



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>24<sup>th</sup> January 2019</b>		<b>Agenda Item</b>	<b>2a</b>
<b>Report Title</b>	<b>Audit Registers and Action Plans</b>			
<b>Report Author</b>	Michael Kenealy, Finance Manager, Accounting & Governance			
<b>Report Sponsor</b>	Lynne Hamilton, Director of Finance			
<b>Presented by</b>	Andrew Biston, Head of Accounting & Financial Governance			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	<p>To provide summary extracts of the Audit Registers for the Health Board which have been developed to monitor:</p> <ul style="list-style-type: none"> <li>• Delivery of the Audit Plans;</li> <li>• Receipt of draft and final reports; and</li> <li>• Health Board management responses to audit reports</li> </ul> <p>To monitor the status of agreed audit recommendations.</p>			
<b>Key Issues</b>	<p>The Audit Registers have been fully updated as at 28<sup>th</sup> December 2018, with the exception of Structured Assessment 2017 (see below para. 2.3), these show when reports were expected by the Health Board, as set out in the original audit plans, the dates they were received and whether management responses were made on a timely basis.</p> <p>There has been an increase in the number of overdue recommendations, with 45 new recommendations falling into the overdue bracket during the period October to December.</p>			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the current position of the Audit Registers and the status of the Action Plans.</li> </ul>			

## **AUDIT REGISTERS AND ACTION PLANS**

### **1.0 INTRODUCTION**

1.1. This report provides the Audit Committee with summary extracts of the Audit Registers for the Health Board which have been developed to monitor: -

- Delivery of the Audit Plans;
- Receipt of draft and final reports; and
- Health Board management responses to audit reports

1.2. In addition, the status of agreed audit recommendations is monitored and included within this report.

### **2.0 BACKGROUND**

2.1 A detailed review of the audit registers has been undertaken by the Head of Accounting & Financial Governance, Director of Corporate Governance and Head of Internal Audit focussing on the outstanding audit recommendations listed on the audit registers. This review identified outstanding actions which have been superseded by subsequent audit reports or are no longer valid and these have been removed from the audit registers. A similar review has also been undertaken with Wales Audit Office.

2.2 The reports remaining on the audit registers have been fully updated as at 28<sup>th</sup> December 2018, and these show when reports were expected by the Health Board, as set out in the original audit plans, the dates they were received and whether management responses were made on a timely basis.

2.3 The deadline for updating progress on Action Plans was 28<sup>th</sup> December 2018. Summary extracts for both internal and external audit are set out in the sections below:

#### **External Audit Register (2017 Work) (Appendix A)**

Delivery of the 2017 plan is summarised below:

- **Financial Accounts Work (2017/18):** All work is now complete.
- **Performance Work:**
  - Structured Assessment (2017): completed
  - Primary Care – Thematic Review: Complete and the report is on the agenda for this meeting of the Audit Committee.
  - Cross Sector Thematic – Intermediate Care Fund: local findings reported to the Regional Partnership Board on 30<sup>th</sup> October 2018. National report anticipated in early 2019.

## **External Audit Register (2018 Work) (Appendix B)**

Delivery of the 2018 plan is summarised below:

- **Financial Accounts Work (2018/19):** Main accounts work has commenced in January and is planned to run until June 2019. The Charitable Funds Audit is planned for October 2019, but the potential to undertake the Charitable Funds Audit in August to support the Bridgend boundary change is being explored.
- **Performance Work:**
  - NHS Structured Assessment (2018): All work is now complete and the report is on the agenda for this Audit Committee meeting.
  - Clinical coding follow-up (all-Wales thematic review) : fieldwork commenced and is expected to be reported to Audit Committee in March 2019

Two further audits included in the 2018 audit plan are yet to commence. These include:

