

Swansea Bay University Health Board
Unconfirmed
**Minutes of the Meeting of the Audit Committee
held on Wednesday, 19th January 2022 at 9.30am
Microsoft Teams**

Present:

Nuria Zolle	Independent Member (in the Chair)
Patricia Price	Independent Member
Keith Lloyd	Independent Member
Tom Crick	Independent Member

In Attendance:

Andrew Biston	Assistant Director of Finance - Accounting and Governance
Darren Griffiths	Director of Finance and Performance
Len Cozens	Head of Compliance
Osian Lloyd	Deputy Head of Internal Audit
Jason Blewitt	Audit Wales
Anne Beegan	Audit Wales
Hazel Lloyd	Acting Director of Corporate Governance
Simon Cookson	Director of Audit and Assurance
Siân Harrop-Griffiths	Director of Strategy (minute 12/22)
Michelle Davies	Head of Strategic Planning (minute 12/22)
Judith Vincent	Clinical Director for Pharmacy (minute 12/22)
Rhys Howell	Pharmaceutical Advisor (minute 12/22)
Leah Joseph	Corporate Governance Officer

Minute No.		Action
01/22	APOLOGIES	
	The following apologies were noted: Jackie Davies, Independent Member; Gareth Howells, Director of Nursing and Patient Experience (Interim); Paul Mapson, Independent Financial Advisor.	
02/22	WELCOME / INTRODUCTORY REMARKS	
	The chair welcomed everyone to the meeting, in particular Keith Lloyd as it was his first Audit Committee meeting as Independent Member.	

03/22	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
04/22	MINUTES OF THE PREVIOUS MEETING	
Resolved:	The minutes of the meeting held on 19 th November 2021 was received and confirmed as a true and accurate record.	
05/22	MATTERS ARISING	
	There were no items raised under matters arising.	
06/22	ACTION LOG	
Resolved:	The action log was received and noted .	
07/22	WORK PROGRAMME 2021/22	
Resolved:	The work programme was received and noted .	
08/22	AUDIT REGISTERS AND STATUS OF RECOMMENDATIONS	
	<p>A report providing an update on audit registers and status of recommendations was received.</p> <p>In introducing the audit registers and status of recommendations, Len Cozens highlighted the following points:</p> <ul style="list-style-type: none"> - The report included all updates to the audit registers made up to and including the 17th December 2021; - There is a number of agreed actions recorded on the audit register that do not have calendar deadline dates. The Head of Compliance is working with the relevant management teams to establish the most up to date position in respect of progress with these actions; - There was a reduction surrounding external audit recommendations due to completion and closures relating to actions. There are a total of 30 overdue recommendations; 	

	<ul style="list-style-type: none"> - There was a reduction in the number of internal audit overdue recommendations due to completion and closures relating to actions. There are a total of 78 overdue recommendations; - Estates have reorganised its tracker in light of a change in lead executive from Director of Nursing and Patient Experience to Director Finance and Performance; - There is now a clearer distinction related to Audit Wales reports, and the appendices provided additional assurance for committee members. <p>In discussing the item, the following points were made:</p> <p>Nuria Zolle, thanked Len Cozens and his team for their work on the audit tracker. She found the report thorough and stated that going forward, she intended to invite service groups and lead executives to Audit Committee to discuss their outstanding recommendations. She felt assured by the detail with the report and appendices. She noted more work is being done to identify a whole systems approach to monitoring external review recommendations that are currently being overseen by other Committees.</p> <p>Hazel Lloyd thanked Len Cozens for his continued work with the audit register and status of recommendations, and noted that there were firm foundations to move forward. She welcomed comments from committee members surrounding the style of the report. Patricia Price found the report helpful and clear. Anne Beegan felt the report reflected the recommendations within Audit Wales’ structured assessment, and noted that it was good to see the detail and summary to understand the full position and challenges with the recommendations.</p>	
<p>Resolved:</p>	<p>The current position of the audit registers and the status of the action plans was noted.</p> <p>The Chair agreed to work with Len Cozens and his team to identify a trigger point to invite leads who had overdue recommendations.</p>	<p>NZ</p>
<p>09/22</p>	<p>CLAIM’S MANAGEMENT POLICY</p>	
	<p>The claim’s management policy was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The policy had been taken through Management Board on 12th January 2022; - One of the changes to the policy related to financial reimbursement from Welsh Risk Pool. The claims reimbursement procedure now required the Health Board to submit a Learning from Events Report 	

