

## AUDIT AND ASSURANCE COMMITTEE MEETING MINUTES

<b>Date:</b>	Tuesday 4 <sup>th</sup> December 2018	<b>Time:</b>	14:00-17:00
<b>Venue:</b>	Trust Meeting Room, Chestnut House, BRI	<b>Chair:</b>	Mr Barrie Senior, Non-Executive Director
<b>Present:</b>	<b>Non-Executive Directors:</b> <ul style="list-style-type: none"> <li>- Mr Barrie Senior, Non-Executive Director, Chair (BS)</li> <li>- Dr Trevor Higgins, Non-Executive Director (TH)</li> </ul>		
<b>In Attendance</b>	<ul style="list-style-type: none"> <li>- Mr Michael Quinlan, Deputy Director of Finance (MQ)</li> <li>- Ms Tanya Claridge, Director of Governance and Corporate Affairs (TC)</li> <li>- Ms Karina Rogers, Audit Yorkshire (KR)</li> <li>- Mr Nick Rayner, Deloitte (NR)</li> <li>- Ms Jacqui Maurice, Head of Corporate Governance (JM)</li> <li>- Mr Shahid Nazir, Strategic Head of Procurement (SN) for agenda items A.12.18.8 and A.12.18.9</li> <li>- Ms Mel Lomas, Minute Taker (ML)</li> </ul>		

No.	Agenda Item	Action
<b>A.12.18.1</b>	<b>Apologies for Absence</b>  Ms Selina Ullah, Non-Executive Director Matthew Horner, Director of Finance (represented by Michael Quinlan, Deputy Director of Finance) Ms Helen Kemp-Taylor, Audit Yorkshire	
<b>A.12.18.2</b>	<b>Declarations of Interest</b>  There were no declarations of interest.	
<b>A.12.18.3</b>	<b>Minutes of the Meeting Held on the 30<sup>th</sup> of October 2018</b>  The minutes were accepted as a correct record, subject to the following amendments to pages 2 and 5. <ul style="list-style-type: none"> <li>- <u>Page 2: A.8.18.13 (07.08.18) 2018/58 Audit Committee Annual Self-Assessment: Regulatory Requirements.</u> KR was not involved in the mapping exercise. This will be amended.</li> <li>- <u>Page 5: A.10.18.7 Internal Audit Progress Report: Vehicle Safety.</u> The report will not be presented to the Committee in February via the Internal Audit Progress Report, but will be presented as part of the Internal Audit follow-up report.</li> </ul>	Head of Corporate Governance 2018/92
<b>A.12.18.4</b>	<b>Matters Arising</b>  The following actions from the action log were closed: <ol style="list-style-type: none"> <li>1. A.8.18.11 (07.08.18) 2018/49 - Exception Reports</li> </ol>	

	<ol style="list-style-type: none"> <li>2. A.8.18.13 (07.08.18) 2018/58 - Audit Committee Annual Self-Assessment</li> <li>3. A.8.18.13 (07.08.18) 2018/62 - Audit Committee Annual Self-Assessment</li> <li>4. A.5.18.20 (18.05.18) 2018/34 - Security Management Standards for Providers</li> <li>5. A.8.18.13 (07.08.18) 2018/55 - Audit Committee Annual Self-Assessment</li> <li>6. A.8.18.13 (07.08.18) 2018/56 - Audit Committee Annual Self-Assessment</li> <li>7. A.10.18.7 (30.10.18) 2018/76 - Internal Audit Progress Report</li> <li>8. A.10.18.7 (30.10.18) 2018/77 - Internal Audit Progress Report</li> <li>9. A.10.18.7 (30.10.18) 2018/79 - Internal Audit Progress Report</li> <li>10. A.10.18.11(30.10.18) 2018/83 - Losses and Special Payments and Tender Waivers Update</li> <li>11. A.10.18.13(30.10.18) 2018/84 - Clinical Audit High Priority Work Plan</li> <li>12. A.10.18.11 (30.10.18) 2018/85 - Losses and Special Payments and Tender Waivers Update</li> <li>13. A.10.18.18 (30.10.18) 2018/89 - Audit Committee Annual Report to Board</li> <li>14. A.10.18.19 (30.10.18) 2018/90 - Any Other Business</li> </ol> <p><u>Updates to the following actions were noted:</u></p> <ol style="list-style-type: none"> <li>1. A.8.18.13 (07.08.18) 2018/59 Audit Committee Annual Self-Assessment: Data Quality. The Committee noted that the Chief Digital and Information Officer would now be attending the meeting in February 2019. Item deferred.</li> <li>2. A.10.18.5 (30.10.18) 2018/70 - Deloitte Annual Audit Plan. BS advised that he had not yet held the discussion with the Chairman and as such this action would be carried forward.</li> </ol>	
<p><b>A.12.18.5</b></p>	<p><b>Internal Audit Progress Report</b></p> <p>KR reported that six audit reports have been finalised and issued since the last meeting, five with significant assurance and one with limited assurance. BS pointed out that a number of audits appear to be behind schedule. It was noted that an update on those behind schedule would form part of the report to be presented to the Committee in February. KR asked Committee to note that the KPIs are at 100% and Internal Audit have delivered 267 days against the plan (full year total: 575 days) which is where they would expect to be at this time of the year. KR asked the committee to note the following with regard to the completed audits.</p> <ul style="list-style-type: none"> <li>• <u>BH/20/2019 Safeguarding - Domestic Violence in A&amp;E.</u> This provided overall significant assurance, but was a difficult area to measure due to issues with EPR. Five recommendations were made (two moderate and three minor) for completion by the 31 December 2018.</li> </ul> <p>It was noted that The Chief Digital and Information Officer was due to attend the Committee in February and a request would be made for an update on remaining issues with EPR.</p> <ul style="list-style-type: none"> <li>• <u>BH/21/2019 Patient Safety - Pressure Ulcers.</u> In terms of the highest category of ulcer, the numbers have reduced significantly. Awareness and monitoring needed to be prioritised in terms of driving this forward. There is a slight issue around EPR in terms of the red border alert. There were seven recommendations (five moderate and two minor). KR has met with the Chief Nurse who is comfortable that the timescales can be met.</li> </ul>	<p>Chief Digital and Information Officer 2018/93</p> <p>Director of Governance</p>

