

Minutes of the Audit Committee 25 May 2018 1 October 2018

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Agenda Item No: 12.8

Minutes of the Audit Committee

Date	Friday, 25 May 2018
Venue	Conference Room, Hollybush House
Time	9.30 am

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

In Attendance:	<u>Name</u>	<u>Role</u>
	Mr Kevin Stringer	Chief Financial Officer
	Mrs Helen Troalen	Deputy Chief Financial Officer
	Mrs Joan Barnett	Grant Thornton – Internal Audit
	Mr Suki Pooni	Grant Thornton – Counter Fraud
	Ms Sarah Kabirat	Grant Thornton – Counter Fraud
	Mr David Sharif	KPMG – External Audit
	Mr Keith Wilshere	Company Secretary
	Mrs Anne-Louise Stirling	Personal Assistant to the Chief Financial Officer (minute taker)

Item No		Action
27/2018	<u>Apologies for Absence</u> Mr P Smith, Ms M Arthur, Mrs J Brown	
28/2018	<u>Minutes of the Previous Meeting</u> The minutes of the Audit Committee meeting held on the 20 February 2018, were reviewed and approved. The minutes of the Joint meeting of Audit Committee and Quality Governance Assurance Committee held on the 25 April 2018 were reviewed. D Sharif asked that a correction be made to the minutes on page 5 section 5.4 the word but to be removed – see below extract - Quality Accounts – DS mentioned that testing had been completed around C-Diff and VTE and there does not seem to be an indication that the outcome of KPMG’s work will result in anything different to what the Trust had last year. However, there will be some potential recommendations to the Trust.	

	<p>Understanding is being sought on the context of some of the Trusts controls and procedures around following up VTE patients particularly those who have not had their VTE assessment on admission but within 24 hours.</p> <p>Subject to this change the minutes of the joint meeting were approved.</p>	
29/2018	<p><u>Matters Arising</u></p> <p>The Chair advised that he had along with K Stringer convened a meeting with M Stocks, Partner (Grant Thornton) regarding Internal Audit and Counter Fraud services. Members noted that following this discussion M Stocks was now fully aware of concerns regarding response rates. The Chair reported he was now optimistic that going forward the Trust would see an improvement in the service received.</p>	
30/2018	<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>	
31/2018	<p><u>Declaration of Interest</u></p> <p>No interests were declared at this meeting.</p>	
32/2018	<p><u>Quality Governance Assurance Committee (QGAC)</u></p> <p>R Edwards reported to members that there was little to report of significance following the last two meetings of QGAC.</p> <p>She advised members that to date the new committee structure was working well.</p> <p>The Chair thanked R Edwards for the update on issues of note arising from the business of the QGAC meeting.</p>	
33/2018	<p><u>Finance and Performance Committee (F&PC)</u></p> <p>M Martin updated members on areas of interest following the last F&PC meeting.</p> <p>She advised that the following areas of note had been discussed:-</p> <ul style="list-style-type: none"> • CIP still remains a 'RED' risk for the Trust. There had been a slow start to the year with identifying CIP projects to take forward. It was noted that there was a rule change with regard to what schemes could be classed as CIP this year; and • H Troalen had been working to renegotiate the contract with Stafford CCG for an alternative Aligned Incentives Contract (AIC) to run for 2018/19. It was noted that the performance of the contract will be reviewed after six months. The Trust is looking to replicate this arrangement with Wolverhampton CCG. <p>The Chair thanked M Martin for the update on issues of note arising from the business of the F&PC meeting.</p>	

