



Audit Committee

Venue: Roche, YAS, Wakefield, WF2 0XQ
Date: Tuesday 10 April 2018
Time: 0900 hours

Chairman:

Richard Keighley Non-Executive Director & Audit Chairman

Membership

Ronnie Coutts	(RC)	Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director
John Nutton	(JN)	Non-Executive Director & Chairman of Finance & Investment Committee
Phil Storr	(PS)	Non-Executive Director & Chairman of Quality Committee

Apologies:

Ronnie Coutts	(RC)	Non-Executive Director
Claire Mellons	(CM)	Senior Manager, Ernst & Young (External Audit)

In Attendance:

Anne Allen	(AA)	Trust Secretary
Mark Bradley	(MB)	Executive Director of Finance
Steve Page	(SP)	Executive Director of Quality, Governance and Performance
Perry Duke	(PDu)	Head of Financial Services
Rachel Monaghan	(RM)	Associate Director of Performance Assurance and Risk
Hassan Rohimun	(HRO)	Executive Director, Ernst & Young (External Audit)
Sue Kendall	(SK)	Interim Head of Audit, Audit One
Terry Smith	(TS)	Head of Counter Fraud, Audit One

Minutes produced by:

Joanne Lancaster (JL) Committee Services Manager

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	The meeting commenced at 0900 hours.	
1.0	Introduction and Apologies RK welcomed everyone to the meeting which was his first as the Chair of the Audit Committee.	
2.0	Declaration of Interests for any item on the agenda No declarations of interest were made relating to agenda items.	
3.0	Minutes of the Audit Committee meeting on 11 January 2018, including Matters Arising The minutes of the Audit Committee meeting held on 11 January 2018 were reviewed and agreed as a true record of the meeting subject to	

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	<p>the following amendment:</p> <p>Page 2 paragraph 2 should read 'On behalf of the Trust and the Audit Committee JN thanked Barrie Senior, former Non-Executive Director and Chair of the Audit Committee for the skilful, diligent and enthusiastic way he had chaired the committee over the past few years and wished him well for the future.'</p> <p>There were no matters arising that were not already included on the day's agenda.</p>	
3.1	<p>Action Log and Matters Arising</p> <p>The action log was reviewed and updated.</p> <p>Action 2017/051 – Audit Committee Self-Assessment - This was on the workplan to undertake now RK was in place. Action closed.</p> <p>Action 2018/002 – A&E Senior Team Structure - This would be included in the next reporting cycle. Action closed.</p> <p>Action 2018/005 – Consideration to be given to Internal Audit Reviews of parts of A&E Operations - This had been factored into Internal Audit workplan 2018/19. Action closed.</p> <p>Action 2018/007 – Counter Fraud Progress Report – This would be brought back to the July Audit Committee – Action closed.</p> <p>Action 2018/008 – Overpayments to staff Report – There was an update on the agenda. Action closed.</p> <p>All other actions had been appropriately closed.</p>	
4.0	<p>For Approval: Accounting Policies and Financial Accounting Update</p> <p>The paper presented the Trust's accounting policies for 2017/18 for approval and provided an update on current financial accounting issues.</p> <p>PD confirmed there had been no changes to policies that had a material impact on the Trust and no new accounting standards had become applicable in 2017/18.</p> <p>It was noted that attached at appendix B of the report was a Healthcare Financial Management Association (HFMA) briefing 'Financial reporting – watching briefing – 2017/18 and beyond' which was a useful summary of current and future changes on financial reporting.</p> <p>International Accounting Standard (IAS) 7, Statement of cash flows, had been amended to require additional disclosures where there were changes to liabilities in respect of financing activities; HM Treasury had deferred adoption until 2018/19. The amendments related to exposure</p>	

