

# Minutes of Audit Committee of 20 February 2018

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Agenda Item No: 12.8

## Minutes of the Audit Committee

**Date** Thursday, 20 February 2018  
**Venue** Conference Room, Hollybush House  
**Time** 10.00 am

**Present:**

<u>Name</u>	<u>Role</u>
Mr Roger Dunshea	Non-Executive Director (Chairman)
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
Helen Troalen	Deputy Chief Financial Officer
Mr Keith Wilshere	Company Secretary (minute taker)

**Apologies:**

<u>Name</u>	<u>Role</u>
Mrs Rosi Edwards	Non-Executive Director

Item No		Action
01/2018	<p><b><u>Apologies for absence</u></b> Mrs Rosi Edwards - Non-Executive Director</p>	
02/2018	<p><b><u>Minutes of the previous meeting held on the 7 December 2017</u></b> The minutes of the Audit Committee meeting held on the 7 December 2017 were reviewed.</p> <p>It was agreed to amend as follows:</p> <p>Item 74/2017 Page 7 risk management, insert before the paragraph beginning "Referring to appendix 3"</p> <p>'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.</p> <p><i>[insert]"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."</i></p> <p>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.'</p> <p>With this insertion the Minutes were approved as an accurate record.</p>	
03/2018	<p><b><u>Matters Arising</u></b></p> <p>Ms Martin said that on ; item 67/2017 Page 2 – there was acknowledgement of there being older PC's in medical physics and Ms Martin had asked whether there was any concern regarding the impact on quality of care for patients. It was agreed it would be raised with Medical Physics. Mr Stringer confirmed that this had been done and was reported under 67/2017. He confirmed that Mr Millard had confirmed that the equipment is as provided by the supplier and updates continue to be received and that the equipment in place is fit for purpose in use in patient care.</p>	
04/2018	<p><b><u>Audit Committee Action Points</u></b></p> <p>The committee reviewed the list of Action Points as follows: Item 74/2017 7.9.17 Page 8 3<sup>rd</sup> paragraph from the end of the item under the heading '<u>Clinical Incidents</u>'. Ms Nuttall had to send her late apologies along with the Chief Nurse who was with CQC Inspectors. Mr Stringer asked if a written response was acceptable.</p> <p>Mr Dunshea said that the SI Reports to the Board have timed recommendations and actions however Audit Committee are not currently assured that the recommended actions are completed. He said the Audit Committee was seeking assurance of this including evidence of the work completed and assurances in place.</p>	

Item No		Action
	<p><b>Action;</b> It was agreed that this could be provided by email to Committee Members before the next meeting.</p> <p>Ms Etches briefly attended the meeting and Mr Dunshea outlined the issue and the requirements for assurance of completion of actions relating to SI reports. Ms Etches referred to the Actions and Timescales from the Internal Audit report. At present, reports are made to the Patient Safety Improvement Group with overdue actions being highlighted there.</p> <p>Ms Etches referred to the responsibility for closure is delegated through the Divisional Structure for re-assurance of actions being completed and closed.</p> <p>Ms Etches confirmed that Divisions are now held to account for the evidence of completion and closure, including Corporate Actions that are now allocated to the Director of Nursing/Deputy CEO to provide assurance. This will in turn help to close a number of Divisional Actions where the Divisions are reliant on Corporate Action completion to close the corresponding local actions.</p> <p>Ms Etches said there were still a high number of unclosed actions reported – 64 in Division 1 and 84 in Division 2. She said that further work has revealed a degree of repetition in Actions relating to different RCA’s . These are now being correlated and cross-referenced to give a comprehensive series of corporate and directorate actions. These will now be implemented.</p> <p>Ms Martin asked who or where in the organisation all the RCA’s and Action Plans are gathered and collated. Ms Etches said that this work is done by the Governance Team on behalf of the Divisions and now Corporate areas. Mr Dunshea asked when might be a good time for a re-audit. Ms Etches said that 9 months after the publication of the previous report would be appropriate. Mr Dunshea highlighted this would be Quarter 3 18/19. Ms Etches added this would give assurance regarding the working of the revised oversight and review structure.</p> <p><b>Action:</b> It was agreed that the re-audit of Clinical Incidents be added to the plan for Q3 18/19.</p> <p>Ms Etches left the meeting.</p> <p>Mr Dunshea gave an overview of the issues raised in the confidential pre-meeting between the Committee Members and the Auditors as follows:-</p> <ol style="list-style-type: none"> <li>1. Changes in Finance Team over last 12 months and any ensuing risks involved. He said that continuity and subsequent changes have all been positive. Ms Martin added that Ms Troalen had identified developmental training needs with support for these to addressed.</li> <li>2. Concerns regarding the ownership of Internal Audit recommendations and the backlog of updates overdue on the system. The Audit Committee recommended that in addition to the relevant operational lead that each recommendation and action also have a responsible Executive Director identified. This will ensure that if or when operational lead staff move there remains an overall overview and responsibility at Executive level for the expediting , re-apportioning and continuity of any recommendations and actions.</li> </ol>	

