

**MINUTES OF THE MEETING OF THE AUDIT COMMITTEE HELD ON
6 JULY 2016 AT SOVEREIGN HOUSE, CLIFTON MOOR, YORK**

Present

Mrs Sheenagh Powell (SP) (Chair)
Mr David Booker (DB)
Dr Arasu Kuppuswamy (AK)

Lay Member
Lay Member
Consultant Psychiatrist, South West Yorkshire
Partnership NHS Foundation Trust – Secondary
Care Doctor Member

In attendance

Mrs Cath Andrew (CA)
Mrs Michelle Carrington (MC)
Mr Mark Kirkham (MK)
Mr Richard Mellor (RM) – for item 4.1

Mrs Victoria Pilkington (VP) – for item 4.1
Mrs Rachel Potts (RP)
Mrs Tracey Preece (TP)
Ms Michele Saidman (MS)
Mrs Lynette Smith (LS)
Mrs Helen Rees (HR)
Mr Tom Watson (TW)

Senior Manager, Mazars
Chief Nurse
Partner, Mazars
Chief Finance Officer, NHS Scarborough and
Ryedale CCG
Head of Partnership Commissioning Unit
Chief Operating Officer
Chief Finance Officer
Executive Assistant
Head of Corporate Assurance and Strategy
Assistant Head of Finance, NHS England
Internal Audit Manager

Apologies

Mr Michael Ash-McMahon (MA-M)
Mr Steve Moss (SM)

Deputy Chief Finance Officer
Local Counter Fraud Specialist

The agenda was considered in the following order.

1. Apologies

As noted above.

2. Declarations of Interest

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

3. Minutes of the meeting held on 24 May 2016

The minutes of the meeting held on 24 May were agreed subject to the following amendments, requested by MK for increased clarity, on Page 7 item 11.3:

Paragraph 1 to read: 'MK presented the Audit Completion Report (ACR) that comprised an executive summary, financial highlights, significant findings, internal control recommendations, summary of misstatements, value for money and three appendices: draft management representation letter, draft audit report and

independence. He referred to the outstanding matters at the time of writing the report: detailed testing of Partnership Commissioning Unit recharges, service auditor assurance over the prime evidence used to support primary care co-commissioning expenditure, and assurance over the robustness and realism of the financial plan. The draft audit report was included in the ACR and MK informed the meeting that auditors intended to: issue an unqualified audit opinion on the accounts; qualify the regularity opinion because expenditure exceeded the CCG's allocation; and record an adverse value for money conclusion.'

Paragraph 3 to read: 'CA referred to the overall findings noting that the only areas that required raising with the Committee related to the proposal for a modified audit report due to the CCG's failure to meet its statutory financial duty to operate within statutory financial allocations. Additionally there was potential for further moderation relating to primary care co-commissioning entries in the accounts should satisfactory assurance not be received. Two service auditor reports had not been received by the auditors and MK advised that this was a national issue which the National Audit Office had raised with NHS England. TP additionally noted that national discussions were taking place with NHS England in this regard. The auditors had designed alternative procedures to compensate for the gap caused by the non-delivery of the service auditor reports and were assessing the results of those procedures. CA advised that a follow up letter would be issued to inform the Committee of the audit results.'

Page 8 Paragraph reading 'CA confirmed that inconsistencies in the Audit Completion Report could be corrected' to be removed.

Page 10 item 8.1 paragraph 2 to read: '... Although the Sustainability and Transformation Fund would be assessed monthly, reporting would be provided on a quarterly basis.'

The Committee:

Approved the minutes of the meeting held on 24 May 2016 subject to the above amendments.

4. Matters Arising

Partnership Commissioning Unit: TP reported that Neil Lester (NL), Senior Finance Manager, had undertaken a review of mental health out of contract expenditure which he had presented to Senior Management Team and which she would circulate to the Committee. The c£1m risk to the CCG's baseline in the financial plan had been resolved but a further cost pressure of c£0.5m had emerged in relation to Section 117. TP noted that NL was currently completing a similar review of continuing healthcare and that there were parallels between the reports as well as specific recommendations in each. She proposed that the recommendations from the reports be presented at both the Audit Committee and the Quality and Finance Committee, noted the current review of the Partnership Commissioning Unit (PCU) and the CCG's aim of bringing in house some work currently undertaken by the PCU. TP also noted the need for a culture change in the relationship between the CCG and the PCU, which was in fact part of the

CCG, and for capacity resilience in the PCU Finance Team. TP advised that the generic issues identified by NL would be shared with the other North Yorkshire CCGs who had similar concerns.

