



**Audit Committee**

**Venue:** Kirkstall/Fountains, Springhill 1, Wakefield, WF2 0XQ

**Date:** Thursday 8 January 2015

**Time:** 0900 hours

**Chairman:**

Barrie Senior (BS) Non-Executive Director

**Attendee (Member):**

Elaine Bond (EB) Non-Executive Director  
 Pat Drake (PD) Non-Executive Director & Deputy Chairman  
 Erfana Mahmood (EM) Non-Executive Director

**In Attendance:**

John Nutton (JN) Non-Executive Director (Designate) (*Observer*)  
 Steve Page (SP) Executive Director of Standards & Compliance  
 Alex Crickmar (AC) Interim Executive Director of Finance & Performance  
 Paul Thomson (PT) External Audit (EA)  
 Alistair Ross (AR) External Audit (EA)  
 Benita Jones (BJ) Internal Audit (IA)  
 Paul Webster (PW) Internal Audit (IA)  
 Shaun Fleming (SF) Counter Fraud  
 Anne Allen (AA) Trust Secretary (*For Items 16.3 & 18 and Observing*)  
 Ian Brandwood (IB) Interim Deputy Chief Executive and Executive Director of  
 People & Engagement (*For Items 11.4, 14 & 19*)  
 Cath Balazs (CB) Head of Business Development (*For Item 12.0*)

**Apologies:**

Nicky Cook (NC) External Audit (EA)  
 Mary Wareing (MW) Non-Executive Director

**Minutes produced by:**

Mel Gatecliff (MG) Committee Services Manager

		Action
	The meeting commenced at 0900 hours.	
<b>1.0</b>	<b>Introduction and Apologies</b> BS welcomed everyone to the meeting, thanked them for their prompt attendance and wished everyone a Happy New Year.  Apologies were noted as above.	

		<b>Action</b>
	BS stated that, in order to maximise the time available for discussion, he would work on the presumption that all papers had been read.	
<b>2.0</b>	<b>Declaration of Interests for any item on the agenda</b> No declarations of interest were made relating to items on the agenda.	
<b>3.0</b>	<p><b>Minutes of the last meeting on 9 October 2014 and Matters Arising</b> The minutes of the last meeting on 9 October 2014 were reviewed and agreed as a true record of the meeting, subject to the following amendment.</p> <p><b>Matters Arising</b> Page 24, Workshop Commercial Income – BS asked whether there might be an implied action in relation to strategic decisions about whether and/or how Fleet might do private work.</p> <p>AC replied that the Fleet team was currently looking into this area and a report would come back to the Audit Committee in due course. It was agreed that the wording of the minutes did not need to be amended.</p> <p>Page 25, paragraph 4 – BJ stated that the plans were to have a workshop as part of the wider piece of work, so ‘<i>on its own</i>’ was added to follow ‘<i>workshop</i>’ on the first line.</p>	
<b>4.0</b>	<p><b>Action Log and Matters Arising</b> The action log was reviewed and updated.</p> <p>BS noted that AC would speak with regard to all actions allocated to Rod Barnes (RB).</p> <p><b>2014/3 - Audit Committee Terms of Reference Review</b> BS stated that this action, which came out of the Audit Committee self-assessment exercise, needed to progress more urgently.</p> <p>AA expressed her recollection that each Committee Chairman and Executive Director lead had agreed to look at the legislation, policies, codes of conduct, etc relevant to their individual Committee workplans. She was happy to work with the individuals concerned to ensure that the action was closed off.</p> <p><b>Action: AA to liaise with Committee Chairmen and lead Executive Directors to ensure full clarity as to the codes of conduct, legislation, etc. of relevance to the Committees in their compliance with their terms of reference.</b></p> <p>PD stated that new legislation such as that relating to the Duty of Candour, would need to be picked up.</p>	<b>AA 2014/3</b>

	Action
<p>AA agreed to carry out a regular horizon scan of best practice, policies and new and forthcoming legislation.</p> <p>This would then be compiled into a monthly report for TEG to consider and align to the appropriate Committee. Action remains open for the time being.</p> <p><b>Action:</b>  <b>AA to compile a monthly ‘horizon scanning’ report for TEG re new and forthcoming legislation, policies, etc to ensure alignment to appropriate Board Committee.</b></p> <p><b>2014/46 – Finance and Investment Committee Risk Assurance Report</b>  AC stated his belief that all of the PIDs had been recirculated following the December F&amp;IC meeting</p> <p><b>Action:</b>  <b>AC to pick this up outside the meeting to ensure that all PIDs have been re-issued to all concerned.</b></p> <p>AC further stated that the Curzon PTS first stage report had been finalised which would inform the PTS PID for 2015/16. As there was already an action relating to this item on the F&amp;IC action log, it was agreed that the action should be closed.</p> <p><b>2014/49 – Integrated Performance Report (IPR) – Assurance Map</b>  Item covered on agenda (Item 12). Action closed.</p> <p><b>2014/52 &amp; 2014/53 – Directorate of People and Engagement Risk Identification and Management</b>  SP stated that both actions had been completed. A member of his team formally attended the meetings on a monthly basis to ensure that risks were recorded and monitored accurately.</p> <p><b>2014/54 – Internal Audit (IA) Update</b>  BS stated that his aim was to thoroughly cover the Audit Committee’s business without the need for additional meetings if at all possible. However, there was a need to keep under review the time necessary for the Committee, in particular adequately to consider and discuss the increased level of IA reports arising from the extended Internal Audit plan. As the Board planners showed that Audit Committee meetings had been planned for both March and April 2015, BS proposed to use the March meeting solely to consider and sign off a number of IA reports, to perform the Audit Committee annual self-assessment process and the external audit assessment, with the next ‘full’ Audit Committee meeting in April.</p> <p>BJ added that the 2015/16 IA Plan could also be brought to the March meeting to save time in April.</p>	<p><b>AA  Extra  Action for  2014/3</b></p> <p><b>AC  2015/1</b></p>

