



Audit Commission satisfaction questionnaire was generally positive

*Topical, Legal or Regulatory Issues/IFRS*

*Use of resources* – this was a new approach which was a rearrangement of the existing ALE assessment with some new headings under three areas which were managing resources, governing the business and managing finances. Not all areas would be looked at every year, one of the areas targeted for 2008/9 would be workforce. There would be no fundamental change to the approach to audit but there would be a slightly wider scope and it would be a less mechanistic process.

Detailed guidance was awaited.

*IFRS*

JT tabled a paper outlining the plan for implementation. There was a general feeling of concern about this, however our finance team were confident that they had it under control. One big issue currently being debated by DoH, the Treasury and large accountancy firms was LIFT and whether it was on or off balance sheet. This was more an issue for existing rather than new LIFT projects. BEN's approach was to assume they would be on balance sheet. We were required to do comparative balances by the end of the calendar year.

BEN Report from Internal Audit

08/25 *Audit Progress Report/Recommendation Tracking Report*

*Governance Arrangements BPCSSA* – limited assurance had been given and an action plan put in place to review accountability arrangements, the stakeholder agreement and ToR for SSA. The business planning and objective setting process should be reviewed and a risk register set up. Sophia had written to the other two CEOs with regards to the appropriate representation on the stakeholder group and David Melbourne DF at HoB would now be a member.

This would be reviewed in six month's time to check progress against the action plan PD

*Health Improvement* – Overall significant assurance had been given. 5 control objectives had been reviewed and an action plan put in place

BEN Report from LCFS

08/26 *Counter fraud update* – This was the standard update for April – August 2008 which was reporting good progress on the proactive areas enabled by less referrals this year. CB confirmed that she gave a presentation on her role at the regular staff induction sessions

*LCFS and IA Protocol* – this set out the framework of the way LCFS and IA worked collaboratively to manage risk and to ensure there was no duplication

*Proactive Exercise* – the exercise in relation to nursing and midwifery registration entailed checking on every member of staff to ensure they were appropriately registered. No incidence of fraud was identified. There were some recommendations about ensuring there was a standard process for checking registrations across the PCT. Mark Cheshire was producing a policy and Val Jones had agreed the implementation within the timescales set.

The work on CRB checks confirmed that these were being done in line with national guidance.

In relation to agency staff these were sourced through PASA approved

agencies and therefore these checks were carried out as part of the contract.

RC would add registration and CRB checking to the audit tracking report RC

*Closure report – trainee GP duplicate claim for relocation expenses* – allegation had come through the national claims hot line and on investigation proved to be a spurious claim

*Closure report – GP's over-claim on QOF outcome* – this was raised through the routine 5% checking by another PCT, which proved to be an incorrect assessment by the individual undertaking the checking and attributed to a poor process.

*Local Counter fraud report* – this case had been previously reported to the Audit Committee as it involved SSA. CB had produced this notice once the case had been closed and successfully prosecuted. As a result of this case the process had been changed so that photocopied invoices were no longer accepted without an original signature.

BEN Specific Planned Work Programme for September 08

08/27 *Six Monthly Losses and Compensation Payments*

Two items totalling £3,600 were reported for the period April – September 08

*Annual Review of Frequency of Meetings of the Audit Committee*

It was agreed that the current bimonthly meetings were too frequent and that routine meetings should be held quarterly with extra meetings called if required. The meeting scheduled for November 08 would be cancelled.

BEN Any Other Business

08/28 *Terms of Reference*

RM had met with the Chairman, Janet Down (Chairman of the IG&P) and Paul Dudfield to discuss the outstanding issues around the ToR for IG&P and Audit Committee. It was agreed that the appropriate committee for overseeing standards for better health was IG&P. The composition of IG&P was discussed and it was agreed that three NEDs should sit on this committee. The Chairman was asking Sue Nixon to stand down from IG&P to chair the Exceptional Cases Panel. RM would sit on IG&P as a full voting member to be the formal link between that committee and Audit.

*Charitable Funds*

A paper was tabled by JT who had spoken to Geoff Haigh who was responsible for managing these on behalf of the three PCTs. MB would deal with any queries arising from this paper. MB

*Tender Waiver Report*

This would come to the next meeting. From September onwards the report would be prepared by the PCT rather than SSA

BEN Date of Next Meeting

08/29 Thursday 8 January 2009 at 9.00 am in the Boardroom at Waterlinks House.

Chairman's signature

Date