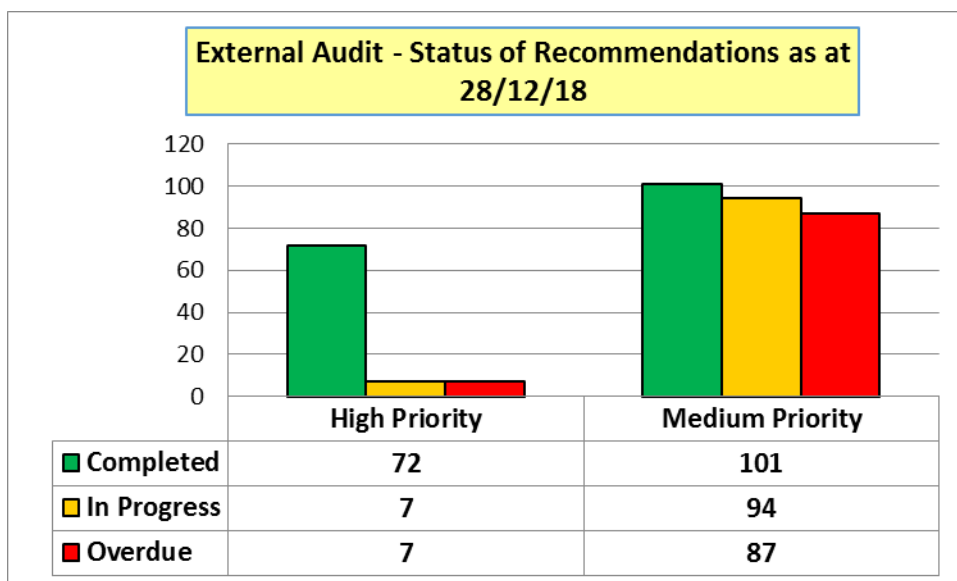
- Orthopaedic Services: Follow up (all-Wales thematic review 2018): scoping, fieldwork will commence in early 2019
- Local audit project: Follow up review of waiting times – fieldwork to commence in early 2019.

## **External Audit Action Plans**

Action plans are all available on the Finance Portal through SharePoint for managers and executives to access and update throughout the year. Training has been provided to executives and named managers within the action plans. The deadlines for the reporting periods to the Executive Team and then onto Audit Committee are clearly set out within the file set up.

It should also be noted that the charts and tables within this report only include Audit reports relating to the 2017/18 and 2018/19 Audit Plans, unless there are recommendations that have not yet been reported as completed from previous years, and so these continue to be monitored this year, and reported to the Committee.

The status of external audit recommendations is shown in the chart below. It must be noted that the audit registers do not currently include the Structured Assessment 2017 which was not added to the audit register tracker until after the 28<sup>th</sup> December. However, a status update for the Structured Assessment 2017 recommendations shows that of the 48 recommendations, 28 have been completed, 16 are in progress, 2 are no longer applicable and 2 are yet to be implemented.



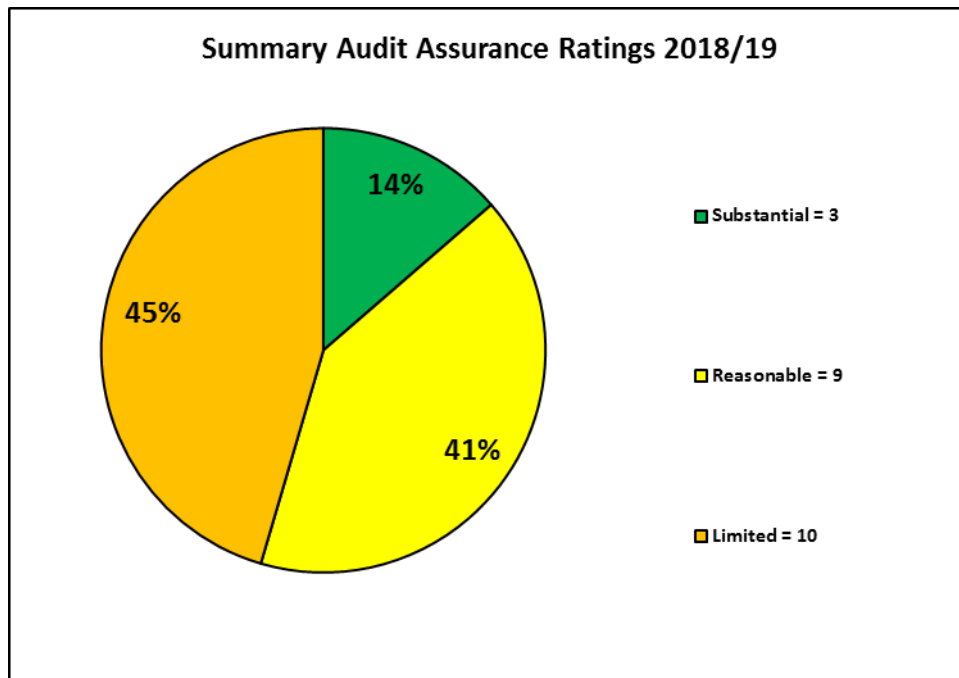
At this point, the overdue recommendations for external audit reports relate to:

Row Labels	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Longest Overdue (Days) as at 27/08/2018	Longest Overdue (Days) as at 26/10/2018	Longest Overdue (Days) as at 28/12/2018
<b>Chief Operating Officer</b>	2	18			
Review of Follow-up Outpatient Appointments	1	0	967	1030	1093
A Comparative Picture of Local Orthopaedic Services	1	0	146	209	272
Radiology Service	0	4	297	360	423
Discharge Planning	0	14	232	240	303
<b>Director of Nursing</b>	5	1			
Maternity Services Follow-up Review	0	1	420	483	546
Hospital Catering & Patient Nutrition Follow-up	5	0	511	574	637
<b>Medical Director</b>	0	68			
NHS Consultant Contract: Follow Up of Previous Audit Recc	0	68	541	604	667
<b>Grand Total</b>	7	87			

Taking into account noted revised target implementation dates, the table above would remain the same for high priority recommendations. The medium priority recommendations would reduce to 83, the reduction relating to Medical Director – NHS Consultant contract: Follow up of previous Audit recommendations.

### NWSSP Audit & Assurance Audit Register 2018/19 (Appendix C)

As at 28<sup>th</sup> December 2018, 24 final reports have been issued which included two reports without an assurance rating (Annual Quality Statement and Sickness Absence Management – Follow up review). The assurance ratings on the 22 reports are summarised in the chart below:

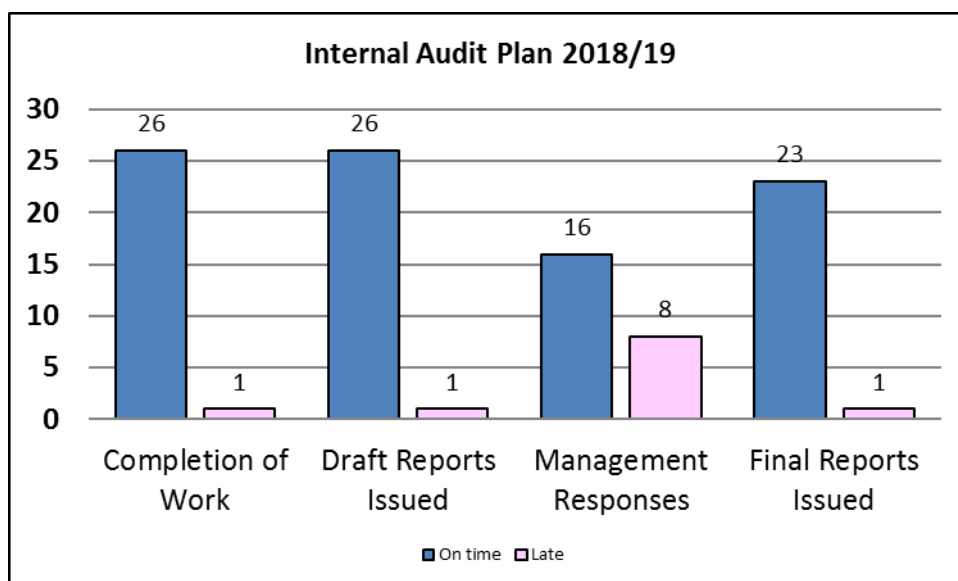


### Key Performance Indicators

There are KPIs established for measuring the overall delivery of the audit plans which are set out below:

1. Completion of Work - Was the review work completed in the quarter planned?
2. Draft Reports Issued - Was the draft report received within 14 days of the review work being completed?
3. Management Responses - Were management responses received within 21 days of the draft report being issued?
4. Final Reports - Was the final report received within 14 days of management responses being received by NWSSP Internal Audit (including the completed Action Plan)?

