

AUDIT AND ASSURANCE COMMITTEE MEETING MINUTES

Date:	13 October 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) - Mrs Julie Lawreniuk (JL) – Non-Executive Director 		
In Attendance:	<ul style="list-style-type: none"> - Mr Matthew Horner (MH), Director of Finance - Mr Michael Quinlan (MQ), Deputy Director of Finance - Mr Paul Hewitson (PH), Deloitte - Mr Jonathan Hodgson (JH), Audit Yorkshire - Ms Helen Kemp-Taylor (HKT), Audit Yorkshire - Mr Richard Maw (RM) – CFS, Audit Yorkshire - Ms Marie Hall (MH) – CFS, Audit Yorkshire – representing Steve Moss - Ms Jacqui Maurice (JM), Head of Corporate Governance - Mr John Holden (JHL), Director of Strategy & Integration for agenda item A.10.20.18 – Board Assurance Framework - Dr Bryan Gill (BG), Chief Medical Officer for agenda item A.10.20.12 – Clinical Audit 		

No.	Agenda Item	Action
A.10.20.1	Apologies for Absence Apologies were received from Helen Kemp-Taylor (Audit Yorkshire), who was delayed in joining the meeting and Steven Moss (Audit Yorkshire).	
A.10.20.2	Declarations of Interest No declarations of interest were noted.	
A.10.20.3	Minutes of the Meeting Held on the 28th of July 2020 The spelling of JP's first name was incorrect and will be altered. JH mentioned a sentence on Page 3 under item A.7.20.10 - Internal Audit Progress Report – "HKT stated that Audit Yorkshire's collaboration with other internal audit providers is resulting in checklists and information sharing". This should read "resulting in the development of supportive checklists" and will be amended. Subject to the above, the minutes were noted as a correct record of the meeting.	

A.10.20.4	<p>Matters Arising</p> <p>It was agreed to transfer all actions under the Director of Governance and Corporate Affairs to the Trust Secretary.</p> <p>The following actions from the action log were closed:</p> <ul style="list-style-type: none"> - 2018/126 (A.2.19.25) – Board Assurance Framework - 2019/170 (A.7.19.20) – Board Assurance Framework and Strategic Risk Register - 2020/190 (A.2.20.8) – Internal Audit Progress Report - 2020/198 (A.2.20.25) – Board Assurance Framework and Strategic Risk Register) - 2020/208 (A.6.20.25) - The High Priority Audit Programme Plan - 2020/21: Responding to National Mandated HQIP Audit Programme - 2020/220 (A.7.20.10) – Internal Audit Progress Reports - 2020/222 (A.7.20.10) – Internal Audit Progress Reports - 2020/228 (A.7.20.25) – Quality Account 2019/20 Assurance 	
Section 2: External Audit		
2a Deloitte		
A.10.20.5	<p>External Audit Plan 2020/21</p> <p>PH shared that providing a meaningful plan isn't possible at the moment as things are too uncertain from a financial and contracting point of view and the National Audit Office still hasn't finalised its guidance around the new Value For Money arrangements. Revenue and valuation risks are a possibility, but these can't be articulated clearly at the moment.</p> <p>The Committee agreed to monitor progress moving forward and review again at the December meeting, accepting that it may still not be appropriate to produce a plan at that stage</p>	
A.10.20.6	<p>Benchmarking & Sector Developments Report</p> <p>PH stated that this was a short report on sector updates as benchmarking was out of cycle.</p> <p>The first point regarding the NHS response to Covid-19 could already be out of date as this is such a fast moving situation and there has been more finalising of the Redmond Review. A new, single, overarching body is being created to regulate audit, which will have an impact on NHS audits.</p> <p>The Committee noted the report.</p>	
A.10.20.7	<p>Use of External Audit to Provide Non Audit Services (standing item)</p> <p>There were no items to bring to the attention of the Committee.</p>	