34/2018	<p><u>Trust Management Committee (TMC)</u></p> <p>K Stringer updated members of areas of interest following the last TMC meeting.</p> <p>He advised that the following areas of note had been discussed:-</p> <ul style="list-style-type: none"> • Learning from Deaths (Mortality) – report presented by the Medical Director – Dr J Odum • Trust Annual Business Plan - Director of Strategic Planning & Performance - M Sharon presented an updated report • Research and Development Report – Professor Cotton presented a challenging report regarding the current financial reductions • Business Case for additional neonatal staff to meet BAPM standards. K Stringer advised members that there were a number of business cases presented, but this was the most significant one • Introduction of Degree Apprenticeships for nursing • Presentation of the Equality Diversity and Inclusion Steering Group, Terms of Reference <p>The Chair asked if any discussion had taken place around the risks of purchasing the former Carillion building. K Stringer advised that this had not been discussed as yet as the Trust was still waiting for a final outcome. M Martin acknowledged that prior to the building being purchased by the Trust it would be subject to the normal routine searches/due diligence testing etc. K Stringer advised that if the Trust was successful in the purchase of the building it would be registered on the Trust Risk Register as appropriate.</p> <p>The Chair thanked K Stringer for the update on issues of note arising from the business of the TMC meeting.</p>	
35/2018	<p><u>Board Assurance Framework (BAF)</u></p> <p>K Wilshere advised members of the committee that he had met with the Head of Governance and Legal Services – M Arthur regarding the handover of the BAF to the Company Secretary role. It was noted that the handover was due to take place next month.</p> <p>He advised that he would welcome some further discussion at a future meeting regarding what could be improved/refreshed for this financial year to make the BAF more user friendly and less of an administrative burden. M Martin advised that the BAF was discussed monthly at F&PC in particular the strategic financial risks. K Stringer advised that any improvements would be welcomed that would ease the mechanism and make the process simpler for day to day management. R Edwards agreed that there was a need to keep the process simple, and for staff leading on an issue to update the register routinely, eg when a new report provided updates on gaps and controls, so that it becomes a document that helps the Board to assess how well risks are being managed.</p>	

	<p>The Chair agreed that management development of Trust managers to enable a basic competency around this area would be beneficial and also to assess risk appetite. J Barnett advised that there was an outstanding recommendation to speak to committee members regarding risk appetite.</p> <p>RESOLVED: It was noted by members of the committee the proposal to review and refresh the BAF and the Chair thanked K Wilshere for the verbal update.</p>	
<p>36/2018</p> <p>36.1</p> <p>36.2</p> <p>36.3</p> <p>36.3.1</p>	<p><u>Internal Audit – Grant Thornton</u></p> <p><u>Final Internal Audit Plan for 2018/19</u> J Barnett presented the finalised Internal Audit Plan 2018/19 to members of the committee for their approval.</p> <p>It was noted that the Q1 programme of work was now well underway and contact was being made to the identified client sponsors for the Q2 work.</p> <p>Members noted that the Cannock Hospital audit review needed to be added to the Audit Plan. It was agreed that the scope of the work would be agreed outside of the meeting, in order that the right level of assurance was agreed. K Stringer undertook to coordinate this discussion by email to members of the committee.</p> <p>H Troalen advised that as previously discussed the client sponsor should be a named Executive Director and not set at manager level. K Stringer advised that with regard to the ‘Conflict of Interest Policy’ audit this should in fact be the Chief Nurse – A-M Cannaby and not K Wilshere. J Barnett acknowledged these changes to the plan.</p> <p>RESOLVED: With the exception of the minor changes detailed above, members agreed and approved the Internal Audit Plan for 2018/19.</p> <p><u>Internal Audit Report and Opinion 2017/18</u> J Barnett presented the Internal Audit Report and Opinion to members of the committee for their information.</p> <p>Members noted that the overall opinion was of ‘SIGNIFICANT’ assurance with some minor improvements required to develop internal controls. K Stringer advised members that he had discussed the detail of the report and opinion with J Brown and there was nothing of significance to bring to their attention.</p> <p>RESOLVED: The committee noted the detail of the Internal Audit Report and Opinion.</p> <p><u>Finalised Internal Audit Reports</u></p> <p>Cash and Working Capital Management – J Barnett presented the finalised Internal Audit Report – Cash and Working Capital Management.</p>	<p>K Stringer</p> <p>Grant Thornton</p>

