

AUDIT COMMITTEE

Key points from the Audit Committee held on 15 January 2014:

- Audit Committee Timetable: To be reviewed to align with year end processes
- Partnership Commissioning Unit: Discussion of concerns with the Director of the Partnership Commissioning Unit
- Commissioning Support Unit: Issues arising from assurance

Keith Ramsay
Audit Committee Chair

**MINUTES OF THE MEETING OF THE NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP AUDIT COMMITTEE HELD ON 15 JANUARY
2014 AT WEST OFFICES, YORK**

Present

Mr Keith Ramsay (KR) (Chair)	Lay Member and Audit Committee Chair
Mr John McEvoy (JM)	Practice Manager Governing Body Member

In Attendance

Mrs Catherine Andrew (CA)	Senior Manager, Mazars
Mr Jon Cooke (JC) for item 10.5	Business Services Director, North Yorkshire and Humber Commissioning Support Unit
Ms Helen Dalton (HD)	Management Assistant
Mr Mark Kirkham (MK)	Director, Mazars
Ms Sharron Murray (SM)	Deputy Head of Internal Audit
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer
Miss Lucy Botting (LB)	Chief Nurse
Mrs Janet Probert (JP) for item 10.4	Director, Partnership Commissioning Unit
Mrs Victoria Pilkington (VP) for item 10.4	Deputy Director, Partnership Commissioning Unit
Mrs Lynette Smith (LS)	Head of Integrated Governance

Apologies

None

*Preceded by a 15 minute private meeting of the Committee members with
External and Internal Auditors.*

A number of items were considered out of order of the agenda.

KR welcomed everyone to the meeting.

1. Apologies

There were no apologies.

**2. Declaration of Members' Interests in relation to the Business of
the Meeting**

Declarations of Interest were as per the register of interests.

The Committee:

Noted the information regarding declarations of interest.

3. Minutes of the Meeting held on 16 October 2013

The minutes of the meeting held on 16 October were agreed as a true record.

The Committee:

Approved the minutes of the meeting held on 16 October 2013.

4. Matters Arising

Audit Committee Development Session: It was agreed that a development session be held before the next Audit Committee meeting in March subject to the amendment under Item 6 Counter Fraud Report that TP would present a draft Anti Fraud, Bribery and Corruption Policy. SM confirmed that Steven Moss, Local Counter Fraud Specialist, would email the relevant information to TP.

The Committee:

Noted that a development session would be arranged to take place before the next meeting of the Committee.

5. Review of Audit Committee Timetable

TP agreed to propose a date in May for the annual accounts and four dates in 2014/15 for regular business. She noted, and KR agreed, the potential for the months in which the Committee had previously met to be amended to align with business schedules.

KR suggested, and members agreed, that future Audit Committee meetings should commence at 9.30am as the new committee schedule accommodated this approach.

The Committee:

1. Noted that TP would propose a meetings schedule to align with the annual accounts and business requirements.
2. Agreed that future meetings would commence at 9.30am.

6. Audit Committee Governance

6.1 Health Service Bodies Audit Committees – Consultation about proposed new constitutional requirements for NHS Trusts and Clinical Commissioning Groups

6.2 Healthcare Financial Management Association (HFMA) CCG Audit Committee Survey 2013

TP reviewed items 6.1 and 6.2 together. She noted that the Consultation around the constitution requirements for Audit Committees of NHS Trusts and

CCGs particularly in light of CCG Audit Committees taking on responsibility for appointing their own auditors for 2017/18 had closed at the end of December 2013. No direct response had been submitted by the CCG as the HFMA response on behalf of members was comprehensive and consistent with the CCG's view. The HFMA survey included a number of questions raised around auditors and non-executive members. TP highlighted a focus around members' independence.

KR expressed concern in respect of the number of members needed to be present for a meeting to be quorate and sought clarification as to the employment status of himself and JM. JM queried how the Committee could be constructed to fulfill the requirement for independence. Guy Porter's membership of the Committee was also discussed. KR requested that confirmation be sought from Michèle Saidman that he was invited to the Committee to ensure his future attendance.