Section 3: Internal Audit and Counter Fraud		
3a Audit Yorkshire		
A.10.20.8	<p>Internal Audit Progress Report</p> <p>JH shared that four finalised reports have been issued since the last meeting. One with high assurance, two with significant assurance and one that was a follow-up of Internal Audit recommendations (to be discussed under item A.10.20.9). Two draft reports have been issued; Pharmacy System, which received significant assurance and is due to be finalised and Fit and Proper Persons, which also received significant assurance.</p> <p>There have been three changes to the audit programme.</p> <ul style="list-style-type: none"> - A new information asset register is due to be implemented, so it was felt there was no value in auditing this at present and it is proposed to defer this to Quarter 4. - There have been some significant staffing changes within the Governance Team, so it was felt more appropriate to undertake the Claims Management audit in Quarter 4. - An internal review has been undertaken on incident reporting and it was felt prudent to defer this until the next financial year. <p>MH has raised the importance of trying to undertake audits as planned at the Executive Team Meeting in view of the potential resource implications of tackling a backlog at the end of the year. JH pointed out that in terms of deferred audits, Internal Audit try to bring a replacement forward to avoid a backlog. BAS was of the opinion that it was reasonable to defer the Claims Management audit into Quarter 4, but noted the importance of this definitely taking place at that time, given it involves significant process and staffing changes, which will potentially increase risk. MH to discuss with the Chief Medical Officer.</p> <p>The Committee approved the three deferrals.</p> <ul style="list-style-type: none"> - Internal Audit KPI's are currently at 100% and will be updated as work progresses. 99 days have currently been delivered against the total plan of 522, which is on track with the proposed delivery. - BAS queried the ability to make progress with the Internal Audit plan in the context of the Covid-19 pandemic. JH reported positive results in terms of being able to engage and deliver, but restrictions on access to premises could cause challenges. JH is working closely with MH, provides regular updates and reported that this is working well. MH confirmed that after being updated he liaises with the relevant Executive Directors to chase-up progress. JH expressed thanks to MH for helping with this. - BAS enquired if developments were being monitored in order to identify any additional audits that may be required due to the pandemic. JH stated that as well as his catch-ups with MH, he also meets with JM to keep abreast of governance matters and any key changes within the Foundation Trust. If there is anything that JH feels should be included in the plan, he will discuss with MH and submit a paper. 	<p>Director of Finance 2020/231</p>

A.10.20.9	<p>Internal Audit Follow-up – Exception Report</p> <p>JH stated that several of the recommendation due dates have been put back due to the Covid-19 pandemic. Positive engagement with the Executive Leads was noted and MH has taken the report to the Executive Team Meeting. MH has agreed for Internal Audit to roll out their automated recommendation tracking software, which will send an email to individual sponsors and Executive Leads to inform them about the position of their recommendations. A revised report format following implementation of the new process should be available for the December meeting.</p>	
3b Counter Fraud		
A.10.20.10	<p>Effectiveness of the Trust's Counter Fraud, Bribery and Corruption Policies and Procedures</p> <p>RM stated that as far as it is possible to know, these policies and procedures are effective, and are not due for review until May 2021. No referrals have been received in relation to bribery and corruption specifically. RM noted that his contact details are not on the version of the policy on the Foundation Trust intranet, which could be a reason he hasn't received any referrals.</p> <p>RM suggested checking staff awareness of the policy by asking them pertinent questions, such as have they seen anything they've needed to act on or are they aware of what they need to do should they be required to act.</p> <p>SU mentioned the recent flurry of reported activity and asked if this was a pattern seen in other organisations at the present time. RM stated that he has seen similar in the Mid-Yorkshire Trust previously, but not in recent months. He suggested that the higher activity in Bradford could possibly be down to his own increased visibility and work to increase awareness, but other factors were also likely to be strong contributors, such as the Covid-19 pandemic, as people could have been looking with a more expansive view or because the pandemic could have provided more opportunity to commit fraud. RM informed that there is another Fraud Awareness Week planned, which could lead to a further flurry of activity.</p> <p>BAS asked about publicising the investigations. MH stated that RM sends him a synopsis of the issue and there are a few key tests done in order to decide whether to undertake an investigation, one involving reputation and another the likely value of the case. It is always taken into account whether there could be any publicity or reputational impact. RM added that if reputational risk is a possibility, he will include this in any referral he submits, along with any issues of public interest and monetary value.</p>	
A.10.20.11	<p>Counter Fraud Progress Report</p> <p>BAS mentioned the transition from the Self-Review Tool and that there may be a mismatch in terms of reporting at the end of this year. He asked what the implications of this may be and if there is anything more that could be done to smooth the transition</p> <p>RM stated that the Counter Fraud Team is doing everything they can and Steve Moss is involved in the national working group that is developing the process. RM reported that the draft essentially shows that it is fairly close to the standards of the Self-Review Tool that has been seen before. Some subtle changes may be needed however and, in view of this, the Counter</p>	

