

AUDIT AND ASSURANCE COMMITTEE MEETING MINUTES

Date:	28 July 2020	Time:	14:00-17:00
Venue:	Virtual Meeting	Chair:	Barrie Senior, Non-Executive Director
Present:	Non-Executive Directors: <ul style="list-style-type: none"> - Mr Barrie Senior, Non-Executive Director, Chair (BAS) - Ms Selina Ullah, Non-Executive Director (SU) - Mr Jon Prashar, Non-Executive Director (JP) 		
In Attendance:	<ul style="list-style-type: none"> - Mr Matthew Horner (MH), Director of Finance - Ms Tanya Claridge (TC), Director of Governance and Corporate Affairs - Mr Michael Quinlan (MQ), Deputy Director of Finance - Mr Paul Hewitson (PH), Deloitte - Ms Helen Kemp-Taylor (HKT), Audit Yorkshire - Mr Jonathan Hodgson (JH), Audit Yorkshire (deputising for Karina Rogers) - Mr Steven Moss (SM) – CFS, Audit Yorkshire - Mr Richard Maw (RM) – CFS, Audit Yorkshire - Ms Karen Dawber (KD), Chief Nurse, for items A.7.20.13 and A.7.20.29 - Ms Cindy Fedell (CF), Chief Digital and Information Officer, for items A.7.20.19 and A.7.20.20 - Ms Jacqui Maurice (JM), Head of Corporate Governance 		

No.	Agenda Item	Action
A.7.20.1	Apologies for Absence Apologies have been received from Sandra Shannon, Chief Operating Officer, for agenda item A.7.20.26, Security Management Standards for Providers. MH will be presenting this on her behalf.	
A.7.20.2	Declarations of Interest No declarations of interest were noted.	
A.7.20.3	Minutes of the Meeting Held on the 10th of June 2020 The minutes were noted as a correct record of the meeting.	
A.7.20.4	Minutes of the Meeting Held on the 16th of June 2020 The minutes were noted as a correct record of the meeting.	
A.7.20.5	Matters Arising The following actions from the action log were closed: <ul style="list-style-type: none"> - 2019/165 (A.7.19.10) Annual Internal Audit Performance Review - 2019/166 (A.7.19.10) Annual Internal Audit Performance Review (duplicate of 2019/165) - 2020/195 (A.2.20.11) Internal Audit Benchmarking - 2020/200 (A.2.20.29) Review of Audit Committee Terms of Reference 	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> - 2020/204 (A.6.20.8) Follow-up of Internal Audit Recommendations - 2020/206 (A.6.20.12) Draft Counter Fraud Workplan 2020/21 - 2020/207 (A.6.20.20) Board Assurance Framework and Strategic Risk Register - 2020/208 (A.6.20.25) The High Priority Audit Programme Plan -: Responding to National Mandated HQIP Audit Programme - 2020/209 (A.6.20.30) Any Other Business - 2020/210 (A.6.20.32) Matters to Escalate to the Strategic Risk Register - 2020/213 (A.6 (2).20.4) Assurance for Quality Report - 2020/215 (A.6 (2).20.12) Any Other Business - 2020/217 (A.6 (2).20.15) Matters to escalate to the Board of Directors - 2020/218 (A.6 (2).20.16) Items deferred to subsequent meetings 	
Section 2: External Audit		
2a Deloitte		
A.7.20.6	<p>Annual External Audit Performance Review</p> <p>MH shared that the Charitable Funds audit was brought forward and the results of this were awaited before the review meeting takes place. BAS queried the timescale for completion. PH stated that the field work has been done, but the statutory accounts weren't available for the 15th of June as planned. The charity had invested more this year, which quite significantly increased the scope of the audit. The aim was for the Charitable Funds audit to be completed in time for the Audit Committee meeting on the 13th of October. MQ to speak to PH to agree a timeframe.</p> <p>BAS queried when audit planning in respect of the Trust accounts for 2020/21 would take place and which Audit Committee the plan would go to. PH stated that once he has an answer as to when External Audit can visit and do their planning work, the plan will go to the next Audit Committee.</p> <p>The Committee awaited the results of the post-audit review meeting between Finance and External Audit and further feedback on how the 2019-20 Trust audit went.</p>	<p>Deputy Director of Finance/ External Audit 2020/219</p>
A.7.20.7	<p>Benchmarking & Sector Developments Report</p> <p>BAS queried whether this item should remain on the Committee agenda. PH stated that updates are submitted when available, but it had not been long since the last Committee meeting and benchmarking only happens two or three times per year.</p> <p>It was agreed that the item would remain standing on the agenda as a reminder, with the understanding that there would not be an update available for every meeting.</p>	
A.7.20.8	<p>Use of External Audit to Provide Non Audit Services (standing item)</p> <p>MH confirmed that there was nothing to discuss under this item.</p>	

