

**ALL WALES AUDIT COMMITTEE CHAIRS (AWACC) MEETING  
HIGHLIGHT REPORT**

<b>Date of Meeting</b>	<b>30 June 2025</b>
<b>Chair Name</b> <i>Chair Organisation</i>	Nuria Zolle Independent Member, Chair Swansea Bay University Health Board
<b>Secretariat</b> <i>Secretariat Organisation</i>	Amelia Cole Swansea Bay University Health Board

<b>In Attendance:</b>	
Peter Curran (PC)	Welsh Ambulance Service NHS Trust
Chris Darling (CD)	Digital Health Care Wales
Graham Dainty (GD)	NWSSP – NHSCFS Wales
Andrew Doughton (AD)	Audit Wales
Matthew Evans (ME)	Swansea Bay University Health Board
Urtha Felda (UF)	ARAC – Vice Chair
Stephen Elliot (SE)	PTHB – Independent Member
Rhodri Evans (RE)	Hywel Dda UHB – Independent Member
Simon Cookson (SC)	Audit Wales
Rhian Thomas (RT)	Cardiff and Vale University Health Board
Sara Utley (SU)	Audit Wales
Anthony Veale (AV)	Audit Wales
Jayne Sadgrove (JS)	HEIW – Independent Member
<b>Apologies:</b>	
Karen Balmer (KB)	BCUHB – Independent Member
Anne Beegan (AB)	Audit Wales
Gareth Jones (GJ)	Velindre – Independent Member
Patsy Roseblade (PR)	Cwm Taf Morgannwg – Corporate Services

**The following is a summary of the main issues discussed at the meeting**
**1. Welcome and apologies**

The chair opened the meeting and welcomed all.  
The Committee noted apologies above.

## The following is a summary of the main issues discussed at the meeting

### 2. Minutes from the 10/12/2024

The minutes were **received** and **confirmed** as a true and accurate record.

### 3. Highlight report including action log

The action log was **received** and **noted**.

NZ mentioned that an Annual update of the Group's activities throughout the year had been prepared. This update would be distributed to all members by the end of the week, allowing everyone to review and provide comments. The second outstanding item was the discussion regarding the Chair of the Group. This topic was scheduled to be addressed under Any Other Business at the end of the session.

### 4. Matters arising not otherwise on the agenda

There were no other matters arising.

### 5. Board Assurance Framework

CD updated on the Peer Group discussions from 6 June and outlined the agenda for 4 July. The June meeting featured an informative presentation from NHS Wales Shared Services Partnership (NWSSP) Legal and Risk Services. CD explained the Peer Group requested refreshed training materials for new Board members and agreed to quarterly horizon scanning sessions with NWSSP. Discussions included shadowing opportunities for Board Secretaries, updates on NWSSP governance and accountability review, and the development of a governance community of practice. The meeting also covered the pre-election period and partnership governance, with insights from the NHS Wales Confederation and the Southeast Joint Committee. CD informed the Group for the 4 July meeting, a colleague from Scotland would discuss public accountability forums, and there would be a session on Risk Management and Risk Dashboards.

CD emphasised the importance of a common understanding of strategic objectives, risk appetite, principal risks, controls, and assurances. The Board Assurance Framework (BAF) was designed to clarify strategic objectives, identify principal risks, and establish controls and assurances. CD differentiated between the BAF and the Corporate Risk Register. The BAF was a top-down approach focusing on strategic, organisational-wide

**The following is a summary of the main issues discussed at the meeting**

risks, while the Corporate Risk Register was a bottom-up approach that includes both strategic and operational risks. CD explained that the BAF dashboard included several key components: a Risk Appetite Statement, a Principal Risks Heat map, a Risk Assurance summary, and detailed slides for each strategic objective. CD explained that each strategic objective had an assigned Risk Appetite. CD explained that the Board conducted an Annual Review of the Risk Appetite. The BAF dashboard was presented biannually to the Board, and it informed Committee agenda setting, including deep dives into specific areas of the BAF. CD informed the group that the BAF was instrumental in achieving strategic objectives by effectively managing risks. It was crucial to link Risk Appetite to tangible actions and controls to ensure that the organisation can take calculated risks while maintaining control. Continuous improvement and refinement of the BAF process were essential to adapt to changing circumstances and enhance its effectiveness.

