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**ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

**Minutes of the Audit, Risk & Assurance Committee held on**

**Thursday, 7th April 2022 at 9.30 am via Teams**

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| **Present:** | |
| Shelley Bosson | Independent Member (Chair) |
| Richard Clarke | Independent Member (Vice-Chair) |
| Paul Deneen | Independent Member |
| Katija Dew | Independent Member |
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| **In attendance:** |  |
| Iwan Jones | Independent Member (Finance) |
| Rani Mallison | Director of Corporate Governance |
| Rob Holcombe | Interim Director of Finance, Procurement & Value Based Healthcare |
| Gwen Kohler | Assistant Finance Director (Financial Systems & Services) |
| Danielle O’Leary | Head of Corporate Services, Risk and Assurance |
| Simon Cookson | Head of Internal Audit |
| Stephen Chaney | Deputy Head of Internal Audit |
| Andrew Doughton | Audit Wales |
| Richard Harries | Audit Wales |
| Kath Smith | Associate Director, Operations |
| Julie Poole | Outpatient Transformation Lead |
| Dr Caroline Mills | Consultant Dermatologist |
| Greg Bowen | Finance |
| Martyn Edwards | Head of Counter Fraud |
| Rhiannon Jones | Director of Nursing |
| Chris O’Connor | Interim Director Community, Mental Health & Primary Care |
| **Apologies:** |  |
| Glyn Jones | Interim Chief Executive |
| Nicola Prygodzicz | Director of Planning |
| Leanne Watkins | Director of Operations |
| Nathan Couch | Audit Wales |
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|  | **Preliminary Matters** |
| **AC 0704/02** | **Apologies for Absence**  The Chair welcomed everyone to the meeting.  Apologies for absence were noted. |
| **AC 0704/03** | **Declarations of Interest**  There were no Declarations of Interest to record. |
| **AC 0704/04** | **Draft Minutes of the Meeting held on 3rd February 2022**  The Committee accepted the minutes as a true and accurate reflection of the meeting. |
| **AC 0704/05** | **Action Sheet**  The Committee reviewed the Action Sheet and was content that all completed actions could be removed.  **Action AC302/09** This was confirmed it would now sit under the Finance & Performance Committee. The Secretariat to transfer the action.  **Action: Secretariat** |
|  | **Counter Fraud** |
| **AC 0704/06** | **Counter Fraud Annual Report 2021/22**  Martyn Edwards (ME), Head of Counter Fraud presented the Committee with the Annual Report noting two (2) key points.  Component 12: Gifts and Hospitality Policies and Registers, as well as Conflicts of Interest. The declaration could not be included in this report because the Health Board's first Audit Committee meeting of the financial year occurred prior to the completion of the self-assessment return. The Local Counter Fraud Specialists had requested dispensation from the NHS Counter Fraud Agency's Senior Quality and Compliance Inspector that the declaration and outcomes be included in the second Audit Committee report of the financial year, and that this would be considered compliance with that specific aspect of the components/requirements.  The second point of note was compliance; the Health Board would be reporting green for all 12 components and requirements. This would be reported to a future Audit Committee meeting alongside the formal legal declaration.  **ACTION: Head of Counter Fraud/Committee Secretariat**  The Committee was informed that the Counter Fraud Team was losing two (2) specialist investigators but was assured that the work programme for 2022/2023 would not be affected and that there was a recruitment campaign underway to minimise the impact.  Paul Deneen, Independent Member, commended the LCF team on achieving full compliance, calling it a considerable achievement for the Health Board.  Katija Dew, Independent member, requested assurance on component 6 and, more specifically, how the prevention agenda's outcomes would be measured. ME advised that the "Counter-fraud features on the Induction Programme and as a mandatory part of the PADR process, as well as monitoring the uptake figures on the counter-fraud E-learning, which is supplemented by staff surveys on fraud awareness."  The Committee suggested a stand-alone metric be put in place that would depict what good looks like based on the number of employees, then triangulate it against how many of those should be receiving refresher training every year versus how many are receiving it. This would provide valuable insight and provide assurance that prevention agenda is fit for purpose. Rob Holcombe (RH), Interim Director of Finance, Procurement & VBHC agreed, with the support of ME, to take this forward and investigate how ABUHB compares to other Health Boards in Wales, as well as explore opportunities to use the data held on the ESR system. The next Committee meeting would receive an update.  **Action: Head of Counter fraud**  The Committee; -   * **ENDORSED** the Annual Report. |
| **AC 0704/07** | **Counter Fraud Annual Workplan for 2022/23**  ME presented the workplan for 2022/2023 to the Committee, noting that it was a dynamic document that would need to be flexible and change to meet the needs of the organisation.  Paul Deneen supported the plan, saying it appeared reasonable and proportionate.  The Committee thanked the Head of Counter Fraud for the report and **ENDORSED** the work plan, offering its assistance if needed. |
