

Harrogate and Rural District Clinical Commissioning Group (HaRD CCG)

Audit Committee Tuesday 21 August 2018, 14:00 – 16:00

Boardroom 1, HaRD CCG
1 Gimbald Crag Court, St. James Business Park, Knaresborough, HG5 8QB

Present

Sheenagh Powell	Chair of Audit Committee and Vice Chair of Governing Body
Lance Gilroy	Lay Member, Patient and Public Involvement
Rick Sweeney	GP Governing Body Member (Vulnerable People and Primary Care)

In Attendance

Dilani Gamble	Chief Finance Officer, HaRD CCG
Mark Kirkham	External Audit, Mazars LLP
Helen Kemp Taylor	Head of Internal Audit, Audit Yorkshire
Sasha Sencier	Corporate Governance Manager
Helen Sanderson	Information Governance Officer, eMBED
Angela Wartens	Secretariat

Apologies

Campbell Dearden	External Audit Manager, Mazars LLP
Steve Moss	Head of Anti-Crime Services, Audit Yorkshire
Alec Cowell	Head of Finance, HaRD CCG

1.0 Introductions and Apologies

Apologies were received from Steve Moss, Alec Cowell and Campbell Dearden.

The Audit Committee: Noted attendance and apologies and that the Audit Committee is quorate.

2.0 Declarations of Interest in Relation to the Business of the Meeting

No declarations of interest were received in relation to the business of the meeting.

The Audit Committee: noted the above.

3.0 Minutes of the Meeting held 24 April 2018 and 22 May 2018

The following amendments to the April 2018 minutes were noted:

- The date in the heading for the April minutes was incorrectly given as Tuesday 20 April 2018 and should read Tuesday 24 April 2018.

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- On page 3, paragraph 4 there were minor grammatical errors. The paragraph was changed to “Sheenagh Powell queried why the accounts do not show an overspend. It shows the target and the performance and you have to deduct one from the other to gain the overspend. Alec Cowell confirmed that there is no note included in the accounts regarding the overspend and there is no requirement for the CCG to report this.”

The Audit Committee: accepted the minutes subject to the amendments mentioned above.

4.0 Matters Arising

The Action log was reviewed and the amended tracker is at Appendix A.

All actions were completed except for an action which planned for the Governing Body to have a workshop to review all committee effectiveness reviews for assurance. Sasha Sencier explained to the Audit Committee that this had been added to the forward plan for the Governing Body, unfortunately due to a combination of circumstances this has not been completed yet.

It was noted that all reviews demonstrated a high level of effectiveness.

The Audit Committee: accepted the above.

5.0 Audit Committee Forward Plan

The Committee reviewed the Audit Committee Forward Plan and two amendments were noted.

Dilani Gamble requested that the Internal Audit Review is deferred to the November meeting – this was discussed and decided that the Internal Audit Review would be deferred to November for both the 2018 and 2019 Forward Plan.

The Internal Audit Charter should be scheduled for November 2018 which will be led by Internal Audit. The Internal Audit Charter should be scheduled for February in 2019.

ACTION: Sasha Sencier to amend the forward plan as above.

The Audit Committee: approved the Forward Plan subject to the amendments as detailed above.

6.0 Finance

6.1 Financial Planning, Control and Governance Self-Assessment – Q1

All CCGs are required to complete a quarterly and an annual self-assessment on their financial planning, control and governance arrangements against a national list of expectations.

The quarterly section comprises 52 questions, split over 12 categories. The following table highlights the CCG’s scoring for quarter 1;

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Domain	Q1
Detailed Financial Planning	100%
In year Financial Performance	90%
Contracts	100%
System-wide Performance	100%
Financial Control	86%
Risk Management	100%
Audit	100%
Finance & Investment Committee	67%
Governing Body (GB)	50%
Capability and Capacity	75%
PMO Function (QIPP)	50%
CSU Support	50%

The 'Finance & Investment Committee' section scored 67% because the finance report to Finance, Performance and Commissioning Committee did not include the CCG's underlying run rate. This has now been rectified.

The 'Governing Body' section scored 50% because the finance report to the Governing Body did not include the CCG's underlying run rate. This has now been rectified.