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	<p>which had arisen from foreign exchange rates, changes in the fair value of assets and the gain or loss of control of subsidiaries. The Trust did not have any material exposure to these risks and the changes to IAS 7 were not expected to have any significant impact on the Trust's financial reporting.</p> <p>AA clarified that the paper would form part of the Annual Accounts report when presented to Board and would not be a separate paper.</p> <p>Approval: The Audit Committee approved the proposed policies and recommended these to the Board for adoption.</p>	
5.0	<p>For Approval: Audit Committee Workplan 2018/19</p> <p>It was noted the workplan had been updated following conversations with MB and Jo Wilson (Personal Assistant to MB) and were cognisant of the national Planning Guidance from NHSI.</p> <p>The Audit Committee Self-Assessment was on the workplan with a date to be determined.</p> <p>Approval: The Audit Committee noted the workplan.</p>	
6.0	<p>For Review: Update to Standing Financial Instructions/Standing Orders – Procurement Policy</p> <p>The paper set out the changes to the Standing Financial Instructions (SFIs) for approval. It was noted the SFIs were a long term document with detailed policies sitting behind them. The changes moved detail of procurement processes into a separate policy and amended the SFIs to reflect this.</p> <p>The changes to the SFIs were noted:</p> <ul style="list-style-type: none"> • Appendix 3 had been removed and replaced by references to the Procurement Policy approved by TMG. This affected paragraphs 15.1.1, 15.1.2 b) and 15.1.4 (shown as Appendix A); • The document had been renumbered throughout, given the removal of Appendix 3; • The opportunity had been taken to correct formatting and layout. Changes for these purposes had not amended the text. <p>Approval: The Audit Committee agreed the changes and recommended these to the Board for approval.</p>	
7.0	<p>For Assurance: Risk Management Reporting including Board Assurance Framework (BAF) and Corporate Risk Register (CRR)(including Datix Progress Update)</p> <p>The paper set out the proposed Q4 end position for the BAF 2017/18, presented the draft BAF for 2018/19, provided detail of changes to the Corporate Risk Register (CRR) and updated on completion of actions</p>	

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<p>requested by the Audit Committee in January 2018.</p> <p>This report had been to the Board meeting on 27 March and had been informed by the Board Development Meeting (BDM) on 22 February 2018. The paper invited comments from Audit Committee members ahead of formal sign-off by the Board in May.</p> <p>It was noted that risk scoping was underway following discussions at Quality Committee and Finance and Investment Committee in March 2018 relating to A&E Operations South performance, financial and patient safety impacts of commissioning and implementation of ARP and the proposed reconfiguration of Friarage Northallerton and other emerging reconfiguration risks.</p> <p>Assurance relating to 'Vehicle Accident Reduction' had been provided to the Quality Committee in March 2018 with a new 'Driving at Work' policy being introduced to take account of changes in the law and national policy. An update on ongoing discussions with Staff Side relating to implementation of some aspects of the policy was provided.</p> <p>The Quality Committee had discussed the new General Data Protection Regulations (GDPR) which would come in to force from 25 May 2018. Assurance had been provided to the Quality Committee that a comprehensive action plan was being progressed to support implementation. The key workstreams had been outlined and it had been noted that the Head of Legal Services had been designated with the role of Data Protection Officer for the Trust.</p> <p>It was noted that sufficient assurances had now been obtained to allow the Workforce Action Plan relating to Internal Audit recommendations had now been closed from the Audit Committee agenda. The workforce team had worked hard to ensure the actions had been followed up and implemented.</p> <p>Approval: Audit Committee noted the key risks and developments as outlined in the report and continued to be assured with regard to the effective management of risks and noted the continued improvement of risk management within the Trust.</p>	
<p>8.0 For Assurance: Draft Annual Governance Report The paper provided assurance in relation to the development of the Annual Governance Statement (AGS) for 2017/18.</p> <p>The final version of the Annual Governance Report would be signed-off by the Chief Executive and would be presented to the Board as part of the Annual Report and Accounts in May 2018.</p> <p>It was noted that the different coloured text within the report related as follows:</p> <ul style="list-style-type: none"> • Black – mandated text; 	