	<p>Fraud Authority (CFA) has assured the team that they will be relatively lenient in the way organisations are assessed.</p> <p>The Committee noted the report and await updates. BAS requested RM to attend the December meeting to share any further developments.</p>	<p>Head of Corporate Governance 2020/232</p>
3c Foundation Trust responses (by Exception)		
<p>A.10.20.12</p>	<p>Clinical Audit</p> <p>BG, Chief Medical Officer (CMO), joined the meeting to present an update on clinical audit. BAS queried the Foundation Trust's position in terms of clinical audit and how best to move forward, including the completion of the annual report.</p> <p>BG stated that the philosophy of the organisation has been focused around quality improvement, of which clinical audit is a component. The Quality Oversight Report, which is due to be seen at the Regulation Committee on the 14th of October, contains a slide which references using national audit data to understand how and why we have made significant improvements in managing patients with COPD and deliver care in line with best practice. This demonstrates the step changes and improvements that were needed and the capability to take national audits and use these as a baseline for improvement work.</p> <p>The clinical audit approach in the Foundation Trust is due to be changed to focus as much on improvement work and learning as the report itself. BG stated that clinical audit is a very patient level process and comparing patient outcomes with the national picture is a valuable benchmarking tool. BG was of the opinion that the role of Internal Audit is to ensure that the Foundation Trust's processes are as robust as they need to be and not to engage in patient level data collection, evaluation and analysis.</p> <p>In terms of the Annual Report, BG stated that a Quality Account is also produced yearly, which in effect is the equivalent of an annual Clinical Audit report. The finalisation of the Quality Account report was delayed this year, so the team has had time to develop the annual Clinical Audit report and align this to the rest of the quality work. This therefore gives the report greater validity and further influences improvement work.</p> <p>One gap in the Clinical Audit programme, outside of improvement and learning, is recognising how good the organisation actually is. BG shared that there have been a significant number of national audits in which the Foundation Trust has performed in the top quartile. One downside of national audits is the delay in getting them published, for example, an audit carried out in 2019 won't be formally published until the middle to end of 2021, which makes it less relevant to NHS care.</p> <p>BG suggested that the Committee accept the Quality Account as the Annual Report for 2019/20 Clinical Audit because this is in effect what would be submitted. The Quality Academy will provide energy for improvement and learning and at the first meeting in November 2020 will start to explore how Clinical Audit and Effectiveness can evolve into improvement.</p> <p>BG supported the notion that the Audit Committee assures itself that the processes that are in place are robust enough to achieve the outcomes</p>	

	<p>expected, but the actual clinical outcomes for patients would be taken through the Quality Academy and Regulation Committee.</p> <p>BG mentioned the recent Internal Audit report around sepsis and described this as helpful and providing significant assurance. This did identify certain areas that could be tightened and improved upon, including the notification and acting upon the requirement for sepsis treatment. BG highlighted the link between the alerting system within EPR for sepsis and the Deteriorating Patient tile in the Command Centre and stated that this is the way in which those patients are identified early enough in real time. The methodology of Quality Improvement is now being used and the Deteriorating Patient tile is being rolled out into acute admitting areas. There is a lot more work still to be done to ensure that every patient that alerts for possible infection is treated in a timely way. The Deteriorating Patient work stream is therefore still a high priority for improvement work over the next 12 months linked to the better use of EPR and the Command Centre.</p> <p>BG stated that his ambition is for the Foundation Trust to be the best hospital for managing the sickest patients and is of the opinion that the correct enablers are there in order to do this. BAS was of the opinion that this is a very apt objective and there seemed now to be a need to prioritise in a different way than before the pandemic.</p> <p>BG mentioned that historically, the CMO was invited to the Audit and Assurance Committee bi-annually to discuss clinical issues and this helped the Committee to see the link between their work and clinical care. BAS supported this idea, but stated that in terms of how the Academies and Committees are structured, there is a need to focus on what is required so as to be as efficient as possible. For instance, if inviting the CMO to the Committee duplicates a conversation that happens at another meeting, we should consider whether this is necessary. BG was unaware of the actions against his name in the Internal Audit report until this Committee informed him. He therefore suggested having a conversation with him when 1 or 2 audit reports are available on quality processes as he may be able to close off certain actions. (Is this last sentence what BG said?)</p> <p>BAS thanked BG for his contribution and BG left the meeting.</p>	
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Section 4: Foundation Trust

4a Is Financial Governance and its associated controls effective?