The 'Project Management Office function' section scored 50% for the following reasons;

- Insufficient resources to undertake QIPP schemes. This has now been rectified by securing additional support from PricewaterhouseCoopers LLP.
- Not accessing NHS England's financial resilience support site or taking a difficult decisions paper to Governing Body. The CCG has now gained access to the support site and taken a difficult decisions paper to a Governing Body workshop.
- QIPP schemes not having risk assessed business cases. Work is on-going, particularly around the Aligned Incentive Contract schemes, to rectify this issue.

The annual section comprises 33 questions, split over 8 categories. The following table highlights the CCG's scoring as at quarter 1;

Domain	Annual
Detailed Financial Planning	82%
In year Financial Performance	100%
Financial Control	100%
Audit	100%
Finance & Investment Committee	60%
Governing Body (GB)	100%
Capability and Capacity	100%
PMO Function (QIPP)	100%

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The Finance & Investment section scored 60% for the following reasons;

- Lacking a robust process for investment decisions and monitoring of investments during implementation and delivery.
- Lacking a robust process for investment decisions post implementation reviews.

The CCG will be working on addressing these shortfalls over the rest of the year.

Sheenagh Powell queried what processes are in place to ensure improvement in the above areas and how do we gain assurance for the Audit Committee. Dilani Gamble responded that this paper will now go the Finance, Performance and Commissioning Committee for assurance as well as the Transformation and Delivery Board for monitoring.

Sheenagh Powell would like to see action lists from this process to provide assurance to the Audit Committee.

ACTION: Dilani Gamble to report on progress on actions for the November meeting of the Audit Committee.

There was some discussion regarding assurance and evidence for this process both at Finance, Performance and Commissioning Committee and Audit Committee.

The Audit Committee: accepts this self-assessment as assurance on the CCG's financial planning, control and governance arrangements subject to the required actions.

6.2 Single Tender Waivers

Dilani Gamble presented the Single Tender Waivers to the Audit Committee for noting.

Lance Gilroy raised a concern with regard to the cost of procurement versus the expected benefit and wanted to be assured that this was taken into account.

The Committee discussed processes regarding Single Tender Waivers. The Chief Finance Officer has delegated authority to approve Single Tender Waivers, which are then brought to the Audit Committee and the Finance, Performance and Commissioning Committee for noting. The Chair of the Audit Committee then counter-signs the Single Tender Waivers for assurance purposes only.

The committee agreed that it would be beneficial in future if further information on each Single Tender Waiver was made available at the Committee to be able to be assured that the appropriate process had been followed. Sheenagh Powell pointed out that Single Tender Waivers should be brought to the Finance, Performance and Commissioning Committee for noting prior to the Audit Committee.

ACTION: Alec Cowell to ensure that the Single Tender Waiver form to be updated to include evidence that due process has been followed.

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6.2.1 Referral Management Administration System

The Audit Committee reviewed the Referral Management Administration System Single Tender Waiver.

The Audit Committee: noted the Referral Management Administration System Single Tender Waiver.

6.2.2 Referral Management System – Clinical Triage

The Audit Committee reviewed the Referral Management System Clinical Triage Single Tender Waiver.

The Audit Committee: noted the Referral Management System Clinical Triage Single Tender Waiver.

6.2.3 Advanced Wound Care

Dr Rick Sweeney and Sheenagh Powell queried whether the CCG could be challenged, in particular given the value of the contract being £825K. The paper said that the company was on the NHS Shared Business Services procurement framework and therefore met the procurement regulations. The committee requested more detail with regards to this.

It was agreed that this Single Tender Waiver would be reviewed, the additional information required provided to committee members and circulated to members for them to confirm that they are satisfied with the process.

The Audit Committee: agreed to review additional detail regarding the Advanced Wound Care Single Tender Waiver prior to noting.

6.2.4 Prescribing Decision Support

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Lance Gilroy queried whether the CCG is negotiating to ensure value to money. Dilani Gamble confirmed that this was the case and that there was a significant level of saving through this Single Tender Waiver.

The Audit Committee: noted the Prescribing Decision Support single waiver tender.

