


<b>Item Number: 13</b>	
<b>Name of Presenter: Keith Ramsay, Chair of Audit Committee</b>	
<b>Meeting of the Governing Body</b>  <b>5 February 2015</b>	
<b>Minutes of Audit Committee</b>	
<b>Purpose of Report For Information</b>	
<b>1. Rationale</b>	
To report key messages for Governing Body	
<b>2. Strategic Initiative</b>	
<input checked="" type="checkbox"/> Integration of care <input type="checkbox"/> Person centred care <input type="checkbox"/> Primary care reform <input type="checkbox"/> Urgent care reform	<input type="checkbox"/> Planned care <input type="checkbox"/> Transforming MH and LD services <input type="checkbox"/> Children and maternity <input type="checkbox"/> Cancer, palliative care and end of life care <input checked="" type="checkbox"/> System resilience
<b>3. Actions / Recommendations</b>	
The Governing Body to note and discuss key issues.	
<b>4. Engagement with groups or committees</b>	
Not applicable	
<b>5. Significant issues for consideration</b>	
The key messages for the Governing Body are; <ul style="list-style-type: none"> <li>• Draft End of Year Timetable for CCG Management Accounts</li> <li>• Changes to Terms of Reference</li> <li>• Concerns regarding Yorkshire and Humber Commissioning Support and assurances the CCG receives about their auditing processes</li> <li>• Review of the Risk Management Policy and Strategy</li> </ul>	
<b>6. Implementation</b>	
As reviewed and proposed following review by the Governing Body.	
<b>7. Monitoring</b>	
Through usual policies and procedures	
<b>8. Responsible Chief Officer and Title</b>	<b>9. Report Author and Title</b>
Michael Ash-McMahon, Interim Chief Finance Officer	Not applicable

**MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON  
10 DECEMBER 2014 AT WEST OFFICES, YORK**

**Present**

Mr Keith Ramsay (KR) (Chair)	Lay Member and Audit Committee Chair
Mr David Booker (DB)	Lay Member

**In Attendance**

Ms Caroline Alexander (CAI) - part	Strategic Planning and Assurance Lead (Interim)
Mrs Catherine Andrew (CAAn)	Senior Manager, Mazars
Mr Michael Ash-McMahon (MA-M)	Interim Chief Finance Officer
Mrs Sharron Blackburn (SB)	Deputy Head of Internal Audit
Miss Lucy Botting (LB)	Chief Nurse
Mr Mark Kirkham (MK)	Director, Mazars
Mr Steven Moss (SM) – for item 5	Local Counter Fraud Specialist
Mrs Rachel Potts (RP)	Chief Operating Officer
Ms Michele Saidman (MS)	Executive Assistant
Mrs Helen Sikora (HS)	Strategy and Assurance Manager
Mrs Yvonne van Zeller (YvZ) – for item 11.3	Head of Finance, Yorkshire and Humber Commissioning Support
Mr Tom Watson (TW)	Internal Audit Manager

**Apologies**

Mr John McEvoy (JM)	Practice Manager Governing Body Member
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*Preceded by a 15 minute private meeting of the Committee members with External and Internal Auditors.*

**1. Apologies**

As noted above. KR reported that JM had in fact left the CCG and noted that a replacement would be discussed in terms of the Committee's quorum at agenda item 7.

**2. Declarations of Interest**

Declarations of interest were as per the Register of Interests. There were no declarations of members' interests in relation to the business of the meeting.

**3. Minutes of the meeting held on 10 September 2014**

The minutes of the meeting held on 10 September were agreed.

**The Committee:**

Approved the minutes of the meeting held on 10 September 2104.

#### **4. Matters Arising**

*Counter Fraud Update - Staff Disclosure and Barring Service Checks:* SM reported that every CCG role advertised was assessed for this requirement which was included in the advertisement if appropriate. Checks were then undertaken accordingly. A chaperone system was operated in the event of the results of the check being pending on appointment.