A.10.20.13	<p>Exception Reports: Schedules of Losses and Special Payments</p> <p>MQ shared that he has asked the team to review all stock as some may be condemned due to Covid-19. No losses or changes to the movement of stock have been reported. This originated from conversations with other organisations who had noted out of date stock.</p> <p>JL expressed concern over the lack of money recouped from overseas patients and asked if this was usual with other trusts. MQ confirmed that this is typical and the Foundation Trust has processes in place to attempt to recover costs, but this isn't always successful. All such cases are reported to this Committee and even though some invoices are written off, these remain on the register and the team work closely with Border Control to collect debts should the individuals return into the UK.</p>	
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	<p>BAS queried if the increase in staffing in order to chase fees whilst patients are still in the hospital had been successful. MQ reported an increase in income, but there remain challenges in recovering outstanding debts. MH added that when there is any evidence of an overseas patient visiting A&E, the interview process is commenced at that point and there have been instances of people leaving of their own accord. The role of the Overseas Officer has however been stood down during the pandemic, with the team having been redeployed into different roles.</p>	
A.10.20.14	<p>Appropriateness of Single Source Tenders</p> <p>BAS was of the opinion that there are good, solid procedures now in place to ensure that single tender waivers are only utilised in appropriate circumstances. The Strategic Head of Procurement signs each one off, followed by MH/the CEO.</p> <p>JP queried whether there had been an increase in the amount of waivers. MH stated that there had possibly been more recently as a result of the rigour that has been put into capturing each one over the last 12 to 18 months.</p> <p>MH reported that he was proposing changes with regard to how tenders are handled. Currently the Board approval of tenders worth over £1,000,000, but quite often in-year there are a number that trip £1,000,000 as they cover a number of years. MH stated that the timing of submitting these tenders to the respective Committee/Board probably isn't appropriate for that level of approval. There may be a way, through the financial planning process, of informing the Board at the start of the year that a number of high value tenders are expected, but these are replacing an existing tender. Brand new tenders will still be submitted to Board, but for those that are simply renewing a product or retendering an existing service, it frequently isn't timely enough to get these to the appropriate Committee for approval or necessary for them to require Committee approval. MH is considering how to build this into the Scheme of Delegation going forward. MH to keep the Committee informed.</p> <p>The Committee noted the ongoing monitoring and control of single source tenders.</p>	<p>Director of Finance 2020/233</p>
A.10.20.15	<p>Standing Orders Proposed Changes (Standing Item)</p> <p>No changes were noted.</p>	
A.10.20.16	<p>Suspension of Standing Orders/Standing Financial Instructions (Standing Item)</p> <p>No suspensions were noted.</p>	
A.10.20.17	<p>Other Assurance Functions (Standing Item)</p> <p>Nothing to note.</p>	

4b Are Specific Governance Control Systems Effective? (Work plan Items)		
A.10.20.18	Board Assurance Framework and Strategic Risk Register	

John Holden, Director of Strategy and Integration, joined the meeting to present this item in lieu of the Trust Secretary, who will be in post from the 16th of November 2020. The Committee were asked to note the documents.

JHL pointed out that these had already been seen by the Board and Regulation Committee. A discussion took place around the path through which the Board Assurance Framework (BAF) and the Strategic Risk Register (SRR) will be taken going forward in order to ensure that the assurance provided to the Board is as current as possible without duplicating or perhaps triplicating work. JHL was of the opinion that a lot of work has been done to try and get these documents populated in detail and expressed the need to ensure that the correct assurance piece is being taken to the correct meeting at the right time for the right discussion.

JHL expressed concern about the timeliness of scrutiny and pointed out that the BAF reviewed today reflects Quarter 1, with the assurance having taken place during meetings in September 2020. JHL stated that as part of the ongoing governance review there could be opportunities to tighten this process up.