Audit Committee Recommendations Status Report – Quality Outcomes Framework for Primary Care to be presented to the Primary Care Commissioning Committee: MC noted that the July meeting of the Primary Care Commissioning Committee had been cancelled. She referred to the presentation by NL at its June meeting of a proposed dashboard to support Practices in the discharge of responsibilities for commissioning primary care services and supporting the CCG's future strategic and commissioning decisions. Members agreed that this was separate to a Quality Outcomes Framework which should be developed, but some emerging quality metrics may form part of an integrated dashboard for consideration by the Primary Care Commissioning Committee.

Other matters were noted as completed, ongoing or agenda items.

4.1 Partnership Commissioning Unit Internal Audit Reports

Prior to RM and VP joining the meeting in light of three Limited Assurance Internal Audit reports – Management of Commissioning of Aftercare under Section 117 of the Mental Health Act 1983, Continuing Healthcare – Processes to Achieve National Standards, and Financial Reporting to the CCGs – members discussed associated concerns and assurance being sought.

RM and VP joined the meeting

SP referred to the three reports and highlighted the CCG's concerns which related to finance, quality, patient care and regulation issues. Assurance was being sought that these were being addressed as a matter of urgency.

VP described the functions of the PCU which included Adult Safeguarding, commissioning mental health and children's services, continuing healthcare (working jointly with the Local Authorities on assessments), management of continuing healthcare for head injuries, assessment and delivery of packages of care for Section 117, with the recent addition of legal services and management of retrospective claims. The governance structure was the PCU Management Board which demonstrated fulfillment of the PCU requirements being held to account by the four North Yorkshire CCGs. NHS Scarborough and Ryedale CCG was the formal legal host on behalf of the four CCGs with each CCG being accountable for delegation of its resources to the PCU for services.

Continuing Healthcare

VP referred to the backlog of continuing healthcare cases, between 500 and 600, when the PCU had been established in April 2013 noting that some of these had been waiting up to five years. The PCU had a three to five year plan, which it was currently two years into; an objective was to deliver assessment within 28 days. Progress towards this had been impacted by information governance issues which included the need for case notes to be brought together on site and

a decision to invest in SystmOne to address this. VP confirmed that case notes were now on SystmOne and also noted that policies, including home and remote working, had been introduced to ensure efficient working.

Process mapping had taken place for delivery of the PCU's framework for continuing healthcare assessment within 28 days. VP explained the assessment process, which was undertaken jointly by a nurse and representative from the Local Authority, and noted associated challenges. VP also noted progress in York in respect of Decision Support Tool assessments, currently 13 waiting to be booked and nine ready to go.

In response to SP enquiring when the 28 day assessment timeframe would be achieved VP explained the expectation that three to four months would be required to complete the processes to address the information governance issues. She also noted the impact of the requirements of Section 117 for continuing healthcare assessment, longstanding and substantial nurse sickness across the patch, and increased workload as a result of taking on Decision Support Tool assessments from York Teaching Hospital NHS Foundation Trust in November 2015. VP reported that the PCU Management Board had agreed a specification for bringing in an outside organisation to carry out continuing healthcare reviews to increase capacity.

VP highlighted recruitment issues and explained a number of mitigating measures that were being implemented: three agency nurses were managing acute discharges from hospital with an 'internal' target of five days instead of 28 days, four bank staff had been recruited for work on bespoke care packages, and cessation of Section 117 continuing healthcare assessments which did not meet the mental health criteria. VP advised that agency and bank staff had been offered additional hours and staff sickness was being actively managed under the sickness policy. She also noted the impact of work from appeals processes and associated potential patient complaints.

Section 117

VP noted that the impact of Deprivation of Liberty Safeguards was a national issue due to the requirement to undertake an assessment of every patient who was potentially being deprived of their liberty. She highlighted the impact both on workload and Local Authority funding noting the volume of this work had tripled across North Yorkshire and York. VP reported that no patient now received a continuing healthcare assessment purely on the grounds of Section 117.

VP explained that MC received regular briefings and that a joint Steering Group had been established with Tees, Esk and Wear Valleys NHS Foundation Trust, City of York Council and North Yorkshire County Council. A policy and toolkit had been agreed, an additional member of staff had been recruited on secondment and agency staff were undertaking assessments. VP additionally explained that there was currently no process to discharge anyone from a Section 117 which meant that they were entitled to after care for life.

