

## APPROVED MINUTES OF THE Audit and Risk Assurance Committee MEETING

**Date of Meeting:** 09:30am, Tuesday 16 April 2024  
**Venue:** Microsoft Teams Meeting; Ystwyth Board Room

**Present:** Cllr. Rhodri Evans, Audit and Risk Assurance Committee Chair and Independent Member  
Mr Winston Weir, Audit and Risk Assurance Committee Vice-Chair and Independent Member (Vice Chair)  
Mr Maynard Davies, Independent Member  
Ms Eleanor Marks, Vice Chair and Independent Member  
Mr Micheal Imperato, Independent Member (VC)

**In Attendance:** Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary  
Miss Charlotte Wilmshurst, Assistant Director of Assurance and Risk  
Mr Huw Thomas, Executive Director of Finance  
Professor Philip Kloer, Interim Chief Executive (part)  
Mrs Sam Hussell, Head of Health Emergency Planning (VC) (part)  
Ms Urvisha Perez, Audit Wales (VC) (part)  
Mr Anthony Veale, Audit Wales (VC) (part)  
Mr Eifion Jones, Internal Audit (VC)  
Mr Anthony Veale, Audit Wales (VC) (part)  
Mr James Johns, Head of Internal Audit, NWSSP (VC)  
Mr Andrew Carruthers, Director of Operations (VC) (part)  
Mr Lee Davies, Director of Planning and Strategy (part)  
Ms Rhian Bond, Assistant Director of Primary Care (VC) (part)  
Ms Sharon Richards, Senior Workforce Manager (VC)  
Ms Alison Bishop, USC Lead (VC) (part)  
Mr Tom Alexander, Senior Workforce Manager (part)  
Ms Sarah Perry, General Manager Unscheduled Care (VC) (part)  
Ms Bethan Andrews, Service Delivery Manager (part)  
Mr Mark Henwood, Interim Medical Director (VC) (part)  
Ms Carly Hill, Assistant Director Medical Directorate (VC) (part)  
Mr Rob Elliott, Director of Estates, Facilities and Capital Management (part)  
Ms Helen Thomas, Head of Medical Education & Professional Standards (part)  
Ms Sophie Corbett, Deputy Head of Internal Audit, NWSSP (VC)  
Mr Benjamin Rees, Head of Counter Fraud (part)  
Mr Keith Jones, General Manager (VC) (part)  
Mr Antony Tracey, Digital Director (VC) (part)  
Ms Karen Roberts, Digital Records Programme Manager (part)  
Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development / Interim Deputy Chief Executive Officer (VC) (part)  
Ms Eldeg Rosser, Head of Capital Planning (VC) (part)  
Ms Clare Moorcroft, Committee Services Officer (minutes)  
Ms Kate Gannon, Committee Services Officer (minutes)

Minutes Ref.	Item	Action
AC(24)42	<b>Introductions</b>	
	<p>The Chair welcomed Ms Kate Gannon, Committee Services Officer to the Committee. Ms Gannon is new to the Health Board and will be taking over from Ms Clare Moorcroft in servicing the Audit and Risk Assurance Committee.</p> <p>The Chair wished to formally thank Ms Moorcroft for her excellent support on the Committee over the years.</p>	
AC(24)43	<b>Apologies</b>	
	<p>Apologies were received from Ms Ceri Griffiths, Interim Assistant Director of Nursing and Ms Jill Paterson, Director of Primary Care, Community &amp; Long-Term Care.</p>	
AC(24)44	<b>Declaration of Interests</b>	
	<p>No declarations of interest were made at this point. The Chair requested that members make known any declaration of interests they may have at any point during the course of the meeting.</p>	
AC(24)45	<b>Minutes of the Meeting held on 20 February 2024</b>	
	<p><b>RESOLVED</b> – the Minutes from the meeting held on 20 February 2024 were approved as an accurate record.</p> <p><b>Decision:</b> The Audit and Risk Committee received and <b>APPROVED</b> the minutes of the previous meeting held on 20 February 2024.</p>	
AC(24)46	<b>Table of Actions</b>	
	<p>The Committee reviewed and discussed the Table of Actions which was led by Mrs Joanne Wilson. It was agreed that the following actions could now be closed: <b>AC(23)127</b> and <b>AC(24)29</b>. In regard to <b>AC(23)127</b>, it was questioned whether the Memorandum of Understanding (MOU) is still required, and it was noted that there is still the requirement for an MOU which will assist the preparations for the new Joint Committee with Swansea Bay University Health Board (SBUHB) which the Minister for Health and Social Service has requested to be established.</p> <p>It was also agreed that <b>AC(24)06</b> could also now be closed, however, Mrs Wilson noted that the Committee should expect a more detailed report to be presented at a future Committee meeting.</p> <p>Regarding <b>AC(24)25</b> 'Theatre Loan Trays' Mrs Wilson noted that an update had not been received prior to the meeting and that she would</p>	<b>JW</b>

contact Mr Andrew Carruthers for an update to be added to the Table of Actions for the following meeting.

In relation to **AC(24)10**, Mrs Wilson advised that the Director of Finance would follow up on this.

HT

In regard to **AC(23)127**, it was agreed this matter had been covered by the update on **AC(24)04** regarding the MOU and could therefore close.

**AC(23)124, AC(23)127, AC(24)29, AC(24)06, AC(24)10** and **AC(24)29** to be marked as closed on the Table of Actions and the Table of Actions updated with any new actions.

KG

#### **AC(24)47 Matters Arising not on Agenda**

There were no other matters arising on this occasion.

#### **AC(24)48 Escalation Status Update**

*Mr Lee Davies joined the Committee Meeting.*

Mr Lee Davies spoke on this item in his capacity as Senior Responsible Officer (SRO) for Targeted Intervention. Mr L Davies informed the group that an initial meeting had been held with Welsh Government and Executive colleagues from Hywel Dda to discuss the draft Escalation Framework put in place by Welsh Government as a result of the organisation being escalated to whole organisation Targeted Intervention (TI). A response was provided to Welsh Government on the draft Framework with a number of queries and requests for revision. The comments were well received, and the Health Board is awaiting an updated Framework from Welsh Government.

Mr L Davies advised that a TI Co-ordination Group has been established which was previously a Steering Group and added that the Health Board being placed in Targeted Intervention is born out of significant challenges being faced by the Health Board across a number of years, and therefore improvements will be gradual, and it may take some time (between 18 months – 2 years) to demonstrate improvement and address the key issues highlighted by Welsh Government.

