

Minutes of the Audit Committee held on 7 December 2017

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Agenda Item No: 12.9

Minutes of the Audit Committee

Date Thursday, 7 December 2017
Venue Conference Room, Hollybush House
Time 9.30 am

Present:

<u>Name</u>	<u>Role</u>
Mr Roger Dunshea	Non-Executive Director (Chairman)
Mrs Rosi Edwards	Non-Executive Director
Mrs M Martin	Non-Executive Director

In Attendance:

<u>Name</u>	<u>Role</u>
Mr Kevin Stringer	Chief Financial Officer
Mr Andrew Bostock	KPMG
Mr David Sharif	KPMG
Ms Joanne Brown	Grant Thornton – Internal Audit
Ms Joan Barnett	Grant Thornton – Internal Audit
Mr Suki Pooni	Grant Thornton – Counter Fraud
Ms Sarah Kabirat	Grant Thornton – Counter Fraud
Mr Paul Smith (part)	Security Manager
Ms Maria Arthur (part)	Governance
Mr N Bruce (part)	Divisional Head of ICT Services Patient Access Services
Ms Jo Watts (part)	Cyber Security Manager
Mrs Anne-Louise Stirling	Personal Assistant to the Chief Financial Officer (minute taker)

Item No		Action
65/2017	<u>Apologies for absence</u> Helen Troalen – Deputy Chief Financial Officer	
66/2107	<u>Minutes of the previous meeting held on the 7 September 2017</u> The minutes of the Audit Committee meeting held on the 7 September 2017 were reviewed and approved as an accurate record.	

<p>67/2017</p>	<p><u>Matters Arising</u></p> <p><u>Progress Report on ICT Cyber Security</u></p> <p>N Bruce and J Watts presented the ICT Cyber Security Update to members of the committee.</p> <p>N Bruce addressed the committee on the Trust’s cyber security arrangements. He explained that Cyber threats were becoming increasingly sophisticated and more frequent, but advised that risks can be reduced by ensuring that regular patching of operating systems takes place in line with best practice. He confirmed that the Trust continues to maintain high level percentages of patching (approximately 90% this month) together with an active programme of remediation in place to repair and update machines that have not updated.</p> <p>Members were reassured that the Trust has an excellent Cyber Action Plan in place and that to date has not experienced any loss of service due to any malicious attack by Malware. In addition, all instances where malware has been detected this has been handled by Trust anti-virus software. It was noted that NHS Digital host an Information Sharing Portal called CareCERT, which provides information on the latest threats. A total of 196 CareCERT alerts have been issued and recorded and 150 have been reviewed and closed with 46 being progressed.</p> <p>By way of additional background information N Bruce advised the committee that J Watts had passed CISSP [Certified Information Systems Security Professional] exam recognised as the highest IT Security qualification in the UK.</p> <p>Referring to the Internal Audit Report 2016/17, N Bruce advised that of the identified 4 actions against the 34 requirements reviewed and confirmed that three of these actions had now been fully implemented. The outstanding action related to legacy operating systems and work was on going involving IT staff working closely with the owners of the systems in other departments.</p> <p>M Martin congratulated J Watts and the security team on their success in protecting the Trust against Cyber-attacks. She enquired as to the volume of legacy operating systems and how many old machines were on the Trust site. J Watts advised that there were currently 15 or less old PCs/software operating, which were confined mainly to the Medical Physics Department. N Bruce reported that whilst they were aware of the problem it was difficult to resolve as the medical devices would not operate with the new software.</p> <p>M Martin raised an issue of concern as to the quality of care provided to patients if departments were using medical equipment operated by old IT software. K Stringer confirmed that if this was an issue it would be on the Trust’s Risk Register. However, as a precaution this should be raised with medical Physics to ascertain their position around patient care.</p> <p>With regard to internal processes and staff being made aware of Cyber threats, M Martin asked what procedures were in place. J Watts confirmed that there was a Cyber Security webpage and regular emails were sent out to staff regarding any potential risks.</p> <p>The Chair concluded that the presentation was very useful and thanked N Bruce and J Watts for their thorough update on the latest controls and safe guards in place.</p>	<p>K Stringer/IT</p>
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68/2017	<p><u>Audit Committee Action Points</u></p> <p>The committee reviewed the list of Action Points and agreed upon, which items had been actioned and could be deemed closed.</p>	
69/2017	<p><u>Declaration of Interest</u></p> <p>No interests were declared at this meeting.</p>	
70/2017	<p><u>Quality Governance Assurance Committee (QGAC)</u></p> <p>R Edwards advised members on areas of concern following the QGAC meeting.</p> <p>She confirmed that there were no significant issues arising from the last QGAC meeting to bring to members attention or indeed that required any internal audit action. Going forward R Edwards advised that if members thought it would be of benefit to the committee she would circulate the Chair's QGAC report for information purposes.</p> <p>The Chair thanked R Edwards for the update on issues of note arising from the business of the QGAC meeting.</p>	
71/2017	<p><u>Finance and Performance Committee (F&PC)</u></p> <p>M Martin updated members on areas of concern following the F&PC meeting.</p> <p>She advised that there were two main areas of concern arising from the last F&PC meeting namely the forecast year-end position and cash flow risk. She reported that with regard to cash management processes and procedures that a good piece of work had been undertaken. However, J Barnett confirmed that Internal Audit would be reviewing cash management processes in Quarter 4 and would be liaising with the Deputy Chief Financial Officer (H Troalen) regarding the scope of work.</p> <p>The Chair thanked M Martin for the update on issues of note arising from the business of the F&PC meeting.</p>	
72/2017	<p><u>Trust Management Committee (TMC)</u></p> <p>K Stringer briefed members of the committee on issues of significance following the TMC meeting.</p> <p>K Stringer advised that two issues were raised at the last TMC meeting namely midwifery services capping their capacity and Winter planning pressures. He advised that D Loughton (Chief Executive) and G Nuttall (Chief Operating Officer) had approached NHS England with regard to Winter planning monies being released.</p> <p>The Chair thanked K Stringer for the update on issues of note arising from the business of the TMC meeting.</p>	
73/2017	<p><u>Board Assurance Framework (BAF)</u></p> <p>M Arthur updated members of the committee on the progress made with regard to the Board Assurance Framework (BAF) since the last meeting of the committee in September 2017 and confirmed that there was little further to report on since that meeting.</p>	