	Action
<p>It was agreed that BS and BJ would discuss the contents of the March agenda outside the meeting to ensure that best use was made of the time in respect of Internal Audit matters. Action complete.</p> <p><b>Action:</b>  <b>BJ to discuss Internal Audit-related contents of March Audit Committee meeting agenda with BS outside the meeting.</b></p> <p><b>2014/59 – Internal Audit Update – PALS, complaints and Patient Experience</b>  BJ stated she had lodged a request through NWS colleagues to explore the possibility of a benchmarking assessment but was still awaiting feedback, which she would present at the next meeting. Action remains open.</p> <p><b>2014/60 – Internal Audit Update – Travel and Expense Claims</b>  AC stated that a new process was in place and on that day's agenda.</p> <p>BS requested an update on the issue around claims not being signed but still being paid, which AC would pick up. Action remains open.</p> <p><b>2014/71 – Review of Standing Financial Instructions and Standing Orders</b>  AC confirmed there were no substantial changes to the document, which was included on the agenda as Item 16.1. Action complete.</p> <p><b>2014/75 – Matters Arising</b>  BS thanked SF for re-circulating the papers. SF would provide a further update as part of Item number 11.3. Action complete.</p> <p><b>2014/77 – Action Log</b>  BS confirmed that the item, which related to managing the volume of IA papers, had been dealt with. Action complete.</p> <p><b>2014/78, 2014/79, 2014/80 - Risk Assurance Reporting including Board Assurance Framework (BAF) and Corporate Risk Register (including Datix Progress Update)</b>  SP confirmed all three actions had been completed and would be considered during Item 5 on the agenda. Actions complete.</p> <p><b>2014/81 – Quality Committee Risk Assurance Report</b>  SP confirmed PD and he had agreed the standard wording which was included in the report at Item 6 on the agenda. Action complete.</p> <p><b>2014/82, 2014/83, 2014/84 – Integrated Performance Report (IPR) Strategy</b>  AC confirmed all three actions were covered as part of Item 12 on the agenda. Actions complete.</p>	<p><b>BS/BJ 2015/2</b></p>

	Action
<p><b>2014/86 – Review of Effectiveness of External Audit</b> BS confirmed the self-assessment, which should have taken place in December 2014, had been deferred to the March meeting as a result of the December Board Development Meeting being extended in duration. Action remains open.</p> <p><b>2014/87 – Internal Audit Update</b> Action linked to actions <b>2014/88</b> and <b>2014/89</b>.</p> <p>BJ stated following concerns expressed at the previous Audit Committee meeting, she had met with IB to review the decision taken to remove the two reviews of Industrial and Employee Relations from the IA plan. Having discussed the scope of the work in more depth, it had been agreed that it should be combined into one piece of work to take place in 2015/16. This would be covered in more depth with IB during Item 11.4 on the agenda. Action complete.</p> <p><b>2014/88 – Internal Audit Update</b> Action linked to <b>2014/87</b> above. Action complete.</p> <p><b>2014/89 – Internal Audit Update</b> Action linked to <b>2014/87</b> above. Action complete.</p> <p><b>2014/90 – Internal Audit Update</b> BJ confirmed this was work in progress. AC would receive a monthly schedule of finalised reports to share with the NEDs who could request copies in between meetings if appropriate. Action complete.</p> <p><b>2014/92 – Internal Audit Update</b> SP confirmed that a review was scheduled for the January meeting. Action complete.</p> <p><b>2014/93 – Internal Audit Update</b> BJ confirmed the Executive Summary contained details about the scope and action plan. Action remains open until it was agreed template amendments were embedded and working to best effect.</p> <p><b>2014/94 – Internal Audit Update</b> BJ stated that, following a recent meeting with SP, it had been agreed that MW would be involved in a forthcoming workshop. Other areas of involvement were still to be agreed. Action remains open.</p> <p><b>2014/95 – Anti-Fraud Progress Report</b> SF stated that an HR and recruitment workshop had taken place in October during which the issues were discussed and assurance provided. The issue would also be taken to a meeting with IB on 22 January. Action complete.</p>	

	Action
<p><b>2014/96 - Assurance regarding the on-going suitability of and compliance with the Standing Financial Instructions and Standing Orders</b>  BS stated that the action involved a detailed cross-checking exercise that the paper had not fully covered.</p> <p>AC reported that the Finance team had started the work but it had proved to be more difficult than initially anticipated due to the massive amount of headings. He stressed it might never be possible to get 100% accuracy but IA had not picked anything up to date. EA would also carry out a similar exercise..</p> <p>BS acknowledged that the cross-referencing exercise was a very substantial undertaking and asked IA and EA colleagues if, by virtue of their work elsewhere, they could provide any help or advice. AC stated that an update report would come to the April meeting so the deadline was changed to April 2015. Action remains open.</p> <p><b>2014/97 - Review of Schedules of Losses and Special Payments</b>  AC provided feedback re DWP payments based on advice received by Gillian Hodgson. Action complete.</p> <p><b>2014/98 - Assurance regarding Raising Concerns at Work Arrangements and Update</b>  BS confirmed that he had spoken to IB about the action and that an update would be provided later in the meeting. Action complete.</p>	
<p><b>5.0 Risk Assurance Reporting including Board Assurance Framework (BAF) and Corporate Risk Register (including Datix Progress Update)</b>  SP presented an update to inform the Committee on the risks recorded in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and to provide assurance on the effective management of corporate risks.</p> <p>Given that the BAF was subject to continuous update and was reviewed by the Quality Committee, Finance &amp; Investment Committee and the Audit Committee at different times, BS stated that he was not sure what scrutiny each iteration of and entry into the BAF had been through before it came to the Audit Committee: which entries had previously been considered by the Quality Committee and/or Finance &amp; Investment Committee and which had not.</p> <p>SP replied that the BAF was constantly updated as it formally went through a quarterly cycle which started with individual Executive review. It was then reviewed by the Executive team, which was followed by the Quality Committee, Finance &amp; Investment Committee, Audit Committee, with the final quarterly review going to the Board. However, the sequence of scrutiny sometimes had to change due to the timing of meetings.</p>	

	Action
<p>SP stated that the information contained on pages 4 and 5 was a record of all changes made in December 2014, although it did not state at which point in the review cycle they were made.</p> <p>EB stated her belief that to ensure the most effective use of the summary it would be good if the table could capture from which source the changes had come</p> <p>BS agreed that this would be a good idea and asked if the table would show all of the changes since the last Audit Committee meeting.</p> <p>SP replied that, although the current version did not show this, it would for future cycles.</p> <p>SP stated that, as the BAF was a 'live' document, the cycle would start with a blank record of changes, which would be annotated as it went through each meeting. The Audit Committee would then see a trail of the source of each change and be able to refer back to the minutes of each meeting when appropriate.</p> <p>PD asked SP to ensure that TEG and TMG were also included as part of the process.</p>	
<p><b>Action:</b>  <b>SP to include information about the source of any changes in the BAF's record of changes to ensure a full audit trail.</b></p> <p>BS stated he had found the BAF quite difficult to read on the iPad and asked if there was anything that could be done to improve the format of the document.</p> <p>SP agreed that the formatting of all documents would need to be considered in due course.</p> <p>BS replied that until such time as the report was reformatted, the BAF should be circulated in hard copy format to give people a choice of how to read it. He would raise this with Jo Wilson, when discussing the contents of the agenda for the next meeting.</p>	<p><b>SP</b>  <b>2015/3</b></p>
<p><b>Action:</b>  <b>BS to agree with Jo Wilson which documents need to be reformatted or circulated in hard copy when agreeing the agenda for future meetings.</b></p> <p>BS invited comments on the current iteration of the BAF.</p> <p>SP stated that the significant risks were fairly well rehearsed with Outcome 14 compliance and the workforce plan in relation to the operational performance targets being the key risks that were not currently resolved.</p>	<p><b>BS</b>  <b>2015/4</b></p>

