

Audit Committee Meeting Minutes
22nd January 2015,
Savile Meeting Room, F Mill, Dean Clough, Halifax

Present:	David Longstaff Kate Smyth Dr Steven Cleasby John Mallalieu Jackie Bird	Lay Member (Chair) Lay Member GP Member Lay Advisor to the Governing Body Registered Nurse
In attendance:	Nigel Bell Michelle Marsden Martin Pursey Tim Cutler Helen Robinson Judith Salter Lesley Stokey Sam Byrnes Sarah Dick Anne Dray	Head of Audit (West Yorkshire Audit Consortium) Deputy Head of Audit (West Yorkshire Audit Consortium) Head of Contracting and Procurement Statutory Auditor, KPMG (External Audit) Corporate and Governance Officer (minutes) Corporate and Governance Manager Head of Finance Associate Information Governance Specialist (<i>for item 14/15</i>) Senior Associate, Governance and Risk (<i>for items 5/15 and 6/15</i>) Transition Programme Director (<i>for item 15/15</i>)
Apologies for Absence	Julie Lawreniuk	Chief Finance Officer

1/15 MINUTES OF THE PREVIOUS MEETING HELD ON 20 November 2014

The minutes of the previous meeting held on 20 November 2014 were approved and accepted as a correct record.

At this point the Chair offered his thanks to outgoing committee member Dr Majid Azeb for his services to the committee and welcomed Dr Steven Cleasby as a new member of the committee.

2/15 DECLARATIONS OF INTEREST

Kate Smyth declared an interest in the wheelchair services risk on the Risk report and high level risk log (*item 5/15*). Dr Steven Cleasby declared interests in Primary Medical Services – Co-commissioning, and two of the

tenders referred to in the List of Tenders (*items 10/15 and 11/15*). John Mallalieu declared an interest in the Remuneration Committee Terms of Reference (*item 16/15*).

3/15 INTERNAL AUDIT REPORT AND COUNTER FRAUD UPDATE

The Deputy Head of Audit presented the two reports to the committee, providing an update on recent activity by Internal Audit and Counter Fraud.

Attention was drawn to the West Yorkshire Audit Consortium AGM which was held in December 2014. It was confirmed that copies of the Annual Report would be circulated to committee members after the meeting.

Details of an event on the 9 March at York Railway Station were being sent to committee members.

Since the last Audit Committee meeting in November 2014, two final reports had been issued:

Commissioning Support Unit (CSU) Assurance

Overall, the report provided the committee with significant assurance that adequate systems were in place for monitoring the services provided by Yorkshire & Humber CSU.

However, it was announced that since the report was written, the scope for the 2014/15 Service Auditor Report had been reduced, and would only cover financial areas. This would affect the assurance around Business Intelligence, Transformation, Information Technology (IT) and Individual Funding Requests (IFR), as the CCG would not be receiving assurance from Deloitte on these wider areas. The overall assurance may therefore require revision.

Additional reports in relation to 2013/14 had been requested from Deloitte but not yet received.

It was agreed that the committee Chair would discuss this further with the Chief Finance Officer during the w/c 2 February 2015.

ACTION

The Head of Finance also agreed to raise the issue with the CCG's Senior Management Team on the 26 January 2015 and provide feedback to the committee Chair.

ACTION

Information Governance Toolkit

The Deputy Head of Audit stated that an annual gap analysis exercise had been completed against the Toolkit which went live in June 2014. The committee was informed that there were 28 requirements applicable to Clinical Commissioning Groups (CCGs), with CCGs required to undertake an assessment and make a final submission by 31 March 2015.

The purpose of the internal audit exercise was to provide the CCG with an analysis of the adequacy of evidence being used to support the Information Governance Toolkit (IGT) scores across a sample of 5 requirements.

No major issues were identified during the process. It was found that adequate evidence was in place to support a level 2 attainment or above for three of the requirements, whilst for the other two requirements the CCG still needed to collate or identify sufficient evidence to meet an attainment level 2. The draft Information Governance Policy and Framework would address most of these issues.

