

UNCONFIRMED

**ABERTAWE BRO MORGANNWG UNIVERSITY LHB
MINUTES OF THE MEETING OF THE AUDIT COMMITTEE
HELD ON THURSDAY, 19TH APRIL 2018 AT 9.30AM
IN THE BOARDROOM, HQ**

Present:	Martin Sollis	Non-Officer Member (in the chair)
	Martyn Waygood	Non-Officer Member
	Tom Crick	Non-Officer Member
	Mark Child	Non-Officer Member (until minute 78/18)
In Attendance:	Lynne Hamilton	Director of Finance
	Paula O'Connor	Internal Audit
	Neil Thomas	Internal Audit
	Carol Moseley	Wales Audit Office
	Geraint Norman	Wales Audit Office
	Pamela Wenger	Director of Corporate Governance
	Angela Hopkins	Interim Director of Nursing and Patient Experience (from minute 76/18)
	Liz Stauber	Committee Services Manager
	Push Mangat	Deputy Medical Director (for minute 76/18)
	Matt John	Assistant Director of Informatics (for minutes 77/18 and 78/18)

Minute		Action
62/18	WELCOME AND APOLOGIES FOR ABSENCE Apologies for absence were received from Andrew Biston, Head of Accounting; Len Cozens, Head of Counter Fraud Service and Huw Richards, NWSSP Audit and Assurance.	
63/18	DECLARATION OF INTERESTS There were no new declarations of interest.	
64/18	MINUTES OF THE PREVIOUS MEETINGS The minutes of the meeting held on 15 th March 2018 were received and confirmed as a true and accurate record except to note the following typographical errors: <u>43/18 NWSSP: Annual Plan (to include the charter)</u> Tom Crick commented that it was positive to see that the <i>Wellbeing and Future Generations Act</i> had been considered. and <u>50/18 WAO Audit Report: Follow-Up of Outpatients</u> Martyn Waygood noted that the previous two reports had highlighted variations in practice across the health <i>board</i> and queried why this had not been addressed.	
65/18	MATTERS ARISING	

(i) 31/18 Audit Committee Terms of Reference

Lynne Hamilton stated that with regard to the discussion as to whether the Chief Executive should attend the Audit Committee, this was common practice within the public sector, not just the private. Martin Sollis commented that this was an important point and the committee would need to consider in due course whether it would be appropriate for the Chief Executive to attend some meetings for specific items.

66/18 ACTION LOG

The action log was **received** and **noted** with the following updates:

(i) Action Point One

Pam Wenger advised that the new Director of Workforce and Organisational Development (OD) was reviewing and developing a number of actions for mandatory training areas, adding that it would be beneficial to invite her to the May 2018 meeting to provide a full update report. This was agreed.

PW/HR

(ii) Action Point Two

Pam Wenger confirmed that the two Wales Audit Office reports had been added to the work programmes for the Quality and Safety and Performance and Finance committees.

67/18 WORK PROGRAMME

The committee's work programme was **received** and **noted**.

68/18 CHANGE TO AGENDA ORDER

Resolved: The agenda order be changed and item 2c and 2b be taken next.

69/18 STRUCTURED ASSESSMENT MANAGEMENT RESPONSE

The management response outlining action to be taken following Wales Audit Office's structured assessment was **received**.

In introducing the report, Pam Wenger highlighted the following points:

- Wales Audit Office's annual report and structured assessment had been received by the board at its meeting in March 2018;
- The board had agreed for the management response to the structured assessment to be received by the Audit Committee for approval and monitoring;
- Following discussions with Wales Audit Office regarding the draft response, it was felt that a number of areas could be strengthened prior to the plan being finalised;
- The final version of the response would be circulated outside of the committee before it was submitted to Wales Audit Office for publication alongside the report;

- The actions would be incorporated into the integrated governance work plan.

In discussing the report, the following points were raised:

Carol Mosley advised that one of the recommendations had been to consolidate outstanding actions from all external reviews however it was important that the integrated governance work plan kept a record as to which review each recommendation related for clarity.