7.0 Corporate and Governance

7.1 Governing Body Assurance Framework Review

Sasha Sencier presented the Governing Body Assurance Framework (GBAF) for NHS Harrogate and Rural District CCG which aims to identify the main risks to the delivery of the CCGs strategic objectives and its statutory obligations, as defined by the CCG Assurance Domains.

The GBAF is the key source of evidence that links strategic risks, controls and assurances and the main tool that the Governing Body should use in discharging its overall responsibility for internal control.

The Corporate Governance Manager has met regularly with Directors and other members of the Senior Management Team to regularly review individual risks and update the GBAF accordingly.

The GBAF was approved by the Governing Body meeting on 2 August 2018.

Dr Rick Sweeney commented that the presentation of the GBAF is now much easier to read and understand.

The Audit Committee: receive the Governing Body Assurance Framework as assurance that the CCG has controls in place to manage high level risks effectively.

7.2 Risk Registers Review

Directorate Risk Register and Corporate Risk Register

Sasha Sencier presented the Directorate Risk Register (DRR) and Corporate Risk Register (CRR) to the Committee.

A monthly report is presented to the Senior Management Team to provide assurance on risks that are considered high and score 12 and above. A decision is then made whether to escalate the risk to the Corporate Risk Register or the Governing Body Assurance Framework (GBAF).

A quarterly report is presented to all Governing Body Committees, which includes any significant risks that are aligned to it. These risks and action plans are discussed and assurance is provided from risk leads as to how the risk is being managed in order to reduce the risk score.

The CCGs Risk Management Strategy states that all Risk Registers of the CCG will be submitted in their entirety biannually to the Governing Body for assurance and biannually to the Audit Committee for assurance.

Sheenagh Powell advised that she had attended a risk review meeting and she was very impressed with the level of skill and engagement of employees managing risk.

The Audit Committee: receive both the Corporate Risk Register and Directorate Risk Register in their entirety as assurance that the risks are being managed effectively through the Corporate Risk Review Group who is accountable to the Senior Management Team.

7.3 NHS England Conflict of Interest Returns

Sasha Sencier presented the NHS England Conflict of Interest Return for Quarter 1,

The Improvement and Assessment Framework (IAF) includes a conflicts of interest indicator to assess CCGs' compliance with the requirements of the revised statutory guidance on managing conflicts of interest for CCGs. CCGs are required to demonstrate compliance with the conflicts of interest indicator through an annual and quarterly self-certification submission.

Sasha Sencier noted that there have been no breaches in Quarter 1.

The Audit Committee: receive this report as assurance that CCG is complying with the statutory guidance set out by NHS England.

7.4 Bi-annual Effectiveness Review Action Plan

Sasha Sencier informed that a review of the Audit Committee effectiveness was completed back in February 2018, which is a requirement of the Committee's terms of reference.

The Committee:

- Discussed the results of the qualitative survey and self-assessment, which were very positive.
- Determined that the report provided a high level of assurance that the Audit Committee is operating effectively.

As there were no gaps in assurance no action plan was developed and as such, although the forward plan states we will review our action plan mid-year, there is no plan to review.

The Audit Committee: noted the above.

7.5 Policies Reserved to the Committee

7.5.1 Procurement Policy

The CCG's existing procurement policy (June 2015) was due for review in 2018. The updated policy (see paper 7.5.1 for full details) will be presented to the Finance, Performance and Commissioning Committee for approval as a detailed financial policy of the CCG.

The policy has been updated considerably to reflect the changes in both the NHS commissioning landscape as well as the Public Contracts Regulations 2015 (PCR 2015).

Rick Sweeney queried the wording of point 19.4 (Primary Care Contracts), Sasha Sencier agreed to update this section before submission to FPCC for approval.

The Audit Committee: noted the policy for approval by the FPCC.

7.6 Internal Audit Review

Helen Kemp-Taylor and Dilani Gamble are going to review the HFMA handbook with regards to Internal Audit and construct a survey. The survey will be brought back to the Audit Committee in November 2018.

Post Meeting Update this action to be carried out by Sasha Sencier.

The Audit Committee: noted that the internal audit survey will be on the November 2018 agenda.

Sasha Sencier left the meeting after Item 7.6. Helen Sanderson arrived shortly after.