Internal audit stated that they would continue to liaise with the Associate Information Governance Specialist (CSU) to ensure that further evidence was uploaded before the end of March, and an update would be brought to the Audit Committee on the 5 March 2015.

ACTION

Safeguarding Memorandum

The Lay Advisor referred to the draft Memorandum of Understanding (MoU) for the shared safeguarding team. He queried whether there was merit in pooling the learning and work being taken forward in this MoU as well as the broader cooperation framework being developed in respect of shared staff across the CCGs.

COUNTER FRAUD

The committee was informed that a fraud survey had been issued to all CCG staff, with the aim of increasing levels of awareness of NHS fraud and allowing participants to share their views on risk areas. Results from the fraud survey would help steer the counter fraud plan for 2015-16.

DECISION

1. Copies of the West Yorkshire Audit Consortium Annual Report to be circulated to committee members.
2. The committee's Chair to discuss CSU assurance further with the Chief Finance Officer during the w/c 2 February 2015.
3. The Head of Finance to raise the issue of CSU assurance with the CCG's Senior Management Team on the 26 January 2015 and provide feedback to the committee Chair.
4. That the progress to date against the approved internal audit and counter fraud plans be noted.
5. That an update report on the IG toolkit be brought to the Audit Committee on the 5th March.
6. That both the safeguarding MoU and the cooperation framework be reviewed to see if a single document could be produced in respect of shared staff and services.

4/15 EXTERNAL AUDIT PROGRESS REPORT AND TECHNICAL UPDATE

The Public Sector Audit Manager took the committee through the External Audit Plan for 2014/15, the role of which was to ensure that financial statements were appropriately prepared, and conclude whether proper arrangements had been made to secure economy, efficiency and effectiveness in the CCG's use of resources.

There had been no change in the work of the external auditors in the second year of the contract.

Attention was drawn to the reduction in the time between the drafting of the annual accounts and report, and final submission to NHS England. The committee was assured that both External Audit and the CCG's finance team were aware of this and were putting the necessary arrangements in place to work to the new timetable. . No major changes to the guidance from NHS England were anticipated this year, although the guidance was usually issued late in the process.

The financial statements' high level risk assessment was set out on pages 7 and 8 of the External Audit Plan – the committee was assured that the red risks were those required to be red by auditing standards (Management override of controls, and Fraud Risk Revenue Recognition).

External audit would monitor the amber risks, but didn't envisage any areas where work would be required from the CSU auditors.

The Public Sector Audit Manager confirmed that there was no change to the VFM audit approach. There were no changes to the audit team, but a 10% reduction has been applied to audit fees.

The committee was reminded that the Audit Commission would cease to exist on the 31 March 2015, with skeleton staff transferring to Public Sector Appointments Limited (PSAA), a transitional body, which would oversee the Audit Commission's audit contracts until they end in 2017 (or 2020 if extended by Parliament).

DECISION

1. That the technical update and external audit plans be noted.

5/15 RISK REPORT AND HIGH LEVEL RISK LOG

The Senior Associate Governance and Risk presented the risk report and high level risk log for cycle 5. As at the 18th December 2014 there were no critical risks (scoring 20-25), 7 serious risks (scoring 15-16) and 15 high level risks scoring 12.

Seven new risks were added to the Corporate Risk Register during cycle five, four of these relating to Continuing Healthcare.

A Lay Member raised a concern regarding the Wheelchair services risk

having met with other wheelchair users who had expressed concerns about the service received. The Head of Contracting & Procurement confirmed that there had been some initial problems in the service handover, and that these did not seem to be resolving with the new provider. It was confirmed that an action plan was in place, with the situation improving each month, but it was acknowledged that individual issues needed to be dealt with. This risk was being reviewed at Finance and Performance Committee.

