

UNCONFIRMED

ABERTAWE BRO MORGANNWG UNIVERSITY LHB MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON THURSDAY, 13TH NOVEMBER 2018 IN THE BOARDROOM, HQ

Present:	Martin Sollis	Non-Officer Member (in the chair)
	Tom Crick	Non-Officer Member
	Maggie Berry	Non-Officer Member
	Raymond Ciborowski	Non-Officer Member
In Attendance:	Lynne Hamilton	Director of Finance
	Andrew Biston	Head of Accounting and Governance
	Neil Thomas	Internal Audit
	Paula O'Connor	Internal Audit
	Carol Moseley	Wales Audit Office
	Len Cozens	Head of Counter Fraud
	Gareth Howells	Director of Nursing and Patient Experience (until minute 206/18)
	Pam Wenger	Director of Corporate Governance
	Liz Stauber	Committee Services Manager
	Richard Clayfield	Senior Procurement Business Manager(for minute 206/18)
	Scott Lavender	All-Wales Post Payment Verification Manager(for minute 200/18)
	Sue Tilman	Post Payment Verification Location Manager(for minute 200/18)
	Sandra Husbands	Director of Public Health (for minute 204/18)

Minute		Action
188/18	WELCOME AND APOLOGIES FOR ABSENCE Apologies for absence were received from Mark Child, Non-Officer Member and Martyn Waygood, Non-Officer Member.	
189/18	DECLARATION OF INTERESTS There were no declarations of interest.	
190/18	MINUTES OF THE PREVIOUS MEETINGS The minutes of the meeting held on 20 th September 2018 were received and confirmed as a true and accurate record.	
191/18	MATTERS ARISING (i) <u>173/18 Senior Information Risk Owner Annual Report</u> Martin Sollis queried as to whether a summary of achievements was now included in the report. Pam Wenger confirmed that it was and the report was to be received by the board in November 2018. (ii) <u>175/18 Audit Registers and Status of Recommendations</u>	

Martin Sollis raised his concern in relation to the number of outstanding recommendations to internal and external audits, adding that he had written to the Chairman and Chief Executive to raise the issue formally, as well as the issues raised at the last meeting in relation to clinical audit. Pam Wenger advised that the discussion had also been relayed to the executive board at a recent meeting and regular updates against the registers would be considered at the team's meetings.

192/18

ACTION LOG

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

(i) Action Point One

Pam Wenger advised that a discussion had taken place with the interim Medical Director after the last meeting in relation to the arrangements for clinical audit while the designate was awaited. She added that a clinical senate had been established to which she had invited colleagues from an NHS Bristol foundation to share their process having recently reviewed it and she would provide a further update in January 2019.

(ii) Action Point Two

Gareth Howells advised that he had discussed the timescales for the protection of vulnerable adults (POVA) audit with Paula O'Connor and had also provided an update to the Mental Health Legislation Committee against the actions required. He suggested that the Audit Committee receive an all-encompassing safeguarding report at its next meeting in order for it to take full assurance and undertook to share with members the report provided to the Mental Health Legislation Committee. This was agreed.

(iii) Action Point Four

Martin Sollis advised that he was meeting the new Medical Director the following week and would raise the issue of the progress against the recommendations of the Wales Audit Office follow-up review of consultant contracts at the meeting.

GH

193/18

WORK PROGRAMME

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

194/18

AUDIT REGISTERS AND ACTION PLANS

A report providing an update in relation to audit registers and actions plans was **received**.

In introducing the report, Andrew Biston highlighted the following points:

- The position outlined in the report as to outstanding recommendations was as at 26th October 2018;
- It was based on current executive directors portfolios, some of which were set to change over the coming weeks;

- Progress had been made since the previous update, with the number reducing to 74;
- Additional training had been provided to executive directors and those nominated to update the registers on their behalf to remind them of their responsibilities and deadlines by which to update.

In discussing the report, the following points were raised:

Martin Sollis queried as to who approved requests to extend timescales for action. Andrew Biston responded that these needed to be agreed between the executive lead and the auditors responsible for the report. Martin Sollis sought clarity as to whether the improvement was a genuine reduction of the number of outstanding recommendations or whether new deadlines had been agreed making them current. Andrew Biston advised that they had been closed rather than the timescales changed.