The draft Framework will be shared with Board members on Thursday 18 April 2024 at the Board Seminar meeting. Targeted Intervention updates will be reported to this Committee, as well as individual elements to other Board level committees. Mr L Davies reiterated that the TI work is interconnected with delivering core business, and not merely delivering on TI targets. Whilst this initial update to the Committee has been a verbal one, there will be a written update report and action plan presented to this Committee going forward.

*Professor Philip Kloer joined the Committee meeting.*

The Chair enquired when the draft Framework will be finalised, and what will the governance arrangements look like thereafter. Professor Kloer responded that in terms of the governance arrangements, these will be shared with Board Members during Board Seminar on Thursday 18 April 2024 and are close to completion; however, further work is needed by Executives to finalise the TI Co-Ordination Group's Terms of Reference. Professor Kloer added that the Framework has now been shared with Executives and they have been asked for any final comments by 18 April 2024, after which we will await formal sign off from Welsh Government. Professor Kloer informed the group that the finalised report will be brought to this Committee.

The Chair requested the Targeted Intervention update report and action plan come to the next regular Committee meetings and that both Professor Philip Kloer and Mr L Davies attend all relevant future meetings to present and speak to this item which will become a new standing agenda item.

**KG**

Mr Michael Imperato asked what specifically ARAC could offer in terms of a unique perspective and review of the Framework, as the Framework will be presented to a number of Committees. Mrs Wilson clarified the arrangements noting the overarching role in terms of assurance overarching review on behalf of the Board in order to provide assurance to the Board.

Professor Kloer echoed Mr L Davies and noted that although the Framework is focusing on Targeted Intervention, by its very nature an overall Improvement Plan will be integrated into the Framework. The Chair queried what support has been offered by Welsh Government to the Health Board to improve the situation in regard to TI. Professor Kloer responded that Welsh Government have confirmed that they will not be able to offer any additional financial support; however, they have been able to offer sharing of best practice and expertise in relation to national programmes via regular meetings.

Mr L Davies added that there are a number of organisations across Wales under some level of escalation and therefore Welsh Government would not necessarily have capacity to offer an increased level of support to Hywel Dda at this time. However, Mr L Davies noted that some more other ways in which Welsh Government colleagues have been providing support is by offering their advice on strategic plans regarding our estate as well as our broader direction of travel more generally.

**Decision:**

The Committee received for information the update from the Targeted Intervention inception meeting held on 15 March 2024.

The Committee agreed to **ASSURE** the Board on this topic.

*Professor Philip Kloer and Mr Lee Davies left the Committee meeting.*

## AC(24)49 Audit Wales Update Report

Mr Anthony Veale from Audit Wales spoke on this item, Mr Veale began by updating the Committee on the financial audit section of the report. Mr Veale and colleagues met with the Director of Finance, Mr Huw Thomas on 15 April 2024 to discuss the 2023-2024 financial statements. The accounts are due to be submitted to Audit Wales by 3 May 2024 and the audit deadline is 15 July 2024. A draft report will be submitted to ARAC in advance of the deadline. Mr Veale noted that later in the year, an audit of the Charitable Funds Committee would also be carried out.

Ms Urvisha Perez gave an update regarding the performance section of the audit report. Ms Perez wished to draw to the Committee's attention exhibit 2 of the report, which reflects this year's audit plan as well as a comprehensive review of cost saving arrangements and a review of operational governance. Ms Perez noted that her team met with Mr Thomas in late March 2024 to discuss the findings of the cost savings review. Ms Perez said that she hopes to meet with Mr Andrew Carruthers later this month or in May 2024 to discuss the findings of the operational governance review. The discharge planning review is still in the planning stage and is being drafted, and the rest of the portfolio of work is either due to commence soon or is at the scoping stage. Ms Perez stated that exhibit 3 of the report highlights several relevant national reviews which have been published in the last 6 months.

Mr Maynard Davies queried whether the timeline for reporting the operational governance review in June 2024 was realistic given the new operational governance structure which has only recently been introduced. Mrs Wilson responded that this audit has been underway for some time, and the Health Board needs to ensure that there is a consistent approach to operational governance aligned to the new structure which can be mapped to the existing corporate structure.

Mr Davies also queried whether the operational governance review would be reviewed in 18 months / 2 years' time to ascertain whether or not the targets have been fulfilled by the new structure. It was agreed that a review after this timeframe would be a sensible approach. Ms Perez responded that the new structure will also be phased, which will also facilitate the integration of the operational governance review with the new team structure.

The Chair challenged whether the deadline of June 2024 was achievable given the complexities regarding Primary Care and Unscheduled Care, and asked if there were any foreseeable blockages to meeting the deadline. Ms Perez assured the Chair that the deadline would be met and added that the only outstanding task is to meet with Mr Carruthers to test some of the findings of the report.

### **Decision:**

The Committee **RECEIVED** the Audit Wales Update Report for information. The Committee agreed to **ASSURE** the Board.

## **AC(24)50 Audit Wales Annual Plan 2024**

*Mr Anthony Veale joined the Committee meeting.*

Mr Anthony Veale gave an overview of the Audit Wales Annual Plan to the Committee; the plan sets out Audit Wales programme of work for the next financial year, and details who they are, what they are setting out to achieve, by when, and how much it will cost. Mr Veale added that there is a summary of the plan outlined on page 7 of the report, which outlines high levels of financial risk and key areas of performance. £12.3 million is the projected spend for the 2023/24 accounts.

Mr Veale gave a brief description of the content of the report as follows; page 9 outlines the financial risks, some of which include management override and costs associated with reinforced autoclaved aerated concrete (RAAC). Page 12 of the report gives an overview of Audit Wales's timetable, and page 13 outlines the timetable for performance audit work, as well as their plans to build transformation through technology and digital resilience.

Mr Veale informed the Committee of a change in personnel which is outlined on pages 16 –17 of the report. Lucy Evans will be replaced by David Williams as Audit Manager whom he will invite to the next meeting, with the permission of the Chair. The Chair confirmed that he would be pleased to welcome Mr David Williams to the Committee.

