC24.63.1.1 Items for referral to other Committees were agreed as follows: <i>It was discussed to include;</i> Board Assurance Framework, Corporate Risk Register items, Audit Tracker reporting, and Contracting of Patient Services review and follow up. A discussion also ensued with regards to elements with regards to health and safety, risk oversight, tracking and annual accounts processes.</p> <p>RESOLVED: It was agreed to refer the relevant items to other Committees accordingly.</p>	PPJ
<p>AC24.63.2 Chairs Assurance Report</p> <p>AC24.63.2.1 The items for inclusion were agreed.</p> <p>RESOLVED: The Items for the Chairs assurance Report would be included.</p>	
<p>AC24.63.3 Review of Meeting Effectiveness</p> <p>AC24.63.3.1 The Members and attendees discussed the effectiveness of the meeting. It was agreed that the sound quality was inadequate in parts of the meeting, along with inaccessibility of some documents. It was agreed that the quality of discussion had been good. The Chair requested that going forward the timings on the agenda take account of the appropriate length of time required for matters requiring a more in depth discussion. It was noted that agenda timings today did not reflect the actual time taken to discuss such matters.</p> <p>RESOLVED: The discussion and suggestions were noted.</p>	
<p>AC24.63.4 Date of Next Meetings</p> <p>AC24.63.4.1 - 21st May 2024 – Private Session.</p> <p>AC24.63.4.2 - 18th July 2024 – Full Committee Meeting.</p>	



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

**AC24.64 Exclusion of Press and Public
Resolution to Exclude the Press and Public –**

"That 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."