The chart below summarises the position against the KPIs as at 28<sup>th</sup> December 2018:

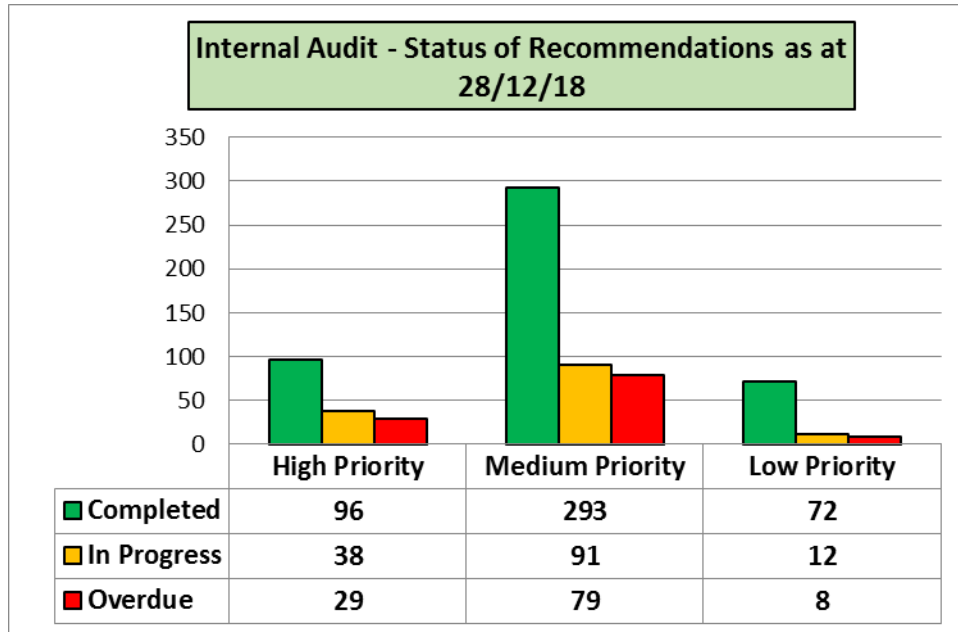


### NWSSP Audit & Assurance Action Plans

Action plans are all available on the Finance Portal through SharePoint for managers and executives to access and update throughout the year. Training has been provided to executives and named managers within the action plans. The deadlines for the reporting periods to the Executive Team and then onto Audit Committee are clearly set out within the file set up.

It should also be noted that the charts and tables within this report only include Audit reports relating to the 2017/18 and 2018/19 Audit Plans, unless there are recommendations that have not yet been reported as completed from previous years, and so these continue to be monitored this year, and reported to the Committee.

The status of internal audit recommendations is shown in the chart below:



At this point, the overdue recommendations for internal audit reports relate to:

Row Labels	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Sum of Low Priority Overdue	Audit Rating	Longest Overdue (Days) as at 27/08/18	Longest Overdue (Days) as at 26/10/18	Longest Overdue (Days) as at 28/12/18
<b>Director of Strategy</b>	<b>8</b>	<b>30</b>	<b>2</b>				
Capital Systems	0	0	1	Reasonable	23	86	143
Health & Safety - Primary Care Estates	0	2	0	Reasonable	24	87	150
Neath Port Talbot Operational PFI	0	11	0	Reasonable	267	330	393
Regulatory Compliance: H&S	0	1	0	Limited	146	209	272
Safety Alerts (Follow Up)	1	0	0	Reasonable	116	179	242
Performance Management & Reporting	0	1	0	Reasonable	86	26	89
Regulatory Compliance: Fire Safety FU	3	1	0	Limited	93	147	210
Capital Systems (Capital Equipment Replacement)	0	2	0	Reasonable	0	0	28
Strategy & Planning Directorate	1	6	0	Reasonable	0	0	28
Third Sector Commissioning Follow Up	2	1	0	Limited	0	0	63
Business Continuity & Disaster Recovery	0	2	1	Reasonable	0	0	28
Fire Safety (Follow Up)	1	0	0	Limited	0	0	28
Corporate Legislative Compliance	0	3	0	Reasonable	0	0	29
<b>Medical Director</b>	<b>8</b>	<b>7</b>	<b>3</b>				
Junior Doctor Bandings	1	4	1	Limited	846	909	972
Medical Appraisal to Support Revalidation Follow-up	2	0	0	Limited	693	756	819
Mortality Reviews follow up	0	0	2	Limited	146	209	272
Medical Devices & Equipment	1	0	0	Limited	212	275	338
Locum Medical Cover: Expenditure Control	3	2	0	Limited	176	239	302
Medical Devices & Equipment Follow Up	1	1	0	N/A	22	53	116
<b>Chief Operating Officer</b>	<b>3</b>	<b>27</b>	<b>3</b>				
Disability Discrimination	0	1	0	Reasonable	0	56	119
Performance Management	0	1	0	Reasonable	327	390	453
Dignity & Respect (Follow Up)	0	5	0	Reasonable	510	573	636
Security Framework (Follow Up)	0	1	0	Limited	236	299	362
MH&LD Governance	0	0	2	Reasonable	205	268	331
Data Quality: Mental Health Measures (Follow Up)	0	2	0	Reasonable	204	267	330
Primary Care: Core Quality & Delivery Measures	0	1	0	Reasonable	0	0	58
POWH Delivery Unit Governance Review	0	3	0	Limited	0	0	58
GP Managed Practice	1	2	0	Reasonable	0	42	105
Morrison Delivery Unit Governance Review	1	7	0	Reasonable	0	0	58
Backlog Maintenance	0	2	1	Limited	24	87	150
Delayed Follow Ups	1	2	0	Limited	0	0	58
<b>Director of Finance</b>	<b>0</b>	<b>2</b>	<b>0</b>				
Funds Held on Trust - Part 2	0	1	0	Limited	24	26	89
Golau Governance Review (Follow Up)	0	1	0	Limited	0	0	0
<b>Director of Human Resources</b>	<b>3</b>	<b>4</b>	<b>0</b>				
Statutory & Mandatory Training Progress	0	2	0	Limited	296	329	392
Staff Performance Mgt & Appraisals	0	1	0	Limited	235	298	361
Sickness Absence Management: Follow Up	1	0	0	revised rating	0	0	58
European Working Time Directive	2	1	0	Limited	205	55	118
<b>Director of Public Health</b>	<b>0</b>	<b>1</b>	<b>0</b>				
Vaccination & Immunisation	0	1	0	Limited	14	52	115
<b>Director of Nursing</b>	<b>7</b>	<b>8</b>	<b>0</b>				
Funded Placements in Non-NHS Settings Follow Up	4	0	0	Limited	358	421	484
Risk Management & Assurance	0	2	0	Reasonable	236	299	362
Annual Quality Statement	0	1	0	n/a (narrative)	0	0	27
DoLS Follow Up	3	2	0	Limited	0	0	89
Pressure Ulcers (Follow Up)	0	3	0	Reasonable	0	0	28
<b>Grand Total</b>	<b>29</b>	<b>79</b>	<b>8</b>				



Taking into account noted revised target implementation dates, the table above would reduce to 23 high, 71 medium and 8 low priority as shown on the table below:

<b>Row Labels</b>	<b>Sum of High Priority Overdue2</b>	<b>Sum of Medium Priority Overdue2</b>	<b>Sum of Low Priority Overdue2</b>
<b>Director of Strategy</b>	8	26	3
<b>Medical Director</b>	6	7	3
<b>Chief Operating Officer</b>	3	25	2
<b>Director of Finance</b>	0	1	0
<b>Director of Human Resources</b>	3	4	0
<b>Director of Public Health</b>	0	1	0
<b>Director of Nursing</b>	3	7	0
<b>Grand Total</b>	23	71	8

It should be noted that the lead Executive Director named on each report is reflective of the Executive Director Portfolio of responsibilities at the date of update of the audit registers (28<sup>th</sup> December 2018). A review of the audit reports allocated to each Executive Director has been undertaken as a result of the realignment of Executive Director responsibilities, with further changes taking effect from 1<sup>st</sup> January 2019.