<p>36.3.2</p>	<p>She advised that the audit had provided a ‘PARTIAL’ level of assurance with some weaknesses in the controls proposed to alleviate the long term cash management and working capital process risks.</p> <p>M Martin expressed her surprise at the two ‘RED’ high risk recommendations. She advised that it was evident that the finance team were performing well and there was no danger of mis-management of the cash management, therefore, a ‘RED’ high risk rating wasn’t appropriate in her opinion. J Barnett reiterated that the overall audit opinion was of ‘SIGNIFICANT’ assurance. However, she proposed that a separate discussion may be helpful to members of the committee on the process around the setting of risk recommendations. M Martin agreed that this may be beneficial as currently the rating of recommendations being set didn’t feel at the right level.</p> <p>H Troalen advised members of the committee that whilst she fully accepted that there was some action to be completed around cash flow projections and capital expenditure, she was not entirely sure it merited a ‘RED’ risk recommendation, but confirmed that overall she was comfortable with the report.</p> <p>J Barnett concurred that the reason why the recommendations were deemed high was around key activity/control not operating effectively and that the overall assurance is the auditor’s judgement.</p> <p>M Martin welcomed a separate discussion around the ratings being applied in finalised reports as any potential ‘RED’ risks should be flagged to committee members as an area of high concern. J Barnett advised that going forward a workshop would be arranged for members to attend to gain a better understanding of how ratings of recommendations were arrived at.</p> <p>R Edwards referred to page 11 – PSPP (Public Sector Payments Policy) and the suggested early settlement discount. She was concerned that such a policy might result in the Trust improving its own cash flow at the expense of its suppliers, and said that one unattractive feature of Carillion was the way it used early payment discounts to encourage suppliers to accept late payments. H Troalen confirmed that the Trust did not make early payment to suppliers. The only exception would be if discounts were available via Procurement and it was in the Trust’s benefit to take advantage of the discounts available. She also conveyed to members that small businesses were paid on time, but not early.</p> <p>Waiting List Initiatives –</p> <p>J Barnett presented the Finalised Internal Audit Report for Waiting List Initiatives (WLI) and advised that the audit had provided a ‘PARTIAL’ level of assurance.</p> <p>She advised members of the committee that the scope of the audit had looked at the processes and controls surrounding WLI payments. It was noted that once approval of the Trust’s Waiting List Initiative Policy, which was due to be presented at the June 2018 Local Negotiating Committee (LNC) was implemented this would provide transparency regarding the process of WLI payments and ensure consistency across all directorates. K Stringer acknowledged that there was a need for consistency across the Trust going forward.</p> <p>R Edwards acknowledged that the report was a very good well written report.</p>	<p>Grant Thornton</p>
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<p>36.3.3</p> <p>36.3.4</p> <p>36.4</p>	<p>The Chair asked how the specialties to be audited were arrived at as he would have expected areas such as Orthopaedics, ENT, Ophthalmology or General Surgery to have been included. J Barnett advised that Ophthalmology had been avoided due to the ongoing counter fraud work in this area.</p> <p>Members asked how the correlation of the recommendations to the new Trust policy would be tested going forward and who would be responsible for checking this was being addressed. K Stringer undertook to speak to the Chief Operating Officer – G Nuttall and the Director of Workforce – A Duffell for assurance.</p> <p>The Chair welcomed this approach and advised that he was concerned about conflicts of interest in this area.</p> <p>By way of additional information, K Wilshere confirmed that the policy would go to the Trust Management Committee for approval, but not for scrutiny.</p> <p>Primary Care Vertical Integration – J Barnett presented the Finalised Internal Audit Report for Primary Care Vertical Integration (VI) and advised that the audit had provided a ‘PARTIAL’ level of assurance.</p> <p>She advised members that the audit focused on providing an assessment of the key risks and the operational effectiveness of the Trust’s control around VI Integration. It was noted that a ‘PARTIAL’ level of assurance had been given, but there were some areas of weakness around aligning Trust policies and ensuring employment contracts were signed by both the Trust and the employee.</p> <p>Both M Martin and R Edwards expressed concern that the absence of signatures on employment contracts would not be deemed a ‘RED’ high risk for the Trust and considered this to be a low level risk.</p> <p>Maternity Services IT Project Governance and Management – J Barnett presented the Finalised Internal Audit Report for Maternity Services IT and advised that the audit had provided a ‘SIGNIFICANT’ level of assurance.</p> <p>She advised members that the audit reviewed the Trust’s Badgernet IT project implementation process. Consideration was also given to as to whether lessons had been learnt from the failed implementation of the Maternity K2 system. It was clear that controls in place are operating with sufficient efficiency to provide significant assurance and that lessons had been learnt from the failed implementation of the K2 Maternity system.</p> <p>R Edwards concluded that the report was very interesting and it was reassuring to know that staff had learnt from the failed implementation of the K2 system and moved forward. K Stringer reiterated that lessons had indeed been learnt, however, there had been a loss of £100k to the Trust that had not been recouped from the supplier.</p> <p>RESOLVED: Members of the committee noted the detail in all four finalised Internal Audit Reports.</p> <p>Recommendation Tracker Report J Barnett presented the Recommendation Tracker report to committee members for their information. She advised that she was in contact with Safeguarding and Pharmacy for regular updates on the outstanding recommendations.</p>	<p>K Stringer</p>
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	<p>It was agreed that as there was not a meeting of the committee until September that a Recommendation Tracker report would be circulated to members during July to keep them up-to-date with progress.</p> <p>RESOLVED: The committee noted the detail of the Recommendation Tracker report.</p>	<p>Grant Thornton</p>
<p>37/2018</p> <p>37.1</p> <p>37.2</p>	<p><u>Counter Fraud – Grant Thornton</u></p> <p><u>Counter Fraud Draft Workplan 2018/19</u></p> <p>S Pooni presented the 2018/19 draft Counter Fraud Workplan to members of the committee for noting and approval.</p> <p>He advised that work continued to build on the work completed in 2017/18 focusing on the four main areas of Counter Fraud work namely – ‘Strategic Governance’, ‘Hold to Account’ and with particular emphasis on ‘Inform and Involve’ and ‘Prevent and Deter’ .</p> <p>Members noted the detail on page 8 onwards of the workplan with regard to number of days allocated to each task and the proposed delivery quarter. M Martin expressed concern that the Trust only had a five day contingency allowance in the plan. She advised that it would only take one or two investigation cases to exceed the planned 85 days and queried in view of this should the plan be more closely monitored. K Stringer agreed that additional investigation work was inevitable and confirmed that he was more than happy to amplify the plan. However, he advised that it should be noted that 85 days was deemed to be proactive work/normal business and everything else was classed as additional reactive work eg, investigations.</p> <p>R Edwards concurred that it would, therefore, be useful to have some indication in the plan to reflect this rather than a blank number of days. It was agreed that a section on reactive work would be added to reflect this and then a section on the number of days for pro-active work would also be detailed.</p> <p>RESOLVED: The committee approved the draft Anti-Fraud Workplan for 2018/19 subject to the above changes.</p> <p><u>Counter Fraud Annual Report 2017/18</u></p> <p>S Pooni presented the 2017/18 Counter Fraud Annual Report to members of the committee summarising activities undertaken during the year.</p> <p>He advised members that the Self-Review Tool Summary for the period 1 April 2017 - 31 March 2018 had been completed with an overall rating of ‘GREEN’ and with all four areas of activity namely – ‘Strategic Governance, Inform and Involve, Prevent and Deter and Hold To Account’ also receiving a ‘GREEN’ rating. It was noted, therefore, that the Trust was compliant in all areas.</p> <p>Members noted that over the twelve months ending 31 March 2018 the Counter Fraud service received 15 referrals, 8 of which are still ‘open’ and are being reviewed. In view of the high referral pattern over the past twelve months resources for Counter Fraud are being focused into a number of areas in 2018/19.</p> <p>The Chair referred to a typing error on page 22 – third bullet point and advised that this should read “Policies are reviewed.....”.</p> <p>RESOLVED: The committee noted the detail in the Counter Fraud Annual Report 2017/18.</p>	<p>LCFS Grant Thornton</p> <p>LCFS Grant Thornton</p>