NZ invited questions:

PC raised several questions regarding the BAF, firstly if the organisation was still on a journey in terms of developing their BAF, highlighting that their own process was expected to take about two years. PC highlighted the challenge of separating factors within their control from those outside their control, particularly concerning their highest risks related to patient harm and fatality. PC emphasised the importance of delineating these factors for better mitigation and assurance. Additionally, PC questioned the Committee structure and the role of the Audit Committee in checking and challenging the development of the BAF.

CD responded to PC's questions by acknowledging that developing the BAF had indeed been a journey, involving significant Audit Committee and Board development time over the years. CD mentioned that the BAF had matured and been refined over time, with the Board recognising the importance of understanding the Risk Appetites of their partners, as their own risk appetite alone was not sufficient. CD emphasised the need to consider what was within their control and what was within their sphere of influence. CD also highlighted the challenge of balancing Committee structures to reflect the preferences of Independent and Executive members, and the difficulty of removing Committees once they were established. CD confirmed that the Audit Committee acted as a guardian for the BAF process, with the Board focusing more on the BAF dashboard.

SE explained that in March Powys Teaching Health Board approved the new Risk Management Framework and were in the process of splitting their old corporate Risk Register into a Strategic Risk Register, which

**The following is a summary of the main issues discussed at the meeting**

would be focused on at the Board level, and an Operational Risk Register, which would be managed by the Executive Committee. SE highlighted that they had also reviewed their Risk Appetite, particularly around Financial Risk, and had split finance into three sub-risks. SE expressed interest in whether similar issues had arisen in Digital Health Care Wales (DHCW), particularly regarding the identification of Strategic Risks that may not have received much attention at the board level. SE also enquired about how DHCW links Risk Appetite to controls, as this was an area they have not fully addressed yet.

CD responded to SE by emphasising that the BAF was as much about strategic objectives as it was about risks. CD mentioned that the BAF forced the Board to focus on areas that are often neglected, ensuring that they revisit their long-term strategy and assess progress towards their strategic objectives. CD highlighted that the BAF helped the Board understand what might prevent them from achieving their objectives and whether their Risk Appetite was appropriate. CD confirmed that the BAF had led to more focused discussions at the Board level, particularly on strategic objectives that may not have received much attention previously. Regarding linking risk appetite to controls, CD explained that they had defined what Risk Appetite meant for them and linked it back to controls. For example, if they were open in a particular area, they would take more risks and have fewer controls in place, empowering staff to make decisions. Conversely, if they were cautious, there would be more controls, such as policies and procedures, in place. CD offered to share information on how they had linked controls to Risk Appetite.

AD shared his reflections based on years of undertaking governance reviews. AD emphasised the importance of the quality of the wording of corporate objectives, highlighting that high-level objectives can make it difficult to hook assurances to them. AD mentioned that specific objectives related to Planned Care or Unscheduled Care activities were easier to manage, while broader objectives like improving healthy life expectancy were more challenging. AD highlighted that BAFs could become complex quickly, so it was essential to keep them proportionate and fit for purpose. AD stressed the importance of BAFs being live documents that inform agenda setting for the Board and Committees, ensuring coverage of the most important organisational objectives. Finally, AD highlighted that achieving a perfect BAF was unlikely, the focus would be on the journey of improving and strengthening arrangements.

Nuria Zolle suggested having a conversation with CD to share the presentation and explore whether the dashboard and the thinking behind

### The following is a summary of the main issues discussed at the meeting

it could be shared with colleagues in different Health Boards and Trusts. NZ emphasised the importance of exploring the Risk Appetite further, as it had been a topic of discussion in the past. NZ proposed considering this in another Group meeting, where they could discuss it in a more interactive way. NZ highlighted the need to dig deep into partnerships and their Risk Appetite, as well as the rest of the NHS, since they were part of a system.

#### 6. Update from Audit Wales

AV provided an update on the submission of audited accounts. AV mentioned that 11 out of the 12 NHS bodies had their accounts submitted to Welsh Government and signed by the deadline. The exception was Powys Health Board, which faced some issues that needed to be resolved, AV expressed hope that these would be resolved soon. AV highlighted that the 11 NHS accounts were submitted on the 27 June.

AV highlighted the outcomes and challenges related to the audit process for the NHS bodies:

- All 12 Health Bodies received a clean, true, and fair opinion on their financial statements;
- The seven Health Boards failed their first financial duty to break even over a three-year period;
- Six of the Health Boards failed the second duty to get an approved Integrated Medium-Term Plan (IMTP) in place for the financial year, with Cwm Taf Morgannwg being the exception;
- The two strategic Health Authorities and the three NHS trusts received a clean bill of health from both a true and fair opinion and a regularity opinion;
- Qualified regularity opinions were placed on the accounts of the seven Health Boards due to financial pressures and their inability to break even over the three-year period. A substantive report was issued to explain this position;
- The Senior officer remuneration continues to be a recurring issue, particularly around the nuances of senior pay, which causes problems year after year;
- This year, the issues were more related to interim appointments rather than senior officers in substantive, permanent roles.