Since the November Audit Committee there has been a decline in the progress in implementing the outstanding internal audit recommendations with the number of overdue recommendations increasing from 74 to 116 as a result of the number of new recommendations falling into the overdue bracket exceeding the number of overdue recommendations which were cleared in the period. The table below shows a comparison of outstanding recommendations as at 28<sup>th</sup> December 2018 as compared to the status as at 26<sup>th</sup> October 2018. It must be noted that the numbers reported in the table are not directly comparable, given that reports have moved between Executive Director portfolios during the period.

Director	Overdue at 28 <sup>th</sup> December	Overdue at 26 <sup>th</sup> October	Change
Director of Strategy	40	28	12
Medical Director	18	22	-4
Director of Therapies	0	5	-5
Chief Operating Officer	33	7	26
Director of Finance	2	1	1
Director of Human Resources	7	4	3
Director of Public Health	1	1	0
Director of Nursing	15	6	9
<b>Total</b>	<b>116</b>	<b>74</b>	<b>42</b>

This increase can be analysed by priority as follows:

Priority	Overdue at 28 <sup>th</sup> October	Overdue at 26 <sup>th</sup> October	Change
High	29	23	6
Medium	79	43	36
Low	8	8	0
<b>Total</b>	<b>116</b>	<b>74</b>	<b>42</b>

The number of new recommendations falling into the overdue bracket between 26<sup>th</sup> October 2018 and 28<sup>th</sup> December 2018 numbers 45. These are analysed by Executive Director and Priority as follows:

Director	High	Medium	Low	Total
Director of Strategy	4	14	1	19
Chief Operating Officer	2	13	0	15
Director of Finance	0	1	0	1
Director of Human Resources	1	0	0	1
Director of Public Health	0	0	0	0
Director of Nursing	3	6	0	9
<b>Total</b>	<b>10</b>	<b>34</b>	<b>1</b>	<b>45</b>

### 3.0 GOVERNANCE AND RISK ISSUES

- 3.1 There are significant governance risks arising from delays in implementing management responses to both Internal and External Audit reports particularly in areas where reports highlight limited assurance. Whilst progress was made during the August to October period in reducing the number of outstanding and overdue audit recommendations, these have again increased in number between October and December. It is imperative that management actions are implemented on a timelier basis than is currently the case as highlighted by the tables above.

### 4.0 FINANCIAL IMPLICATIONS

- 4.1 Whilst there are no direct financial implications which need to be highlighted in this report, there may be issues arising from individual audit reports which have financial implications, where cost may need to be incurred in order to implement audit recommendations or where areas of limited assurance may have financial implications for the health board.

### 5.0 RECOMMENDATIONS

Members are asked to :

- **NOTE** the current position of the Audit Registers, the status of the Action Plans and the increase in the last 2 months in the number of overdue recommendations.

## EXTERNAL AUDIT REGISTER 2017/18

Audit Work 2017		Draft Report	Final Report				Audit Committee
		Received	Due	Received	Completion		
					On Time	Late	
Financial Accounts Work							
1	Audit of Financial Statements 2017/18 Report	23/05/2018	Jun-18	24/05/2018			30/05/2018
2	Audit of Charitable Funds Financial Statements 2017/18 Report	18/10/2018	Oct-18	23/10/2018			01/11/2018
Performance Work							
3	Structured Assessment 2017	19/02/2018	Feb-18	19/02/2018			15/03/2018
4	Thematic Reviews: Primary Care	13/12/2018	Nov-18	13/12/2018			24/01/2019
5	Thematic Reviews: Cross Sector Review- Intermediate Care Fund (Note 1)	Not Received	Jan-19				TBC - March 19
	Local Audit Work		Note 3				
Other							
6	Annual Audit Report for 2017	19/02/2018	Jan-18	19/02/2018			15/03/2018
7	Audit Plan 2018	13/02/2018	Jan-18	13/02/2018			15/03/2018