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	<ul style="list-style-type: none"> • Blue – remained the same as the previous report; • Red – text which had been updated or changed. <p>EM suggested that reference to the D&I Strategy be included within the AGS.</p> <p>AA added that mention of the WRES national lead attending BDM could also be referenced.</p> <p>Action: To consider reference to D&I Strategy and the WRES national lead presenting to BDM within the AGS.</p> <p>PS advised that the Quality Committee was working with Christine Brereton (CB) on the diversity of the organisation and the Board. Succession planning was being developed to proactively manage the current under-representation of colleagues from a BME background including the Board.</p> <p>AA advised that she had emailed SP in relation to reference on page 17 of the AGS re the Audit Committee having completed its annual Self-Assessment in January 2018. This should be reworded to say it had assessed itself against the Audit Committee Terms of Reference but the self-assessment had been delayed until the new Chair of the Audit Committee was in post.</p> <p>HRO referred to page 13 where the AGS stated that External Audit reviewed the Annual Quality Account and advised that this was not the case as there was no requirement to do so.</p> <p>Action: To take reference of External Audit reviewing the Annual Quality Account out of the AGS.</p> <p>Approval: The Audit Committee:</p> <ul style="list-style-type: none"> • Noted the content of the AGS 2017/18; • Provided relevant feedback on the draft AGS as presented; • Gained assurance from the development process of the 2017/18 AGS which was in line with national guidance. 	<p>SP 2018/009</p> <p>SP 2018/010</p>
9.0	<p>For Assurance: Review Draft Quality Accounts</p> <p>The paper provided assurance that the annual Quality Account 2017/18 was in development in accordance with the agreed statutory requirements and timeline.</p> <p>It was noted the 30 day consultation period with Commissioners, OSCs and Healthwatch had commenced. The final draft would be presented to the Board on 24 May 2018.</p> <p>Approval:</p>	

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	The Audit Committee gained assurance that the Quality Account 2017-18 was in development and in accordance with the agreed statutory requirements and timeline.	
10.0	<p>For Assurance: Quality Committee Risk Assurance Report</p> <p>The paper provided assurance on the management of risks within the remit of the Quality Committee (QC).</p> <p>The QC had received assurance from the A&E Operations service line and a report on winter performance and the learning from this. The QC recognised the significant pressure the service had faced over the winter period and had gained assurance that there was no indication that patient care or safety had been affected.</p> <p>The QC had identified there was an issue in the South of the region relating to complaints of poor staff attitude and behavior. This was being addressed and the QC would receive further updates in this regard.</p> <p>Assurance had been received from PTS where it had been noted that there had been positive movement against the PTS CQC action plan and a focus on Quality Improvement.</p> <p>The QC had asked for a report relating to the Red Arrest Teams (RAT) and their deployment and attendance at cardiac arrest incidents.</p> <p>A workforce update had been received and the on-going pressure of recruitment was noted. An update on Diversity and Inclusion and the implementation of the Behavioral Framework had been received. High level information had been shared on the Staff Survey 2018/19.</p> <p>The QC had raised concerns relating to the proposed reconfiguration of the Friarage Hospital in Northallerton area and hospital turnaround times at some Acute Trusts.</p> <p>An explanation was provided relating to the dedicated Paramedic and ambulance resource for Friarage Hospital and Commissioners proposal to decommission that provision. The Trust continued to have discussions with Commissioners in this regard and the significant negative impact this would have on ambulance provision for patients in this location. The QC had significant concerns relating to patient safety and quality of service should this dedicated resource be discontinued. The Trust continued to lobby Commissioners to make sure their decision would be transparent to the general public and service providers as when the original service had been set up this had been subject to public consultation.</p> <p>Discussion took place in relation to hospital turnaround times and the wider system pressures; YAS escalated breaches in turnaround times appropriately to the relevant level role within the Acute Trust.</p>	

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<p>The cost to the Trust of delays in handover was significant and the indicative amount had been provided to Commissioners for information during contract negotiations for the A&E Service.</p> <p>Approval: The Audit Committee noted the update on Quality Committee discussions in relation to key risks and gained adequate assurance from the update report that appropriate risks were being suitably managed.</p>	
<p>11.0 For Assurance: Finance & Investment Committee Risk Assurance Report</p> <p>The report provided assurance on the management of risks within the remit of the Finance and Investment Committee (F&IC).</p> <p>It was noted that the Trust had a positive financial position and had been ahead of the budgeted surplus at Month 10 and this was expected to continue to the year-end. Due to the positive financial position the Trust had agreed with NHSI to increase its control total by £2m. It was expected the Trust would receive further STF funding, in addition to that already received, for meeting the Control Total.</p> <p>The Trust had also brought forward a number of non-recurrent high risk maintenance backlog projects within the financial year 2017/18.</p> <p>JN suggested moving to an earlier cycle for Capital Spend approval in 2018/19 to reduce the risk of delays in the Capital Programme for 2018/19.</p> <p>MB responded that this was due to be discussed at the Extraordinary Board Meeting in Private on the 26 April 2018 where approval would be sought to agree the fleet capital spend for 2018/19.</p> <p>To smooth out the age profile of YAS' fleet some second-hand DCA vehicles had been procured from West Midlands Ambulance Service.</p> <p>The improvements within PTS had been welcomed by F&IC and the positive contribution to overheads was noted.</p> <p>There had been an update on the 2018/19 budget, capital programme and contract negotiations.</p> <p>EM left the meeting at 1020 hours.</p> <p>Discussion took place in relation to the resource and fleet challenges connected to the Ambulance Response Programme (ARP). Work was on-going to understand the interdependencies between the various factors with fleet, resources, rotas and clinicians in the EOC.</p> <p>Approval: The Audit Committee noted the update on Finance & Investment</p>	