2b Foundation Trust responses (by Exception)		
Section 3: Internal Audit and Counter Fraud		
3a Audit Yorkshire		
A.7.20.9	<p>Annual Internal Audit Performance Review</p> <p>MH and JH met following completion of the recent Internal Audit survey and noted a positive response. There were no actions, other than improving engagement by giving JH an opportunity to personally present specific reports to the Executive Management Team, which could reduce the number of follow-up meetings required.</p> <p>BAS stated that from a combination of the survey results, reassurance from the statement in the progress report around standards of compliance and general observations over time, a lot of assurance could be derived from the work done.</p>	
A.7.20.10	<p>Internal Audit Progress Reports</p> <p>BAS stated that on the 16th of June there were 8 audit reports still to be completed. Ambulance Handovers and Nursing Assessments, are included in this report, but the Committee had not had sight of the other 6 significant assurance reports. JH confirmed that he did send a summary report to the Corporate Governance email address, but this seems to have gone astray. JM to investigate and circulate the outstanding reports to BAS, JP and SU for their comments.</p> <p>JH highlighted the Organisational Leadership Benefits Realisation audit, which received a 'high assurance' opinion. It was agreed that this report should be seen by all Board members as it provides useful learning across the organisation. A draft Facilities Management Laundry audit report has been issued, with updates from the wards awaited.</p> <p>Changes had been requested in terms of timings to specific audits and a rationale had been provided for each. BAS queried whether MH assesses these proposed changes to the Internal Audit Plan, whether for deferrals or cancellations. MH confirmed that he meets with JH to go through all requests to confirm these are reasonable.</p> <p>BAS asked if the Foundation Trust has a robust system in place to accommodate changes to the audit plan due to Covid-19. MH stated that any system or control weaknesses tend to be identified at Executive Team Meetings and MH will then discuss these with JH in terms of flexibility within the plan to identify if further audits can be accommodated.</p> <p>HKT stated that Audit Yorkshire's collaboration with other internal audit providers is resulting in the development of supportive checklists.</p> <p>MH mentioned the plan for an academy governance structure within the Foundation Trust, replacing the current Committee structure and that this could prompt further internal audits and learning.</p>	<p>Head of Corporate Governance 2020/220</p>

	<p>BAS queried whether it was achievable to move forward with the plan, as originally expected, given the Covid-19 situation. HKT shared that a discussion took place at the Audit Yorkshire Board recently regarding this issue. Delivery of the first quarter of the year has obviously been compromised, not least because the year-end was delayed by a month. HKT informed the Audit Yorkshire Board that it is likely only 75% of the planned work will be able to be completed and the plan will need reprioritising as time goes on. MH highlighted that the plan had already been adjusted to reflect the lost weeks early in the audit year.</p> <p>A discussion took place regarding the meaningfulness of the Head of Internal Audit opinion given the Covid-19 impact on Internal Audit capacity. Guidance had been issued by the Internal Audit Standards Advisory Board that scope can be limited during the year as long as this is managed and reviewed by the relevant Audit Committee via the Director of Finance. HKT assured the Committee that Audit Yorkshire are sighted on the work required and aware that this will change during the year.</p> <p>JH stated that Audit Yorkshire has been linking up with key Executive Leads in terms of deferred audits and to discuss what else could be brought forward. The appendix to the programme (reserve list) could be drawn upon if difficulties arise in taking any work forward. Any issues will be reported transparently within the performance report.</p> <p>An internal assessment was carried out and CIPFA were invited to carry out an external assessment with regard Audit Yorkshires effectiveness and standards compliance. An action plan has been developed, but Audit Yorkshire was found to comply fully with all standards. BAS asked for further information on what each standard reference code refers to and HKT agreed to share the full report.</p> <p>JH informed that a slightly different standing report is issued to the Foundation Trust than the ones received by other clients and offered to change the format to match others, so the key findings from recommendations to back up the assessment of controls are received, which will provide more detail in terms of the granular level of work undertaken.</p> <p>The Committee approved the changes to the plan and recognised the recent challenges and need to prioritise.</p>	<p>Audit Yorkshire 2020/221</p> <p>Audit Yorkshire 2020/222</p>
A.7.20.11	<p>Internal Audit Follow-up – Exception Report</p> <p>JH and MH had met to review progress to date and detail was provided in the summary. Progress was noted including the closure of the last remaining actions in respect of 2016/17 and 2017/18.</p>	
3b Counter Fraud		
A.7.20.12	<p>CFA Benchmarking Developments</p> <p>SU highlighted the section on bribery and the awarding of contracts and queried what controls are in place to gain assurance around these issues. SM stated that controls are already embedded in the organisation in the form of standing financial instructions and procurement regulations.</p>	