	<p>(LFER) on a case, where a decision to settle is made and the LFER has to be submitted within 60 days of the decision to settle is made. The Health Board was required to submit a case management report, with approved learning from the Welsh Risk Pool and has to be submitted within four calendar months of the last financial payment on the case.</p> <p>In discussing the item, the following points were made:</p> <p>Darren Griffiths advised that the Health Board required individuals to be timely and accurate when managing the lessons learned as this would strengthen preventative work to reduce further claims to the Health Board. Hazel Lloyd advised that it was critical that Health Boards have financial penalties, and comprehensive training had been provided to minimise future financial penalties. She suggested that a further reminder from Darren Griffiths to the team could be useful. Darren Griffiths and Hazel Lloyd undertook to discuss the approach outside of the committee meeting.</p>	DG/HL
Resolved:	<ul style="list-style-type: none"> - A discussion to take place to decide how communication would be circulated to staff to remind them of the financial penalties related to the claims reimbursement procedure. - The claim's management policy was ratified. 	DG/HL
10/22	BOARD EFFECTIVENESS ACTION PLAN	
	<p>The Board effectiveness action plan was received.</p> <p>In introducing the report, Len Cozens highlighted the following points:</p> <ul style="list-style-type: none"> - Leads have supplied revised deadlines for the actions relating to seven areas where actions have not been completed within the original agreed deadlines; - The revised action plan is due in March 2022. <p>In discussing the item, Nuria Zolle reflected that she welcomed the revised action plan as many actions relate to communications and behaviour.</p>	
Resolved:	The progress made as detailed within the updated Board effectiveness assessment action plan was noted .	
11/22	AMENDMENTS TO THE SCHEME OF DELEGATION	
	A report on the amendments to the scheme of delegation was received .	

	<p>In introducing the report, Hazel Lloyd highlighted the report included the current delegation limit and the proposed delegation limits following a review to bring the approval levels in-line with the others.</p> <p>In discussing the item, the following points were made:</p> <p>Nuria Zolle queried whether Swansea Bay University Health Board (SBUHB) was an outlier in comparison with other Health Boards.</p> <p>Patricia Price queried how the delegation limits were set. Darren Griffiths advised that there has been a flow of chair's actions in the range of £500k to £700k recently due to timeliness of each action, and a reporting mechanism is in place to the in-committee Board meeting. He advised that the Head of Corporate Governance completed a piece of work at the beginning of the COVID-19 pandemic to see what different approaches other Health Boards were taking. At the time of the work, SBUHB was in the middle of the group. Hazel Lloyd confirmed that currently SBUHB remains in the middle of the group when compared to other Health Boards.</p> <p>Patricia Price queried process for delegations over £1m. Hazel Lloyd advised that financial limits above £1m are sent to Welsh Government for sign off. Darren Griffiths supported the updates to the scheme of delegation and noted that there was a balance of transparency to the Board which was important.</p>	
Resolved:	The amendments to the scheme of delegation was approved .	
12/22	INTERNAL AUDIT ASSIGNMENT SUMMARY AND PROGRESS REPORT	
	<p>The internal audit assignment summary and progress report was received.</p> <p>In introducing the report, Simon Cookson highlighted the following points:</p> <ul style="list-style-type: none"> - The review of the partnership governance arrangement between SBUHB and Hywel Dda University Health Board has been deferred at the request of management. It is proposed to reschedule the audit from quarter one 2023/24 onwards; - The digital strategy implementation (analytics) has been deferred to the 2022/23 internal audit plan as the three-year strategy has only recently been approved. <p>In introducing the final internal audit reports, Osian Lloyd highlighted the following:</p> <ul style="list-style-type: none"> - The quality and safety framework final internal audit report issued a limited assurance rating. The report compliments the Audit Wales work that was previously undertaken. The internal audit team 	

worked closely with Hazel Lloyd. And the previous Director of Corporate Governance;

- The Hospital Electronic Prescribing and Medicines Administration (HEMPA) IT application final internal audit report issued a reasonable assurance rating. The report included two high priority findings concerning no regular performance meetings and a lack of clarity regarding the vulnerability status of the database;
- The delivery framework final internal audit briefing paper highlighted that progress had been made, however due to a number of the elements which support the framework being in the early stages of implementation, internal audit were unable to assign a progress rating.