JP concurred with the issue of timing. It was agreed that there will always be some form of lag in terms of providing information, but that this could be improved upon. JM stated that this version of the BAF and SRR was seen by the Board and Regulation Committee in September 2020 and a new version will be seen at the Regulation Committee on the 14th of October 2020. A cycle of timely information to feed into Committees and Academies at particular points is being devised and the most up to date version of the BAF and SRR will likely be seen at the Regulation Committee. BAS questioned whether monthly meetings are too frequent as this doesn't always provide enough time to complete the assurance cycle. JHL queried if every update needed to go to every group.

BAS was in agreement with the points raised and stated that the mix of skills and knowledge in attendance at the new Academies still has a key part to play in assessing and ensuring that assurance is gained around the relevant key risks and the contributions being made towards achieving the strategic objectives. BAS also expressed concern that both the Audit and Regulation Committees could potentially be asked to do the same thing in receiving and assessing the assurance coming from the Academies and subcommittees.

BAS suggested that the Regulation Committee is the most appropriate place at which to assess assurance.

JHL was of the opinion that it would be beneficial for this Committee to ensure that it understands the process.

It was noted that regular scrutiny of the BAF has been reduced since the start of the Covid-19 pandemic, but the Audit Committee confirmed that it has been reassured in hearing that the Executive processes to maintain, challenge and modify the BAF and Strategic Risk Register have remained in place.

A discussion took place around how to move forward. It was agreed that this will involve checking for any gaps, filling these in, then streamlining the

	<p>process and the BAF and SRR documents. BAS mentioned actions on the Committee action log pertaining to avoiding gaps in and streamlining the BAF. MH reiterated the importance of establishing clear lines of responsibility between the Academies and Regulation and Audit Committees.</p> <p>BAS stated the need for a governance mechanism that is effective, efficient and justifiable to outside scrutiny. When the Terms of Reference (ToR) for each of the respective bodies are agreed, the interaction between these needs to be made clear, including the relative responsibilities of the Regulation Committee and Board as, he understood, the Board will become more strategic and the Regulation Committee more operational.</p> <p>A discussion took place regarding the future commissioning of an Internal Audit review of the process once the new governance structure has been embedded. BAS suggested that Internal Audit share in the review of the relevant terms of reference and provide comments, then provide further input, say, six months later in terms of how this has translated into reality. JH stated that he would welcome the chance to be involved in this in terms of an advisory piece and a review of how it's working. BAS suggested working with the external advisors in the first instance to develop the structure, then asking Internal Audit to review this, but would welcome further discussion.</p> <p>The Committee agreed that this was a useful discussion. The documents were noted, along with the process that has taken place. BAS, SU, JP, JL and JHL to discuss further as the relevant Sub-Committee, Committee, Academy and Board terms of reference are written.</p> <p>BAS thanked JHL for his input and JHL left the meeting.</p>	<p>Chair of the AAC/Non- Executive Directors/ Director of Strategy and Integration 2020/234</p>
4c Corporate Governance		
A.10.20.19	<p>CQC Compliance</p> <p>JM stated that the Board received reports regarding the Care Quality Commission (CQC) action plan in September 2020. It also received a CQC IPC assessment outcome, which was noted as satisfactory. In addition, the Committees are receiving regular updates regarding Maternity Services.</p> <p>JM reported that, in terms of the Board being sighted on work happening in the Foundation Trust, particularly through the Moving to Outstanding meetings, there are various areas that are progressing well in terms of actions plans.</p> <p>JM stated that when it comes to future reporting, clarity will be required as to what this Committee needs in this respect.</p>	
A.10.20.20	<p>Draft Audit Committee Annual Report to Board</p> <p>BAS thanked JM for her work in drafting this document. No comments were received.</p> <p>This will be submitted to the next Board meeting in November 2020.</p>	
A.10.20.21	<p>Annual Review of Terms of Reference and Submission to Board</p> <p>BAS stated that the current ToR are fully compliant with the HFMA guidelines and have previously been subject to a self-assessment.</p>	