*Counter Fraud Update – Care Home and the NHS Standard Contract:* SM reported that all providers were on an approved provider list and the Partnership Commissioning Unit was informing them of the requirement for a signed NHS Contract by 1 April 2015. LB explained that these contracts would be with the individual not the care home and assured members that work was taking place regarding safeguarding. She also noted that there were 88 care homes in the area where there were privately funded residents with whom there was no contract and therefore the CCG had no leverage in terms of quality; a memorandum of understanding with these homes would be a potential solution. KR requested that Janet Probert, Director of Partnership Commissioning, be asked to attend the next meeting of the Committee to provide an update.

*Internal Audit Periodic Report – Business Intelligence (BI) Service Specification:* LB reported that a schedule of regular meetings had been established and systems had improved. BI staff were embedded in the CCG for three days per week providing enhanced system resilience and improved quality and performance data sets, including the new dashboard.

LB noted work taking place between the CCG and Yorkshire and Humber Commissioning Support on Covalent and advised that the CCG planned to introduce RAIDR (Reporting Analysis and Intelligence Delivering Results) - a primary care data set – with the aim of bringing the two systems together. She referred to current staff changes within Commissioning Support and noted that the data warehouse continued to be of concern, although the latter was an issue which was wider than the CCG.

RP advised that the roll out of RAIDR was a priority in the Commissioning Support improvement plan. She also noted that the six service specifications within the new Commissioning Support Service Level Agreement, including BI, had been signed since the report to the Governing Body in October 2014.

In response to KR seeking assurance that the longstanding concerns, since before the CCG's authorisation, about BI were being addressed, LB confirmed that there had been improvements to the service and that there was an approach of goodwill and transparency between the organisations. RP added that Commissioning Support was planning system wide improvement and noted that work was taking place across the North Yorkshire CCGs to define core services.

In response to DB seeking clarification about data analysis and identification of trends, LB advised that Sheena White, the CCG's Quality Improvement Analyst, undertook this work.

All other matters arising were agenda items or confirmed as completed.

**The Committee:**

1. Noted the updates.
2. Requested that Janet Probert be asked to attend the next meeting to provide an update on care homes and other matters associated with the Partnership Commissioning Unit.

**5. Counter Fraud Update**

SM presented the report which provided updates on proactive and reactive counter fraud work, and guidance from NHS Protect. In respect of the National Fraud Initiative 2014/15 SM advised that the outcomes would be published at the end of January.

SM highlighted that, following a fraudulent attempt to gain medication, an alert had been issued to all GP practices and the matter was now in the hands of North Yorkshire Police. An unauthorised absence referral case had been investigated and subsequently closed. An investigation on behalf of the Partnership Commissioning Unit, emanating from the former NHS North Yorkshire and York, that concerned a care home overcharging for the provision of one to one care for three NHS patients had reached the conclusion that this was a contractual matter and was being progressed by the Partnership Commissioning Unit. A referral relating to an overseas patient, whose birth date had required clarification, had been resolved.

In respect of NHS Protect SM reported that new CCG standards were currently being drafted and were expected to be issued with guidance in January 2015. He noted that the Area Anti Fraud Specialist at NHS Protect would be circulating data concerning CCG investigations and referrals to inform counter fraud plans for 2015/16.

In response to KR expressing concern that there was currently no NHS Security Specialist, SM advised that this role was expected to be included in the forthcoming standards and guidance.

**The Committee:**

Noted the Counter Fraud update as at December 2014.

**6. Security**

This was covered in discussion of item 5 above.

**7. Audit Committee Terms of Reference and Work Plan**

*Terms of Reference*

HS advised that the terms of reference and work plan had been updated based on discussions with Tracey Preece and MA-M and taking account of

the new Audit Committee Handbook. Members discussed the Committee's proposed quorum of three members and agreed that this be amended to two, with review in 2015, in view of the current membership. The quorum should be two members and one Chief Officer present. HS agreed to check the regulations regarding the requirement for a secondary care clinician to be on CCG Audit Committees.

DB highlighted that work was required to determine the items presented to the Audit Committee and Quality and Finance Committee to fulfill their respective roles without duplication and to provide appropriate assurance. It was agreed that the Audit Committee should receive a report from the Quality and Finance Committee as well as its minutes. Additionally Committee Chairs should provide a summary of key issues to accompany minutes presented to the Governing Body.

KR proposed that in addition to the Accountable Officer attending one Audit Committee per year, consideration be given to the attendance of the CCG Chairman.