	<p>BS noted that was the second instance in the audit reports being considered today where it appeared that necessary changes in procedures and controls had not been made to coincide with the implementation of EPR. (To be followed up in action 2018/93)</p> <p>BS queried the four-month deadline of the 31 March 2019 for recommendations two, three and four. BS questioned why they could not and should not be actioned more rapidly. TC agreed to discuss these with the Patient Safety Sub-committee.</p> <ul style="list-style-type: none"> <li>• <u>BH/22/2019 Overseas Visitors.</u> The audit provided significant assurance. The team is relatively small, with just one main Overseas Officer, however it was due to expand to six. TH queried the cost of extra staff. KR confirmed that the outcome of a business case review concluded that an increase in staff would have a positive impact. There were five recommendations (two moderate and three minor).</li> <li>• <u>BH/23/2019 Provider to Provider Contracts.</u> This concerns contracts being finalised and signed to ensure that the Foundation Trust is paid for the services delivered. The audit provided limited assurance. KR reported that the Director of Finance has been liaising with other West Yorkshire Association of Acute Trusts (WYAAT) members on a process that would be followed by all member Trusts.</li> </ul> <p>It was agreed that the Chief Operating Officer, in conjunction with the Director of Finance, would be invited to attend the Committee in February to provide an update which should include an opinion from the Executive Management Team. There were six recommendations (two major and four moderate).</p> <ul style="list-style-type: none"> <li>• <u>BH/24/2019 Cost Improvement Programmes.</u> Overall, significant assurance was provided. KR reported that from the sample audited, it was noted that full assessments had not carried out however, the Going Digital Group had since taken this on board. In response to financial pressures, there is now more emphasis on Cost Improvement and Quality Impact Assessments. TC reported that the Board had requested the Quality Committee to review this. There were five recommendations (four moderate and one minor).</li> <li>• <u>BH/25/2019 GP Communications; Clinical Correspondence.</u> Significant assurance was provided by this audit review. Robust controls are in place, but more work is required with regard to 'out of area GPs'. There were four recommendations (three moderate and one minor). The timing of recommendation three would be confirmed by KR at the February meeting. BS referred to 30,000 letters generated through EPR shortly following the go-live that did not go out. TC stated that there was a 2 day delay and an audit of the letters showed that a significant number were redundant letters and so there were no issues. She stated that following this incident which was as a result of an unknown error causing documents to be queued and, the queues were not being monitored which they are and the queues were not being monitored. After this a number of actions to strengthen the monitoring was put in place.</li> </ul> <p>BS thanked KR for the comprehensive report.</p>	<p>and Corporate Affairs 2018/94</p> <p>Chief Operating Officer 2018/95</p> <p>Audit Yorkshire 2018/96</p>
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<b>A.12.18.6</b>	<p><b>Security Management Standards for Providers</b></p> <p>TC advised that assurance in relation to this had been considered by the Quality Committee and was included on their work plan. The report would also be presented to the Health and Safety Committee during the following week for additional assurance. BS asked if the Executive Management Team had considered the report. TC advised that she would discuss with the Director of Finance. It was agreed that TC would provide an update to the Audit Committee in six months.</p> <p>The Committee noted the report and the associated actions.</p>	<p>Director of Governance and Corporate Affairs 2018/97</p>
<b>A.12.18.7</b>	<p><b>Third Party Provider Functions</b></p> <p>MQ advised that discussions had continued with Harrogate and District NHS Foundation Trust on their approach. He asked the Committee to note that there is additional work to be undertaken at BTHFT in identifying all key third parties, which would include Payroll Shared Business Services and the Pathology Joint Venture.</p> <p>MQ agreed to discuss with TC the Governance arrangements and provide a report to the Committee in February. BS commented that a robust process is required to identify who all the relevant third parties are and devise a plan of action to move towards full assurance. It was noted that TC is working with the Strategic Head of Procurement with regard to Business Continuity.</p> <p>The Committee noted the report.</p>	<p>Deputy Director of Finance 2018/98</p>
<b>A.12.18.8</b>	<p><b>Introduction to the Strategic Head of Procurement</b></p> <p>BS welcomed SN to the Committee which noted that he took up the post of Strategic Head of Procurement in August. BS stated that it would be useful to hear from SN about what he has found since taking on the procurement role, how he saw procurement moving forward and hear in some detail about the single tender waivers as the Committee was looking for assurance that when the Trust made use of the single tender waiver it was doing so in a compliant manner.</p> <p>SN advised that he has a team of around 24. Five of these are senior procurement staff with the rest comprised of warehousing and portering staff. He commented that his team are proficient, with a good understanding of procurement processes and issues. The key weaknesses he (SN) has identified include insufficient systems in place and a lack of integrated resource to readily identify issues.</p> <p>BS asked about benchmarking against other Trusts. SN commented that the role of procurement varies between different organisations and that the role and purpose of the Procurement Team is to support the Trust in achieving financial balance. SN referred to the Estates Directorate and highlighted the need to introduce best practice with regard to procurement. A discussion took place with regard to the proposed Wholly Owned Subsidiary (WOS). It was noted that BTHFT would be the principal customer of the WOS and would ensure full</p>	