|  | **Efficient and Effective Use of Resources** |
| **AC 0704/08** | **Update on Outpatient** **Transformation**  Dr Caroline Mills (CM), Consultant Dermatologist, provided an update, noting that the current focus was to coordinate and streamline activity to avoid duplication of effort and to ensure efficiencies in delivering on the national work programmes in terms of the recovery plans and outpatient transformation programme.  Preliminary discussions had taken place regarding the management of the outpatient estate, which is currently managed by both primary and secondary care, and the possibility of consolidating management to maximise delivery for patients. The consolidation of outpatients would enable more services to be delivered locally, and the enhanced Local General Hospitals (eLGHs) would be repurposed as Outpatient Plus; an enhanced outpatient service offering a broader range of outpatient treatments and care than would be available locally. It was noted that the change in infrastructure at the Royal Gwent Hospital (RGH) was a massive enabler in allowing several specialities to use the specifically designed outpatient treatment units.  It was explained that significant work had been done in the last 12 months in terms of patient communication, validation, and signposting to alternative treatment pathways. In addition, a specialised team had been formed to serve as a single point of contact and to deliver communications.  An Outpatient Strategy Group, chaired by the Director of Operations, was identified as a significant enabler in moving things forward at pace. A request had been made to clinical leads across all directorates to allocate time within their job plans to support the programme's delivery.  All the initiatives outlined in the report should result in a reduction in the number of patients on waiting lists as well as significant financial benefits, most notably cost avoidance. Orthopaedics had redirected approximately one-quarter of all their patients from the treatment waiting list using the newly developed multidisciplinary triage team, however this still required an outpatient assessment, the MSK triage hub should improve performance further. To understand the impact, modellers had been engaged to forecast the trajectory of the impact on orthopaedic waiting lists over the next 12-24 months.  The Chair commented that she was pleased at the progress made since the last update. Katija Dew agreed that the programme was on the right track, but she felt that the report needed to be more explicit in terms of patient outcomes linked to the efficiencies and financial benefits.  Paul Deneen thanked the team for their efforts thus far and described the report as extremely useful. However, he was concerned about the programme's pace and wanted to know what barriers there were, and what opportunities there were to overcome the barriers. He noted that the Health Board would face financial challenges as Welsh Government funding was reduced over the next few years, so redesigning services was critical to service delivery and as such he extended the Committee and Board's support to overcome any barriers. CM commented, that while the outpatient infrastructure would not save money, it would gain efficiencies from each directorate that used the outpatient space. Clinical job plans that incorporate time for quality improvement would be critical to embedding change.  RH advised the committee that the board needs to save costs as part of IMTP plans as well as cost avoidance – to support previously agreed priorities. The challenge would be to shift resources based on intelligence and information (cause and effect relationship); if efficiencies are to be realised, the organisation would then need to consider its options in conjunction with other priorities, rather than assume doing more in the same service.  The Chair stated that job planning would be critical in driving the necessary cultural changes, therefore the Transformation Programme would need to link in with the People and Culture Committee.  The Committee thanked the team and **NOTED** the update, as well as reiterating its support if necessary. |
| **AC 0704/09** | **Status Update: Estates Efficiency Framework**  Rob Holcombe, Interim Director of Finance, presented the update on behalf of Nicola Prygodzicz, Director of Planning, Digital and ICT. The report provided an update on the application of the framework and the proposed programme of work for 2022/2023.  RH advised that the Health Board has had limited opportunity to fully apply the framework to specific proposals since the approval of its use, however, the general principles were being applied in terms of considering agile working and 'fitting' services into GUH, eLGH, and office accommodation proposals.  Paul Deneen inquired whether there was a plan in place for the various areas of activity, as well as a timeline for reporting to the Committee. RH responded that the first step would be to assess the baseline and refresh the current information, which would be completed by the end of quarter one, and that it would then go to the re-established Finance and Performance Committee for oversight after being submitted to the Capital Group.  