


MEETING DATE:	10 October 2013	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.7	
AUTHOR:	Therese Paskell	
JOB TITLE:	Chief Financial Officer	
DEPARTMENT:	Finance and Business Support	

**CCG AUDIT GROUP MINUTES
4 JUNE 2013**

PURPOSE/ACTION REQUIRED:	To Receive and Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Ratified at the last CCG Audit Group
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:					
To advise the CCGC of the work of the Audit Group					
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:					
Continue to improve the quality of services	X				
Reduce unwarranted variations in services					
Deliver the best outcomes for every patient					
Improve patient experience					
Reduce the inequalities gap in North Lincolnshire					
3. IMPACT ON RISK ASSURANCE FRAMEWORK:					
<table border="1" style="display: inline-table;"> <tr> <td>Yes</td> <td style="text-align: center;">x</td> <td>No</td> <td></td> </tr> </table>		Yes	x	No	
Yes	x	No			
Provides assurance to the Committee of independent review by the Audit Group. Demonstrates a practical approach by the Audit Group to meet the needs and risks of the organisation which will form part of the Trust Legacy documentation.					
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:					
<table border="1" style="display: inline-table;"> <tr> <td>Yes</td> <td></td> <td>No</td> <td style="text-align: center;">X</td> </tr> </table>		Yes		No	X
Yes		No	X		

5. LEGAL IMPLICATIONS:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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The Audit Groups remit includes reviewing/ensuring PCT liabilities are fully captured as part of the Accounts. In addition the Audit Groups remit includes independent review of the CCGs legislative compliance and supporting processes.

6. RESOURCE IMPLICATIONS:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Draft Budgets for next year include GP input to the Audit Group.
A cost benefit analysis of the Audit Group will be planned in as part of next year's work plan.

7. EQUALITY IMPACT ASSESSMENT:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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Not required as is not a policy/procedure or guidance

8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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Minutes were ratified by the last Audit Group and will also be copied to COM.

9. RECOMMENDATIONS:

- The CCG Governing Body is asked to: -
- Receive and Note the CCG Audit Group minutes

