



Audit Committee

Venue: Kirkstall/Fountains, Springhill 1, Wakefield, WF2 0XQ
Date: Thursday 3 July 2014
Time: 0930 hours

Chairman:

Barrie Senior (BS) Non-Executive Director

Attendee (member):

Elaine Bond (EB) Non-Executive Director

In Attendance:

John Nutton (JN) Non-Executive Director (Designate) (Observer)
Rod Barnes (RB) Deputy Chief Executive & Executive Director of Finance & Performance
Steve Page (SP) Executive Director of Standards & Compliance
Alex Crickmar (AC) Interim Associate Director of Finance
Benita Jones (BJ) Internal Audit (IA)
Paul Webster (PW) Internal Audit (IA)
Shaun Fleming (SF) Counter Fraud
Anne Allen (AA) Trust Secretary
Kate Sims (KS) Associate Director of HR (Item 19.0)
Shelagh O’Leary (SOL) Associate Director, Organisational Effectiveness & Education (Item 19.0)

Apologies:

Pat Drake (PD) Non-Executive Director & Deputy Chairman
Erfana Mahmood (EM) Non-Executive Director
Mary Wareing (MW) Non-Executive Director
Paul Thomson (PT) External Audit (EA)
Nicky Cook (NC) External Audit (EA)

Minutes produced by: (MG)

Mel Gatecliff, Committee Services Manager

		Action
	The meeting commenced at 0930 hours.	
1.0	<p>Introduction and Apologies BS welcomed everyone to the meeting. He stated that, due to unforeseen circumstances, EB and he were the only members of the Committee able to attend that day. In addition, External Audit would not be represented at the meeting due to sickness.</p> <p>BS stated that, in order to maximise the time available for discussion, he would work on the presumption that all papers had been read.</p>	

		Action
2.0	<p>Declaration of Interests for any item on the agenda No declarations of interest were made relating to items on the agenda.</p>	
3.0	<p>Minutes of the last meetings on 6 March and 3 June 2014 The minutes of the last meetings on 6 March and 3 June 2014 were reviewed and agreed as a true record of the meetings.</p> <p>6 March 2014 There were no amendments or matters arising.</p> <p>3 June 2014 There were no amendments or matters arising.</p>	
4.0	<p>Action Log and Matters Arising The action log was reviewed and updated.</p> <p>2012/87 – Fraud Benchmarking Item covered on the agenda. Action closed.</p> <p>2013/91 – IA Progress Report – monthly vehicle POM audits BJ confirmed that the matter had been concluded, adding that this action overlapped with closed action 2013/93. Action closed.</p> <p>2013/96 – Internal Audit Progress Report – Procurement update BS asked AA/MG to liaise with BJ re format of future IA reports to ensure they were appropriate for Boardpad electronic conversion. Action remains open.</p> <p>Action: AA/MG to liaise with BJ re format of IA reports for Boardpad electronic conversion.</p> <p>2013/101 – People and Engagement Assurance Report Item covered on the agenda. Action closed.</p> <p>2013/107 – Review of Standing Financial Instructions and Standing Orders Item covered on the agenda. Action closed.</p> <p>2014/1 – Audit Committee Self-Assessment – Development Plan Section A1 – Terms of Reference BS stated that AA had provided a detailed list of ‘risk & control related disclosure statements’ to BS, PD and EB in order for the F&I and Quality Committees each to provide assurance to the Audit Committee that relevant statements were covered in their work plans. (Also see 2014/3 below).</p> <p>It was agreed that PD, SP, EB and RB would consider the information outside the meeting and report back to the October meeting to agree a final format. Action remains open.</p>	AA/MG 2014/41

	Action
<p>Action: PD/SP/EB/RB to consider disclosure statements information and report back to October Audit Committee meeting.</p> <p>2014/2 – Audit Committee Terms of Reference Review BS confirmed that the amendments had been made. Action closed.</p> <p>2014/3 - Audit Committee Terms of Reference Review BS confirmed that AA had produced an initial list of policies and items related to codes of conduct, legal requirements, etc although further refinement would be required. Action remains open.</p> <p>2014/4 - Audit Committee Terms of Reference Review BS confirmed that no comments had been received. Action closed.</p> <p>2014/5 - Audit Committee Terms of Reference Review BS confirmed that the ToR had been taken to the May Board meeting. Action closed.</p> <p>2014/6 - Audit Committee Terms of Reference Review BJ confirmed that this information was covered in the IA Annual Report as an appendix which reflected where the mapping exercise had been covered through other work. Action closed.</p> <p>2014/7 - Audit Committee Terms of Reference Review BJ stated that this action overlapped with actions 2014/5 and 2014/6. Action closed.</p> <p>2014/8 – Risk Assurance Reporting including Board Assurance Framework and Corporate Risk Register – track changes SP stated that he was trying to provide a clear audit trail, details of which would be captured in the narrative. Action remains open.</p> <p>2014/9 - Risk Assurance Reporting including Board Assurance Framework and Corporate Risk Register – target dates SP confirmed that this action had been covered both within the body of the BAF and on the cover sheet. Action closed.</p> <p>2014/10 – Datix Progress Update Report SP stated that the Datix report was attached to the Risk report. Action closed.</p> <p>2014/11 – Finance and Investment and Quality Committees – assurance statements EB confirmed that this action would be covered during the F&I and Quality Committee reports. Action remains open.</p> <p>2014/12 – Integrated Performance Report – Current Status Item covered on agenda. Action closed.</p>	<p>PD/SP/EB /RB 2014/42</p>

	Action
<p>2014/13 – Annual Review of Accounting Policies BS stated that this item had been covered at the previous Audit Committee meeting. Action closed.</p> <p>2014/16 – Review Business Plan Timetable/Plan RB stated that more time would be built into the annual planning cycle to allow more time for scrutiny. Action closed.</p> <p>2014/17 – Review Draft Quality Account SP confirmed that he had received some useful feedback which had been incorporated into the document. Action closed.</p> <p>2014/18 – Internal Audit Update – Absence Management Item covered on agenda. Action closed.</p> <p>2014/19 – Internal Audit Update – Incidents & Serious Incidents SP stated that the follow up of completed actions would be included in the process going forward. Action remains open.</p> <p>2014/21 & 2014/22 – Internal Audit Update – PTS Limited Assurance Report EB stated that there had been a deep dive into PTS at the June F&I and Joint Committee meetings and it had been agreed that, going forward, PTS would be a standing agenda item at F&IC meetings. Actions closed.</p> <p>2014/23 – Internal Audit Update – CQUINS Limited Assurance Report BJ stated that this information was contained in the follow up report. Action closed.</p> <p>2014/24 – Internal Audit Update – PTS Patient Reception Centres RB confirmed that the report, which identified the benefits of having a physical presence on site, was included on the next TEG agenda. Action remains open.</p> <p>2014/25 – Losses & Special Payments RB confirmed that the amendments had been made. Action closed.</p> <p>A general discussion took place about the usage and format of report cover sheets, as there seemed to be a number of versions currently in use. It was agreed that AA should amend the latest version to make it look distinctly different and then re-circulate the template.</p> <p>Action: AA to amend and re-circulate report cover sheet template.</p> <p>2014/26 – Any Other Business – Annual Governance Statement – earlier circulation to NEDs BS stated that this timetabling issue would be included in the year end timetable for March 2015. Action closed.</p>	<p>AA 2014/43</p>