Richard Clark, Independent Member, stated he was assured by the framework but was concerned about the pace with which the estates rationalisation was proceeding and would welcome regular reporting of milestones. Paul Deneen followed up with concerns about potential Welsh Government funding and asked if there was a group tasked with developing proposals for any proposed funding, as well as the resources required to deliver within the agreed timeframe. RH confirmed, as part of the Capital Programme, a governance structure was in place, consisting of a group tasked with developing proposals for potential funding.  Katija Dew noted the link to partnership working and was keen to understand if there was any work happening with the Gwent Public Service Board, around use of estates across the public sector more broadly, in terms of bringing them together to ensure best use of premises and to minimise the impact on the environment. She expressed that a more strategic approach was needed and consideration of the Future Generations Act to look at the Health Board estate and operations. RH responded that some of the capital funding had been re-routed to the Regional Partnership Board (RPB) and that the agendas are aligned in terms of progressing initiatives where they fit the strategic priorities. He also advised that there would be opportunities because of the broadening of the scope of the allowable applications of the RPB capital fund.  The Committee was encouraged to see work progressing but agreed that more work looking at what the Health Board has in its existing estate that is not necessarily needed or used should be an area of focus that would see the estates framework deliver tangible efficiencies.  The Chair advised that going forward further updates would be presented to the Finance and Performance Committee.  The Committee thanked the Interim Director of Finance and **NOTED** the update. |
| **AC 0704/10** | **Update on Governance and Financial Control Procedures**  Gwen Kohler (GK), Assistant Finance Director, informed the Committee that there is a technical accounting issue, which is a national issue initiated in the 2019/2020 tax year described as ‘scheme pays’. This allows clinical staff who are members of the NHS pension scheme to have financial support paid for by Welsh Government for performing additional paid work to incentivise additional activity delivery and not incur a detrimental impact to their earnings due to taxation, which would be paid as part of their pension.  It was noted that there were no financial implications for the Health Board, but there were audit implications due to the regulatory nature of the payment. As a result, the Health Board may have a technical qualification applied to that element of the accounts; this was also noted as having an impact on Welsh Government accounts.  Iwan Jones, Independent Member, asked if there would be any implications for the Health Board. RH advised that he did not anticipate any problems and offered to provide Committee members with an explanatory note with additional details and background. GK and Richard Harries (RHa) would agree a joint briefing for circulation.  **Action:**  **Assistant Finance Director / Audit Wales**  The Committee was informed that the Health Board had continued to meet the Public Sector Payments target of 95% and was on track to meet the target at the end of the financial year.  The Committee took note of the Single Tender Actions (STAs) taken since the previous reporting period. The Chair questioned why the STA schedule had been redacted and requested full transparency. Rani Mallison (RM), Director of Corporate Governance, responded that the need to redact where necessary would be implemented. RM agreed to resend an unredacted version of the schedule.  **Action: Director of Corporate Governance**  Katija Dew explained that the changes to the charitable funds and financial control procedures were implemented in response to Audit Wales recommendations, which were approved by the Executive Team and Charitable Funds Committee in March.  The Committee; -   * **ENDORSED** the proposed changes to the charitable funds and financial control procedures * **APPROVED** the report. |
| **AC 0704/11** | **Losses and Special Payments Report**  The Committee received the standard report and noted the financial position in respect of losses and special payments as at end of February 2022.  Gwen Kohler (GK), Assistant Finance Director, informed the Committee that Community Pharmacy Wales Contractors had received an ex-gratia payment of £603k for WP10(HP) prescriptions. The payment was a one-time payment to community pharmacists who dispense hospital-prescribed medications. The national discount scheme for some of the drugs on the WP10(HP) forms had not been applied to the purchase cost of the high-cost medications dispensed by the community pharmacist. GK confirmed Welsh Government had approved the ex-gratia payment.  The Committee **NOTED** the report for **ASSURANCE**. |
|  | **Financial Planning and Performance** |