Mr Davies noted that Targeted Intervention is not mentioned in the workplan and queried why this was the case. Mr Veale responded that this important development has not been overlooked but will be covered under wider the umbrella of the Structured Assessment. Mr Davies queried the scope of the digital development and resilience work, Ms Perez noted that she was unsure on the scope at the present time and would update the Committee once more information is available. Mr Veale added that this review will be across other Health Boards, and the key focus will be aspirational and forward looking. Mr Davies also noted that LASPAR had been decommissioned, which he commented was a positive development, however, he expressed his concern in regard to the consistency of data collation when using Excel spreadsheets, especially when working across numerous sites and noted that the introduction of data definitions would aid consistency.

Ms Marks asked how much of the All-Wales Digital Review would be used to inform and share information, as the national landscape would impact our direction of travel as a Health Board. Mr Veale responded that there will be a level of output which will focus on the national digital landscape, as well as a more localised approach outlining key actions. Mr Veale noted that as part of the scoping exercise it was important not to duplicate work or to miss opportunities to align with ongoing national programmes. Ms Marks also queried the scope of the local project work in relation to the outpatient management project. Ms Perez responded that part of this will be following up on previous recommendations,

however the scope may be broadened in due course and that she will keep Members updated of any developments.

Mr Huw Thomas also had a question regarding the digital review work; he queried how well the Health Board is engaging in the national work and suggested that an external perspective such as from Digital Health and Care Wales (DHCW) and similar may be useful in this space. Mr Thomas also queried whether we are scrutinizing the decision-making processes in relation to the Digital Programme Investment Fund (DPIF) and engaging with DHCW in order to consolidate both national and local projects and how they interact. Mr Veale assured Mr Thomas that the digital agenda was a key priority and part of their wider strategic work in regard to resilience and financial sustainability.

Mr Antony Veale agreed to contact his colleague Mr David Thomas regarding the Digital Review and whether this will look at how well Health Boards engage with national work from an external perspective (e.g. Digital Health and Care Wales) and whether it is intended to scrutinise Digital Priorities Investment Fund and DHCW.

**AV**

**Decision:**

The Committee received the Audit Wales Annual Plan 2024 and agreed to **ASSURE** the Board.

*Mr Anthony Veale left the Committee meeting.*

**AC(24)51 Follow-up Review of Primary Care - Revised Management Response**

*Ms Rhian Bond joined the Committee meeting.*

The Assistant Director of Primary Care, Ms Rhian Bond attended the meeting via video conference on behalf of Mrs Jill Paterson who tendered her apologies. Ms Perez said that the Primary Care report from Audit Wales was presented to the Committee in February 2024 and the management response was presented to the April meeting held today, 16 April 2024.

In regard to Primary Care, the Chair asked Ms Perez if she was happy with the management response. Ms Perez said that they were satisfied but noted that a number of actions were listed as 'ongoing' and timings as 'to be confirmed', and to be diligent in ensuring that these actions are progressed, and actions do not remain on the tracker indefinitely. Mrs Bond responded that since receiving the feedback, the management response has been revised and includes specific timescales, to provide assurance.

The Chair noted that under section 1.4 there is no timeframe given for this action. Ms Bond apologised and noted that the timescale for completion should be March 2025. Ms Rhian Bond to update the action timelines in the updated management response.

**RB**

Mr Davies queried progress on development of the Primary Care dashboard, Ms Bond responded that unfortunately there is currently no timescale in regard to this, and that the transition of all General Practices over to the new health software 'EMIS', has also caused delays in retrieving data.

Mr Winston Weir queried whether a 2024/25 budget has been confirmed to assure a baseline in regard to recommendation 1. Ms Bond responded that this information will be released imminently. Mrs Wilson noted that the actions will be included on the audit tracker which monitors compliance with implementation dates.

**Decision:**

The Committee **RECEIVED** the Follow-up Review of Primary Care - Revised Management Response for information and agreed to **ASSURE** the Board.

*Ms Rhian Bond left the Committee meeting.*

**AC(24)52 Contract and Procurement Processes - Governance**

Mrs Wilson presented the final version of the Contract and Procurement Processes which outlines the G Cloud Framework, as requested at a previous Committee meeting. The report outlines how and why the G Cloud was used over a number of years, and why this usage changed as a result of procurement advice.

The report outlined thirteen occasions where goods had been purchased which could have been undertaken in an improved way; there were a number of contracts which raised concerns as they were not undertaken within the agreed financial scheme delegations. Mrs Wilson listed examples, orders over £1 million which had not been approved by the Board or Welsh Government, consultancy fees which had not been agreed by the Board, as well as purchases being miscoded as professional services, when consultancy would have been more appropriate. Mrs Wilson added that an area of concern outlined in the report was that seven out of the thirteen purchases did not have the appropriate paperwork to accompany the purchase (such as contracts). Mrs Wilson added that it was a serious breach of governance protocols to be charged for services with no safeguards regarding how and when the services might be fulfilled.

Mr Thomas assured the Committee that as soon as he was made aware of the findings of the framework review the use of G Cloud was halted and robust measures are now in place to prevent a reoccurrence.

Ms Eleanor Marks remarked that whilst the figures outlined in the report were concerning, she was reassured by the reflection and learning points outlined in the report. Ms Marks was pleased to learn that preventative measures have been put in place such as increased oversight, and the proposed refresher procurement training for key staff.



Mrs Wilson noted that whilst all Executive level colleagues receive procurement training, she would link in with Mr Thomas to ensure that key Officers in the informatics directors also receive this training and counter fraud training, and that refresher training for other relevant colleagues was also offered.

HT

Mr Davies queried what the consequences were for those responsible for the failings. Mr Thomas responded that one colleague has now left Hywel Dda University Health Board and joined another Health Board, and conversations regarding best practice have been held with the other individuals involved. Mr Weir added that a new Procurement Lead is also now in post.

Mr Davies noted that he was surprised by the admission that some colleagues were confused as to how to differentiate between Professional Services and Consultancy Services, as there is clear guidance in relation to the definition of each service.

Mr Thomas added that there are additional processes and safeguards in place now and additional checks and balances are carried out via the Financial Control Group. Mr Thomas added that some of these oversights had occurred during an intense period of activity during the COVID-19 pandemic. Mr Thomas gave his personal assurance that the issues highlighted in the report would not be repeated.

Mr Thomas agreed to provide an update outlining lessons learnt via the financial assurance report at a future meeting to provide assurance to the Committee.

HT

**Decision:**

The Committee considered the previous issues that have arisen through the use of the G-Cloud framework and acknowledged the steps taken to strengthen procurement processes in this area. The Committee agreed to **ADVISE** the Board of this situation noting the mitigating action that had been put in place.