In discussing the delivery framework final internal audit briefing paper, the following points were made:

Nuria Zolle highlighted the budget holder issues detailed in the delivery framework final internal audit briefing paper. Darren Griffiths was grateful for the internal audit work, and advised that the internal audit team had given their findings, further details and actions which was helpful. He noted that although the letters to budget holders were issued, they had not been signed or returned and in light of this, there was learning that could be taken forward. The approach towards budget holders had been sensitive throughout the COVID-19 pandemic, and pushing the allocation of savings had been a challenge with staff. He highlighted that training remained an ambition for 2022/23. Nuria Zolle noted that the report would be shared with the Performance and Finance Committee in the future and welcomed the response.

Nuria Zolle welcomed Siân Harrop-Griffiths and Michelle Davies to the meeting.

In discussing the child and adolescent mental health service (CAMHS) commissioning arrangements, Osian Lloyd highlighted the following:

- The CAMHS commissioning arrangements final internal audit report issued a limited assurance rating. There was a good level of engagement on the findings with strategy, however there is a need for a cohesive plan as there was lack of a service level agreement or service specification.

In discussing the CAMHS commissioning arrangements internal audit report, the following points were made:

Keith Lloyd highlighted that there may be an increase in mental health problems in young people following the COVID-19 pandemic which is a major area of risk for the Health Board. He required assurance following

the action plan for timings of resolution, and queried whether the sale of Trehafod would coincide with the risks.

Siân Harrop-Griffiths informed committee members that Michelle Davies was leading on the planning and commissioning work, however she was also covering another role due to staff shortages. Siân Harrop-Griffiths noted that although the area has been a concern for some time, she was disappointed with the rating. She had previously challenged the assurance rating with internal audit as she felt the work undertaken had not been reflected in the rating. The action plan had been developed, however she had concerns to deliver within those timescales. The recruitment process was ongoing and this was expected to complete in March 2022. There had been staff shortages within the CAMHS team which had delayed the development of the service level agreement, and was not confident that the service level agreement would be developed by April 2022. She advised that the timescales needed to be reviewed, and assured committee members that CAHMS reports had been taken through Performance and Finance Committee, Quality and Safety Committee but this had not been reflected in the internal audit final report. She detailed that the sale of Trehafod would not impact the delivery of the service.

Michelle Davies supported Siân Harrop-Griffiths' comments, and highlighted that the lack of resource and access to CAHMS remained concerns for the service. She assured committee members that discussions on the four specific high recommendations were ongoing and arrangements were underway to ensure the actions were robust. There was a multi-agency team meeting in place, and the team meet with partners every two weeks to provide solutions for emotional wellbeing to mitigate risks. The terms of reference was in place and quarterly updates would be taken through Management Board going forward.

Patricia Price thanked Michelle Davies and Siân Harrop-Griffiths for their insight. She recognised the pressures but noted that the Health Board had been exposed for risks around monitoring service quality. Siân Harrop-Griffiths advised that the service required close monitoring and understood that CAMHS remained a quality and safety risk. She stated that although the risk had been on the risk register for some time, the risk score had been reduced due to the mitigating work. She stated that although she did not agree with the internal audit rating, the review would improve some of the arrangements in place.

Siân Harrop-Griffiths highlighted that the Health Board commissions very few services with clear key performance indicators, and a clear and specific service level agreement would be needed. The review of service level agreements will be undertaken across all services for more robust commissioning arrangements.