Martyn Waygood sought clarity as to how the financial team was exploring zero-based budgeting approaches. Lynne Hamilton responded that the approach could not be taken across the health board however several areas had been identified as 'testers' for a zero-based review. She added that pathways and resources were to be looked at from an effectiveness and efficiency point of view as well as for user experience and cost, to provide assurance that they were appropriate, best value and prudent. Martin Sollis commented that discussions had already taken place at Performance and Finance Committee as to integrating activity with cost and queried whether it would receive further updates in this regard. Lynne Hamilton confirmed that it would. Martin Sollis stated that it would need to be shared at board level in due course.

Martin Sollis commented that the response to the structured assessment seemed reasonable but it would take some time to implement and some actions would remain amber until a robust planning process was established.

Pam Wenger stated that the feedback from Wales Audit Office had identified recurring themes in previous years and while not all the actions may be closed by the next structured assessment, so long as improvement could be demonstrated, this would provide a level of assurance that the health board was moving in the right direction.

Lynne Hamilton commented that some of the actions relating to her portfolio identified in the financial governance review and structured assessment were similar and at the moment were amber but she was comfortable with this status as it was part of the wider departmental strategy for financial planning. She added that there were plans already established and staff, capabilities and skills were under review.

Martin Sollis advised that he was satisfied that best practice was being taken forward and that the work in some areas would be over and above what the recommendation was looking for. He added that until an action was completely embedded, it would remain amber, but this was reasonable.

Martin Sollis referenced the recent board development session, adding that the questions members asked of themselves were really good. He added that the recovery and sustainability programme management function had been discussed as the board recognised that it needed to be transformational however it required the resources to do this.

Lynne Hamilton advised that the health board had a targeted

intervention meeting with Welsh Government the following week and the information provided would be structured round stabilisation, recovery and sustainability and the executive team had been clear that it needed support throughout the journey as well as growing capability internally.

Resolved: The report be **noted**.

70/18 FINANCIAL GOVERNANCE REVIEW UPDATE

A report providing an update in relation to progress against the action plan in response to the financial governance review was **received**.

In introducing the report, Pam Wenger highlighted the following points:

- Following discussions at the previous meeting, the action plan had been updated to address the committee's concerns;
- Once the committee was content, the actions would be incorporated into the integrated governance work programme;
- Entries superseded by the structured assessment were identified as such.

In discussing the report, the following points were raised:

Martin Sollis stated that it was pleasing to see internal audit were undertaking follow-up review on the implementation of the recommendations.

Martyn Waygood sought clarification as to the exercise to review skills and capabilities within the finance department. Lynne Hamilton responded that there would not be zero-based reviews of the whole health board budget but that specific pathways and services were being identified for examination using the zero-based review approach and clearly aligned with value-based healthcare principles. She added that some changes had already been made and others would progress in due course. In addition, following job evaluation, a medium term financial planning post would be out in place and that would support bringing together financial work and skills in that area in a more systematic and impactful way.

Mark Child referenced the recommendation relating to refreshing delivery units plans, adding that while it was marked as 'complete,' it was not accompanied by a narrative. Lynne Hamilton advised that a more integrated approach had been taken this year with regard to planning as strategy and finance were working together with more of a recovery and sustainability focus. She added that the corporate and unit plans were moving in the right direction with leads identified, and the Chief Executive had sent allocation delegation letters to the units underpinning performance and finance in-line with the annual plan and recovery and sustainability agendas. Martin Sollis commented that it was pleasing to note the allocation letters had been circulated and that he would expect the Performance and

Finance Committee to follow this through.

Martin Sollis sought clarity as to why the recommendation relating to the elevation of unit medical directors to the same accountability as service directors had been marked as 'complete' as he was not aware that a review had been undertaken. Pam Wenger advised that based solely on the recommendation, the work was complete as the triumvirate structure was not to be reviewed or amended. She added that it could be changed to 'amber' as there would be more work undertaken which was wider than the content of the recommendation. Martin Sollis asked that this be amended.

PW

- Resolved:**
- The report be **noted**.
 - The actions be updated as per the discussion.
 - The open actions be included within the integrated work programme.

PW

PW

71/18 **GOVERNANCE STOCKTAKE AND OUTLINE WORK PROGRAMME**

The integrated governance work plan was **received**.