Following correction of an omission in the terms of reference describing the key duties of the Committee and amendment to the quorum from three to two the terms of reference would be presented for approval to the Governing Body at its February 2015 meeting.

#### *Work Plan*

HS referred to the work plan advising that areas recommended by the Audit Committee Handbook had been incorporated for members' consideration. MA-M additionally noted that a number of headings had been adapted as they were in effect already in the work plan.

CAn agreed to provide clarification to HS regarding External Audit terminology outside the meeting and SB explained that Provider Quality Accounts were mandated in the Audit Committee Handbook.

KR highlighted that the date for submission of final audited accounts was 29 May 2015 and proposed that in addition to the Accountable Officer, whose attendance was required, the CCG Chair and Lay Members be invited to attend the May meeting of the Committee. KR noted that, in view of the accounts timetable, clarification was required as to whether the Governing Body could delegate authority to the Committee for approval of the annual accounts.

#### **The Committee:**

1. Agreed the terms of reference subject to amendment of the quorum to two and insertion of the Committee's key duties for submission to the Governing Body in February 2015.
2. Agreed the work plan subject to clarification from External Audit regarding terminology.

3. Requested that clarification be sought as to whether the Governing Body could delegate authority for the Committee to approve the annual accounts.

## **8. Audit Committee Effectiveness Review**

### *8.1 Results of Chair's Self Assessment*

KR noted that, although he had scored all areas in the Chair's self assessment survey as 'high' with no areas for improvement or consideration, on reflection he wished to reduce this for a number of questions. Amendments related to clarification of the relationship between the work of the Audit Committee and other Governing Body Committees to 'medium', and the questions relating to 'balance' of the Audit Committee in terms of the range of skills and knowledge and that of assessment of the induction process for new members of the Audit Committee to 'low'.

### *8.2 Members' and Attendees' Self Assessment*

TW reported that five anonymous responses had been received from circulation to Committee members and Executive attendees of the self assessment in the format of five themes: Committee focus, Committee team work, Committee effectiveness, Committee engagement and Committee leadership.

A number of the responses where there was not full agreement were discussed. KR noted his concern under Committee focus regarding the need for greater emphasis on assurance from third party suppliers, such as Commissioning Support, and for a greater emphasis on quality. In regard to the question under team work about the Committee being briefed via the assurance framework CAI referred to the regular update, every two months, on risk to the Governing Body and presentation at each Quality and Finance Committee of a Corporate "Red" Risk Report. She also advised that the reporting process was being strengthened through amalgamation of current systems with Covalent noting that the January 2015 report to the Quality and Finance Committee would be the first occasion when the new format report would be presented. The Audit Committee would receive risk reports as appropriate. Further discussion included clinical engagement and understanding of risk.

In regard to the question under effectiveness relating to the Committee discussing the outcomes and decisions made at the end of each meeting, LB noted that the Local Adult Safeguarding Board took this approach as well as asking members what had and had not worked well. This ensured a clear understanding of the business of the meeting and any associated timescales. KR also noted that he would discuss with the CCG Chairman implementation of ensuring that the Governing Body challenged and understood the reporting from the Audit Committee.

TW agreed to draw up an action plan to address areas of concern. RP noted that the Committee effectiveness would run in parallel with assessment of Governing Body effectiveness and CAI advised that a broad based work plan was being established for the whole CCG. KR noted that the next Committee self assessment would be due in December 2015.

### **The Committee:**

1. Noted the Audit Committee Chair's Self Assessment and amendments detailed.
2. Noted the Audit Committee Members' and Attendees' Self Assessment.
3. Requested that TW draw up an action plan to address areas of concern identified.

## **9. Finance and Governance**

### *9.1 Update and Assurance*

MA-M provided an update on the North Yorkshire CCGs' risk share arrangements reporting that it had been agreed at the end of 2013/14 that the risk share arrangements would continue in 2014/15, although there had been no formal agreement to this effect. However, NHS Harrogate and Rural District CCG had indicated in June/July 2014 that they were unable to maintain this approach and requested £1.6m outside the risk share to mitigate risk in their system to be shared between all four CCGs. This had not been agreed and the current position was that the risk share would continue to operate based on actual costs as in 2013/14. In view of the NHS England baseline allocation corrections – a £4.8m increase of which £4m was recurrent - NHS Vale of York CCG had agreed to share the £1.6m costs with NHS Harrogate and Rural District CCG until further contributions were also agreed by NHS Hambleton, Richmondshire and Whitby CCG and NHS Scarborough and Ryedale CCG. MA-M emphasised that this agreement had only been reached in the context of recognition and addressing of the NHS Vale of York CCG historic baseline issues.