	It was agreed that the appropriate time for the Committee to reconsider the ToR will be in conjunction with the new ToRs for the Academies and revised ToRs for both the Regulation Committee and Board.	
Section 5: Audit and Assurance Committee Governance		
A.10.20.22	Any Other Business No other business was raised.	
A.10.20.23	Matters to Share With Other Committees BAS reiterated the importance of moving forward with the new governance structure, improving efficiency and maintaining or increasing effectiveness.	
A.10.20.24	Matters to Escalate to the Strategic Risk Register There were no matters to escalate to the Strategic Risk Register.	
A.10.20.25	Matters to Escalate to the Board of Directors There were no matters to escalate to the Board of Directors.	
A.10.20.26	Items Deferred to Subsequent Meetings <ul style="list-style-type: none"> Charitable Funds Annual Report and Accounts (December 2020) ISA 260 – Charitable Funds (December 2020) 	
A.10.20.27	Attendees for Subsequent Audit Committee Meetings No-one further has been identified other than the standard attendees, but this will be kept under review.	
A.10.20.28	Review of Meeting It was agreed useful that the CMO attended the meeting from a clinical perspective.	
A.10.20.29	Date and Time of Next Meeting 1 st December 2020, 2-5pm, via Ms Teams.	

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

Actions from Audit and Assurance Committee Meeting held 13 October 2020

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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 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. 13.10.20 – To be consolidated with other actions relating to this topic. For ongoing discussion with JH and the new Trust Secretary. THIS ACTION CLOSED AS CONSOLIDATED WITH 2020/199
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

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					<p>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. 13.10.20 – To be consolidated with other actions relating to this topic. For ongoing discussion with JH and the new Trust Secretary. THIS ACTION CLOSED AS CONSOLIDATED WITH 2020/199</p>
4.2.20	A.2.20.8	<p>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.</p>	Director of Governance and Corporate Affairs 2020/190	7 April 2020	<p>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. An update to be requested from the Chief Medical Officer.</p>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					13.10.20 – Update received from the Chief Medical Officer. Action closed.
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 2020/195	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 recommendations will be incorporated into the revised governance structure of the Foundation Trust. MH action to be carried forward. 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. The recommendations relating to the BAF will be considered as part of the governance review. Agreed that action to remain open. 13.10.20 – Action completed with regard to phishing and use of resources. BAF element to be added to consolidated actions. THIS ACTION CLOSED AS OUTSTANDING ITEM RE BAF CONSOLIDATED WITH 2020/199

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
4.2.20	A.2.20.25	Board Assurance Framework and Strategic Risk Register 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).	Director of Governance and Corporate Affairs 2020/198	7 April 2020	This item has been deferred due to the response to the COVID19 pandemic. 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 – Action to remain open pending results of governance review. 13.10.20 – To be consolidated with other actions relating to this topic. For ongoing discussion with JH and the new Trust Secretary. THIS ACTION CLOSED AS CONSOLIDATED WITH 2020/199
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 pending further feedback. 13.10.20 – Chief Medical Officer's comments noted. Action closed.
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. 13.10.20 – The report has been seen by JP, SU, Mohammed Hussain and Laura Stroud as former members of the Quality Committee. Nothing was added or changed and the report will be seen by the Regulation Committee on the 14th of October 2020.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					To go to Board in November 2020. Action closed.
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. 13.10.20 – Discussed under action item 2020/213. Action closed
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. 13.10.20 - Reviewed at the Finance and Performance Academy on 30 September. 2020. Action closed.
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. 13.10.20 – Action closed.
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	13.10.20 – The AAC was receiving an older version of the action plan. The progress reports now include detailed findings. Action closed.
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-Executive Regulation Committee on the 29th of July.	Chair of the AAC 2020/228	13 October 2020	13.10.20 – Quality Account assurance discussed at the Regulation Committee on the 29th of July 2020. Quality Committee members received the Quality Account for their review on the 23rd of September 2020. Action

