## Trust Board Meeting:
### TB2013.32

<table>
<thead>
<tr>
<th>Title</th>
<th>Audit Committee</th>
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<tbody>
<tr>
<td><strong>Status</strong></td>
<td>A paper highlighting key areas of discussion at the Audit Committee meeting held on 12 January 2013, and formally presenting the minutes of the meeting of 14 November 2012</td>
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<tr>
<td><strong>History</strong></td>
<td>This is a regular report to the Board</td>
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<tr>
<th><strong>Board Lead</strong></th>
<th>Mrs Anne Tutt, Committee Chairman</th>
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<tbody>
<tr>
<td><strong>Key purpose</strong></td>
<td>Strategy</td>
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## Summary

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<table>
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<tr>
<td>1</td>
<td>The Audit Committee met on 12 January 2013.</td>
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<tr>
<td>2</td>
<td>This paper sets out the key decisions, actions, risks and matters for future consideration as raised by the Committee, and attaches the minutes of the meeting. Also attached are the approved minutes of the Committee’s meeting held on 14 November 2012.</td>
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| 3 | **Recommendation:**  
The Board is asked to note the contents of this paper. |
1. **Introduction**

The Audit Committee met on 12 January 2013. The approved minutes of the 14 November 2012 meeting are attached as Appendix A.

2. **Significant issues of interest to the Board**

The Committee received and noted the following reports: Clinical Audit Progress, Private Patients Operating Model, Board Assurance Framework, Corporate Risk Register, External Audit Progress Update, Internal Audit Progress Review, Counter Fraud Progress Report and Compliance Reports. In addition the Committee received a paper on committee self-assessment and review of its terms of reference.

3. **Key Risks Discussed**

There were no potential risks identified although the committee chairman expressed concern that due to the changes in provider the committee had yet to see much work undertaken by internal audit and sought assurance that work undertaken to date had not raised any significant concerns, which it had not.

In addition the committee discussed risk appetite in light of the views expressed by each of the Board committees and the executive team and agreed that a full discussion was required by the full Board to complete the discussion which would take place in February.

4. **Key decisions taken**

The following key decisions were made:

- The Committee should start to see at its next meeting two deep dives
- To review the suggestion that delegated authority be provided to sign off the Annual Report and Accounts.
- For all attendees to complete the self-assessment form.
- The Committee were content with the current form of the Terms of Reference which included the amendment form the January Board relating to the calling of meetings.

5. **Agreed Actions**

- Circulate draft deep dive and rationale prior to next meeting for comments by committee attendees.
- Provide further information on item TB94/12 which related to reviewing potential gaps between Board knowledge and the situation on the ground to Mr Bostock.
- Circulate to the committee the clinical audit briefing note.
- Include Clinical Audit update in annual cycle of business
- Update on the Private Patients Operating Model to be provided following internal audit review.
- Board Paper to be brought to the February confidential Board meeting on risk appetite.
- Consider additional Board meeting or other options available to enable the whole Board to agree the Annual Report and Accounts.
6. **Matters deferred for future consideration**
   - There were no matters deferred for a future meeting.

7. **Assurance required from/actions required by other Board sub-committees**
   - The Committee did not require actions or assurance from other Board sub-committees.

8. **Matters to be referred to the Trust Board**
   - A discussion on refining some of the disparate views on risk appetite at its February confidential meeting

Anne Tutt, Audit Committee Chairman
January 2013