8.0 Information Governance

8.1 Information Governance Steering Group (IGSG) Minutes

Helen Sanderson presented the IGSG and an overview is below:

IG Framework and Policies

It was noted that the Data Protection Bill is due to be enacted this month therefore the CCG's IG Framework and policies will need to be checked to ensure that the requirements of this Act are reflected.

IG Training

No new IG training modules tailored to specific job roles have as yet been published; however this will continue to be monitored.

Data Flow Mapping

The CCG's Information Asset Owners reported updates to information assets and data flow maps as follows:

Finance: No changes to report

Contracting: No Changes to report

Commissioning: No return submitted

Medicines Management: Personal folders to be reviewed and updated.

Quality: It was recognised that the information asset owners require updating and agreed that a full review of this teams data flows would be undertaken

Mental Health: It was noted that the data flows for this team would require review due to change of staff.

Privacy Impact Assessments

It is noted that a system for the completion of Privacy Impact Assessments now to be known as Data Protection Impact Assessments has been established however this needs to be amended to include review by the CCG's Data Protection Officer and final sign off by the CCG's SIRO this is in progress.

Privacy Notice

A template privacy notice is being produced by the Embed IG Team for the CCG to use, guidance from the Information Commissioners Office has been awaited on producing privacy notices however this has now as yet been published so it should be noted that further updates may be required when this is published. It should be noted this has now been supplied to the CCG to check that it covers its processing activities in respect of personal identifiable information.

The Data Security and Protection Toolkit (DSPT)

This is due to be published and once it has been released an action plan will be determined and agreed with the CCG. It should be noted that this has now been reviewed with the CCG and agreed.

Incidents

It was noted that incidents reported are due to excessive information being sent to the CCG.

The group was reminded that incidents occurring due to CCG action or the action of one of the CCG Data Processors must be reported to the Information Commissioners Office within 72 hours. Reporting of all incidents must continue via Safeguard but

staff must be reminded that all incidents must be reported as soon as they are recognised.

Lance Gilroy asked what percentage of the CCG is compliant for the Information Governance Training. Helen Sanderson could not confirm the exact percentage as the reports go to Sasha Sencier, but we need to attain 95% for the CCG to be compliant. There was some discussion regarding this training and the way that it is scheduled.

The Audit Committee: noted the IGSG minutes.

8.2 IGSG Terms of Reference

Helen Sanderson presented the Information Governance Steering Group Terms of Reference.

Helen noted that minor amendments have been made to the terms of reference and this mostly includes changes to names and/or titles.

Helen informed that the new Data Protection Officer is Caroline Millions, who is also a contact for Information Commissioners Office.

Sheenagh Powell queried the amendment to the terms of reference which now states that "The Steering Group shall review and approve its terms of reference at least annually and any changes recommended will be put to the Audit Committee for ratification" as she felt that they should be agreed by the Steering Group and approved by the Audit Committee, Helen Sanderson advised that she would amend the wording for this.

The Audit Committee: approve the updated Terms of Reference subject to the amendments in paragraph 9 where the audit committee should remain the approving body

9.0 Internal Audit

9.1 Internal Audit Periodic Progress Report

This report summarised activity undertaken in completion of the NHS Harrogate and Rural District CCG 2018/19 Internal Audit Operational Plan.

In 2018/2019 it has been agreed that Audit Yorkshire will provide an audit plan that equates to 101 audit days. In addition 17 days were brought forward from 2017/2018 in relation to unused PCU days and two audits that were postponed from the 2017/2018 audit plan (Pathway Change Quality Impact and Compliance with Procurement Regulations).

In relation to completion of the 2017/2018 the last remaining report (PCU Transition) has been issued as final and was summarised in this report. One report (QIPP Q1 Processes to Delivery) has been issued in draft from the 2018/2019 audit plan.

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Helen Kemp Taylor went through a few amendments which explained why there had been delays to the start of this financial year.

Sheenagh Powell expressed concerns at some of the delays as she felt that some items were too important to wait until the end of September 2018.

