

UNCONFIRMED

ABERTAWE BRO MORGANNWG UNIVERSITY LHB MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON TUESDAY, 23RD JANUARY 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
In Attendance:	Lynne Hamilton	Director of Finance
	Paula O'Connor	Internal Audit
	Neil Thomas	Internal Audit
	Huw Richards	NWSSP Audit and Assurance
	Carol Moseley	Wales Audit Office
	Angela Hopkins	Interim Director of Nursing and Patient Experience
	Christine Morrell	Director of Therapies and Health Science
	Pamela Wenger	Director of Corporate Governance
	Andrew Biston	Head of Accounting
	Liz Stauber	Committee Services Manager
	Hamish Laing	Medical Director (for minutes 07/18 and 08/18)
	Sian Richards	Head of Digital Records and Information Assurance (for minutes 07/18 and 08/18)
	Sandra Husbands	Director of Public Health (for minute 17/18)

Minute		Action
01/18	WELCOME AND APOLOGIES FOR ABSENCE Martin Sollis welcomed everyone to the meeting, in particular Mark Child, Martyn Waygood, Angela Hopkins and Pam Wenger who had recently joined the organisation and the committee. Apologies for absence were received from Len Cozens, Head of Counter Fraud Services. In his opening remarks, Martin Sollis advised that the committee membership had changed following the appointment of new executives and independent members and this was an opportunity to develop the committee for the future.	
02/18	DECLARATION OF INTERESTS There were no declarations of interest.	
03/18	MINUTES OF THE PREVIOUS MEETINGS The minutes of the meeting held on 16 th November 2018 were received and confirmed as a true and accurate record except to note the following amendments: <u>203/17 Wales Audit Office Progress Report (bullet point three to read)</u>	

As part of this year's audit plan, time had been set aside to support activities for the board's development

and

203/17 Wales Audit Office Progress Report (paragraph three to read)

Martin Sollis asked whether national reports were circulated to health boards. Carol Moseley advised that email notification of NHS related national reports were circulated to NHS Wales organisations but where individual health boards or trusts had been involved or cited in the work, they were included in the clearance of the reports. Any wider public sector reports which may be of interest to NHS bodies were then highlighted through the organisations' Audit Committees.

04/18 MATTERS ARISING

There were no matters arising.

05/18 ACTION LOG

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

(i) Action Point One – Post-Payment Verification Report

Martin Sollis stated that more positive assurance would be required from future iterations as there was a lot of good work being undertaken which needed to be evidenced. Lynne Hamilton concurred, adding that a richer analysis was required as well as a more robust governance structure as the previous report had stated it had been written for the Director Finance but she had not seen it until the papers for the meeting were circulated.

(ii) Action Point Six – Standards of Business Conduct

Martin Sollis advised that the evaluation of the standards of business conduct would be undertaken as part of the upcoming governance review by Pam Wenger.

(iii) Action Point Eight – Procurement Compliance Procedure

Andrew Biston advised that the final amendments had been made to the procedure which was to be shared with internal audit before it was circulated.

06/18 WORK PROGRAMME

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

In discussing the work programme, Martin Sollis stated that he was to work with Pam Wenger to develop the work programme going forward to determine what items required noting and approval, and what was to be received as part of risk and assurance. Pam Wenger added that this was an opportunity to consider the frequency with which some items were received.

Resolved: The work programme be **noted**.

07/18 INFORMATION GOVERNANCE BOARD UPDATE REPORT

Hamish Laing and Sian Richards were welcomed to the meeting.

A report providing an update from the Information Governance Board was **received**.

In introducing the report, Sian Richards highlighted the following points:

- An improvement had been evident with regard to the compliance with the annual Caldicott Principles into Practice Assessment – 89% compared with 78.5% for the previous year;
- The risk in relation to the changes to the General Data Protection Regulation (GDPR) had been added to the corporate risk register;
- Confirmation had been received that there would be no financial action taken by the Information Commissioner's Office (ICO) in response to two data breaches;
- Approval was sought for two policies; an extension to the health records policy while an all-Wales document was awaited and a new police disclosure procedure to outline the protocol for requests for information as part of a police investigation.

In discussing the report, the following points were raised:

Pam Wenger advised that as part of the governance review, consideration would be given to the approval process for policies.