	Action
<p>2014/28 – Head of Internal Audit Opinion – amendments BJ confirmed that this action was complete and was reflected in the IA annual report. Action closed.</p> <p>2014/29 – Head of Internal Audit Opinion – format and content of Clinical Leadership reports to Quality Committee SP stated that that comments had been specifically around the dashboard and hard measures, etc. The report format had been amended accordingly. Action closed.</p> <p>2014/30 & 2014/31 – Chief Executive’s Statement on Quality (Quality Account) SP confirmed that he had received the draft report but was yet to go through it in detail. No issues of major concern had been highlighted and a further update report would be presented at the next Audit Committee meeting. Actions remain open.</p> <p>2014/32 – Annual Governance Statement (action already closed) EB was unsure what had happened subsequent to the meeting in relation to the possible redrafting of the significant issue section.</p> <p>SP confirmed that the appropriate sections of the AGS had been revised. The statement had been strengthened where it reflected risks in-year with more narrative added. However the overall score, although reviewed had not been increased. Although the risk was not fully mitigated, progress was being made with actions due for completion by the end of June.</p> <p>BS requested a further update report at the October meeting.</p> <p>Action: SP to provide an update report on progress in relation to the implementation of the Clinical Leadership Framework at October meeting.</p> <p>2014/40 – Annual Governance Report to Those Charged with Governance – Deloitte client briefings to NEDs Action for EA would be picked up by AA with NC. Action remains open.</p>	<p>SP 2014/44</p>
<p>5.0 Audit Committee Annual Report 2013/14 Presentation of the Audit Committee Annual Report for 2013/14 was deferred until after the Internal Audit and Counter Fraud updates later in the meeting.</p>	
<p>6.0 Review of NHS Constitution 2013/Evidence of Compliance AA stated that the NHS Constitution, to which all trusts had a duty to show due regard, was updated in 2013, following which TEG received and was assured of the evidence of compliance with its various principles, values and pledges.</p>	

	Action
<p>In April 2014, the Quality Committee had received and was assured of the evidence of compliance, agreeing to incorporate feedback from YAS' Expert Patient and other Quality Committee members therein. The Committee had asked that those assurances be provided to the Trust Board in Public.</p> <p>In addition, it was agreed that the Audit Committee would review the detailed evidence of compliance at its July meeting. Following that review and subject to there being no concerns about the evidence, it would be published on the YAS website.</p> <p>BS stated that ideally the updated evidence should have gone to the Trust Board for assurance following review by the Audit Committee but the timetable of meetings meant that this had not been practicable.</p> <p>BS stated that he preferred to deal with things in a pragmatic way. The document had gone to Board and received formal approval, so following a conversation with AA it had been agreed that the document did not need to come to that day's meeting, especially as the members of the Audit Committee sat on the Board.</p> <p>The Audit Committee agreed that this had been a sensible decision.</p>	
<p>7.0 Risk Assurance Reporting including Board Assurance Framework and Corporate Risk Register (including Datix Progress Update)</p> <p>SP provided an update on the risks recorded in the Board Assurance Framework (BAF) and Corporate Risk Register to provide assurance on the effective management of corporate risks.</p> <p>He stated that all earlier feedback had been taken on board and the summary sheet now contained additional narrative about changes, etc in Quarter 1. Following review, there had been no change of risk scores to date in the current year although additional risks around workforce, patient safety and performance had been added with a potential risk around finance.</p> <p>SP confirmed that the implementation of the Clinical Leadership Framework remained ongoing, adding that further information would come out through the F&I and Quality Committee updates.</p> <p>SP stated that the summary sheet now indicated what the project risks would be by quarter and showed progress towards objectives from initial risk grading to that projected for Quarter 4 year end.</p> <p>BS stated that there was no reference to F&IC in 2.2.</p> <p>SP confirmed that the new BAF had been considered at F&IC.</p>	

	Action
<p>BS raised the issue of deadlines versus actions and asked whether, within the management of the BAF, there was healthy enough level of challenge to ensure that deadlines were as tight as reasonably possible.</p> <p>SP confirmed that there was a wide variety of challenge including individual directors' views, the Risk and Safety team and the collective view of TEG.</p> <p>BS asked what the down arrows against risks 5a and 8b on the Summary signified.</p> <p>SP replied that they meant that the general direction of the risk was downwards although it would not necessarily trigger a reduction in the risk score.</p> <p>EB stated that as the Trust had received the IA report on the Clinical Leadership Framework the narrative against risk 6a needed to be expanded to explain why the current risk rating remained at an '8'.</p> <p>BS asked if the Trust had learned any lessons from the report which had been the most voluminous in terms of adverse findings since he had joined YAS.</p> <p>RB replied that cultural difficulties had been exposed between traditional operational performance ie Red delivery and the 'softer' area of clinical practice. Changes, such as the introduction of Consultant Paramedics, were needed to the management structure to incorporate more of a clinical element but this would take several years to implement.</p> <p>BS asked whether the deadline of December 2015 on page 9 (action 3e) was correct.</p> <p>SP replied that it should read December 2014. The action was around safe staffing levels on which there was currently a national focus and it would take until this date to pull all of the information together.</p> <p>Although the Transformation Programme was a two year project, with an implementation deadline of March 2016, there would be interim milestones.</p> <p>BS pointed out that the current risk score should be amber not red.</p> <p>AA stated that a date of completion would be useful and asked what happened to actions when they had been completed.</p> <p>SP replied that they would drop off the next list and transfer into the controls. He stated that the Corporate Risk Register showed risks that scored 12 and above, derived from the individual directorate risk registers.</p>	