MA-M reported that for 2015/16 the agreement in principle across the North Yorkshire CCGs' Chief Finance Officers was that the risk share would only relate to low volume high cost patients, i.e. greater than £100k, and specialist brain rehabilitation patients; robust contractual agreements would be implemented. The only remaining pressure from the risk share related to the need to agree a scale and pace of change for mental health out of contract placements, c£1m, for the first six months until implementation of the new mental health tender.

### *9.2 Review of Losses and Special Payments*

MA-M advised that there had been no losses or special payments.

### 9.3 *Draft Year End Timetable*

MA-M referred to the draft end of year timetable highlighting key dates. He advised that the accounts submission date of 29 May 2015 was a week earlier than the 2013/14 submission date; the Audit Committee would consider the accounts on 27 May 2015. MA-M noted the increased capacity in the Finance Team and assured members that systems and processes were in place from lessons learnt through 2013/14, with work having started already.

CAn confirmed that the draft timetable complied with the external audit timescales and that they too would start work early.

#### **The Committee:**

1. Noted the update and assurance and welcomed the robust plan for 2015/16.
2. Noted that there had been no losses or special payments.
3. Noted the draft end of year timetable.

## **10. Internal Audit**

### *10.1 Periodic Report*

TW presented the Periodic Report for the period 30 August to 28 November 2014 which comprised an executive summary, overview of assurance levels by audit area, analysis of audit days, progress with the 2014/15 audit programme, and an appendix detailing the Internal Audit reports. In regard to the number of audit days, 51 used to date from the 120 allocated days for the year, MA-M advised that there had been a deliberate back loading to the end of the year and assured members that the full allocation would be used.

Reports and assurance levels were:

- Stakeholder Engagement - Significant Assurance
- Embedded Information Governance – assurance level not applicable
- Partnership Commissioning Unit Financial Reporting Follow Up: Limited Assurance

Members discussed the recommendations within the audit reports. In regard to Stakeholder Engagement this included RP confirming that plans had been agreed for improved engagement with the Council of Representatives with particular reference to early engagement in QIPP planning. RP and CA advised that the recommendation concerning communication to the Governing Body from the City of York, North Yorkshire and East Riding of Yorkshire Health and Wellbeing Boards would be incorporated in a stocktake of the engagement programme.

In relation to Embedded Information Governance KR sought and received assurance that a business continuity exercise was being planned.



The Partnership Commissioning Unit Financial Reporting Follow Up report related to three high priority recommendations from previous audit work: *Recommendation 1 The spreadsheet used to record the funding agreements should be cleansed to ensure there are no gaps in data and the data reflects the funding approved, including all relevant details such as value, start and end dates and Recommendation 3 and 4 Relate to visibility of historic invoices for invoice validation and approval to ensure duplicate invoices are identified and cumulative invoices do not exceed agreed funding.* Some progress had been made however not to an extent that provided additional assurance and further recommendations had been made. MA-M reiterated that the CCG continued to have concerns about the robustness of these processes and noted that the Quality and Finance Committee now received a monthly report from the Partnership Commissioning Unit. He also advised that the other North Yorkshire CCGs had adopted this approach of monthly reports. SB added that discussion was taking place with the Partnership Commissioning Unit to address information governance issues so that Internal Audit were able to access appropriate levels of information to progress this work. MA-M highlighted the requirement for the clinical and financial systems used by the Partnership Commissioning Unit to be compatible to ensure accurate data was provided from each, noting that progress with this was being monitored by the Quality and Finance Committee.

## *10.2 Audit Recommendations Status Report*

TW referred to the report which provided an update on the status and progress in the CCG's implementation of audit recommendations. The one outstanding legacy recommendation from NHS North Yorkshire and York, relating to the Partnership Commissioning Unit continuing healthcare operating procedures, had been closed following completion of work which included a revised recommendation.