| **AC 0704/12** | **Finance Report**  Rob Holcombe (RH), Interim Director of Finance, presented the report outlining financial performance to the end of Month 11. It was noted that the Health Board continued to forecast a breakeven position for both revenue and capital.  RH stated that one of the key priorities for next year would be efficiency and cost reduction through transformation, noting that the implications of maintaining a COVID safe environment would be a significant cost pressure. Furthermore, changes in service models are required to develop more efficient pathways of care, reduce the use of hospital beds and workforce requirements, thereby lowering variable pay expenditure.  Paul Deneen questioned if there was a longer-term plan in place to address the number of patients who should be in the community but are instead in the hospital. Chris O'Connor (COC), Interim Director Primary Care advised that a review of the Care Closer to Home Pathway would be carried out in collaboration with local authority partners, under the auspices of the RPB Community Subgroup.  The Chair expressed concern about the Registered Nurse Agency Reduction Plan, questioning whether it was fit for purpose. RH commented that it was a key priority for the Executive Team and that discussions with key members of the Executive Team had taken place.  On behalf of the Committee, Paul Deneen thanked the Interim Director of Finance and his team for their efforts in achieving financial balance at the close of the financial year despite the challenges of the previous years. The Chair echoed Paul’s comments.  The Committee **NOTED** the Month 11 financial report. |
|  | **Corporate Governance, Risk and Assurance** |
| **AC 0704/13** | **Internal & External Audit Recommendation Tracker**  Rani Mallison (RM), Director of Corporate Governance presented the Committee with the draft procedure for managing internal and external audit recommendations, outlining responsibilities as well as a process for monitoring and tracking progress. The report also included a revised audit tracking tool that provides information to assist in taking assurance that progress is being made on those actions that are past due for implementation in relation to the original agreed-upon timescales. In addition, there was an overview of the current position; the tracker had been adopted and updated with the previously reported outstanding audit recommendations, as well as all medium and low recommendations and the 2021/22 audit reports that were not previously included. It was explained that many of the actions would have been completed since the audit report, but it was presented as a starting point, acknowledging it would be an evolving process.  RM stated that the presented position is comprehensive, and it was recognised in the paper that it had not been subject to Director review. Following this meeting the respective directors would be contacted for updates on their recommendations, and that in the future, updates would only be requested on those that are due or overdue. Responses to actions that have not yet been scheduled for implementation would not be requested until the appropriate time.  **Action:**  **Director of Corporate Governance**  Andrew Doughton (AD), Audit Wales suggested a collaborative review of the outstanding recommendations to determine if they are still required.  **Action:** **Director of Corporate Governance** **/Audit Wales**  The Committee; -   * **NOTED** the revised tracker as reasonable and proportionate * **ENDORSED** the revised approach. |
| **AC 0704/14** | **Risk Management Strategy Realisation Plan**  Dani O'Leary (DO’L), Head of Risk & Assurance, presented the Risk Management Strategy Realisation Plan, which outlined the actions required to embed the agreed-upon objectives within the revised Risk Management Strategy.  The Committee was asked to approve the proposed plan and endorse the postponement of the Once for Wales (OfW) Datix Risk Management Module until the end of the calendar year to allow for data cleansing, national learning, and a thorough readiness assessment.  To support implementation, a separate plan for the risk management module was being developed through the Health Board OfW Project Management Team, influenced by national learning from Betsi Cadwallader University Health Board (BCUHB) and Shared Services as early adopters.  The Committee thanked the Head of Risk & Assurance for the considerable work and -   * **APPROVED** the Risk Management Strategy Realisation Plan * **ENDORSED** the proposal to defer the implementation of the OfW Datix Risk Management Module. * **ACKNOWLEDGED** the significant training requirement and commitment required from the Board. |
| **AC 0704/15** | **Committee Risk Report**  Dani O’Leary (DO’L), Head of Risk and Assurance presented the report and outlined the key points and updates to the principal risks.  A clarification was made regarding the arrows in the risk report; the direction of the arrow corresponds to the trend, and the colour corresponds to the level of risk. DO’L stated that this would be addressed in subsequent reports with the addition of a key to direct members' attention.  **Action:**  **Head of Risk and Assurance**  The Committee was informed that the Health Board had engaged in multi-partnership discussions relating to the Ukraine Crisis in the context of planning and emergency response. In addition, an internal risk management profile had been created, highlighting the potential consequences for the Health Board. It was noted that a detailed risk assessment would be undertaken, this would be presented to the Board via the Partnerships, Population Health, and Planning Committee.  