	<p>compliance with the relevant rules.</p> <p>BS asked what changes SN would expect to see during the next 6 to 12 months in terms of the procurement function. SN stated that the new NHS supply chain, a wholly owned subsidiary would go live in April 2019 and there would be a requirement to pay running costs upfront for all NHS Trusts. SN commented that aggregation is a positive thing in the NHS, but there are issues with the model. At BTHFT the warehouse is not attached to the hospital, meaning distribution is more difficult. Consolidation was discussed and it was agreed that this would mean a reduction in invoice numbers.</p> <p>BS asked about the authorisation process regarding purchase orders. MQ advised that only authorised staff are able to access and input purchase orders and invoices and that this was regularly reviewed by the Financial Management Team. He added that a national procurement transformation plan is underway looking at systems, controls and the capability and capacity with regard to staff. The plan also takes account of the legal framework and systems are currently in place. Trusts are currently being scored between one and three. BTHFT is currently scored at one which, stated MQ is where the Trust needed to be with an ambition to raise the score to three over the next three years. SN stated that he expected to have a better idea of the future direction in approximately 6 months. SN also asked the Committee to note that the team would be implementing the “no purchase order, no payment” system, as ordering products without a purchase order is in breach of the Standing Financial Instructions (SFIs).</p> <p>BS referred to organisation wide communications to staff in relation to the current financial pressures. SN confirmed that he has shared the key procurement messages with the Executive lead for Communications. This has included discussions with regard to culture, practice and the need for organisational change in approaches to procurement by senior clinical staff.</p> <p>BS referred to single tender waivers. SN added that he is confident about compliance with the process in terms of single tender waivers and has not approved any without asking for a proper rationale. He asked the Committee to note that the form has recently been revised and streamlined.</p> <p>BS asked about a possible procurement audit. KR confirmed that a full procurement audit has not been undertaken however, procurement issues are scrutinised as an element of other audits. It was agreed that it would be useful to build this into the future audit plan. SN commented that it would be helpful if the relevant auditor understood the procurement process.</p> <p>BS thanked SH for his insights into the Procurement function.</p>	Audit Yorkshire 2018/99
<b>A.12.18.9</b>	<p><b>Exception Reports</b></p> <p>MQ presented the report. BS highlighted the £700,000 costs related to the Urgent Care Centre and it was agreed that further detail would be provided regarding this at the meeting scheduled for February 2019. The Committee noted the report.</p>	Deputy Director of Finance 2018/100
<b>A.12.18.10</b>	<b>Bradford Hospitals Charity Annual Report and Accounts 2017/18</b>	

	<p>MQ asked the Committee to note the report. BS drew attention to page 4 and the requirement to keep the Board of Directors fully informed on the activity, performance and risks of the Charity. BS questioned whether the Board was in receipt of adequate and sufficiently frequent communication on these areas. Following discussion, it was recommended that the Charitable Committee should provide an exception report to the Board of Directors in line with the practice in place for other Board Committees.</p> <p>BS thanked MQ for the report and the Committee recommended that the annual report and accounts should be presented to the Board of Directors meeting scheduled in January 2019 for Board approval</p>	<p>Director of Governance and Corporate Affairs 2018/101</p> <p>Director of Finance 2018/102</p>
<b>A.12.18.11</b>	<p><b>ISA 260</b></p> <p>NR asked the Committee to note that this was the final report that had been presented to the Charitable Funds Committee of the Bradford Hospitals Charity for the 2017/18 audit.</p> <p>BS stated that he would expect that the Committee would also review the letter of representation. NR agreed to circulate this outside of the meeting. The Committee noted that the accounts are now complete and noted the report from the External Auditor. The Committee noted that the ISA 260 would also form part of the report to be presented to the Board of Directors with regard to the Bradford Hospitals Charity Annual Report and Accounts 2017/18</p> <p>NR asked the Committee to note that for 2018/19 it was expected that BTHFT would fall below the Charity Commission threshold for an external audit. BS requested that the Director of Finance should make a recommendation to the Committee as to whether to still undertake an external audit.</p> <p>BS thanked NR for the report.</p>	<p>Deloitte 2018/103</p> <p>Director of Finance 2018/104</p>
<b>A.12.18.12</b>	<p><b>CQC Inspection Report and Compliance Actions</b></p> <p>TC asked the Committee to note the report. She added that this had been discussed in detail by the Executive Management Team and all actions are due for completion by the end of December 2018.</p> <p>TC referred to the progress made in response to the actions set – as detailed in the report. TC highlighted Mandatory Training at 97% which encompassed a number of types of training. Appraisal compliance rates were up to 87% when the report was written however at the present time the Trust has moved up to above 90% which has demonstrated that the actions are being effective. BS asked if staff considered the annual appraisals to be effective. TC stated that the feedback received would indicate that the process was valued.</p> <p>TC reported that the recent Mock CQC inspections had identified a few Trust wide issues, however these were being addressed.</p> <p>TC informed the Committee that the Chief Executive had established an Executive Mobilisation Committee (to track compliance with actions and also respond quickly where required) – this which meets every two weeks and reports to the Executive Management Team.</p>	