Tom Crick commented that recommendations which were long overdue for action were a reputational risk as they were hard to justify in the public arena. Martin Sollis concurred, adding that it was poor governance and the committee needed to commence inviting executive directors to the meeting to explain why recommendations had not been addressed. He suggested that the next report be received from the Medical Director, followed by the Director of Strategy. Lynne Hamilton advised that a number of the outstanding recommendations for the Director of Strategy were subject to portfolio changes, therefore it would be prudent for these to occur and a stock take undertaken as to who came to the committee next. Martin Sollis concurred, suggesting that the Medical Director be invited to the January meeting as his recommendations were not subject to the changes and as part of the discussion of the overall report, an agreement be made as to who should attend the March 2019 meeting. This was agreed.

RE

Gareth Howells advised that an audit had recently been undertaken in relation to fire safety, noting that the full report would be received by the Health and Safety Committee. Martin Sollis responded that he would expect the full reports of audits to be considered by the relevant sub-committees to provide assurance that weaknesses were being looked at. He added that he would be looking for the Audit Committee to hold executive directors to account for any outstanding actions.

Paula O'Connor advised that she had arranged a meeting with the new Medical Director to discuss the programme of work for his portfolio.

- Resolved:**
- The report be **noted**;
 - Medical Director to attend January 2019 to discuss outstanding recommendations.

RE

195/18 STATUS OF AUDIT RECOMMENDATIONS: DIRECTOR OF NURSING AND PATIENT EXPERIENCE

A report setting out progress against audit recommendations specific to the portfolio of the Director of Nursing and Patient Experience was **received**.

In introducing the report, Gareth Howells highlighted the following points:

- The opportunity to provide a report on the nursing and patient experience portfolio outstanding recommendations was a chance for the service to take stock of its position;
- Good progress had been made against the outstanding recommendations, with the team identifying a number of others which had not been included within the original audit registers report;
- Some timescales had been pushed back in reflection of the pressures upon the team;
- Deprivation of liberty safeguards (DoLS) had been a significant issue and a lot of work had been undertaken to address the relevant recommendations;
- All outstanding actions would be addressed by March 2019

In discussing the report, the following points were raised:

Pam Wenger commented that teams needed to ensure the register held by finance was correctly updated in order for the process to run smoothly and all actions to be identified. Andrew Biston advised that the spreadsheet included the list of deadlines by which the registers needed to be updated in order to be reported to the Audit Committee. He added that those nominated to update the registers on behalf of executive directors could mark them as complete, which would lead to them being removed, so if the executive was not aware of the update, then they would not know that they had dropped off the register. Martin Sollis stated that as executives were to be held to account for performance against the recommendations, it was imperative that they were aware of any being marked as closed.

Martin Sollis noted the previous discussion in which it was agreed that the committee would receive a separate report in relation to safeguarding issues (including DoLS), adding that that such issues should be treated in the same way as serious incidents and it was right that the committee receive such a report. He queried as to how such issues were reported to the board. Gareth Howells advised that a draft DoLS performance dashboard had been presented to the Mental Health Legislation Committee the previous week which would make it easier for breaches to be identified and reported. Pam Wenger added that the issue would also be included within the corporate risk register. Paula O'Connor stated that the board had previously received some recommendations in relation to safeguarding and work was ongoing to reconcile the units' risk registers with the corporate document to ensure the board remained sighted on significant issues.

Tom Crick referenced the recommendation in relation to the maternity service follow-up which had been outstanding for more than 1,000 days and queried as to whether it was a systems or process issue. Gareth Howells advised that it was both, and centred around how and why information was recorded. Carol Moseley responded that the original Wales Audit Office recommendation had called for an information system to better capture maternity service data and the response identified that the all-Wales system was awaited. She added that it would have been helpful for the response to have been reviewed to determine if waiting for an all-Wales system was still feasible, or if the health board was seeking its own system, even on an interim basis, would close the item down. Martin Sollis concurred, adding that stating that an all-Wales solution was required was not acceptable.

Martin Sollis sought the confidence level that the recommendations would be addressed by the end of the financial year. Gareth Howells advised that if there was any slippage the reasons as to why would be identified and an action plan put into place.

Resolved: - The report be **noted**.

196/18 CORPORATE RISK REGISTER (PROGRESS UPDATE)

A report setting out the corporate risk register was **received**.