	Action
<p>BS asked whether any risks on the Corporate Risk Register were not under review by either the Quality or F&I Committee.</p> <p>RB confirmed that a mapping exercise had taken place and this confirmed that all key risks were subject to Finance & Investment Committee and/or Quality Committee scrutiny.</p> <p>SP stated that there was more likely to be overlap.</p> <p>BS asked whether there was some way of tracking changes and mapping target dates for completion of actions against risks.</p> <p>SP replied that the report was pulled from a database and the treatment plans which sat beneath it were situated in a different part of that database. It was his belief that it would be more profitable to look at specific risks rather than reproduce this information onto one sheet, as the document would become increasingly unwieldy.</p> <p>Approval: The Audit Committee noted the key risks and developments as outlined in the report and was assured with regard to the effective management of risks.</p>	
<p>8.0 Finance and Investment Committee Risk Assurance Report EB presented an update to provide assurance on the management of risks within the remit of the Finance & Investment Committee.</p> <p>BS stated that he had considered each of the BAF risks in terms of which risk was most relevant to which Committee and asked whether, given the current challenges facing the Trust, it might be worthwhile F&IC also reviewing risk 6b.</p> <p>EB replied that although this risk underpinned the performance risk and was therefore relevant, it was her opinion that it overlapped with the Quality Committee's area of responsibility, which was the more appropriate forum in which to scrutinise the risk.</p> <p>In her opinion it would better to consider the information from both Committees in Audit Committee.</p> <p>RB stated his belief that the twice yearly joint Quality and F&I meetings would provide the ideal forum for such discussions.</p> <p>BS suggested that the assurance statements to the Audit Committee, whilst not providing a formal statement or opinion, should include an update on the collective view of each Committee in regards to the management of risks under their respective scrutiny.</p> <p>EB stated that F&IC had concerns in relation to risks 3a and 5a, details of which were contained in the minutes of the last meeting.</p>	

	Action
<p>RB replied that a summary of this information had been included in section 3.7 of the F&IC's report.</p> <p>BS proposed that statements relating to the Committees' general views in relation to risk management in the Trust, and identifying any areas of limited assurance, should be included in their respective reports to the Audit Committee at each of its meetings.</p> <p>Action: Format of future F&IC and QC assurance reports to be amended to include a formal statement relating to Committees' general assurance in relation to risk management in the Trust and identifying any areas of limited assurance.</p> <p>EB expressed concern that, at the last joint committee meeting, only the Fleet PID report had been up-to-date and requested that urgent action was taken to update these reports.</p> <p>It was agreed that EB would liaise with RB outside the meeting to discuss this further.</p> <p>Action: EB/RB to discuss updating of PIDs outside the meeting.</p> <p>JN requested an update on section 3.2 of the report.</p> <p>RB reported that, at the end of June, performance remained at 69%. The Red Performance Plan was being updated on a daily basis and further re-alignment of resources to give additional focus which would be implemented the following week.</p> <p>RB confirmed that additional resources had been recruited into the clinical hub. Further urgent care resources were being supplied through St Johns' and PTS and the revised data set had gone back to Process Evolution for remodelling.</p> <p>JN re-iterated a comment he had made at F&IC that pulling back three months' performance would be a major challenge and it was his belief that the Trust should start to provide immediately for potential monthly penalties.</p> <p>A long discussion took place about the Trust's current performance issues and the measures in place to improve things. RB confirmed that the Board would be provided with regular update reports during the course of the summer.</p> <p>SP stated that the safety impact of the current performance issues was considered by the Quality Committee. Some initial data had been provided on a trust-wide basis but further, more in depth analysis was being carried out which would inform the Trust's decisions about where it needed to target, etc.</p>	<p>EB/RB/ PD/SP 2014/45</p> <p>EB/RB 2014/46</p>

		Action
	<p>Approval: The Audit Committee noted the update on Finance & Investment Committee discussions in relation to key risks and subject to the amendment requested for future reports, gained assurance from the report.</p>	
9.0	<p>Charitable Funds Committee Risk Assurance Report BS stated that apologies for that day's meeting had been received from EM, who was currently out of the country. She would circulate a report to the Audit Committee as soon as she was able to so do.</p> <p>Action: EM to circulate a Risk Assurance Report to the Audit Committee on her return.</p> <p>Approval: The Audit Committee noted EM's apologies and looked forward to gaining adequate assurance regarding the management of risks relating to Charitable Funds in the near future.</p>	EM 2014/47
10.0	<p>Quality Committee Risk Assurance Report In PD's absence, SP presented the assurance report on the management of risks within the remit of the Quality Committee.</p> <p>BS stated that, further to the discussion in Item 8.0 above, he would like to see a more explicit view within future Quality Committee reports to the Audit Committee.</p> <p>EB stated that the Risk Assurance Report to the Audit Committee had not been an agenda item at the recent Quality Committee meeting but it had been agreed that it would be in future.</p> <p>Action: PD to include Risk Assurance Report to the Audit Committee as a standing agenda item at Quality Committee meetings.</p> <p>Approval: The Audit Committee noted the report and, subject to the inclusion of the additional paragraph requested for future reports, gained adequate assurance regarding the management of Quality risks.</p>	PD 2014/48
11.0	<p>Integrated Performance Report (IPR) – Assurance Map RB provided an update on the IPR's ongoing development, the related assurance as to the processes by which it was produced and the associated controls, stating that the paper was the result of discussions about how best to map the ongoing IA programme to the IPR.</p> <p>BS stated that the Trust Committees and Board received assurance from many sources with regard to the IPR.</p>	

	Action
<p>However, he was still unclear whether those assurances came together to present a complete picture, especially as the format of the IPR was constantly being revised and updated.</p> <p>It was his belief therefore that, although the organisation was making good progress and had substantial assurance regarding the IPR, it did not yet have assurance that sufficiently robust processes and controls are and remain in place to provide persuasive assurance that the IPR was accurate and complete.</p> <p>BJ stated that IA had looked at the PTS section in more detail and discussions had taken place about related IA activity going forward. It had been agreed that management checks were the first line of defence upon which it was essential to be able to place reliance.</p> <p>She confirmed that meetings had taken place with Head of Business Development, Cath Balazs, who would refine the process further.</p> <p>BJ stressed the need to be able to sense check what the internal Business Intelligence team were doing to provide a more holistic view and comprehensive picture, adding that an overall check on the Trust's data quality centrally was still required.</p> <p>Action: BJ to discuss with RB proposed check on Trust's data quality centrally.</p> <p>BS asked whether the Trust was on track to achieve the position of being able to provide full assurance that the information contained in the IPR was free from material error.</p> <p>RB replied that this was a mammoth task and asked how the Audit Committee would want this information presented.</p> <p>AA suggested that there should be triangulation between the data contained in the IPR and the BAF with the highest risk areas within the BAF being an indicator of what information in the IPR should be a priority.</p> <p>BS stated that he had seen equivalent reports in other organisations which had built sufficient assurance around their systems so that ultimately they only needed to produce a very high level summary with detailed reporting by exception only. If there were no exceptions then the Board would know that everything was right.</p> <p>RB stated that an IPR 'exception report' was currently in development but it would need to go through an executive review process before it was shared more widely. In his opinion, the Trust would need more of a balanced score card approach underpinned by a data warehouse process.</p>	<p>BJ 2014/49</p>