	<p>M Arthur advised that going forward the BAF could be used as an active tool/framework to monitor strategic objectives, sub-objectives and KPIs as part of the business cycle, as previously reported. However, this was dependent on the risk appetite within the Trust and progressing the BAF for other objectives was still being followed up. Members noted that an annual risk statement was to be developed going forward.</p> <p>RESOLVED: The committee thanked M Arthur for the progress update and development of the BAF.</p>	
74/2017	<p><u>Grant Thornton - Internal Audit</u></p> <p><u>Progress Report</u></p> <p>J Brown presented the progress report to the committee providing an update on Internal Audit progress and activity since the last meeting of the committee in September 2017.</p> <p>J Brown advised that five internal audit reports had been finalised since the last meeting of the committee and were being presented today to members for information. It was noted that the Consultant Job Planning audit had been split into two parts and the first phase of the audit was presented at today's meeting with the second part being presented to the February 2018 meeting.</p> <p>Referring to the 'Internal Audit Plan', J Brown advised that there had been some changes to the plan, which had been agreed with management. The Chair asked J Brown if she was confident to be able to deliver the plan in terms of timing and resources. J Brown confirmed that there was sufficient time to deliver the remainder of the plan and, therefore, report their Internal Audit Opinion to the April meeting of the committee.</p> <p>M Martin raised an issue of clarity with regard to the number of committed internal audit days not being evident in the report with only the detail for the planned days being shared. J Brown agreed to add this detail going forward to the progress report.</p> <p>The Chair referred to the planned audit - '<i>Compliance with Policies – Gifts and Hospitality and Conflicts of Interest</i>', planned for Quarter 4 and enquired who would be the responsible manager to agree the scope of the audit. J Brown confirmed that this would be finalised with the Trust Board Secretary (K Wilshere) unless the committee had a different nomination. K Stringer confirmed to members of the committee that K Wilshere would be the responsible manager within the Trust and also assured them that he was very engaged in the process.</p> <p>RESOLVED: Members of the committee noted the detail presented in the Internal Audit Progress Report.</p> <p><u>Recommendation Tracker</u></p> <p>J Brown presented the Recommendation Tracker Internal Audit Report advising members that the report provided an overview of the status of internal audit recommendations that were due for implementation.</p>	<p>J Brown</p>