	<p>These would be reviewed as part of the Internal Audit Programme and the Foundation Trust would be participating in the national procurement exercise that the National Fraud Initiative put together in 2019.</p> <p>In terms of targeting areas of risk, Purchasing and Procurement staff were regularly spoken to regarding bribery and corruption and the Counter Fraud Team work to ensure robust controls are in place. SM stated that in terms of procurement fraud, when this goes wrong it is usually for a large amount, but there were very few referrals and this is a tightly regulated area.</p> <p>JP asked if there was anything worth noting given the focus on Covid-19 and if this could have provided increased opportunities for fraud. SM stated that on review of the statistics from the Counter Fraud Authority, there has been a decrease in referrals and in terms of identifying frauds unique to this situation, there had not been a lot to look at. There were referrals building up, but these were not Covid-19 related.</p> <p>MH stated that when the pandemic started, steps were taken to promote vigilance across the organisation in the form of newsletters to highlight the risks and ensure staff were taking the necessary steps to report any anomalies.</p> <p>BAS queried what the Foundation Trust should be doing prompted by the contents of the Counter Fraud Governance Functional Standards and Strategic Intelligence Assessment 2020. SM stated that a note had been made in the progress report to say he had been invited to attend a pilot exercise and working group with the Counter Fraud Authority and should be better sighted on the issues following these. HKT added that a representative from the Counter Fraud Authority was due to attend the September Audit Yorkshire Board and following this a strategy document would be produced.</p> <p>BAS requested a progress report to the 1st of December meeting.</p>	<p>Audit Yorkshire 2020/223</p>
3c Foundation Trust responses (by Exception)		
<p>A.7.20.13</p>	<p>Internal Audit Report – Nursing Assessment and Care Plans</p> <p>KD, Chief Nurse, and CF, Chief Digital and Information Officer, joined the meeting for this item.</p> <p>KD stated this was a management request audit and that an opinion of limited assurance was expected from the outset. The audit was done to provide a baseline to some work that was due to be started in June with Calderdale and Huddersfield. This involved sharing the same Cerner system and nursing care plans, with joint updates. Both KD and the Chief Nurse from Calderdale were not assured that staff were using the care plans in the correct way. The care was being documented, but the correct documentation was not necessarily being completed consistently.</p> <p>A workshop with Calderdale was planned for later this year, where this would be explored in detail, with a view to making Cerner more user-friendly. Some documents were still paper-based and problems had been noted with not being able to locate them once scanned in.</p>	

	<p>KD stated that on review, the majority of nursing documentation was good and complete, but problems could arise when care plans arose from assessments. One reason for this was that an assessment should be done as soon as possible after admission, but when a patient is transferred between wards this can fall down. Secondly, the process was quite complicated; once an assessment was done, a number of care plans had to be ordered and completed, which was time-consuming and did not lend itself easily to a ward environment. Lastly, there was no easy way of tracking if the care plans had been completed.</p> <p>BAS queried why EPR still lacks this functionality after three years. KD confirmed that this was flagged as a risk on her register and placed in an EPR queue. KD stated that there was a good understanding of where focus was needed and more of an opportunity to work collaboratively with Calderdale and Huddersfield than previously. CF stated that a review had been carried out and quotes requested from an external company to do the work required on Cerner. CF stated that she should be able to provide a position statement by the end of September. The EPR enhancement queue list had been prioritised, but there was a lot of work for the Digital Team to do around Maternity and the forthcoming Cerner upgrade.</p> <p>CF pointed out that the Clinical Change Board reviews the list of change requests and these are prioritised based on clinical need. Cerner does have care plans, but these do not look as the Foundation Trust would like and the clinical part had not yet been configured.</p> <p>Some work could be started straight away, but the majority would involve an embedding process and significant quality assurance work. KD suggested a repeat audit in 12 months to allow time for this to take place. BAS mentioned the comment in the report that more than half of care plans are not on EPR. KD stated that root cause analyses into falls and pressure ulcers are carried out and care plans are closely reviewed for compliance.</p> <p>BAS asked about the opinion of the CQC at their recent inspection. KD stated that the CQC did not review the functionality of the system, but whether the care given was safe, effective and responsive and in the majority of cases, excepting Maternity, the feedback was positive. BAS referred to the target date of the 31st of July 2021 and asked if the work was being prioritised as highly as it could be. KD clarified that this timescale was set by Kay Pagan, Assistant Chief Nurse for Informatics, to allow time for the above mentioned workshop. KD will however alert the Committee if this deadline is not able to be met. BAS queried the Internal Audit follow-up timescale. KD stated that 12 months seemed appropriate.</p> <p>BAS thanked KD and CF for their contribution and KD and CF left the meeting.</p>	<p>Chief Digital and Information Officer 2020/224</p>
Section 4: Foundation Trust		
4a Is Financial Governance and its associated controls effective?		
<p>A.7.20.14</p>	<p>Exception Reports: Schedules of Losses and Special Payments</p> <p>BAS stated that he derived assurance in terms of payments and the level of scrutiny being applied to each bid. SU queried the meaning of certain items having only experts available.</p>	