Item No		Action
	<p>3. Changes to the Audit Plan regarding the potential deferring of items. Mr Dunshea said that this was reserved as a decision for the Committee as a whole and that in any such cases the proposed delay, deferring or re-scheduling of Audit Plan items should be notified to the Committee by email as a proposal and should only be considered as agreed and to be acted upon where the Committee members responses are unanimously in agreement. Mr Stringer asked for confirmation of the process. Mr Dunshea confirmed that the proposal is circulated and the Members and the Chair will confirm whether the proposal is agreed or not and whether it requires discussion at the next Committee first.</p> <p>4. Confidential Matters regarding alleged fraud in Vertical Integration should be subject to a discussion with the Trust Chair and Counter Fraud. Mr Stringer pointed out the significant role of the Medical Director in the coordination of the processes.</p> <p>There was a discussion of this in relation to experiences relating to a previous case and the then Board awareness. Ms Martin summarised this as a need for an oversight of the process and assurance of the due process being followed. Mr Stringer said that Dr Odum was the key person able to provide this and ensure that the information is accurate and in line with due process regarding Counter Fraud, NHS England and the CCG. It was agreed that the Board required an awareness and overview from a Governance perspective. Mr Dunshea confirmed that he and Ms Martin would raise this with the Chair prior to the next Trust Board Meeting on Monday 26 September 2018.</p> <p>Action Log items:</p> <p>7/9/17 54/2017 <u>Progress Report</u> Ms Brown reported that there were proposals in the progress paper for future Audit Plans. She said the scope has yet to be finalised with Ms Nuttall.</p> <p>7/9/2017 54/2017 <u>Safeguarding</u> Ms Brown reported the progress in the Tracker update with a number of actions closed as per the report.</p> <p>7/9/17 67/2017 <u>Progress Report on ICT Cyber Security</u> Ms Barnett reported that was also included in the report.</p> <p>7/9/2017 <u>Progress Report</u> Mr Dunshea confirmed this was now included and the Action was agreed as closed.</p> <p>7/9/17 74/2017 <u>Recommendation Tracker</u> Confirmed as closed.</p> <p>7/9/17 74/2017 <u>Consultant Job Planning</u> It was confirmed this would be covered under the Agenda Item 10.4.</p> <p>7/9/2017 74/2017 <u>CQC Sources of Assurance</u> Ms Martin referred to Ms Edwards email as follows:-</p>	