In introducing the report, Gareth Howells highlighted the following points:

- The health board and Audit Committee had sought clarity as to how the organisation managed risk, as a few issues had been raised at board meetings which had not gone through the escalation process;
- Scoring, actions and mitigation had been part of the cleansing process and the current corporate risk register reviewed;
- Clear mitigation was needed for risks with a score of 16 or more, particularly as to how to avoid harm;
- Information had been received from the units which was now being reviewed;
- A new template had been developed and the process for its management was outlined in the report.

In discussing the report, the following points were raised:

Pam Wenger commented that work was ongoing through the senior leadership team, which included developing an escalation mechanism and a guide to risk management. She added there needed to be consistency with which staff scored risks and while the outline of the register was at the committee to demonstrate the layout, a commitment had been made to populating it by December 2018.

Tom Crick stated that some risks have been known to stay on the register for a significant amount of time and queried as to how this

would be addressed with the new template. Pam Wenger advised that a risk management group had been established and regular reports to this and the senior leadership team would form part of the escalation process.

Lynne Hamilton informed the committee that the template had been discussed by the executive team, who had been really supportive. She commented that the document would benefit from a 'heat map' which would provide a short summary of movement. Pam Wenger advised that this was the next stage of the development.

Martin Sollis stated that from January 2019 onwards, the committee would be able to use the register to start identifying trends to enable it to focus on key areas and call in people to address concerns. He complimented those involved for the work to date.

Resolved: The report be **noted**.

197/18 INTEGRATED GOVERNANCE WORK PROGRAMME

A report providing an update in relation to the integrated governance work programme was **received**.

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

- The integrated work programme had been taken through the executive board for updates;
- The changes made were highlighted in red;
- Some of the actions should now be completed so the report would be circulated to the executives for confirmation;
- The next iteration was due in March 2019 but it was suggested it be brought forward to January 2019 to highlight the closed recommendations.

In discussing the report, the following points were raised:

Martin Sollis undertook to meet with Pam Wenger outside of the meeting to discuss progress against specific recommendations.

Martin Sollis noted that the 2018 structured assessment findings were due to be received by the committee in January 2019 and queried whether it was possible to have a combined position with the recommendations of 2017. Carol Moseley advised that as part of the process, a view would be taken as to whether the 2017 recommendations had been met and if not, these would be highlighted as still requiring attention. She added that they would not be restated and only new recommendations would be made. Pam Wenger stated that she had discussed the 2018 process with Carol Moseley and it was felt that the health board had achieved more than it was giving itself credit for in its initial self-assessment of progress against the recommendations.

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Resolved:

- The report be **noted**.
- Martin Sollis to meet with Pam Wenger outside of the meeting

to discuss progress against specific recommendations.

MS

198/18

FINANCE UPDATE

A verbal finance update was **received**.

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

(i) Financial Position

- the financial position continued to improve, with an in-month overspend of £1.286m, which was close to the required run rate;
- The improvement in operational expenditure had not been sustained;
- Pressure areas identified were consumables and medical agency, which were performing outside of the forecast;
- The public sector payment policy was performing well and continued to improve;
- The overall position had been improved through deploying reserves and mitigating action but it was not enough to reach the £20m control target, however there were still four months left in the year;
- Performance, finance and quality were being managed as a whole by the executive team;
- In the past three years, there had been a clawback of monies from Welsh Government for non-achievement of planned care performance and notification would be received in December 2018 as to the possibility of this occurring again;
- The Performance and Finance Committee continued to monitor the position.

(ii) Integrated Medium Term Plan (IMTP) and Financial Plan

- The finance and strategy teams continued to work together to develop the methodology for the next IMTP;
- It would be received by the board for discussion at its December 2018 development session;
- Welsh Government was expecting a balanced plan.

(iii) Other Matters

- The Charitable Funds Committee agreed its accounts in October 2018 ready for approval by the trustees in November 2018;
- A paper would be brought to the committee in January 2019 with regard to internal audit and counter fraud provision following the Bridgend boundary change;
- The finance team was losing some key staff members to another health board following its successful recruitment drive

and discussions were to be undertaken as to how best to address the risks this caused and recruit to the vacancies.