	<p>MH clarified that quite often a unique piece of kit requires maintenance from the supplying company, or a specific type of software needs specialist input. There were also business continuity and timing aspects to consider, for example, in terms of the maintenance of a boiler. MH confirmed that he reviews all requests and any worth over £30,000 also go to the Chief Executive for approval.</p> <p>A discussion was held around relying solely on one provider for certain items and the potential cost implications. MH stated that this should be incorporated into the Procurement Strategy and that the Strategic Head of Procurement had a robust process in place, goes out for quotes and if these are over a certain value will request an additional two.</p> <p>The Committee noted the information and awaited the next update.</p>	
A.7.20.15	<p>Appropriateness of Single Source Tenders</p> <p>Discussed under item A.7.20.14.</p>	
A.7.20.16	<p>Standing Orders Proposed Changes (Standing Item)</p> <p>No changes were reported.</p>	
A.7.20.17	<p>Suspension of Standing Orders/Standing Financial Instructions (Standing Item)</p> <p>No suspensions were reported.</p>	
A.7.20.18	<p>Other Assurance Functions (Standing Item)</p> <p>Nothing to report.</p>	
4b Are Specific Governance Control Systems Effective? (Workplan Items)		
A.7.20.19	<p>Cyber Security Update</p> <p>CF, Chief Digital Information Officer, joined the meeting to discuss this item and item A.7.20.20.</p> <p>CF stated that there had been improvement noted over the course of the year and ISO accreditation had been awarded. The position continues to be monitored. BAS queried how staff remain current on what is required. CF shared that a key method is by becoming a Cyber Security Associate, which is a course provided by NHS Digital and a number of staff have this certification. Annual training is part of the cyber assessment and the Foundation Trust's Data Protection and Security Toolkit also includes this. The ISO preparation work revealed that most of the processes requested were already in place. There is also an active network within West Yorkshire and Harrogate.</p> <p>BAS mentioned the external assessment and asked how assurance is gained that the external assessors are as competent as they can be. CF confirmed that only NHS Digital assessors are used and this is supplemented with other assessments for further assurance.</p>	

	The Committee recognised the reassurance regarding what continues to be a fluid situation.	
A.7.20.20	<p>Data Quality (DQ) Assurance</p> <p>BAS thanked CF for the updated paper and noted that it is difficult to categorically state there is robust assurance on the quality of all of the Foundation Trust's data.</p> <p>CF shared that the Foundation Trust uses both a framework and a maturity model to measure maturity and assess position. The maturity model has been augmented based on the framework and other information sources, including external, so this is as robust as possible. CF stated that this is the only NHS Trust she knows of that uses a data quality framework to holistically assess its position.</p> <p>It was agreed that given the millions of pieces of data generated, 100% assurance regarding data quality is impossible. CF noted the importance of automating as much as possible directly from the point at which data is entered as part of the care or administrative process and then to have good, clean technical processes. CF stated that automation has progressed substantially, not just in terms of the implementation of EPR, but the clean-up of a lot of manually produced reports. The majority of the work has been done to ensure data does not involve human intervention and is not transformed outside of agreed business rules, specifically with respect to national audits. A review of all the data required was undertaken and only around 40% was identified as something that would be currently collected as part of patient care. The Business Intelligence Team was looking at ways to progress this without burdening clinicians in the middle of patient care.</p> <p>CF stated that the biggest challenge is ensuring that all staff who enter data do so as carefully as possible. There was high confidence in terms of clinical data as this is mostly electronic and reviewed in a timely way by other clinicians, but more of a struggle with administrative data as this does not have an immediate impact.</p> <p>BAS mentioned the kitemark analysis on the dashboards and asked what happens when a "red" occurs. CF replied that a review is carried out as to how these are calculated and if the correct sources of data were being used. For example, this happened with the readmissions indicator. The kitemarks have improved over the last year and a programme of work is planned to do more external reviews of the most important indicators, which is the highest level of kitemark assurance. BAS to speak with the Chairman/Chief Executive regarding a session on data and indicators at a future Board development day.</p> <p>The Committee noted the report and derived assurance from it, whilst recognising that this is a difficult area to assess. BAS thanked CF for her attendance and CF left the meeting.</p>	Chair of the AAC 2020/225
A.7.20.21	<p>Clinical Audit Annual Report</p> <p>TC advised that this has not yet been completed, partly because the National Audit Programme was suspended in February 2020 and, the team has been redeployed on a short term basis to support the response to Covid-19.</p>	

	<p>A draft annual report has now been completed and will be reviewed at the relevant Academy once this is established.</p> <p>The Committee noted the position.</p>	<p>Chief Medical Officer 2020/226</p>
A.7.20.22	<p>Audit Committee Annual Self-Assessment</p> <p>The Committee agreed to continue to use the HFMA checklists to carry out the Committee's annual self-assessment and that he, SU and JP review their previous responses and confer on whether these are still appropriate. Any changes can then be discussed. It was agreed to hold off on the formal self-assessment until the governance restructure has been progressed. BAS to circulate the previous responses.</p>	<p>Chair of the AAC 2020/227</p>
A.7.20.23	<p>Board Assurance Framework (BAF) and Strategic Risk Register(SRR)</p> <p>BAS commented that some limited Regulatory Committee and Board scrutiny had taken place however, due to the Board Committees not having met since the end of February 2020 due to Covid, there was insufficient evidence available for the Audit and Assurance Committee to report to the Board that it had received an adequate level of assurance.</p> <p>The Committee noted the governance restructure that was now underway and that the Non-Executive Directors needed to ensure that they have input into the shaping of the new structure. The Committee noted that BAS had raised with the Chairman his view that the Board or the Regulation Committee should ensure that appropriate scrutiny is applied to the BAF and SRR until the new governance arrangements are in place</p> <p>HKT responded to a query raised by SU regarding similar discussions taking place across other organisations. HKT confirmed that such discussions were reflected in other Audit Committees adding that the organisations' other committees were also starting to meet again. HKT added that the Internal Audit Network has discussed how Board Assurance Frameworks and Corporate Risk Registers should change to reflect new risks.</p> <p>The Committee noted the current versions of the documents and, that these would be revisited at the Executive and Non-Executive Regulation Committee scheduled for 29 July 2020 and at the Board meeting on 10 September.</p>	
A.7.20.24	<p>Assurance Framework</p> <p>BAS stated that this document is a useful reminder of some of the key building blocks that are in place to provide assurance within the Foundation Trust and should be one of the key inputs into the governance review. SU added that it has provided her with reassurance that the Foundation Trust has made good progress.</p> <p>BAS pointed out the lack of reference to the Board Committees in the document. TC stated that, at present, confirmation was still awaited with regard to the new governance arrangements.</p> <p>The Committee noted the document.</p>	