	Action
<p>BS stated that he would like to see an IPR 'strategy' which highlighted the steps to be taken to get from the current version to an even higher level of assurance around a slimmed down, largely exception-based version.</p> <p>It was agreed that RB would take this suggestion forward and circulate the outcome.</p> <p>Action: RB to draft an IPR 'strategy' to be discussed and agreed with executive colleagues and then to be presented to the Audit Committee for consideration.</p> <p>BS asked how the peer review of AQI compliance was being worked on to pick up on its recommendations.</p> <p>RB replied that it was currently being dealt with by TEG alongside the CSU report which needed to come back with an action plan.</p> <p>Approval: The Audit Committee noted the contents of the paper.</p>	<p>RB 2014/50</p>
<p>12.0</p> <p>External Audit Update</p> <p>In view of the unexpected absence of NC due to illness, BS explained that he had received an email update from her overnight which confirmed that the Annual Accounts had been signed off within the required timescales.</p> <p>NC had further reported that the Quality Accounts testing had been completed with no issues to report although a query had been raised about the current use of the local indicator, the Patient Safety Thermometer.</p> <p>SP stated that 'days since harm' had been amended to provide the information from midday rather than midnight.</p> <p>There were no other items to be discussed.</p>	
<p>12.1</p> <p>External Audit Annual Fee Letter</p> <p>RB provided an update to advise the Audit Committee of the annual External Audit (EA) fees, information about which had been included in the paper received at the Audit Committee meeting on 3 June.</p> <p>He confirmed that the fee would remain the same for 2014/15.</p> <p>JN queried whether the fee pressure had any effect on the quality of staff or work provided by EA.</p> <p>BS replied that this was open to challenge but he was unaware of any concerns being expressed by the Executive team.</p>	

	Action
<p>RB stated that, as an NHS Trust, YAS' auditors were appointed by the Audit Commission. When YAS became a Foundation Trust, the organisation could go out to tender for its auditors. This was an open competition which should lead to extra value and/or savings. Current arrangements for NHS Trusts might be changing to give them competitive choice in future years but this had not yet been agreed.</p> <p>Approval: The Audit Committee noted the fee letter from Deloitte and the 2014/15 fees</p>	
<p>12.2</p> <p>Review of Effectiveness of External Audit</p> <p>RB presented the EA effectiveness tool developed by Deloitte in advance of it being completed for the next Audit Committee meeting.</p> <p>BS stated his belief this would be a good education tool and the addition of a 'don't know' column might be a valid way of prompting discussion.</p> <p>BJ suggested that EA should be asked to carry out their own self-assessment to help inform discussion and provide a basis for challenge by the Audit Committee. She stated that, in her view, this would be a substantial, albeit important, piece of work.</p> <p>RB stated his belief that the tool was not something just for the Audit Committee but for wider consideration.</p> <p>It was agreed that RB should feedback the Audit Committee's comments to Deloitte and that the effectiveness tool should be pursued according to these suggestions.</p> <p>Action: RB to feed Audit Committee's comments back to Deloitte to allow further development of the process.</p> <p>Approval: The Audit Committee approved the use of the assessment tool.</p>	<p>RB 2014/51</p>
<p>19.0</p> <p>Directorate of People and Engagement Risk Identification and Management</p> <p>BS welcomed KS and SOL to the meeting to provide an overview of the principal challenges and risks faced by the People & Engagement Directorate and to explain how those risks and challenges were being mitigated.</p> <p>The paper was taken as read and BS invited questions.</p> <p>EB stated that it was a good update in terms of what had happened but her overriding concern related to assurance in terms of the Occupation Health (OH) contract and its effect on sickness absence.</p>	

	Action
<p>She suggested that contract management meetings should take place to hold the OH provider to account for helping to reduce sickness absence in the organisation.</p> <p>KS replied that, in addition to the quarterly contractual meetings, user group meetings would also take place with the provider. The first meeting had just taken place since the provider had become a provider for the whole Trust so it was still early days.</p> <p>BS raised concerns about the statement in the section on Trust-wide dependency culture on page 4. It stated that the HR Business Partner model was still very much in its infancy but they had been involved in the work of the sickness absence task and finish group which had been almost 12 months earlier.</p> <p>KS replied that, although the model had been in use for 12 months, progress had been varied. Whilst some had developed into true Business Partners others had encountered legacy issues in relation to the provision of traditional HR advice, etc. In addition there had also been some turnover of staff.</p> <p>Central support would be necessary to further develop the role of Business Partner which would need to be revisited and clarified. In addition, education would need to be provided for the managers with whom they were working.</p> <p>JN noted that PDR completion, recruitment and training seemed to be behind schedule and asked whether the right level of staff was in place to achieve these targets.</p> <p>KS replied that she was aware that there were areas in which her team needed to provide more support and work was under way to analysis the current range of skills and capacity to identify skill gaps.</p> <p>SOL stated that there were also cultural issues to be overcome. A lot of work had taken place to try move things forward. For example, training had increased from a 2.5% abstraction rate to 5%. This, however, had resulted in a gap in numbers in terms of training deliverers which was being addressed through TEG.</p> <p>BS asked whether there was appropriate protection of training time in relation to performance challenges, etc.</p> <p>SOL replied that much of the work in which she was involved was around that protection. Talks had taken place with a group of Clinical Supervisors about how to make the abstraction rate work in practice. The work was primarily focussed on A&E where the main issues were and the next six months should see plans coming to fruition.</p> <p>SP confirmed that the overall training programme was now being delivered.</p>	