Item No		Action
	<p>“CQC sources of assurance: role of QGAC in the escalation of any gaps in assurance to the board: Maria Arthur has suggested that QGAC see all internal audit reports related to quality. This would have enabled a discussion to take place about how the action plan recommendation on page 12 could be carried out.”</p> <p>Therefore QGAC will get early sight of future reports.</p> <p>7/9/17 74/2017 <u>Clinical Incidents</u> Addressed at the beginning of the meeting.</p> <p>7/9/17 75/2017 <u>Counter Fraud - Progress Report</u> Addressed under Agenda item 11.1.</p> <p>7/9/2017 79/2017 <u>Security – Progress Report</u> Mr Stringer stated an email from him confirming the situation that the original system did not include the two areas as risk was defined as low given staff presence. He confirmed that reflection on the risk assessment has resulted in reconsideration of a Business Case to include tagging in the two areas identified. Ms Edwards had responded positively to this position.</p> <p>The Action Log items were agreed upon as outlined including which items had been actioned and could be deemed closed.</p>	
05/2018	<p><b><u>Declaration of Interest</u></b></p> <p>No interests or potential conflicts were declared at this meeting.</p>	
06/2018	<p><b><u>Quality Governance Assurance Committee (QGAC)</u></b></p> <p>There was no further information from QGAC for this meeting.</p>	
07/2018	<p><b><u>Finance and Performance Committee (F&amp;PC)</u></b></p> <p>Ms Martin said that the focus of the F&amp;PC was budget setting for 18/19 and Cash management.</p>	
08/2018	<p><b><u>Trust Management Committee (TMC)</u></b></p> <p>Mr Stringer said focus has been on the CQC Inspection process.</p>	
09/2018	<p><b><u>Board Assurance Framework (BAF)</u></b></p> <p>Ms Arthur joined the meeting. She said the BAF review confirmed that it is being maintained as up to date as confirmed at QGAC. Ms Martin said that one risk is to be transferred from F&amp;PC to the Workforce Committee (WODC) in the February update plus an increase in one risk. She said that F&amp;PC found it helpful in its improved format and the timeliness of the updates.</p> <p>Mr Dunshea asked about the future ownership of the BAF by the rest of the organisation and previous discussions regarding the need to tie the BAF and the BAF risks in with the Trust Strategy. Ms Arthur referred to the change over to the Trust Secretary and the explicit links to the Trust Strategy and Objectives and relating to risks to the realisation of the Strategy and Objectives. She said that the risks would be likely to broaden out across the whole Strategy and BAF rather than at present where all the identified BAF risks related to only two of the Objectives.</p> <p>Ms Arthur was thanked by the Chair for her input and attendance.</p>	

Item No		Action
10/2018	<p><b><u>Grant Thornton - Internal Audit</u></b></p> <p><b><u>Internal Audit Draft Plan 18/19</u></b></p> <p>Ms Brown introduced the draft Internal Audit Plan provided to the Committee. She highlighted the start as the 3 year strategic plan plus high risks and previous internal audits and the required standards. She summarised the planned days of a total of 176 days including contingency and contract management plus follow up.</p> <p>Mr Dunshea highlighted that in the case of the Capital Planning audit this should include the approval process for funds from the Charity Committee. He asked if the safe staffing proposal covered all staff groups for example Medical and Allied Health Professionals. Ms Brown said that it would be for the lead sponsor to help define depending on the nature of the risk alongside potential areas of good practice as well as areas of issue. Mr Dunshea also asked what was meant by Clinical Strategy. Ms Brown said there were a number of Risks on the Trust Risk register that referred to clinical issue and one option in addressing these is a clear direction in the form of a strategy for the area. She said that this would be discussed with the sponsor in relation to the Risks identified.</p> <p><b>Action:</b> Mr Dunshea asked for the sponsor to be identified in each case on the Plan and for the final plan to be presented at the next meeting.</p> <p>Mr Dunshea asked about the Pathology Project in relation to future Audit. Mr Stringer agreed that it needed to be considered in terms of future planned audit activity related to delivery timelines for the final two quarters of the financial year 18/19. Mr Stringer also said there were a number of strands but that discussion should commence in the first instance with Mike Sharon, Director of Strategic Planning and Performance.</p> <p><b>Action:</b> Internal Audit to contact Mike Sharon for initial conversation regarding future areas of audit and timescale related to Pathology service developments.</p> <p><b>Action:</b> Ms Brown confirmed the updates would be confirmed for presentation at the April meeting.</p>	
11/2018	<p><b><u>Grant Thornton - Internal Audit</u></b></p> <p><b><u>Progress Report 17/18</u></b></p> <p>Ms Brown highlighted the three finalised reports on the agenda, the progress report including those four to be completed by the end of March and commentary on proposed changes to the plan.</p> <p>She referred to Waiting List management and the new Policy to go live in April with Ms Nuttall's view that it would be better to look at compliance with the new policy.</p> <p>Ms Brown also referred to reviews on Cash and Working Capital Management Reports to be discussed with Ms Troalen prior to being finalised.</p>	