A.7.20.25	<p>Quality Account 2019/20 Assurance</p> <p>TC referred to the revised timetable. The committee noted that due to the changes in statutory reporting (as a consequence of the pandemic) a Quality Report was not required to be included within the Trust's Annual Report. Neither was the Quality Report subject to an External Audit. Trusts were however due to complete a Quality Account which was to be uploaded to NHS Choices by 15 December 2020. TC stated that this would be discussed by the Executive Management Team and would also be presented for a formal Quality Committee (or replacement) review. She added that this would be useful before it is presented to Board in November for approval.</p> <p>TC queried what level of independent assurance the Audit Committee would want to see in relation to this report. BAS suggested asking the former members of the Quality Committee who have looked at the reports in previous years to provide their view on the content of the document and what would satisfy them with regard to assurance. BAS would seek an answer to this at the Executive and Non-Executive Regulation Committee on the 29th of July.</p>	<p>Chair of the AAC 2020/228</p> <p>Chair of the AAC 2020/229</p>
A.7.20.26	<p>Security Management Standards for Providers</p> <p>MH presented this item on behalf of the Chief Operating Officer. The Security Management Standards had now been removed from the acute contract for 2020/21, but it remained good practice to assess themes and the Quality Committee/Academy will continue to expect this to be in place. On the last review in October 2019, there were 29 applicable standards, 24 of which had full compliance, 4 partial and 1 non-compliance. The status in July 2020 was full compliance against 24, 5 partial compliance and no non-compliances.</p> <p>The area that had moved from non-compliance to partial compliance involves the training of staff when dealing with clinically related challenging behaviour. A lot of work had been done over the last few months to address this particular standard. Overall, the Foundation Trust's current status remained green and the formal report would be seen by the Health and Safety Committee then the Quality Academy after October when a self-assessment was undertaken against the 29 standards. A re-evaluation of the action plan from last year would then be carried out and this would be updated as required.</p> <p>The Committee noted the position.</p>	
4c Corporate Governance		
A.7.20.27	<p>Review Audit Committee Terms of Reference</p> <p>BAS asked the Committee to note that the terms of reference would be reviewed as part of the annual self-assessment and governance review.</p>	<p>Chair of the AAC 2020/230</p>

A.7.20.28	Board Committee Assurance	
	The Committee noted that this had been discussed from various viewpoints under different agenda items. There were no further points raised.	
A.7.20.29	Effectiveness of Whistleblowing/Freedom to Speak Up Arrangements	
	<p>KD, Chief Nurse, joined the meeting for this item.</p> <p>BAS asked what assurance is available as to how these arrangements operate within the Foundation Trust. KD shared that the Freedom to Speak Up (FTSU) report goes to the Workforce and Quality Committees on a quarterly basis, as well as to the Trust Board for information. Internally, there are quarterly meetings between the Non-Executive Director for FTSU, Laura Stroud, the Chairman, the Chief Executive, the Chief Nurse and the FTSU Guardian, Sue Franklin. These involve a review of the last quarter and a discussion about the current cases and any trends.</p> <p>Externally, the FTSU data is reported to the National FTSU Guardian quarterly, which generates an annual report, as well as ad-hoc reports on other areas, with recommendations. Recommendations for other organisations are also reviewed by the group, which are noted in the quarterly reports and any adjustments made as required. Annually, an index of FTSU is produced, which is a triangulation of questions that indicate how open an organisation is and the Foundation Trust has been reported as within the top third.</p> <p>BAS queried any changes in declarations or levels of referral since lockdown. KD stated that there had been no increases and that the FTSU Guardian took an early stand during the Covid-19 pandemic to state that organisations had a duty to be aware of what was happening. An assurance document for Boards was published around 18 months' ago, which the Foundation Trust Board completed and which generated a number of actions, one of which was to appoint an Executive Guardian and Executive FTSU Guardian.</p> <p>The Committee noted the update and looked to the Quality Academy and Chairman group to continue to provide scrutiny, reassurance and assurance.</p> <p>BAS thanked KD for her contribution. KD left the meeting.</p>	
Section 5: Audit and Assurance Committee Governance		
A.7.20.30	Any Other Business	
	No other business was raised.	
A.7.20.31	Matters to Share With Other Committees	
	There were no matters to share with other Committees.	
A.7.20.32	Matters to Escalate to the Strategic Risk Register	
	There were no matters to escalate to the Strategic Risk Register.	
A.7.20.33	Matters to Escalate to the Board of Directors	

	There were no matters to escalate to the Board of Directors.	
A.7.20.34	Items Deferred to Subsequent Meetings There were no items deferred to subsequent meetings.	
A.7.20.35	Attendees for Subsequent Audit Committee Meetings To be confirmed on agreement of the agenda for the October meeting.	
A.7.20.36	Review of Meeting No comments made.	
A.7.20.37	Date and Time of Next Meeting Tuesday 13 th October 2020, 2-5pm, via WebEx.	