	Action
<p>In addition, no training had been cancelled to date as a result of the performance issues, etc.</p> <p>BS stated that the Trust Chairman had requested an update on progress in relation to improvements to training buildings, etc.</p> <p>RB replied that SOL was due to meet with representatives from Estates the following week. An options proposal, which included suggestions of how to take the matter forward in light of the hub and spoke developments, estate moves, etc, was being put together.</p> <p>He confirmed that the Burn Hall lease had expired on 31 March 2014 although there was no pressing risk as Estates were managing the situation.</p> <p>BS stated that the Trust Chairman had noted that the large demand for training outlined on page 5, which suggested that the training plan budget had not been large enough to meet demand and she wondered why this had happened.</p> <p>SOL replied there had been a timing issue in terms of abstraction levels increasing, which had led to a requirement for additional trainers to ensure delivery of training.</p> <p>There was also a national shortage of driver trainers with some of the training gaps having to be filled by buying in training although the preferred option was to use operational staff whenever possible.</p> <p>RB provided further information about current cost pressures and timing issues and confirmed that problems were being worked on.</p> <p>SOL confirmed that the Training & Development subgroup reconsidered the training plan on an ongoing basis.</p> <p>BS stated that, in a couple of places in the Datix extract, dates that had already passed were referred to as dates in the future tense, suggesting that the document might be out-of-date.</p> <p>SOL stated that this was a fair assumption, adding that work was already under way to move this issue forward.</p> <p>SP stated that the extract appeared to be missing risks of 12 and above, adding his belief that these risks needed to be included in the view considered in Directorate meetings even though it would be recognised that they were triggering a corporate level response.</p> <p>Action: KS/SOL to liaise with IB to ensure format of HR Directorate Datix report is amended to include risks of 12 and above, and that its content be brought, and maintained, up-to-date.</p>	<p>KS/SOL 2014/52</p>

		Action
	<p>BS suggested that a check was needed to ensure that each Directorate kept their reports up-to-date.</p> <p>SP confirmed that a process was in place to generate, refine and update reports. This included Risk Manager, Rebecca Mallinder, attending HR management meetings to update their information.</p> <p>EB stated that although the report had been easy to read and full of useful information it would be helpful if future versions could contain references to the BAF so it became even more risk orientated as a report.</p> <p>Action: KS/SOL to liaise with IB to ensure future versions of the People & Engagement Risk Identification and Management report are cross-referenced to the BAF.</p> <p>BS thanked KS and SOL for providing a useful update.</p> <p>Approval: The Audit Committee noted the report</p>	<p>KS/SOL 2014/53</p>
<p>13.0</p>	<p>Internal Audit Update</p> <p>BJ and PW provided the Audit Committee with a progress update against the agreed Internal Audit (IA) Plan (for 2013/14 and Quarter 1 of 2014/15) along with the outcomes of reviews undertaken.</p> <p>BS stated that although the report contained a lot of detailed and valuable information it would need to be taken as read to ensure that the time allocated was spent as productively as possible.</p> <p>He further stated that, when agreement had been reached to reduce the number of Audit Committee meetings per year, it had been acknowledged that the volume of IA reports might be such as to perhaps occasionally require an extra meeting to deal with the volume of output from IA.</p> <p>It was agreed that BS, RB and BJ would consider the delivery schedule for the next few months outside meeting to assess whether such an additional meeting was currently required.</p> <p>Action: Outside the meeting BS, RB, BJ to assess the necessity of an additional Audit Committee meeting to consider the volume of IA reports due to be produced over the forthcoming months.</p> <p>BJ reported that 17 reviews had been finalised since the previous Audit Committee meeting. There were 11 Significant Assurance reports, 4 Limited Assurance reports and 2 reports where assurance level did not apply. Four reviews remained to be finalised.</p>	<p>BS/RB/BJ 2014/54</p>

	Action
<p>The meeting considered each individual review.</p> <p><u>Financial Reporting – Budget Holders (Significant Assurance)</u> BJ confirmed that a survey of 24 budget holders was the main source of evidence for the review. She acknowledged that people were busy but expressed disappointment at the small number of responses that had been received.</p> <p>BS stated that 8 returns was a disappointingly low number.</p> <p>RB stated that the danger of doing an electronic survey was that people got inundated with them. He suggested that a specific group of people could be targeted and told that they would be expected to complete the survey.</p> <p>A long discussion took place about surveys and how to encourage responses to increase the level of engagement with no more specific solution being reached.</p> <p><u>NHS 111 Service (Significant Assurance)</u> RB stated that, from a personal perspective, he questioned the need for call takers to wear a uniform as it was his belief that this was a ‘nice to do’ ahead of core business requirements.</p> <p>The Trust would need to consider what its competitors did and making savings in areas such as the purchase of uniforms would allow it to become more competitive in the market place.</p> <p><u>Board Assurance Framework (Significant Assurance)</u> BS asked from a formatting point, whether significant findings could be highlighted in future reports.</p> <p>BJ agreed to make this change.</p> <p>Action: BJ to highlight significant findings in future IA reports.</p>	<p>BJ 2014/55</p>
<p><u>Information Governance Toolkit – Part 2 – Pre-Submission Evidence Checks (Significant Assurance)</u> BJ stated that although there were 10 ‘requires attention’ findings, they all related to refining data so overall it was a good area which was improving year on year.</p> <p>SP had identified the need to refresh the direct lead manager roles and agreed to pull the information together into a communication for the Trust Board.</p> <p>Action: SP to refresh the direct lead manager roles information and circulate to the Board.</p>	<p>SP 2014/56</p>

	Action
<p>PW agreed that exit interviews, both in terms of the number carried out and their evaluation could be improved.</p> <p><u>PALS, Complaints and Patient Experience (Significant Assurance)</u> BJ stated that she had seriously considered the outcome of this audit which had only just reached a 'significant assurance' outcome.</p> <p>EB requested an update on the measure relating to the percentage of complaints not dealt with within 25 days.</p> <p>SP replied that this was an internal standard only which, although he was not happy about missing, was only one example of how complaints were being managed. A peer review of complaints had commenced to identify learning and best practice and the scoping exercise was underway.</p> <p>RB suggested that benchmarking work with NWAS might be useful when considering remote locations, shift patterns, etc.</p> <p>Action: BJ to investigate the feasibility of a benchmarking exercise with NWAS when considering remote locations, shift patterns, etc.</p>	<p>BJ 2014/59</p>
<p><u>Travel and Expense Claims (Significant Assurance)</u> EB asked whether expense claims not signed by the individual's line manager were paid by the Trust.</p> <p>RB replied that although these claims should be rejected, they did tend to get paid as a lot of staff emailed claims through if they had no access to scanning facilities, etc.</p> <p>BJ stated that this potential risk of fraud had been highlighted during the course of the work.</p> <p>Action: RB to progress the improvement of controls over travel and expense claims</p>	<p>RB 2014/60</p>
<p><u>Service Transformation Programme – Programme Management & Programme Governance (Report at draft stage)</u> BJ stated that although she had expressed concerns about the consistency of project management approach within the organisation she needed to update the draft report in terms of progress to date.</p> <p>SP stated that during 2013/14 the organisation was aware of certain weaknesses in governance. However, it was his belief that it had now progressed significantly using learning from the past 12 months.</p> <p>EB suggested that it might be worthwhile inviting an independent NED opinion on the report to help to triangulate the information.</p>	