Finance

RM explained that work had been undertaken to ensure accuracy of information from continuing healthcare and assessment teams and in respect of validating recording of numbers and utilisation of agreed packages of care. Part of the issue was timeliness of claims being submitted and in this regard credits had been identified in 2014/15 against the CCG's 2013/14 spend. This had also been identified for 2015/16 and a c5% underspend had been included in the evidence which had been discussed with the auditors and would be reconsidered for the future. Whilst work was being undertaken to ensure more up to date reporting, there would always be requirement for some estimation which the PCU currently based on the previous year and historic profile. RM additionally noted discussion with the Chief Finance Officers regarding forecasting.

SP referred to the CCG's request for an urgent investigation in October 2015 following the impact of incorrect forecasting and the delay in its implementation. This, together with the further error at year end, contributed to a lack of confidence in the PCU's financial information. SP sought assurance for the future.

RM explained that forecasting was required for packages of care that had not yet reached the stage of the Decision Support Tool. He emphasised the need for an agreed forecasting methodology, additional information on forecasting and reporting to the CCG, and for forecasting to be improved.

In response to members seeking further assurance with regard to staffing issues VP explained that there were two elements: continuing healthcare and mental health services. In respect of the former in the last six months there had been recruitment to a Head of Service, team leader posts and a case manager for Section 117. Priority was now being given to creative flexibility. VP also noted the earlier reference to recruitment of bank and agency staff. In respect of mental health commissioning a new Head of Service was taking up post week commencing 11 July. This recruitment was to replace the previous member of staff who had moved to the Section 117 role. There would consequently be both clinical and managerial staff resilience.

In respect of the finance team capacity and concerns about reliance on a single member of staff, RM explained that there were two other relatively senior members in the team who were now responsible for reporting elements. Therefore more than one member of staff had an understanding of the work. Additionally a quality assurance process for review of numbers and reporting was being implemented. RM acknowledged that this was a small team and therefore there was continued risk but added that the CCGs were not willing to invest further. He also noted that an accountant of equivalent grade to PCU senior finance support was increasing the team's resilience.

LS expressed concern about inability to aggregate data from underpinning information sources. VP responded that improving provision of performance information was a strategic objective noting that a dashboard was currently being developed to report on all areas.

Further discussion took place in relation to forecasting and the associated complexities. Members noted low confidence based on experience in this regard.

In response to DB enquiring whether the PCU had adequate resources and capacity to fulfil its requirements, VP referred to the earlier discussion. She also noted that there was a backlog of 1200 cases requiring continuing healthcare review and that the CCGs would receive a report following the recruitment described above.

SP advised that she felt some assurance as a result of the discussion but highlighted that the action to address financial issues should have been far quicker. Whilst recognising improvements were taking place SP emphasised the need for improved forecasting to provide confidence.

VP assured members that each recommendation from the audit reports had an action plan noting the expectation to achieve the 28 days assessment target within two months. She also highlighted that consideration was required as to whether the work focused on reviews or the backlog.

VP emphasised that she wished to work more closely with the CCG. She requested attendance at the Committee when relevant reports were presented and also requested sight of the CCG's Risk Register and Assurance Framework.

The Committee:

1. Noted the updates.
2. Noted that TP would circulate NL's report to Senior Management Team to members.
3. Noted the ongoing work by the PCU to address the Limited Assurance Internal Audit Reports.
4. Agreed that VP would attend the Committee when relevant reports were being presented.

RM and VP left the meeting

5. Audit Committee Work Plan

TP referred to the work plan and advised that the only change related to the Draft Audit Committee Annual Report which, following discussion with SP, had been deferred to the September meeting.

Committee:

Noted that the Draft Audit Committee Annual Report would be presented at the September meeting.

6. Counter Fraud

6.1 Counter Fraud Progress Report

TW advised that SM had received notification from the Cabinet Office of the annual Counter Fraud Initiative. SM was arranging for information to be circulated to staff with pay slips and for an article to be published on the website. Clarification was required as to whether the new payroll provider would supply the information.

TW reported that SM had submitted his report on the intellectual property issue to NHS Protect but there was insufficient evidence for a criminal investigation but there was potential for a civil investigation. TP advised that the CCG was seeking further clarification on the matter.

6.2 Security Report

TW reported that a plan with associated resources for delivery had been presented to the North Yorkshire Chief Finance Officers. Agreement was being sought of the associated funding for the proposed six days.