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

Actions from Audit and Assurance Committee Meeting held 28 July 2020

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
4.2.20	A.2.20.28	Review Audit Committee Terms of Reference BAS will review TC's document and have further discussions with the Chief Operating Officer and the Chief Digital and Informatics Officer before reporting back to the Committee	Chair of the Audit Committee 2020/200	7 April 2020	10/06/20 – BAS has reviewed with TC and the Chief Operating Officer provided an explanation of how the Foundation Trust can be assured that the KPI's are being accurately calculated and reported. BAS to have a discussion with CF to see if any further assurance is required and available with regard to data quality. A report to be submitted to the July AAC. 28.07.20 – Covered under agenda item A.7.20.20. <u>Action closed</u>
4.2.20	A.2.20.37	Date and time of next meeting: There had been some discussion of moving the date to the 21 April but as everyone could make 7 April and not 21 April it was decided to keep the original date. It was suggested that the Board Development day could be on the same day. TC would investigate whether this was possible.	Director of Governance and Corporate Affairs 2002/203	7 April 2020	10/06/20 – Issue resolved. Item closed.
10.06.20	A.6.20.30	Any Other Business MH to circulate completed Covid-19 governance checklists.	MH 2020/209	16 June 2020	28.07.20 – These were circulated. <u>Action closed.</u>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
16.06.20	A.6 (2).20.15	Matters to escalate to the Board of Directors BAS to provide a number of points of assurance with regard to the ISA 260, Accounts and Annual Report to the Board meeting on the 17 June 2020.	AAC Chair 2020/217	18 June 2020	28.07.20 - BAS reported to Board as required. <u>Action completed.</u>
16.06.20	A.6 (2).20.12	Any Other Business Audit Yorkshire Governance Assurance Check List: To be presented to the Board in July.	Director of Finance 2020/215	9 July 2020	28.07.20 - Presented at Board of Directors. <u>Action completed.</u>
10.06.20	A.6.20.8	Follow-up of Internal Audit Recommendations A suggestion was made to extend the completion date of outstanding actions that couldn't be progressed due to Covid-19 by three months. JH to liaise with MH to pick up any key risks.	Audit Yorkshire/Director of Finance 2020/204	28 July 2020	28.07.20 – this is covered under agenda item A.7.20.11. <u>Action closed.</u>
10.06.20	A.6.20.12	Draft Counter Fraud Workplan 2020/21 SM to update the Committee on the appointment of a Counter Fraud Champion when this happens.	Counter Fraud 2020/206	28 July 2020	28.07.20 – Michael Quinlan has been appointed Counter Fraud Champion. The first meeting is set for the next week. <u>Action closed.</u>
10.06.20	A.6.20.20	Board Assurance Framework and Strategic Risk Register TC to add the impact of Covid-19 onto the agenda of the Board development session on the 1st of July.	TC 2020/207	28 July 2020	28.07.20 – Issues around Covid-19 have been incorporated into the BAF and gaps in controls identified. <u>Action closed.</u>
10.06.20	A.6.20.32	Matters to Escalate to the Strategic Risk Register TC to feedback AAC comments regarding the strategic risk register to the Executive and Non-Executive Regulation Committee on the 18th	TC 2020/210	28 July 2020	28.07.20 – The Executive Directors went through the strategic risks relevant to their areas during the meeting. Action closed.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		of June.			
16.06.20	A.6 (2).20.16	Items deferred to subsequent meetings The Chief Nurse and Chief Digital and Information Officer would be invited to attend the meeting scheduled for 28 July to discuss with the Committee the limited assurance report on Nursing Assessments and Care Plans.	Director of Governance and Corporate Affairs 2020/218	AAC 28 July 2020	28.07.20 - Attendance confirmed. Action completed.
10.06.20	A.6.20.33	Matters to Escalate to the Board of Directors BAS to produce a summary of the key matters covered in the AAC on the 10th of June for the Board meeting on the 1st of July.	BAS 2020/211	28 July 2020	28.07.20 – Presented to the Board. Action completed.
10.06.20	A.6.20.34	Items Deferred to Subsequent Meeting AAC agenda planning meeting attendees to discuss inclusion of deferred items under item A.6.20.34 at the next meeting.	BAS/TC/MH/MQ/JM 2020/212	28 July 2020	28.07.20 – Items discussed. Action completed.
05.02.19	A.2.19.25	Board Assurance Framework It was agreed that TC would organise training on the BAF for the Non-Executive Directors in the new financial year.	Director of Governance and Corporate Affairs 2018/126	21 May 2019	21.05.19 – TC to meet with the Trust Chairman to decide requirements. Action to remain open and progress reviewed at the July meeting. 30.07.19 – This remains outstanding. To be referred to under A.7.19.20. 03.12.19 - Action to remain open. 04.02.20 - Scheduled for April 2020. 10/06/20 - BAS to have a call with TC when the agenda being put together for the Board