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	<p>Committee discussions in relation to key risks and gained appropriate assurance that risks were being suitably managed.</p> <p>EM re-joined the meeting at 1025 hours.</p>	
12.0	<p>For Assurance: External Audit Update The paper provided a Health Audit Committee briefing.</p> <p>This was a quarterly briefing to the Audit Committee which provided information on issues that may have an impact on the Trust and/or on the NHS sector as a whole.</p> <p>It was noted that the audit of the year-end accounts was expected to commence in the next couple of weeks.</p> <p>Approval: The Audit Committee received and accepted the latest External Audit Progress Report.</p>	
13.0	<p>For Assurance: YAS Internal Audit Update The paper provided an update on the management of risk associated with outstanding Internal Audit actions.</p> <p>It was noted that Internal Audit and YAS' Risk team followed up on all actions with Limited or No Assurance. In January 2018 there had been 7 audits with Limited or No Assurance that had 12 open actions by April 2018. Four audits remained open with 7 associated actions. These were outlined to the Audit Committee.</p> <p>RK asked for an update on the end of shift overtime audit.</p> <p>RM responded that the Trust had implemented a series of end of shift overtime audits to determine whether any spurious claims were being submitted. The end of overtime audit process had improved the position of spurious claims and steps were in place to reduce these across the Trust. The outstanding action related to the development and implementation of a Standard Operating Procedure (SOP); a draft SOP had been developed and awaited implementation. The process itself had led to an appropriate reduction of inappropriate claims.</p> <p>SP added that the process was time consuming for supervisors and the Trust would revisit the appropriate level of audit required.</p> <p>RK asked what the timetable for the implementation of the SOP would be.</p> <p>SP responded that this would be reviewed and agreed by TMG and then reported to the Audit Committee for assurance.</p> <p>Action: To provide assurance at the next Audit Committee on the end of</p>	SS

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	<p>shift overtime Standard Operating Procedure.</p> <p>Approval: The Audit Committee received and accepted the latest Compliance with Audit Recommendations Report.</p>	2018/011
14.0	<p>For Assurance: Internal Audit Progress Report The paper provided an update on the management of risk associated with outstanding Internal Audit actions.</p> <p>The reviews which had been finalised since the last meeting were noted; of those finalised they had all received a Substantial rating with the exception of one review which had received Reasonable.</p> <p>In terms of the Reasonable rating for 'Inspections and Improvement' it was emphasised that the audit showed the process was a good and robust system however, there was no formalised feedback loop for assurance through the Quality Committee or line management (although this was provided on a less formal basis).</p> <p>SP advised that going forward a process would be established with the Estates team for sharing information and strengthening the feedback received to Estates. Assurance on this would be provided at the next assurance cycle to the Quality Committee (June meeting).</p> <p>SK asked the Audit Committee to approve the additional pieces of work listed on page 3 of the report:</p> <ul style="list-style-type: none"> • Assist in the investigation of a security incident; • A comprehensive follow-up of a number of HR reports issued in previous years. <p>CB advised that the latter would include a review of end of shift overtime.</p> <p>Approval: The Audit Committee received and accepted the latest Internal Audit Progress Report and approved the two additional pieces of work as detailed in the report.</p>	
14.1	<p>For Assurance: Strategic & Operational Internal Audit Plan 2018-21 The paper provided a draft copy of the proposed Strategic Internal Plan for the period 2018/19 to 2021 including the proposed Operational Internal Audit Plan for 2018/19.</p> <p>The plan had been developed on a risk based approach and based on the Audit Universe:</p> <ul style="list-style-type: none"> • Board Assurance Framework and Risk Registers to determine where internal audit was appropriate; • Consideration of the cyclical approach adopted in previous years and the impact on the next three years of the strategy; 	