AV highlighted several issues and recommendations related to interim appointments and senior remuneration:

- Interim appointments that extend beyond their initial period required Welsh Government approval. In some cases, this approval

### The following is a summary of the main issues discussed at the meeting

was not in place, leading to issues reported in the accounts and audit reports;

- A checklist was issued to Health Boards in March to provide guidance on senior remuneration, as the guidance is complex and comes from multiple sources, including the manual for accounts, standing orders, and Welsh health circulars;
- A recommendation would be made to Welsh Government to consolidate this guidance to make it easier to follow;
- Health Bodies were advised to be careful with senior pay, ensuring proper due process and obtaining necessary approvals, especially for payments that could be considered novel and contentious;
- Some audits were running close to the deadline, prompting a review of the audit process. There is a consideration to conduct more audit work at the interim stage (January to March) and to avoid leaving complicated areas of the audit until the last minute;

AV discussed several points related to future improvements and upcoming initiatives:

- Once the Powys accounts were finalised, the NHS data tool would be issued, typically through a press release. This tool was valuable for Health Boards and Committees to compare and contrast major expenditure and income across health boards and trusts;
- There would be a review of the governance arrangements for hosted services in Velindre, with potential learnings for other Health Boards with hosted services;
- The 30 June deadline for accounts felt appropriate, providing adequate preparation time for NHS bodies and a 5-week period for the audit process. This would be subject to future debate, but it seemed to work well based on feedback from heads of finance and chief accountants;
- The group would continue to liaise with the NHS Directory of Service (DOs) Group and Welsh Government throughout the year. Feedback and ideas to improve and make the accounts process more efficient were welcomed.

NZ invited questions:

PC asked about the ongoing journey of developing the BAF, emphasising the importance of taking time to evolve the framework; the challenge of separating factors within their control from those outside their control, particularly for high risks like patient harm and fatality, and how to delineate these factors clearly in the Risk Register; the appropriate number of Committees, potential duplication, and the Terms of Reference for Committees, particularly regarding where Risk reports and Internal

**The following is a summary of the main issues discussed at the meeting**

Audit reports should go; and whether the Audit Committee acts as the guardian for checking and challenging the development of the BAF, as it does for the Welsh Ambulance Service.

NZ acknowledged PC's point about the challenges related to time frames and the finance team being overworked, especially when working on both the end-of-year and next year's accounts simultaneously. NZ welcomed discussions with the Directors of Finance (DoFs) to find improvements in this area and emphasised the importance of consolidating guidance related to workforce and what goes to the Board and Remuneration and Terms of Service Committee (RATs). NZ highlighted that this topic has been discussed multiple times in the forum and that clarity on this matter is highly appreciated.

SE noted, like PC, concerns about late account submissions after one organisation missed the deadline. SE questioned whether earlier detection of balance errors could have prevented delays, especially with this year's deadline moved up by several weeks. SE stressed the importance of timely submissions and hoped future deadlines would be met.

NZ asked AV about the use of AI in Audit, specifically in relation to finances. NZ enquired whether Audit Wales was currently using AI, their position on it, and if they were working on incorporating AI into their processes.

AV explained that Audit Wales was developing a new strategy that included the use of data analytics and artificial intelligence (AI) to make audit work more efficient. They were already using AI to some extent, such as summarising papers. Although they had taken a cautious approach so far, they planned to expand their use of AI significantly over the next three to four years. This expansion could range from simple tasks like reviewing accounts to more complex applications.

NZ suggested adding the topic of AI and the data analytics tool to a future meeting agenda. NZ expressed interest in exploring the tool and its potential insights for their work. NZ also proposed inviting Independent Members (IM's) from the Performance and Finance Committees to join the discussion, as their input could be valuable in understanding and comparing the analytics. NZ acknowledged that this approach might not apply to all Committees but could be beneficial for some.