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					Development Session in July to discuss to what extent the agenda covers these items. 28.07.20 - This will now fall under the governance review. Action to remain open as a reminder.
30.07.19	A.7.19.20	Board Assurance Framework and Strategic Risk Register BAS to meet with TC, JP and SU to review use of the BAF and SRR across committees.	Director of Governance and Corporate Affairs 2019/170	22 October 2019	Committee self-assessment process now initiated and includes review of the operation of the BAF and SRR through committees. The use of BAF and SRR will be assessed through this process. 4.2.20: Self-Assessments, CQC report will feed into April meeting 10/06/20 - BAS to have a call with TC when the agenda being put together for the Board Development Session in July to discuss to what extent the agenda covers these items. 28.07.20 – This will now fall under the governance review. Action to remain open as a reminder.
03.12.19	A.12.19.31	Regulatory Compliance The Committee noted that this paper assesses whether Policies are compliant rather than are staff complying with Policies but required further clarification from TC.	Director of Governance and Corporate Affairs 2019/187	4 February 2020	4.2.20: AAC to await results of IA in relation to policy compliance and subsequent SLT discussion. To be added to agenda of April meeting on AAC.

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					Results of IA to be presented to the meeting in June and further action agreed. 10/06/20 – Item to remain open until final report received. 28.07.20 – A policy management audit has been done. This will be kept under review and a possible re-audit carried out under the 3 year plan. Action to remain open pending the replacement for TC.
4.2.20	A.2.20.8	Internal Audit Progress Report BAS requested a progress report be submitted to Quality Committee asap with regards to the BH/28/2020 report on Patient Safety – Sepsis.	Director of Governance and Corporate Affairs 2020/190	7 April 2020	It was agreed at the Agenda planning meeting to defer this to a later Committee meeting. The Patient Safety Committee and Quality Committee have both received additional assurance in relation to this issue. 10/06/20 – TC confirmed that the Patient Safety Committee and Quality Committee have received an update and a discussion has been had about additional assurances. 28.07.20 – TC shared that work is ongoing around the management of deteriorating patients and a new Command Centre tile has been developed.

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					An update to be requested from the Chief Medical Officer.
4.2.20	A.2.20.8	Internal Audit Progress Report SU suggested that Communications celebrate the work done on Duty of Candour and the praise received by JH	Director of Governance and Corporate Affairs 2020/191	7 April 2020	This action has been deferred until later in the year. The Policy is currently being reviewed and the launch of any revisions would allow this celebration of the good work done by the Trust. 10/06/20 – Item to remain open and be revisited at a subsequent meeting. 28.07.20 – TC has spoken to the Director of Strategy and Integration. The Foundation Trust needs to review its Duty of Candour policy and a discussion was had with Capsticks in December. This will now feed into the Quality Academy. Action has been transferred to the Quality Academy. <u>Action closed.</u>
4.2.20	A.2.20.11	Internal Audit Benchmarking Report BAS asked what the management response had been to the three reports and if JH could provide future benchmarking reports with the responses. MH stated that he could ask for a response from the Chief Digital and Informatics Officer with regard to the Phishing. TC agreed to respond with regard to the BAF. MH would form response to the Use of Resources report with the Chief Operating Officer.	Mr Jonathon Hodgson, Audit Yorkshire Director of Finance Director of Governance and Corporate Affairs	7 April 2020	The benchmarking report has been reviewed in the context of the IA relating to the BAF (significant assurance). Recommendations will be made in relation to the BAF as the revised governance structure of the Trust is agreed. 10/06/20 – The

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
			2020/195		<p>recommendations will be incorporated into the revised governance structure of the Foundation Trust. MH action to be carried forward.</p> <p>28.07.20 – Phishing is covered in the Data Quality Assurance report under item A.7.20.20. MH stated that the Foundation Trust had adopted most of the recommendations and top tips when undertaking the Use of Resources assessment last year and the Moving to Outstanding project will cover any further actions.</p> <p>The recommendations relating to the BAF will be considered as part of the governance review. Agreed that action to remain open.</p>
4.2.20	A.2.20.25	<p>Board Assurance Framework and Strategic Risk Register</p> <p>TC to explore further development using the BAF and SRR would be possible at a board development day on 7 April (ref A.2.20.37).</p>	Director of Governance and Corporate Affairs 2020/198	7 April 2020	<p>This item has been deferred due to the response to the COVID19 pandemic.</p> <p>10/06/20 - BAS to have a call with TC when the agenda being put together for the Board Development Session in July to discuss to what extent the agenda covers these items.</p> <p>28.07.20 – Action to remain open pending results of</p>