Mark Child sought confirmation that South Wales Police had been included in the development of the police disclosure policy and they would be it cascading to their teams. Sian Richards confirmed that this was the case, adding that it was a 'living' document and the two organisations would work together to improve it. Hamish Laing stated that it was a useful policy to have as it gave staff confidence when receiving requests as there had been issues in the past.

Tom Crick queried if there had been any specific incidents relating to the requesting of documents by police. Hamish Laing responded that as part of the blood glucometry investigations at Princess of Wales Hospital, significant amounts of information had been taken as evidence which had not been tracked and not all returned.

Tom Crick stated that it was pleasing to see an increase in compliance with information governance but it was proving challenge within some of the hospitals. He queried if there were any specific issues preventing completion. Sian Richards advised a lot non-compliance related to release and availability of staff so encouragement was being given to electronic training as well as offering innovative options such as group sessions. She added once the standard had been reached it would be easier to maintain.

Hamish Laing advised that he was writing to doctors to make clear their responsibilities as they would be unable to access a patient's primary care record if they were non-compliant.

Martyn Waygood queried the process of monitoring learning with regard to the police disclosure policy, not just for staff but also colleagues within the police. Sian Richards responded that the new process provided a way for learning to be captured as previously it had been based on adhoc stories. She added that logs would now be completed and shared with the Information Governance Board as and when information was requested.

Angela Hopkins advised that the actions of the police during the Princess of Wales Hospital investigations had provided some learning opportunities and this had been relayed to Welsh Government as the actions had been replicated within other reviews across Wales. She added that Welsh Government had undertaken to share the issues with the chief constable for each police force and both police and health board staff had attended a local safeguarding event at which the issues were discussed.

Martin Sollis queried as to how the police disclosure policy would be embedded within the health board's services as the process appeared complex. Sian Richards advised that the procedure differed for each legislation and as such, the process would vary depending on the request. She added that the key message was that if a request was received from the police, someone senior was to be informed. Lynne Hamilton concurred that the process appeared complex and suggested that a one-page infographic be designed to guide people at a glance. Sian Richards undertook to look into this, adding that flowcharts had already been agreed for the emergency departments.

Martin Sollis commended Sian Richards and Hamish Laing on the report.

Tom Crick queried the timescale for the all-Wales health records policy. Sian Richards advised that it was hoped it would be ready prior to the new GDPR regulations and the all-Wales health records group was to be re-established to support the process.

- Resolved:**
- The report be **noted**.
 - Consideration be given to developing a one-page infographic for the police disclosure policy process.
 - The extension of the health records policy be **endorsed**.
 - The police disclosure policy be **endorsed**.

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08/18 STATUS REPORT – PREPAREDNESS FOR GENERAL DATA PROTECTION REGULATIONS

A report highlighting the health board's preparedness in relation to the upcoming changes for the general data protection regulations (GDPR) was **received**.

In introducing the report, Hamish Laing and Sian Richards highlighted the following points:

- The new regulations would be in place from May 2018;
- The Director General for NHS Wales had written to all organisations to draw attention to the significance and to outline expectations;
- May 2018 would also see the introduction of the Network and Information Systems (NIS) Directive;
- Both new regulations could have financial risks;
- The health board's ability to meet the legal requirements of GDPR had been assessed using the ICO's 12-step guidance and the board would be non-compliant in a number of areas;
- A readiness statement had been prepared and submitted to the Wales Information Governance Board to inform Welsh Government;
- The main challenge to compliance for the health board was resources;
- A detailed plan as to the tasks required to be more ready for the new regulations had been received by the executive team and a case to seek additional resources was in development;
- As a standard, the ICO had an expectation of compliance with audits and governance models;
- Once compliance was reached the work would need to continue in order for the position to be maintained.

In discussing the report, the following points were raised:

Martyn Waygood stated that it was concerning that the health board would not be compliant as it would have known for a significant period of time that the GDPR regulations were coming. He added that ABMU appeared to be an outlier in comparison with its colleagues and asked whether a suitable data protection officer had been appointed. Sian Richards advised that the head of information governance had been nominated as the data protection officer but the role was seen as that of a wider group and would be supported by the senior information risk owner (SIRO), Caldicott Guardian and the informatics team.