Item No		Action
	<p>Ms Brown also referred to the changes in the report including the days used against plan in each case and confirmation of the resource for the remainder of the plan and an initial internal audit opinion at year end.</p> <p>Ms Martin expressed disappointment in respect of the proposed changes to the Waiting List Audit and the need for a view of compliance with the old Policy. She questioned whether the time taken to approve the Policy whether that illustrated a problems with the Policy review and approval process. She added that the current situation costs the Trust money and that assurance was required that the situation is not open to being abused and that lessons could be learned from undertaking the Audit now even in light of the due changed Policy.</p> <p><b>Action:</b> Mr Dunshea confirmed the decision of the Committee that the audit of waiting lists initiatives should proceed as originally planned in 2017-18.</p> <p>Ms Martin asked for sight of the scope when completed and the need to include aspects such as the decision making process and any potential conflicts of interest. Mr Stringer mentioned the need to take into account factors such as Trust staff working beyond contracted hours, arrangements for additional pay relating to Waiting Lists, Agenda for Change requirements and a clear audit trail justifying any additional payments.</p> <p>Ms Brown said she would re-circulate the scope for agreement.</p> <p>Ms Martin asked about the other proposed deferred items regarding Cash Management and Budget Setting. Ms Brown said that the focus had become centred on Financial Planning and Budget Setting and the best timing of this but this had subsequently become re-focussed on Cash Management. Ms Brown asked for confirmation that Committee members remained keen on Financial Management and Budget Setting being audited.</p> <p>Ms Martin said that given changes in staff and the formation of Division 3, she was keen that it took place this year in relation to this round of budget management with the challenges already identified in the Budget Setting process. Ms Troalen highlighted that the previous year the guidance had been available from the preceding September whereas this year the guidance was only available from this month (February). She said that the submission of the Operating Plan takes place in early March. Ms Martin said the focus was more about the process and assurance of the engagement of Trust staff and managers resulting in local ownership of agreed budgets. Ms Troalen said that the guidance and allocations information influences this.</p> <p>Ms Martin said she had a concern about the variety of local approaches to budget ownership and that of local Cost Improvement requirements. She said she remained concerned that otherwise an unrealistic budget may be agreed. Mr Stringer gave his view of the actual situation regarding budgets, budget management and local ownership. He highlighted differences in the relative freedom or otherwise for the Trust and the managers many of whom are trying their best. Ms Martin said this challenges the Board in terms of assurance that Budgets set are achievable.</p>	