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					closed.
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	1st 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. 13.10.20 - CMO provided report to the AAC. Action closed.
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	<i>26.1.21 - This will be included within the review of the "Policy for the Development and Management of Organisation-wide Procedural Documents" – this action is included on the internal audit recommendations log.</i> 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. 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.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					13.10.20 – There is reporting in the dashboards to indicate which policies are reviewed and current or need work. Assurance is needed that there is a mechanism within the FT that ensures staff comply with policies. Trust Secretary to pick up. Action to remain open.
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	<p><i>26.1.21 - action now redundant following stepping down of committees. AC will review and assess academy assurance reporting once proposals are available from governance review. <u>Action closed</u></i></p> <p>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.</p> <p>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.</p> <p>13.10.20 – The annual assurance reports were not produced for last year due to the Covid-19 pandemic. This will be looked at as part of the governance</p>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					<p>review.</p> <p>ACTION to remain open and consolidated with: Action 2018/126 which refers to the organisation of training on the BAF for non-executive directors. Action 2018/170 Audit Committee review of BAF and SRR across committees. Action 2020/195 where account to be taken of the IA BAF report (significant assurance) recommendations ensuring these are incorporated into the revised governance structure of the Foundation Trust. Action 2020/198 Proposed review of BAF and SRR at future board development day. To be reviewed by the new Board Secretary as part of the implementation of new governance arrangements.</p>
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	<p>Added to February 2021 agenda 28.07.20 – The NHS Counter Fraud Authority don't yet have the data. Action to remain open. 13.10.20 – Progress report to be discussed under item A.10.20.11. Further update to be provided at the December meeting.</p>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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. 13.10.20 – BAS stated that the report confirms the controls within Cerner's IT environment are strong, with minor improvements required. This has been shared with IT for a management response. Action to remain open.
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 Charitables audit.	MQ & PH 2020/219	13 October 2020	<i>Deferred to March 2021 due to delay in auditing of the accounts.</i> 13.10.20 – The target for completion of the Charitables audit is November 2020. Action to remain open.
28.07.20	A.7.20.10	Internal Audit Progress Reports HKT to circulate full external assessment report.	HKT 2020/221	13 October 2020	<i>Added to February 2021 agenda</i> 13.10.20 – JH sent report to BAS today. BAS to circulate. Report to be presented at the December meeting for consideration by the Committee.
28.07.20	A.7.20.13	Internal Audit Report – Nursing Assessment and Care Plans CF to provide a position statement on work carried	Chief Digital and Information Officer 2020/224	13 October 2020	<i>22.01.21 – The Board Development programme is currently being developed for 2021 – this is noted as</i>

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		out on Cerner to improve EPR functionality.			<i>a requested item.</i> 13.10.20 – JM shared update from IT Team. Covid-19 restrictions limited the planned work, but work has continued. JM to escalate to John Holden and the new Trust Secretary for inclusion on the Board Development Programme. Action to remain open.
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.	JM 2020/225	13 October 2020	22.01.21 – The Board Development programme is currently being developed for 2021 – this is noted as a requested item. 13.10.20 – BAS to inform JM of what is required. JM to escalate to John Holden and the new Trust Secretary for inclusion on the Board Development Programme. Action to remain open.
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	Added to February 2021 agenda
28.07.20	A.7.20.21	Audit Committee Annual Self-Assessment BAS to circulate previous responses.	Chair of the AAC 2020/227	1st December 2020	Added to February 2021 agenda 13.10.20 – BAS circulated last year's assessment questionnaires to JP and SU. Prospective self-assessment to be carried out in light of the new Terms of Reference. Action to remain open and timescale changed to December 2020.

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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	<i>Added to February 2021 agenda as part of Self Assessment and governance review</i>
13.10.20	A.10.20.8	Internal Audit Progress Report MH to discuss the timing of the Claims Management audit with the CMO.	Director of Finance 2020/231	1 st December 2020	MH contacted the CMO to confirm the request from the Chair of the AAC.
13.10.20	A.10.20.11	Counter Fraud Progress Report RM to be invited to December meeting to provide an update.	Head of Corporate Governance 2020/232	1 st December 2020	<i>Added to February 2021 agenda</i>
13.10.20	A.10.20.14	Appropriateness of Single Source Tenders MH to keep the AAC up to date with the process of handling tenders.	Director of Finance 2020/233	1 st December 2020	<i>Added to February 2021 agenda</i>
13.10.20	A.10.20.18	Board Assurance Framework and Strategic Risk Register BAS, SU, JP and JHL to discuss further as the relevant ToR are written.	Chair of the AAC/Non-Executive Directors/ Director of Strategy and Integration 2020/234	2 February 2021	<i>Added to February 2021 agenda</i>