The Chair inquired about the status of risk CRR020 implementation. C’OC stated that the Mental Health & Learning Disabilities Service hoped to implement the information system by the end of April/beginning of May. The Chair was encouraged to hear that the move was imminent but requested that a position statement outlining organisational readiness linked to local authority implementation be provided.  Katija Dew expressed concerns about the handover process and the risks associated with the transition from the current systems to the new platform, and she requested assurance that a robust plan was in place. RM agreed to take forward the concerns and request a comprehensive update to provide the Committee with the necessary assurances.  **Action: Director of Corporate Governance**  The Committee; -   * **NOTED** the content of the report for assurance * **ACKNOWLEDGED** the updates that have been received * **APPROVED** the inclusion of an additional risk regarding the Ukraine crisis. |
| **AC 0704/16** | **Committee Priorities 2022/23**  Dani O’Leary (DO’L), Head of Risk and Assurance supported by Rani Mallison (RM), Director of Corporate Governance presented the Committee priorities stating that they were based on the Committee's revised Terms of Reference (ToRs) and would underpin Committee work plans as well as inform the Board's work plan.  A baseline assurance map had been undertaken considering the Board Assurance Framework, legislative requirements, standard internal and external reporting which identified gaps in assurance. The IMTP governance priorities, preparedness for the COVID-19 Inquiry, and Clinical Audit arrangements were identified as areas of focus, in addition to normal business. RM stated that while the Clinical Audit Plan would fall under the purview of the Patient, Quality, and Safety Committee, it was critical that the Audit Committee maintain oversight and gain assurance on the effectiveness of the plan.  Paul Deneen was assured that there was a robust plan in place for the Committee, but he expressed concern about the lack of efficiencies and savings in the priorities. RM responded by saying that the Board would have an overarching plan and take confidence that all the Board's business requirements would be mapped through the appropriate Committees. RH made similar comments about internal accountability and how efficiencies would be delivered and reported through the organisational governance structure. RM advised that to ensure a comprehensive view and decision-making process, the organisation would need to be clear on delegated responsibilities from the Board level all the way through the organisation, as well as the accountability arrangements. RM confirmed that the development of an Accountability Framework was identified as a priority within the governance workplan of the IMTP.  Andrew Doughton (AD), Audit Wales, informed the Committee that Audit Wales would be undertaking work in June and July of this year, which should provide an overview of progress on efficiencies over the next three months and highlight some of the challenges going forward. This would provide assurance to the Committee regarding the efficiencies programme; the outcome would be shared with the Committee in the autumn.  The Chair thanked the Head of Risk and Assurance and the Director of Corporate Governance for the presentation and requested it be shared with the Committee.  **Action:**  **Head of Risk and Assurance**  The Committee **NOTED** the presentation. |
|  | **NWSSP Audit and Assurance – Internal Audit and Specialist Service Unit** |
| **AC 0704/17** | **Internal Audit Plan Progress Update**  The Committee was informed that there were eleven (11) outstanding reports, three (3) of which were in draft form and eight (8) of which were in progress.  Simon Cookson (SC), Head of Internal Audit, informed the Committee that five (5) internal reports had been submitted, one of which had returned a Limited Assurance rating Mental Health & Learning Disabilities Continuing Health Care (MHLD CHC) and four (4) of which had returned a reasonable assurance rating. It was also highlighted that a high priority finding in the Falls Management Report had been raised regarding the documentation of multifactorial risk assessments; it was noted that these could not always be located or evidenced in each case.  SC confirmed that the Director of Nursing's request for an advisory report on Continuing Healthcare (CHC) for Children had been signed off and would commence in the coming days.  The Committee **NOTED the report.** |
| **AC 0704/18** | **Internal Audit Reviews (Limited/Reasonable)**  **Limited Assurance: Mental Health & Learning Disabilities Continuing Health Care**  Stephen Chaney (SCh), Deputy Head of Internal Audit, introduced the report, advising that a detailed review of MHLD CHC arrangements had been undertaken, looking at the requirements that were in place during the pandemic. It was noted that several key aspects had been stepped down as directed by the Welsh Government, which was a focus for the report alongside the Commission reviews with providers and support arrangements. The review concluded several high-priority findings.  Rhiannon Jones (RJ), Director of Nursing, and Chris O'Connor (CO’C), Interim Director of Primary Care, Community and Mental Health both attended the meeting to assure the Committee that the report's recommendations were being implemented and progressed.  RJ thanked the Internal Audit Team for their flexibility in incorporating this audit into the scheduled plan, noting that it had been a challenging audit to complete due to its complexity.  