	Action
<p>JN asked whether consideration had been given to bulk purchasing of insurance. There were large numbers of vehicles in the ambulance services across the country and joint negotiations could result more bargaining power.</p> <p>RB agreed to take JN's suggestion forward and feed it in nationally.</p> <p>Action: RB to take forward suggestion of national bargaining re fleet insurance cover.</p> <p><u>Commissioning & Contracting – Healthcare Contract Management & Business Cases (Limited Assurance)</u> BS suggested that there had again been timing issues with this audit.</p> <p>PW replied that Quarter 4 had been the first time that the work could be fitted into the schedule.</p> <p>BS asked whether the substance of the reports had been available to RB and his team when going through the most recent contracting round.</p> <p>RB confirmed that he had been fully briefed.</p> <p>EB stated that she had seen the initial draft which had been covered by Head of Business Development, Cath Balazs, at F&IC.</p> <p><u>Clinical Leadership Framework & Development (Limited Assurance)</u> BS stated that the development and implementation of the above Framework had been discussed at Audit Committee and elsewhere. There had been a great deal of follow up with a fair proportion of actions implemented.</p> <p>EB stated her belief that the impact of the Clinical Supervisors not reporting into clinical managers seemed quite significant and asked against which criteria the CDMs would be assessed.</p> <p>SP replied that they would remain in the Workforce and Engagement Directorate linked across to the Clinical Directorate and the role would be heavily re-enforced.</p> <p><u>Follow Up</u> BS stated that the summary of follow up work completed during April to June 2014, attached at Appendix 3, showed that good progress was generally being made.</p> <p>SP confirmed that the progress update in relation to the work on Quality Governance CQUINS had been completed.</p> <p>BJ replied that she had received the report in time and apologised that this information had not been included in the update.</p>	<p>RB 2014/63</p>

		Action
	<p>BS thanked BJ and her team for a useful report which had given the Committee a good insight into work being carried out by IA.</p> <p>Approval: The Audit Committee accepted the results of Internal Audit activity since the previous meeting and noted and agreed the changes to the plans.</p>	
13.1	<p>Internal Audit Annual Report 2013/14 (including Review of Internal Audit Effectiveness)</p> <p>BJ and PW provided a summary of Internal Audit (IA) activity for 2013/14. Information had been consolidated around the Head of IA Opinion, analysis of key issues and themes from work undertaken and performance information for the East Coast Audit Consortium.</p> <p>BS noted that sections of the report had been seen at the June Audit Committee meeting and invited comments.</p> <p>EB asked whether the percentage of limited assurance reports had increased over the past couple of years.</p> <p>BJ replied that she had considered carrying out an analysis but had decided that it would not be a valid comparison. She further stated that 11 limited assurance reports out of 43 was a good performance, particularly as IA had been directed to some of the audit areas as known areas of management concern.</p> <p>It was BJ's belief that there had been a slight improvement in the clearance rate of audit improvement recommendations, which could have dipped slightly due to the volume of work.</p> <p>BJ stated that she had wanted to try to identify the impact of the significant increase in planned IA work. Although there were still areas in which IA struggled to get information, overall engagement with the Trust had been much more positive engagement in the past 12 months.</p> <p>BS stated his belief that the key issues summary needed an addendum which outlined actions taken and progress made, rather than stopping at weaknesses found.</p> <p>BJ accepted that this would be useful.</p> <p>Action: BJ to add addendum to report outlining actions taken and progress made to date.</p> <p>BS stated that, in terms of IA performance measures, etc, it seemed as if the organisation had an accurate and good picture.</p>	<p>BJ 2014/64</p>

	Action
<p>BJ asked whether there was anything that the Trust needed from the IA service that it did not currently get. She suggested that reasons for delays and the elongation of the audit process could be highlighted in progress reports throughout the course of the year so they did not all have to be dealt with at the end of the year.</p> <p>EB stated that information about the duration of each audit would be useful, with attention drawn to this in the regular progress report.</p> <p>Action: BJ to include information about the duration of audits in each progress report.</p> <p>RB stated that there had been challenges around volume of the IA plan but in terms of quality of audit, things had improved significantly during the past 12 months, which had addressed the Trust's concerns of 18 months previously.</p> <p>SP stated that there had been some challenges around personnel changes but these had been worked through, adding that the focus and quality of work been good.</p> <p>BJ stated that a number of reports of a consultancy and advisory nature had been produced for first time this year and this had gone well.</p> <p>BS stated that, following discussion with fellow NEDs, as an Audit Committee they felt better assured by the quantum and nature of IA work undertaken over the past 12 months.</p> <p>Approval: The Audit Committee received and agreed the Internal Audit Annual Report for 2013/14.</p>	<p>BJ 2014/65</p>
<p>13.2</p> <p>Anti-Fraud Progress Report Local Counter Fraud Specialist, SF, provided an update of work undertaken against the Fraud Plan and NHS Protect Standards.</p> <p>SF confirmed that the five ongoing cases were all old fraud investigations. The first two cases, which were shortly due to come to fruition, involved multiple individuals. The others sat within the Trust's HR process; all at various stages.</p> <p>As there were no further comments on the report, BS thanked SF for his update.</p> <p>Approval: The Audit Committee received the latest Anti-Fraud Progress Report for information and discussion.</p>	