In introducing the report, Pam Wenger highlighted the following points:

- The integrated governance work plan had been updated following comments at the last meeting;
- The recommendations from the structured assessment and financial governance review would be included going forward;
- The report following the NHS Wales Delivery Unit's review of serious incidents had been received and would be reported to the June 2018 Quality and Safety Committee. Following this, the actions would be integrated into the integrated governance work plan for progress to be monitored;
- It was proposed that the Audit Committee received the integrated governance work plan on a quarterly basis, with the next one presented at the July 2018 meeting;
- The next step would be for the executive team to review and update the actions;
- A workshop had been undertaken with senior managers to develop a board assurance framework and a local tool for units to use was to be developed;
- If progress against any action was to go off track, consideration should be given to inviting the executive lead to a meeting to explain and to be held to account.

In discussing the report, the following points were raised:

Martin Sollis commented that the NHS Wales Delivery Unit's report had been discussed at the recent board meeting and it raised a number of quality and safety issues. He added that once the Quality and Safety Committee had received the report, it would be useful for

the Audit Committee to have an update on the actions to be taken. Pam Wenger responded that some of the recommendations had already been addressed by the work of Quality and Safety Committee to enhance the way in which it worked, for example, receiving a specific serious incidents and never events report at every meeting.

Martin Sollis stated that holding the executive directors to account would also be relevant for the board assurance framework and risk management process, particularly when the committee commenced its 'deep dives' into significant risks.

Martin Sollis noted that a number of the actions had limited or no narrative. Pam Wenger advised that these would be updated following a discussion at an executive team meeting.

Martin Sollis sought clarity as to why the committee's approval was requested to change a timescale of one of the actions and suggested that the committee just receive the plan as working draft for the time being. Pam Wenger advised that in accordance with good governance, should timescales need to change, the committee would be asked to endorse. Martin Sollis suggested that the committee receive an updated version at the next meeting to approve ready for it to commence monitoring progress on a quarterly basis from July. This was agreed.

PW

- Resolved:**
- The report be **noted**.
 - The update work programme be **supported**.
 - An updated action plan be received at the next meeting for approval in readiness for quarterly progress updates.

PW

72/18 FINANCE UPDATE

An oral report providing an update in relation to the financial position was **received**.

In introducing the report, Lynne Hamilton highlighted the following points:

- The 2017-18 end-of year financial position had closed at a deficit of £29.8m;
- The forecast had assumed a 'clawback' of £4.8m by Welsh Government due to non-achievement of planned care targets however informal feedback had been received that the 'clawback' would be higher. As a result, the final position would be more than a £30m deficit;
- For 2018-19, the recovery and sustainability programme had undertaken an assessment of potential under delivery of savings profiles and a drive given to service and workforce redesign;
- Expenditure at the closing position needed to reduce and the 2017-18 run rates needed to be held, which would be

scrutinised by the Performance and Finance Committee.

In discussing the report, the following points were raised:

Mark Child sought clarity as to the 'clawback' process. Lynne Hamilton responded that for 2017-18, the board had allocated £1.3m of its budget for planned care activities and received £10m from Welsh Government.. Martin Sollis added that the exact 'clawback' figure had been unknown and as such, had been a potential risk to the financial position. He added that this needed to be a lesson to the health board to not over promise and under deliver, as this could now affect the health board's reputation with Welsh Government and allocations going forward.

Lynne Hamilton advised that the planned care target had been to reduce those waiting more than 36 weeks for treatment to 2,640 however the achievement had been 3,363.

Martin Sollis commented that the increase in the deficit due to non-achievement of performance targets was disappointing for Lynne Hamilton's team as to reach a deficit below £30m was symbolic and representative of the hard work undertaken. He added that plans for planned care needed to commence early in the year in order to secure a strong position before the challenges of winter occurred.

Resolved: The report be **noted**.

**73/18 NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP):
SINGLE TENDER ACTIONS AND QUOTATIONS**

A report detailing single tender action and quotations from 24th February 2018 and 12th April 2018 was **received**.

In introducing the report, Lynne Hamilton highlighted the following points:

- There were more entries than the last report, which was reflective of the fact that it was year-end;
- Maintenance had been included for various equipment;
- Three sets of expenditure had been agreed with the Director of Nursing and Patient Experience for commodes, bariatric commodes and pillows as part of the targeted intervention action against infection control performance.

In discussing the report, Martin Sollis referenced the infection control expenditure, adding that it would be useful for such context to be included within the report. Lynne Hamilton undertook to provide this detail going forward.

LH

Resolved:

- The report be **noted**.
- Context for single tender and quotation actions be included in future iterations.