	<b>Action</b>
<p>BS stated that the first action of Risk 4a on page 11 relating to Service Line Management stated that a new date had been agreed and asked what that date was.</p> <p>SP replied that it would be carried forward into the 2015/16 transformation programme, adding that he would ensure that a new date was added.</p> <p><b>Action:</b>  <b>SP to add new target completion date to the first action of Risk 4a on page 11.</b></p> <p>AC confirmed that a new senior finance appointment, with responsibility for SLM, was shortly due to be made.</p> <p>BS noted on page 7 that recruitment to the Head of Medical Devices post had been unsuccessful and asked whether the on-going cover from Mid Yorkshire was adequate to contain the risks.</p> <p>SP confirmed that the interim arrangements were sufficient. BS requested further information about the cultural audit referred to in Risk 5a on page 12, under action 3a.</p> <p>SP replied that IB's team was leading on a piece of work with a consultancy company called Zeal. Work was progressing with staff focus groups taking place during December and they had also attended the Management Conference.</p> <p>BS noted that all BAF risks were subject to review by either or both of the Quality Committee and the Finance &amp; Investment Committee, according to their terms of reference, and asked whether the same reviews were applied to the Corporate Risk Register.</p> <p>SP replied that the BAF and CRR were considered as a package by both Committees, adding that a thorough review process for all risk registers took place prior to each Committee meeting.</p> <p>EB stated that the amount of time both Committees spent on the BAF and CRR was very limited, so she would feel unable to provide assurance about detailed scrutiny of them as risks tended to be considered by exception.</p> <p>PD stated her belief that it was not the Committees' role to do this, as they did not have the scope or timeframe to do it. It was the role of the Risk Management Group and TEG to carry out detailed scrutiny.</p> <p>PD stated that the Executive Directors should highlight in documents coming to the Committees where the risks were, it was not the role of the Committees to identify the risks.</p>	<p><b>SP</b> <b>2015/5</b></p>



	<b>Action</b>
<p>SP stated that the Committees also took additional assurance from the on-going IA and EA work. BS asked whether, in terms of underlying target risk levels and ratings, appropriate actions and deadlines were being applied for improvement.</p> <p>SP confirmed that this was the case. He further stated that a lot of information sat underneath the high level information in the report, which was already difficult to read, adding that additional assurance around specific risks was gained through the IA process.</p> <p><b>Approval:</b>  <b>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.</b></p>	
<p><b>6.0 Quality Committee Risk Assurance Report</b></p> <p>PD presented an update to provide assurance on the management of risks within the remit of the Quality Committee, many of which had already been discussed during the agenda item about the BAF and the Corporate Risk Register.</p> <p>PD stated that the Quality Committee had taken assurance from SP that there were no risks in relation to the continued use of Mid Yorkshire's service whilst recruitment continued for a new Head of Medical Equipment.</p> <p>In relation to risk 3a, PD stated that there seemed to be no clear relationship between performance and the rate of actual harm to patients. However, although the Quality Committee took some comfort from that, a Quality and Safety report was now received on a weekly basis to ensure more real time reporting and, if appropriate, action.</p> <p>PD stated that the NHS 111 service was experiencing real challenges. Members of the NHS 111 management team had presented an excellent update at the December meeting. Their major challenge was the recruitment and retention of Clinical Advisors.</p> <p>SP stated that this challenge featured as part of the finance discussions with Commissioners for the following year's contract.</p> <p>PD stated it was clear that there were currently massive issues generally relating to the recruitment of healthcare professionals, which would still be difficult to overcome even if additional funding was received.</p> <p>PD further stated that there had been a lot of discussion about the Clinical Leadership Framework. Much more focus-led work was now on-going around the dashboard and structure of the framework itself. New policies and processes were expected to come to the next Quality Committee meeting.</p>	

		<b>Action</b>
	<p>In addition, there were clearly issues to be identified in the workforce plan with a further update to come to the February Quality Committee meeting.</p> <p>PD stated that the Savile investigation had placed a lot more work on the organisation than had originally been anticipated. However, the Quality Committee was assured at the present time that there were no real issues arising out of the investigation about which the Trust needed to be concerned.</p> <p>SP confirmed that there had been no specific allegations of abuse in relation to the ambulance service at the present time. One of the key issues that had emerged was that Savile did routinely ride out in the back of ambulances as there were no controls in place to manage that at the time. However, assurance could be given to the public that this would no longer be allowed to happen.</p> <p>BS thanked PD for her update.</p> <p><b>Approval:</b>  <b>The Audit Committee noted the update on Quality Committee discussions in relation to key risks and gained assurance from the update report.</b></p>	
7.0	<p><b>Charitable Funds Committee Risk Assurance Report</b></p> <p>EM provided a short verbal update to provide assurance on the management of risks within the remit of the Charitable Funds Committee.</p> <p>She stated that, since the last meeting, updates had been made to the Committee's Terms of Reference which had gone to Board for approval.</p> <p>Concern had been expressed as to whether the establishment of the Committee had been correctly ratified. However, AA had carried out a very detailed piece of work and no risks had identified. EM thanked AA for her efforts.</p> <p>BS thanked EM for her update.</p> <p><b>Approval:</b>  <b>The Audit Committee noted the update on Charitable Funds Committee discussions in relation to key risks and gained assurance from the update report.</b></p>	
8.0	<p><b>Finance and Investment Committee Risk Assurance Report</b></p> <p>EB presented an update to provide assurance to the Audit Committee on the effectiveness of the Finance and Investment Committee in assessing its plans, processes and controls pertaining to financial risk for the organisation.</p>	

	<b>Action</b>
<p>EB stated that AC had pulled together a detailed report which highlighted Risk 3a, financial penalties arising from the inability to deliver performance targets and clinical quality targets, as the Committee's main cause for concern.</p> <p>BS stated his concern relating to the possibility of the Hillsborough costs adversely impacting upon the organisation, which was not highlighted within the report.</p> <p>It was his belief that these costs, which stood at around £900k for the current year, could have a further detrimental effect on the Trust's finances.</p> <p>AC confirmed that costs were around £900k for the current year and £600k for the following year. In addition, the Trust was still in discussion with Commissioners about the possible application of penalties and a more detailed update would be provided to the Private Board Meeting at the end of January.</p> <p>EB stated that the assurance statement agreed at the last Audit Committee meeting had been included in the report.</p> <p>EM asked whether there had been any progress following the Trust Chairman's raising of the Hillsborough funding issues at a recent meeting with MPs in Westminster.</p> <p>SP replied that there had been some further discussion through the TDA, which had been escalated to NHS England and Department of Health but, to date, no formal response to the on-going issue had been received.</p> <p>EM stated that, having already spent £1.5m on the Inquests, the Trust's lack of central financial support was a major concern to her.</p> <p>SP stressed that costs could rise even further.</p> <p>AC stated he too was frustrated by the delays. He would continue to push for information and share any feedback. However, there had to be a resolution one way or another by the end of the financial year.</p> <p>JN asked whether the on-going issue of the Hillsborough costs formed part of the Red target penalties negotiations with the Commissioners, as they kept re-iterating that they did not want to see the Trust go into the red.</p> <p>AC confirmed it was tied up with the on-going discussions and was on the agenda of the January Board meeting.</p> <p>EB expressed her hope that there would be a clearer picture by the time of the February F&amp;IC meeting</p>	