	<p>Nuria Zolle thanked Sian for her frank response and queried whether internal audit were content with the management response. Simon Cookson was content with the management response and highlighted that the team were aware of Siân Harrop-Griffiths' views. The team were comfortable with the rating and timings would need to be worked through in light of the staff shortages. Nuria Zolle thanked Internal Audit and asked Sian to work with Len to talk about the timings in the management response, in light of her comments.</p> <p>Siân Harrop-Griffiths and Michelle Davies left the meeting.</p> <p>In discussing the controlled drugs governance internal audit briefing paper, Osian Lloyd highlighted the following:</p> <ul style="list-style-type: none"> - Progress was being made however, due to the scope of the review focussing on seeking to provide an update on progress of the strengthening phases, and that this is still maturing, internal audit were unable to determine whether service group's controlled drugs assurance plans were collectively addressing all areas of controlled drugs control weakness. A possible compliance audit may take place in the next year along with spot checks. There was good engagement with the pharmacy team. <p>In discussing the controlled drugs governance internal audit brief paper the following points were made:</p> <p>Rhys Howell advised that when internal audit began their review, the three phased approach was not in place. There was a separate piece ongoing to test the desired effect. Judith Vincent highlighted that there was good engagement with both teams and the implementation of the governance framework was a cultural shift. Nuria Zolle referred the controlled drugs governance internal audit briefing paper to Quality and Safety Committee for discussion. Judith Vincent and Rhys Howell left the meeting.</p> <p>In discussing the COVID-19 governance follow up internal audit report, Osian Lloyd highlighted that all actions have progressed well and the report could be used to form part of the pandemic public enquiry.</p> <p>Nuria thanked the internal audit team for their reports and requested the quality and safety framework internal audit report be referred to the Quality and Safety Committee. She requested that the report was brought back to March's Audit Committee for lead executives to discuss the progress with committee members. She queried whether the Health Board was an outlier in relation to the management requests for deferral of the internal audit reviews. Simon Cookson advised that SBUHB was not an outlier.</p>	<p>NZ</p> <p>NZ</p> <p>NZ</p>
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<p>Resolved:</p>	<ul style="list-style-type: none"> - Quality and safety framework internal audit report brought back to March's Audit Committee meeting for discussion with lead executives - Quality and safety framework internal audit report be referred to Quality and Safety Committee - Controlled drugs governance internal audit briefing paper be referred to the Quality and Safety Committee. - Committee members approved the deferral of the partnership governance arrangement between SBUHB and HDUHB. - Committee members approved the deferral of the digital strategy implementation (analytics) review. - The CAMHS commissioning arrangements final internal audit report was noted. - The quality and safety framework internal audit report was noted. - The internal audit progress report was noted. - The HEMPA IT application final internal audit report was noted. - The controlled drugs governance internal audit briefing paper was noted. - The delivery framework final internal audit briefing paper was noted. 	<p>NZ</p> <p>NZ</p> <p>NZ</p>
<p>13/22</p>	<p>AUDIT WALES PERFORMANCE AND PROGRESS REPORT</p>	
	<p>The Audit Wales performance report was received.</p> <p>In introducing the report, Anne Beegan and Jason Blewitt highlighted the following points:</p> <ul style="list-style-type: none"> - The audit of the 2020-21 charitable funds accounts has completed and an unqualified opinion was provided by the Auditor General in December 2021; - Orthopedic services follow up audit review is due to complete in March 2022; - The review of the commissioning and contracting arrangements post-Bridgend boundary change is due to complete in March 2022; - Work has not yet started on the review of unscheduled care. This is expected to begin next month; 	

	<ul style="list-style-type: none"> - The radiology services update on progress report was positive. There are four recommendations that are ongoing. <p>In discussing the reports, the following points were made:</p> <p>Nuria Zolle advised that there was a need to discuss where the service sits from a reporting perspective. Darren Griffiths advised that the profile of radiology in executive’s discussions had increased and there was an opportunity of recover monies to implement sustainable plans. He stated that SBUHB was able to bring forward the purchase of CT scanners and additional equipment. Keith Lloyd agreed with Darren Griffiths comments and noted the positive work ongoing surrounding diagnostic radiology.</p>	
Resolved:	The Audit Wales performance and progress report was noted .	
14/22	AUDIT WALES QUALITY GOVERNANCE REVIEW	
	<p>The Audit Wales quality governance review was received.</p> <p>In introducing the report, Anne Beegan highlighted the following points:</p> <p>The review tested the ‘floor to board’ perspective which examined the arrangements for the integrated surgical services division;</p> <ul style="list-style-type: none"> - Morriston Hospital was referenced heavily within the report due to the type of service that was reviewed; - Resources to support quality governance are limited, despite good corporate risk arrangements. <p>In discussion of the report, the following points were raised:</p> <p>Nuria Zolle thanked Audit Wales and undertook to refer the report to the Quality and Safety Committee for discussion. She highlighted that the clinical audit plan was scheduled to be taken to March’s Audit Committee for assurance of progress.</p> <p>Hazel Lloyd advised that SBUHB did its own review of governance arrangements, and the three reports helped the relaunch of the new arrangements. There have been detailed discussions at Management Board and executive team meetings. The Chief Executive had facilitated time-out sessions in February and March to allow time for discussions. A detailed report and improvement plan had been scheduled for March’s Health Board meeting and following the meeting the plan would be scrutinised by the Quality and Safety Committee. She stated that work had commenced on the Neath Port Talbot and Singleton Hospital risk register and relevant training has been provided.</p>	NZ