	<p>TC further advised that work on the CIP-related Quality Impact Assessment (QIA) procedures was underway which would be reported to the Quality Committee in March 2019.</p> <p>TC asked the Committee to note that with regard to Policies and Guidance in Maternity and in Medicine; BTHFT was now well above 90% compliant in terms of Trust wide policies and 93.7% compliant in terms of local policies. She added that equipment checks are in place across all Wards and a re-audit would take place in January 2019.</p> <p>TC asked the Committee to note that all the “should do’s” are managed within the Divisions. A full update report has been requested from Divisions at the end of December. This will be shared with the Audit Committee in February 2019.</p> <p>TC stated that profiles had been developed from the Mock Inspections and the team was horizon scanning every report published by the CQC, particularly those rated Outstanding and added to the portfolios to support teams. A full report will be presented to Board in January 2019.</p> <p>The Committee was reassured regarding progress in relation to the CQC findings and recommendations.</p>	<p>Director of Governance and Corporate Affairs 2018/105</p>
<b>A.12.18.13</b>	<p><b>Regulatory Requirements</b></p> <p>TC stated that the report presented an example of the work that had been completed with regard to Health and Safety and asked if this reflected how the committee would like to receive future reporting in this area.</p> <p>The Committee confirmed that the presentation was satisfactory and BS requested a more explicit plan of action for the next meeting, setting out the timetable for individual domains to be investigated</p>	<p>Director of Governance and Corporate Affairs 2018/106</p>
<b>A.12.18.14</b>	<p><b>Effectiveness Reporting and Governance</b></p> <p>BS referred to the detailed reporting provided by TC and noted that he had found it difficult to assimilate all of the information. TC stated that she had been unclear as to the requirement of the Audit Committee in respect of the action logged and so had provided a range of reports that were routinely considered by the Clinical Audit and Effectiveness Committee and the Quality Committee. The purpose was to provide the Audit Committee with an overview of the mechanics of the reporting system. TC stated that the key paper is the Executive Summary which is intended to inform the Audit and Assurance Committee of the purpose of the reports. TC added that the accompanying appendices illustrate the amount of work along with the risk assessments that are being carried out.</p> <p>The Committee noted the report and confirmed that it was assured.</p>	
<b>A.12.18.15</b>	<p><b>Review of Board Committees Terms of Reference</b></p> <p>BS recommended that, due to the need to present the ToRs for approval to the Board in January 2019, a fuller review of the Board Committee Terms of Reference should take place outside of the Audit Committee and that he would make TH and SU aware of those discussions. BS would provide comments via email to TC with regard to the Terms of Reference. The Committee agreed.</p> <p>There followed a discussion regarding what level of risk the Audit Committee</p>	<p>Chair of the AAC 2018/107</p>

	<p>should be looking for assurance on. TC stated that the Foundation Trust risk tolerance is 12 and the Board Committees see all strategic risks rated 12 and above. The Committee noted that TC is designing a description of all the risks reviewed by Committees for the proposed exception report that will be presented to the Audit and Assurance Committee in line with the revised Committee Terms of Reference. TC added that she is also working on the Divisional Risks that are reviewed by the Sub-committees.</p> <p>The Committee noted the progress with regard to the revision and finalisation of the Board committees' terms of reference.</p>	
<b>A.12.18.16</b>	<p><b>Review of Draft Audit Committee Terms of Reference</b></p> <p>BS noted that the Committee awaited sight of the latest draft proposed of the revised Audit Committee terms of reference and recommended that these should be considered outside of the meeting and the Committee should work virtually to share comments before the deadline for submission to the Board of Directors. The Committee agreed.</p> <p>TC asked the Committee to note that the revised work plans for all Board committees include clarity with regard the purpose of the items included so that these can better be mapped to the Terms of Reference and provide improved clarity of purpose in meeting agendas and papers. Further it was noted that the flow of items to the Audit and Assurance Committee would be mapped to support the effective timing of the meetings of the Committees and the Board.</p>	<p>Director of Governance and Corporate Affairs 2018/108 Audit Committee Members 2018/109</p>
<b>A.12.18.17</b>	<p><b>Board Assurance Framework</b></p> <p>TC asked the Committee to note the recent Audit Report regarding the BAF which had been attached for ease of reference. She stated that the new Committee ToRs would act as enablers for the BAF and place more explicit emphasis on the Management of Strategic Risks. TC reported that there has been increased engagement with the BAF from the Executives and Non-Executives which has been reflected at Committee meetings. Good focus has been placed on the gaps in assurance at the Board Committees.</p> <p>The Committee noted the documents and agreed that they provided a good reminder of the progress being made.</p>	
<b>A.12.18.18</b>	<p><b>Any Other Business</b></p> <p><u>Annual Report and Quality Report 2018/19: Timetable for Production:</u> JM asked the committee to note that the timetable had been shared with the Executive Management Team so that they were sighted on their responsibilities as well as noting the different stages of production and when the drafts would be received by the Committees and Board.</p> <p>BS asked the Committee to note that further discussions regarding the schedule and the finalisation of dates was underway with the Director of Finance. NR stated that an extension to the audit window would be preferable and consideration should be given to the latest date that the reports could be presented for consideration by the Audit and Assurance Committee and the Board for sign off. It was agreed that the discussions should be concluded with the Director of Finance regarding the finalisation of the time table. JM</p>	<p>Head of Corporate Governance 2018/110</p>



	<p>would liaise with the Director of Finance and Deloitte to finalise the timetable.</p> <p>NR asked the Committee to note that with regard to the Quality Report, the formal guidance had not yet been issued by NHSI however it was anticipated that the mandated indicators would be the same as they were in the previous year. The requirements with regard to the Locally Selected Indicator would also be confirmed once the guidance was published however, it was anticipated that this may also be mandated by NHSI and the expectation was that Trusts would be required to audit mortality rates. The Committee noted that the work scheduled with the Governors to select an indicator for audit would continue as planned until the confirmed guidance was received. .</p>	
<b>A.12.18.20</b>	<p><b>Matters to Escalate to the Corporate Risk Register</b></p> <p>There were no matters to escalate to the Corporate Risk Register.</p>	
<b>A.12.18.21</b>	<p><b>Matters to Escalate to the Board of Directors</b></p> <p>Bradford Hospitals Charity Annual Report and Accounts 2017/18. <i>This was addressed under the action for A.12.18.10 (2018/102)</i></p>	
<b>A.12.18.22</b>	<p><b>Items Deferred to Subsequent Meetings</b></p> <p>There were no items deferred to subsequent meetings.</p>	
<b>A.12.18.23</b>	<p><b>Attendees for Subsequent Audit Committee Meetings</b></p> <ol style="list-style-type: none"> <li>1. February 2019. Chief Digital and Information Officer - Data Quality Assurance.</li> <li>2. February 2019. Chief Operating Officer - Internal Audit Report: BH/23/2019 Provider to Provider Contracts.</li> <li>3. April 2019. Chief Digital and Information Officer - Data Quality Annual Report.</li> <li>4. April 2019. Chief Nurse - Freedom to Speak Up Annual Report.</li> </ol>	
<b>A.12.18.24</b>	<p><b>Review of Meeting</b></p> <p>BS asked for views on the meeting that had taken place and the Committee agreed that it had been a good and effective meeting.</p>	
<b>A.12.18.25</b>	<p><b>Date and Time of Next Meeting</b></p> <p>Tuesday 5 February 2019, 14.00 to 17.00, Trust Meeting Room, Chestnut House, BRI.</p>	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST**  
**ACTIONS FROM AUDIT AND ASSURANCE COMMITTEE MEETINGS 30 OCTOBER 2018**  
(Those actions closed at the meeting held on 4 December 2018 are highlighted in grey.)