<p>Members noted the analysis of the 27 outstanding/overdue recommendations (5 high and 13 medium risks). The 5 high risk recommendations related to the Consultant Job Planning audit and had now been subsequently overtaken by the recent audit undertaken by Grant Thornton. M Martin advised that in view of the new audit review the old Internal Audit recommendations raised by RSM the previous auditors should be closed down as they had been superseded. Members agreed to this course of action.</p>	<p>A L Stirling</p>
<p>J Brown explained that it was the responsibility of management to implement audit recommendations on time and update the 4action Tracker, which is the database used by the Trust to monitor recommendations. She concurred it was proving to be a continual struggle to get managers to own their recommendations. R Edwards expressed her concern at the number of recommendations that had not been actioned. J Brown agreed that the lack of ownership was a concern, but confirmed that a lot of work was being undertaken to rectify this.</p>	
<p>In conclusion, the Chair advised that areas where recommendations were not being updated or closed down on the 4action tracker that the manager should be asked to attend future meetings of the committee to explain the reasons why. Members asked for a progress report to be provided by the end of December 2017 when a view would be taken as to whether managers would be asked to attend the February 2018 meeting to explain the delay.</p>	<p>J Brown</p>
<p><u>Consultant Job Planning Part 1</u></p>	
<p>J Barnett presented the Internal Audit Report - Consultant Job Planning Part 1 to members of the committee, which had been undertaken as part of the Audit Plan for 2017/18.</p>	
<p>J Barnett advised that the audit review had looked at the Trust's latest job planning procedure in line with the NHSI revised consultant job planning best practice guidance. It was concluded that the Trust does have an effective Job Planning Consistency Committee (JPCC) in place, which monitors and reviews consultant job plans on a regular basis. In addition, the JPCC terms of reference included within the Trust procedure is consistent with NHSI guidance.</p>	
<p>In terms of areas requiring improvement members noted that the Trust should consider investing in electronic job planning software to alleviate some of the administrative burden. Members also noted that if this was not addressed there was a risk that the Trust would not be able to plan appropriately for service delivery. M Martin advised that with regard to the purchase of electronic software it was imperative that it provided value for money and productivity rather than the Trust just purchasing a system. K Stringer advised that a Business Case would need to be drawn up for consideration and approval. J Brown confirmed that there was an action plan around the Business Case being drawn up.</p>	
<p>J Barnett reported that as at September 2017, 233 consultants did not have an approved job plan in place. She advised that the Trust should aim to have all consultants' job plans in place by the 1 April each year, which is in line with Trust procedure and NHSI guidance.</p>	
<p>Members expressed their concern at the proposed Action Plan (page 13) as following Dr B McKaig's (Consultant Gastroenterologist/Associate Medical Director) attendance at the September meeting the committee considered it to be unrealistic and too pressured to meet the timelines for actions to be implemented. Following discussion it was suggested that further discussion should be had with Dr McKaig to ensure that the dates were achievable.</p>	<p>J Barnett</p>

Overall the Findings of the audit provided a 'partial level of assurance', with some areas of weaknesses requiring improvement. Members noted that there were six recommendations going forward – 2 high and 4 requiring improvement.

As previously discussed earlier in the meeting members noted that the report also addressed the outstanding actions from the previous audit undertaken by RSM (pages 9 to 12 refer). These areas had been revisited during the course of the audit and, therefore, as previously agreed these historic outstanding recommendations on the 4action tracker could be closed down as this latest audit superseded them.