LH

**74/18 NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP):
HEAD OF INTERNAL AUDIT OPINION (INCLUDING PROGRESS**

UPDATE)

A report outlining the draft head of internal audit opinion (including a progress update) was **received**.

In introducing the report, Neil Thomas highlighted the following points:

- The report included a status update of current work;
- Internal audit had not considered all risk areas and the board would need to review others;
- The director of audit and assurance had reviewed the criteria to be adopted by the head of internal audit when developing the opinion with stakeholders and it was ratified by the all-Wales Audit Committee chairs in March 2017;
- The 2017-18 audit plan had been substantially delivered with a small number of reports to be finalised and any additions or deferrals to the plan were considered within the opinion;
- The draft opinion was *limited assurance* and it would be confirmed once the outstanding audits were finalised;
- Organisational context would be included within the internal audit annual report.

In discussing the report, the following points were raised:

Martin Sollis noted that the final opinion would be received by the committee at its May 2018 meeting and queried if the way in which it had been produced was in-line with the annual governance statement. Pam Wenger responded that the annual governance statement was the Chief Executive's report and it was the responsibility of the Audit Committee to consider whether it was in-line with the audit opinion. She added that she had discussed the context with Paula O'Connor as it would be important for both documents to reflect the significant amount of work undertaken since January 2018 in relation to governance and internal audits.

Martin Sollis queried as to whether the committee would receive the entire annual governance statement at its next meeting. Pam Wenger advised that it was her intention to circulate it in advance of the meeting once it had been discussed by the executive team. Martin Sollis responded that it was important that the context was correct to set out continuous improvement as the *limited assurance* ratings were as a result of the health board deliberately targeting areas of risk, and as such, the opinion was less of a concern. Paula O'Connor commented that areas which had been revisited and significant improvement identified would be included.

Martin Sollis stated that the appendix which outlined the various domains provided the health board with a feel as to where it needed to focus its attention.

Pam Wenger advised that she was meeting with the chair of the Quality and Safety Committee the following day to discuss the remit of the committee and how to structure its business so that it

considered the highest risks to the organisation to make them high priority areas.

Pam Wenger commented that the executive team had already considered the audit opinion and had expressed disappointment at the *limited assurance* rating. Lynne Hamilton added that it had also given itself a robust challenge to improve. Martin Sollis stated that he would expect to see an improvement within audit ratings and would consider calling lead officers in to discuss reports which raised concerns.

Martyn Waygood noted that there were a number of health and safety issues identified within the report, adding that these would be considered by the newly established Health and Safety Committee. Martin Sollis added that he would expect to see a number of the reports included in the work programmes for other board committees to seek assurance and improvement.

Mark Child sought a copy of the report relating to the protection of vulnerable adults (PoVA) and deprivation of liberty safeguards (DoLS) from October 2017. Paula O'Connor undertook to provide this.

PO'C

- Resolved:**
- The report be **noted**.
 - Mark Child be provided with a copy of the report relating to the protection of vulnerable adults (PoVA) and deprivation of liberty safeguards (DoLS) from October 2017.

PO'C

75/18 WALES AUDIT OFFICE PROGRESS REPORT

A report providing an update on current and planned Wales Audit Office activity was **received**.

In introducing the report, Geraint Norman and Carol Moseley highlighted the following points:

- No significant issues were arising from the annual accounts process;
- The draft accounts would be received by Wales Audit Office the following week and the audit would commence at month-end;
- Wales Audit Office would provide its ISA260 report at the meeting on 30th May 2018, after which the final accounts would be submitted to Welsh Government;
- The audit of the charitable funds accounts would take place later in the year;
- Fieldwork had begun for the review of primary care and the cross-sector thematic of the intermediate care fund;
- The remaining local audit time in the 2017 plan would be used for a board development session focussing on assurance, scrutiny and challenge, to be arranged with the Director of Governance;

- A meeting was taking place with the Chief Executive the following month to agree priorities for future planned work.

In discussing the report, Carol Moseley queried as to whether the committee would want another progress update at the next meeting or if it would prefer to focus on the annual accounts. Martin Sollis suggested that the next update be received in July 2018 once the accounts process had been completed. This was agreed.

CM

Resolved:

- The report be **noted**.
- The next Wales Audit Office progress report be received in July 2018.

CM

76/18

MANAGEMENT RESPONSE UPDATE: CONSULTANT CONTRACT

Push Mangat was welcomed to the meeting.