KR proposed consideration of retired GPs as members of the Governing Body to avoid conflict of interest and achieve independence. In response to RP's suggestion to look at other CCGs, LB advised that she had experienced the same problem at her previous CCG. LS said that there would need to be collaboration and possible consideration of using members of other CCGs, but that there would be an issue about getting them. KR said that there was an additional level of challenge and asked for any recommendations.

TP referred to key messages in the HFMA Audit Committee Survey, and noted that the HFMA NHS Audit Committee Handbook was due out later in January 2014. TP highlighted that one issue was the requirement for five meetings to be held, not four as currently. KR noted that there were further questions in the annex to the Consultation which required a response from him and agreed to report on this at the next meeting. Reporting to the Governing Body should also take the form of a written summary report. Also, the focus of the Audit Committee should be across the whole of the organisation's activities, both clinical and non-clinical.

TP advised that the first Audit Committee Annual Report would be requested when the organisation had been in existence for a whole year, so post 2013/14 accounts process.

In response to further discussion relating to the need for overall assurance - namely in respect of audit, finance, quality and governance - LS emphasised that the Committee must have a clear view of governance noting that she would revise the Terms of Reference. LS confirmed that this would be raised at the next Council of Representatives and that a change in the constitution would be required. TP would draw up an action plan for implementation of the required changes.

The Committee:

1. Noted the information relating to the Health Service Bodies Audit Committees – Consultation about proposed new constitutional

requirements for NHS Trusts and Clinical Commissioning Groups and the Healthcare Financial Management Association CCG Audit Committee Survey 2013.

2. Noted that KR would provide a report to the questions in the Consultation relating to Audit Committee Chairs.
3. Noted that LS was revising the Committee's Terms of Reference which would also be discussed at the Council of Representatives.
4. Noted that TP would draw up an action plan for implementation of the required changes.
5. A written summary report be provided to Governing Body in the future.

7. Security

SM advised that clarification on requirements was still awaited and guidance was expected by the end of January 2014. SM confirmed that guidance would come from NHS Protect however it was being led nationally. KR suggested that a formal letter be written to them asking for clarification.

In response to JM seeking clarification about local security, LS advised that this was covered only under Health and Safety Regulations.

The Committee:

1. Noted the update.
2. Requested that a formal letter be written to NHS Protect seeking clarification of security arrangements.

8. Finance Governance

8.1 Update and Assurance

TP referred to the Deep Dive and work with the Area Team noting that other work to ensure statuses was underway. She also advised that Andrew Wilson had rejoined the Finance Team on an interim basis and was progressing work on the financial plan and continued work on validating the financial position and individual budget lines.

8.2 Losses and Special Payments

TP reported that as at 31 December 2013 the CCG had recorded no losses and there had been no write offs of CCG debts.

8.3 Risk Share Agreement

TP reported that the Risk Sharing Agreement between the four North Yorkshire CCGs in respect of Continuing Care and Partnership Commissioning Unit running costs had been signed by all the North Yorkshire CCGs. This was worth £75m across the area.

8.4 *Annual Governance Statement*

LS referred to the report which proposed fulfillment of the requirement for an Annual Governance Statement noting that guidance was currently awaited. LS confirmed that this would be presented to the Governing Body. TP said this formed part of the annual accounts and annual report. It was agreed that a draft statement be circulated by email to members prior to the next Committee meeting.

The Committee:

1. Noted the update and assurance.
2. Noted that the CCG had recorded no losses and there had been no write offs of CCG debts as at 31 December 2013.
3. Noted the Risk Share Agreement had been signed by all four North Yorkshire CCGs.
4. Agreed that a draft Annual Governance Statement be circulated for comment by email.

9. Internal Audit

9.1 Internal Audit Periodic Report

In respect of the Internal Audit Periodic Report which included a summary and action plan for reports on Interim Assessment of Key Financial Controls and Governance, RP raised concerns about Governing Body decision making in Part II meetings and the perception by the the public that all decisions were made “behind closed doors”. RP highlighted the need for more transparency and also highlighted the requirement for more work with the Council of Representatives to clarify the Organisational Development Plan.

LS confirmed that an Induction Pack for member practices was being developed to enhance understanding of due process. LS said that this would be completed at the same time as the six month review of the Committee.

JM again expressed his concern relating to GP membership and not being engaged within the commissioning process. RP reported that she and Mark Hayes were visiting practices to help establish better communication.