Recruitment

J Barnett presented the Internal Audit Report on Recruitment processes to members of the committee, which had been undertaken as part of the Audit Plan for 2017/18.

J Barnett advised that it was the Trust's policy that all recruitment policies and procedures reflected best practice and, therefore, HR08 'Recruitment, Retention and Retirement Policy' played a significant role along with the NHS employment checks standards/procedure. She reported to members of the committee that it was worth noting that currently the Nurse and Medical staffing recruitment function was centralised and had a dedicated recruitment team, whereas recruitment for the remaining areas of the Trust was carried out on a decentralised basis by the relevant department.

The findings of the audit provided a 'partial level of assurance' with some areas of weakness requiring improvement. These areas of weakness were noted to be in the decentralised areas. However, it was noted that the Trust did have an action plan to centralise all recruitment for the organisation and this proposal was endorsed by Grant Thornton, in order that their proposed actions could be taken forward.

Members noted that there were nine recommendations going forward – 3 medium; 2 low and 4 requiring improvement.

CQC Sources of Assurance

J Barnett presented the Internal Audit Report on Care Quality Commission (CQC) Sources of Assurance to members of the committee, which had been undertaken as part of the Audit Plan for 2017/18.

J Barnett advised that an audit of the Trust's processes for self- assessing compliance against the CQC fundamental standards and Key Lines of Enquiry (KLOEs) had been undertaken. She advised members that Directorates completed a self- assessment to risk assess (RAG) and rate themselves against the CQC's KLOEs.

The Directorate self- assessments are then used to produce a CQC Divisional judgement document outlining ratings for each core service against the KLOEs. She advised that for self- assessment ratings that were below 'good' the Division must clarify why there are gaps in assurance.

The planned audit focused on the following five Directorates:-

- Maternity;
- Ophthalmology;
- Emergency Department;
- Diabetes; and
- Care of the Elderly.

The findings of the audit provided a 'partial level of assurance' with some areas of weakness requiring improvement. Members noted that there were five recommendations going forward – 1 high, 2 medium and 2 requiring improvement.

J Barnett advised that going forward Directorates would have to provide greater levels of evidence to provide transparency as to where genuine gaps in assurance happened and where gaps in evidence are noted these should be reported to the Board.

Referring to the Action Plan (page 11) of the report R Edwards queried the role of QGAC (Quality Governance Assurance Committee) in the escalation to the Board of any gaps in assurance and queried if this was an appropriate route for escalation. J Barnett advised that the Chief Nurse and Deputy Chief Nurse had agreed the recommendations contained within the Action Plan. The Chair concluded that this should be discussed at QGAC as to what measures should be taken by the committee, in order that it did not become a bureaucratic process.

R Edwards

Risk Management

J Barnett presented the Internal Audit Report on Risk Management to members of the committee, which had been undertaken as part of the Audit Plan for 2017/18.

J Barnett reported that an audit of the Trust's risk management process had been undertaken. She advised that the Trust had a legal duty to safeguard staff, patients, visitors and members of the public and failure to do so effectively could lead to patient harm, financial loss, reputational damage, litigation or fraud. It was noted that the Trust had reviewed its Risk Management Assurance Strategy in April 2017.

J Barnett advised that the audit had reviewed the design and operation of the Trust's Risk Management Assurance Strategy, which is underpinned by the Risk Management and Patient Safety Reporting Policy (OP10). She confirmed that the Trust had three areas of good practice as detailed on page 4 and had a positive response to risk appetite.

The conclusions of the findings of the audit were that processes in place provided 'significant assurance' with some improvement required. Members noted that there were nine recommendations going forward - 2 medium, 6 low and 1 requiring improvement. M Martin and R Edwards questioned whether the recommendation regarding risk appetite would add value to staff's understanding of the way the board wanted risk to be managed.