TP explained that the plan was “gold standard”. The Chief Finance Officers considered in light of local knowledge that there was the potential for aspects to be delivered by the CCGs individually or on a shared basis. Further consideration was taking place to ensure compliance without additional resource and with the potential to incorporate the security work within the counter fraud days. TP also noted that the CCGs were in different types of premises therefore requirements differed. She agreed to undertake a risk assessment of security requirements and report back to the Committee.

The Committee:

1. Noted the updates.
2. Noted that TP would report back following a security risk assessment of security requirements.

7. Finance Governance

7.1 Review of Losses and Special Payments

TP noted that there were no losses or special payments to report. She explained that a review of potential areas for reporting had previously taken place but none had been identified.

The only potential currently identified, but that had not to date materialised, related to overseas visitors due to a change in payment rules in 2015 which required 50% of charges to be paid up front. If this debt could not be recovered a view was required on accounting treatment as to whether this was classed as core commissioning spend or write off.

7.2 Update and assurance on key financial policies

TP noted that there was nothing specific to report at this item but that the following item related.

7.3 Review risks and controls around financial management – update on month 2 NHS England Financial Reporting

TP reported that, following an incident relating to month 2 financial reporting to NHS England, significant improvements had been introduced in respect of both internal and external arrangements to ensure robust and rigorous reporting. She detailed enhanced arrangements for month end financial processes and confirmed that the action plan presented would be updated for the next meeting.

The Committee:

1. Noted the updates.
2. Noted that the action plan in respect of the review of risks and controls around financial management would be updated for the next meeting.

8. Corporate Governance

8.1 Update and assurance

RP reported receipt from Moira Dumma, Director of Commissioning Operations (Yorkshire and the Humber), NHS England – North, of confirmation of the outcome of the CCG's 2015/16 annual review meeting. This was an overall rating of 'Not Assured' as a result of:

- Well Led Organisation: Not Assured
- Delegated Functions: Limited Assurance
- Financial Management: Not Assured
- Performance: Limited Assurance
- Planning: Not Assured

RP noted the letter also recognised positive areas of work and, whilst acknowledging the challenges faced by the CCG, emphasised the need for focus on turnaround in 2016/17. RP added that formal notification was awaited but expected the CCG to be rated as 'Inadequate' under the new NHS England Improvement and Assessment Framework. She assured members that a communication strategy was being prepared.

RP referred to the Governing Body Workshop on 7 July when a review of the CCG's governance and decision making arrangements was expected to result in proposals for change.

RP reported that an initial capacity review had taken place and that interim appointments had been made to progress the work relating to City of York Council Better Care Fund and Programme Management Office implementation.

8.2 *Review of current procurement programme*

RP reported that the following procurements were taking place:

- Community Equipment and Wheelchair Services – Invitation to Tender had closed on 14 June. The evaluation was currently taking place with the expectation of outcomes being reported to the Quality and Finance Committee on 21 July 2016, followed by a report to the Governing Body with a view to award of contract on 5 August for a 1 December 2016 start date.
- Podiatry – Following a recent decision to procure podiatry, discussion was taking place with NHS Scarborough and Ryedale CCG about the potential for a joint procurement which they would lead. The specification would be developed jointly.
- Out of Hours Prison Service – This had gone out to tender with a short timeframe and a planned contract award date in mid August for a start date at the end of September 2016.
- Patient Transport Services – Discussion was taking place with other CCGs regarding Patient Transport Services with a view to an October 2017 start date.

TP additionally noted the External Audit procurement at item 10.3 which would be a private session of the Auditor Panel.

8.3 *Note business of other committees, review inter-relationships*

Nothing additional to report.

8.4 *Review assurance from other committees, Partnership Commissioning Unit and Commissioning Support*

RP referred to the earlier discussion with the Partnership Commissioning Unit.

In respect of Commissioning Support RP advised that contract management arrangements with eMBED were progressing. She had met with the Human Resources team to discuss their service specification. LS added that a governance collaborative was working across the CCGs in respect of eMBED third party assurance and sought any specific areas members wished to be included. She noted that a key risk during mobilisation relating to risk stratification and advised that this had been escalated. The service specification and expectations were being clarified. LS also noted that Business Intelligence remained a risk.

8.5 *Review Assurance Framework*

RP referred to the report which included the CCG's Assurance Framework as at June 2016 under the domains of the CCG Improvement and Assessment

Framework: Better Health, Better Care, Sustainability/Transformation and Leadership. A profile report of 'red' risks was also provided. The risks, which remained as previously reported, included the Better Care Fund, finance, the QIPP plan and continuing healthcare.