Changes to the risk dashboard following the last meeting were welcomed by the committee.

DECISION

1. That the committee recommend the High Level Position Statement to the Governing Body as a true reflection of the current risk position. **ACTION**

6/15 INTEGRATED RISK MANAGEMENT FRAMEWORK

The Senior Associate Governance and Risk presented the revised Integrated Risk Management Framework to the committee. A new draft section on risk appetite had been inserted (section 3.3). It was agreed that email updates to Governing Body/SMT were to be weekly or as appropriate for critical risks. **ACTION**

It was confirmed that the Governing Body would receive the Assurance Framework (section 6.1.1) together with a report from the Audit Committee.

In section 9, the committee confirmed that it was happy with programme risks scoring 12 or above to be incorporated into and re-scored for the Corporate Risk Register.

The GP member queried whether there was a step in the new process for informal discussions with clinicians to be held in relation to risks. Although it was not detailed in the process, risk owners should undertake this. It was agreed that this should be incorporated into the risk management framework. , **ACTION**

DECISION

1. The committee recommended the revised Integrated Risk Management Framework to the Governing Body, subject to the amendments above. **ACTION**

7/15 REVIEW OF AUDIT COMMITTEE'S SELF-ASSESSMENT

The Corporate and Governance Manager presented the paper which summarised the committee members' responses to the self-assessment proforma. The findings and any resulting actions would be reported in the CCG's Annual Report and that of the Audit Committee.

The committee discussed the results of the self-assessment, which was in general very positive. It was noted that there continued to be a positive development of the operational elements of the committee, and of the risk management arrangements.

A number of proposals were made for actions, and these were set out in the paper and open for discussion by the committee.

Concern was expressed about the timings of the Audit Committee meetings and the Commissioning Development Forum (CDF). Whilst it was acknowledged that it could become difficult to carry out the role of holding the organisation to account if Audit Committee members were involved CCG development meetings, it was also felt that on occasion there were important items for discussion on the CDF agenda. The Corporate & Governance Manager agreed to revisit this issue with the view to finding a solution.

ACTION

The suggestion by the Chair for an annual development session was welcomed by the committee. To add to work plan for September.

ACTION

In response to a query from the Lay Member it was felt that sufficient updates were provided by the Chief Officer as part of his report to the Governing Body.

DECISION

1. The committee considered the results of the self-assessment.
2. An annual committee development session will be scheduled, and added to the workplan.
3. The Corporate and Governance Manager to review timings of the committee meetings.

8/15 AUDIT COMMITTEE TERMS OF REFERENCE FOR REVIEW

The Corporate & Governance Manager presented the Audit Committee Terms of Reference for review, as required on an annual basis. A number of proposed amendments were set out in the paper and considered by the committee. The following points were raised:

A lengthy discussion was held around the membership of the committee (section 2), and whether there should be more than one GP member. Under the proposed reduction of GP membership, the GP member would have to attend every meeting to achieve quoracy. It was proposed that one

of two named deputies could attend in the absence of the GP member, but this would potentially lead to inconsistency of input as well as not being able to approve the minutes of the previous meeting. The Chair agreed to discuss this with the CCG Chair and suggest that the committee requires a second GP member.

ACTION

It was agreed that the wording in section 5.4 would be amended to read '*The committee shall approve the arrangements for the CCG's statutory financial reporting duties*'.

ACTION

The Corporate & Governance Manager agreed to check the wording around section 5.7 with the Constitution and the Scheme of Delegation, to ensure that the committee was able to approve the Annual Report and Accounts on behalf of the Governing Body.

ACTION

It was agreed that a separate bullet point was to be inserted into section 5.8 around the Governing Body receiving the Assurance Framework.

ACTION

Section 5.11 on Whistleblowing has had wording inserted from the NHS Audit Committee Handbook. The Corporate & Governance Manager agreed to check that the Chair of the committee is not also the Whistleblowing Lead.