**AC(24)53 Financial Assurance Report**

Mr Thomas introduced the Financial Assurance Report to the Committee. Mr Thomas highlighted that section 2.1 of the report outlines a proposal to change our Oracle system approvals. Currently, every order placed which is over £1 million is subject to approval from the Board, and once approved by Board it can only be signed off by the Director of Finance. Mr Thomas added that due to inflation, the number of requests for approvals over £1 million is becoming more frequent, and therefore the proposal is that the Assistant Director of Finance also be granted sign off authority for these higher value purchases of between £1 and £5 million, with the proviso that these purchases will already have been approved by the Board.

Ms Marks queried whether there was any potential for overspending of large budgets if this change were to be implemented. Mr Thomas responded that there are robust safeguards in place and any purchases of this value would be reported to Board as well as to the Strategic Development and Operational Delivery Committee (SDODC).

Mr Davies noted that in the 2023/24 financial year there were only three requisitions of the relevant value. The Chair acknowledged this comment and questioned whether a request to change the procurement approvals was necessary given the current figures. Mr Thomas said that after consideration of this point he was happy to continue with the status quo and would withdraw this matter from consideration by the Committee.

Mr Thomas noted that the reasons for the overpayment of salaries are outlined in Appendix 3. Mr Thomas explained that an Impairment Plan is implemented when a service has had more invested in it, in terms of its value, in proportion to what it is worth in a monetary sense. An example of an Impairment Plan being utilised is at Withybush Hospital, it has been estimated that £4 million per year is invested in Withybush, and a district valuation has been carried out by an impartial external valuation company to ascertain the monetary value of the building.

Mr Thomas assured the Committee that work is underway to increase scrutiny of contracts this year and robust tendering processes are in place for next year.

Ms Marks made known to the Committee a potential declaration of interest, she informed the Committee that whilst she was Chair of a local golf club in 2022, she helped raise £3,000 for a scanner for the hepatology department.

Mr Thomas said that the risk was now contained but that further work is needed to safeguard against future reoccurrence.

**Decision:**

The Committee **DISCUSSED** and **NOTED** the report. The Committee DID NOT agree to recommend the requested change to the Scheme of Delegation for approval by the Board. After careful consideration the Committee also agreed to **APPROVE** the losses outlined in the report recognising the detail regarding the Nurokor Limited loss was included in the In Committee pack due to the sensitive nature of this topic. The Committee agreed to **ASSURE** the Board.

**AC(24)54 Industrial Action Overpayments**

*This item was **DEFERRED** to the 9 May 2024 meeting.*

Dr Ardiana Gjini to attend the 9 May 2024 meeting to present on this item and give an update to the Committee.

**AG**

## AC(24)55 Counter Fraud Annual Report 2023/24

*Mr Benjamin Rees joined the Committee meeting.*

Mr Benjamin Rees attended the meeting to give a brief overview on the Counter Fraud Annual Report for the year 2023/24. Mr Rees noted that the Health Board have exceeded the targets by three days in total. Mr Rees advised that his department have had an increased level of engagement with the Police during this period, which has resulted in two arrests.

The Chair commended and thanked the author for an excellent report and for all the good work being undertaken in this important area.

### **Decision:**

The Committee **RECEIVED** and **NOTED** the Counter Fraud Annual Report. The Committee agreed to **ASSURE** the Board.

## AC(24)56 Counter Fraud Work Plan 2024/25

Mr Rees attended the meeting to present the Counter Fraud Work Plan for 2024/25 which was presented to the Committee for their approval. Mr Rees informed the Committee that a national thematic exercise is planned, which involves procurement, contract management and due diligence. This will be a 12-month exercise, in collaboration with NHS Wales Shared Services Partnership (NWSSSP) and Internal Audit.

Mr Rees noted the purpose of presenting the work plan to this Committee was to engage and gather feedback, as well as seeking the Committee's approval for the Work Plan. Mr Maynard Davies commended Mr Rees for the work undertaken by the small team.

Mr Imperato enquired regarding the top two or three items or highlights for this time next year. Mr Rees responded that the top two would be prevent and deter, followed by the work around procurement and emergent risks. The Chair encouraged Mr Rees to reach out should he and his team require any input or support from the Committee in the future.

It was agreed that Mrs Wilson, Mr Rees and Christine James (Policy Co-Ordination Officer) would meet to discuss how to improve links between Finance and Procurement processes, and to review existing policies.

**JW/BR**  
**/CJ**

### **Decision:**

The Committee **RECEIVED** and **APPROVED** the Counter Fraud Work Plan 2024/25. The Committee agreed to **ASSURE** the Board.

#### **AC(24)57 NHS Counter Fraud Authority Draft SRT Return**

Mr Rees attended the meeting to give a brief update on this item and was happy to report to the Committee that the overall rating is green. There is one amber rating currently listed under requirement 3, which is in place to focus minds and to put in place targets for improvement over the next 12 months. The next steps will be for the Committee to receive a draft report.

#### **Decision:**

The Committee received the NHS Counter Fraud Authority Draft SRT Return for information prior to it being submitted via the Counter Fraud Authority. The Committee agreed to **ASSURE** the Board.

*Mr Benjamin Rees left the Committee meeting.*

#### **AC(24)58 Review of Unscheduled Care**

*This item was **DEFERRED** to the 18 June 2024 meeting.*

#### **AC(24)59 Review of Operational Governance Arrangements across Service Directorates**

*This item was **DEFERRED** to the 18 June 2024 meeting.*

#### **AC(24)60 Internal Audit Plan Progress Report**

Mr James Johns introduced the Internal Audit Plan Progress Report and noted that section 2 details the audits finalised since the last meeting. A total of eight reports are presented in the report, with two rated as 'limited assurance'. Mr Johns advised the Committee that delivery of the Internal Audit Plan is on target, with conclusion of all the ongoing audit work anticipated prior to the submission of the Head of Internal Audit Opinion report by June 2024. Mr Johns noted that key areas of risk have previously been audited and therefore it was disappointing to see these reaudits return a limited assurance rating. The Committee noted that the Internal Audit programme is very much risk-focused, which has been agreed as an effective approach.

The Chair thanked Mr Johns for his report and noted that there have been a number of audits with an overall opinion of 'limited assurance' this year, given this he queried what the overall opinion from Internal Audit is likely to be at year end. Mr Johns responded that he has had ongoing meetings and discussions with the Director of Corporate Governance regarding the audits which have been rated as limited assurance, and that he would continue to work closely with colleagues to make improvements and increase our level of assurance. Mr Johns stated however, that an overall Head of Internal Audit opinion of limited assurance is a serious consideration.