MEETING:	NHS North Lincolnshire	 NHS North Lincolnshire Clinical Commissioning Group NHS NL CCG Audit Committee
MEETING DATE:	Tuesday 4 th June 2013	
VENUE:	Boardroom, Health Place, Brigg	
TIME:	14:00 – 17:00	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Paul Evans (PE)	Chair	NHS North Lincolnshire CCG
Therese Paskell (TP)	Chief Financial Officer and Business Support	NHS North Lincolnshire CCG
Ian Reekie (IR)	Lay Member	NHS North Lincolnshire CCG
Andy Growsns (AG)	Internal Audit Manager	ECAC
Paul Lundy (PL)	Director, KPMG	KPMG
Karen Rhodes (KR)	Senior Officer Quality and Assurance	NL CCG
Shaun Fleming	Counter Fraud Manager	ECAC
Jackie Rae (JR)	Manager, Public Sector Audit, KPMG	KPMG
Tehmina Mubarika	GP	Ancora Medical Practice
Annette Watkinson (AW) (for item 6.1)	Finance Manager, Specialist Advise and Reporting	NY&H CSU
Debbie Lewis-Bird (DL-B)	PA to CCG (for the notes)	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1. APOLOGIES		
Satpal Shekhawat, Dr Pratik Basu		
2. DECLARATIONS OF INTEREST		
There were none		
3. NOTES FROM THE AUDIT GROUP MEETING HELD ON 12 MARCH 2013 & 18TH APRIL 2013		
The minutes of the meeting held on 12 th March 2013 were recorded as an accurate record with the amendment of page 8 para 1, should read Jon Swift and not Jon Cooke		
The minutes of the Extra-ordinary CCG Committee/Governing Body Meeting were recorded as an accurate record		
4. MATTERS ARISING		
All actions on the action log have been completed or are to be covered in the agenda.		
<ul style="list-style-type: none"> Auckland Road is due to complete on 7th June 2013 David Whitfield has now left the organisation and a meeting has been arranged with TP and Kevin Sanders around IT connectivity issues 		
5. QUALITY GROUP		
Quality Group and Governance Briefing including;		
<ul style="list-style-type: none"> IG update KR gave a verbal update on the toolkit. KR received an update from Barry Jackson last week and it was noted that the CCG has got level 2 for all the standards for last year which has now been published and received		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>significant assurance.</p> <p>Draft work plan to go to the Quality Group at the end of June. The Contract for Information Governance with the CSU is based on achieving level 2 and maintaining it, although there is hope that level 3 can be obtained in some elements but not in all. KR has asked IG Team to identify resources that will be required to give extra assistance and support.</p> <p>Patient confidential data. The CCG has undertaken a mapping exercise which identifies where there is confidential data coming in. Barry Jackson to provide an interim report for high risk areas so that urgent action can be taken on those areas, and then a full report on other areas that need to be tightened up. Guidance has been circulated to staff on how to handle patient data.</p> <p>A national guidance report has been received from Barry Jackson which suggests 3 different types of assurance needed to be able to move forward with using the risk profiling tool. Because an external company has provided the tool, further assurance is needed that they are not using it or accessing it. The tool is hosted within the CSU. TP has asked for confirmation that those who are using it cannot see a care record that would allow the patient to be identified and evidence that demonstrates how the data is used. The policy is needed before this is signed off.</p> <p>The 3 issues that Barry Jackson has asked if we are happy with which we have currently said not at the moment:</p> <ul style="list-style-type: none"> • Whichever system or process is used for local risk profiling, only data which has been de-identified where use of the NHS number can be utilised • Access to the data must only be by authorised staff and the data must be held securely at all times • Patients right to opt out of any data processing must be respected <p>Sufficient assurance is required either in the way of KPIs/SLA or warranties</p> <ul style="list-style-type: none"> • Risk Register <p>An updated version of the risk register will be available after the Governing Body on 13th June 2013. KR updated on the changes that have been made as follows:</p> <ul style="list-style-type: none"> • Risk 1 - No changes around the mortality indicator position at NLaG, this remains at 20 • Risk 2 – risk description needs to be revised to reflect the level of assurance around NHS 111 Service Provider. Senior team felt this should be left as a high risk until it is known what the impact of the full Go Live is • Risk 3 – change to the risk description as there is an additional issue about the ledger which is increasing the likelihood of potential mistakes being made. To be increased for a couple of months. Overall risk is 16 • Risk 4 - No change to the Unplanned Care model now that the mobilisation plan is in place • Risk 5 – Stroke is the key aspect to the SHMI so these have been merged together on the version that is going to the Governing Body. A new risk has been added around the sustainable services review and to clarify the number of options to go out to public consultation in Sept/Oct 		

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6. ACCOUNTS		
<p>6.1 Audited Annual Accounts</p> <p>AW updated on the changes to the draft audited accounts which will go to HCAC on 5th June placing some assurance that we have reviewed the audited accounts.</p> <ul style="list-style-type: none"> • Page 7 various changes were made to Accounting Policies, Continuing Care. This was agreed to be added in under the advice from DoH • Page 18, Note 3.1 amend 2012/13 to 2012-13 • Page 20, note 5.1 – Audit fees altered due to typo errors in the figures as highlighted • Page 21, sentence added to state adjustment for the S256 grant • Page 23, added sentence, Employee benefits – Gross Expenditure • Page 23, note 7.3, correct data received from DoH now inputted re Sickness and absence • Page 25, Page inserted and reworded re Pension Costs • Page 27, note 11, amended figure from feeder forms • Page 30, note 12.3, figure added for Ironstone Centre • Page 31, note 13.1, amended figures for Net Book Value at 31st March 2013 • Page 35, note 17, balances with LA figure amended • Page 36, note 19.2 and 19.3, figures now amended due to feeder problems • Page 44, note 37, various changes to ensure names/titles and formatting are correct to include Ian Reekie • Page 46, note 38, Losses and special payment, prior year amended • Page 47, note 40, amended figure for prior year to £388,041, error due to transposition <p>The Auditors agreed a good set of accounts and both PL and TP thanked all staff involved. Final amended report to go to Humber Cluster Audit Committee (HCAC) on 5th June 2013.</p> <p>6.2 Third Party Assurance Progress</p> <p>TP gave a verbal update on 3rd party assurance. As part of year end processes, any external assurances are gathered together from external bodies that states any evidence they have on information processes, data etc that they hold on behalf of the CCG which gives us assurance that their processes are accurate.</p> <p>IR stated that this is to be more critical next year in that the CSU is the major 3rd party that we have not had before and were we confident that the contract with the CSU will ensure that they provide us with the necessary 3rd party insurance and if they don't, who pays to seek the necessary assurance. TP confirmed that the contract does allow for the usual 3rd party assurances that the CCG currently get.</p> <p>AG had received an email from Jon Cooke around the scope of the new audit contract that Deloitte's have been awarded.</p> <p>6.3 Annual Report Information update (Greenbury)</p> <p>TP gave an update on the new revised version which was tabled for the meeting prior to submission to the DoH. There were a number of amendments which were listed and attached to the back of the report, however there were further amendments as follows:</p>	<p>ACTION: TP to draft a report to be circulated virtually for feedback</p> <p>ACTION: List of assurances to be placed on the agenda for August meeting</p> <p>ACTION: AG to send to DL-B for circulation</p>	<p>TP</p> <p>TP/PE/D L-B</p> <p>AG/DL-B</p>