Item No		Action
	<p>There followed further discussion regarding the nature of NHS funding overall and future sustainability, the payments system not matching the cost of providing services and the difficult discussion at Board relating to whether to agree the overall budget. Mr Dunshea highlighted the need to ensure control over the budget management process give the pressures. Mr Stringer said he felt the budget management systems and processes in place do this as far as is realistically possible.</p> <p>Ms Martin said that challenge to local services regarding maintaining a balanced budget helps but that the Board need to be appraised of the reality including local circumstances and holding local budget holders to account and ensuring that local managers are engaged in the process along with Finance Team colleagues. Mr Stringer said that an audit was possible. Ms Brown said that in the draft plan for 18/19 there was time for Financial Sustainability which could pick up the issues discussed in outline for Quarter Two 18/19 as it had not been possible prior to the current budget setting.</p> <p><b>Action:</b> that the Budget Setting Audit scope will include budget manager engagement and ownership in early Quarter Two of 18/19.</p> <p>Mr Dunshea asked about the study of Gifts and Hospitality scope. Mr Wilshere and Ms Brown confirmed it was in relation to the new Conflicts of Interest Policy</p> <p><b>RESOLVED:</b> Members of the committee agreed the draft internal audit plan with the final version coming to the next meeting.</p>	
12/2018	<p><b><u>Recommendation Tracker</u></b></p> <p>Ms Brown introduced the updated tracker with new Actions added – 39 are due, 31 fully implemented with 8 overdue of which 2 are high risk and 5 are medium risk. She said that the most disappointing ones were where there has been no response despite repeated requests. Ms Martin said she thought that previously it had been agreed that those responsible for Actions not reported on and/or completed would be asked to attend the Audit Committee to explain why. Mr Dunshea said there were previous update reports asked for such as relating to Pharmacy where no further information has become available and there is no explanation or representative to give one.</p> <p>Mr Dunshea said the Committee was disappointed in the lack of progress. The Committee has said that it requires each Action to have the relevant Executive Director lead identified. In future in such case cases, especially those relating to high risk, both the action owner and the responsible executive will be asked to attend and provide relevant information and explanation.</p> <p><b>Action:</b> Each Action has the relevant Executive Director lead identified along with the person responsible for the Action.</p> <p><b>Action:</b> In future, any uncompleted or reported actions particularly relating to those identified as high risk, the action holder and the responsible Executive Director will be asked to attend to provide an explanation.</p>	

Item No		Action
	<p><b>Action:</b> Those responsible for outstanding items relating to Pharmacy and Safeguarding Actions will be invited to the next Audit Committee.</p>	
13/2018	<p><b><u>Consultant Job Planning Part 2 Report</u></b></p> <p>Ms Barnett introduced the Part 1 report recommendation revision of Dr McKaig aiming now to get 75% of Job Plans in place by 1/4/18 and the remainder by 1/4/19 as more realistic and deliverable with monitoring against the delivery of this. She went on to introduce the Part 2 report with the conclusion of Partial assurance with improvement required as detailed in the report. Ms Martin said she felt the timescales were more realistic. Mr Dunshea asked for clarification of the 25% by 1/4/19. Ms Barnett said the process of negotiation and engagement can be complex and lengthy. Ms Martin said an update after 12 months would be useful in indicating the progress.</p> <p>Ms Edwards had forwarded her view that in respect of Consultant job planning she was disappointed with the position reported.</p> <p><b>Action:</b> Dr McKaig to attend the Audit Committee in September 2018 to provide an update on progress.</p> <p>Mr Dunshea referred to page 12 relating to a lack of correct sign off and the recommendation of removal with the JPCC being the agreeing body despite concerns in the report on the operation of the JPCC (1 in 11 not reviewed by JPCC).</p> <p>Ms Brown said there was the JPCC function and the additional signature process and as to whether and which add value or assurance to the process with the JPCC being primary. Mr Dunshea then asked who is then reviewing the performance of the JPCC. Mr Stringer asked how the JPCC would know whether the Job Plan was appropriate without input and sign-off from operational and professional leads. He said JPCC can only sign off in terms of process and consistency of approach. Ms Brown said she will look into these issues – JPCC function/accountability and signatures/local requirements and sign-off.</p> <p><b>Action:</b> Ms Brown to report back on further work to clarify the function and accountability of the JPCC and the requirement for local manager and professional oversight and sign off of job plans as service appropriate.</p> <p>There followed a discussion to clarify the role and definition of the Deputy COO's.</p> <p><b>RESOLVED:</b> Members of the committee noted the detail presented in the Internal Audit Report and confirmation of the Action Plan and the timescales agreed.</p>	
14/2018	<p><b><u>e-Rostering Report</u></b></p> <p>J Barnett introduced the report and referred to the conclusion of Partial assurance with improvement required. She referred to the good practice examples and five areas for action and the Action Plan agreed.</p>	