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<ul style="list-style-type: none"> • Discussions with the Executive Directors as to their understanding of the Trust's risk profile and areas where advisory reviews would be welcomed; • Consideration of the quantum, scope and frequency of assurance work to enable the Head of Internal Audit Opinion to be signed by the year end. <p>It was noted there had been a reduction in the number of internal audit days allocated and assurance was provided that the number of days allocated was appropriate.</p> <p>SP advised that over the past 2 – 3 years the number of days allocated for internal audit had increased for a number of reasons. The Trust had benchmarked very high against other Trusts and therefore the decision had been made by the Audit Committee to reduce the number of days appropriately.</p> <p>It was noted that in addition to internal audits the Trust received assurance from other sources.</p> <p>EM asked whether it would be timely to undertake another internal audit relating to Diversity and Inclusion and the WRES Standards.</p> <p>SP would look to include this in the workplan.</p> <p>Action: To include Diversity and Inclusion and the WRES Standards in the internal audit workplan.</p> <p>Conversation took place in relation to the external Well-Led Framework review being undertaken by PWC and the recent GGI report which the Board had received. It was confirmed that should there be any specific issues the Trust needed to focus on then an internal audit would be requested by TEG.</p> <p>Approval: The Audit Committee gained assurance that the proposed Strategic Internal Plan for the period 2018/19 to 2020/21 including the proposed Operational Internal Audit Plan for 2018/19 would provide the Trust with the appropriate level of internal audits and assurance.</p>	<p>SP 2018/12</p>
<p>14.2 For Assurance: Counter-Fraud Progress Report To provide an update on progress against the annual counter fraud workplan including a counter fraud perception versus reality review.</p> <p>TS explained the AuditOne risk based approach to counter fraud, corruption and bribery. The Counter Fraud Team would become more visible and active within the Trust. A four standard approach would be used:</p> <ul style="list-style-type: none"> • Strategic Governance; 	

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<ul style="list-style-type: none"> • Inform and involve; • Prevent and deter; • Hold to account. <p>It was noted that the number of referrals was quite high; this should be seen as a positive as staff felt empowered and confident to report issues to be investigated.</p> <p>PS asked whether information was available to highlight where the Trust was in relation to other NHS Trusts in terms of fraud, corruption and bribery.</p> <p>TS explained that it was difficult to obtain national data in this regard as it currently was not produced. AuditOne could benchmark against AuditOne's other provider organisations for which they undertook services; this would provide benchmarking information on a smaller scale.</p> <p>Action: Identify key counter fraud themes within YAS and provide benchmark information within the report at the July meeting.</p> <p>SP welcomed the broader approach. He commented that he would find it useful to determine what was the responsibility of Counter Fraud with YAS and whether the Counter Fraud Standards were aimed at the Trust as the accountable body. He would discuss these issues with TS outside of the meeting.</p> <p>A more detailed counter fraud report would be provided at the July Audit Committee.</p> <p>Approval: The Audit Committee agreed to take the Counter-Fraud Progress report as a draft document whilst discussion took place with key officers within YAS.</p>	<p>TS 2018/013</p>
<p>15.0 For Assurance: Capital Assets Verification and Reporting The paper provided actions required to provide assurance of the Trust's capital assets.</p> <p>Work to strengthen assurance had identified assets that should have been removed from the ledger records in 2010. These assets had a historic cost of £15m but a nil net book value, so their removal did not have an overall impact on the financial position. Following this reconciliation, processes had been strengthened to ensure a full reconciliation between the ledger and the asset register, rather than relying on net book value. A further review was conducted to identify and remove remaining unused assets. Further work will be undertaken to provide more robust assurance on matching records in the ledger to physical assets and ensuring disposals are promptly recorded. The review also identified some £1.947m of negative revaluations</p>	