Mrs Wilson noted that it was disappointing to receive a limited assurance rating in some of the audits; and added that a total of nine out

of thirty two audits received a limited assurance rating. It was agreed that Mrs Wilson and Mr Thomas would meet with Internal Audit colleagues Mr Johns, Mr Cookson and Ms Corbett to discuss the audits rated as limited assurance in further detail to gain a better understanding of areas of concern, and how to improve our assurance in these areas.

**JW/HT  
/JJ/SC**

The importance of continuing to improve on these whilst also safeguarding against compromising the independence of Internal Audit was also stressed as a priority by Mr Thomas.

**Decision:**

The Committee received the Internal Audit Plan Progress Report and took assurance with regard to the delivery of the Internal Audit plan for 2023/24 year and the outcomes of the finalised audit reports. However, due to the overall Limited Assurance rating the Committee agreed to **ADVISE** the Board.

**AC(24)61 Internal Audit Plan and Charter 2024/25**

Mr Johns presented the Internal Audit Plan and Charter 2024/25 to the Committee; the Plan and Charter is essentially a planning document setting out Internal Audit's strategic approach which is required to be presented to the Committee on an annual basis. In comparison to the previous years' Plan, Mr Johns advised that no specific changes to approach have been implemented this year.

Mr Johns informed the Committee that the updated Internal Audit standards will be in place by late 2025, and that he and his team have been developing the Plan for the year ahead, which will take into consideration the Health Board's plans and strategic direction. Mr Johns noted that Appendix A outlines areas which have been developed regarding areas highlighted by Targeted Intervention. Mr Johns added that the focus of this piece of work has been on significant areas in need of improvement.

Mr Maynard Davies queried whether there were any areas which colleagues consider important, but which did not make it into the Plan due to time or resource restraints. Mr Johns responded that there were indeed some areas which were raised during the audit process, however, this Plan has focused on the significant areas of concern and risk as a priority. Mrs Wilson acknowledged Mr Davies concerns and added that she has worked closely with Internal Audit colleagues to ensure that an appropriate balance of Health Board wide issues is included in the Plan and Charter document. Mrs Wilson added that the Plan will need to remain flexible, and any changes will be brought back to the Committee for approval.

In relation to digital services, Mrs Wilson added that Audit Wales will be undertaking a larger piece of work to help build digital resilience within the Health Board. Mr Johns added that there are specialist Information Technology Auditors within his team, and ongoing conversations have

been held with the Digital Director within the Digital Services directorate as well as Mr Thomas on this topic.

Mr Davies also queried whether a risk around Targeted Intervention (TI) governance should be included in the plan. Mrs Wilson responded that the areas outlined by TI are covered within the Plan, but there is no specific item for TI itself as these are addressed under other headings. Mr Davies raised a further query in regard to audit reference 12, which refers to revised operational governance structures. Mr Davies queried whether the review of revised operational governance structures was scheduled too soon considering that the structure will still be newly established, and whether this deadline allows sufficient time for the structure to fully embed. Mr Johns replied that he had taken the timeframes into consideration which is why the review will take place during the second half of the year. Mr Johns acknowledged that the structures would be new, however, he added that part of the value of the review would be to look at how the governance structures are developing.

In regard to the Charter, Mr Davies noted that it would be useful to update the wording in paragraph 2.4 to include reference to auditors' technical skills, as well as professional skills. It was agreed that Mr Johns would consider updating the wording in this section.

JJ

The Chair queried whether the process for audit reporting outlined in section 9.2, page 24 of the Charter was being adhered to. The Chair noted that there were a couple of areas which he has not been made aware of and on occasion progress was delayed with Internal Audit processes due to colleagues being slow to respond. The Chair highlighted the importance of adhering to the reporting procedure going forward such as informing the Chair of the Audit and Risk Assurance Committee if a response has not been received within 20 working days. The Chair noted that he was happy to have issues highlighted to him outside of the main Committee in standalone meetings, or as part of the regular Internal Audit reporting.

Further comments on the Charter were received from Mr Weir who noted that the management of bed capacity was included, but the scope only mentions the Pembrokeshire system. Mr Weir queried whether other acute sites would also be considered. Mr Johns noted that Pembrokeshire was highlighted during their planning work, but that the analysis would be applied when looking at other acute sites in the future. Mr Weir added that it would be useful to have an analysis of Carmarthenshire's bed capacity as a point of comparison in the future.

**Decision:**

The Committee received and **APPROVED** the Internal Audit Plan and Charter 2024/25 and agreed to **ASSURE** the Board.

## AC(24)62 WGH RAAC Internal Major Incident (Reasonable Assurance)

*Mrs Sam Hussell joined the meeting.*

Ms Sophie Corbett introduced the Withybush General Hospital (WGH) Reinforced Autoclaved Aerated Concrete (RAAC) Internal Major Incident report to the Committee. Ms Corbett noted that the purpose of this audit was to review the management of the Internal Major Incident which was declared at WGH in August 2023 due to the escalating issues regarding RAAC at this site. The audit considered the governance arrangements in regard to the management response such as decision making and access to mutual aid.

Ms Corbett advised that evidence reviewed, and discussions held with key officers collectively found that the incident was declared at the appropriate time, as the significance of the situation became apparent. The audit found that command and control procedures were properly invoked and attendance at meetings was good. However, decision logs were not properly utilised by the command and control structure, and whilst the minutes of the meetings were comprehensive, the key decisions weren't always explicit or easily identifiable.

The overall opinion of the audit was reasonable assurance with further details on the findings outlined in Appendix A of the report. In regard to the findings and lessons learned Mr Andrew Carruthers noted that a decision log will now be implemented to ensure that decisions are clear and easy to extract in the future.

Mrs Sam Hussell informed the Committee that the Operational Team are not currently included in the command-and-control structure, and this will be updated to allow the team to receive the relevant information in future such as meeting minutes and the Major Incidence Plan. In regard to governance in relation to decisions and minute taking, Mrs Hussell said that this would be addressed by supplying a trained loggist to service the command and control meetings, and decisions would be highlighted within the minutes to make them more easily retrievable as well as a decision log being utilised. Mrs Hussell added that her team have been working on increasing capacity in regard to offering training to staff to accurately log meetings and capture decisions to support this function.