ACTION

Section 5.15 required some rewording in order to make it clear that the committee considered waivers of standing orders and Standing Financial Instructions retrospectively, and not in advance of them happening. It was agreed that the wording needs to mirror what was stated in the Standing Financial Instructions and the Audit Committee handbook.

ACTION

The Corporate and Governance Manager agreed to work on the wording of this with the Head of Contracting and Procurement outside the meeting.

DECISION

1. The committee considered the proposed amendments to the Terms of Reference and suggested some further amendments:
 - The Chair to suggest a second GP member to the CCG Chair.
 - The wording in section 5.4 to be amended as above.
 - The Corporate & Governance Manager to check the wording around section 5.7 to ensure that the committee was able to approve the Annual Report and Accounts on behalf of the Governing Body.
 - A separate bullet point to be inserted into section 5.8 around the Governing Body receiving the Assurance Framework.
 - The Corporate & Governance Manager to check that the Chair of the committee is not also the Whistleblowing Lead.
 - The Corporate and Governance Manager to work on the wording of section 5.15 with the Head of Contracting and Procurement.
2. That a further update be brought to the Audit Committee in March 2015.

ACTION

9/15 CCG BUSINESS CONTINUITY PLAN

The Corporate and Governance Manager introduced the Business Continuity Plan, which set out the approach adopted by the CCG both corporately and at a service level to ensure that the business was resilient.

A well-attended desktop exercise was carried out in December 2014, to test the plan and staff awareness of it. A live exercise was planned for the summer 2015, and would take the form of a joint exercise with Greater Huddersfield CCG.

The committee was informed that a specific business continuity plan for Continuing Health Care had been requested, due to it being a business critical service area. This was expected within the next two weeks, and an update would be provided to the next meeting.

ACTION

DECISION

1. The committee noted the actions taken to ensure that the Business Continuity arrangements in place are fit for purpose.
2. An update on the Continuing Health Care business continuity plan to be brought to the next Audit Committee meeting.

10/15 PRIMARY MEDICAL SERVICES - CO-COMMISSIONING: ESTABLISHING THE GOVERNANCE ARRANGEMENTS

The Corporate & Governance Manager introduced this item, which addressed the governance actions required in relation to the CCG's application to take on full delegated responsibility for the commissioning of primary medical services.

The draft Conflict of Interests Policy would be circulated to committee members, prior to it being discussed at February's Governing Body meeting.

ACTION

NHS England had stated that a separate committee was required to be established rather than having Co-commissioning addressed in a separate part of the Governing Body meeting. The first draft of a Terms of Reference for this new committee was complete. The CCG Constitution required updating to reflect this new committee. The Audit Committee was informed that the CCG was awaiting a response from the national team – expected in early February.

DECISION

1. The committee noted the steps being taken to ensure that robust and transparent governance arrangements are being put in place in support of the delegation of commissioning responsibilities from MHS England.
2. The committee agreed that a teleconference would be held to discuss the Conflict of Interests Policy and draft Terms of Reference

prior to them being submitted for approval by the Governing Body in February 2015.

ACTION

Tim Cutler left the meeting at this point.

11/15 LIST OF TENDERS

The Head of Contracting and Procurement presented the report, updating the committee on the progress of procurement processes currently underway, those awarded and any proposed tenders.

Attention was drawn to the three current and completed tenders:

In hours GP support to Intermediate Care

Following the contract award and commencement of the service in September 2014, Beechwood Medical Practice served notice and subsequently withdrew. A single source tender ensued following approval to waive standing orders in respect of competitive procurement with the invitation offered to Todmorden Group Practice (previously the only other bidder). Todmorden Group Practice provided the CCG with satisfactory assurance that they would be able to provide this service, and a contract was subsequently awarded for the period up to 31 March 2016.