	<p>Patricia Price welcomed Hazel Lloyd’s comments and noted there was an area of concern in risk and quality management. She found the Audit Wales report useful and it provided context.</p> <p>Darren Griffiths supported Hazel Lloyd’s comments and advised that quarter three performance reviews of the service groups had begun. The quality governance review was a more transparent way to refine the recovery and sustainability plan and was a reflection into the prioritisation plans. Anne Beegan reflected that arrangements were only as robust as shown and Audit Wales are expecting to attend a future Health Board meeting to see the changes implemented.</p>	
Resolved:	<ul style="list-style-type: none"> - The Audit Wales quality governance report to be referred to Quality and Safety Committee. - The report was noted. 	NZ
15/22	STRUCTURED ASSESSMENT	
	<p>The structured assessment was received.</p> <p>In introducing the report, Anne Beegan highlighted the following points:</p> <ul style="list-style-type: none"> - The report was broadly positive and aligned with the internal audit report; - There were a few practical arrangements that required review e.g. Health Board website and access to Board information. <p>In discussion of the report, the following points were raised:</p> <p>Nuria Zolle found the report helpful, clear and the full oversight was good. She queried whether the auditor general position on pensions was across the United Kingdom. Jason Blewitt advised that the approach is less prescriptive in Scotland, and England had a similar approach to Wales.</p> <p>Darren Griffiths stated that the report was balanced and reflected the Health Board’s position accurately. The Chief Executive was due to meet with lead executives to build structures surrounding communication and performance reports. He noted that Welsh Government had provided the delivery measures and the Health Board is looking towards the updated trajectories.</p>	
Resolved:	The structure assessment was noted .	
16/22	AUDIT WALES ANNUAL AUDIT REPORT	

	<p>The Audit Wales annual audit report was received.</p> <p>In introducing the report, Jason Blewitt thanked SBUHB for its help and co-operation for working through the COVID-19 pandemic to support the delivery of accounts.</p> <p>In discussion of the report, the following points were raised:</p> <p>Anne Beegan thanked SBUHB for its support and noted that the report would be taken to the Health Board meeting on 27th January 2022.</p>	
Resolved:	The report was noted .	
17/22	WHSSC GOVERNANCE REVIEW AND MANAGEMENT REPORT	
	<p>A verbal update on the Welsh Health Specialised Services Committee (WHSSC) governance review and management report was received.</p> <p>In introducing the update, Hazel Lloyd highlighted that the report was going to WHSSC this week and was scheduled to be taken to March's Health Board meeting.</p>	
Resolved:	The verbal update was noted .	
18/22	FINANCE UPDATE	
	<p>Darren Griffiths provided a verbal update on the financial position and highlighted the following points:</p> <ul style="list-style-type: none"> - The financial position for month nine stood at an in-month overspend of £1.885m which led to a cumulative deficit of £17.569m to date; - Trajectory to £24.4m forecast is £18.304m so the position is slightly within the trajectory. SBUHB is on track for the £24.405 forecast; - Income was overspent by £2.2m; - Pay was underspent by £8.2, and non-pay was overspent by £7.0m. The corporate plan was £16.6m over which gives the position; - A pay circular was released for band one to band five for a 1% increase and one additional annual leave; 	

	<ul style="list-style-type: none"> - Independent Members would be briefed at Performance and Finance in-committee session which will highlight good allocation of 2.8% sustainability settlement which is positive; - There is currently no other funding available for local COVID-19 costs; - A workforce has been deployed to support the need for extra beds; - The SBUHB chair, vice chair and Performance and Finance Committee chair have been briefed around utility pressures; - There has been less spend in catering, dental and road traffic accidents; <p>In discussion of the update, the following points were raised:</p> <p>Nuria Zolle highlighted that control systems remained a focus for Audit Committee, however she felt assured by the detail provided. She noted that the mechanism of control need to work effectively. Darren Griffiths advised that controls would be increased next year, however that is not to say that the controls in place this year were not appropriate.</p> <p>Keith Lloyd queried how the predicted deficit of £24m with the integrated medium term plan work for NHS Wales. Darren Griffiths advised that only Hywel Dda University Health Board and SBUHB had forecasted a deficit and the 2.8% allocation would assist with pressures. He stated that he was due to meet with Welsh Government on 3rd February 2022 to describe the plan in draft which would provide an opportunity to ask whether Welsh Government could provide further support.</p>	
Resolved:	The finance update was noted .	
19/22	ANNUAL ACCOUNTS TIMETABLE AND PLAN	
	<p>The annual accounts timetable and plan was received.</p> <p>In introducing the report, Andrew Biston highlighted the following points:</p> <ul style="list-style-type: none"> - Welsh Government issued the draft manual for accounts on 21st December 2021 which will be discussed by the All Wales Technical Accounting Group at its meeting on 25th January 2022; - Interim audit work has not yet commenced due to resource issues at Audit Wales and a meeting with Audit Wales is planned for 12th January 2022 to agree a timescale for the interim audit work; - It is intended that the detailed closure plan for the year end accounts will be shared with Audit Wales by 24th January 2022 as 	

