Minutes
Meeting of the Haringey Clinical Commissioning Group Audit Committee
20 July 2015 at 8.30am
Meeting Room 7, Level 4, River Park House

Present:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam Sharples</td>
<td>AS</td>
</tr>
<tr>
<td>Catherine Herman</td>
<td>CH</td>
</tr>
<tr>
<td>Dr Peter Christian</td>
<td>PC</td>
</tr>
<tr>
<td>Karen Trew</td>
<td>KT</td>
</tr>
<tr>
<td>Karen Baggaley</td>
<td>KB</td>
</tr>
<tr>
<td>Steve Beeho</td>
<td>SB</td>
</tr>
<tr>
<td>Gemma Higginson</td>
<td>GH</td>
</tr>
<tr>
<td>Clive Makombera</td>
<td>CM</td>
</tr>
<tr>
<td>David Maloney</td>
<td>DM</td>
</tr>
<tr>
<td>Vaughan Matthews</td>
<td>VM</td>
</tr>
<tr>
<td>Jill Shattock</td>
<td>JS</td>
</tr>
<tr>
<td>Sarah Timms</td>
<td>ST</td>
</tr>
<tr>
<td>Linda Roast</td>
<td>LR</td>
</tr>
</tbody>
</table>

1. **INTRODUCTION**

1.1 **Apologies for Absence**

1.1.1 Apologies were received from Jennie Williams.

1.2 **Declarations of Interest**

1.2.1 There were no declarations of interest.

1.3 **Chair’s Introduction and Opening Remarks**

1.3.1 Adam Sharples welcomed all present.

1.4 **Minutes of the Previous Meeting**

1.4.1 The Committee agreed the minutes of the meetings held on 18 May 2015 and 22 May 2015 as an accurate record.
### 1.5 Matters Arising and Action Log

**1.5.1 Action 19/01/15 – 01:** It had been agreed that Chairs of the Governing Body sub-committees would be invited to attend a seminar on integrated governance. However, in light of the work currently being undertaken by Carnall/Farrar, a date for the seminar had not yet been agreed. Karen Trew noted that the Joint Commissioning Committee, to be chaired by Catherine Herman, would be a key focus for this integration. Catherine Herman advised that CCG governance leads were currently working on the Committee’s terms of reference and Steve Beeho confirmed that these would be submitted to CCG Governing Bodies.

**1.5.2 Action 16/03/15 – 01:** David Maloney updated the Audit Committee on the latest position regarding Governing Body members’ remuneration via payroll. The Committee agreed a firm recommendation that all current members should be included on the payroll and that this should apply for all members in future. It was agreed that Sarah Price would raise this for discussion and agreement with the Remuneration Committee.

**1.5.3 Action 20/07/15 – 01:** To discuss with the Remuneration Committee the Audit Committee’s firm recommendation that all Governing Body members should be included on the payroll.

**1.5.4 Action 16/03/15 – 04:** Included for discussion at today’s meeting.

**1.5.5 Action 16/03/15 – 05:** Included in the Counter Fraud progress report for discussion at today’s meeting.

**1.5.6 Action 18/05/15 - 01:** Clive Makombera confirmed that the Head of Internal Audit Opinion had been worded in exactly the same way as the previous year and that this was consistent with wording in the AGS.

**1.5.7 Action 18/05/15 – 02:** David Maloney advised that he had met with Clive Makombera to discuss changes to the Internal Audit Plan as recommended. The plan had been duly amended to reflect these areas.

**1.5.8 Action 18/05/15 – 03:** Completed

**1.5.9 Action 18/05/15 – 04:** A review of risk 24 in the Strategic Risk Register would be undertaken on receipt of the report awaited from Carnall/Farrar.

**1.5.10 Action 18/05/15 – 05:** The wording of section 9.1.3 of the Conflicts of Interest Policy had been amended to reflect the original statutory guidance from NHSE. In response to Karen Trew, Steve Beeho advised that the local policy would not be resubmitted to the Governing Body. A summary of local variations would be appended to the core policy.

**1.5.11 Action 18/05/15 – 06:** To be included in discussion of the revised Clinical Procurement Corporate Governance and Strategic Framework at today’s meeting.