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
18.05.18	<b>A.5.18.20</b>	<b>Security Management Standards for Providers</b> MH noted Action 3.2 concerning clinically related challenging behaviour was being addressed by the FT. MH would report back to the Committee in December 2018.	Director of Finance 2018/34	4 December 2018	Item is on the agenda and will be presented by Director of Governance and Corporate Affairs. <u>Action closed.</u>
07.08.18	<b>A.8.18.11</b>	<b>Exception Reports</b> MQ informed the Committee that a new Head of Procurement would start in post during the following week. BS stated that at some point it would be useful for the appointee to attend the Audit and Assurance Committee to provide assurance that the appropriate processes have been followed and no single tenders have been issued inappropriately.	Deputy Director of Finance 2018/49  <u>See also 2018/83</u>	4 December 2018	The Strategic Head of Procurement is now in post. MQ will arrange for him to attend the December meeting. In attendance for the agenda item. <u>Action closed.</u>
07.08.18	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment Membership of the Committee</b> - BS advised that the Chairman had agreed to consider expanding membership with the addition of a clinician. It was clear that this could not be the Chair of the Quality Committee.	Chair of the AAC 2018/55	4 December 2018	<u>30/10/18:</u> BS has asked the Chairman to take this on board. There are no immediate changes planned, but this needs to be factored into the future appointment of NEDS and the allocation of NEDs to committees. No specific date has been set and this is tied into the committee reviews – this action now sits with the Chairman. <u>Action closed.</u>
07.08.18	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment Risk Escalation Assurance Framework</b> - BS	Internal Audit 2018/56	4 December 2018	30/10/18: A discussion was had about how the Committee would

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		requested that the terms of reference agreed with regard to the work should be shared with the Committee members outside of the meeting.			handle assurance around the REAF. It was agreed that the action was for Internal Audit to share a copy of the audit brief with the Committee. Brief was circulated. <u>Action closed.</u>
07.08.18	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment</b> <u>Regulatory Requirements</u> - TC agreed to work with KR on a proposal listing all regulations and assurance functions. The proposal will be presented to the Committee in December.	Director of Governance and Corporate Affairs 2018/58	4 December 2018	<u>30/10/18:</u> KR and TC have met to go through this and it has been mapped out from a health and safety perspective. Further work is underway to establish a full list of requirements. This item is on the agenda. <u>Action closed.</u> <u>Superseded by 2018/106</u>
07.08.18	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment</b> <u>Third Parties</u> - It was requested that the Director of Finance and the Chief Operating Officer should discuss this further and feedback to the Committee in October.	Director of Finance 2018/62	4 December 2018	<u>30/10/18:</u> The Committee is seeking assurance in respect of third party provider key functions to the Trust. MQ is liaising with Harrogate regarding what could be brought to Bradford. TC suggested looking at business continuity in terms of third parties. MQ advised that he was liaising with Harrogate NHSFT to determine what would be useful to include at BTHFT. This item is on the agenda. <u>Action closed.</u> <u>Superseded by 2018/98</u>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
30.10.18	<b>A.10.18.7</b>	<b>Internal Audit Progress Report</b> <u>Pharmacy and Medicine Management</u> - the full report will be uploaded to Boardpad in line with the usual practice.	Head of Corporate Governance 2018/76	4 December 2018	Document uploaded. <u>Action closed.</u>
30.10.18	<b>A.10.18.7</b>	<b>Internal Audit Progress Report</b> <u>Pharmacy and Medicine Management</u> - TC to flag medicines management as a concern at her meeting with the Chief Executive, Chief Nurse, Medical Director, Chief Operating Officer and Director of Strategy and Innovation	Director of Governance and Corporate Affairs 2018/77	4 December 2018	TC confirmed discussed with the Chief Executive, Chief Nurse, Medical Director, Chief Operating Officer and Director of Strategy and Innovation. <u>Action closed.</u>
30.10.18	<b>A.10.18.7</b>	<b>Internal Audit Progress Report</b> <u>Non-clinical Appraisals</u> - "tbc" referenced. KR agreed to provide confirmation of the date (see page 34 of report)	Audit Yorkshire 2018/79	4 December 2018	Confirmation provided. <u>Action closed.</u>
30.10.18	<b>A.10.18.11</b>	<b>Losses and Special Payments and Tender Waivers Update</b> The Committee agreed it would be beneficial to hear the opinion of the new Head of Procurement on the documentation procedures and controls with regard to Procurement. MQ would confirm the date of attendance.	Deputy Director of Finance 2018/83  <u>See also 2018/49</u>	4 December 2018	Strategic Head of Procurement will be in attendance at the Committee for the presentation of the 'Exception Reports' agenda item. <u>Action closed.</u>
30.10.18	<b>A.10.18.13</b>	<b>Clinical Audit High Priority Work Plan</b> TC agreed to circulate the Quarter 1 papers.	Director of Governance and Corporate Affairs 2018/84	4 December 2018	<u>Item added to the agenda</u> to provide assurance with regard to Effectiveness and Governance Reporting. <u>Action closed.</u>
30.10.18	<b>A.10.18.14</b>	<b>CQC Compliance</b> It was agreed that the compliance action plan that goes to Board also needs to come to the Committee. The Committee agreed to review the	Director of Governance and Corporate Affairs 2018/85	4 December 2018	Item added to the agenda. <u>Action closed.</u>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		compliance action plan outside the meeting and pick up any points arising at the December meeting.			
30.10.18	<b>A.10.18.18</b>	<b>Audit Committee Annual Report to Board</b> The report was received by the Committee. It was agreed that it would be presented to the Board on the 8 <sup>th</sup> of November 2018.	Chair of the AAC 2018/89	4 December 2018	Presented to Board on 8 November 2018.
30.10.18	<b>A.10.18.19</b>	<b>Any Other Business</b> <u>Proposed Appointment of External Audit to Perform Non-audit Work</u> - BS requested a document describing, with reference to the Foundation Trust policy, why this should be approved. TC to circulate.	Director of Governance and Corporate Affairs 2018/90	4 December 2018	Document circulated and approved. <u>Action closed.</u>
07.08.18	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment</b> <u>Interaction with other Board Committees</u> – BS reported that the Committee does not, but should to comply with good practice, receive assurance reports from the other Board Committees. It is good practice for an Audit Committee to aggregate and assess assurance obtained and reported by other Board Committees, on behalf of the Board. This was to be pursued as part of the upcoming review of Committee terms of reference.	Chair of the AAC 2018/54	4 December 2018	Committee terms of reference being considered by the Committees and the AAC.  ToR review still on-going. The action remains open until review concluded. 5/2/19. Item included on the agenda regarding AAC terms of reference. Other Committee terms of reference approved by the Board on 10 Jan 2019. <u>Action concluded.</u>
30.10.18	<b>A.10.18.5</b>	<b>Deloitte Annual Audit Plan</b> <u>NHS Payment Reform Proposals</u> - MH agreed to circulate the consultation comments to the Committee members.	Director of Finance 2018/73	4 December 2018	<u>4/12/18:</u> to be confirmed with the Director of Finance.
30.10.18	<b>A.10.18.7</b>	<b>Internal Audit Progress Report</b>	Director of	4 December	<u>4/12/18:</u> to be confirmed with