LS noted that a CCG self-assessment position was being developed against the new framework which to date had identified a High level of risk in the Better Care and Sustainability domains and Limited actions to support the Better Health domain. The Governing Body would be asked to update the five critical success factors agreed in June 2015.

LS referred to the Assurance Framework as at June 2016 which detailed controls against the requirements and associated risks. She noted that the CCG's portfolio of risk had increased significantly in the last year with 28 out of 77 corporate risks being classed as Significant. The mitigating actions included remodeling of QIPP through the work of the Innovation and Improvement and Finance and Contracting teams and ensuring improved alignment with the CCG's responsibilities.

In respect of the 'red' risk under the Better Health Domain – failure to collaborate effectively with Public Health and lack of engagement with the public – RP reported on a recent joint appointment between City of York Council and North Yorkshire County Council to a joint post of Consultant in Public Health who would be embedded in the CCG for up to two days a week from August 2016. She also noted the work taking place to develop an Out of Hospital Strategy and implementation of a wellness model. In respect of communications and engagement RP advised that there had been a delay in recruitment but this would now be progressed as the post banding had been confirmed.

8.6 Freedom of Information Requests

LS referred to the first report to the Committee on Freedom of Information requests which had been brought in house. She noted that work was taking place with the Partnership Commissioning Unit Business Manager to address the gap in availability of information to respond to requests relating to their services, advising that signposting to information was provided where possible. LS also noted the current high volume of requests relating to finance.

In response to SP seeking assurance that this legal obligation was being fulfilled efficiently LS noted that the CCG published as much information as possible on the website, an approach that had proved successful for the Referral Support Service.

The Committee:

1. Noted the updates.
2. Noted the updated Assurance Framework and the 'red' risks highlighted.
3. Noted the report on Freedom of Information requests.

9. Information Governance

Update and assurance – including business of Information Governance Steering Group and Information Governance Incidents

RP referred to the report which included notification of an incident due to an email sent to the wrong nhs.net recipient with the same name; person/patient identifiable or corporately sensitive data had not been disclosed.

Information Governance Toolkit version 14 had been published and applied for 2016/17 submissions. Two guidance notes had been issued by the Information Governance Alliance: Integrated Digital Care Records – Data Controller Issues and Using Video Conferencing for Service User Consultations.

The terms of reference of the Information Governance Steering Group had been revised and were included for ratification.

RP welcomed the fact that the CCG had the same person providing information governance support now that the service was provided by eMBED. RP additionally reported that she had gained confidence from a meeting with the eMBED senior team.

The Committee:

1. Noted the Incident Report.
2. Ratified the revised terms of reference for the Information Governance Steering Group.
3. Noted the Information Governance Work Programme.

10. External Audit

10.1 Progress Report and Briefing

CA referred to the report which included a summary of audit progress noting the annual audit letter at item 10.2 and confirming that the programme of work for 2016/17 remained unchanged. In response to SP seeking clarification of any additional requirements in view of the CCG being in turnaround, CA advised that referral to the Secretary of State would be made and that this would be taken into account.

10.2 Annual Audit Letter

MK presented the Annual Audit Letter 2015/16 which comprised key messages, financial statements, securing economy, efficiency and effectiveness – value for money conclusion, future challenges and fees. He referred in particular the information on future challenges – both financial and other – and highlighted that 2016/17 would be a challenging year for the CCG.

MK noted that the Letter required circulation to the Governing Body. *Post meeting note: The Letter was circulated later in the day.*

The Committee:

1. Noted the progress report and briefing.
2. Noted the content of the Annual Audit Letter 2015/16.
3. Noted that the Annual Audit Letter required circulation to the Governing Body.

11. Internal Audit

11.1 Periodic Report

TW referred to the report which comprised an executive summary, an overview of assurance levels by audit area, analysis of audit days, and progress with the 2016/17 audit programme. He noted the Specialist Commissioning audit would be deferred to quarter 3 as these services had not transferred to the CCG on 1 April 2016 as expected; this was a national issue.

11.2 Audit Recommendations Status Report

TW presented the update on the status and progress in implementing audit recommendations at the CCG to 31 May 2016. He advised that a further 18 recommendations had been completed since the last report, which included both CCG and PCU recommendations. There remained 18 recommendations outstanding, including three 'high' recommendations, and a further 41 new recommendations had been added at year end.