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<ul style="list-style-type: none"> Page 10, Cate Carmichael is the Director of PH based at NELC and not East Riding. Geoff Barnes is Deputy Director of PH and not Director Page 22, typo error in the word 'statutory' <p>Amended Report to go to HCAC on 5th June</p> <p>6.4 CCG Opening Balance Sheet TP gave a verbal update on the opening balance sheet. National Audit Office have recommended that DoH couldn't keep the short term balances. The lean back staff are to be pulled back to do the split and to agree an approach. No forms have been received as yet or dates for when these need to be completed but they are expected imminently.</p>		
7. ANNUAL GOVERNANCE STATEMENT (final activity M11)		
<p>TP updated on the amended Annual Governance Statement. The draft annual governance statement is one document done by the Cluster and then tailored locally. At HCAC it was asked that the activity information be updated to the most recent available and it was agreed that this would be M11 position. M11 activity has now been updated and the only other change needed is the January 2013 SHMI figure has been added (114 instead of 118 SHMI). M12 performance figures still need to be added to the report.</p>		
8. DRAFT LETTER OF REPRESENTATION		
<p>TP gave an update on the draft letter of representation. The group are asked to review its content as being reasonable and appropriate. The letter of representation received from the DoH is needed to accompany the Audit Annual Accounts and reflects the elements of continuing care. The letter of representation will go to HCAC on 5th June to be signed and then after the meeting the certificates for accounts will be signed. Signing Officer is Chris Long.</p>		
9. EXTERNAL AUDIT		
<p>Draft Annual Governance Report including Audit Opinion JR and PL gave a tabled update on the Draft Annual Governance Report and Audit Opinion.</p> <ul style="list-style-type: none"> Based on the findings and work completed it was concluded that an unqualified opinion on the accounts and an unqualified VFM conclusion would be given. There are no issues to cause delay in issuing the certificate of completion of the audit and audit opinion. The Annual Governance Report would be discussed at the HCAC on 5 June. 3 staff have been recruited to address the backlog of continuing health care claims and support QIPP plans. Management response from Caroline Briggs is to ensure with CSU that the monitoring of payment of outstanding claims is incorporated into the Continuing Care Business Group. JR will provide a copy of the final Annual Governance Report and audit opinion for circulation to the Group. 	<p>ACTION: TP to ensure a summary from Continuing Care Team is available for future Audit Group Meetings</p> <p>ACTION: JR to circulate to the group, copy of the final Annual governance report and audit opinion</p>	<p>TP</p> <p>JR – post note done</p>