Referring to Appendix 3 – Risk Appetite Statement, J Barnett advised that this detailed examples of what was being seen at other organisations. She advised that there was currently no formal risk management training for staff under a Band 8a within the Trust.

Members agreed that whilst mandatory training for staff needed to be kept to a minimum they acknowledged it was important that staff at all levels did understand risk on a daily basis and suggested that if appropriate as a way forward this could form part of the Governance section at Trust Induction.

Clinical Incidents

J Barnett presented the Internal Audit Report on Learning from Clinical Incidents and Complaints to members of the committee, which had been undertaken as part of the Audit Plan for 2017/18.

J Barnett advised that an audit of the Trust's processes for learning from clinical incidents and complaints had been undertaken. She reported that the Trust had reviewed and refined the arrangements in place over the last couple of years in relation to clinical incidents and significant adverse events. The relevant processes were set out in the Risk Management and Patient Safety Reporting Policy (OP10) and the Complaints Policy (OP08) and apply to all staff employed by the Trust. She confirmed that any actions identified from incidents are agreed with local teams who are accountable for delivery of the action plan, communicating the actions and taking the necessary steps to mitigate similar future incidents/complaints. In addition, J Barnett also confirmed that the Governance Team target training in departments where incident reporting appears to be lower than expected.

The findings of the audit concluded that the processes in place provided a 'partial level of assurance' with some weaknesses in the current controls in place. Members noted that there were four recommendations going forward – 1 high, 2 low and 1 requiring improvement.

Referring to the Action Plan (page 8) J Barnett reassured members that a weekly list of outstanding actions was produced by the Governance Department, which facilitated a discussion between the relevant department and lead Governance Officer. However, there was a lack of ownership within the Trust to update outstanding actions relating to serious incidents.

The Chair concluded that in view of some of the historic outstanding actions aligned to both Division 1 and Division 2 that the Chief Operating Officer – G Nuttall be asked to attend the February meeting of the committee to confirm who the responsible officer would be as a good proportion of the actions sit across both Divisions.

Discussion on inviting key Executive/Clinical Directors to future meetings of the Committee to explore in greater depth the key areas of risk or where assurance needs to be strengthened

The Chair referred to the committee's plan for 2018/19 and raised the issue of Risk Management at a Clinical Divisional level and whether there was any merit in asking the Clinical Directors and their teams to a future meeting to facilitate discussion on key risk management issues. Following discussion it was agreed where it was deemed necessary then they would be asked to attend.

Following discussion it was felt that this was Internal Audit's remit to review the issue of risk being managed within the Trust and rather than bringing to the committee could be an area for discussion at a future Board Development Session.

A L Stirling

75/2017	<p><u>Grant Thornton – Counter Fraud</u></p> <p><u>Progress Report</u></p> <p>S Pooni presented the Counter Fraud Progress Report to members of the committee summarising work undertaken since the last meeting of the committee in September 2017.</p> <p>Referring to page 9 members noted the detail in relation to the promotion and prevention awareness sessions that had taken place since the 1 April 2017, which formed part of the Counter Fraud Awareness Induction Programme and noted that this now incorporated GP Practices.</p> <p>S Pooni reported that as from the 8 September 2017, a LCFS representative now attended the Trust’s Policy Group meetings. This facilitated a counter fraud review of all Trust policies which were presented for approval or amendment, however, this excluded any policies identified as being primarily clinical. Referring to page 12 of the report S Pooni advised members that a full list of policies for which a counter fraud review had been undertaken was provided for information purposes.</p> <p>S Kabirat drew members attention to ‘Appendix A – Confidential Summary of Active Investigations’, namely:-</p> <ul style="list-style-type: none"> • Charity Fraud; • Working whilst Sick; • Alleged GP Fraud; and • False Overtime Claims <p>M Martin expressed concern over the time that had lapsed whilst undertaking these investigations. S Pooni advised that in relation to the ‘working whilst sick’ case this was due to the collection of information from five hospitals and agencies to corroborate if the member of staff was actually working whilst off sick. By way of additional information S Kabirat advised the committee that NFI do undertake regular data matching exercises via the Payroll Departments of Trusts. K Stringer advised that going forward it would be useful to have a working agreement between neighbouring Trusts LCFS managers to ensure that information was exchanged swiftly. S Kabirat agreed that this was a pragmatic approach and would add this to the next LCFS work plan for taking forward.</p> <p>S Pooni advised that in relation to the ‘alleged GP fraud’ there had been some liaison with external parties that had held the process up, however, he was confident that the investigation would be concluded by mid-January. M Martin reiterated her concern over the time delay and asked why investigations could not be concluded sooner. S Pooni acknowledged the delay, but explained to members that it took considerable time to pull a case together and also depended on the complexity of the case. The Chair concluded that as this was an alleged major fraud and given the lapse of time it would be reassuring for members to have an estimated date of the report being issued. K Stringer agreed that it would be useful to have an action plan from the LCFS setting out target dates in relation to investigations, in order to provide assurance to the committee. S Pooni agreed that this would be undertaken and provided to members of the committee.</p>	<p>S Kabirat</p> <p>S Pooni</p>
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Members noted the detail summarised at 'Appendix B – Confidential Summary of Active Referral Enquiries', namely:-