	<b>Action</b>
<p>BS thanked EB for her update report.</p> <p><b>Approval:</b>  <b>The Audit Committee noted the update on Finance &amp; Investment Committee discussions in relation to key risks and gained appropriate assurance from the report.</b></p>	
<p><b>9.0</b></p> <p><b>Review Annual Assurance Statement Action Plan</b>  SP presented the Audit Committee with a verbal update. He stated that there was no separate action plan for AGS (Annual Governance Statement), as issues and actions were picked up through discussions elsewhere (eg BAF and CRR).</p> <p>He added that there was nothing flagged in the AGS as a risk that was not already covered by other processes.</p> <p><b>Approval:</b>  <b>The Audit Committee noted the update and gained appropriate assurance.</b></p>	
<p><b>10.0</b></p> <p><b>Compliance with Audit Recommendations</b>  AC presented the Audit Committee with an update on the status of outstanding Audit and Counter Fraud recommendations.</p> <p>BJ stated that, following the October discussion about the vehicle safety review and stretcher harnesses, a follow up had taken place with the results reflected on the last page of the report.</p> <p>PW stated that 16 different vehicles had been sampled across 6 locations and confirmed that all was well in respect of harnesses.</p> <p>BS noted that an ‘amber’ RAG rating was defined as when a recommendation was in progress and asked how slow progress would need to be before a ‘red’ RAG rating was triggered.</p> <p>BJ replied that it was difficult to give a definitive reply, as so many factors needed to be taken into account.</p> <p>BS confirmed the general view that reasonable progress was being made.</p> <p>AC stated that the Finance team spent a lot of time working with IA on the report. The implementation of recommendations was now progressing much more quickly than previously and would continue to improve.</p> <p>BJ stated that, historically, IA and the Trust had struggled to monitor progress as regards audit recommendations because they used two separate systems. The fact that only one system was now being used had therefore helped to improve the situation.</p>	

		<b>Action</b>
	<p><b>Approval:</b> The Audit Committee noted the current status of outstanding audit recommendations.</p>	
11.0	<b>INTERNAL AUDIT</b>	
11.1	<p><b>Internal Audit Update</b> BJ and PW provided a progress update against the agreed Internal Audit (IA) Plan along with the outcomes of reviews undertaken.</p> <p>The report was taken as read and the Committee went through it page by page for comments and questions.</p> <p>EM asked whether the information was pulled together and recorded when where there was a consistent theme in terms of organisational weaknesses, etc running through several pieces of work</p> <p>BJ replied that this would be reflected in the IA Annual Report. She asked whether the Audit Committee would like to receive this sort of analysis on a more interim basis as some themes, for example ICT issues, had already driven the IA plan in some areas.</p> <p>It was agreed that the themes compiled to date would be considered during the March meeting.</p> <p><b>Action:</b> <b>Analysis of consistent themes across pieces of work to be presented at March meeting.</b></p> <p>BJ stated that 15 reviews had been finalised since the last report; 4 with limited assurance and 11 with significant assurance. In addition, 7 reviews were at draft stage; 3 currently with limited assurance and 4 currently with significant assurance, although assurance levels might change on finalisation. BJ confirmed that 11 reviews were in progress.</p> <p>BS stated he would like to see the scope of the Rota Implementation Review.</p> <p>BJ agreed to share this with BS and the members of the Audit Committee.</p> <p><b>Action:</b> <b>BJ to share scope of Rota Implementation Review with BS and Audit Committee members.</b></p> <p>BJ confirmed that the CQC Standards review, which had started in December, had been completed. The review, which had looked at training records and systems in place to support them, had given significant assurance overall. The report would come as part of the IA update to the next Audit Committee meeting.</p>	<p><b>BJ</b> <b>2015/6</b></p> <p><b>BJ</b> <b>2015/7</b></p>

	Action
<p>BS noted that there seemed to be a lot of Quarter 3 work that had not yet started, even though the business was now in Quarter 4.</p> <p>BJ replied that there had been a lot of movement between the two quarters. The dashboard had recently been updated and good progress was now being made. Internal Audit progress against the annual plan was at 70% rather than the target 73% target but this was still further forward than the previous year.</p> <p>BS asked why some of the pieces of work showing amber, 'in progress' assurance levels did not have a start date. PW replied that this section was not updated until the draft report was available.</p> <p>Committee members confirmed that they were happy to continue to receive full Limited Assurance reports.</p> <p><u>Adastra General Controls: Follow-Up – Limited Assurance</u> BJ stated that this review had been part of a planned staged approach throughout the year.</p> <p>BS stated that he was concerned by the findings, as it was not acceptable that a follow-up piece of work should provide limited assurance.</p> <p>AC acknowledged that there were issues around when the recommendations were implemented. However, he had spoken to the AD of IM&amp;T earlier that morning and now felt more assured. Things had moved on considerably and a significant number of recommendations had been progressed, details of which he would provide to BJ outside of the meeting.</p> <p>PD asked whether there was clear ownership of the area, as it was not acceptable to receive a limited assurance report.</p> <p>AC replied that this would come from the AD to TMG.</p> <p><b>Action: BJ/AC to provide a further progress report at the April Audit Committee meeting</b></p> <p><u>Volunteer Car Service – Logistics and Cost Control – Limited Assurance</u> EB stated that, having read page 36, paragraph 2 about the recruitment of volunteers, there seemed to be a lack of organisational co-ordination in that area and around claims which were signed but not approved. The controls and management around that area seemed to be weak.</p> <p>PD stated that the Quality Committee had picked up on the weaknesses around how volunteers were managed and had pushed back the draft policy.</p>	<p><b>BJ/AC 2015/8</b></p>