Members discussed the three 'high' recommendations, two of which related to the PCU.

Additional Item: Internal Audit Merger – North Yorkshire NHS Audit Services and West Yorkshire Audit Consortium

SP referred to email correspondence with Helen Kemp-Taylor, Head of Internal Audit, and the proposed governance and staff structure for the enlarged consortium, circulated to the Committee electronically. She highlighted that, although the Committee had supported the merger in principle, formal sign off of the new arrangements had not been sought prior to implementation on 1 July. SP noted that due diligence had taken place but expressed concern that she had not seen a financial risk assessment and there had been no governance structure or business plan in place prior to the merger. SP additionally sought clarification on the representation of each organisation and both the process and financial risk should an organisation wish to leave to obtain their internal audit function elsewhere. In regard to the latter TP confirmed that there was a process for such an event.

TW advised that "business as usual" was continuing and that, though the governance arrangements, constitution and associated documents had been discussed at the June meeting of the North Yorkshire NHS Audit Services Alliance Board, no decision had been made due to the number of apologies; further consideration would take place at the September meeting. SP confirmed that she planned to attend this meeting.

The Committee:

1. Noted the periodic report outlining progress against the Internal Audit work programme.
2. Noted the audit recommendations status report as at 31 May 2016.
3. Noted the update on the Internal Audit merger.

12. Minutes from other meetings

12.1 *Quality and Finance Committee*

12.2 *Information Governance Steering Group*

12.3 *North Yorkshire Audit Services Alliance Board*

The Committee:

1. Received the minutes of the Quality and Finance Committee of 27 April and 19 May 2016, noting the Key Messages to the Governing Body.
2. Received the minutes of the Information Governance Steering Group of 26 May 2016.
3. Received the minutes of the North Yorkshire NHS Audit Services Alliance Board of 9 March 2016.

12. Key Messages to the Governing Body

In discussion of the key messages MK asked whether the Committee felt assured about the CCG's arrangements for addressing the deficit on the basis of the information received. He also referred to the potential for difficult decisions to be required by the Governing Body due to the challenging financial position. Further discussion ensued regarding accuracy of activity and forecasting and the potential impact on turnaround.

Key messages were agreed as:

- Meeting with members of the Partnership Commissioning Unit; continuing outstanding concerns; the need for ongoing assurance on clinical and financial risks.
- Receipt of the Annual Audit Letter 2015/16 and challenges described for 2016/17; circulation to the Governing Body.
- Review of month end financial processes to ensure accurate reporting.
- Review of the Assurance Framework; concern at significant increase in the number of 'high' risks.
- Concerns in light of the minutes of the Quality and Finance Committee in respect of the financial position.
- Progress of External Audit procurement (agreed as a key message after CA and MK had left the meeting).

The Committee:

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

14. Next meeting

7 September 2016, 9am.

The Committee meeting was followed by a meeting of the Auditor Panel. For reasons of procurement and confidentiality this was a private session.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP AUDIT COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN: 6 JULY 2016 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
24 May 2016	Periodic Progress Report – 2015/16 Work Programme	<ul style="list-style-type: none"> Staff communications to be issued to ensure submission of correct travel claims in 2016/17 	MA-M	
24 May 2016	Audit Recommendations Status Report	<ul style="list-style-type: none"> Quality outcome framework for primary care services be presented to the Primary Care Commissioning Committee 	Michelle Carrington	12 July 2016
7 July 2016	Matters Arising			27 September 2016
24 May 2016	Decision-Making Summary	<ul style="list-style-type: none"> Governing Body Workshop to focus on CCG decision making and reporting arrangements 	RP/LS	7 July 2016
24 May 2016	Audit Committee Effectiveness Assessment – Horizon Scanning	<ul style="list-style-type: none"> Horizon scanning to be routinely circulated to Governing Body members 	RP/LS	

Meeting Date	Item	Action Required/Decisions Taken	Responsible Officer/Body	Action Completed/ Due to be Completed by (as applicable)
6 July 2016	Counter Fraud – Security Report	<ul style="list-style-type: none"> Security risk assessment of West Offices to be undertaken 	TP	
6 July 2016	Review risks and controls around financial management – update on month 2 NHS England Financial Reporting	<ul style="list-style-type: none"> Updated action plan to be presented at next meeting 	TP	7 September 2016
6 July 2016	External Audit Tender 2017/18 Update	<ul style="list-style-type: none"> Audit Committee terms of reference to be amended 	TP	