38/2018	<p><u>Annual Accounts 2017/18</u></p>	
38.1	<p><u>Annual Accounts 2017/18</u></p> <p>K Stringer presented the Annual Accounts 2017/18 to members of the committee. He advised that the ISA 260 presented by KPMG confirms that the accounts are true and fair and that the auditors intend to issue an ‘unqualified opinion’.</p> <p>He advised that the Trust had achieved a surplus of over £7 million, but did not achieve its control target. However, a revised position had been agreed with NHSI in December 2017 and this had been successfully achieved.</p> <p>He further stated that it had been a positive year for the Trust and believed that the Trust was in a good position, which would hopefully put it in the top 10 – 15% of Acute Trusts.</p> <p>RESOLVED: Members of the committee recommended to the Board approval of the Annual Accounts 2017/18. The committee thanked the finance team and KPMG for the production of the accounts to the national deadline. It was noted that they would be presented to the June Trust Board meeting for noting and for adoption at the Annual General meeting in September.</p>	
38.2	<p><u>Overview of all Financial Accounts Position</u></p> <p>K Stringer presented the detail of the ‘Financial Summary of year ended 31 March 2018’, to members of the committee.</p> <p>M Martin asked the question if the overview report would be presented to the Board meeting in June to which K Stringer confirmed that it would be.</p> <p>R Edwards referred to page 2 and the section on the External Finance Limit (EFL) and the wording that “the Trust underspent against its EFL”. She asked that the wording be changed to read “that the Trust did not exceed the EFL”. H Troalen advised that she would ensure that this change occurred as long as the wording wasn’t prescriptive and that she would also ensure that the wording was changed to reflect the same in the Annual Accounts. The revised narrative would then be presented to the Board meeting in June.</p> <p>The Chair referred to page 3 and advised that Note 4, 5 and 7 did not correlate correctly to pages 4 and 5 - the wording of the title did not refer to the correct Note. K Stringer advised that this would be amended accordingly.</p> <p>R Edwards referred to page 4 and the line ‘Receipt of capital grants and donations’ and asked that an explanation be added to describe the significant donations made in 2016/17 compared to the lesser amount received in 2017/18.</p> <p>K Stringer assured members that the changes detailed above would be finalised before the ‘Overview of all Financial Accounts Position’ was presented to the Board for approval.</p> <p>RESOLVED: Subject to the above changes being made the committee approved the report and recommended presentation to the June meeting of the Trust Board.</p>	<p>H Troalen</p> <p>H Troalen</p> <p>H Troalen</p>