In terms of recommendations generated from audit reports issued to the CCG there were 20 outstanding recommendations of which seven were high priority. Six recommendations had been completed and three, relating to the Partnership Commissioning Unit, had been closed and replaced with new recommendations.

### **The Committee:**

1. Noted the Internal Audit Period Report 30 August to 28 November 2014.
2. Noted the Audit Recommendations Status Report.

## **11. Corporate Governance**

### *11.1 Update and Assurance*

RP referred to the Quarter 1 checkpoint report from the CCG's Assurance Meeting with the Area Team noting that this had been presented to the Governing Body on 4 December. In regard to the two domains 'assured with

support' RP advised that the Quality and Finance Committee received a regular report on progress with these areas. The Quarter 2 Assurance Meeting had taken place but the formal report had not yet been issued. Discussion had focused on delivery of A and E and referral to treatment performance at York Teaching Hospital NHS Foundation Trust and, in regard to Leeds and York Partnership NHS Foundation Trust, progress with Bootham Park Hospital reprovision, Worsley Court in Selby, and the outcomes from the Care Quality Commission report.

In respect of the Better Care Fund the City of York plan had been 'assured with conditions' due to concerns relating to delivery of the 11.7% reduction in emergency activity. Prior to resubmission of the plan NHS England had provided support from external consultants who had now recommended a removal of the conditions and an assessment of 'assured'; the outcome of the resubmission was awaited.

### *11.2 Review assurance from other committees and Commissioning Support*

This was covered in discussion of other items.

### *11.3 Service Auditor Report*

*YvZ attended for this item*

In response to KR noting that the national meeting of CCG Audit Chairs had been advised that Deloitte had issued Commissioning Support Service Auditor Reports in July 2014 YvZ advised that Deloitte had undertaken a further audit in the summer of 2014 but that the report was not yet available. She noted that there would be two reports due to the commencement of the audits prior to the merger of the North Yorkshire and Humber Commissioning Support Unit and West and South Yorkshire and Bassetlaw Commissioning Support Unit into Yorkshire and Humber Commissioning Support from 1 October 2014. YvZ also advised that the merger was currently out to staff consultation which had an end date of 31 December 2014.

YvZ explained that the Deloitte contract was with NHS England, not Commissioning Support, and that they had requested an audit of the financial ledger and payroll. A draft report had been issued from which she could describe the areas of exception.

YvZ highlighted that the process for the Service Auditor Report was highly prescriptive and aimed at providing evidence based assurance to NHS England through an approach of control objectives and mitigation of associated risk. Due to the newness of the process Commissioning Support had needed to undertake additional work to fulfill the requirements of the evidence detail. YvZ gave a number of examples to illustrate the challenge of providing assurance for the control objectives.

KR and DB emphasised their concern at the length of the documents and the fact that they had, with the exception of the update on 2013/14 Service Auditor Type 1 Reporting Exceptions dated October 2014, previously been

circulated for the June 2014 meeting but too late for informed discussion to take place. The current reporting did not provide assurance and Commissioning Support was one of the CCG's main areas of concern. In response to KR seeking her views on the CCG obtaining alternative and more timely sources of assurance YvZ noted that a further audit covering additional areas could be requested from Deloitte but that the CCG would incur a cost if this approach was adopted. KR additionally highlighted that it appeared unlikely that written assurance would be available by the year end. YvZ responded that a single ledger had been established through the merger of the two Commissioning Support organisations and that, although the current staff consultation would result in efficiencies, a strategic review of the business model was also taking place to ensure that the most robust systems were maintained.

In response to LB noting that the processes referred to did not include assurance in terms of quality YvZ reiterated the prescriptive nature of the control objectives. YvZ suggested consideration be given to an operational member of the CCG sitting with a member of Commissioning Support to gain assurance.