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		<u>RTT Submission Data Quality</u> - MH to consider sharing the audit report with the CCG.	Finance 2018/78	2018	the Director of Finance
30.10.18	<b>A.10.18.15</b>	<b>Audit Committee Annual Self-Assessment: <i>time scale for delivery of actions</i></b> BS proposed that the Terms of Reference, work plan and timescale for delivery of actions for self-assessment are revisited at the December 2018 Committee meeting.	Chair AAC 2018/86	January 2019	Consideration of timescale for delivery of actions to be deferred. <u>4/12/18:</u> Committee to agree virtual review to enable
30.10.18	<b>A.10.18.17</b>	<b>Draft Revised AC Work plan 2018-19</b> As considered under item A.10.18.15, the Committee would consider the draft revised work plan at the December 2018 Audit Committee meeting	Chair AAC 2018/88	January 2019	Consideration of timescale for delivery of actions to be deferred. Committee to agree virtual review to enable completion and sign off by AC to support Board sign off on 10 January. Included on the agenda for the AAC 5 February 2019.
03.04.18	<b>A.4.18.6</b>	<b>Matters Arising</b> <u>Counter Fraud Work Plan</u> TC to consider integrating this into the plans to develop a Trust-wide assurance map.	Director of Governance and Corporate Affairs 2018/10	5 February 2019	<u>18.05.18:</u> BS will speak to TC outside of the meeting. <u>30/10/2018:</u> The assurance map would be provided to the next meeting. <u>29/11/18:</u> Update from TC: This has now been integrated into the ProgRESS programme of assurance reviews however; this is currently suspended due to the whole Trust mock inspection programme that is

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					taking place during Quarter3. This will be picked up in Q4. <u>Committee to note that this action is deferred</u>
07.08.18	<b>A.8.18.6</b>	<b>Benchmarking &amp; Sector Developments Report</b> MQ stated that a paper would be produced in January/February regarding the accounting changes and the Finance Team would work with the Executive Management Team on the proposed approach to be taken regarding assurance.	Director of Finance 2018/39	5 February 2019	<u>5/2/19. Item included on the agenda.</u>
07.08.18	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment</b> <u>Receiving ongoing assurance regarding clinical risks arising from financial pressures</u> - It was agreed that this should be picked up and considered ( <i>by the Board</i> ) as part of the review of the Committees and their Terms of Reference.	Chairman 2018/63	5 February 2018	Under consideration as part of the review of committees terms of reference and work plans. This will be concluded at the January 2019 Board of Directors. 4/12/18: Committee noted the read across expected through the new ToRs. Further, the Chair's Forum would also provide a link. <u>This action would be reviewed again at the next meeting.</u>
07.08.18	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment</b> <u>Data Quality</u> - the Director of Informatics will be invited to the Committee to provide an update on the new policy.	Director of Informatics 2018/59	5 February 2019	30/10/18: It was agreed that the Committee is seeking assurance in relation to the Trust-wide data quality issues. The Committee is seeking assurance that data quality has

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					been addressed. 29/11/18: The Chief Digital and Information Officer will be in attendance at the Committee in February. Audit work on data is currently underway with phase one expected to be completed during December. Committee to note that this action is deferred to February <u>Item included on the agenda.</u>
07.08.18	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment</b> <u>Evidence relating to the Trust's Continuing Fitness to Function.</u> The Committee agreed that TC would present a paper to the Committee at the beginning of Q4 regarding the Provider Licence.	Director of Governance and Corporate Affairs 2018/64	5 February 2019	5/2/19. Item included on the agenda.
30.10.18	<b>A.10.18.5</b>	<b>Deloitte Annual Audit Plan</b> <u>Plan of action regarding new accounting standards -</u> MQ reported that a paper would be presented to the Committee in February 2019 to highlight the impact of the changes. The paper would also cover any capital level risks that required attention.	Deputy Director of Finance 2018/68	5 February 2019	5/2/19. Item included on the agenda under Accounting Standards.
30.10.18	<b>A.10.18.5</b>	<b>Deloitte Annual Audit Plan</b> <u>Impact of IFRS 9 and 15</u> - it was agreed that this would be discussed at the February meeting.	Director of Finance 2018/69	5 February 2019	5/2/19. Item included on the agenda under Accounting Standards.
30.10.18	<b>A.10.18.5</b>	<b>Deloitte Annual Audit Plan</b> <u>"Assess the quality and capacity of the internal team, their incentives and the need for supplementary skill sets"</u> - BS to confer with the Chairman to determine how best to approach this as	Chair of the AAC 2018/70	5 February 2019	4/12/18: Action to be carried forward as Chair not yet discussed with the Chairman.