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10. INTERNAL AUDIT		
<p>10.1 Internal Audit & Counter Fraud Progress Report</p> <p>AG gave an update on the Internal Audit & Counter Fraud progress Report. Since the last Audit Group meeting all reports have been concluded, the plan is now complete except for one outstanding draft report relating to coverage of Payroll Systems. The report will be finalised by mid-June; it is a significant assurance report with no fundamental weaknesses identified.</p> <p>Seven reports have been finalised since the last meeting and all reports provided significant assurance. Of these, three reports were IT related (two covering Transitional Planning arrangements - IT Assets and Network Infrastructure) whilst a third looked at IT Operational Management. A further two reports covered Information Governance (one on behalf of the Cluster PCTs and the other covering Humber CCGs). The final two reports covered the Cluster BAF and the PCTs Accounts Payable Systems.</p> <p>The report on IT assets related to an audit performed across the Humber Cluster which involved tracking IT assets across all 4 PCTs / CTP. 50 assets were looked at jointly on behalf of NHSNL and NELCTP and there were only 3 that could not be tracked through the testing that was carried out. The CSU are currently carrying out a piece of work to identify where those assets might be. A legacy document for all 4 Humber PCT/CTP's is going to HCAC on 5th June that shows where the report went to and who is responsible for the actions which will be followed up in due course.</p> <p>In respect of Network Infrastructure there were two specific issues, one relating to the use of a project management tool. The second issue around risk assessment and the current infrastructure to identify any specific issues around resilience and design and both of these have been picked up within the Action Plan and will be picked up through legacy.</p> <p>The audit of IT Operational Management was designed to provide assurance over the confidentiality and integrity of network services. A positive outcome arose from this audit with two concerns that were significant; the first that IT services did not routinely investigate client devices that had not been connected to forefront Anti Malware Console for a period of time, the second being about new user accounts and that there was concern that these could not be tracked through to a valid signatory list. These are currently being followed up with the CSU.</p> <p>The IGT reports for both the Cluster PCTs and the Humber CCGs were very positive, reflecting on broad level 2 and 3 compliance across the board with minor exceptions, none of which affected NLPCT.</p> <p>No problems were encountered during our coverage of the Cluster BAF and PCT Accounts Payable Systems.</p> <p>AG gave assurances that the CCG Internal Audit Plan will be delivered by the end of March 2014 and that adequate resources were available to ensure this is the case.</p>		