Further discussion included the need for the CCG to consider alternatives to Deloitte for assurance for services from Commissioning Support that did not impact on the annual accounts and to ensure delivery of key performance indicators. RP additionally noted that consideration was being given to presenting the monthly Commissioning Support reports for consideration at the Quality and Finance Committee. *(Post meeting note: Commissioning Support Reports from July, August, September and October 2014 were presented at the December meeting of the Quality and Finance Committee).*

KR referred to the meeting of the CCG's Lay Members and Executive with Commissioning Support Delivery Director, Debbie Ward, and Relationships Manager, Janice Sunderland, scheduled for 19 December, emphasising that the Committee's concerns about the need for assurance about one of the CCG's principle providers would be expressed formally. MA-M additionally noted that Chris Park, Financial Accountant, was undertaking work to gain assurance.

SB referred to the Individual Funding Request process, managed by Commissioning Support on behalf of the CCG, noting that assurance was required in respect of this service. LB advised that she the Quality and Finance Committee and Senior Management Team had received assurance that robust processes were being followed and systems were being updated to enhance robustness. MA-M added that the Chief Finance Officers had submitted a list of areas that required assurance by the year end.

DB sought clarification on the reference in the Report on Internal Controls (Type II) 1 October 2013 to 31 March 2014 that Commissioning Support was 'a growing organisation with an ambition to deliver excellence in commissioning through partnership working with our customers. We are a medium sized business with a turnover of approximately £25m. We have an ambition to grow by at least 4% per annum and to be a £28m business by

2017.’ YvZ explained that Commissioning Support was mandated to make not less than 5% surplus which could be reinvested through submission of business cases to NHS England. She noted that in the current year this reinvestment included Business Intelligence and RAIDR. The requirement for CCGs to reduce their costs by 10% reduction in 2015/16 had to be taken into account in the context of Commissioning Support growth but there were also non NHS customers.

KR concluded the discussion by reiterating that the Committee’s concerns would be raised formally at the meeting with Commissioning Support on 19 December and that he would consider having informal discussion with Jon Cooke, their Business Services Director, outside the Committee regarding concerns about financial assurance at the year end.

#### *11.4 Risk Management Policy and Strategy*

In presenting the updated Risk Management Policy and Strategy RP noted that the changes had been highlighted and were mainly as a result of the introduction of Covalent to ensure embedding of risk management processes around the CCG’s Assurance Framework and objectives. The Quality and Finance Committee would receive the first Risk Report emanating from Covalent at its January meeting; this would also be circulated to Committee members and the Governing Body for information and comment.

Members requested a number of corrections and further additions prior to presentation for approval to the Governing Body at its February 2015 meeting.

#### **The Committee:**

1. Noted the update and assurance.
2. Noted the Commissioning Support update and associated concerns that would be raised formally.
3. Approved the Risk Management Policy and Strategy for presentation to the Governing Body subject to a number of amendments.

## **12. Information Governance**

### *12.1 Update and Assurance*

RP referred to the Information Governance Steering Group minutes at agenda item 14.2. She noted that the Information Governance Action Plan was on schedule and the Information Governance Toolkit audit would take place in January 2015, with the expectation of achievement of Level 2.

RP highlighted the focus of the Information Governance Steering Group on completion of data flows and business continuity planning with the requirement of actions to be completed by the end of December before the Information Governance Toolkit audit. MA-M noted that a number of business continuity plans, including the Finance and Contracting plan, required a refresh in the new format.

## 12.2 IT Action Plan

MA-M presented the plan to improve the VDI service in West Offices which had been agreed at a meeting on 11 November 2014 following ongoing IT connectivity and downtime problems. Despite the issues he did however commend Commissioning Support's communication in keeping the CCG updated on a particular day when the system was fully "out".

In regard to implementation of the recommendations from the Esteem report and root cause analysis of problems MA-M advised that the system was expected to be sustainable by the end of January 2015. He also noted that in response to the issues the CCG had developed business continuity plans, including in relation to remote use of laptops and a bank of desks/computers for use by the CCG at the Commissioning Support offices at Triune Court.

### **The Committee:**

1. Noted the update and assurance.
2. Noted the IT Action Plan.

## **13. External Audit**

### *Progress Report*

In presenting this report CAn noted that meetings and audit work for 2014/15 had commenced. Updated value for money guidance had been published which required a conclusion on the CCG's arrangements to secure economy, efficiency and effectiveness in its use of resources based on the criteria of securing financial resilience and efficiency and effectiveness. CAn noted that she would circulate the Audit Strategy Memorandum for 2014/15 by email when it was available.