9.2 Outstanding Internal Audit Recommendations Report

Members noted the progress on implementing audit recommendations agreed with management.

9.3 Internal Audit Report - Payroll Verification

SM referred to the Payroll Verification report which had received Limited Assurance as to the accuracy of the payroll as at 31 August 2013. SM noted that she was reviewing the documentation. In response to KR’s concerns about not being able to access information TP advised that Payroll was

currently with McKessons through the CSU but that the CCG were pursuing options for an alternative provider alongside the other CCGs with the same current provider. SM would try to track travel claims with McKessons but noted that there was no information about storage of documentation.

LS advised that there were steps to allow audit challenge sessions, including regarding payroll, with HR noting that Pennie Furneaux, Policy and Assurance Manager, was leading on this area. She also noted that discussions were taking place in respect of seeking clarity regarding the interface between Workforce, McKessons and the CCG. TP expressed concern over the current expenses system and supported an electronic based system as there would be less chance for error.

The Committee:

1. Received the Internal Audit Periodic Report and noted the ongoing work.
2. Received the Audit Recommendations Status Report.
3. Noted the schedule of findings and recommendations relating to the Payroll Verification Report.

10. Corporate Governance

10.1 Update and Assurance

RP confirmed that there had been a review of the Committee structures and that a paper had gone to the Governing Body. The new Performance and Finance Committee was now place and this would be reviewed in six months. RP confirmed that she was looking at recommendations from the Governing Body and was meeting with Amanda Wilcock, Director of Human Resources and Governance.

RP reported that the second Checkpoint Meeting had taken place prior to Christmas 2013. A statement would be issued once formal notification of the outcome had been received.

RP reported that there was a governance issue due to two Council of Representative vacancies on the Governing Body; however a resolution was being sought. RP confirmed that two more GPs were now working with CCG.

Planning was now being done for the next five years including QIPP, financial planning, vision and Better Care Fund. KR expressed concern about corporate governance in respect of the Better Care Fund due to involvement of organisations other than the CCG.

LS said that a risk register specification has been developed and they were working with governance around PCU.

10.2 Review Audit Committee Terms of Reference

TP referred to the discussion at item 6 above reiterating the requirement for five meetings rather than four to include one for accounts. The Terms of Reference would be amended in accordance with the new handbook due to be published in January 2014.

KR requested a more formal Summary of Report, drafted by TP, LB and RP for the Governing Body meeting in March 2014.

10.3 Review assurance from other committees

This item was deferred.

10.4 Partnership Commissioning Unit Assurance

JP and VP attended for this item

JP introduced VP, Deputy Director of the Partnership Commissioning Unit (PCU).

JP described the background to and establishment of the PCU. She explained that her post was funded jointly by the four North Yorkshire CCGs, City of York Council and North Yorkshire County Council noting that good working relationships had been established with all these organisations. All PCU staff were now based at Sovereign House rather than being split between Malton and Harrogate.

The PCU works on individual commissioning which was outside the normal range of care, which included commissioning for Children, Maternity, Pediatrics and Special Educational Needs with disability. It also commissions and contracts for Mental Health and Adult Safeguarding. Separate arrangements were in place for Safeguarding Children.

In response to JM seeking information on reporting and Terms of Reference JP confirmed that work was currently taking place in this regard. JP had established monthly meetings with all the CCGs and Terms of Reference were currently being commented on and the Management Board provided clear accountability.

KR asked how services were adopted by the different CCGs/Councils. JP assured the Committee that appropriate discussions were taking place with each of the organisations. She said they did not fit within the fixed assurance framework but that it was very helpful. KR said he was happy as long as the assurance was there to make things work. LS said she would like to retain CCG autonomy but with the benefit of the PCU covering all areas. JP said that it was a complex patch with lots of different councils.

KR said that he would like this to be the first of annual meetings with the PCU which would give colleagues assurances regarding the services. JP

confirmed that she would be happy to do this. JP said they had been dependent on the Service Level Agreement however VP was now working with the Chief Nurses around this.

Continuing Care - there are currently 900 outstanding applications. Following a tender process JP hoped that this would be cleared within 18 months. JP said there was an incentive for the tender applicants to benefit from a higher score if backlog cleared sooner.