**1.5.12 Action 22/05/15 – 01:** Completed.

**1.5.13 Action 22/05/15 – 02:** Included for discussion at today’s meeting.
1.5.14 Adam Sharples highlighted the need to ensure that all actions agreed by the Committee were identified in both the minutes and the action log. On this point, he requested that end dates should be added to the list of CCG contracts/financial agreements. David Maloney agreed to circulate a list of contracts to include end dates where applicable.

1.5.15 ACTION 20/07/15 – 02: To circulate a list of CCG contracts to include end dates where applicable. DM

2. Internal Audit

2.1 Internal Audit Progress Report

2.1.1 Clive Makombera presented a paper outlining progress against the CCG IA Plan for 2015/2016 and the results of work to date. As noted the IA Plan had been amended to reflect the issues raised in previous discussion with the Committee. The areas of planned audit work were listed in section 3 of the report. Clive Makombera reported that most of the scoping work for these assignments had been agreed. He was due to discuss the work on co-commissioning with Alison Blair, Chief Officer Islington CCG who was the NCL lead for this initiative. Progress on follow up of IA recommendations was set out in section 3.1 of the report. No action was outstanding for which Clive Makombera expressed appreciation to the CCG. Clive Makombera advised that, as from October, Baker Tilly would adopt the global brand name of RSM but there would be no changes to the IA team working with the CCG.

Questions and comments were invited.

2.1.2 Adam Sharples queried if all reports relating to the previous year had been completed. Clive Makombera reported that one report regarding the CSU was outstanding which had required work across the five CCGs. David Maloney advised that no concerns had been raised in the draft of this report. Clive Makombera added that the only outstanding work to be completed related to KPIs but it was agreed that a section should be added to the progress report to record any work outstanding.

2.1.3 ACTION 20/07/15 – 03: To include a section in the IA Progress Report to record any work outstanding from the previous year. CM

2.2 NEL CSU Quality Assurance Progress Report

2.2.1 Clive Makombera presented an NEL CSU Quality Assurance Progress Report and noted that four reports had been finalised since the last meeting. Section 4 of the report noted progress on implementation of recommendations. There were no outstanding recommendations to be followed up but four remaining recommendations were not yet due for implementation. Section 5 provided an update on the Service Auditor Report and highlighted key issues. This work had been undertaken by Deloittes but Internal Audit would be meeting with the CSU to discuss the recommendations made and the Quality Assurance Plan for 2015/2016. The report had been issued very late and Clive Makombera would raise this at the workshop session arranged by Deloittes for later today. David Maloney explained that the CCG had little influence in relation to the Service Auditors Report. Karen Trew emphasised that the Committee should be alerted of any concerns.
2.2.2 **ACTION 20/07/15 – 04:** To alert the Committee in the event of any concerns relating to the CSU Service Auditors Report.

2.3 **NEL CSU Quality Assurance Plan 2015/2016**

2.3.1 Clive Makombera reported that the NEL CSU Quality Assurance Plan had been discussed by the Assurance Group on 25 June and had been updated to reflect the comments received. NCL CFOs had also provided feedback and the plan was presented today for ratification. A more timely start for this work was intended this year. David Maloney added that the representation issues raised at the Committee regarding the Assurance Group had been recognised and it had been agreed that a minimum of one North Central London CCG CFO would be in attendance at all meetings and would provide feedback.

Questions and comments were invited.

2.3.2 Karen Trew noted that the plan appeared to be comprehensive and asked whether the costs, and their allocation across the 12 CCGs, were correct. Clive Makombera advised that the costs had been made clear and David Maloney provided assurance that this had been discussed and checked. Adam Sharples observed that the costs represented good value for money.

2.3.4 The Committee **NOTED** the Internal Audit Progress Report, report of progress on the delivery of the quality assurance plan at NEL CSU 2014/2015 and the NEL CSU Quality Assurance Plan for 2015/2016.

3. **Counter Fraud**

3.1 **Local Counter Fraud Progress Report**

3.1.1 Gemma Higginson explained that Mark Trevallion had left Baker Tilly and she would now be leading the CCG’s Local Counter Fraud Team. All other members of the team remained the same. Gemma Higginson gave assurance that the change would have no impact on the delivery of the agreed Counter Fraud Workplan for 2015/2016 and she thanked the CCG for support during this transition.