	<b>Action</b>
<p>PD had met with AD of HR, Kate Sims, to stress the urgent need for an effective policy, as the Trust's current policy was not working effectively.</p> <p>BS stated that a common theme of ineffective management ran throughout the report, adding that there seemed to be an acceptance of this rather than a desire to sort out the problems. It was his belief that, at times, due to the nature and level of procedural deficiencies, IA was being drawn, beyond audit, effectively into providing a consultancy service.</p> <p>SP acknowledged the urgency to cover the employment issues around volunteers. He stated that the management response to point 2 on page 13 was flimsy and the timescales unrealistic. He asked how something could be included in a plan for 2015/16 if it was only being considered now.</p> <p>PD stated that she was disappointed, adding that she did not want to lose sight of the fact that the recommendations transferred across to other areas where the Trust had volunteers and should be included in the overall Volunteer Policy.</p> <p>EB stated she would like to some pressure applied to those drafting the policy to enable it to come to the February Quality meeting.</p> <p>SP stated that the outcome of the separate audit of the CFR scheme had not produced good results either.</p> <p><b>Action:</b>  <b>PD/SP to liaise with IB re urgent need for an effective Volunteer Policy with the aim of the revised draft policy coming to February meeting of the Quality Committee.</b></p> <p><u>Community Resilience – Hazardous Area Response Team (HART) – Limited Assurance</u>  EM stated her belief that the HART team appeared to be a somewhat isolated unit with no clear lines of reporting. However, there was nothing in the report's recommendations that could not be implemented.</p> <p>BJ stated that the team had been very supportive and very engaged with the process all of the way through.</p> <p>PD stated that the comments about record keeping were of concern for such a high resilience area.</p> <p><u>Resilience Web (ResWeb) – Limited Assurance</u>  BS expressed concern about what he saw as unacceptable weaknesses in how the ICT department maintained systems.</p>	<p><b>PD/SP 2015/9</b></p>

	<b>Action</b>
<p>AC stated that RB had specifically requested the audit to ensure that the system was fit for purpose. ICT had worked through all of the recommendations and implemented more actions than those raised as a result of the report.</p> <p>AA expressed concern that IA had given limited assurance which appears to conflict with the recent ISO 9000 award to the YAS Resilience Team, which is indicative of excellence.</p> <p>SP stated that the work was initiated to check that the system, which had been an innovation developed from scratch, was fit for purpose. He stressed the need to ensure that there was some scope within the organisation for people who were developing new ideas.</p> <p>BS asked whether, if that specific aspect of ICT activity was not sufficiently controlled, there were other developments elsewhere which were also not sufficiently controlled.</p> <p>EB stated she had similar concerns. Although the concerns expressed in the report related to relatively minor issues, it was the aggregate of those issues that had formed the overall opinion.</p> <p>BS stated he was keen to see a follow-up review carried out as soon as practicably possible, as he would like assurance that the outcome of the review had not been an indicator of wider issues in ICT.</p> <p><b>Action: IA to perform follow-up review to provide assurance regarding ICT’s compliance with adequate systems development and maintenance controls.</b></p> <p>AC stated that, apart from the two current limited assurance reports, ICT had not received a limited assurance report for some time.</p> <p>BJ confirmed that some additional ICT work was due to take place during Quarter 4.</p> <p><u>Reputational Risk Management – Significant Assurance</u> There were no questions relating to the report.</p> <p><u>Recruitment Checks, Interview Process, Induction, etc – Significant Assurance</u> BJ confirmed that IA looked at some aspects of recruitment on an annual basis. There were no questions relating to the report</p> <p><u>Compliance with Health &amp; Safety Requirements – Significant Assurance</u> There were no questions relating to the report.</p> <p><u>Apprenticeship Programme – Significant Assurance</u> There were no questions relating to the report.</p>	<p>IA 2015/10</p>



	<b>Action</b>
<p><u>NHS Learning Account – Significant Assurance</u> There were no questions relating to the report.</p> <p><u>Budget Setting &amp; Control – Significant Assurance</u> There were no questions relating to the report.</p> <p><u>Financial Ledger – Significant Assurance</u> BJ stated that the Financial Ledger was subject to Internal Audit review annually; adding that journals sign off remained an item which needed further attention. There were no questions relating to the report.</p> <p><u>Capital Programme Management – Significant Assurance</u> There were no questions relating to the report.</p> <p><u>Long Term Financial Model – Significant Assurance</u> There were no questions relating to the report.</p> <p><u>Cash, Bank and Treasury Management – Significant Assurance</u> There were no questions relating to the report.</p> <p><u>IG Toolkit – High Level Review – Significant Assurance</u> BJ stated that, in terms of the IG Toolkit, IA had validated the Level 3 scores which compared well to a lot of other organisations. There were no questions relating to the report.</p> <p>BS thanked BJ and PW for their update report. He stated that, in terms of limited assurance reviews, there were a couple of concerns relating to management effectiveness in support functions and controls compliance in ICT which needed to be picked up by the Executive team but, overall, it was a good body of work.</p> <p><b>Approval:</b> <b>The Audit Committee received and accepted the latest Internal Audit Progress Report.</b></p>	
<p><b>11.2 Risk Maturity Report</b> BJ and PW provided the Audit Committee with information regarding the Risk Maturity Review.</p> <p>BJ stated that the report did not give a traditional assurance level as it was very much a high-level strategic document following the piece of work carried out by Mersey Internal Audit Agency (MIAA). However, IA would now start a piece of work which looked much more closely at the workings of Datix.</p> <p>BJ stated that Gary Baines from MIAA took a vertical slice approach in talking to managers for the review which had led to a further piece of work looking at risk management in the Trust, including elements of ICT.</p>	



	<b>Action</b>
<p>PD asked whether YAS staff were asked to sign declarations to state that their YAS role was their main role and provide details of additional employment.</p> <p>SP stated that, although staff should declare if they worked elsewhere, but they were not currently expected to sign anything.</p> <p>PD suggested that such a process could be introduced and used in order to track sickness, etc.</p> <p>EM asked why the Trust did not take proven cases to prosecution.</p> <p>SF replied that national policy issues were not a priority for the Crown Prosecution Service</p> <p>PD stated that professional staff should be reported to their professional body and information provided about such investigations when the Trust was asked to provide references, etc.</p> <p>EM agreed that it was a matter a principle, as it was her belief that alleging to be sick whilst working for someone else was fraudulent.</p> <p>SF stated that he was shortly due to meet with IB to ensure that the Trust was being as robust as possible in its approach and he would pass on the points raised during that day's discussion.</p> <p><b>Action:</b>  <b>SF to discuss with IB the comments received from members of the Audit Committee in relation to members of staff working elsewhere whilst off sick.</b></p> <p>SF stated that there was a Fraud stand in the canteen that day and encouraged members of the Audit Committee to visit the stand.</p> <p>BS thanked SF for his update report.</p> <p><b>Approval:</b>  <b>The Audit Committee received the latest Anti-Fraud Progress Report for information and discussion.</b></p> <p>IB joined the meeting at 1130 hours.</p>	<p><b>SF</b>  <b>2015/13</b></p>
<p><b>11.4</b> <b>Deferral of Planned Audit Reviews</b>  IB presented an update relating to the proposed deferral of planned Industrial Relations Internal Audit reviews.</p> <p>IB stated that part of the issue was that the deferred audit had been originally requested by his predecessor with scant information available about the scope of the work.</p>	