**Note 1:** Fieldwork Complete - Local Findings Presented to the RPB on 30th October 2018. National report anticipated early 2019

## EXTERNAL AUDIT REGISTER 2018/19

Audit Work 2018		Draft Report	Final Report				Audit Committee
			Received	Due	Received	Completion	
		On Time				Late	
Financial Accounts Work							
1	Audit of Financial Statements 2018/19 Report		Jun-19				
2	Audit of Charitable Funds Statements 2018/19 Report		Oct-19				
	Performance Work						
3	Structured Assessment 2018	11/01/2019	Jan-19	11/01/2019			24/01/2019
4	Thematic Reviews: Clinical Coding Follow Up (Note 1)		Mar-19				
5	Thematic Reviews: Orthopaedic Services Follow Up (Note 2)		Nov-19				
6	Local Audit Work - Follow up review of Waiting Times (Note 3)		May-19				
	Other						
7	Annual Audit Report for 2018	08/01/2019	Jan-19	15/01/2019			24/01/2019
8	Audit Plan 2019		Mar-19				

**Note 1:** Fieldwork ongoing

**Note 2:** Scoping. Fieldwork in 2019.

**Note 3:** Fieldwork in 2019

Appendix B

ABM UNIVERSITY HEALTH BOARD

INTERNAL AUDIT REGISTER 2018/19

Audit Assurance Rating Key			
Substantial Assurance		Some Assurance	
Reasonable Assurance		No Assurance	