Mark Child shared Martyn Waygood's concern, noting that the changes to GDPR had only recently been added to the risk register. He stated that he would have expected the issue to have been escalated through the risk register from the time the changes were announced and asked whether the health board was discussing with colleagues as to how they were managing the issues. Sian Richards responded that Betsi Cadwaladr University Health Board has four whole time equivalents assigned to the GDPR work. She added while it had only recently been added to the risk register, it had been a priority for the department for some time.

Mark Child queried whether compliance with the original Data

Protection Act had been included within the risk register. Sian Richards advised that it was however with GDPR there was a requirement to prove compliance which made the risk different. Mark Child stated that it was important the committee was kept up-to-date with progress.

Martin Sollis commented that there were lessons to be learned with regard to the risk process as with knowledge, the board may have been able to mitigate the some of the risks associated with GDPR. Hamish Laing responded that the health board's compliance was disappointing and while it had known the changes that were coming and the action required to address them, the resources had not been available. He added that the executive had agreed monies for a temporary member of staff who was due to commence with the organisation that week and could start with the highest priorities.

Lynne Hamilton stated that while she recognised compliance with GDPR was a priority, there was not a 'pot of money' available to provide resources. She added that resources had to be aligned in the context of the staff already available in Headquarters and the priorities of the 2018-19 plan and discussions would need to be undertaken with the incoming Chief Executive.

Pam Wenger referenced the role of the data protection officer and queried as to whether an assessment had been undertaken as to whether they had the skills and experience. Hamish Laing responded that a pragmatic approach had been taken initially to understand the work required. He added that the individual selected was an expert within the field and had a focus on reaching compliance.

Tom Crick commented that GDPR preparedness reflected somewhat on compliance with information governance training and the wider workforce issues. He queried whether the non-compliant areas were systems, software or cultural. Sian Richards advised that they were mixture of all and as such, using the ICO 12-step model had helped benchmark the health board's approach with that of its peers. Hamish Laing added that the general expectation of the ICO should a breach be reported would be the progress made against the action plan. He stated that the ICO was not expecting full compliance but did want evidence that the health board was working to put things right.

Tom Crick noted that there was an all-Wales approach to cyber security and the NHS Wales Informatics Service had commissioned a review, with the final report expected shortly. Hamish Laing responded that the report set out main areas of risk for all NHS Wales organisations and it was likely that some funding was to be made available to address the areas of biggest concern.

Martyn Waygood queried as to whether the ICO was being kept up-to-date as to the health board's position. Sian Richards advised that the ICO had re-audited the health board in September 2017 and had been provided with details as to the health board's compliance but there was no obligation to keep the ICO informed.

Martin Sollis stated that the Audit Committee had not had the opportunity to consider the emerging risks in detail prior to this meeting and lessons needed to be learned from this example. Tom Crick advised that he would be attending the Information Governance Board that day.

Carol Moseley commented that the revised board assurance framework would provide an opportunity to consider changes in legislation.

Resolved: The report be **noted**.

09/18 WALES AUDIT OFFICE (WAO) AUDIT REPORT – RADIOLOGY SERVICES MANAGEMENT RESPONSE

A report providing an update regarding actions taken following a Wales Audit Office (WAO) review of radiology services was **received**.

In introducing the report, Christine Morrell highlighted the following points:

- A significant amount of work was being undertaken but constraints remained with regard to workforce and separate organisational structures, including IT systems;
- Cost pressures for peer reviews were to be included within the annual plan and integrated medium term plans as well as within the risk register;

In discussing the report, the following points were raised:

Martin Sollis sought further details as to the gap analysis for the existing structure. Christine Morrell advised that currently there were two services running in parallel with separate IT systems. While work had started to consider integrating, the proposals to change the Bridgend boundaries meant this work was on hold. Martin Sollis commented that this was an opportunity to improve the efficiency of the service. Christine Morrell concurred but advised that diagnostic performance was good and a joint waiting list was managed.

Martin Sollis stated that the committee needed to provide assurance to the board that recommendations were being acted upon and while some opportunities had been progressed, there was still some work to be done.

Pam Wenger commented that it was difficult to identify whether the recommendations had been completed and stated it would be beneficial for future reports to have a covering paper to provide context. Martin Sollis concurred, adding that as the work programme of the committee evolved, not all audits and follow-up audits would need to be presented to the committee, just those which were 'high-risk'.

Resolved: The report be **noted**.

10/18 CHANGE IN AGENDA ORDER

Resolved: The agenda order be changed and items 2e and 5b be taken next.