3.1.2 Gemma Higginson presented a report on progress against the Local Counter Fraud Workplan 2015/2016. This summarised key activities undertaken during the financial year to date. Section 1 of the report outlined key findings and described work on new induction packs, non-creditor fraud matches, the issue of a quarterly Fraud newsletter “Notice Fraud” and representation of the CCG at the NHS Protect London Regional LCFS Forum. The “heatmap” diagram and summary of changes to Risk Profile in Section 2 of the report illustrated that the procurement risk had reduced following the CCG’s implementation of counter fraud recommendations. One emerging fraud risk was noted and the report provided details of LCFS reactive work.

Questions and comments were invited.
3.1.3 Adam Sharples noted that three referrals had been made to LCFS since the last meeting and that this was unusual. Gemma Higginson noted that work with staff had created greater awareness and it was encouraging that staff had raise these issues for investigation. Adam Sharples welcomed the increased vigilance demonstrated. Karen Trew queried the case now closed in relation to whether the allegation had been founded and, if so, whether had there been lessons to share on how to prevent reoccurrence. Gemma Higginson advised that the case had been dealt with internally, the work undertaken elsewhere had been for a very limited time period and the member of staff had resigned. The LCFS reported all such cases to NHS Protect and, in response to Karen Trew, Gemma Higginson confirmed that the internal investigation would deal with any requirement to report to the relevant professional body.

<table>
<thead>
<tr>
<th>3.1.4</th>
<th>The Committee <strong>NOTED</strong> the progress made against the 2015/2016 LCFS Workplan.</th>
</tr>
</thead>
</table>

### 3.2 Proactive Benchmarking 2014/2015

#### 3.2.1 Gemma Higginson presented a report of benchmarking information collated in respect to the proactive exercises undertaken across Baker Tilly’s CCG clients during 2014/2015. She explained that this was an interim report as the details of some exercises were still to be confirmed.

#### 3.2.2 Comparison of Pre-Contract Procurement Review demonstrated that some CCGs had received up to 17 recommendations to address system weaknesses, Haringey had received only 7. CCGs had received up to 20 recommendations in relation to Declarations of Interest Local Proactive Exercises and Haringey had received 10.

#### 3.2.3 Adam Sharples noted that 7 of the 10 recommendations in relation to Declarations of Interest Local Proactive Exercise had been categorised as medium priority. Gemma Higginson advised that these had mainly related to documentation and the wording of policy documents. They did not represent significant control weaknesses and would be addressed by the revised policy.

#### 3.2.4 Karen Trew noted that it would be valuable to monitor the nature of recommendations and areas that had been found challenging elsewhere. Gemma Higginson advised that key findings would be included in the final report. LCFS maintained an overview across their client base and she confirmed that the Committee would be alerted to any significant issues that emerged.

#### 3.2.5 **ACTION 23/07/15 – 05:** To alert the Committee of any significant issues that emerged from proactive exercise undertaken across Baker Tilly’s CCG clients. **GH**

#### 3.2.6 The Committee **NOTED** the interim briefing paper for information.

### 4. External Audit

#### 4.1 Annual Audit Letter
### 4.1.1
Vaughan Matthews presented the Annual Audit Letter which summarised the key findings of work undertaken by the external auditors for the year ended 31 March 2015. This work included auditing the 2014/2015 accounts and assessment of the CCG’s arrangements for securing economy, efficiency and effectiveness in the use of its resources.

Vaughan Matthews advised that work on the Accounts Consolidation Template had identified one difference on a sub-total but this had been a minor issue. It was confirmed that this had been the result of an error in the NHSE accounts template and had not been due to any action by the CCG.

In conclusion Vaughan Matthews highlighted that, with on-going financial pressures within the local health economy, the financial position of the CCG remained a risk. Collaborative work to ensure the delivery of planned efficiency savings would be essential to maintaining a balanced financial position in 2015/2016.

Questions and comments were invited.

### 4.1.2
Adam Sharples observed that very few issues had been raised by the external audit work which was very reassuring and he congratulated David Maloney and his team.

### 4.1.3
Adam Sharples noted that a list of CCG provisions for 2014/2015 had been circulated as requested by the Committee and there were a large number of items involving a significant total sum. Given that these provisions were an issue of judgement he queried whether external audit were comfortable with the involvement of such a large sum. Vaughan Matthews advised that no technical provisions were included in the accounts. The lines listed were accruals and part of management accounts but it could be checked whether “cut off” testing was reasonable.

David Maloney explained the process of such accruals and the three categories involved. The first category related to monies owed by the CCG to other NHS organisations. This included areas where the level of payment was still to be signed off by both parties, such as the work in progress claimed at Whittington Health. A formal process was in place to agree such figures prior to closure of the accounts. The second category concerned invoices received but still to be paid and the third was where there was a commitment but no invoice.