A report providing an update as to progress made against the recommendations of the Wales Audit Office follow-up review on consultant contracts was **received**.

In introducing the report, Push Mangat highlighted the following points:

- The previous update to the committee had not been presented in a way in which it was easy for members to scrutinise therefore it had been reconsidered for this iteration;
- Actions had been cross-referenced with the 19 recommendations made in the 2016 Wales Audit Office report and reduced to board-wide actions rather than per unit;
- Revised job planning guidance had been agreed with the British Medical Association last autumn and training was now being rolled-out;
- E-job planning was also in the process of being rolled-out and the deadline for completion was July 2018;
- There was a 90% completion rate for revalidation and appraisal with good reasons for the outstanding 10%;
- All doctors required one SPA (supporting professional activity) session and anyone requesting more than one needed to evidence why.

In discussing the report, the following points were raised:

Martin Sollis queried the process for managing the implementation of the job planning programme as he would want to see 'facts and figures' reported somewhere. Push Mangat advised that the medical workforce board was overseeing the process which in turn reported to the Workforce and OD Committee. He added that there was also an e-job planning project board which reviewed performance and support to roll-out the system was being provided by a member of the finance team.

Martin Sollis commented that the expectation had been for all job

plans to be in place for the start of the financial year so as to inform the performance planning process. Push Mangat responded that the Medical Director had challenged the units to have the system and job plans in place by July 2018. Lynne Hamilton added that a report had been received by the executive team setting out the delivery plan with the expected deadline of the end of June 2018.

Pam Wenger advised that work was being undertaken outside of the committee to determine where the medical workforce board should report as it was not a sub-group of the Workforce and OD Committee.

Angela Hopkins stated while the system may be in place by July 2018, it was unclear as to the percentage of doctors who would be compliant with job planning and mandatory training, particularly those who were aligned with the university. Push Mangat advised that mandatory training was monitored by both job planning and appraisals. He added that work was ongoing to establish a cohort of job planners linked with the health board and university to support staff who worked across the two organisations.

Martin Sollis commented that it was critical that governance arrangements for programmes of work such as this one were embedded to review non-compliance and to ensure appropriate clinical productivity and efficiency. He asked Pam Wenger to review this. Pam Wenger advised that the next phase of her governance review would be to consider the groups which report to the executive team.

PW

Martin Sollis noted that three of the five appraisal leads had been appointed and sought an update in relation to the other two. Push Mangat advised that they were open to expressions of interest and training had been arranged for all five in July 2018. He added that doctors needed to be encouraged to take responsibility for their actions therefore any serious incident reports now received by the Medical Director were shared with the clinician concerned to make him/her aware of the patient and financial consequences of the action taken.

Push Mangat sought clarity from Wales Audit Office as to whether colleagues in different health boards were addressing the recommendations differently. Carol Moseley advised that this was unclear as the subject had not been reviewed since the previous follow-up was received by the committee. She added that similar issues and pace had been evident within other organisations at the time of the audit. Martin Sollis commented that the all-Wales medical directors' group may be able to provide some details in this regard.

Martin Sollis suggested that the next update include a report from the project board which detailed compliance and comparison with others. This was agreed.

HL/PM

Martyn Waygood commented that it was important that clinicians were aware of the outcomes when cases went wrong, not just for the patient but financially for the health board. Angela Hopkins advised that this was an area of work being taken forward and

engagement with serious incident/never event reports was improving as medics were realising it was about learning rather than discipline.

Paula O'Connor stated that there were a number of doctors with expired job plans and this needed to be addressed.

- Resolved:**
- The report be **noted**.
 - Governance arrangements for large projects be clarified.
 - Next update to include a report from the project board which detailed compliance and comparison with others.

PW
HL/PM

77/18 WELSH GOVERNMENT MANAGEMENT RESPONSE: AUDITOR GENERAL'S REPORT ON THE NHS WALES INFORMATICS SERVICE

Matt John was welcomed the meeting.

A report detailing Welsh Government's management response to the Auditor General's report on the NHS Wales Informatics Service (NWIS) was **received**.

In discussing the report, the following points were raised:

Martin Sollis commented that the Auditor General's report was a hard-hitting one and it was critical that the health board developed its own response to contribute to the governance around NWIS.