<p>38.3</p> <p>38.4</p> <p>38.5</p>	<p><u>Accounting Policies</u> K Stringer presented the Accounting Policies to members of the committee for their approval. After consideration of the detail and assurance from K Stringer that there was no significant changes to be noted. The committee approved the Accounting Policies report.</p> <p>RESOLVED: The committee approved the Accounting Policies report.</p> <p><u>Going Concern</u> K Stringer presented the Going Concern position statement for 2017/18 to members of the committee for their information. After consideration of the detail in the report members agreed with the conclusion of the report that the Trust was a Going Concern.</p> <p>RESOLVED: The committee endorsed the Trust as a Going Concern.</p> <p><u>Annual Governance Statement 2017/18</u> K Wilshere presented the Annual Governance Statement for 2017/18 to members of the committee for their approval. He advised that the statement reflected all the proposed changes and comments received to date.</p> <p>The Chair referred to page 13 section 3.5 'Workforce & Organisational Development (WOD) Committee' and advised that the 'floating' member of the committee was in fact S Rawlings (NED) and that he was in fact the member of the committee. K Wilshere undertook to make the necessary changes to the constitution of the WOD membership in the statement before presenting it to the June Board meeting.</p> <p>RESOLVED: The committee noted and approved the Annual Governance Statement with one recommendation detailed above for editing.</p>	<p>K Wilshere</p>
<p>39/2018</p>	<p><u>External Audit – KPMG</u></p> <p><u>ISA 260</u> D Sharif presented the ISA 260 report to members of the committee. He advised that the audit had been very successful with both parties working well together to manage risks and processes and that overall the Trust was in a strong position.</p> <p>He advised members on the following points with key findings detailed on page 5 of the report:-</p> <ul style="list-style-type: none"> • Audit of the financial statements had been completed • The Annual Report (including the Remuneration Report) had been reviewed • Annual Governance Statement had been reviewed • The audit of the Quality Accounts had been completed • Value for Money Audit confirmed that the Trust has sound arrangements in place. <p>D Sharif confirmed that an unqualified audit opinion on the accounts would be issued following the Board adopting the accounts at the June meeting and receipt of the signed Management Representation Letter.</p>	