Catherine Herman noted that it was not possible to have a total cut off point at 31 March and the process of provision was reassuring. David Maloney agreed that close down with some Trusts had been difficult and protracted. In response to Karen Trew, David Maloney confirmed that the year-end positions were largely as forecast. The only material unexpected issue was the movement of £650k at Whittington Health and this was being disputed. Adam Sharples noted that for transparency it would be helpful to see the list of provisions when approaching the end of the current financial year. David Maloney advised that the CCG was stringent regarding the provisions made. Clive Makombera added that the CCG included details on the ledger and problems mostly arose when this was not the case.

### 4.1.4
It was noted that this would be Vaughan Matthews last meeting with the Committee. Adam Sharples expressed the Committee’s good wishes for the future and formal appreciation of his work with the CCG over the past years.

### 4.1.5
**ACTION 20/07/15 – 06:** To review the list of CCG provisions when approaching the end of the current financial year.  

### 4.1.6
The Committee **NOTED** the Annual Audit Letter.
## 5. CCG Items

### 5.1 Review of Quality Committee Effectiveness

#### 5.1.1 Sarah Timms explained that, in order to strengthen governance arrangements, the CCG had introduced a rolling programme to assess the effectiveness of each Committee of the Governing Body. There had been an initial pilot with the Quality Committee and the report presented today included a summary of the responses to a self-assessment questionnaire completed by Committee members. The findings of a desk top review of proposed KPIs was also provided.

Questions and comments were invited.

#### 5.1.2 Karen Trew noted that the report was very informative. She asked about the handling of supplementary information and also noted that the responses mainly related to structure rather than qualitative issues. She suggested there could be review to capture more information on contribution to the achievement of the CCG’s strategic objectives.

Sarah Timms agreed and noted that this reflected what was still a new process. Steve Beeho noted that unfortunately there had not been sufficient time at the last meeting for the Quality Committee to discuss the results and there had been consideration on a virtual basis. It was however intended to follow up on feedback. Sarah Timms acknowledged that this raised a process issue regarding the balance of agenda items to cover the Committee's workplan and this would be improved. The Committee had reviewed a large amount of quantitative information but the point regarding qualitative issues was recognised.

Adam Sharples noted that the positive nature of the responses provided evidence that the Committee functioned well.

#### 5.1.3 Adam Sharples queried the relationship and overlap between the Quality, Finance and Performance and Audit Committees and whether the boundaries were correct. He agreed that the questions in the self-assessment did not necessarily establish whether the Committee achieved improvement to quality and queried how this could be tested.

Sarah Timms noted that relationships within Committee structures, including relationship to the Governing Body were always an issue and the aim was for communication and not duplication. The co-membership of members and officers helped in this respect. Catherine Herman advised that the seminar planned on integrated governance could help to look at “inter-locking” of structures and appropriate coverage avoiding duplication. She suggested Internal Audit could also help and there would be examples elsewhere for comparison. She added that the “testing” of quality included many factors. The Quality Committee monitored the issues raised at CQRGs and action taken, there was also feedback from service visits. Karen Baggaley added that the annual reports by services also provided comprehensive details of clinical work undertaken, achievement against objectives and identified areas for further development.