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		the Audit and Assurance Committee may not be the appropriate place.			
30.10.18	<b>A.10.18.6</b>	<b>Counter Fraud Update</b> AJ commented that there was low representation from managers at the training sessions delivered. AJ agreed to contact Amanda Hudson, Head of Education to discuss further.	Counter Fraud Specialist, Audit Yorkshire 2018/74	5 February 2019	
30.10.18	<b>A.10.18.7</b>	<b>Internal Audit Progress Report</b> <u>Vehicle Safety</u> - Monitoring of actions will be undertaken by the Health and Safety Committee. Then will come back to Audit Committee with update.	Audit Yorkshire 2018/75	5 February 2019	Report included on the agenda as part of will be presented as part of the Internal Audit follow-up report – not as a standalone report. Included on the agenda under item
30.01.18	<b>A.10.18.7</b>	<b>Internal Audit Progress Report</b> Policy proposal regarding the process to follow to formally record any write off or losses will go through TOG and EMT. TC has stated will be escalated to Quality Committee. Operational Plan will link in to this report and what immediate actions need to be taken.	Deputy Director of Finance 2018/78	5 February 2019	
30.10.18	<b>A.10.18.10</b>	<b>Annual Review of Internal Audit &amp; External Audit Performance</b> HKT and MH to go through an appropriate assessment process and produce a short paper on the assessment of internal audit performance over the last year.	Director of Finance/Audit Yorkshire 2018/81	5 February 2019	5/2/19. Item included on the agenda.
30.10.18	<b>A.10.18.10</b>	<b>Annual Review of Internal Audit and External Audit Performance</b> MH to liaise with PH to produce a short summary	Deloitte/Director of Finance 2018/82	5 February 2019	5/2/19. Item included on the agenda.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		report of the assessment of the external audit process and the lessons learned from Year 1.			
30.10.18	<b>A.10.18.16</b>	<b>Review of Draft Revised AC Terms of Reference</b> The Committee would consider the draft revised terms of reference at the December 2018 Audit Committee meeting.	Chair AAC 2018/87	5 February 2018	Item added to the agenda. The discussion regarding the terms of reference is on-going. 5/2/19. Item include on the agenda.
30.10.18	<b>A.10.18.19</b>	<b>Any Other Business</b> <u>Business Continuity Planning (BCP)</u> - An internal audit report was received around May 2018 which pointed to the wider issue of deficiencies in BCP within the Foundation Trust. BS requested that this was maintained on the Committee minutes and action log.	Chief Executive 2018/91	5 February 2019	Update provide by Chief Executive at Board of Directors on 8 November. 4/12/18: To confirm the update provided.
04.12.18	<b>A.12.18.3</b>	<b>Minutes of the Meeting Held on the 30<sup>th</sup> of October 2018</b> amendments to pages 2 and 5. <ul style="list-style-type: none"> <li>Page 2: <u>A.8.18.13 (07.08.18) 2018/58 Audit Committee Annual Self-Assessment: Regulatory Requirements.</u> KR was not involved in the mapping exercise.</li> <li>Page 5: <u>A.10.18.7 Internal Audit Progress Report: Vehicle Safety.</u> The report will not be presented to the Committee in February via the Internal Audit Progress Report, but will be presented as part of the Internal Audit follow-up report.</li> </ul>	Head of Corporate Governance 2018/92	5 February 2019	Amendments made.
04.12.18	<b>A.12.18.5</b>	<b>Internal Audit Progress Report</b> <u>BH/20/2019 Safeguarding - Domestic Violence in A&amp;E.</u> It was noted that The Chief Digital and	Chief Digital and Information Officer	5 February 2019	The Chief Digital and Information Officer has requested that this item be

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		Information Officer was due to attend the Committee in February and a request would be made for an update on remaining issues with EPR.	2018/93		deferred until the meeting in April 2019.
04.12.18	A.12.18.5	<b>Internal Audit Progress Report</b> <u>BH/21/2019 Patient Safety - Pressure Ulcers.</u> TC agreed to discuss the recommendations with the Patient Safety Sub-committee on 7 December.	Director of Governance and Corporate Affairs 2018/94	5 February 2019	
04.12.18	A.12.18.5	<b>Internal Audit Progress Report</b> <u>BH/23/2019 Provider to Provider Contracts.</u> It was agreed that the Chief Operating Officer would be invited to attend the Committee in February to provide an update which should include an opinion from the Executive Management Team. There were six recommendations (two major and four moderate).	Chief Operating Officer 2018/95	5 February 2019	CCO will be in attendance at the meeting on 5/2/19. Item added to the agenda.
04.12.18	A.12.18.5	<b>Internal Audit Progress Report</b> <u>BH/25/2019 GP Communications; Clinical Correspondence.</u> The timing of recommendation three would be confirmed by KR at the February meeting.	Audit Yorkshire 2018/96	5 February 2019	
04.12.18	A.12.18.7	<b>Third Party Provider Functions</b> MQ agreed to discuss with TC the Governance arrangements and provide a report to the Committee in February.	Deputy Director of Finance 2018/98	5 February 2019	Item included on the agenda.
04.12.18	A.12.18.8	<b>Introduction to the Strategic Head of Procurement</b> It was agreed that it would be useful to build a procurement audit into the future audit plan. SN commented that it would be helpful if the relevant auditor understood the procurement process.	Audit Yorkshire 2018/99	5 February 2019	