	<p>well as across the Finance Directorate and with all other departments providing information to the accounts closure process.</p> <ul style="list-style-type: none"> - There are a few risks, however they are hopefully reducing following contingency plans and mitigation actions in place; - An all-Wales methodology has been agreed around the pay circular for staff to be able to sell back their annual leave. This is a large piece of work which needs to be undertaken; - A further update at March's Audit Committee is due to detail key estimates. <p>In discussing the report, Nuria Zolle highlighted that the risks need to be monitored closely as they emerge along with actions taken to mitigate the risks.</p>	
Resolved:	The year-end annual accounts timetable and closure plan was approved .	
20/22	LOSSES AND SPECIAL PAYMENTS	
	<p>The losses and special payments report was received.</p> <p>In introducing the report, Andrew Biston highlighted the following points:</p> <ul style="list-style-type: none"> - The losses and special payments recorded during the period 1st August 2021 to 30th November 2021 totalled £3,939,079 of which £3,157,113 is recoverable from the Welsh Risk Pool, meaning that the actual loss to SBUHB in the period totals £781,966; - The gross losses for the period include three settlement payments in excess of £2m totalling £12,334,664; - Of the losses and special payments made in the period a total of £1,775,234 related to cases pre 31st March 2019 for locations which transferred to Cwm Taf Morgannwg University Health Board on 1st April 2019 of which the actual loss after recoveries are taken into account was £170,428; - After the recoveries from Welsh Risk Pool are taken into account, the net loss of £1,408,710 to SBUHB for the period 1st April to 30th November 2021 is higher than the net loss of £1,140,692 for the comparable period 1st April to 30th November 2020; - There is an expectation that a number of claims would be raised in the future around nosocomial COVID-19 infections. 	
Resolved:	The losses and special payments report was noted .	

21/22	ITEMS TO REFER TO OTHER COMMITTEES	
Resolved:	<p>The following items were referred to other committees:</p> <ul style="list-style-type: none"> i. <u>12/22 Quality and safety framework internal audit report</u> Quality and safety framework internal audit report be referred to the Quality and Safety Committee. ii. <u>12/22 Controlled drugs governance internal audit briefing paper</u> Controlled drugs governance internal audit briefing paper be referred to the Quality and Safety Committee. iii. <u>14/22 Audit Wales' quality governance report</u> Quality governance report to be referred to Quality and Safety Committee. 	
23/22	MEETING EFFECTIVENESS	
	<p>Nuria Zolle asked committee members to reflect on the meeting and was keen for people's views on bringing managers and lead executives to committee meetings to discuss limited assurance internal audit reports. Simon Cookson supported the attendance of managers and executive directors to discuss the limited assurance reports to provide context and details on the outstanding recommendations.</p> <p>Hazel Lloyd reflected that the meeting was well chaired and noted that it was helpful to bring officers to the committee for context for transparency. Darren Griffiths echoed Hazel Lloyd's comments and noted that there was a clear line of scrutiny. The meeting allowed for mature conversations, honesty and the chairing allowed that behaviour which provided opportunities for better outcomes.</p> <p>Anne Beegan noted that at March's Audit Committee it would be good to have the Medical Director and the Director for Nursing and Patient Experience at the meeting to discuss the Audit Wales' quality governance report.</p> <p>Patricia Price reflected that the debate was good and healthy to see.</p>	GH/RE
24/22	ANY OTHER BUSINESS	
Resolved:	There was no further business and the meeting was closed.	

25/22	DATE OF NEXT AUDIT COMMITTEE MEETING	
	The date of the next meeting was confirmed as 10 th March 2022.	