Free Nursing Care Assessments (Nursing Homes) – 29% of patients had now been moved into Continuing Care. JP said that there were challenges around self-funding in North Yorkshire.

SystemOne was being implemented by the end of March 2014. JP said that due to the volume of paperwork there was a tender for scanning onto SystemOne.

JP was working with TP around assumptions for five year plan for Continuing Care and this would be reviewed annually.

JP said there were 2000 outstanding invoices when she came into post. The process had now been reviewed and NHS contracts had been offered.

Tiers and Tariffs – JP said from February 2014 there would be a pilot brokerage scheme based on nursing needs of individuals and that personal preferences would be considered. JP said that it was hoped that this would be more cost effective. This brokerage system would send details to all homes and that a list of needs could be offered by homes to ensure best service was given. All homes were on a Qualified Provider List. JP said that £859 was the maximum payment that would be paid to any home and this covered all costs based on 24hr care. JP said that they were paying less at some homes. JP said that North Yorkshire was working at 85% capacity.

LB asked how care hours was monitored. JP said that there was no system there yet however they were starting to check ie changes to CQC status, nurses regularly assessing care, Safeguarding Team regarding quality of care and working with Local Authority.

JP said that the Winterbourne Review had been very helpful with care.

JP said that joint funding was pressured within the Local Authority, for example around Children's Services and asked what role did health have to play? JP said that the Local Authority was reviewing all packages where joint funding was required. JP said that they would be commissioning services from 0 right through to 18+ to ensure that there was continuing support.

JP said that there was also a need around Fast Tracking for End of Life care. JP said that they were piloting a contract variation to ensure that staff ie District Nurses continued looking after patients.

JP said that the personal health budget would be looked at from 1 April. This would still be assessed on a brokerage system but that there would be direct payments in the short term. JP said that there could possibly be a joint tender to support personal health budgets.

JP said that under the Winterbourne Review all patients had been reviewed. And that patients that were in inappropriate settings plans were now in place to change this, however it was not a quick process.

JP said that all assessments would be completed by May 2014 around the structure and that a Steering Group was now in place to oversee this. JP said that there had been concerns. KR asked if there could be a formal report. LB said that she hoped to have a report by March 2014 on both children and adults.

JP said that Section 136 was still on track for end of January 2014.

JP confirmed that the Out of Contract Placements had now been reduced and that there were now Board to Board meetings in place with the main provider.

Psychological Therapies – these are not hitting targets however reviews were being made and a lot of group work was being done. Performance data was now recorded monthly.

JP said that John Clare was now in post and on loan for a year. He has a vast knowledge around Mental Health and will scope the reconditioning of the contract.

Friends and Family Testing – Key issues have now been agreed with lead officers.

Tiers 3 and 4 capacity – JP said there were issues around the level of support.

JP said there were other challenges and this had been around continuity of leadership but there were now new structures in place around staffing and management. JP said that there was now good staff in key positions and that this would help the process to move forward. JP said that from April 2014 they will be in a position to start to deliver services that are needed.

KR said that it was unrealistic to expect that all services would be working by that time and understood that although full assurance could not be given yet he was pleased to see that the journey had started but questioned how quickly it would be delivered. KR said that this had a significant impact with planning.

MK said that what had started as a risk sharing had ended as joint commissioning.

LS asked for assurance around framework however monthly risk register was received from PCU.

KR said that JP had outlined the journey and potential solutions and was looking forward to JP returning in Autumn 2014 to give a review to a more formal session within Governing Body.

10.5 Update on CSU Governance and Internal Audit Arrangements

JC attended for this item

JC advised that the draft report had been received from Deloitte on 16 December 2013 and that he was meeting later in the day to finalise the report. JC confirmed that he would send recommendations and actions that needed to be addressed by the end of the week. The report, which was 51 pages, was very positive and comprehensive. JC reported that it was largely agreed that there was no query around competency. He said in essence although the summary was disappointing due to limited assurances the report was based on the first six months after the “go live” date for the CCG. JC said it was a positive statement although improvements were to be made. JC also said that it should be recognised that over 50% of the Priority 2 work had already been completed when the report was published and continuing development was taking place. He was confident that within the remainder of the year all procedures would be in place.