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					governance review.
4.2.20	A.2.20.27	Draft Annual Assurance Reports from Committees BAS would liaise with SU and Jon Prashar, Non-Executive Director, to consolidate questions and comments that would be fed-back to TC for inputting into the final version of the reports.	Chair of the Audit Committee 2020/199	7 April 2020	10/06/20 – The AAC hasn't received the reports as the Committees were stood down due to Covid-19. To be discussed under agenda item A.6.20.21. Action to remain open. 28.07.20 – In terms of the assurance reports requested by the AAC, there was a request from the Chairman for these to be absorbed into the work of the Committees, but there is currently a gap in the process. To be added to the list for the governance review process. Action to remain open.
10.06.20	A.6.20.11	Counter Fraud Self-Review Tool SM to keep the Committee apprised of developments from the CFA regarding benchmarking the Foundation Trust in terms of performance against similar trusts.	Counter Fraud 2020/205	28 July 2020	28.07.20 – The NHS Counter Fraud Authority don't yet have the data. Action to remain open.
10.06.20	A.6.20.25	The High Priority Audit Programme Plan - 2020/21: Responding to National Mandated HQIP Audit Programme JH & TC to discuss whether Audit Yorkshire can help with clinical audit processes.	JH & TC 2020/208	28 July 2020	28.07.20 – A meeting is planned with Audit Yorkshire and the Chief Medical Officer. Chief Medical Officer to attend October AAC. Action to remain open.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					open pending further feedback.
16.06.20	A.6 (2).20.4	Assurance for Quality Report An assurance report regarding the production and submission of the Quality Account would be presented to the AAC at the July meeting.	Director of Governance and Corporate Affairs 2020/213	28 July 2020	28.07.20 - Included on the agenda. Action to remain open pending report from Quality Committee/Academy.
16.06.20	A.6 (2).20.4	ISA 260 – Foundation Trust MH confirmed that he would give some thought to talking with Cerner and obtaining a third party Service Auditor Report. It was determined that it would be appropriate for this to be reviewed by the Finance and Performance Committee.	Director of Finance 2020/214	28 July 2020	MH to share the Cerner SAR report with the AAC. 28.07.20 – MH spoke to Calderdale, who haven't pursued this. To now go to Cerner. Action to remain open. Technical report received from Cerner which has been shared with the Informatics team for review (and with BAS). To be added to agenda for October AAC.
28.07.20	A.7.20.25	Quality Account 2019/20 Assurance BAS to raise issues at the Executive and Non-Executive Regulation Committee on the 29th of July.	BAS 2020/229	29th July 2020	BAS raised in his report to the Board on 10th September.
16.06.20	A.6 (2).20.13	Matters to share with the other committees The finance and performance committee to consider the benchmarking information within ISA 260 that Deloitte have provided and, for MH to discuss with Cerner about obtaining a third party Service Auditor Report. It was determined that it would be appropriate for this to be reviewed by the Finance and Performance Committee.	Director of Finance 2020/216	30 September 2020	28.07.20 – Action to remain open until the F&P Committee have reviewed. Reviewed at Finance and Performance Academy on 30 September.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
28.07.20	A.7.20.6	Annual External Audit Performance Review MQ to speak to PH to agree a timeframe for completion of the Charitable audit.	MQ & PH 2020/219	13 October 2020	
28.07.20	A.7.20.10	Internal Audit Progress Reports JM to investigate the whereabouts of the Internal Audit summary report and circulate to BAS, JP and SU for their comments.	JM 2020/220	13 October 2020	Summary report circulated.
28.07.20	A.7.20.10	Internal Audit Progress Reports HKT to circulate full external assessment report.	HKT 2020/221	13 October 2020	
28.07.20	A.7.20.10	Internal Audit Progress Reports JH to change the format of the standing report so key findings are listed.	JH 2020/222	13 October 2020	
28.07.20	A.7.20.13	Internal Audit Report – Nursing Assessment and Care Plans CF to provide a position statement on work carried out on Cerner to improve EPR functionality.	Chief Digital and Information Officer 2020/224	13 October 2020	
28.07.20	A.7.20.20	Data Quality (DQ) Assurance BAS to speak with the Chairman/Chief Executive regarding a session on kitemark analysis at a future Board development day.	BAS 2020/225	13 October 2020	
28.07.20	A.7.20.21	Audit Committee Annual Self-Assessment BAS to circulate previous responses.	Chair of the AAC 2020/227	13 October 2020	
28.07.20	A.7.20.25	Quality Account 2019/20 Assurance BAS to ask the former members of the Quality Committee to provide their view on the content of the document and what would satisfy them with regard to assurance at the Executive and Non-	Chair of the AAC 2020/228	13 October 2020	QA assurance discussed at Regulation Committee on 29 July. Q Committee members received Quality Account for their review on 23 September.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		Executive Regulation Committee on the 29 th of July.			
28.07.20	A.7.20.12	CFA Benchmarking Developments Progress report on the implementation of the new initiatives to be submitted to the December meeting.	Audit Yorkshire 2020/223	1st December 2020	
28.07.20	A.7.20.27	Review Audit Committee Terms of Reference Terms of reference to be reviewed as part of the annual self-assessment and governance review.	Chair of the AAC 2020/230	1 st December 2020	
28.07.20	A.7.20.21	Clinical Audit Annual Report Clinical Audit Annual Report to be presented to the AAC once this has been through the necessary governance process.	Chief Medical Officer 2020/226	1 st December 2020	28.07.20 - Request made to the Chief Medical Officer to advise when this will be provided to the AAC for review and who will present it in the absence of TC.