- Falsification of Employment
- Patient ID Fraud
- Locum Timesheet Fraud

RESOLVED: Members noted the detail of the Progress Report and the detail of the ongoing investigations and enquiries.

Revised Counter Fraud Workplan – December 2017

S Pooni presented the revised draft Counter Fraud Workplan to members for their approval.

He advised that this had originally been presented to the committee in May 2017 with the intention that it would be brought back to a subsequent meeting once the plan was finalised. However, this was put on hold once the NHS Protect Quality inspection was announced. The reporting timeline with NHS Protect effectively meant that finalising the plan was postponed until after the outcomes of the inspection were known.

S Pooni advised that the revised plan outlined the proposed Counter Fraud Service for 2017/18 for the Trust. It was drafted from the analysis of the key risks facing the Trust and from the early pattern of referrals that have been received during the first six months of the contract. It was noted by members that the plan also took into account the outcomes of the recent NHS Protect Quality Inspection and that days had been reallocated from the original plan where it was felt appropriate.

RESOLVED: Members noted the detail of the revised Counter Fraud Workplan and approved the proposed changes.

Action Plan to address NHS Protect Quality Inspection Recommendations

S Pooni referred to the assessment carried out by NHS Protect during the planned Quality Inspection Visit in July 2017.

As members were aware the Trust was assessed for compliance with 10 standards contained within two areas of activity of the 2017/18 Standards for Providers – fraud, bribery and corruption:-

- Inform and Involve
- Prevent and Deter

The Trust was found compliant and given a 'green rating' in five standards. The assessment found that the Trust was not compliant with standard 3.1 (red rating), and partially compliant (amber rating) in standards 2.1, 2.2, 2.4 and 3.2.

A report was issued by NHS Protect on 23 August 2017, which summarised the findings from their assessment and identified recommended actions to address each red and amber rated standard.