RP sought clarification about third party assurance regarding internal audit and Business Intelligence (BI). JC advised that within the contract of Management and Business Intelligence Systems however this was more comprehensive with the Internal Auditors. KR queried the relationship with the auditors and JC confirmed there was no formal relationship with North Yorkshire Audit Services but that there was an ability to have work undertaken through that route.

RP asked if the Audit Committee needed an arrangement with the internal auditors. JC said that there was an agreement to work with Deloitte. KR asked JC to review this relationship and report back to the Committee.

JC said they had looked at the BI platform and data management systems and was confident that they would be implemented and developed by 1 April 2014.

RP said looking at the lists within the draft report. e.g. regarding IT, when would assurance be given that work had been completed. JC said he would liaise through TP to confirm this.

KR requested presentation of a report demonstrating progress and providing assurance to the Governing Body at either the Part I or Part II meeting as appropriate. JC confirmed that he would do this and that the final report should evidence this. However he was not permitted to circulate the full report but would “cut and paste” the entire relevant section which he would send to TP for circulation. TP said she would send details to clarify the priorities.

LS noted that she was awaiting the Service Improvement Plans and that

these would be included going forward. She was conscious of priority time lines and had serious concerns regarding Information Governance (IG) support linked to IT security. She had however raised this with Janice Sunderland, Relationships Manager in view of the high dependency on IG Toolkit

JC said he had listed everything on the report as a Priority 1 however a significant piece of work had already been completed. He said that they were now an accredited safe haven status to allow IG processes to be undertaken. He confirmed that the completion date was January 2014 and he had received significant reassurance around this. JM asked if this would include speaking to end users. JC said that there was no assurance on CSU regarding performance from customers point of view

LS asked that as the CSU was not fully governed, where do we stand. KR said that there was some improvement from CSU. JM said that he was seeking assurance regarding the crossover. MK asked what the period was that would be under review. JC said that the report was based on first six months and not second six months which gave significant assurance of the areas to improve on the second six months. MK said that this was now a time to plan and engage in dialogue with customers. JC said that he wanted to be very clear on the requirement for this year and that dialogue would happen with customers and internal auditors. JC confirmed that there were bi-monthly meetings with Deloitte and that this would continue. JC said that the contract was with NHS England and the plan was set by them so that it could not be defined fully.

LB said that she would like clarification re IG and assurance risk and not receiving real time information and the risk to the population and that this was a BI priority. JC confirmed that there would be a full review of BI next year.

KR said he was not sure that the Committee was reassured on real time information on BI. JC acknowledged that service improvement was required. KR said that he felt there were two main areas of risk, firstly governance and wanting substantive assurance around this. KR asked whether recruitment of lay advisors had been taken into account and requested that this be reviewed in July/August 2014 and sought confirmation that work around Information Technology and systems would be complete by January 2014 with testing by March 2014 as indicated. JC confirmed that this was his understanding and noted that none were Priority 1 risks.

KR said that his understanding was that, following the meeting with Deloitte, TP would be informed of the outcome and would circulate the information to the Audit Committee ready for the Governing Body meeting in March 2014. He sought clarification as to whether an updated assurance for March would be provided in April. JC proposed that he produce a brief paper for KR, TP and the auditors to confirm the actions that had been achieved. He would then give a further update at the March meeting on the Service Auditor review. KR felt that there had been good movement on this. JC expressed appreciation of the open discussions.

KR suggested going forward that Janice Sunderland attend a meeting if possible to talk about risks. Also the possibility for further meetings with Mark Hayes, Janet Probert and others.

The Committee:

1. Noted the update and assurance.
2. Noted that the Committee's Terms of Reference would be amended in accordance with the new handbook due to be published in January 2014 and that a report would be presented at the March 2014 Governing Body meeting.
3. Noted the update from the Partnership Commissioning Unit.
4. Requested that LS provide a report on Partnership Commissioning Unit assurance at the next meeting.
5. Noted the update on CSU Governance and Internal Audit Arrangements.
6. Requested a report to the March 2014 Governing Body meeting on progress by the CSU.

11. External Audit

11.1 Audit Strategy Memorandum Year Ended 31 March 2014

CA referred to the report which had been circulated to Committee members in advance in December. It set out the audit plan for the year and included details of the audit approach. The significant risks and key judgement areas in section 10 were highlighted, which included the related party transactions risk already discussed at the meeting.