### **Decision:**

The Committee **RECEIVED** the WGH RAAC Internal Major Incident report for information and agreed to **ASSURE** the Board.

*Mrs Sam Hussell left the meeting.*

## AC(24)63 Transforming Urgent and Emergency Care (TUEC) (Reasonable Assurance)

*Ms Alison Bishop joined the meeting.*

Ms Corbett presented the Transforming Urgent and Emergency Care (TUEC) report to the Committee. Ms Corbett advised the Committee that the purpose of this audit was to review the governance measures in place to monitor and manage the delivery of the TUEC programme. Ms Corbett added that operational plans are in place for each county, and these are aligned to the two programme pillars, however, inconsistencies within these operational plans were noted. Ms Corbett identified that there is no Health Board wide planning in place to deliver the TUEC programme, which would help drive operational activity at a county level.

Ms Corbett advised the Committee that the performance matrix is set out within the outcomes framework, and these are aligned to the six goals, however these were not aligned to the individual goals and projects which influence them, therefore it was difficult to determine the impact these had on 'the three Cs', which are namely, Conveyance, Convergence, and Complexity. Ms Corbett identified that the manner in which meeting actions were captured could be more robust. The overall opinion reached by this audit was reasonable assurance and Ms Corbett added that the audit findings are outlined in Appendix A, pg.10 of the report.

Mr Weir noted that the report sets out what the Key Performance Indicators (KPIs) are, however; the report has not outlined how these will be achieved, and by when. Ms Corbett responded that the overall aim is a reduction of 'the three Cs' to improve patient flow, however how much of a bed reduction is required to achieve this aim is beyond the scope of this audit. Mr Weir added that assurance was difficult to ascertain without a clear measure of progress in place. Mr Carruthers responded that there are long standing issues in terms of metrics and forecasting, which he and his team are beginning to work on, as well as the variation between the three counties and their approach. Mr Carruthers added that his team will be reviewing this and working towards a consistency of approach to help bring about greater transparency and efficiency.

Mr Imperato noted that in regard to the Operational Plans outlined in paragraphs 2.10 and 2.11 of the report in which the merits of developing a Health Board wide approach will be considered, this is listed as a medium priority which Mr Imperato queried as he stated in his view it would be more appropriate for this to be a high priority. Mr Carruthers responded to these comments by assuring Mr Imperato that a Health Board wide approach is already underway and that a consistency of approach is the shared goal across systems, but that the structures outlined in the report allow for increased accountability for progress and delivery of actions in relation to this work.

Mr Davies noted that the target date for delivery of item 3.1 is by the end of April 2024, and queried how this item was progressing. Mr Alexander confirmed that this action is now closed, and that a link to the previous meeting was included in the agenda for the current meeting, and clarification of decisions and actions have been made.



The Chair asked Mr Carruthers whether he was optimistic in regard to the deadline for review of this item and Mr Carruthers stated that a workshop has been scheduled for 21 May 2024, and his aim is to have a draft framework ready by the end of May 2024. Mr Carruthers added that it was regrettable that this programme of work hasn't been as visible as it should have been for a number of years, but that he was hopeful that this would be incorporated into a wider series of ongoing events going forward. It was agreed that Mr Carruthers would bring an update on TUEC to the 13 August 2024 meeting.

**AC**

Ms Marks noted that she was happy to assure the Board on this topic at this juncture, however she noted that the Committee would continue to closely monitor progress in this area and update the Board regarding our level of assurance accordingly.

**Decision:**

The Committee **RECEIVED** the Transforming Urgent and Emergency Care report for information and agreed to **ASSURE** the Board.

*Ms Alison Bishop left the meeting.*

**AC(24)64 Cleanliness/Cleaning Standards**

*This item was **DEFERRED** to the 9 May 2024 meeting.*

**AC(24)65 Elective Waiting List Management - Single Cancer Pathway (Reasonable Assurance)**

Ms Corbett introduced the Elective Waiting List Management - Single Cancer Pathway report to the Committee and noted that the purpose of the audit was to review the key controls in place to manage and mitigate the risks associated with failing to achieve the Welsh Government target of at least seventy five per cent of referred patients to commence treatment within sixty two days. This risk is included in the Health Board's Risk Register and the audit focused on the controls in place to mitigate this risk and any identifying any potential gaps in these controls. Ms Corbett noted that thirteen out of the fourteen controls were being implemented and operating as reported on the Risk Register. There is currently one control measure outstanding on the risk register in relation to the implementation of a rapid diagnostic clinic which is noted as ongoing.

Regarding governance, Ms Corbett noted that the Terms of Reference for the Cancer Delivery Board require updating. The audit concluded reasonable assurance overall, and outlined three key findings which are detailed in Appendix A, pg.10 of the report.

The Chair noted that the Cancer Delivery Board should perhaps be renamed to better reflect the work of the group, Mr Carruthers concurred with this suggestion and added that 'The Cancer Improvement and Delivery Group' could be a suitable alternative. Mr Keith Jones noted

that all of the actions with a March 2024 deadline for completion have now been completed and added that the revised Terms of Reference of the Cancer Delivery Group have been drafted and will be discussed and approved at their next meeting which is due to take place in May 2024.

Ms Marks flagged the number of cancer patients waiting sixty two days or more highlighted in the graph in item 2.1.2, and queried what more could be done to improve on these figures, given that it is also one of our key objectives under Targeted Intervention. Mr K Jones responded that around the year 2022 a significant backlog developed due to a broad range of operational challenges, and it has been identified that the predominant issue which has impeded our progress is in relation to the diagnostic stage of the pathway, rather than the treatment pathway of patient care. Mr K Jones added that improvement plans over the past year have been focused on redressing the balance between demand and capacity and noted that whilst we are aware of the improvements which need to be made, the overall trend is downwards and positive.

Ms Marks asked Mr K Jones to explain why the number of patients waiting over sixty two days appears to increase around November 2023, and whether this was related to an increased demand due to seasonal pressures. Mr K Jones responded that seasonal pressures did have a part to play in the figures, as well as the Christmas period and bank holidays and added that these figures falling below target run from November 2023 until January 2024. Mr K Jones noted that the British Medical Association Industrial Action also had a part to play in this in terms of reduced capacity during this period.