Primary Care Winter Resilience

The procurement process – which took the form of a restricted non-competitive process - commenced on 6 November 2014. The intention was to extend GP Primary Care provision out of hours over the winter period with the aim of reducing A&E attendances and the number of avoidable unplanned hospital admissions. The Calderdale GP Federation facilitated the process using NHS Sourcing. The contract was awarded to Wainhouse Healthcare Limited, with Keighley Road Surgery acting as the Lead Practice. The service commenced on the 6 December.

Enteral Feeds

A procurement process for Enteral Feeds would commence in early February, in the form of a framework agreement which would be managed by the Commercial Procurement Collaborative for which the CCG would pay a usage fee. The current contract had been extended to the end of August 2015 to allow time for the procurement process to take place. The draft timetable was outlined in the paper.

The Head of Contracting and Procurement informed the committee that a proposed tender for Legal Services was being discussed. Due to the value of the contract it had been recommended that a 'mini procurement' process was adopted based on the use of an existing framework agreement. A further update would be brought to the next Audit Committee meeting.

ACTION

DECISION

The List of Tenders report was received and noted.

12/15 TENDER WAIVERS

The Head of Contracting and Procurement presented the Tender Waivers paper. In accordance with the NHS Calderdale CCG Standing Orders and Standing Financial Instructions, any waiver of formal tendering procedures was to be reported to the Audit Committee. The paper provided details of the waivers of the competitive tendering procedure, along with copies of the paperwork for:

Pathfinder Referrals Management system for Calderdale CCG
Primary Care Winter Resilience
In-hours Primary Care Support to Intermediate Care.

It was confirmed that a list of potential waivers would be brought to the next Audit Committee meeting.

ACTION

DECISION

1. That the tender waiver report be noted.
2. A list of potential waivers to be brought to the next meeting.

13/15 CONTRACTS REGISTER

The Head of Contracting and Procurement provided an update to the committee on the current status of CCG contracts and associated work on the Register.

The committee was assured that chasing letters had been drafted and were being issued for any contracts not yet signed, explaining to the recipients why the contracts needed signing, and the fact that in the absence of a signature they were still covered under the provisions of a contract.

The Chair raised a query about Yorkshire Ambulance Service and who the lead commissioner was. The Head of Contracting and Procurement confirmed that Wakefield CCG was now the lead commissioner for this service. A Good Governance Institute report regarding YAS had been sent to CCG Chief Officers regarding the YAS service, but the findings were under embargo at the time of the meeting.

DECISION

The Contracts Register report was received and noted.

14/15 GOVERNANCE ASSURANCE REPORT

The Corporate and Governance Manager presented the Governance Assurance Report for Q.3. The Associate Information Governance Specialist provided the Information Governance update as part of the report.

Information Governance (IG)

It was reported that good progress has been made against the Information Governance Toolkit action plan.

An amendment was made to section 2.1 after writing – the first bullet point should have stated that the Information Governance Policy and Framework would be brought to the Audit Committee meeting in March.

The workstreams showing as amber on page 4 of the report (data flow mapping exercise and Information Asset Register review) revealed some slippage against the completion timetable. It was expected that these would be delivered by 31 March 2015.

The Lay Advisor commented that it would have helped to have the Internal Audit Review referenced in the report so members could cross reference the content of both reports.

The committee was informed that two classroom sessions had been held on IG training in December and January.

Attention was drawn to the activities the IG team will be focussing on during January and February 2015. No concerns were reported regarding meeting target scores.

Freedom of Information

An analysis of Freedom of Information requests during quarter 3 was presented to the committee, with two breaches reported for the quarter due to staff absence. No exemptions were applied during the quarter.

The Lay Advisor suggested that a breakdown of the external organisations making requests would be useful, cross-referenced against what they were requesting. To be considered for the next quarter's report.

ACTION

The committee was informed that the CCG had organised a successful training session which focussed on application of the public interest test and the various exemptions.

Corporate Incidents or Claims

Four incidents or near misses were reported in the paper, with three of them being Information Governance near misses. Learning points have arisen from each of the incidents.