Matt John advised that Welsh Government had sought the views of NWIS, chief executives and assistant directors of informatics to collaborate on an informal professional view and updates were also provided at the all-Wales chief executives' group. He added that a presentation on 'digital' was to be provided to the health board at its development session the following week and would include a discussion as to its own response to the report.

Martin Sollis stated that the Public Accounts Committee (PAC) had ongoing evidence sessions in relation to NWIS; the first having taken place that week. Carol Moseley added that the transcript for this was now available and a full report would be published once all three had taken place.

Matt John commented that the recommendations within the report provided a good basis for the health board to make changes.

Tom Crick advised that while the PAC sessions would inform the discussion the following week, the health board needed to decide its own direction and strategy. He added that NWIS was an important part of digital healthcare and as such, clarity of thinking and delivery was required.

Matt John stated that one of the areas which needed consideration was governance and ensuring that NWIS was accountable to health boards, as currently it was managed as more of a supplier.

Pam Wenger queried as to whether the health board needed to report its position nationally. Matt John responded that it would need

a response to the report; some of which would entail working locally and some would be on an all-Wales basis.

Resolved: The report be **noted**.

78/18 NWIS RESPONSE TO BUSINESS CONTINUITY INCIDENT

A verbal update with regard to the NWIS response following two business continuity incidents was **received**.

In discussing the report, the following points were raised:

Martin Sollis stated that he was still awaiting assurance from NWIS that all issues were resolved following the two incidents and no further instances would occur. Matt John responded that Welsh Government had asked NWIS to provide a full report by end of April 2018 however an extension had been sought due to the significance of the task. He added that NWIS had found the health board's debrief report helpful and arrangements were to be made for the two organisations to discuss.

Martin Sollis commented that while the health board's report was good, the issue was a serious incident for NWIS and it was unclear as to how ABMU's report would assist NWIS. He added that NWIS should be undertaking a full investigation as to why the incident occurred.

Matt John advised that a two-page technical brief had been received which outlined how the incidents were dealt with and the action taken to mitigate future occurrences. Martin Sollis responded that had this been accompanied by a letter from an accountable officer aligned with NWIS, it would have provided more assurance and this now needed to be sought officially by the health board.

Angela Hopkins commented that it was a great compliment to the health board that NWIS had asked to share ABMU's debrief report and to seek the advice of health board staff, but as it was the national provider, this did not provide assurance. She added that the health board had been unable to run any of its clinical systems, such as x-ray, MRI and pathology, and staff had had to resort to pen and paper to continue treating patients.

Martin Sollis stated that if another incident occurred and this time led to harm, he would be extremely concerned if the health board had not already raised its concerns. He added that he wanted a letter to be sent to the Chief Executive for Velindre NHS Trust (who hosted NWIS) seeking assurance that all the issues had been resolved and that there was a plan in place should another incident occur. Pam Wenger undertook to action this. Martin Sollis asked that it be sent from the health board's Chief Executive with a copy to the Director of NWIS and the Director General for NHS Wales. Tom Crick stated that a letter would be effective on a number of levels but would also reflect the board's unease and its declaration of intent. Mark Child added that the response required should not just provide assurance that the issues had been fixed but also give assurance that they

PW

would not occur again.

Matt John advised that the two incidents differed in nature and had been unconnected. He added that the issue with the second outage was the time taken to make the decision to move over to the back-up system and this needed to be reviewed.

Angela Hopkins commented that ABMU staff needed to know that the health board had taken action to seek assurance from NWIS as they had been under immense pressure to provide patient care during a very challenging period.

Matt John advised the committee that until now, the health board's patient administration system had been hosted within a local data centre and arrangements were being made to transfer it NWIS's national data centres. He added that ABMU would require assurance that that it would be managed appropriately in light of the recent incidents. Martin Sollis responded that this would also need to be considered as part of the board development session.

- Resolved:**
- The report be **noted**.
 - Letter be written to the Chief Executive for Velindre NHS Trust (who hosted NWIS) seeking assurance that all the issues had been resolved and that there was a plan in place should another incident occur.

PW

79/18 HOSTED AGENCIES GOVERNANCE SUB-COMMITTEE MINUTES

The minutes of the hosted agencies governance sub-committee were **received** and **noted**.

80/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

81/18 NEXT MEETING: Thursday, 17th May 2018, 9.30am, Board Room, Headquarters.