	<p>Members of the committee noted the detail in the action plan and the recommended actions to be implemented by the Trust.</p> <p>RESOLVED: That the Action Plan from Grant Thornton be noted.</p>	
76/2017	<p><u>External Audit – KPMG</u></p> <p><u>Progress Report</u></p> <p>A Bostock presented the Progress Report to members of the committee providing a summary of work undertaken since the last meeting in September, together with planned work over the next quarter. This included finalising the risk assessment process for 2017/18 and meeting with the Head of Governance and Deputy Chief Nursing Officer to discuss the production of the Annual Report and timetable for the Quality Accounts.</p> <p>Members noted that ‘Appendix A – Quarter 2 Benchmarking’, provided a summary of the benchmarked aspects of the management information to compare with the Trust’s position relative to other NHS Trusts and FTs contained within KPMG’s portfolio. The data set included 21 providers at the date of the report, but was based on unaudited returns. Members of the committee agreed that this detail was very helpful.</p> <p>Referring to Appendix B, A Bostock advised that this provided details of any Technical Update. He particularly drew members’ attention to the new data security and protection requirements required from April 2018 and the KPMG information relating to the Corporate Criminal Finance Act.</p> <p>A Bostock advised that the External Audit Plan would be presented to the February meeting of the committee.</p> <p>RESOLVED: The committee noted the detail in the progress report.</p>	
77/2017	<p><u>Final Report - Focused Quality Assessment of Compliance against NHS Protect Standards for Providers 2017/18 (Fraud, Bribery and Corruption)</u></p> <p>This item was discussed earlier in the meeting under the Counter Fraud agenda item at 75/2017.</p>	
78/2017	<p><u>Losses and Compensation Payments</u></p> <p>K Stringer presented the report on Losses and Special Payments for the period 1 August 2017 to 31 October 2017.</p> <p>Members of the committee noted and approved the following:-</p> <ul style="list-style-type: none"> • the total losses and special payments in the period of £40,542.55 (28 new cases plus 2 existing cases) these include:- <ul style="list-style-type: none"> - the losses and special payments authorised within Officers’ delegated limits in the period from 1 August 2017 to 31 October 2017, the Chief/Deputy Financial Officer 	

	<p>authorised £15,016.48 (23 cases) of losses and special payments under delegated powers;</p> <ul style="list-style-type: none"> - the personal injury claims of £25,526.07 (5 new cases and 2 existing cases); <ul style="list-style-type: none"> • note the total for the 2017/18 year to date of £88,593.58 (55 new cases plus 4 existing cases). <p>RESOLVED: The committee approved the detail in the Losses and Special Payments report and recommended the report be presented to the January 2018 meeting of the Trust Board for final sign off.</p>	
79/2017	<p><u>Security</u></p> <p><u>Progress Report</u> P Smith presented the Security Report to members of the committee.</p> <p>With regard to security at Cannock Chase Hospital it was noted that the provider of the CCTV maintenance contract had been changed bringing it in line with the service provided at New Cross Hospital. It was noted that this new service was more cost effective than the previous supplier.</p> <p>Referring to page 5 of the report P Smith highlighted the theft of a trailer from the boiler house despite current security arrangements. He reassured members that once the incinerator was replaced the security would be improved in respect of the boiler house together with the CCTV being brought back on line.</p> <p>Referring to page 8 of the report members were pleased to note that the performance of Carlisle Security Services on site continued to be both robust and effective. Of particular note was that the security office had received a marked increase of calls in this quarter compared to the previous quarter.</p> <p>M Martin advised that on a recent ‘walkabout’ on ward C41 the staff were very appreciative of the support they received from the security team.</p> <p>M Martin expressed concern over the current security status within the Maternity Unit due to the second stage of the upgrade being deferred until the new financial year. P Smith confirmed that the final part of the upgrade was approximately £34,000. Following discussion the Chair concurred that as security was an issue and a matter of concern for the committee that a position statement should be provided on the status of the deferred business case. K Stringer agreed to follow this matter up and draft a briefing note to members of the committee before the next meeting in February.</p> <p>RESOLVED: The committee noted the detail in the quarterly progress report on security issues within the Trust.</p>	K Stringer

80/2017	<p><u>Audit Committee Workplan 2017</u> Members of the committee reviewed and noted the work plan for 2017.</p>	
81/2017	<p><u>Audit Committee Dates for 2018</u> The committee noted the proposed full set of dates for 2018. M Martin asked that the September 2018 meeting be rescheduled as she was not able to attend the revised date proposed.</p> <p>Post meeting note – September 2018 meeting now agreed as the 24th. A L Stirling to recirculate full list of dates to members of the committee.</p>	A L Stirling
82/2017	<p><u>Any Other Business</u> There was no further business raised by members of the committee.</p>	
83/2017	<p><u>Date and Time of next Meeting</u> Tuesday, 20 February 2018 in the Conference Room, Hollybush House.</p> <p>9.00 am private meeting with Internal/External Audit with committee members 9.30 am full committee meeting</p>	