The Incident Reporting Policy was approved by the Quality Committee in December 2014, and the committee was informed that the Incident Reporting Procedure was currently being updated.

DECISION

1. That the report be received and noted.
2. Future reports would attempt to cross-reference which external organisations were making what FOI requests.

15/15 BETTER CARE FUND UPDATE

This item was brought to the November meeting to provide assurance on the process being followed in relation to the Better Care Fund.

Since then, a Finance sub-group had reviewed, in detail, the clauses in the draft section 75 Agreement. Following that review, a revised draft of the Agreement and the 34 accompanying scheme schedules was produced. The draft agreement was circulated for further review by subgroup colleagues and Hempsons LLP, the solicitors engaged by NHS Calderdale Clinical Commissioning Group to review the draft Agreement to ensure the CCG's interests were safeguarded.

Given the volume of documentation relating to the 34 schemes – 2 example schemes had been forwarded to the solicitor and individual pooled fund managers were finalising the drafts of their individual schemes with the assistance of the BCF Operational Team.

DECISION

That the Committee note the progress to date and the timeline for the progress of the revisions to the BCF Plan and the Section 75 agreement through the CCG and Calderdale Council Governance Committees.

16/15 REMUNERATION COMMITTEE TERMS OF REFERENCE

Following review of the CCG's Constitution and receipt of legal advice, an amendment to the Remuneration Committee's Terms of Reference had been required in relation to the membership of the committee. The Corporate & Governance Manager advised the committee that only Governing Body members could be members of the committee. This meant that the Lay Advisor could no longer be a member of the committee, but his attendance would continue to be valued in an advisory capacity.

Furthermore, the Remuneration Committee had proposed that the Secondary Care Specialist and/or the Registered Nurse be members, in order to assist with consistency and quoracy.

DECISION

That the Audit Committee make a recommendation to the Governing Body that the proposed amendments be made to the Terms of Reference for the Remuneration Committee.

ACTION

17/15 ITEMS FOR THE GOVERNING BODY

DECISION

It was agreed that the following items would be raised at the Governing Body meeting:

ACTION

- CSU assurance
- Reassurance around timetable for Annual Report and Accounts
- Better Care Fund update

18/15 DATE AND TIME OF NEXT MEETING:

Thursday 5 March 2015, at 2.00pm in the Hardcastle Room, Dean Clough.

Audit Committee action sheet 22 January 2015

Report name	Action no. @	Action required	Lead	Current status*	Comments (include expected completion date, areas of concern etc)
External Audit Progress Report and Technical Update	75/14	The guide for understanding the new NHS to be given to the new committee member.	Judith Salter	Complete	When new member appointed
Internal Audit and Counter Fraud Update	76/14	CSU action plan to be shared with committee members.	Mike Savage		
Internal Audit and Counter Fraud update	92/14	1. A list of upcoming contracts where a waiver may be required, be produced in order to provide the committee with a forward view and assist with record keeping.	Martin Pursey	Complete	5 March 2015
		2. A copy of the compact agreement and Memorandum of Understanding (MoU) in respect of shared staff across CCGs, be brought to the Audit Committee.	Janet Thacker	Underway	Item deferred until consultation with affected staff taken place
Assurance Framework	95/14	a) Develop a summary front sheet for the copy to be submitted to the Governing Body on 11 December. b) Each sub-committee to explicitly receive and discuss the AF in the next cycle of meetings. c) Ensure the sub-committees use the AF to inform the review of terms of reference and annual work plans as part of the annual self-assessment.	Judith Salter	a) Underway b) Not yet complete c) Not yet complete	