Progress Monitoring of Approved Plan			Completion of Work				Draft Report				Management Responses				Final Report				Audit
4	Corporate Legislative Compliance – Wellbeing of Future Generations (Wales) Act	ABM-1819-004	Director of Strategy	Q3	26/10/2018	1	09/11/2018	29/10/2018	1	19/11/2018	16/11/2018	1	30/11/2018	21/11/2018	1	24-Jan-19			
5	Corporate Governance Code - Compliance Board & Committee Arrangements (Deferred from 2017/18)	ABM-1819-005	Director of Corporate Governance	Q3	30/11/2018	1	14/12/2018	30/11/2018	1	21/12/2018	30/11/2018	1	14/12/2018	06/12/2018	1	24-Jan-19			
8	Health & Safety – Follow Up Review	ABM-1819-008	Director of Strategy	Q3	29/10/2018	1	12/11/2018	29/10/2018	1	19/11/2018	16/11/2018	1	30/11/2018	21/11/2018	1	24-Jan-19			
9	Fire Safety – Follow Up Review	ABM-1819-009	Director of Strategy	Q3	29/10/2018	1	12/11/2018	29/10/2018	1	19/11/2018	16/11/2018	1	30/11/2018	19/11/2018	1	24-Jan-19			
12	Vaccination and Immunisation	ABM-1819-012	Director of Public Health	Q1	29/06/2018	1	13/07/2018	29/06/2018	1	20/07/2018	20/07/2018	1	03/08/2018	02/08/2018	1	20-Sep-18			
13	Third Sector Commissioning – Follow Up Review	ABM-1819-047	Director of Strategy	Q2	31/08/2018	1	14/09/2018	31/08/2018	1	21/09/2018	11/10/2018	1	25/10/2018	18/10/2018	1	15-Nov-18			
16	Welsh Risk Pool Claims Review	ABM-1819-015	Director of Nursing & Patient Experience	Q4	28/11/2018	1	12/12/2018	28/11/2018	1	19/12/2018	19/12/2018	1	02/01/2019	19/12/2018	1	24-Jan-19			
17	Charitable Funds - Funds Held on Trust (Part 1)	ABM-1819-016a	Director of Finance	Q1	01/06/2018	1	15/06/2018	07/06/2018	1	28/06/2018	11/07/2018	1	25/07/2018	16/07/2018	1	20-Sep-18			
18	Charitable Funds - Funds Held on Trust (Part 2)	ABM-1819-016b	Director of Finance	Q2	17/08/2018	1	31/08/2018	29/08/2018	1	19/09/2018	30/08/2018	1	13/09/2018	31/08/2018	1	20-Sep-18			
19	Charitable Fund: Golau Governance – Follow Up Review	ABM-1819-017	Director of Finance	Q2	20/08/2018	1	03/09/2018	23/08/2018	1	13/09/2018	24/09/2018	1	08/10/2018	04/10/2018	1	15-Nov-18			
21	Annual Quality Statement	ABM-1819-019	Director of Nursing & Patient Experience	Q1	29/06/2018	1	13/07/2018	29/06/2018	1	13/07/2018	20/07/2018	1	03/08/2018	03/08/2018	1	No Rating			
22	Putting Things Right: Integrity of DatixWeb (Deferred from 2017/18)	ABM-1819-020	Director of Nursing & Patient Experience	Q2	30/07/2018	1	13/08/2018	31/07/2018	1	21/08/2018	21/08/2018	1	04/09/2018	28/08/2018	1	20-Sep-18			
26	Pressure Ulcers - Follow Up Review	ABM-1819-024	Director of Nursing & Patient Experience	Q2	28/09/2018	1	12/10/2018	28/09/2018	1	19/10/2018	01/11/2018	1	15/11/2018	07/11/2018	1	15-Nov-18			
27	Mortality Reviews - Follow Up Review	ABM-1819-025	Medical Director	Q2	28/09/2018	1	12/10/2018	29/09/2018	1	19/10/2018	19/10/2018	1	02/11/2018	29/10/2018	1	15-Nov-18			
28	POVA Deprivation of Liberty Safeguards– Follow Up Review (Units High Risks are DOLS)	ABM-1819-026	Director of Nursing & Patient Experience	Q2	06/08/2018	1	20/08/2018	06/08/2018	1	05/09/2018	10/09/2018	1	24/09/2018	10/09/2018	1	20-Sep-18			
30	Data Quality: Delayed Follow Ups	ABM-1819-028	Medical Director	Q2	23/08/2018	1	06/09/2018	24/08/2018	1	17/09/2018	12/10/2018	1	26/10/2018	19/10/2018	1	15-Nov-18			
32	Business Continuity & Disaster Recovery	ABM-1819-030	Medical Director	Q2	28/09/2018	1	12/10/2018	28/09/2018	1	19/10/2018	18/10/2018	1	01/11/2018	18/10/2018	1	15-Nov-18			
33	Health Records Management (Physical notes)	ABM-1819-031	Medical Director	Q1	12/06/2018	1	26/06/2018	14/06/2018	1	05/07/2018	04/07/2018	1	18/07/2018	18/07/2018	1	20-Sep-18			
34	GDPR (General Data Protection Regulation)	ABM-1819-032	Medical Director	Q3	30/11/2018	1	14/12/2018	30/11/2018	1	21/12/2018	05/12/2018	1	19/12/2018	06/12/2018	1	24-Jan-19			
37	GP Managed Practices: Cymmer Health Centre (Deferred from 2017/18)	ABM-1819-035	Chief Operating Officer	Q2	09/07/2018	1	23/07/2018	13/07/2018	1	17/09/2018	30/08/2018	1	13/09/2018	31/08/2018	1	20-Sep-18			
38	Princess of Wales Service Delivery Unit Governance Review	ABM-1819-036	Chief Operating Officer	Q2	27/07/2018	1	10/08/2018	30/07/2018	1	20/08/2018	14/08/2018	1	28/08/2018	15/08/2018	1	20-Sep-18			
39	Morriston Hospital Service Delivery Unit Governance Review	ABM-1819-037	Chief Operating Officer	Q2	18/09/2018	1	02/10/2018	27/09/2018	1	18/10/2018	18/10/2018	1	01/11/2018	19/10/2018	1	15-Nov-18			
40	Strategy and Planning Directorate	ABM-1819-038	Director of Strategy	Q2	28/09/2018	1	12/10/2018	28/09/2018	1	19/10/2018	15/10/2018	1	29/10/2018	18/10/2018	1	15-Nov-18			
47	Sickness Absence Management - Follow Up Review	ABM-1819-045	Director of Human Resources	Q2	29/06/2018	1	13/07/2018	29/06/2018	1	20/07/2018	01/08/2018	1	15/08/2018	05/10/2018	1	15-Nov-18			