AD provided an update on the ongoing and upcoming work of Audit Wales. Following the cost savings reviews conducted over the past 12 months, a

## The following is a summary of the main issues discussed at the meeting

short weblog and a Board member checklist were published in early June to help Board members understand and implement cost-saving measures. Audit Wales was at the beginning stages of work around Board member walkarounds, addressing the variability in their implementation to standardise and improve their effectiveness. There was also an ongoing effort to enhance the quality of reporting and report writing for Boards and Committees, which was still in the planning stages. The reviews on Planned and Unscheduled Care were nearing completion, with draft reports issued or about to be issued, and the intention was to produce an output that consolidates key themes and messages at a national level based on the findings. Additionally, a report on the well-being of future generations was issued in May, fulfilling a duty to report every five years. Following this, a good practice event was scheduled for July, with sessions in South Wales on the 15 July and North Wales on the 17 July. Cost Savings Blog and Checklist Good Practice Event.

### **7. Internal Audit**

SC from NWSSP Internal Audit discussed several key points during the meeting. SC highlighted the use of AI tools like Copilot to enhance the efficiency of Internal Audit processes, including scoping work, testing, and report writing. SC mentioned the introduction of new Global Internal Audit standards that replaced the UK public sector Internal Audit standards, emphasising the increased prescriptiveness and the need for Internal Audit to demonstrate compliance with these standards. SC also discussed changes in their approach to follow-up work, focusing more on action plans for high-priority findings and assessing the impact of revised implementation dates on risk. SC highlighted that around 15% of recommendations miss their original deadlines, with a higher incidence in Health Boards compared to trusts. Additionally, SC mentioned their efforts to provide updates to the Welsh Government's Executive Team, focusing on key themes rather than performance comparisons, and highlighted the importance of consultant job planning reviews.

### **8. Counter Fraud Update**

ME provided an update on the current state of Counter Fraud efforts within NHS Wales. ME emphasised that the Counter Fraud community was in a strong position, with strategic direction from the steering group and support from the All Wales Directors of Finance (AWDof) group. ME highlighted the importance of Fraud Risk Management, highlighting that

**The following is a summary of the main issues discussed at the meeting**

all Counter Fraud work was now based on this approach. ME expressed concerns about the NHS Counter Fraud Authority's push for preventative figures, which involve extrapolating identified fraud over a 12-month period. ME argued that this method lacked substance and may not effectively contribute to fraud prevention. Instead, ME advocated for focusing on tangible successes in reducing Fraud Risk. ME also mentioned the rise in cases involving AI in job applications and dual working since COVID-19, stressing the need to stay ahead of criminals using advanced technologies. ME concluded by highlighting the positive impact of the newly established Liaison Group for intelligence sharing among Counter Fraud specialists in Wales.

NZ invited questions:

RE enquired about common themes in Counter Fraud activities across different Health Boards and the evolving tactics used by individuals to circumvent controls.

ME responded by noting that while there are no specific common themes to highlight at this stage, the newly established Liaison Group was actively working on intelligence sharing to identify and address emerging trends. ME mentioned that the use of AI in job applications and dual working has been on the rise since COVID-19, presenting new challenges for Counter Fraud efforts. ME emphasised the importance of staying ahead of criminals who are increasingly using advanced technologies and highlighted the ongoing efforts to monitor and address these Risks through the Liaison Group.

GD mentioned that the NHS Counter Fraud Authority (CFA) had secured an investment of £12m from central government for Project Athena. This project focuses on data analytics to enhance Counter Fraud efforts. The investment aims to achieve a fivefold return in savings, highlighting the importance of data analytics in identifying and preventing fraud. GD emphasised the need for investment in data analytics within NHS Wales, either by adopting services from the NHS CFA or establishing a dedicated Data Analytics Unit within NWSSP or another entity in Wales.

NZ emphasised the importance of adopting a risk-based approach to the Counter Fraud agenda at SBUHB. This approach helped to identify and address issues related to internal controls and determine who need to be involved in the work. It also highlighted what was outside the organisation's control, particularly in cases involving NHS-wide issues and

**The following is a summary of the main issues discussed at the meeting**

staff movement at a UK level. NZ stressed the need for a focused lens on these aspects to effectively manage and mitigate fraud risks.

ME highlighted the importance of focusing on controls to manage and reduce fraud cases, particularly those involving dual working, which had increased since the onset of remote working during COVID-19. ME emphasised the need to stay ahead of these risks rather than reacting to them after they occur. ME also highlighted that both internal and external disciplinary measures were available to address such issues.

**9. Open learning and meeting Effectiveness**

RT volunteered to represent the group at the Welsh Risk Pool meetings and would report back on key themes and learning.