		Action
<p>13.3</p>	<p>Anti-Fraud Annual Report 2013/14 SF stated that all providers were required to complete an Organisation Crime Profile within one month of signing the NHS Standard Contract 2013/14. Organisations who were assigned to a category 1 or 2 following completion of the profile were required to comply with NHS Protect's Standards for Providers: Fraud, Bribery and Corruption which includes the provision of an annual report (standard 1.5). YAS was assigned a category 1 and hence an annual report had been completed as required.</p> <p>SF stated that the report was in standard format and contained a summary of all issues reported throughout the year. The standards on page 3 had been left at the same level as the previous year, as there were still a number of items that the Trust needed to achieve.</p> <p>He confirmed that the deadline had not been missed, as it had been extended into June, adding that a lot of the ambers should move to green during the current quarter.</p> <p>BS suggested that more detailed justification for the green and amber ratings within the report would have been useful.</p> <p>SF replied that he would bring further evidence to the next meeting.</p> <p>Action: SF to bring further evidence re 'green' and 'amber' ratings to next Audit Committee meeting.</p> <p>BS thanked SF for presenting the useful summary.</p> <p>Approval: The Audit Committee received and noted the document.</p>	<p>SF 2014/66</p>
<p>13.4</p>	<p>Ambulance Trust Counter Fraud Benchmarking SF stated that, in January 2013, the Audit Committee had requested national benchmarking information against counter fraud risks and activities undertaken at other ambulance trusts. This was specifically to assess the range and effectiveness of measures used elsewhere to help decide which might be applicable to YAS to potentially enhance the local fraud service.</p> <p>SF had requested this information from NHS Protect for Ambulance Trusts but despite assurances that the information was available, no information had been received.</p> <p>SF had therefore undertaken his own benchmarking exercise. A series of questions were submitted to all eleven ambulance trusts in England and Wales. Replies were received from six trusts and the results incorporated into the report presented to the Audit Committee along with considerations for potential action. He had initially hoped for more responses but 6 out of 11 was an acceptable level.</p>	

	Action
<p>SF further stated it was reassuring to see that the work taking place across ambulance trusts was very similar although there had been several additional ideas that could be adopted locally.</p> <p>BS agreed that the degree of similarity was reassuring but the fact that there were some differences made the benchmarking exercise potentially even more valuable and something from which everyone could benefit.</p> <p>SF confirmed that colleagues in other ambulance trusts had been pleased to receive the information which they would take to their own Audit Committees. He further stated that the establishment of a national network to meet periodically was also being considered.</p> <p>EB stated that it might be worth circulating the information to the ambulance trusts who had not replied to encourage them to participate in future years.</p> <p>BJ agreed that this was a good idea, as they might realise the benefits of sharing such information.</p> <p>Action: SF to circulate report to the ambulance trusts who did not reply for information.</p> <p>Approval: The Audit Committee received, noted and discussed the report and recommendations made by the Local Counter Fraud Specialist for potential action.</p>	<p>SF 2014/67</p>
<p>5.0 Audit Committee Annual Report 2013/14</p> <p>BS presented the Audit Committee Annual Report 2013/14, which summarised the activities of the Audit Committee during and in respect of the financial year 2013/2014 in compliance with its duties.</p> <p>The Report would need final amendment following the meeting to take into account business covered and decisions taken, particularly drawing on the discussions in relation to the effectiveness of IA and EA.</p> <p>BS confirmed that he would refer to the agreement to make use of Deloitte's framework tool and how this would be approached and would also build in a statement relating to the composite assurance generated by the joint F&I and Quality Committee meetings.</p> <p>BS confirmed that, in relation to the work undertaken by IA, he would insert the Head of IA's Opinion and the Executive Summary of SF's report.</p> <p>SF requested that the wording in the third paragraph from the bottom be altered to include the requirements of the NHS Standard Contract.</p>	

	Action
<p>Action: BS to make amendments as outlined in minutes above.</p> <p>Approval: Subject to the inclusion of the above amendments, the Audit Committee approved the report as a result of consideration within the Audit Committee meeting of the Internal Audit Annual Report, the Counter Fraud Annual Report, and the effectiveness of the External Audit for 2013/14 paper.</p>	<p>BS 2014/68</p>
<p>14.0 Compliance with Audit Recommendations RB provided an update on the status of outstanding Audit and Counter Fraud recommendations.</p> <p>BS stated that this was useful information which highlighted a fairly positive picture.</p> <p>BJ and PW confirmed that work was well-advanced on the provision of a joint follow up report which should be available by the time of the October meeting. The report would marry up the Trust's actions with what IA was doing as this had been an issue in the past.</p> <p>Approval: The Audit Committee noted and accepted the report.</p>	
<p>15.0 Assurance regarding the on-going suitability of and compliance with the Standing Financial Instructions and Standing Orders AA provided assurance that the Trust had appropriate arrangements in place to ensure compliance with the <i>Standing Orders, Reservation and Delegation of Powers & Standing Financial Instructions</i>.</p> <p>BS stated that it was a substantial document and body of requirements. He was grateful to AA for pulling the information together to provide a list of sources of assurance in relation to compliance and requested a consensus view as to whether the Audit Committee felt that this was sufficient assurance that all of the SFIs and SOs were complied with.</p> <p>BS asked BJ and colleagues whether they had seen any other way of supplementing this method of assurance to an even higher level to prove that an organisation was compliant at all times.</p> <p>BJ replied that she was not aware of any organisation that would make such an overt statement, although she did not know whether External Audit might say anything different.</p> <p>AA stated that, although the two recommendations were lifted directly from the minutes and action log recommending the process to Board, she was not convinced that the matter needed to go to Board.</p>	

	Action
<p>RB agreed with AA's statement.</p> <p>BS asked whether there was anything more that could reasonably be done to provide assurance that YAS was doing at least as much as any other similar organisation.</p> <p>RB stated his belief that the Trust had to work on the basis of a risk based approach.</p> <p>BS stated his belief that the implications of finding out after the event that the Trust had contravened the SFIs/SOs fell outside a risk assessment.</p> <p>EB asked whether, given the increased IA programme, there were any areas of limited assurance that IA had identified that impacted on any of the statements.</p> <p>BJ replied that some areas including procurement procedures and staff contracts did to a greater or lesser extent. However, although IA considered these areas they did not complete an overall check of everything.</p> <p>A detailed discussion took place about further appropriate actions with BS suggesting that someone should go through the SFIs and SOs to identify if anything had not been covered.</p> <p>SP stated whether the piece of work fitted in to the IA programme, as a 'nice to do' rather than something that was urgently required.</p> <p>RB stated his belief that this should be an internal piece of work as it would not be a good use of money to pay IA to carry out the analysis. He expressed doubt that a position could ever reach whereby the Trust was 100% sure that everything was being complied with. It would only give assurance that it had done its best to minimise risks.</p> <p>It was agreed that AA should carry out a cross-referencing exercise to bring back to the Audit Committee in October and that she would liaise with RB for further input once an initial draft was available.</p> <p>Action: AA to carry out a cross-referencing exercise and to liaise with RB for further input once initial draft available.</p> <p>Approval: The Audit Committee noted the report and subject to the completion of the cross-referencing exercise, was assured the Trust had appropriate arrangements in place to ensure compliance with the Standing Orders, Reservation and Delegation of Powers & Standing Financial Instructions to be reported back to the Trust Board at a future meeting.</p>	<p>AA 2014/69</p>