In discussing the report, the following points were raised:

Martin Sollis queried as to how Welsh Government would determine whether to clawback monies in December 2018. Lynne Hamilton responded that the planned care profile was reflective of seasonal pressure and a number which needed to be achieved by December 2018 in order to achieve the target had been set. She added that if this was met, there would be reasonable tolerance for Welsh Government to determine whether to clawback monies but it was unclear if there would be a second review phase if it decided not to impose the penalty in December 2018.

Martin Sollis stated that the board needed to support Lynne with regard to the changes within the finance team in order to better understand the risks. He queried as to whether she would be able to recruit replacements quickly. Lynne Hamilton responded that with the impending Bridgend transition, this was an opportunity to review the structure of the finance team so not all posts would be recruited 'like-for-like'. Martin Sollis suggested the committee receive an update in January 2019. This was agreed.

LH

Raymond Ciborowski sought clarity as to the health board's retention process in order to provide staff with better packages to encourage them to remain. Lynne Hamilton advised that within her department, she had a proactive learning and development approach but staff were understandably attracted to roles which had higher remunerations and also for some, geography played a factor as the new posts were closer to home. Andrew Biston concurred, adding that it was the department's training programme which made staff more attractive during interviews. Raymond Ciborowski queried the barriers in place preventing the health board from developing current roles into higher remunerated ones in order to encourage staff to stay. Lynne Hamilton advised that there were workforce protocols which should be followed for job evaluations. Martin Sollis commented that the point was an important one as the health board needed to retain talent.

- Resolved:**
- The report be **noted**.
 - An update be received in January 2019 with regard to the changes within the financial team.

LH

199/18 FINANCIAL CONTROL PROCEDURES

A report providing an update in relation to the financial control procedures was **received** and **noted**.

200/18 SINGLE TENDER ACTION AND QUOTATIONS

Richard Clayfield was welcomed to the meeting.

A report setting out single tender action and quotations approved since the previous meeting was **received**.

In introducing the report, Richard Clayfield stated that it was disappointing to see the number of requests had increased in the last two reporting periods and a more concerted effort was being made in relation to incorporating maintenance into the original contracts.

In discussing the report, the following points were raised:

Martin Sollis commented that the discussion of the report at the previous meeting had raised a concern as to whether the executive directors were approving requests for their own areas. Richard Clayfield advised that historically when requests were received by procurement, they were passed to the relevant executive for approval. However in line with new governance arrangements, the Director of Finance, Chief Operating Officer and Director of Strategy approved requests but did not receive any related to their portfolios. Lynne Hamilton added that the executive team had been sent a notification advising them of the changes.

Martin Sollis commented that there needed to be a 'forward look' process for contract arrangements to ensure there would be no need to undertake single tender actions later in the contract lifetime to support the continuation of the service or equipment. Richard Clayfield concurred, adding that the revenue or maintenance costs were not necessarily being integrated into the contracts when they were first taken but the process was changing in order to be more proactive and take into account the lifecycle of equipment and services. He stated that when contracts were now received, they were reviewed and discussed with maintenance teams.

Len Cozens queried as to whether the declarations of interest process was complied with during single tender or quotation actions. Richard Clayfield advised that it had been incorporated into the all-Wales template.

Resolved: The report be **noted**.

201/18 PHARMACY GOODS RECEIVED NOT INVOICED OVER ACURUAL (GRNI)

A report providing an update in relation to GRNI was **received**.

In introducing the report, Andrew Biston highlighted the following points:

- There was a month-by-month process in place to reconcile stocks and ledgers of manual records against what was paid for by invoice and via accounts payable;
- The month-end pharmacy GRNI accrual increased significantly during the 2017/18 financial year, leading to a full review of the process for generating the accrual following completion of the 2017/18 year end accounts;
- The review identified issues with how rebates and off-contract credits were being treated within the month-end reconciliation process between the pharmacy system and Oracle financial

ledge;

- A revised month-end process which has been signed-off by finance and pharmacy staff had now been implemented which took into account all rebates and off-contract adjustments in producing the GRNI accrual.

In discussing the report, Martin Sollis advised that he was comfortable with the process but sought assurance from audit colleagues that this was in-line with their expectations.

Resolved: The report be **noted**.

202/18 NO PURCHASE ORDER, NO PAY

A report providing an update regarding the all-Wales no purchase order, no payment of invoice policy was **received**.