Sarah Timms noted that Committees provided a role in respect to challenge and she confirmed that the Quality Committee was robust in doing so. The attendance of patient representatives also supported this and provided a wider focus.
| 5.1.4 | Catherine Herman emphasised that, as commissioners, the CCG had to ensure the quality delivered by providers and the processes providers had in place. Sarah Timms noted that the new role of the CCG in relation to Primary Care would introduce further challenges and would need to be very clear from a quality perspective. Karen Trew added that the triangulation of information was important for monitoring quality and that this should include both hard and soft intelligence. |
|  |  |
| 5.1.5 | Karen Baggaley noted that the use of closed questions in the questionnaire was limiting and more open phrasing could generate more informative responses, although more difficult to analyse. |
|  |  |
| 5.1.6 | Karen Trew noted that a similar assessment process undertaken in Enfield CCG had proved helpful but again had raised the need for greater focus on outcomes. Clive Makombera reported that he had been involved in this work at Enfield and suggested that it might be helpful if this learning was shared. |
|  |  |
| 5.1.7 | Adam Sharples thanked Sarah Timms and fellow members of the Quality Committee for undertaking this pilot. It was agreed that a key aim in assessment of the effectiveness of Committees should be to be able to judge and demonstrate impact. Further work would help to develop this process. |
|  |  |
| 5.18 | The Audit Committee **NOTED** the review of the Quality Committee’s effectiveness. |
| 5.2 | **Strategic Risk Report** |
| 5.2.1 | Karen Baggaley presented the updated Risk Register and advised that all risks had been reviewed by individual risk owners and collectively by the Senior Management Team. Risks were also regularly reviewed by the relevant Committees of the Governing Body. Changes to the Risk Register had been highlighted for ease of reference. Key changes included the closure of risks 6 and 25 and the heatmap would be corrected to remove risk 6. Questions and comments were invited. |
| 5.2.2 | Adam Sharples noted that there were currently no red risks shown in the heatmap. He queried whether, given the challenge of achieving the financial forecast position, risk 30 was scored sufficiently. David Maloney reported that the score had been increased in-month. He alerted the Committee that the CCG was reporting to plan against the contracts with Whittington Health and RFL/BCF. This was due to the failure of Whittington Health to provide activity data and changes made to pricing by RFL/BCF without discussion with Barnet CCG as lead commissioner. Barnet CCG had alerted NHSE to these risks and was taking a firm approach with the Trust. The detail of the position regarding these two contracts would be reported to the Finance and Performance Committee and the Governing Body. It was noted that the Collaboration Board had agreed the process and underpinning agreement for a risk share across the five CCGs for 2015/2016. |
| 5.2.3 | Clive Makombera noted that although a revised SLA with the CSU had now been signed, this did not mean that there was no longer a risk. He queried whether it was therefore appropriate to have closed risk 6. Karen Trew agreed and also noted that collaborative working still presented strategic risk. Adam Sharples recommended that these points be raised for discussion with the SMT. |
5.2.4 **ACTION 20/07/15 – 07**: To review with the SMT the closure of the risk associated to CSU service delivery and risk associated with collaborative working. 

*SB*

5.2.5 The Committee agreed to **RECOMMEND** the Strategic Risk Report to the Governing Body, subject to review of the ratings discussed.

### 5.3 Haringey Social Values Checklist

**Clinical Procurement Corporate Governance and Strategic Framework**

**Monitor Guidance and Compliance Checklist**

5.3.1 Jill Shattock explained that the Haringey Social Values Checklist was intended to support the inclusion of social value in commissioning. The Council would use it in its procurement processes and partner agencies were encouraged to do likewise. It had been felt timely for the Committee to consider the checklist alongside the revised Clinical Procurement Corporate Governance and Strategic Framework and to review how these Social Values might be incorporated into procurements by the CSU. There would also need to be consideration of how the CCG would hold the CSU accountable for this.

5.3.2 The Clinical Procurement Corporate Governance and Strategic Framework set out the policy context and best practice that the CCG would follow when procuring clinical services. The Committee had considered the revised version of the framework in May and changes had now been made to reflect the additional clarification required regarding patient and public engagement and focus on quality. Changes had been highlighted for ease of reference.

A checklist for compliance with Monitor guidance was also presented for comment. This had been developed by the CSU for Camden CCG but was equally applicable and useful for Haringey.

Questions and comments were invited.

5.3.3 Catherine Herman noted that the wording of the framework in relation to quality was very good. However, she queried that there had been previous discussion of quality having the maximum weighting for decisions and this did not seem to be included. Jill Shattock noted that there was a strong emphasis on prioritising quality but, in covering a very wide range of procurements, there needed to be care not to make this overly prescriptive.

5.3.4 Catherine Herman commented that the Social Values checklist was very relevant to Haringey as an area of major health inequalities. It provided a helpful list but it could prove difficult to ensure and monitor its implementation. Jill Shattock agreed this could be challenging. Catherine Herman suggested potential providers could be required to demonstrate social value and, whilst not in every case, higher percentage scoring for quality could be applied wherever it was appropriate to do so. Jill Shattock noted that there was a strong emphasis on prioritising quality but, in covering a very wide range of procurements, there needed to be care not to make this overly prescriptive.