		Action
15.1	<p>Standing Financial Instructions Waivers and Contract Award Activity over £100,000</p> <p>RB provided assurance on the contracts that had been let and purchase orders raised for goods and services above £100,000 and SFI Waivers signed since the last Audit Committee meeting.</p> <p>EB reiterated that F&IC reviewed but did not approve contracts as indicated in the table in 3.1.</p> <p>BS requested an update on the mobile telephone contract.</p> <p>RB stated that the Trust had received a legal challenge from EE that it had not been open about the discount being offered which had given Vodafone an unfair advantage.</p> <p>YAS had taken advice on available courses of action and it had been agreed that the best way to progress would be to go for a Direct Award under the CCS Framework with target resolution date being the end of July.</p> <p>EB queried the increased number of single tender waivers that had been received, as it was her belief that these should be by exception.</p> <p>RB agreed that this needed to be picked up, as he would expect scrutiny to go through Procurement.</p> <p>Action: RB to discuss the increased number of single tender waivers with Procurement to assess the robustness of challenge.</p> <p>Approval: The Audit Committee noted and accepted the report.</p>	<p>RB 2014/70</p>
15.2	<p>Review of Suspension of Standing Orders</p> <p>AA confirmed that there had been no suspension of Standing Orders since the last Audit Committee meeting.</p>	
15.3	<p>Review of Standing Financial Instructions and Standing Orders</p> <p>BS provided an update on changes to Standing Orders, the Scheme of Delegation and the Standing Financial Instructions, confirming that the majority of changes related to the Level 2 Committees' Terms of Reference.</p> <p>EB stated that the amendment to point 13 on page 37 should state 'Freedom' rather than 'feedom'.</p> <p>BS stated he had noticed when checking the wording of the Audit Committee entries on pages 33-4 and 61-2 that it did not fully marry up to the purpose statement in the Audit Committee Terms of Reference. Although not substantially different he would be grateful if this could be altered to include the precisely the same wording.</p>	

	Action
<p>Action: RB to alter wording on pages 33-34 and 61-62 to ensure that it married up to the precise wording in the Audit Committee's Terms of Reference.</p> <p>It was agreed that, subject to the above amendments, the document would go to the July Board meeting for approval.</p> <p>Approval: The Audit Committee considered and noted the report.</p>	<p>RB 2014/71</p>
<p>16.0 Members' Expenses (Full Year Review 2013/14) RB presented an update on Members' expenses to the end of Quarter 4 (2013/2014) and requested approval of the proposed new process for reporting of expenses.</p> <p>BS stated his belief that the process was much improved, as it was essential that expenses were both proper and accurately recorded and reported.</p> <p>SP asked what was included in the entries.</p> <p>RB replied that it was anything that individuals claimed through their expenses rather than what was booked direct.</p> <p>AA stated that the Trust was working to the TDA definition of expenses to ensure that it complied with the TDA guidance.</p> <p>BS stated his belief that, subject to on-going careful checking of the analysis of expenses both across categories and between individuals, the process was now acceptable.</p> <p>AA stated that she would undertake the review with Jo Kane, who would manage the process on a Sharepoint spreadsheet for completeness and accuracy, as the information would also be accessible for Finance to use for payment purposes.</p> <p>BS asked how often the expenses would be updated on the Internet.</p> <p>AA replied that it would be on a six-monthly basis after approval on each occasion by the Audit Committee.</p> <p>Approval: The Audit Committee noted the Members' expenses as at the end of March 2014.</p>	
<p>17.0 Review of Schedules of Losses and Special Payments (should any losses or special payments be confidential then Audit Committee members will review these at the end of the meeting) RB provided the Audit Committee with details of the Losses and Special Payments made for the first two months of 2014/15.</p>	

		Action
	<p>BS requested further information about the amounts being paid out to clarify the Committee's understanding of the payments.</p> <p>RB replied that he would add an explanation to the Schedule for future meetings.</p> <p>Action: RB to add one-line explanation against each payment for clarity.</p> <p>Approval: The Audit Committee noted the incidence of Losses and Special Payments to the end of May 2014.</p>	RB 2014/72
18.0	<p>Assurance regarding Raising Concerns at Work Arrangements and Update</p> <p>BS stated that the Audit Committee had a duty to periodically review and appraise the YAS 'whistleblowing' procedures and to consider at each meeting whether any 'concerns at work' notifications had been received since the last meeting.</p> <p>It had been confirmed to BS by Ian Brandwood (IB) the Executive Director of People & Engagement that no new reports had been received via any of the approved means since the last Audit Committee meeting through official channels.</p>	
19.0	<p>Directorate of People and Engagement Risk Identification and Management</p> <p>Considered after Item 11.0.</p>	
20.0	<p>Any Other Business <u>Terms of Reference - Amendments</u></p> <p>BS stated that he had considered postponing that day's meeting even though the Committee had technically been quorate.</p> <p>He had discussed the matter with the Trust Chairman, who was in full agreement, that for good order and governance going forward, there should be at least 50% of members present at each meeting.</p> <p>BS proposed therefore to increase quoracy to 3 until such time as JN became a full member at which point quoracy would become 4.</p> <p>The Audit Committee supported the proposal which it agreed to send through to the Trust Board for formal approval.</p> <p>Action: Proposed quoracy amendment to the Audit Committee Terms of Reference to go forward to next meeting of Trust Board for approval.</p>	AA 2014/73

		Action
20.0	<p>Review of Meeting Actions and Quality Review of Papers BS stated he was conscious that the meeting had overrun and apologised for this. However there had been a lot to go through that could not be deferred to a future meeting.</p> <p>BS invited comments from those present.</p> <p>BJ stated her belief that a discussion on the timeliness of papers was required outside the meeting.</p> <p>EB suggested that starting the meeting at 0900 rather than 0930 hours might be useful, so it was agreed that the start time would be brought forward to 0900 hours for the next meeting.</p> <p>Action: BS to schedule a start time of 0900 hours for October meeting.</p> <p>BS thanked everyone for their time and contribution.</p> <p>The meeting closed at 1330 hours.</p>	BS 2014/74
21.0	<p>Date and Location of Next Meeting: 9 October 2014, 0900-1300 Board Room, Springhill 2, WF2 0XQ.</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**