11/18 CORPORATE RISK REGISTER

The corporate risk register was **received**.

In introducing the report, Angela Hopkins highlighted the following points:

- A board development session with a focus on reviewing the corporate risk register had taken place;
- There was a clear commitment to developing the risk register in-line with the board assurance framework;
- An internal audit review of the risk management and assurance process had received a *reasonable assurance* rating with six recommendations to consider;
- Three new risks had been added to the register since the previous update; GDPR, sustainability of primary care services and the risks associated with a new board membership;
- Healthcare Inspectorate Wales had visited the emergency department at Morriston Hospital which had provided positive feedback as well as areas to improve;
- A comparison with this and last year's tier one targets performance was now included within the register;
- The executive team was reviewing the risks to ensure the scores were still relevant.

In discussing the report, the following points were raised:

Mark Child queried whether the risk regarding compliance with the unscheduled care tier one target related to social care. Angela Hopkins advised that that was an element however during the recent 'Breaking the Cycle' programme there had been significant engagement from colleagues within social care, including innovative ways to support patients to go home once ready.

Martin Sollis commented that consideration was required as to how the board's committee structure could better monitor some of the risks within the register. He added that the Audit Committee also needed to take a 'deep dive' approach to the main risks.

Martin Sollis queried as to whether any risks had emerged as part of the NHS Delivery Unit's review of serious incidents. Angela Hopkins advised that a more detailed analysis would be provided to the Quality and Safety Committee and an update provided to the Audit Committee in due course.

Resolved: The report be **noted**.

12/18 DISTRICT NURSING CHECKLIST FOR BOARD MEMBERS – HEALTH BOARD SELF-ASSESSMENT AND PROGRESS

UPDATE

A report outlining the health board's self-assessed position against WAO's board member checklist for district nursing services was **received**.

In introducing the report, Angela Hopkins highlighted the following points:

- WAO had developed a checklist following a review of district nursing to support board members in seeking assurance on how local district nursing resources are managed and the progress made to address local audit recommendations;
- The health board had completed a self-assessment against the checklist to provide the committee and Chief Nursing Officer with a position statement;
- There were some areas in which the health board was compliant, others which were partially so and a number non-compliant;
- A number of the recommendations within the report were reliant upon the Welsh Community Care Information System (WCCIS), which was still in development;
- Progress was to be monitored by the Nursing and Midwifery Board.

In discussing the report, the following points were raised:

Martin Sollis queried whether the checklist was to be received by other board committees. Angela Hopkins advised that elements would be received where appropriate.

Tom Crick noted that the development of WCCIS had been referenced in the WAO review of NHS Wales information systems and had been flagged as 'high risk'. Pam Wenger advised that Welsh Government was to develop a management response which would be received by the committee in due course.

Martyn Waygood sought assurance that the health board's district nursing service had adequate sickness and holiday cover and an escalation process if required. Angela Hopkins advised that a new unit nursing director for primary and community services had been appointed who had a focussed view on district nursing. She added that he would ensure the nurse bank included district nursing and the Nursing and Midwifery Board was reviewing what was required to cover gaps.

Mark Child stated that the checklist did not reference relationships with other community services but these needed to be aligned. Angela Hopkins advised that the community resource team was being developed to move away from silo working.

Resolved: The report be **noted**.

13/18 WAO AUDIT REPORT – COLLABORATIVE ARRANGEMENTS

FOR MANAGING PUBLIC HEALTH RESOURCES

Sandra Husbands was welcomed to the meeting.

A report outlining the findings of a WAO audit report of collaborative arrangements for managing public health resources was **received**.

In introducing the report, Carol Moseley noted key points from the WAO report and Sandra Husbands highlighted the following points:

- The review had been undertaken as part of WAO's work plan for Public Health Wales;
- It had taken into account the national agenda which included meeting with local public health teams;
- Weaknesses were identified within local arrangements, particularly for health improvement;
- Areas of progress had also been evident;
- No formal recommendations had been made, as the review had been undertaken to provide the Auditor General with wider view of the public health system. However the review did identify improvement opportunities;
- Public Health Wales was working with Directors of Public Health and stakeholders to respond to the audit;
- One of the fundamental elements was the relationship between the local public health team and its health board;
- The review was an opportunity to look at the structures and resources of the local public health teams and to apply the population health process;
- ABMU's public health team did not have the capacity or capability to deliver all the required outcomes and national workstreams were reflective of this.