	<b>Action</b>
<p>BJ stated that she had recently done a lot of work in the area of Industrial and Employee relations and had agreed the scope which would allow the initial stage of the work to take place and be completed by January 2015.</p> <p>IB shared a copy of the Industrial and Employee Relations Maturity Matrix, which had been developed by BJ and which would provide a useful framework for the audit work that she would be undertaking.</p> <p>IB stated that the Matrix captured the issues of which the Board should be aware. He further stated that it became obvious on a first reading of the document that YAS' performance was quite variable. The aim was therefore to undertake a self-assessment to be validated with IA during January 2015.</p> <p>IB stated that, looking at work that IA had done for YAS, he was reasonably confident that the Trust would have a useful and effective piece of work to inform its Industrial Relations strategy going forward.</p> <p>BJ stated that, following the last Audit Committee meeting, she had held detailed discussions about the subject with IB's team and had also covered a lot of industrial relations-type issues during other pieces of work which IA did not want to duplicate.</p> <p>IB stated that the Matrix was being used in terms of a gap analysis which could be used to identify areas for further consideration if any time was available in the following year's plan.</p> <p>IB further stated that, whilst his predecessor's concentration appeared to be purely on industrial relations, the Trust would now concentrate on the additional area of employee relations, as this was an area which underpinned industrial relations.</p> <p>BS stated that he was happy that everything was being done as it should within the relevant timescales.</p> <p>BJ stated that, although the matrix was not something that IA would normally do as part of an IA plan, it was something that could be used as a blue print for other organisations.</p> <p><b>Approval:</b>  <b>The Audit Committee noted and accepted the update report.</b></p> <p>CB entered the meeting at 1145 hours.</p>	
<p><b>12.0</b></p> <p><b>IPR Strategy Update</b></p> <p>BS welcomed Catherine Balazs (CB) to the meeting to provide the Committee with an update on the Integrated Performance Report (IPR) and the development work under way to improve its accessibility and usefulness in meeting the Trust's business requirements. The paper was taken as read.</p>	

	<b>Action</b>
<p>BS noted that the review into whether the Trust had quality data and whether it was being reported in an appropriate fashion had been ongoing for some time. He reiterated his view that, whilst the IPR would benefit from format and content improvements, a more fundamental piece of work was required to ensure the on-going accuracy and completeness of the base data and the process(es) by which that base data feeds the IPR.</p> <p>AC noted BS' comments. He acknowledged that the paper that came to the Committee's previous meeting had not drawn out all of the issues. It was proposed therefore that an updated version of that report should be brought to the April meeting.</p> <p>BS stated that an assurance map was required to confirm that all of the underlying data is complete, accurate, in the right format, etc. and that there is a robust, reliable process for extracting information from that data into the IPR.</p> <p>CB acknowledged that the IPR was a very big document with a lot of room for data error. Part of this included inconsistencies in the cut off points of data owners. More work was therefore required on the wider ownership of organisational data, etc.</p> <p>CB stated that IMAS consultant, Ian Bell (IB), had been working on developing the IPR, linking in with Internal Audit and Caroline Squires in relation to information governance.</p> <p>She further stated that, in support of the proposed improvements the BI team were refocusing energies to set out their vision for the future use of the data warehouse.</p> <p>The approach being taken was to align internal staff and resources through the development and agreement of a Data Warehouse Project position statement (A). To then work up a strategy document (B) and supporting implementation plan to get the Trust from A to B.</p> <p>The plan would be to focus on four elements:</p> <ul style="list-style-type: none"> <li>• A robust technical platform;</li> <li>• Processes to assure data quality;</li> <li>• The development of advanced analytical skills; and</li> <li>• A culture that sought to understand the truth through evidenced based quantification.</li> </ul> <p>CB stated that the aim was that by the end of Quarter 1 of 2015/16 the data warehouse would be able to give the overall assurance that BS had asked about.</p> <p>EM stated her belief that the organisation's base data quality was not as robust as she believed it could be and asked whether CB had a worked example of something that was currently not working but that would be after the review had been completed.</p>	

	<b>Action</b>
<p>CB explained the organisational systems from which data was currently drawn, were difficult to marry up. She stated that some of the scripts of the early data programmes were being updated to ensure the production of more robust data. There had historically been a lot of spreadsheet reporting but the Trust was now moving to more automated systems. Work remained to be done with data owners to ensure that data was accurate when it entered the system.</p> <p>Due to technological developments, the skill set that the Trust would need moving forward would contain more highly skilled individuals, as the organisation did not have sufficient analysis skills.</p> <p>PD asked whether the current issue around EWI scoring was being addressed.</p> <p>CB confirmed that it would be addressed in the data warehouse. EWIs would be in a live dashboard with read across which would be integrated into the new IPR. The Board would be consulted when the IPR review reached the point by which a view on the most effective use of EWIs was required.</p> <p>PD stressed the need to include information in the paper about the fact that data would be accessible in a more timely fashion.</p> <p>JN stated his belief that, to help with the accuracy of data it would be important to have a consistent cut-off date month on month.</p> <p>CB stated that a paper about the data warehouse was in development, with the project group due to start its work shortly.</p> <p>She stated that there had been two streams of work; BI and ICT, which had not been fully joined. The organisation was not therefore where it hoped to have been 12 months previously. However, Ian Bell was now on board and working with CB. CB would be chairing the project boards and IB would be project managing.</p> <p>BS asked how the paper would flow through to Board.</p> <p>CB replied that it would go to TMG and then to Board, adding that there was a need to agree a timescale and where it would fit into the business planning process.</p> <p>BS stated that the Audit Committee had received elements of assurance in relation to data quality over the past couple of years and asked how the Trust could now move towards an overall data quality and information reporting assurance statement.</p> <p>CB replied that, whilst there would always be room for development, this should happen following the introduction of the overall robust data warehouse process.</p>	

	<b>Action</b>
<p>IA had been very helpful over past few months and the BI team had taken on board the learning and was now implementing good practice.</p> <p>BS asked whether the Trust's systems were working as they should, to provide reliable key information.</p> <p>CB confirmed that they were. She stated that there had been a peer review and a number of external audits including the AACE review. In addition, ORH were currently working with the team to validate what they were doing.</p> <p>BS asked whether the organisation had changed how it did things and if an information extraction procedure was changed, whether the right supervision and checks were in place to reassure the organisation that the new way worked correctly.</p> <p>CB replied that the senior analysts checked each other's work and there was a written process for each report produced. In addition, regular unannounced spot check audits were carried out.</p> <p>CB stated that, although there would always be the risk of error in such a large document, there were now far fewer data quality issues when IPR came to her for checking. Twelve months previously there would have been 60-70 data quality issues but these had now dropped down to a much lower level.</p> <p>EM stated that she was cognoscenti of the fact that the CQC was coming in to carry out a major inspection during the following week and was concerned that they might not see things as a development.</p> <p>CB stated her belief that the team now had appropriate processes and controls in place and she could show the CQC that everything had been documented and logged.</p> <p>EM stressed the need to tell the CQC the positive story to get them to understand the current position was part of a long journey.</p> <p>CB replied she was confident enough to show the CQC the progress that had been made and for them to carry out spot check audits.</p> <p>SP acknowledged that the CQC had criticised the Trust's data reliability in the past. He stated that, although the majority of reports now went through the data warehouse and BI, there were still some reports such as Finance systems that did not. It was a concern therefore how mistakes in this source data would be dealt with.</p> <p>BS stated it would be useful for CB and her team to have access to the new piece of advice in relation to the Social Care Bill 2014 that Deloitte had shared with the Committee in its papers.</p>	