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<p>An update was given on the current investigation on the Fraud Log and all analysis work is now completed and the subject of the investigation will be voluntarily attending an interview under caution before the end of June to give an account of their actions. The LCFS also noted that another potential fraud referral has been received in the last week and investigations are now underway.</p> <p>Ongoing work still being carried out on the National Fraud Initiative which is a piece of work into creditors and payroll areas which has been ongoing and is a bi-annual piece of work.</p> <p>10.2 Annual Internal Audit Report, NHSNL AG updated members on the Annual Internal Audit Report for 2012/13. The report outlines key issues arising from the audit work carried out and the follow-up of audit recommendations. The overall results of the follow up work completed during the period April 2012 to March 2013 are summarised in the report and reflect follow up of a total of 23 recommendations made with 15 not yet reaching their due date. Of the 23, 17 were fully implemented and 6 are still outstanding. AG attended the joint finance working group with the LA and has issued a report to their next meeting which summarises the work of the internal audit and will look to ensure the recommendations contained in the two reports are followed through.</p> <p>TP confirmed that the joint working finance group to the ICB met on 3rd June and a joint draft response has been done which Caroline Briggs has signed and it just needs signing by the LA.</p> <p>Appendix 1 outlines KPIs. Turn around reports are to be issued within 20 days, 14 out of 16 achieved which equates to 88% compared to 80% in 2011-12.</p> <p>38 recommendations, most of which were fully auctioned with 21 as significant.</p> <p>Appendix 2 summarises the Internal Audit Plan 2012-13.</p> <p>KR queried the payroll section for staff. The funding has now been transferred to the CSU and they are still being paid on payroll therefore who has the liability for that. TP confirmed this was provided for in the accounts on the basis that if it needed to be adjusted. TP confirmed that she had an email from Jackie Lyons who advised that a contract has been put in place which was to go to Engine Room in June for review. The Service Contract will require them to make the Inland Revenue aware and that they are paying tax. TP gave assurance that a provision has been made in the old year PCTs accounts for the legacy risk.</p> <p>10.3 Annual Counter Fraud Report, NHSNL SF gave an update on the Annual Counter Fraud Report which details the fraud work undertaken for NHS NL and concludes the work undertaken for 2012-13.</p> <p>10.4 Revised Internal Audit Plan 2013-14 AG gave an update on the revised Internal Audit Plan which outlines how Internal Audit will deliver services in 2013-14. The fee rate for 2013-14 has been formally approved by East Coast Consortium Board at £262 which is the same</p>	<p>ACTION: AG to add in as part of external assurances</p>	<p>AG</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>fee rate as 2011-12 and 2012-13. This has been reflected in the main parts of the report as a fee envelope and the proposed fee envelope for 2013-14 is £24,760 (equating to 94 audit days) which includes £5,000 non recurrent element of the plan to give further support around a range of issues including 3rd party assurance. The fees quoted are based upon the skill mix required to deliver the appropriate coverage. Any additional input required to the plan will be charged in accordance with the skill mix required to deliver the work.</p> <p>Item 1.3 in the report covers issues around 3rd party assurance and partnership working.</p> <p>Appendix C is the plan that will go to Audit Group on a routine basis during the course of the year and some specifics have been built in including the Francis Report.</p> <p>Performance Management – National Assurance Framework which is a new set of performance measures that all CCGs will be measured against is currently in draft and will be developed during 2013-14.</p> <p>10.5 Contractual arrangements with CCG/CSU AG gave a verbal update on the contractual internal audit arrangements between the CCG and CSU. The contract for NHS England has been given to Deloitte and they will retain most of the business in terms of delivery of routine audit work but NHS Internal Audit will carry out some of the lower level work, some of the transactional testing relating to financial systems will stay local. This will take effect from 1st July. Some interim measures have been built in with Jon Cooke at the CSU in terms of some local work around governance, policies and procedure. CCGs are seeking assurance that not only do they have a robust set of financial and non financial policies in place but that the CSU also has a robust set of procedures and policies in place to support the systems that they operate on behalf of the CCG's. Jon Cooke has seen the benefit of Internal Audit doing some work around that and has offered some support in non-recurrent funding.</p> <p>The SLA report that comes to the Audit Group fixes the agreement that there is a two year rolling contract with opportunity to give one year's notice which was agreed across the patch.</p> <p>The Audit Group agreed to recommend that the contract be rolled forward in line with the SLA.</p> <p>10.6 Revised Counter Fraud Plan 2013-14 SF gave an update on the 2013-14 Anti Fraud Plan. The previous version went to the last Audit Group but is re-submitted on approval of the ECAC day rate. The Plan fee envelope of £5,240 which equates to 20 days of anti fraud work exclusive of any investigation days to be agreed by the CFO. There is scope to review at the end of the year if there is a sudden influx of fraud investigations.</p> <p>10.7 Progress Report on Financial Policies for discussion AG gave an update on Policy and Procedures. AG has been working with Bill Lovell (BL) to provide assurance to the Audit Group that the CCG has a clear strategy for developing a robust corporate governance framework including a</p>	<p>ACTION: AG to send a briefing around partnership arrangements to DL-B for circulation</p> <p>ACTION: AG/TP to make formal agreement</p>	<p>AG</p> <p>AG/TP</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>clear set of Policies and Procedures. All these are summarised in appendix A as reflected in the final Constitution. Appendix B provides details of the key financial Policies and Procedures required. This list was taken from a piece of work taken from Hull CCG which will be used by BL to develop CCG financial Policies relevant to the services needed that are not provided to the CCG by the CSU. BL is only doing the work that is related to the CCG.</p> <p>10.8 SLA Agreement, Counter-fraud Service 2013-14 SF gave an update on the Counter Fraud SLA. The SLA formalises the arrangement between ECAC and NLCCG in respect of anti fraud arrangements to be delivered during 2013-14. The Audit Group approved the Counter Fraud SLA.</p> <p>10.9 SLA Agreement Internal Audit Service 2013-14 AG gave an update on the SLA Agreement for Internal Audit Service 2013-14. There is an updated version which reflects to changes in Appendix B. This summary is to be replaced with a full list of the Public Sector Internal Audit Standards which is a 20 page document.</p> <p>The Audit Group approved the Internal Audit SLA subject to the amendment of Appendix B</p>	<p>ACTION: BL/AG to draw up a matrix of who is doing what and when for the next meeting and to be put on the August agenda</p> <p>ACTION: AG to send revised version to DL-B to circulate to the Group</p>	<p>AG/BL</p> <p>AG/DL-B Post note - done</p>
11. WHISTLE BLOWING POLICY		
<p>Kerry Ryan presented the tabled report on the Whistleblowing Policy which replaces the previous policy called 'Raising Concerns at Work'. There were some minor typographical errors to the report. Decision was made for the Policy to go to the Governing Body once the amendments were made.</p>	<p>ACTION: Kerry Ryan to amend</p>	<p>KR</p>
12. AUDIT GROUP ANNUAL REPORT		
<p>TP presented the Audit Group Annual Report which summarises the activities of the Audit Group for the year.</p>	<p>ACTION: AG to amend the wording in section b) re internal audit</p>	<p>AG</p>
13. BCG WAIVER (Sustainable Services)		
<p>TP presented the BCG Waiver for approval which has already been approved by the SSR management board. On behalf of NL and NEL CCG this is a joint waiver and this is the 3rd and final stage that is proposed in order to provide a handover to the CSU.</p> <p>The recommendation is that the Audit Group is asked to endorse a waiver of formal tendering procedures in order that contracts can be drawn up and signed with BCG and the work to be completed as soon as possible. The value is £200k. TP gave assurance that there are currently no other contracts that would require a waiver.</p> <p>The Audit Group Approved the BCG Waiver</p>		
14. REVISED TERMS OF REFERENCE		
<p>TP gave an update on the draft Terms of Reference. All terminology that no longer exists has been amended to reflect CCG terminology.</p> <p>Approved to be ratified by the Governing Body on 13th June 2013</p>		
15. FOR INFORMATION		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> • Final version of Head of Internal Audit Opinion For information only • Legal updates from CSU For information only 		
16. ANY OTHER BUSINESS		
There was none		
17. DATE AND TIME OF NEXT MEETING		
Thursday 29 th August 2013, 14:00-17:00, The Boardroom, Health Place, Brigg Tuesday 5 th November 2013, 14:00-17:00, The Boardroom, Health Place, Brigg		