	<p>Referring to page 9 'Financial Statements Audit', D Sharif drew members attention to the seven key subjective areas that the accounts were audited against and confirmed that he was able to report that five areas had received a 'balanced' rating, with the exception of the 'Provisions' and 'Assets' heading, which had been deemed more 'optimistic'.</p> <p>D Sharif drew members' attention to the Trust's dispute with Wolverhampton CCG relating to income from 2016/17 of £4.8 million. He advised that a specific management representation had been requested on this balance, as the arbitration process will not be undertaken until early in the new financial year.</p> <p>Referring to the section on the Quality Accounts on page 20, D Sharif confirmed that there was sufficient evidence to provide a limited assurance opinion on the content of the Quality Accounts. However, this was subject to final checks to review any changes made by the Trust.</p> <p>He confirmed that the work conducted on the two mandated indicators as chosen by the Trust were 'Rate of Clostridium Difficile Infections (C-Diff)' and 'Percentage of Patients Risk Assessed for VTE'. Referring to pages 26 and 27 D Sharif highlighted to members of the committee follow up work in relation to the VTE Database rated as 'RED' - fundamental to systems of internal control. Members noted that a progress update against these two follow up actions will be brought back to the September Audit Committee.</p> <p>D Sharif expressed his thanks to H Troalen and the finance team for all their efforts in responding to audit queries and the high quality of the working papers.</p> <p>K Stringer reiterated that the audit had been very successful, with a positive outcome reported on the Trust's performance. He congratulated both H Troalen and the finance team on a very successful audit, particularly in view of work pressures throughout the year.</p> <p>D Sharif advised that a 'debrief session' would be arranged with the finance team to look at actions/processes going forward.</p> <p>RESOLVED: Members of the committee noted the detail presented in the ISA 260.</p>	<p>KPMG</p>
<p>40/2018</p>	<p><u>Management Representation Letter</u></p> <p>K Stringer presented the Management Representation Letter to members of the committee.</p> <p>It was noted that this was in connection with the audit of the financial statements as at 31 March 2018 and was presented for approval as in previous years.</p> <p>RESOLVED: The committee approved the Management Representation Letter and noted that a signed copy of the letter would be presented to the June meeting of the Trust Board.</p>	
<p>41/2018</p>	<p><u>Annual Report 2017/18</u></p> <p>K Wilshere presented the Annual Report 2017/18 for approval by members of the committee. He advised that the draft presented incorporated comments from both KPMG and members of the Board.</p> <p>RESOLVED: Members of the committee approved the Annual Report.</p>	

42/2018	<p><u>Quality Accounts 2017/18</u></p> <p>K Wilshere presented the Quality Accounts 2017/18 to members of the committee on behalf of the Deputy Nurse Director – D Hickman.</p> <p>RESOLVED: The Committee approved the Quality Accounts and acknowledged that the Quality Accounts would now be presented to the June meeting of the Trust Board for final approval.</p>	
43/2018	<p><u>Losses and Compensation Payments</u></p> <p>K Stringer presented the report on Losses and Special Payments for the period 1 February 2018 to 31 March 2018.</p> <p>The committee noted and approved the following:-</p> <ul style="list-style-type: none"> • the total losses and special payments in the period of £52,231.95 (34 new cases); • the losses and special payments authorised within Officers’ delegated limits in the period from 1 February 2018 to 31 March 2018, the Chief/Deputy Financial Officer authorised £22,217.95 (30 cases) of losses and special payments under delegated powers; • the personal injury claims of £30,014.00 (4 new cases); • the total for the 2017/18 year of £173,451.45 (127 new cases plus 1 existing case); and • approve the write off of losses and special payments of £16,795.00 (3 cases) outside the Officers’ delegated limits in the period 1 February to 15 May 2018 (please note this will be reported within the audit committee paper to be presented at the next meeting for the period 1 April to 31 July 2018). <p>Members noted that there was a marked significance in the movement of personal injury claims and overseas patient’s recovery of money and acknowledged this improvement as being encouraging.</p> <p>RESOLVED: Members of the Committee approved the detail in the Losses and Special Payments report and approved write off of debt and other loss, outside Officers’ delegated limits. It was noted that this detail will be now be presented to the June meeting of the Trust Board for final approval.</p>	
44/2018	<p><u>Security Report</u></p> <p>The committee noted the contents of the Security Progress report.</p> <p>M Martin raised the issue of the Maternity Unit security update being pushed back and asked for a briefing on progress to be provided before the next meeting in September. K Stringer undertook to follow this up and provide an update to members of the committee.</p> <p>RESOLVED: The committee noted the quarterly progress report on security issues within the Trust.</p>	K Stringer

45/2018	<p><u>Audit Committee Effectiveness Review Summary Paper</u></p> <p>The Chair thanked Internal Audit on behalf of the committee for issuing and collating the self-assessment questionnaires.</p> <p>It was noted that the paper presented reviewed the main outcomes from the self-assessment along with potential areas identified for further consideration. The Chair concurred that the paper was very helpful and that proposed recommendations would be followed up.</p> <p>RESOLVED: The committee noted the detail of the 'review summary paper'.</p>	
46/2018	<p><u>Audit Committee Workplan 2018</u></p> <p>Members of the committee reviewed and noted the workplan for 2018.</p>	
47/2018	<p><u>Any Other Business</u></p> <p>47.1 The Chair asked that a formal note of thanks be recorded to the Finance Department, Internal Audit, Counter Fraud Services and External Audit for their continued hard work during the last financial year.</p>	
48/2018	<p><u>Date and Time of Next Meeting</u></p> <p>Monday, 24 September 2018 at 9.30 am in the Conference Room, Hollybush House</p>	