Dilani Gamble commented that whilst it says procurement audit, it's actually in terms of commissioning audit perspective and this was going to be focussed on the work we are taking forward in terms of integrated care, one reason that we put this in in terms of the plan was so that whichever route we took we were complying with procurement regulations, the audit was to ensure that we were taking the correct approach. The audit is still relevant; negotiations are still ongoing with the Commissioning Team that the scope of the audit is still reflective of where it needs to be.

ACTION: Dilani Gamble to discuss this with Wendy Balmain. The progress of ongoing audits for 2018/19 was detailed.

Helen Kemp Taylor also briefed the committee on the audit of PCU Transition which had an overall opinion of significant assurance.

Dilani Gamble commented that there were a number of actions to be completed before the CCG feel assured from a finance perspective.

Helen Sanderson commented that she had requested a privacy impact statement but she wasn't aware that one had been received.

ACTION: Helen Kemp Taylor to request the Privacy Impact statement for Helen Sanderson from the Project Manager (PCU Transition)

9.2 The Audit Committee: received the report Audit Recommendations Status Report

This paper provided an update on the status and progress in implementing audit recommendations at the CCG.

Appendix A summarised the status of audit recommendations to be implemented. A total of 32 recommendations have been completed leaving a total of 23 outstanding.

Only 1 of these is a major recommendation which refers to the PCU transition and the data validation in QA.

There are three recommendations on budget control and the revised target date is the end of Sept 2018, there will be an update on those before the next audit committee.

Lance Gilroy commented that it is positive that there is only one major recommendation left on.

Sheenagh Powell is concerned that the major recommendation doesn't have a revised target date, it hasn't been given a specific date for resolving this matter. Helen Kemp Taylor responded that they haven't had a specific date given for this and she will pick it up with Alec Cowell.

The Audit Committee: noted the report.

Helen Sanderson left the meeting after this item.

9.3 Draft Primary Care Internal Audit Framework

NHS England has issued a draft framework for the internal audit of primary medical care commissioning arrangements delegated to Clinical Commissioning Groups. A final version is still awaited NHS England.

The internal audit framework is one of three new assurance requirements being introduced by NHS England from 2018/19. These are:

- a. **Reported self-assessment of compliance with published primary medical care policies from each lead commissioner** (NHS England local team or delegated CCG). This is to be managed through the annual Primary Care Activity Report collection.
- b. **Report published by each delegated CCG covering the outcomes achieved** through their delegated responsibilities and the way in which assurances have been gained locally, particularly where innovative approaches are taken. This is to be accommodated through amendment of CCGs annual governance statement template.
- c. **Internal audit of delegated CCGs primary medical care commissioning arrangements.** The purpose of this being to provide information to CCGs that they are discharging NHS England's statutory primary medical care functions effectively, and in turn provide aggregate assurance to NHS England and facilitate NHS England's engagement with CCGs to support improvement.

The audit framework is not required to be completed in full in 2018/2019 but is to be planned and delivered over a three to four year programme.

In recognition of the late issue of the draft framework and the fact that annual audit plans had largely been agreed prior to issue NHS England has built in some flexibility as follows:

- Delegated CCGs whose audit plans are already committed and not easily subject to change (for example, would require additional resources) should ensure primary medical care is included in their audit plans from 2019/20.
- Delegated CCGs who are able to plan and proceed with implementing this framework in their 2018/19 audit plans should commence with their audits of primary medical care.

Therefore, if commencing with the audit programme in 2018/19 the expectation is that it should be possible to complete the audits required by March 2021. If commencing with audit plans from 2019/20, the audit framework is to be completed by March 2022.

Where an audit of primary medical care commissioning arrangements was undertaken in 2017/2018 this may count towards the above if the audit and its objectives were clearly in scope of the framework and the outcome is subsequently reported in line with this framework.

The audit areas to be covered over the three to four year cycle are:

- Commissioning and procurement of primary medical services
- Contract Oversight and Management Functions
- Primary Care Finance
- Governance.

Reporting requirements are described as follows:

- The assurance rating of all primary medical services annual audits are to be included in the CCG's annual report and governance statement and discussed at a Governing Body meeting in public
- All audits reporting "No-assurance" or "Limited-assurance" are to be shared and discussed with the NHS England local team
- NHS England will also collate assurance ratings from delegated CCGs and report these annually to ensure there is national oversight on assurance of its delegated functions.