11.2 Progress Report and Briefing

CA referred to the report which included information on audit progress and emerging issues and developments.

CA informed the Committee that a document had been received inviting CCGs to a Mental Health Services Workshop.

The Committee:

1. Noted the Audit Strategy Memorandum Year Ended 31 March 2014
2. Noted the Progress Report and Briefing

12. Minutes from Other Meetings

The Committee:

Received the minutes of the NHS Vale of York Clinical Commissioning Group Quality and Performance Committee held on 18 September and 20 November 2013 and the Yorkshire NHS Audit Services Alliance Board draft minutes of the meeting held on 6 November 2013.

13. Key Messages to the Governing Body

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

14. Any Other Business

JM said that there needs to be a strategy for local GP practices and to take any competitive dialogue away from the group. LS said that there needs to be a formal decision making process, e.g. not by GPs, Community Services. LS said that the Constitution makes provision for 4 options. KR said that the Governing Body recognised that there needed to be a formal decision to proceed and that Paragraph 2.2 needed to show perception and influence.

KR said there needs to be a consultation to design a template which can then be circulated and then a discussion based around this.

15. Next Meeting

To be arranged at West Offices.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP AUDIT COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN: 15 JANUARY 2014 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
11 January 2013 19 April 2013 17 July 2013 16 October 2013	Terms of Reference	<ul style="list-style-type: none"> • Development session to be arranged on completion of appointments to the Committee • Date to be sought following GP's appointment • Development session to be progressed • Development session to be progressed as part of the review of the committee structure 	RP	
17 July 2013 16 October 2013	Internal Audit	<ul style="list-style-type: none"> • Analysis of the Francis Report Recommendations and potential impact on the CCG Internal Audit Plan to be discussed at the Quality and Performance Committee • To be carried forward to new committee 	RP / CW LB	20 February 2014

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
16 October 2013	Detailed Financial Policies and the Scheme of Delegation	<ul style="list-style-type: none"> • Consideration to be given to policies included in <i>Section C – Other Issues</i> within the Scheme of Delegation when next reviewed • List of all procedures 	MA-M TP	Governing Body meeting 6 March 2014
16 October 2013	Procurement Policy	<ul style="list-style-type: none"> • Cross reference to be included to the scheme of delegation when the procurement policy was next reviewed. • Reference to the Code of Conduct for GPs providing services under Conflicts of Interest. 	MA-M LS/AW	KR will discuss
16 October 2013	Waiver of Tender and Non Compliance Report	<ul style="list-style-type: none"> • Statement on evidence of contact with alternate providers within the national framework 	LS	

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
16 October 2013	Internal Audit Periodic Report	<ul style="list-style-type: none"> • JP to be requested to attend the next meeting • Staff changes to be incorporated 	RP/MS SM	Completed Completed
16 October 2013	Corporate Governance	<ul style="list-style-type: none"> • Review of the CCG committee structure to be presented to the Governing Body • Governing Body risk awareness to be enhanced 	RP/LS LS	7 November 2013 meeting Completed
15 January 2014	Audit Committee Timetable	<ul style="list-style-type: none"> • Schedule to align with the annual accounts and business requirements. 	TP	
15 January 2015	Audit Committee Governance	<ul style="list-style-type: none"> • Confirmation to be sought of Guy Porter's membership of the Committee • Report on questions relating to Audit Committee Chairs • Discussion of Committee Terms of Reference at Council of Representatives • Action plan for implementation of changes and summary report for Governing Body 	TP KR LS TP	Completed 23 January 2014

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
15 January 2014	Annual Governance Statement	<ul style="list-style-type: none"> • Draft to be circulated by email for comment 		
15 January 2014	Corporate Governance	<ul style="list-style-type: none"> • Terms of reference to be amended; report to Governing Body • PCU assurance to be provided • CSU progress report 	<p style="text-align: center;">LS</p> <p style="text-align: center;">LS</p> <p style="text-align: center;">LS</p>	<p style="text-align: center;">6 March 2014</p> <p style="text-align: center;">Next Committee meeting</p> <p style="text-align: center;">Governing Body 6 March 2014</p>