National publications included the Audit Commission's proposal for 2015/16 fees, namely a further 25% reduction based on the scale of fees applicable in 2014/15. There were no planned changes to the overall work programme.

CAn clarified in relation to the update on settlement of legacy NHS Continuing Healthcare liabilities that the monies had gone to NHS England. MA-M noted that the CCG had been required to make a reserve for this with the expectation that it would be the basis for 2014/15 assessments; the backlog was still to be resolved.

### **The Committee:**

1. Noted the Progress Report.
2. Noted that CAn would circulate the Audit Strategy Memorandum for 2014/15.

## **14. Minutes from other meetings**

### *14.1 NHS Vale of York CCG Quality and Finance Committee*

In response to KR seeking clarification about reference on minutes to formal and informal meetings of the Quality and Finance Committee RP advised of the intention to discuss the format of the meetings. She also agreed to forward to KR an email about his and Alan Maynard's assurance in regard to procurements emanating from discussion of the Procurement of the Elective Orthopaedic Service.

### *14.2 North Yorkshire NHS Audit Services Alliance Board*

DB noted his attendance at the meeting on 18 September.

#### **The Committee:**

1. Received the minutes of the NHS Vale of York CCG Quality and Finance Committee held on 21 August, 18 September and 23 October 2014.
2. Noted that RP would circulate to KR and Alan Maynard assurance in regard to procurements emanating from discussion of the Procurement of the Elective Orthopaedic Service.
3. Received the minutes of the Information Governance Steering Group held on 5 November 2014.
4. Received the unconfirmed minutes of the North Yorkshire NHS Audit Services Alliance Board held on 18 September 2014.

## **15. Key Messages to the Governing Body**

- Audit Committee terms of reference and work plan
- Integrated governance with other committees, in particular Quality and Finance Committee and Information Governance Steering Group
- Review of Risk Management Policy and Strategy
- Concern regarding Commissioning Support

#### **The Committee:**

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

## **16. Any Urgent Business**

KR and the Committee expressed appreciation for her work and good wishes for the future to SB as this was her last meeting

## **17. Next meeting**

9am, 11 March 2015.

**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP AUDIT COMMITTEE**

**SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN: 10 DECEMBER 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)
10 December 2014	Matters Arising	<ul style="list-style-type: none"> <li>Janet Probert to be asked to attend the next meeting</li> </ul>	RP/MS	11 March 2015
10 December 2014	Audit Committee Terms of Reference and Work Plan	<ul style="list-style-type: none"> <li>Terms of reference to be amended: quorum to be two and omission from Committee's key duties to be inserted for submission to the Governing Body in February 2015</li> <li>Clarification to be provided from External Audit regarding terminology</li> <li>Clarification be sought as to whether the Governing Body could delegate authority for the Committee to approve the annual accounts</li> </ul>	<p align="center">HS</p> <p align="center">CAn/HS</p> <p align="center">MA-M</p>	<p align="center">23 January 2015</p> <p align="center">10 December 2015</p>
10 December 2014	Audit Committee Effectiveness Review	<ul style="list-style-type: none"> <li>Action plan to address areas of concern identified to be drawn up</li> </ul>	TW	

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
10 December 2014	Service Auditor Report	<ul style="list-style-type: none"> <li>Concerns regarding assurance to be raised formally at CCG/Commissioning Support meeting</li> </ul>	KR	19 December 2014
10 December 2014	Risk Management Policy and Strategy	<ul style="list-style-type: none"> <li>Amendments to be incorporated prior to presentation to the Governing Body</li> </ul>	RP	23 January 2015
10 December 2014	External Audit Progress Report	<ul style="list-style-type: none"> <li>Audit Strategy Memorandum for 2014/15 to be circulated</li> </ul>	CAn	
10 December 2014	NHS Vale of York CCG Quality and Finance Committee	<ul style="list-style-type: none"> <li>Assurance in regard to procurements emanating from discussion of the Procurement of the Elective Orthopaedic Service to be forwarded to KR and Alan Maynard</li> </ul>	RP	