In introducing the report, Andrew Biston highlighted the following points:

- The all-Wales policy had been introduced in September 2018;
- One area of non-compliance was orders for which procurement had not been involved and the invoice could not be paid as it did not have a purchase order number quoted, so a number were on hold;
- Discussions had been undertaken with procurement colleagues as to the way forward given the risk of non-timely payments;
- A proposal had been agreed by the executive board to allow purchase orders to be raised when procurement procedures had not been followed as an interim measure while a more robust process was developed;

In discussing the report, the following points were raised:

Tom Crick stated that it would be interesting to see whether other health boards had a similar position. Andrew Biston advised that the all-Wales position was more than 4,000 invoices not compliant with the policy and the health board had 960 of these. He added that it was not the worst performer but two health boards already had a similar process prior to the establishment of the all-Wales policy.

Martin Sollis commented that while he understood the reasons for the health board's approach, it was a breach of the standing financial instructions. He queried as to whether this would be reported as part of the year-end arrangements. Pam Wenger confirmed that it would.

Resolved: The report be **noted**.

203/18 CHANGE IN AGENDA ORDER

The agenda order be changed and item 5c be taken next.

204/18

REPORT ON THE COLLABORATIVE ARRANGEMENTS FOR MANAGING LOCAL PUBLIC HEALTH RESOURCES: PROGRAMME CLOSURE REPORT

Sandra Husbands was welcomed to the meeting.

The programme closure report for the review of the collaborative arrangements for managing local public health resources was **received**.

In introducing the report, Sandra Husbands highlighted the following points:

- Joint priorities had been established since the Wales Audit Office review of the governance and accountability arrangements between Public Health Wales and local public health teams following the Auditor General's report earlier in the year;
- There was still some concern as to the resource allocation once the Bridgend boundary change had occurred.

In discussing the report, the following points were raised:

Martin Sollis sought clarity as to the issues relating to the resource allocation. Sandra Husbands responded that one of the findings of the Wales Audit Office report had been that some areas were underfunded so the national 'fair share' process was to be used however the indication was that the majority of the health board's allocation would transfer to Cwm Taf University Health Board as part of the Bridgend transition. Martin Sollis queried the justification for this. Sandra Husbands stated that she had been advised that this was how the formula worked but she was intending on seeking further clarification. Martin Sollis suggested he discuss the issue further with Sandra Husbands outside of the meeting. This was agreed.

MS

Martin Sollis stated that it was important to ensure the health board had the right resources to support joint working. Sandra Husbands advised that there was more work to do with workforce colleagues as to how resources were managed effectively to make a difference locally.

Martin Sollis commented that the next step would be for an improvement to be seen as it was fundamental to population health. Carol Moseley responded that a follow-up review was being considered for 2019.

Gareth Howells stated that the issue of resources had been raised however this should not be the justification for no improvement.

Resolved:

- The report be **noted**.
- Martin Sollis to discuss the resource allocation issue further with Sandra Husbands outside of the meeting.

MS

205/18

NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP)

INTERNAL AUDIT PROGRESS AND ASSIGNMENT SUMMARY

A report setting out progress and assignment summaries of internal audits was **received**.

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

- Eight reports had been finalised, four were in progress and four briefs had been issued;
- The audit on the Welsh Risk Pool payments was to be brought forward whereas the medical agency/locums reviews may need to be deferred while new software was rolled-out;
- The head of internal audit continued to support the Bridgend transition governance workstream;
- Four reports had a *limited assurance* rating:
 - Golau (follow-up);
 - Mortality reviews (follow-up);
 - Third-sector commissioning (follow-up);
 - Delayed follow-ups.

In discussing the report, the following points were raised:

Martin Sollis stated that compliance with the medical agency cap was disappointing but having a new Medical Director and Director of Workforce and Organisational Development (OD) was an opportunity to change this. He added that there was a separate report on the agenda which requested the deferment of the internal audit report which raised a raft of other issues, so he stated that this would be for the committee to note, and he would discuss the content with the Director of Workforce and OD before approving the rescheduled audit separately with a view to receiving a full report in January 2019.

Pam Wenger advised that she had met with Jan Worthing to discuss a few governance issues following the Golau follow-up review. Lynne Hamilton advised that the Director of Strategy had also agreed to join the foundation's board.