Key messages for the Governing Body	87/14 and 104/14	Raise the key messages with the Governing Body: <ul style="list-style-type: none"> • The Assurance Framework • The role of audit re: the Memorandum of Understanding and Compact Agreement discussed in item 92/14 • Waiver reassurance provided through the internal audit report • Personal Health Budgets 	David Longstaff	Complete	In Audit Committee minutes taken to Governing Body 12 February 2015
Internal Audit Report and Counter Fraud update	3/15	<ol style="list-style-type: none"> 1. The committee Chair to discuss CSU assurance further with the Chief Finance Officer 2. The Head of Finance to raise CSU assurance with the CCG's Senior Management Team and provide feedback to the committee Chair. 3. IG Toolkit update to be brought to next meeting. 4. Safeguarding MoU and cooperation framework be reviewed to see if a single document could be produced in respect of shared staff and services. 	David Longstaff Lesley Stokey Michelle Marsden Judith Salter	Underway	W/c 2 February 26 January 2015 5 March 2015
Risk Report and High Level Risk Log	5/15	The High Level Position Statement to be recommended to the Governing Body as a true reflection of the current risk position.	Judith Salter	Complete	12 February 2015
Integrated Risk Management Framework	6/15	Suggested amendments: <ol style="list-style-type: none"> 1. Weekly (or as appropriate) emails to email updates to Governing Body/SMT on critical risks. 2. Step in process to be added for discussing a risk with a clinician. 3. Revised Integrated Risk Management Framework to be recommended to the Governing Body subject to the amendments above. 	Sarah Dick	Complete Complete	 12 February 2015

Review of Audit Committee Self-assessment	7/15	<p>1.The clash between meetings to be raised at SMT.</p> <p>2. An annual committee development session will be scheduled, and added to the workplan.</p> <p>3. A discussion to be held around whether the Audit Committee meeting could take place on a different day/time.</p>	<p>Judith Salter</p> <p>Helen Robinson</p> <p>Judith Salter/David Longstaff</p>	Underway	Suggest am on 17 th Sep
Audit Committee Terms of Reference	8/15	<ul style="list-style-type: none"> - The Chair to suggest a second GP member to the CCG Chair. - The wording in section 5.4 to be amended. - The Corporate & Governance Manager to check the wording around section 5.7 to ensure that the committee was able to approve the Annual Report and Accounts on behalf of the Governing Body. - A separate bullet point to be inserted into section 5.8 around the Governing Body receiving the Assurance Framework. - The Corporate & Governance Manager to check that the Chair of the committee is not also the Whistleblowing Lead. - The Corporate and Governance Manager to work on the wording of section 5.15 with the Head of Contracting and Procurement. <p>An update to be brought to Audit</p>	<p>David Longstaff</p> <p>Judith Salter</p> <p>Judith Salter</p> <p>Judith Salter</p> <p>Judith Salter</p> <p>Judith Salter</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>	5 March 2015

		Committee in March 2015.			
CCG Business Continuity Plan	9/15	An update on the Continuing Health Care business continuity plan to be brought to the next Audit Committee meeting.	Judith Salter		5 March 2015
Primary Medical Services – Co-commissioning	10/15	Teleconference to be set to discuss the Conflict of Interests Policy and draft Terms of Reference	Judith Salter	No longer required – additional Governing Body meeting held	5 February 2015
List of Tenders	11/15	Update on Legal Services tender to be brought to next meeting.	Martin Pursey	Complete	5 March 2015
Governance Assurance Report	14/15	A breakdown of the external organisations making FOI requests, cross-referenced against what they were requesting to be considered for the next report.	Judith Salter Judith Salter	Not yet due	To be taken in May 2015
Remuneration Committee Terms of Reference	16/15	Audit Committee to make a recommendation to the Governing Body in February that the proposed amendments be made to the Terms of Reference for the Remuneration Committee.	Judith Salter	Not yet due	To be taken in April 2015
Key messages for the Governing Body	17/15	It was agreed that the following items would be raised at the Governing Body meeting: <ul style="list-style-type: none"> ▪ CSU assurance ▪ Reassurance around timetable for Annual Report and Accounts ▪ Better Care Fund update 	David Longstaff	Complete	12 February 2015