Karen Trew suggested that in most cases this would be 80/20 and Jill Shattock confirmed this was the case. Karen Baggaley referred to section 3.1.3 which addressed the expectations regarding quality. Clive Makombera suggested that this could be reflected in the evaluation criteria which were set by the CCG. This could then be subject to audit. Adam Sharples acknowledged there would be variance according to the type of procurement and the CCG also had to be aware of costs and value for money. He viewed that the wording of the framework addressed the emphasis on quality but with sufficient flexibility. It was also acknowledged that guarantee of quality could be very difficult to assess.
5.3.5  Jill Shattock advised that the framework would require review again in April following further legislation. This would provide an opportunity to assess for assurance on whether quality was appropriately reflected in the process and practice applied. Review could also be included in next year’s Internal Audit Plan.

5.3.6  Karen Trew queried that the framework did not include reference to the Social Value checklist. Jill Shattock explained that the documents had been developed in parallel. Karen Baggaley suggested that the Council’s application of Social Values could be considered when reviewing the framework in April. Adam Sharples observed that some smaller organisations could be deterred by the costs of demonstrating compliance with these requirements and this would be counter-productive. Catherine Herman advised that this should not be the case. A number of small local organisations and voluntary groups had been involved in the development of these values and did not feel they would be disadvantaged. Dr Peter Christian queried whether inclusion of social values could create greater opportunity for challenge. Jill Shattock advised that the CCG set the criteria and scoring of percentages.

5.3.7  It was agreed that although there were some reservations about implementation, the Social Values checklist was a very positive initiative. The experience of how this was implemented by the Council would be monitored and there could then be further review of its potential incorporation into procurements by the CSU.

5.3.8  **ACTION 20/07/15 – 08**: To review the Clinical Procurement Corporate Governance and Strategic Framework in April 2016 to take account of further legislation and also to review the application of the Social Values Checklist by LB Haringey. **JS**

5.3.9  The Committee **APPROVED** the Clinical Procurement Corporate Governance and Strategic Framework and **AGREED** its review in April 2016.

5.4  **2014/2015 Provisions**

5.4.1  As already discussed under agenda item 5 (section 4.1.3 of the minutes).

5.5  **Review of Declarations of Interest**

5.5.1  Steve Beeho presented the Declarations of Interest register listing the current interests declared by CCG staff, Committee members and clinical leads. It was noted that the new Conflicts of Interest Policy required all staff to make a mandatory annual declaration, including nil returns. Updated declarations of interest by Governing Body members had been presented at the Committee’s meeting on 18 May 2015.

5.5.2  Adam Sharples noted that this was a very comprehensive piece of work which helped to ensure transparency and avoid any conflicts or potential conflicts in the CCG’s decision making processes.

5.5.3  The Committee **NOTED** the Declarations of Interest register.

6.  **FOR INFORMATION**

6.1  **Information Governance Report**
6.1.1 Karen Baggaley explained that the latest Information Governance Report was presented for the Committee’s information and had been previously discussed and reviewed by the Quality Committee. The draft work plan described the work to be undertaken for 2015/2016 and would build upon the previous year’s Toolkit submission. The new IG Toolkit Version 13 had just been issued and a review of the draft IG Work Plan would be required. As a result the Quality Committee had agreed to delegate approval of the CCG’s IG Toolkit Work Plan for 2015/2016 via Chair’s Action.

6.1.2 Adam Sharples noted that this was a very thorough piece of work. In response to Karen Trew, Steve Beeho advised that the associated workload would be kept under review.

6.1.3 The Committee NOTED the Information Governance report.

7. ANY OTHER BUSINESS

7.1 External Audit

7.1.1 David Maloney reported that he and Sarah Price had met with the CCG’s new external audit team from KPMG who were happy to join the Audit Committee from September. Adam Sharples recommended that the external audit item should be scheduled at the beginning of meetings. It was agreed to review whether attendance at every meeting was required.

7.2 Review of Committee Effectiveness

7.2.1 In response to a proposal from Steve Beeho, Adam Sharples and all members of the Committee agreed to the Audit Committee being the next of the Governing Body Committees to undertake a review of their effectiveness.

7.2.2 ACTION 20/07/15 – 09: To undertake a review of the effectiveness of the Audit Committee.

7.2.3 There were no other items of business.

8. Review of the Effectiveness of the Meeting

8.1 Adam Sharples invited comments from members on the effectiveness of the meeting. It was agreed that the meeting had been well attended, timing had been managed effectively and the meeting had efficiently addressed all items of business.

9. DATE OF NEXT MEETING

9.1 Monday 14 September 2015