RJ confirmed that the internal audit findings support the findings of the Wales Audit Office's structured assessment in terms of strengthening oversight of commissioned services. Furthermore, the Committee was informed that the Division and responsible Executives had agreed on all 12 recommendations, and that a timetable for improvement had been identified as the end of July, with a review planned for the end of May.  Paul Deneen expressed his concern that accurate record keeping remained a problem for the organisation and asked for assurance about the measures in place to assist staff with accurate record keeping, particularly those who work with vulnerable people and under the Mental Health Act provision. RJ responded that WCCIS implementation would be critical to improving record keeping and multi-agency collaboration. Furthermore, the Health Board has regular and ongoing promotion in terms of individual clinician responsibility for record keeping standards, as well as ongoing education sessions. RJ agreed to provide the PQSO Committee with an update on recent/upcoming audits centred on record keeping for oversight and assurance.  **Action: Director of Nursing**  The Chair questioned the timelines for implementing the recommendations. RJ was confident in the timeframes and noted that, due to the limited assurance, the recommendations needed to be implemented quickly, given that the new CHC framework was being implemented imminently.  Reasonable Assurance Reports  The Chair requested that the management response to the Grange University Hospital Audit and the Falls Management report be reviewed so that the Audit Committee could track progress against the actions and timescales. RM agreed that management responses should be measurable and achievable, and that timescales should be specified so that they can be monitored appropriately through the Audit Tracker.  The Committee; -  • NOTED the limited assurance and management plan for CHC MH&LD  • NOTED the reasonable assurance reports. |
| **AC 0704/19** | **Internal Audit Plan 2022/23 for Approval**  Simon Cookson (SC), Head of Internal Audit presented the draft plan, noting that it had not been formally considered by the Executive Team and that the plan would be brought back to the next Committee meeting for formal approval.  Katija Dew commented on the plan's content, questioning whether it was too onerous considering the system's current pressures and the resources required to facilitate the reviews, and asking if there was a prioritisation process in place. SC responded that the plan was consistent with previous years and reflected the return of pre-COVID arrangements throughout the year, which would result in more on-site activity, but that it would be kept under review and flexible to meet the needs of the organisation.  To provide assurance, the Chair requested that the rolling audit programme be included in the final iteration of the plan to demonstrate the full scope of work throughout the audit cycle. SC agreed to include the audit program, as well as a column depicting the number of days on resource requirements/deployment as a proxy measure.  The Chair requested that any feedback be sent to SC and SCh within the next seven days. Any changes to the plan to be highlighted to the Committee at the next meeting.  The Committee **NOTED** the draft plan. |
|  | **External Audit** |
| **AC 0704/20** | **Performance Update Report**  Richard Harries (RHa), Audit Wales, presented the Performance Update report, he noted that the work undertaken during 2021/22 was not usable to provide a report to the Board. The future work plan was presented, including the proposed efficiency review planned for 2022/23.  AD, Audit Wales informed that the Quality Governance Report had been sent out for clearance and that comments were due by April 13th. Nationally, commentary and a data tool on Unscheduled Care and Planned Care services had been circulated. Andrew advised that the Committee would be provided with an update at the next full meeting.  The Committee **NOTED** the report for **ASSURANCE**. |
| **AC 0704/21** | **Audit Wales Audit Plan 2022**  Richard Harries (RHa), Audit Wales presented the draft plan, noting that it had not been formally approved by the Executive Team and that the plan would be brought back to the next Committee meeting for formal approval.  RHa assured the Committee that the difficulties encountered last year in terms of access to sites had been resolved and incorporated into the revised plans.  RHa responded to a question from Paul Deneen about IFRS 16 Leases and informed the Committee that new accounting standards would be implemented in April 2022, affecting next year's audit work. RH agreed to send members a briefing outlining the changes.  **Action: Interim Director of Finance**  The Committee **NOTED** the report for information. |
| **AC 0704/22** | The Committee **NOTED** the following for information; -   * Recommendations: Audit Wales Report Welsh Health Specialised Services Committee Governance Arrangements Audit Tracker Update January 2022 * Committee Terms of Reference 2022/2023 |
| **AC 0704/23** | **Date of Next Meeting**  The date of the next business meeting was noted as: -  Tuesday 17th May 2022 09:00 -10:30 via Microsoft Teams. |
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