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04.12.18	<b>A.12.18.9</b>	<b>Exception Reports</b> BS highlighted the £700,000 costs related to the Urgent Care Centre and it was agreed that further detail would be provided regarding this at the meeting scheduled for February 2019.	Deputy Director of Finance 2018/100	5 February 2019	
04.12.18	<b>A.12.18.10</b>	<b>Bradford Hospitals Charity Annual Report and Accounts 2017/18</b> It was recommended that an exception report should be provided to the Board of Directors following the Charitable Committee meetings in line with the practice in place for other Board Committees.	Director of Governance and Corporate Affairs 2018/101	5 February 2019	
04.12.18	<b>A.12.18.10</b>	<b>Bradford Hospitals Charity Annual Report and Accounts 2017/18</b> The Committee recommended that (the annual report) should be presented to the Board of Directors meeting scheduled in January 2019.	Director of Finance 2018/102	5 February 2019	Report presented to the Board of Directors on 10 January 2019.
04.12.18	<b>A.12.18.11</b>	<b>ISA 260</b> NR agreed to circulate the letter of representation outside of the meeting for the Committee review.	Deloitte 2018/103	5 February 2019	
04.12.18	<b>A.12.18.11</b>	<b>ISA 260</b> NR asked the Committee to note that for 2018/19 it was expected that BTHFT would fall below the Charity Commission threshold for an external audit. BS requested that the Director of Finance should take a recommendation to the Committee as to whether to still undertake an external audit.	Director of Finance 2018/104	5 February 2019	
04.12.18	<b>A.12.18.12</b>	<b>CQC Inspection Report and Compliance Actions</b> TC asked the Committee to note that all the "should do's" are managed within the Divisions. A full update	Director of Governance and Corporate Affairs	5 February 2019	5/2/19 Item added to the agenda.

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		report has been requested from Divisions at the end of December. This will be shared with the Audit Committee in February 2019.	2018/105		
04.12.18	<b>A.12.18.13</b>	<b>Regulatory Requirements</b> The Committee confirmed that the presentation was satisfactory and BS requested a more explicit plan of action for the next meeting.	Director of Governance and Corporate Affairs 2018/106	5 February 2019	5/2/19 Item added to the agenda.
04.12.18	<b>A.12.18.15</b>	<b>Review of Board Committees Terms of Reference</b> BS recommended that, due to the need to present the ToRs for approval to the Board in January 2019, a fuller review of the Board Committee Terms of Reference should take place outside of the Audit Committee and that he would make TH and SU aware of those discussions. It was agreed that BS would provide comments via email to TC with regard to the Terms of Reference	Chair of the AAC 2018/107	5 February 2019	5/2/19 Item added to the agenda.
04.12.18	<b>A.12.18.16</b>	<b>Review of Draft Audit Committee Terms of Reference</b> BS noted that the Committee awaited sight of the latest draft proposed of the revised Audit Committee terms of reference and recommended that these should be considered outside of the meeting.	Director of Governance and Corporate Affairs 2018/108	5 February 2019	5/2/19 Item added to the agenda.
04.12.18	<b>A.12.18.16</b>	<b>Review of Draft Audit Committee Terms of Reference</b> BS recommended that as the ToRs were tabled these should be considered outside of the meeting and the Committee should work virtually to share comments before the deadline for submission to the Board of Directors. The Committee agreed.	Audit Committee Members 2018/109	5 February 2019	5/2/19 Item added to the agenda.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
04.12.18	<b>A.12.18.18</b>	<b>Any Other Business</b> <u>Annual Report and Quality Report 2018/19: Timetable for Production:</u> It was agreed that the discussions should be concluded with the Director of Finance regarding the finalisation of the time table. JM would liaise with the Director of Finance and Deloitte to finalise the timetable.	Head of Corporate Governance 2018/110	5 February 2019	5/2/19 Item added to the agenda.
07.08.18	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment</b> TC agreed to present a report to the Committee regarding the Assurance Framework in April 2019.	Director of Governance and Corporate Affairs 2018/57	April 2019	
07.08.19	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment</b> <u>Data Quality</u> - An annual data quality report will be expected, with a particular focus on in-year changes.	Director of Informatics 2018/60	April 2019	
07.08.18	<b>A.8.18.13</b>	<b>Audit Committee Annual Self-Assessment</b> <u>Freedom to Speak Up Arrangements</u> - the Committee noted that an annual report would be submitted to the Quality Committee and the Board. It was agreed that the report should also be submitted to the Audit and Assurance Committee.	Chief Nurse 2018/65	April 2019	
30.10.18	<b>A.10.18.7</b>	<b>Internal Audit Progress Report</b> <u>Private Patients Follow-up</u> - Additional audit to be undertaken in Q4; Private Patients and the Quality of Care received.	Audit Yorkshire 2018/80	April 2019	
04.12.18	<b>A.12.18.6</b>	<b>Security Management Standards for Providers</b> TC advised that she would discuss with the Director of Finance – an update would be provided to the Audit Committee in six months.	Director of Governance and Corporate Affairs 2018/97	May 2019	

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07.08.18	A.8.18.13	<b>Audit Committee Annual Self-Assessment</b> <u>Clinical Audit Assurance</u> - It was agreed that the Audit and Assurance Committee should review audit conduct (such as data quality), and the Quality Committee should focus on risks and areas for improvement. It was agreed that the Quality Committee should, adhering to the terms of reference, take the first step to consider the processes and outputs and confirm these in an assurance statement to the Board and the Audit and Assurance Committee on behalf of Board.	Director of Governance and Corporate Affairs 2018/61	July 2019	