Ms Marks asked Mr K Jones to clarify the difference between the internal trajectory and the internal waits. Mr K Jones clarified that the internal trajectory refers to patients referred within Hywel Dda University Health Board (HDdUHB) and are therefore within our diagnostic and treatment influence. Internal waits refer to patients which require treatment at a tertiary centre such as Swansea Bay hospital for further diagnostic tests or specialist treatment which is not available within HDdUHB.

**Decision:**

The Committee **RECEIVED** the Elective Waiting List Management - Single Cancer Pathway report for information and agreed to **ASSURE** the Board.

**AC(24)66 GGH Fire Enforcement (BJC1)**

*This item was **DEFERRED** to the 9 May 2024 meeting.*

**AC(24)67 Records Digitisation Follow-up (Reasonable Assurance)**

Mr Johns presented the Records Digitisation Follow-up report to the Committee, he noted that this is a follow-up to a previous audit on this area which returned a 'limited assurance' opinion. Mr Johns noted that

there have been improvements in a number of key areas since the previous audit. The main purpose of this audit was to scrutinise the implementation of actions for improvement outlined in the previous audit.

Mr Johns found that there were a number of areas in which the actions outlined in the previous audit had been fully implemented, with good progress in relation to the other actions underway. The report found that three out of the four actions highlighted in the original review have now been fully implemented. Therefore, the overall opinion found by the follow-up audit has increased from limited to 'reasonable assurance'.

Mr Davies expressed his concerns regarding the management response on page 9 in relation to the Digital Health Records Programme Group. Mr Davies questioned why this group had not been leading on this work previously and whether the programme brief had been shared with any other group for their input. Mr Davies also queried the governance structures in place in relation to this group, and who the group reports to. Ms Karen Roberts, Programme Manager for Digital Health Records responded that the programme brief was implemented in Summer 2023 when she commenced in post, she noted that the programme is iterative and fluid in nature and has been signed off in its current form by Mr Carruthers. Ms Roberts added that as this is a programme of work consisting of multiple workstreams, therefore the reporting is by nature specific to the workstream in question. Mr Carruthers added that the group ultimately reports to the Operational Steering Group. In the event of Information Governance elements requiring sign-off, Mr Anthony Tracey noted that he will update the Information Governance Sub-Committee (IGSC) on these matters.

It was agreed that Mr Carruthers would consider the reporting processes in view of new Executive Team Governance structure and consider undertaking an appropriate review in regard to this programme of work.

AC

**Decision:**

The Committee **RECEIVED** the Records Digitisation Follow-up report for information and agreed to **ASSURE** the Board.

**AC(24)68 Discharge Management (Limited Assurance)**

*Ms Sarah Perry joined the meeting.*

Ms Corbett introduced the Discharge Management Audit Report to the Committee. Ms Corbett highlighted that the action plan requires updating; and noted that this is an issue across all three counties within the Health Board. In regard to the actions outlined in the February 2023 action plan, these have now been implemented. Ms Corbett also noted the implementation of the Frontier system, which is an Artificial Intelligence software which has been brought in to facilitate discharge management.

Ms Corbett informed the Committee that there were five key findings of the report, which are outlined on pg.10, Appendix A of the report.

Mr Carruthers noted a number of inconsistencies across the different sites within the Hywel Dda University Health Board and added that there was a need to make progress with the actions to deliver the improvement.

The Chair raised that five of the recommendations from the 2021/22 improvement report have not yet been implemented. Mr Carruthers acknowledged this point but noted that there is a need to address issues locally in the first instance as a matter of priority. Mr Winston Weir noted that there were a number of actions for the Interim Assistant Director of Nursing which he did not feel were appropriate to assign solely to this position, and he felt that this important area should also be the responsibility of county leads. Mr Carruthers responded that this was an interim arrangement, which will be realigned with the implementation of the new Operational Structure. In regard to whether this position has the necessary authority to drive this agenda forward, Mr Carruthers assured Mr Weir that this role did have the necessary delegated authority from him in his capacity as Director of Operations.

Ms Perry added that in terms of discharge management her team were working closely with community and acute services to increase assurance in this area and provide appropriate solutions for patients. In regard to meeting deadlines, Mr Carruthers assured the Chair that the deadline for publication of the revised policy by June 2024 would be met.

It was agreed that an update report would be submitted to the Committee for discussion at the 13 August 2024 meeting. It was also agreed that a copy of the Discharge Management Internal Audit report be shared with the Chair of the Quality and Safety Executive Committee (QSEC) for their information.

**AC**

**KG**

**Decision:**

The Committee **RECEIVED** the Discharge Management report for information and agreed to **ADVISE** the Board due to the opinion of Limited Assurance recognising these recommendations have outstanding for a significant period of time. It was agreed that this item would be managed internally at this point, and an update would come to the meeting in four months' time at the August 2024 Committee meeting.

*Ms Sarah Perry left the meeting.*

**AC(24)69 Agency/Rostering (Reasonable Assurance)**

*Mrs Lisa Gostling joined the Committee meeting.*

Ms Corbett presented the Agency/Rostering report to the Committee, the purpose of which was to review agency use and rostering within the organisation, as well as progress on actions arising from the previous audit which was carried out in 2022/23. Ms Corbett noted improved monitoring arrangements including regular reporting of temporary staff

usage and the establishment of a nursing staff rostering group. Ms Corbett reported some losses of personnel within the rostering team which have had an impact on rostering audit plans, however a roster audit plan has now been established which is demonstrating improvements. One area of concern from the audit's plans is there is currently no follow-up process in place to ensure that actions are completed. In regard to rostering efficiency, this was also identified as an area which required strengthening and a recommendation of the report is to provide additional training to staff in this area.

In relation to the use of agency staff, in June 2023 the Health Board ceased using non-framework agencies and this resulted in a reduction in variable pay costs and agency spend has reduced from nearly eight per cent in April 2023, to less than five per cent in December 2023. The overall opinion of the audit was 'reasonable assurance', and there were three key actions highlighted in the report. The findings of the report are detailed in Appendix A, page 9.

Mrs Lisa Gostling noted that the findings of the report and the overall 'reasonable assurance' determined by the audit was encouraging. In regard to next steps Mrs Gostling informed the Committee that actions identified in the report are underway and the Health Board is on target to deliver by the deadline of September 2024, if not ahead of this deadline. Regarding the action in relation to training provision, Mrs Gostling advised that a training package is currently being developed by the Roster Team. In regard to occurrences of additional duties and shifts being added to rosters retrospectively, Mrs Gostling noted that conversations have been held with the Performance Team who are working on adding extra fields under the performance dashboard so that this can be flagged going forward and managed accordingly. Mrs Gostling added that she has also met with Mr Carruthers regarding restricting the ability of staff to add extra tiles to rosters to ensure that control of this area is brought more in house.