**10. Any other business:**

NZ announced that PC expressed interest in taking over as Chair of the All-Wales Audit Committee group, and the group endorsed his appointment.

**11. Date of next meeting:**

There is currently no date scheduled for the next meeting.

**Actions:**

- Audit Wales Data Tool - AV to share the NHS data tool once the Powys accounts are finalised.
- AI in Audit - AV to discuss with colleagues and potentially present to the group on the use of AI in audit processes.
- Counter Fraud Developments - AR to update the group on Project Athena and other Counter Fraud initiatives after the next Counter Fraud Steering Group meeting on September 9th.
- Welsh Risk Pool Updates - RT to report back to the group on the main themes and learning from the Welsh Risk Pool meetings.



# 2004/25 REPORT BACK

**All Wales NHS Audit Committee  
Chairs Group**

---

# TABLE OF CONTENTS

Forward	3
Summary of key issues discussed	4
Operating arrangements	6
Supporting our work and looking forwards	8
Group membership	10

*“a vibrant community where we reflect, learn, and support each other. It is a place of curiosity, innovation, and connectivity, where ideas flourish, and collaboration thrives.”*

Audit committee chairs in the NHS oversee the governance arrangements for the NHS' £10 billion plus budget in Wales. We help to ensure that money is spent wisely to benefit our communities. How do we do that? We rigorously review the effectiveness of our systems of controls and governance, driven by a commitment to excellence.

For instance, we ensure robust financial reporting and control mechanisms that supports transparency and accountability in the allocation of public funds. We check that we all have comprehensive risk management frameworks designed to proactively identify and mitigate potential threats, including to patient safety and service delivery. We also help to ensure that the NHS learns and acts on lessons from external and internal audit.

The role of audit committees continues to evolve. It is not just about core financial accounts and systems of control. As a group we've discussed the growing challenges around new threats, such as counter fraud as well as the challenges of balancing risk management with innovation and transformation.

The All-Wales NHS Audit Committee Chairs Group provides a vibrant community where we reflect, learn, and support each other. It is a place of curiosity, innovation, and connectivity, where ideas flourish, and collaboration thrives. I hope this summary report serves as a reminder of the pivotal role audit committee chairs play across the NHS.

**Nuria Zolle, Chair of the All-Wales NHS Audit Committee Group**

## Summary of key issues discussed in 2024-25

### We're getting the system back on track after the pandemic

During the pandemic a lot of work was postponed or delayed, including audit work. As a result, the timetable for producing, auditing and signing off accounts across the NHS slipped backwards. Over recent years there has been a concerted effort from Audit Wales and finance teams across the NHS to get things back on track. Audit committees have welcomed the extra efforts being made across the system, and the resulting pressures for everybody. A huge thank you to everybody!

### Ensuring our risk and assurance frameworks incentivise the right behaviours

Across Wales risk management and board assurance frameworks continue to evolve. Each body is at a different level of maturity. Overall, the level of risk across the NHS, post pandemic remains high. The danger is that this leads to a defensive 'fire-fighting' mindset. While of course, we must manage risk and prevent harm we also need our systems to incentivise transformation and innovation for the long-term. Getting that balance right is a growing focus of audit committees, not least in the context of our duties to future generations.

### Navigating governance arrangements across public bodies

The governance landscape in which NHS bodies operate grows ever more complex. Audit committees oversee board governance arrangements that interact with regional and national NHS systems, including commissioning. The role also involves overseeing multi sectorial partnership governance arrangements and agreements. Keeping on top of these and ensuring everything is aligned and coherent is a growing challenge for audit committees.

## Counter fraud and cybersecurity are evolving areas of work

Across the UK, the NHS is vulnerable to £1.316 billion worth of fraud each year. The threat of counter fraud and cybersecurity has become an increasing risk for the NHS. As the threats evolves so do the NHS counter fraud arrangements. Shared learning and shared systems of assurance across NHS Wales are enhancing local control arrangements.

## Applying the learning from audit inspections and reviews

Audit and inspection are a key part of our governance system. Audit committees are noticing growing strain across the system in delivering a timely response to recommendations. We recognise that there are competing priorities with pressure to deliver on day-to-day service issues. And there can also be challenges where local action depends on national systems, like IT systems which can be delayed.

However, audit recommendations are often a means to addressing systemic issues that hamper effective and efficient service delivery in the long-run. Audit committees are increasingly focussing on:

- (a) challenging our organisations to set realistic timescales for implementing recommendations and prioritise action to deliver within those timeframes; and
- (b) holding executives to account for not delivering on time and pressing for clear action, especially in those areas that relate to patient outcomes.