	<b>Action</b>
<p>CB confirmed that patient-identifiable information was not readily shared, with a rigorous questioning process taking place before anything was released.</p> <p>BJ stated that IA had wanted to wait until the IMAS consultant was in position before they carried out the overarching review of the data quality environment. However, the work had now been scoped and was ready to go.</p> <p><b>Approval:</b>  <b>The Audit Committee noted the plans to refresh of the IPR based on the approach outlined in the report and supported the next steps which would be to build and test proof the concept.</b></p> <p>BS thanked CB for her update. CB left the meeting at 1225 hours.</p>	
<p><b>13.0</b> <b>Review of draft Annual Accounts Timetable 2014/15</b></p> <p>AC provided the Audit Committee with an outline of the 2014/15 Annual Accounts timetable, which was based on that of previous years. He stated that, although final guidance was awaited, it was not expected that the timetable would change substantially.</p> <p>AC confirmed that the Annual Accounts would again be aligned to the Annual Report and Quality Account.</p> <p>PT confirmed that no major changes were expected.</p> <p>BS stressed that if the timetable was to change significantly for whatever reason, AC would ensure that people were made aware of the changes.</p> <p>BS stated that the NEDs were due to meet for their review and briefing on the Annual Accounts the week prior to the June Audit Committee meeting. As this was Spring Bank week, BS asked if this caused a problem for anyone.</p> <p>EB replied that, as it was school holidays, it might cause a problem for her.</p> <p>BS replied that, unfortunately there was not much that could be done to change the date of the meeting, as the timings were so tight but he thought it best to alert colleagues.</p> <p><b>Approval:</b>  <b>The Audit Committee noted and accepted the outline Annual Accounts timeline.</b></p>	
<p><b>14.0</b> <b>Draft Timetable for Production of Annual Report 2014/15</b></p> <p>IB presented a timetable for the production of the Annual Report 2014/15, apologising for not submitting the timetable in advance.</p>	



	<b>Action</b>
<p>IB stated that one change in the current year was that time had been built in for a review with the Trust Chairman in advance of production of the first draft, as the Chairman was keen for a more innovative format to be used for the Annual Report.</p> <p>Although much of the format of the Annual Report was determined for the Trust, there was a bit of flexibility and it would be good to have the Chairman's input into the format.</p> <p>SP confirmed that the Quality Account would be produced at the same time as the Annual Report with the timetable for its production roughly lining up with that for the Annual Report.</p> <p>BS thanked IB for his update.</p> <p><b>Approval:</b>  <b>The Audit Committee noted the timetable for the production of the Annual Report 2014/15 and was assured of progress in delivering the required content.</b></p>	
<p><b>15.0 External Audit Update</b>  PT provided the Audit Committee with an update of External Audit (EA) activity.</p> <p>He provided a summary of progress to date on the audit for 2014/15, adding that a planning visit was due to take place in February with a brief update in terms of the planning process to be presented at the next Audit Committee meeting.</p> <p>PT provided an update on sector developments, which included:</p> <ul style="list-style-type: none"> <li>• Whistleblowing procedures;</li> <li>• 'False or Misleading Information' office;</li> <li>• Assets providing Commissioner Requested Services;</li> <li>• NHS Procurement Development Programme;</li> <li>• Tax considerations;</li> <li>• Monitor's approach to transactions;</li> <li>• Transforming care at the end of life.</li> </ul> <p>BS asked whether YAS would need to undertake a review of its current procedures as a result of the latest requirements in relation to 'whistleblowing' procedures.</p> <p>PT replied that EA recommended that the Audit Committee included consideration of the Trust's policies in its schedule for 2014/15. This was likely to be most effective following the release of the Francis Review's report in December. The Trust could consider its policies and procedures in light of the NAO reports (including their checklist of how policies were implemented) and the Public Accounts Committee's findings.</p>	

	<b>Action</b>
<p>It was agreed that BS should discuss the matter with IB outside the meeting, with a report to be presented at the April meeting.</p> <p><b>Action:</b>  <b>IB to discuss possible review of YAS' current 'whistleblowing' procedures with BS with a report to come to the April Audit Committee meeting.</b></p> <p>A discussion took place about how proactive the Trust should be in publicising its policy and how to engage staff at a local level.</p> <p>PT stated that Deloitte had seen a wide range of processes in their work, some good and others less successful.</p> <p>PT stated that the Care Bill 2014 introduced a criminal offence of supplying or publishing "false or misleading information" ("FOMI") in response to a statutory or other legal obligation, reflecting the recommendations of the Francis Report. The Department had consulted on how this could be implemented, with the consultation closing on 5 June 2014.</p> <p>BS asked PT whether there was any guidance that Deloitte could provide to assist the Trust in its current work in relation to the revision of the IPR, etc.</p> <p>PT replied that Deloitte had carried out a number of reviews on behalf of Monitor, which contained analysis of whether data was being reported correctly or interpreted in a different way.</p> <p>PT further stated that Deloitte recommended considering the findings of previous assurance exercises over data quality and whether there were any actions that should be taken to address already identified data issues.</p> <p>EM stated that she would like to receive some form of gap analysis and asked what the minimum standards were to allow the Trust to discharge its statutory duties.</p> <p>PT stated that Monitor had provided guidance on requirements around disposal of assets used to deliver Commissioner Requested Services. This would be helpful if YAS was looking to dispose of any assets in the future.</p> <p>He further stated that Deloitte recommend reviewing fixed asset procedures to confirm that appropriate information was maintained over the Trust's assets.</p> <p>It was noted that the Trust would need to be careful when disposing of assets and would work with Deloitte at year end.</p>	<p><b>IB</b> <b>2015/14</b></p>

	<b>Action</b>
<p>PT stated that Dr Dan Poulter, the Parliamentary Under Secretary of State for Health, had written to trusts asking them to identify a lead Non-Executive Director (NED) for Procurement to hold their Board to account for the delivery of the wider Procurement Development Programme, including the NHS eProcurement strategy.</p> <p>AC replied that ambulance services were looking to implement that nationally, adding that EB was YAS' designated NED.</p> <p>PT provided a number of updates that the Trust would need to be aware of in terms of new developments in relation to tax considerations.</p> <p>AC confirmed that he would ensure that the information was shared with the appropriate Finance team members.</p> <p>PT also made the Audit Committee aware of the fact that Monitor had changed its transaction review approach, stating that YAS should bear this in mind for future developments not linked to core activity.</p> <p>BS thanked EA for the guidance and pointers, adding that actions would be taken when appropriate in relation to the advice.</p> <p><b>Approval:</b>  <b>The Audit Committee noted the contents of the update.</b></p>	
<p><b>16.1 Update of SFIs and SOs</b></p> <p>AC provided an update on changes to Standing Orders, the Scheme of Delegation and the Standing Financial Instructions. He stated that, since the last update in July 2014, the SOs, Scheme of Delegation and SFIs had been updated to reflect changes in Terms of Reference of Trust Committees. Some additional minor typographical corrections had also been made and SFI 11.5 had been amended to reflect that EA was currently appointed by the Audit Commission.</p> <p>EB stated that page 35 of the F&amp;IC's Terms of Reference used to say: 'and recommend for approval to the Trust Board' and asked why this had been taken out.</p> <p>AC replied that this had been deleted in error and he would ensure that the wording was reinstated.</p> <p><b>Action:</b>  <b>AC to reinstate missing wording 'and recommend for approval to the Trust Board' on page 35 of the F&amp;IC's Terms of Reference.</b></p> <p>It was agreed that AC should check with AA that no further amendments were outstanding.</p>	<p><b>AC</b>  <b>2015/15</b></p>