Next Steps

In relation to NHS Harrogate and Rural District CCG the audit of primary medical care commissioning was not included in the 2017/2018 or 2018/2019 internal audit plans. It will therefore be necessary to decide whether to allocate resource to commence audit work in 2018/2019 (by flexing the 2018/2019 audit plan or allocating additional resource) or commence the programme in 2019/2020.

It has been proposed that a pan North Yorkshire approach to the audit work is undertaken. Via a nominated forum Internal Audit will work with the CCGs to draft and agree an approach to the implementation of the framework.

Sheenagh Powell agreed that the audit would begin in 2019/20 as we haven't as yet had the finalised framework from NHSE. Dilani Gamble asked if this needs to go to primary care steering group or Primary Care Commissioning Committee, as it's not final it was suggested that initially primary care steering group.

Helen Kemp Taylor noted that the outcomes will go in the Annual Governance Statement.

Sheenagh Powell thanked Sharron Blackburn for all her help with this.

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The Audit Committee: agreed that the framework would go to the Primary Care Commissioning Committee steering group. The Audit Committee also agreed that the audit should be across North Yorkshire and be carried out from 2019/2020.

10.0 External Audit

10.1 Annual Audit Letter

Mark Kirkham presented the Annual Audit Letter for NHS Harrogate and Rural District Clinical Commissioning Group for the year ending 31 March 2018 and the table below summarised the work they have undertaken and the key findings:

	Our auditor's report issued on 24 May 2018 included our opinion that:
Audit of the financial statements	<ul style="list-style-type: none"> The financial statements give a true and fair view of the CCG's financial position as at 31 March 2018 and of its financial performance for the year then ended. Income and expenditure has, in all material respects, been applied for the purposes intended by Parliament except for the failure to meet the statutory duty for expenditure not to exceed income in the year.
Value for Money conclusion	Our auditor's report stated we had matters to report in respect of the CCG's arrangements to secure economy, efficiency and effectiveness in its use of resources.
Reporting to the group auditor	In line with group audit instructions issued by the National Audit Office, on 25 May 2018 we reported that there were no inconsistencies between the CCG's consolidation schedules and the audited financial statements.
Statutory reporting	The auditor's report outlined that we made a referral to the Secretary of State under s30 of the 2014 Act, in relation to the CCGs breach of financial duties.

Sheenagh Powell queried if this would now go to the Governing Body. Mark Kirkham confirmed that it is taken to the Governing Body and then published on the website.

The Audit Committee: received the Annual Audit Letter.

10.2 External Audit Progress Report

Mark Kirkham presented the first progress report for the 2018/19 audit year. The programme of work the audit team are required to carry out remains unchanged from 2017/18 and includes:

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- the audit of the CCG financial statements;
- their work to conclude on the CCG arrangements to secure value for money in the use of resources; and
- a programme of work specified by the National Audit Office in respect of the CCG consolidation schedules.

At this stage the audit team have not yet started their planning work for the 2018/19 financial year. They will issue the Audit Strategy Memorandum to the CCG later in 2018/19 which will set out the risks they have identified and the programme of work they plan to carry out in response to those risks.

The report also highlights key emerging national issues and developments including:

- NHS Standard Contract 2017/18-2018-19 Technical Guidance, NHS England, May 2018
- Data and Cyber Security Standards, April 2018
- House of Commons Committee of Public Accounts – Cyber Attack on the NHS, April 2018
- NHS England Funding and Resource 2018-19: Supporting ‘Next Steps for the NHS Five Year Forward View’, March 2018

The Audit Committee: note the External Audit Progress Report

11.0 Any Other Business

Helen Kemp Taylor advised that the new Audit Manager, Kim Betts, will be attending the next meeting of the Audit Committee in November. Her previous role was Internal Audit Manager at Harrogate Borough Council.

Sheenagh Powell informed the committee that this is Rick Sweeney’s last Audit Committee meeting before he retires; On behalf of the Committee, Sheenagh Powell thanked Rick Sweeney for all his hard work.

12.0 Feedback on the Meeting

No feedback given.