Item No		Action
	<p>Ms Edwards had forwarded her view that in respect of e-Rostering that she would like to know whether things are in fact getting better. She added that despite the 6 weeks in advance standard of 90% of rosters approved of isn't being met, the Trust continues to reduce bank and agency spend.</p> <p>Ms Edwards added that if, though failing to make 6 weeks in advance, RWT is managing 4 or 5 or something sufficient to plan staff absences as the evidence from the ward sisters she has met, e-Rostering is used, straightforward and helps them manage staff hours fairly, which is very different from what was reported in relation to previous systems.</p> <p>There followed a discussion regarding the appropriateness of the 6 week target for sign-off or whether the dynamic use was providing sufficient improvement. Ms Brown said that the position is definitely improving and asked whether the 6 week requirement was useful or not in this process. Mr Stringer wondered whether there was a relation between the 6 weeks and medical cover requirements. Ms Martin wondered why bookings were still appearing to be done quite late on. Ms Brown said people are booking ahead more than they were alongside last-minute dynamic requirements. Ms Martin referred to the Actions relating to Nursing staff and the use of e-Rostering only related to Nursing staffing. Was there a plan to include other staff for example Medical and AHPs using the system.</p> <p>Mr Dunshea wondered about the ownership within Directorates. Mr Stringer confirmed that there is a great deal of local ownership with central input and support for the use of e-Rostering.</p> <p>Mr Dunshea said the Committee will re-visit this in future based on the monitoring of the delivery or otherwise of the agreed actions.</p> <p><b>RESOLVED:</b> Members of the committee noted the detail presented in the Internal Audit Report and confirmation of the Action Plan and the timescales agreed.</p>	
15/2018	<p><b><u>Information Governance Toolkit Report</u></b></p> <p>Ms Barnett introduced the report and highlighted the conclusion of Significant assurance with some improvement required as outlined in the report.</p> <p>Mr Dunshea noted the positive assurance provided by the report.</p> <p><b>RESOLVED:</b> Members of the committee noted the detail presented in the Internal Audit Report and confirmation of the Action Plan and the timescales agreed.</p>	
16/2018	<p><b><u>Grant Thornton – Counter Fraud</u></b></p> <p><b><u>Progress Report</u></b></p> <p>Mr Pooni introduced the progress report provided. He highlighted that the self-review tool from the Counter Fraud Authority is still awaited and the 18/19 Standards have been published – no change to 3.1, 3.5 linked to Conflict of Interest and removal of 4.3. He confirmed that a detailed report will be provided to the next Committee. Mr Pooni also highlighted on page 6 the revised legal test for dishonesty and Appendix C regarding progress against actions relating to Counter Fraud review.</p>	

Item No		Action
	<p>He also referred to work underway with Human resources to agree timescales for review and investigations from referral and the related HR process.</p> <p>He highlighted that investigation into working whilst sick is awaiting the HR outcome, the GP issue already discussed, false overtime claims data found leaving early has potential fraud and a way forward has been agreed with the Chief Financial Officer. Ms Kabirat confirmed the staff involved have been informed. She added that the draft report regarding sessions has been provided and further clarification on a number of matters is being sought.</p> <p>Ms Martin asked about the case regarding falsification of employment in Appendix A and whether there was any progress given the time elapsed. Mr Pooni said this has not been progressed since but will be. Ms Martin asked whether this was a capacity and resource issue in Counter Fraud. Ms Kabirat clarified that the investigation began as an inquiry before moving to a formal investigation in Oct/Nov 2017. Ms Martin asked that the report reflect this difference and change.</p> <p><b>Action:</b> future report includes initiation of inquiry and date of escalation.</p> <p>Ms Martin asked how the Committee can be assured that all required investigations are being pursued rather than some work prioritised and others not. Mr Pooni confirmed that further resources are now in place to prevent this happening in future. Ms Martin asked what the capacity limit is and what contingency is planned. Ms Kabirat confirmed that ongoing review and triage is undertaken. Mr Dunshea confirmed the Committee's concern about slippage and asked for the inclusion of expected conclusion dates.</p> <p><b>Action:</b> next report to include indicative completion/conclusion dates.</p> <p><b>Action:</b> next report to include reference to any capacity related issue and contingency.</p> <p><b>RESOLVED:</b> Members noted the detail of the Progress Report and the detail of the ongoing investigations and enquiries.</p>	
17/2018	<p><b><u>Anti-fraud and Bribery Policy</u></b></p> <p>Mr Pooni introduced the updated Policy draft for approval.</p> <p><b>RESOLVED:</b> that the Anti-fraud and Bribery Policy be approved.</p>	
18/2018	<p><b><u>External Audit – KPMG</u></b></p> <p><b><u>Progress Report</u></b></p> <p>Mr Sharif introduced the progress report and highlighted a number of areas including interim testing of key controls with no significant issues and a minor one in the report, payroll and going concern work amongst others.</p>	