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	<p>which should have been taken to the income and expenditure account in previous years. A £1.9m adjustment between the retained earnings account and revaluation reserve had been made to correct this. This would not affect the record of financial performance in previous years, given that impairments were excluded from the calculation of financial performance for NHS Trusts.</p> <p>It was noted that a timeline to address the issues would be taken to TMG.</p> <p>Action: A report to be taken to TMG setting out a timeline to address the issues identified during the Capital Assets Verification review.</p> <p>Approval: The Audit Committee approved the changes. A report to be taken to TMG setting out a timeline to address the issues identified.</p>	PD 2018/014
16.0	<p>For Assurance: Review Accounts and Annual Timetable/Plan 2017/18 The paper provided the updated timetable for the production of the 2017/18 Annual Account.</p> <p>It was confirmed there was a meeting scheduled for the 17 May 2018 to appraise NEDs on the final accounts prior to the formal submission to the Board on the 24 May 2018.</p> <p>Approval: The Audit Committee accepted the Annual Accounts timetable.</p>	
16.1	<p>For Assurance: Going Concern Review The paper provided assurance that the Trust was expected to remain a going concern for the foreseeable future and to ask the Audit Committee to agree that assessment.</p> <p>It was noted that the Accounts would be prepared on the basis that the Trust was a going concern.</p> <p>Approval: The Audit Committee gained assurance that the Trust was and would remain a going concern for the foreseeable future and recommended to the Board that the accounts were prepared on this basis and confirmed the proposed 'going concern' statement.</p>	
17.1	<p>For Assurance: Review of Schedule of Losses and Special Payments The paper advised the incidence of Losses and Special during 2017/18.</p> <p>It was noted there had been an increase in the level of 'other' losses under category 3c (appendix 1). The Trust had actively tried to recover</p>	

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	<p>these debts including the use of a Debt Recovery Agency; once the process was exhausted the debt was written off. The underlying issue had been resolved so this would reduce going forward.</p> <p>It was noted the majority of the claims related to employer liability which the Trust settled and then claimed back from NHS Resolution. A lot of the employer liability claims were for musculoskeletal issues and the number of these had reduced as a result of the focused work undertaken on moving, lifting and handling.</p> <p>PD highlighted the financial losses arising from late notification of employment terminations as had been discussed at the January Audit Committee meeting. Investigations had taken place and initial work on underlying issues had identified scope to develop processes and approach to improve outcomes and reduce losses arising from late notifications. This was a joint piece of work with HR and a report would be presented to MB and CB with the proposals taken to TMG.</p> <p>Action: An update on late notification of employment terminations to be brought to July Audit Committee.</p> <p>Approval: The Audit Committee noted the reported incidence of Losses and Special Payments for the first six months of 2017/18.</p>	PD 2018/015
18.0	<p>For Assurance: SFI Waivers and Contract Award Activity over £100,000</p> <p>The paper provided assurance on the approved contracts that had been awarded for goods and services above £100k and Single Tender Waivers (STW) signed since the previous Audit Committee.</p> <p>There had been 35 individual STWs processed during the period of the paper. Detailed information on the STWs had been provided in the Audit Committee Reading Room.</p> <p>The Audit Committee noted the paper.</p> <p>Approval: The Audit Committee noted the update and was assured on the contracts let and purchase orders raised for goods and services above £100,000 and Single Tender Waivers (STW).</p>	
18.1	<p>For Assurance: Review of Suspension of Standing Orders</p> <p>It was confirmed that there had been no suspension of Standing Orders since the Audit Committee meeting on 11 January 2018.</p> <p>Approval: The Audit Committee noted the update.</p>	

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19.0	<p>For Assurance: Freedom to Speak Up (FTSU) The paper provided an overview of FTSU activity from 1 January 2018 – 31 March 2018 and provided assurances that staff and management were engaging in the process.</p> <p>There had been five concerns raised since the last Audit Committee and a brief summary of these was provided. In addition there were four other FTSU concerns which remained open and were being managed appropriately.</p> <p>Approval: The Audit Committee noted the update and gained assurance in the Freedom to Speak Up process.</p>	
20.0	<p>For Assurance: Review of Meeting Actions and Quality Review of Papers RK thanked everyone for attending and for their contributions to the meeting. He summarised the key points of the meeting:</p> <ul style="list-style-type: none"> • Update on the End of Shift Overtime to be reported to the Quality Committee; • Counter Fraud to include key themes and benchmarking in the next report; • Notification of leavers to be reported via TMG. <p>The meeting finished at 1230 hours.</p>	
16.0	<p>Date and Location of Next Meeting: 10 July 2018, 0900 – 1230 hours, YAS HQ</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**