13.0 Key Messages to Governing Body

- The Committee received the Financial Planning Control and Governance Self-Assessment – Q1 and requested information with regard to actions being put in place to improve the assessment results.
- Received GBAF and Risk Registers
- Discussed the Draft Primary Care Internal Audit Framework. The committee agreed they were content for audits to be included in the internal audit plan from 2019/20. They also recommended that it should be discussed at the Primary Care Commissioning Committee Steering Group.

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14.0 Next Meeting:- Tuesday 6 November 2018 at 14:00
Meetings for 2018/19 will be held in Boardroom One at the Clinical Commissioning Group.

Tuesday 26 February 2019, 14:00 – 16:00

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Appendix A

NHS Harrogate and Rural District Clinical Commissioning Group
 Actions from the Audit Committee on 21 August 2018

Meeting Date	Item	Action	Responsibility	Action Completed/ Due to be Completed (as applicable)
21/8/18	3.0 Minutes of Meetings held 24 April 2018 and 22 May 2018	The date on the April minutes is incorrect and there are changes on page 3, paragraph 4	Angela Warters	1/11/18
21/8/18	5.0 Audit Committee Forward Plan	Amendments to dates for Internal Audit Review and Internal Audit Charter	Sasha Sencier	1/11/18
21/8/18	6.1 Financial Planning, Control and Governance Self-Assessment – Q1	To report on progress on actions for the November meeting of the Audit Committee	Dilani Gamble	1/11/18
21/8/18	6.2 Single Tender Waivers	Single Tender Waiver form to be updated to include evidence that due process has been followed.	Alec Cowell	1/11/18
21/8/18	6.2.3 Single Tender Waivers – Advanced Wound Care	This Single Tender Waiver is to be reviewed and the additional information required circulated to the committee members for them to confirm they are satisfied with the process.	Dilani Gamble	1/11/18
21/8/18	7.6 Internal Audit Review	The HFMA Handbook will be used to review this issue and it will be returned in November 2018	Sasha Sencier	1/11/18
21/8/18	8.2 IGSG Terms of Reference	The Audit Committee should remain the approving body for the Terms of Reference. To be amended back to original working for this point.	Helen Sanderson	1/11/18
21/8/18	9.1 Internal Audit Periodic Progress Report	Negotiations are still ongoing with the Commissioning Team; Dilani Gamble will request an update from Wendy Balmain.	Dilani Gamble	1/11/18

Meeting Date	Item	Action	Responsibility	Action Completed/ Due to be Completed (as applicable)
21/8/18	9.1 Internal Audit Periodic Progress Report	Helen Kemp Taylor to request the Privacy Impact statement for Helen Sanderson from Project Manager (PCU Transition)	Helen Kemp Taylor	1/11/18
21/8/18	9.2 Audit Recommendations Status Report	A revised target date is required for the major recommendation regarding PCU Transition	Helen Kemp Taylor	1/11/18
21/8/18	9.3 Draft Primary Care Internal Audit Framework	This item is to be listed for the next Primary Care Steering Group	Dilani Gamle	1/11/18
22/5/18	13.0 Key Messages to Governing Body	Alec to check constitution regarding Governing Body receiving Annual Accounts	Alec Cowell	Completed
24/4/18	7.1 Draft Accounts, Financial Statements, Annual Governance Statement and Annual	Alec Cowell to send out Analytical Review and the Agreement of Balances to Sheenagh Powell, Lance Gilroy and Dr Rick Sweeney for them to scrutinise	Alec Cowell	Completed
24/4/18	10.1 Internal Audit Periodic Progress Report	Alec Cowell to feed back the Key Performance Indicators management responses to the Senior Management Team.	Alec Cowell	Completed
24/4/18	11.2 Joint Declarations from Management and those charged with Governance	Alec Cowell to send updated Joint Declarations from Management and those charged with Governance round the Audit Committee to ensure the auditors have the assurance they need for the audit.	Alec Cowell	Completed
24/4/18	13.0 Any other Business	Alec to look into the website about Financial Resilience as discussed at the April meeting.	Alec Cowell	Completed
20/2/18	8.4 Committee Effectiveness 2017/2018	Governing Body Workshop to plan to review all committee effectiveness reviews to give assurance to Governing Body.	Sasha Sencier	01/11/18