Action Log

DECISIONS TAKEN	
Item 10.5, page 7	Contractual arrangements with CCG/CSU The Audit Group agreed to recommend that the contract be rolled forward in line with the SLA.
Item 10.8	The Audit Group approved the Anti-Fraud SLA
Item 10.9	The Audit Group approved the Internal Audit SLA subject to the amendment of appendix B
Item 11	Whistleblowing Policy – decision made for this to go to the Governing Body once amendments made
Item 13	The Audit Group approved the BCG Waiver
Item 14	The Audit Group Terms of Reference were approved to be ratified by the Governing Body on 13 th June 2013

	ACTIONS	BY WHO	BY WHEN
Item 6.2, P3 Para 1	TP to draft a report around 3 rd party assurances to be virtually circulated for feedback	TP	
Item 6.2, P4, Para 1	A list of assurances to be placed on the Agenda for 29 th August Audit Group meeting	TP/PE/DL-B	29 th August 2013
Item 6.2, P4, Para 2	Email received from Jon Cooke re Scope of the new audit contract to be sent by AG to DL-B for circulation to group	AG/DL-B	Post note – done
Item 9 P5, Para 2	A summary from the Continuing Care team to be made available for future Audit Group meetings	TP	
Item 9, P5, Para 3	JR to circulate to the group, copy of the final Annual governance report and audit opinion via DL-B	JR/DL-B	Post note – done
Item 10.1, P6, Para 5	AG to add in a s part of external assurances, the on-going work being carried out on the National Fraud Initiative re creditors and payroll areas	AG	
Item 10.4, P7, Para 4	Briefing to be circulated to group by AG via DL-B on partnership arrangements	AG/DL-B	Post note – done
Item 10.5, P7, Para 3	AG/TP to make a formal agreement around the 2 year rolling contract which was agreed across the patch	AG/TP	
Item 10.7, P8	A matrix around who is doing what and when re policies and procedures to be drawn up by AG/BL and brought to next meeting	AG/TP	9 th August 2013
Item 10.9,	Revised version of the SLA Agreement Internal Audit Service 2013-14 to be circulated to group by AG via DL-B	AG/DL-B	Post note - done

	ACTIONS	BY WHO	BY WHEN
P8,			
Item 11, P8	Kerry Ryan to amend some minor errors in the Whistleblowing Policy	KR	14 th June 2013
Item 12, P8	Wording in Section B re internal audit of the Audit Group Annual Report to be amended	AG	