		<b>Action</b>
	<p><b>Action:</b> AC to liaise with AA re any outstanding amendments to the Trust Committees' Terms of Reference.</p> <p><b>Approval:</b> The Audit Committee noted the changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions and recommended the changes made to the Trust Board.</p>	<p><b>AC</b> <b>2015/16</b></p>
<b>16.2</b>	<p><b>Standing Financial Instructions Waivers and Contract Award Activity over £100,000</b> AC provided the Audit Committee with assurance on the contracts that had been let and the purchase orders that had been raised for goods and services above £100,000 and SFI Waivers signed since the last meeting.</p> <p>The paper was taken as read and there were no questions.</p> <p>It was agreed that JW should email paper 16.2 to IA and EA.</p> <p><b>Action:</b> JW to email paper 16.2 to IA and EA.</p> <p><b>Approval:</b> The Audit Committee noted and accepted the report.</p>	<p><b>JW</b> <b>2015/17</b></p>
<b>16.3</b>	<p><b>Review of Suspension of Standing Orders</b> AC confirmed that there had been no suspension of Standing Orders since the last Audit Committee meeting.</p>	
<b>17.0</b>	<p><b>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)</b> AC provided that Audit Committee with details of the Losses and Special Payments made for the first eight months of 2014/15. There were no questions in relation to the paper.</p> <p><b>Approval:</b> The Audit Committee noted the incidence of Losses and Special Payments made to the end of November 2014.</p>	
<b>18.0</b>	<p><b>Review of Register of Members' Expenses – six month review 2014/15</b> AA provided the Audit Committee with an update to provide assurance of Board Members' expenses paid up to the end of September, 2014 (Quarters 1 &amp; 2, 2014/15).</p> <p>She apologised for being unable to provide the paper in advance of the meeting. This had been the result of not receiving the information which was needed for the completion of Appendix 1 until after the deadline for submission of papers had passed.</p>	

	<b>Action</b>
<p>AA stated that the records of Board Members' expenses paid up to the end of September 2014, ie for Quarter 1 (April-June) and Quarter 2 (July-September) 2014/15 were attached at Appendix A. Expense claims included all those submitted by Board Members up to and including the October 2014 payroll.</p> <p>EB asked whether this included JK's cross check of information against what been paid.</p> <p>AA confirmed that this was the case.</p> <p>AA further stated that the figures did not generally include expenses in relation to YAS' business paid directly by the organisation. It should be noted, however, that the figures for Ms D Cannings, YAS Trust Board Chairman, might include travel, accommodation, and other expenses that for other Board Members had been paid directly by YAS.</p> <p>This was the first time that the statement had been inserted in the report. The intention was to make clear that, for the vast majority of Board members, the expenses reflected were those submitted as a claim by individual Board members. However, the Chairman would often pay for hotel accommodation, etc up front so her expenses would routinely look greater than those of the other Board members. When the information was published on the Internet a footnote to those expenses was added to that effect.</p> <p>AA confirmed that the expenses paid to Richard Roxbrough had related to 2012/13 even though they had been paid in 2013/14.</p> <p>She further confirmed that MW had not submitted a claim during the period under review.</p> <p>SP requested clarification of the expenses paid to him.</p> <p>AA replied that they had been reconciled with what had been claimed, adding that the mileage in the table was in pounds, not miles.</p> <p><b>Approval:</b>  <b>The Audit Committee accepted the record and received assurance of Board Members' expenses paid up to the end of September, 2014 (Quarters 1 &amp; 2, 2014/15).</b></p>	
<p><b>19.0</b></p> <p><b>Assurance regarding Raising Concerns at Work Arrangements and Update</b></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>	

	<b>Action</b>
<p>BS stated that Unite the Union were making allegations which should be mirrored in YAS' 'Raising Concerns' process and requested colleagues' views on the current process.</p> <p>IB replied that YAS' processes were basically in line with most other public organisations. A number of mechanisms were in place through which people could raise concerns. For example, the Datix system was now well-used and had become an effective and established mechanism.</p> <p>In relation to the Unite issue, it was IB's belief that the main reason why there was currently no correlation between the Unite allegations and the use of YAS' whistleblowing procedure was that Unite were currently motivated by an Industrial Relations dispute. They had been asked on several occasions to share the information with YAS so that the Trust could investigate but they did not appear to want to do this.</p> <p>PD stated her belief that any professional healthcare workers who did not report issues to YAS were not only failing to use the Trust's whistleblowing procedures but were also in breach of their professional body's Code of Conduct.</p> <p>IB was assured that YAS' staff knew how to raise concerns with the Trust and his team continued to work with SP and his team to ensure continued improvement of policies and procedures.</p> <p><b>Approval:</b>  <b>The Audit Committee noted the update report.</b></p>	
<p><b>20.0</b></p> <p><b>Review of Meeting Actions and Quality Review of Papers</b></p> <p>BS thanked everyone for their time and contributions and invited comments from those present. BS expressed his belief that, in view of the move to 'paperless' meetings and the use of BoardPad, the format of a number of the documents coming to the Audit Committee needed to be modified.</p> <p>It was agreed that MG should inform Jo Wilson about this decision so that discussions could take place at agenda-planning meetings about hard copy documents that might be required in the interim period.</p> <p><b>Action:</b>  <b>MG to liaise with JW re papers that needed to be despatched in hard copy as well as saved on BoardPad for forthcoming meetings.</b></p> <p>BS placed on record his thanks to MG and JW for their efforts.</p> <p>The meeting closed at <b>1245</b> hours.</p>	<p><b>MG</b>  <b>2015/18</b></p>

		<b>Action</b>
<b>21.0</b>	<b>Date and Location of Next Meetings:</b> 5 March 2015, 0900-1300 (final meeting of 2014/15) 2 April 2015, 0900-1300 (first meeting of 2015/16) Venue for both meetings: Kirkstall & Fountains, Springhill 2	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

\_\_\_\_\_ **CHAIRMAN**

\_\_\_\_\_ **DATE**