**Decision:**

The Committee **RECEIVED** the Agency/Rostering report for information and agreed to **ASSURE** the Board.

*Mrs Lisa Gostling left the Committee meeting.*

**AC(24)70 Cross Hands Health and Wellbeing Centre Capital Scheme (Reasonable Assurance)**

*Ms Eldeg Rosser and Mr Rob Elliott joined the Committee meeting.*

Mr Eifion Jones gave a brief update regarding the Cross Hands Health and Wellbeing Centre Capital Scheme audit report to the Committee. Mr E Jones informed the Committee that, at the time of the review, a full business case was in progress, however due to a limited market response to the sub-contractor packages, a further sub-contractor

tendering exercise was required, and a Value Engineering Review was requested to affirm value for money and to align this with the Outline Business Case (OBC) cost. These issues resulted in the Full Business Case (FBC) submission being delayed by approximately seven months.

Mr E Jones noted that there are ten recommendations outlined in the report, some of the key issues highlighted included: project reporting, confirmation of design sign-off prior to submission of the FBC and commencement of building works, and the requirement to demonstrate lessons learned from the shared initiation of prior projects.

The need to hold ongoing conversations with Welsh Government regarding the developing OBC situation was also highlighted and Mr E Jones advised that an overall opinion of reasonable assurance was determined by the report.

Mr Rob Elliott acknowledged that this had been a challenging project, especially in regard to the fluctuating projected costs. Ms Eldeg Rosser noted this was one of the main risks associated with the project, Ms Rosser advised the Committee that now the final projected costs have been received will go through the formal internal approval processes via the Executive Team, then onto the Strategic Development and Operational Delivery Committee (SDOD) and ultimately to Board in May 2024 for their approval. Ms Rosser noted that there has been a general trend regarding the increase in capital costs across the board, and this is also seen in other Health Boards and NHS sites.

Ms Marks queried what impact if any, there would be on the local population as a result of the delays to the scheme. Mr Elliott responded that they would be continuing to use the older building but would not be benefiting from the improvements available within the new scheme as result of the delays. Mr Elliott advised that the greater risk would be that the project may not progress due to the increasing costs which could lead to Welsh Government withdrawing support of the scheme.

**Decision:**

The Committee **RECEIVED** the Cross Hands Health and Wellbeing Centre Capital Scheme report for information and agreed to **ASSURE** the Board.

*Ms Eldeg Rosser and Mr Rob Elliott left the Committee meeting.*

**AC(24)71 Consultant Job Planning Follow-up (Limited Assurance)**

*Mr Mark Henwood joined the Committee meeting.*

Mr Johns introduced the Consultant Job Planning Follow-up report to the Committee, the report is a follow-up to the previous audit and therefore was focussing on progress against recommendations and actions highlighted in the previous audit. Mr Johns noted that there had been an increase in job planning compliance, however, the report found that

further work is needed in regard to the quality of job plans and how job plans are documented relating to service and personal outcomes as well as the Supporting Professional Activities (SPA) work, and the level of detail recorded regarding those regarding significant improvement. Mr Johns added that the use of the Electronic Staff Record (ESR) to record job planning sessions could also be improved upon. As a result of these findings, the overall opinion determined by the audit was limited assurance.

Mr Mark Henwood thanked Mr Johns and his team for the report and noted that this audit provides a good opportunity to introduce improvements and has arrived at an apt time as he commences in his role as Interim Medical Director. Mr Henwood noted that job planning can be a challenging subject and is received differently by different staff groups. However, he noted that the recommendations of the audit are achievable, and he has already introduced a formal escalation process in relation to job planning. Mr Henwood noted that he has met with Mr Carruthers to discuss how to increase oversight and accountability for directorates which are underperforming in this area.

It was agreed that Mr Henwood would bring an update on this item to the 13 August 2024 meeting.

**MH**

**Decision:**

The Committee **RECEIVED** and **DISCUSSED** the Consultant Job Planning Follow-up report for information and agreed to **ADVISE** the Board due to the Limited Assurance opinion determined by the audit.

*Mr Mark Henwood left the Committee meeting.*

**AC(24)72 Audit Tracker**

Ms Charlotte Wilmshurst introduced the Health Board Audit Tracker to the Committee and noted that the Mental Health directorate has been escalated as an area of concern. The Chair questioned what the next steps are in regard to this risk, as he noted that this is the fourth time this area has been escalated to this Committee.

Mrs Wilson informed the Committee that the Senior Management Team within this directorate are relatively new in post, and therefore advised that the Committee allow the team time to embed within their roles and within the wider directorate in the first instance. Mrs Wilson suggested that this risk be revisited in August 2024, and if the position has not improved by then the Committee should escalate this matter with the Director of Mental Health Services and the Board.

It was agreed that the Chair and Mrs Wilson would highlight in the Update Report to Board the emerging trend of the Mental Health directorate being raised as a service of concern.

**RE /  
JW**

**Decision:**

The Committee received the Audit Tracker and took **ASSURANCE** on the rolling programme to collate updates from services on a bi-monthly basis in order to report progress to the Committee; and **NOTED** those services highlighted as a Service of Concern. The Committee agreed to **ADVISE** the Board regarding the Mental Health directorate being raised as a Service of Concern.

**AC(24)73 Audit and Risk Assurance Committee Work Programme 2024/25**

The Committee received and noted the Audit & Risk Assurance Committee Work Programme 2024/25.

**Decision:**

The Committee **RECEIVED** the Audit and Risk Assurance Committee Work Programme for information and agreed to **ASSURE** the Board.

**AC(24)74 National Internal Audit Reports**

There were no National Internal Audit Reports received on this occasion.

**AC(24)75 Any Other Business**

There was no other business to discuss on this occasion.

**AC(24)76 Matters and Risks for Escalation to the Board**

Key items to alert, advise or assure the Board will be submitted via the Committee Update Report to the May 2024 Board meeting.

**AC(24)77 Date and Time of Next Meeting/s**

- Thursday 9 May 2024, 9.30am, (Review of Draft Annual Accounts and Accountability Report)
- Tuesday 18 June 2024, 9.30am, (Routine Meeting)