## Operating arrangements of the NHS all Wales audit committee chairs group

The chairs of the Audit Committee Group was established to provide an opportunity for Wales-wide discussions on emerging issues on governance, risk management, financial controls, cyber security and counter fraud.

### Scope and duties

The scope and duties of the group will comprise:

- Discussion of common issues arising from internal and external audit reviews.
- Discussion of the highest risks relating to governance, nationally and locally.
- Sharing cultural and thematic challenges and good practice and learning.

Items to be placed on the agenda will be informed by the group's action plan but can come from several sources such as those below but are not limited to:

- Group members.
- Board or trust committees.
- Chair, vice-chair and other members of the boards.
- Directors of Corporate Governance/board secretaries' network or other all-Wales peer groups.
- Audit Wales and Internal Audit.
- NHS Counter Fraud authority.

### Membership

The membership will comprise chairs of Audit committees across Wales.

Should an NHS body Audit Committee Chair be unable to attend, a representative from the organisations will be identified by the body's Audit Chair.

### Meetings

#### Hosting

The hosting organisation of the group will rotate every year.

#### Quorum

At least six members must be present to ensure the quorum.

**Chair**

The group will nominate a member to chair and this will rotate on a yearly basis.

**Secretariat**

The Director of Corporate Governance/Board Secretary of the hosting organisation will determine the secretarial and support arrangements for the group.

**Frequency of Meetings**

Meetings shall be held quarterly. Thematic working groups will be convened as and when required.

**Committee Meetings**

A standard agenda will be used as the basis for discussion at each meeting. Notes prepared following a meeting shall be circulated to members and retained by the relevant Director of Corporate Governance/Board Secretary as a formal record of the decision making for a period of seven years.

**Withdrawal of individuals in attendance**

The group may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion on any matter.

**Last reviewed in July 2024**

## **Big thanks!**

Thank you to those who have supported the work of the committee

### **Commissioning arrangements**

Chairs would like to thank Abi Harris who was Chief Executive of the NHS Commissioning Service for sharing an oversight of the new governance arrangements.

### **Audit Wales and Internal Audit**

Chairs would like to thank Simon Cookson, Anne Beagan, Dave Thomas and Anthony Veale and Andrew Doughton for providing regular insights and updates. These included updates and insights in relation to new accounting systems and methodologies, risk management, thematics and analysis on areas of limited assurance, as well as findings from local and national reviews.

### **Audit Trackers**

Chairs would like to thank Joanne Wilson and colleagues in Hywel Dda Health Board for openly sharing ideas and progress in relation to the development and implementation of their audit tracker.

### **Counter fraud activity**

Chairs would like to thank Matthew Evans and colleagues for updates in relation to new national initiatives and activities as well as key learning from counter fraud activity in relation to detection and prevention.

### **Board Governance and oversight**

Chairs would like to thank Hazel Lloyd for providing regular updates to the group in relation to the All Wales Director of Governance agenda and insights. We would also like to thank board directors for agreeing to review the training and development offered to Audit Committee Chairs across the NHS.

### **Board Assurance Framework**

Chairs would like to thank Chris Darling for sharing Digital and Health Care Wales board assurance framework.

## 2024/ 25 Sharing learning and practice

Chairs also discussed and shared ideas on several areas including but not limited to; balancing competing priorities, time commitments, efficiency reviews, HMCA guidance reports, system improvements and NHS finances, committee reviews.

## Looking forwards

A new work plan for 2024/ 25 is in the process of being agreed areas for discussion are likely to include:

- Financial savings, sustainability and recovery
- New counter fraud arrangements and directives
- Partnership governance arrangements

## Group Membership

### Health Boards

Iwan Jones, Aneurin Bevan University Health Board

Karen Balmer, Betsi Cadwaladr University Health Board

Dr Rhian Thomas, Cardiff and Vale University Health Board

Patsy Roseblade, Cwm Taf Morgannwg University Health Board

Rhodri Evans, Hywel Dda University Health Board

Steve Elliot, Powys Teaching Health Board

Nuria Zolle, Swansea Bay University Health Board

### All-Wales NHS Trusts

Marian Wyn Jones, Digital Health and Care Wales

Jayne Sadgrove, Health Improvement Wales

Peter Curran, Welsh Ambulance Services

Gareth Jones, Velindre University Trust

Nick Elliot, Public Health Wales