Martin Sollis commented that the issues surrounding stage two mortality reviews were raised at targeted intervention meetings so assurance was needed that performance was improving. Paula O'Connor concurred, adding that the report had been considered at Quality and Safety Committee at which assurance had been given that consultants unable to undertake clinical work were addressing the backlog, but this was yet to reduce in number. Gareth Howells undertook to raise the issues with the Medical Director in advance of his attendance at the next meeting.

Resolved:

- The report be **noted**.
- Gareth Howells to raise the stage two mortality review issues with the Medical Director in advance of his attendance at the

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next meeting.

- Proposed changes to the work programme be **approved**, with the exception of the deferment of the medical agency cap review.
- Martin Sollis to discuss the medical agency cap internal audit with the Director of Workforce and OD prior to the approval of its deferment.

PO'C

MS

206/18 POST-PAYMENT VERIFICATION

Scott Lavender and Sue Tilman were welcomed to the meeting.

The mid-year post-payment verification report was **received**.

In introducing the report, Scott Lavender highlighted the following points:

- His role had been established within the last year to work with health boards across Wales to reduce error rates and identify fraud. As such he was meeting with primary care, finance and counter fraud teams to take this forward;
- Training programmes had been developed for general medical and ophthalmic services to provide tips as to what the service was looking for in terms of record keeping;

In discussing the report, the following points were raised:

Martin Sollis advised that he and Lynne Hamilton were to meet with the post-payment verification team in due course to discuss improvements to the report in order for the committee to take more assurance.

Martin Sollis queried as to whether the service's annual report included an audit opinion. Scott Lavender advised that it did not but he would consider including one for the next iteration. Martin Sollis stated that it would also be useful for it to include an executive summary to highlight the key points at a glance.

Resolved: The report be **noted**.

207/18 MEDICAL AGENCY/LOCUMS

A report providing an update in relation to the medical agency/locums internal audit was **received** and **noted**.

208/18 EXTERNAL AUDIT PROGRESS REPORT

The progress report from Wales Audit Office was **received** and **noted**.

In introducing the report, Carol Moseley highlighted the following points:

- The primary care review work had been completed and the report was in the process of being finalised with management

preparing a response;

- Fieldwork had concluded for the cross-sector thematic review of the intermediate care fund with a presentation of key messages made to the regional programme board;
- A number of national studies published since the last meeting of the Audit Committee were highlighted;
- A response was awaited from Welsh Government in relation to the all-Wales radiology and outpatients reviews so it was recommended that the committee defer discussions on local issues until the national response was available. Animated videos for both reports had been developed.

In discussing the report, the following points were raised:

Martin Sollis stated that in terms of the follow-up review of outpatient appointments, he would expect the Performance and Finance Committee to have a view but he was unclear as to who should pick up the radiology issues. Carol Moseley advised that to some extent, a number of the issues would change following the transfer of Bridgend, as at the time of the review there was an east-west split of radiology management. Pam Wenger advised that both reports would need to be reviewed by the executive board in due course.

Martin Sollis commented that a response to the Public Accounts Committee report on the NHS Wales Informatics Service was yet to be released. Pam Wenger advised that Welsh Government had commissioned a targeted piece of work in this regard.

Resolved: The report be **noted**.

209/18 SELF-ASSESSMENT TO 2017 STRUCTURED ASSESSMENT

The self-assessment against the recommendations of the 2017 structured assessment was **received** and **noted**.

Resolved: The report be **noted**.

210/18 MINUTES OF GOVERNANCE SUB-COMMITTEES

A report setting out the minutes of the recent governance sub-committees for the health board's hosted agencies was **received** and **noted**.

211/18 INFORMATION GOVERNANCE BOARD UPDATE

A report providing an update from the information governance board was **received** and **noted**.

212/18 CAPITAL DELEGATIONS

A report setting out proposed capital delegation for approval was **received** and **approved**.

PW

213/18

ANY OTHER BUSINESS

(i) Changes of Voting Provision

Pam Wenger advised members that a letter had been received from Welsh Government which set out revised criteria for the taking of decisions by Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee and NHS Wales Shared Services Partnership joint committee. As part of the changes, nominated deputies will now have voting rights, therefore the health board will need to ensure that if the Chief Executive cannot attend the meeting, a nominated deputy is sent to ensure ABMU Health Board interests were protected.

There was no further business and the meeting was closed.

214/18

NEXT MEETING: Thursday, 24th January 2019 at 9.30am.