Item No		Action
	<p>He referred to updates regarding the PMO Team and CIP Governance and clinical engagement in the GRIFT Projects and the initiation of the Quality Accounts preparation with the approach to be confirmed by the appropriate Board Committee.</p> <p>He also referred to Appendix B work on Asset Lives.</p> <p><b>RESOLVED:</b> The committee noted the detail in the progress report.</p>	
19/2018	<p><b><u>Draft Plan 18/19</u></b></p> <p>Mr Bostock introduced the draft Plan 18/19 as provided. Mr Stinger queried the value of the going concern work. Mr Bostock said that account standings require this to be considered and looked at including cash management and any notes regarding fundamental uncertainties from the Value for Money opinion. Ms Martin asked if the view could be extended to any discussions with Treasury, NAO and Government teams.</p> <p><b>Action:</b> Mr Bostock confirmed the Plan would be confirmed for presentation at the April meeting.</p>	
20/2018	<p><b><u>Losses and Compensation Payments</u></b></p> <p>Mr Stringer introduced the report and that there was nothing of note.</p> <p><b>RESOLVED:</b> The committee approved the detail in the Losses and Special Payments report and recommended the report be presented to the March 2018 meeting of the Trust Board for final sign off.</p>	
21/2018	<p><b><u>Committee Effectiveness Self-assessment</u></b></p> <p>Mr Dunshea confirmed the intention to undertake this with support in terms of an appropriate tool from Ms Brown to be completed and reported back to the next Committee meeting in April 2018.</p> <p><b>Action:</b> Grant Thornton to provide examples of self-assessment effectiveness reviews.</p> <p><b>Action:</b> Chair to circulate preferred format for completion, return, collation and reporting to April 2018 Committee Meeting.</p>	
22/2018	<p><b><u>Security</u></b></p> <p><b><u>Progress Report</u></b></p> <p>Mr Smith joined the meeting and introduced the highlights from the report including Maternity Security upgrade to the two areas identified, information on damage to property and theft, incidents of violence or abuse showing no particular patterns, OP28 Policy feedback has been sought, proposals to develop the CCTV system with an option for Committee members to see the new control room, and the performance relating to Carlisle.</p> <p><b>RESOLVED:</b> The committee noted the detail in the quarterly progress report on security issues within the Trust.</p>	

Item No		Action
	Mr Smith left the meeting.	
23/2018	<p><b><u>Review of Terms of Reference</u></b></p> <p><b>RESOLVED:</b> The committee approve the Terms of Reference and recommended they be presented to the March 2018 meeting of the Trust Board for confirmation.</p>	
24/2018	<p><b><u>Audit Committee Workplan 2018/19</u></b></p> <p>Members of the committee reviewed and noted the work plan for 2018.</p>	
25/2018	<p><b><u>Any Other Business</u></b></p> <p>25.1 Mr Stringer said a new HFMA Handbook will be available in the near future for Committee Members.</p> <p>25.2 The timings in future Agenda's will be reviewed to allow sufficient time per item.</p>	
26/2018	<p><b><u>Date and Time of next Meeting</u></b></p> <p>Joint meeting of Quality Governance Assurance Committee and Audit Committee Wednesday, 25 April 2018 at 1.00 pm in the Board Room, Clinical Skills Building.</p>	