In discussing the report, the following points were raised:

Martin Sollis commented that it was a national report on complex arrangements and the Wellbeing and Future Generations Act was an opportunity to take it forward.

Tom Crick queried the areas that the Auditor General would be focussing upon. Carol Moseley advised that the forward work programme was currently under discussion.

Mark Child stated that public health was the key to improve a number of areas and consideration be given to priorities should investment be made. He cited the recent consultation regarding thoracic surgery as an example, adding that it did not mention the lifestyle choices, such as smoking, which were increasing the numbers of patients requiring treatment.

Martin Sollis asked as to how public health was included within the health board's governance agenda. Sandra Husbands responded that she was a member of the Strategy, Planning and Commissioning Group and public health also factored into

secondary and acute services.

Martin Sollis queried as to how the board would gain assurance from the review. Sandra Husbands advised that a management response was to be developed which included deadlines and timelines. Pam Wenger added that the report had been discussed by the board secretaries' network which had felt it should be received by all Audit Committees but there needed to be a wider conversation by the executive team as to where the assurance would come from. Pam Wenger undertook to clarify this.

PW

- Resolved:**
- The report be **noted**.
 - Clarification be sought as to where assurance would come from in relation to the report's findings.

PW

14/18 **AUDIT REGISTERS AND STATUS OF RECOMMENDATIONS**

A report outlining an update with regard to audit registers and action plans was **received**.

In introducing the report, Lynne Hamilton thanked Andrew Biston and his team for redesigning the report to enable the committee to focus on the overdue management actions in a risk-based way.

In discussing the report, the following points were raised:

Martin Sollis stated that the way in which the committee received *limited assurance* internal audit reports needed to be risk-profiled so it only received presentations from those which were high risk.

Martyn Waygood commented that the number of outstanding actions in relation to the fire safety audit was concerning. Paula O'Connor responded that it had been a risk area for a period of time but some improvements were being seen. She added that the Quality and Safety Committee had monitored the progress with regular updates from the Director of Strategy.

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

15/18 **HOSTED AGENCIES MINUTES AND TERMS OF REFERENCE**

A report outlining the minutes of recent meetings of the health board's hosted agencies governance sub-committees, as well as their terms of reference for approval, was **received**.

In discussing the report, Pam Wenger advised that she was undertaking a corporate review of governance and this would take into account the reporting arrangements for hosted organisations. Martin Sollis suggested that the terms of references be approved subject to the findings of the review. This was agreed.

- Resolved:**
- The report be **noted**.
 - The terms of references for hosted agencies governance sub-committees be **approved** subject to the findings of the corporate review of governance arrangements.

PW

16/18

REVIEW LOSSES AND SPECIAL PAYMENTS

A report providing an update on losses and special payments for the period 1st October 2017 to 30th November 2017, including an analysis of gross losses, was **received**.

In introducing the report, Lynne Hamilton advised that for the period there were losses and special payments totalling £9,792,813, of which £9,446,009 will be recovered from the Welsh Risk Pool and £193,874 from Welsh Government, leaving an actual loss to the health board of £484,949.

In discussing the report, Martin Sollis sought clarity as to the reason for the 'spike' within the clinical negligence cases. Andrew Biston advised that this related to a significant paediatric case.

- Resolved:**
- The report be **noted**.
 - Losses and special payments totalling £9,792,813, of which £9,446,009 will be recovered from the Welsh Risk Pool and £47,803 from Welsh Government, leaving an actual loss to the health board of £193,874 be **agreed** for approval by the health board.

17/18

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:

- An improvement continued to be seen with regard to the financial position as the period nine in-month overspend had been £1.75m compared with a required run-rate of £3m;
- The cumulative position was also better than the required target, which was a significant improvement;
- There was confidence that the health board could deliver a financial position better than the forecasted £36m;
- A focus was being given to the non-recurrent savings as these would provide a challenge for the following year.

In discussing the report, the following points were raised:

Mark Child stated that the position was very encouraging and offered his congratulations to the finance team. He queried where the balance of savings resided. Lynne Hamilton advised that the balance was within the non-recurrent savings.

Martin Sollis commented that there was a 'heavy' reliance on waiting list monies. Lynne Hamilton advised that one of the biggest financial risks was within planned care and the need to improve performance for those waiting 36 weeks for treatment.

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

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

A report detailing single tender action and quotations from June 2017 until October 2017 was **received** and **noted**.

19/18 AGREE ACCOUNTS TIMETABLE AND PLAN

A report setting out the timetable and plan to complete the annual accounts for 2017-18 was **received**.

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

- Chapter three of the accounts manual, which focussed on the annual report requirements, was still awaited;
- The draft accounts manual was to be discussed by the all-Wales technical accounting group later that week;
- An interim audit of the accounts was currently underway with no significant issues reported as yet.

In discussing the report, Pam Wenger stated that chapter three of the accounts manual was to outline the requirements and timescales of the annual report and would require the integrated performance data to be finalised and included by 1st June 2018. She added a further update would be provided at the next committee meeting as to what could be achieved in this regard.

Resolved: The report be **noted**.

20/18 NWSSP: INTERNAL AUDIT PROGRESS REPORT

A report providing an update on current and planned internal audit work was **received**.

In introducing the report, Neil Thomas and Huw Richards highlighted the following points:

- A number of changes had been proposed to the internal audit plan for 2017-18 including seven deferrals and three additions;
- One of the proposed additions to the plan was a follow-up audit of fire safety but after discussions with the Director of Strategy, it was now suggested that this be removed as it was not yet ready to proceed;
- A number of areas rated as *limited assurance* in previous audits were now ready for follow-ups and these would be progressed before the next committee meeting if possible;
- The audit of the transitional care unit had been deferred as it was unlikely this would be funded before 2019-2020.

In discussing the report, the following points were raised:

Martin Sollis queried in relation to the proposed deferred audits, did

the team have sufficient information to inform the end-of-year opinion. Paula O'Connor advised that the changes had been discussed with the executive leads and there was sufficient work remaining in the plan to complete the end-of-year opinion, especially as additional audits had been proposed.

Martin Sollis sought clarification as to why the follow-up review of first safety was not yet ready to proceed. Neil Thomas advised that the previous review had identified a number of issues at Singleton Hospital and these had been the focus of the work to date and as such, progress had not yet been demonstrated board-wide. Paula O'Connor added that there were some critical issues still requiring addressing. Lynne Hamilton commented that the opportunity had been given for the recommendations to be addressed and as such, if the request to defer was approved, it would set the wrong precedent. Martin Sollis concurred, adding that the leads for fire safety should attend the committee once the follow-up had been completed to discuss the findings. Paula O'Connor suggested that the original recommendation of the report to add three additional audits to the plan, including fire safety, be approved. This was agreed.

PO'C

Martin Sollis asked whether there was an early indication as to the potential end-of-year opinion. Paula O'Connor advised that it at the moment it was showing as *limited assurance* but this could be subject to change.

Paula O'Connor noted that the report was also asking for an additional audit to be included to review the Golau Cancer Foundation however the work had already been undertaken and the report drafted. She added that she wished to discuss the findings with the service director for Singleton Hospital before finalising the report.

Martin Sollis stated that he would be meeting with Paula O'Connor to prioritise the plan in-line with an assessment of the highest risks and to invite the leads of the reviews with high-risk *limited assurance* to the committee to discuss in future.

- Resolved:**
- The report be **noted**.
 - The changes the audit plan be **approved**.

PO'C

21/18 NWSSP AUDIT ASSIGNMENT SUMMARY REPORT

A report providing a summary of recently finalised internal audit work was **received** and **noted**.

22/18 WAO PROGRESS REPORT

A report providing an update on current and planned WAO activity was **received**.

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

- Comments had been received from the health board in

response to the review of discharge planning and the report was about to be finalised;

- The follow-up of outpatients review was in clearance;
- The structured assessment and annual report would be released to the health board for clearance the following month with the intention of both being received at the committee's meeting in March 2018 followed by the board however this may need rescheduling depending on the availability of the management response;
- The draft work plan for 2018 would be circulated in February 2018 for comment;
- A good practice seminar for discharge planning was to be held in March 2018 with a seminar on the Future Generations and Wellbeing Act being planned for May 2018.

Resolved: The report be **noted**.

23/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

24/18 NEXT MEETING: Thursday, 15th March 2017, 9.30am, Board Room, Headquarters.