

CONFIRMED AUDIT COMMITTEE MEETING MINUTES

Date	Thursday, 27 July 2021	Time	14:00-17:00
Venue	Virtual Meeting	Chair	Barrie Senior, Non-Executive Director

Present	<ul style="list-style-type: none"> Mr Barrie Senior, Non-Executive Director, Chair (BAS) Ms Julie Lawreniuk – Non-Executive Director (JL) Mr Jon Prashar, Non-Executive Director (JP) Ms Selina Ullah, Non-Executive Director (SU)
In Attendance	<ul style="list-style-type: none"> Mr Matthew Horner, Director of Finance (MH) Ms Helen Kemp-Taylor, Audit Yorkshire (HKT) Mr Richard Maw, Counter Fraud, Audit Yorkshire (RM) Ms Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) Mr Michael Quinlan, Deputy Director of Finance (MQ) Mr Nick Rayner, Deloitte (NR) Dr Ray Smith, Chief Medical Officer (RS) Ms Judith Connor, Associate Director of Quality (JC) – for agenda item A.7.21.27 Ms Liz Tomlin, Improvement and Clinical Outcomes Lead – for agenda item A.7.21.27
Observers	<ul style="list-style-type: none"> Caroline Chapman, Governor

No.	Agenda Item	Action
A.7.21.1	Apologies for Absence <ul style="list-style-type: none"> Mr Steve Moss, Counter Fraud, Audit Yorkshire Mr Paul Hewitson, Deloitte 	
A.7.21.2	Declarations of Interest There were no interests declared.	
A.7.21.3	Minutes of the meeting held 3 June and 9 June 2021 The minutes of the meeting held on 3 June were accepted as a fair representation of the meeting. The minutes of the meeting held on 9 June were also accepted as a fair representation of the meeting.	
A.7.21.4	Matters Arising The meeting noted that the greyed out items on the action log indicated those actions closed at the previous meeting. With regard to the actions due for consideration at this meeting the following updates were agreed. <ol style="list-style-type: none"> <u>2020/219 Annual External Audit Performance Review.</u> To be discussed at agenda item 7 and 9. Action closed. <u>2021/007 Counter Fraud Progress Report Update.</u> To be discussed at October meeting. Action to remain open. <u>2021/002 Matters arising BAS to liaise with the Chief Digital and Information Officer (CDIO).</u> BAS had spoken with the CDIO and colleagues. Further meeting scheduled for 3 August to pursue the items raised with regards to data quality and system controls. The CDIO to report to the October Committee to provide the assurance required. Action to remain open. <u>2020/234 Board Assurance Framework and Strategic Risk Register.</u> As 	

	<p>part of the ongoing governance review process the BAF and SRR will be reviewed and discussed in November. LP confirmed a separate training session with the Board will be scheduled. Action to remain open – this will be consolidated with 2021/012.</p> <p>5. <u>2021/013 Sector update and benchmarking.</u> MH agreed to provide a report to the October Committee providing a self-assessment against the various issues in the paper. HKT agreed to re-circulate the paper regarding the financial controls previously discussed at the Committee. Action to remain open.</p> <p>6. <u>2021/014 Charitable Funds Annual Report and Accounts 2019/20</u> MQ confirmed that correspondence has been received from Elsie Syke's Foundation confirming the position of the accounts. This has been shared with Deloitte who now have the information they need to complete the audit. NR confirmed he had seen a copy of the conditions under which the investment was made and testing is underway. Deloitte is still awaiting confirmation (from the Elsie Syke's Foundation) on the terms and conditions and then testing can be finalised. The Committee noted that, subject to the finalisation of the audit and the delays in the completion, it is possible that the Charity Commission may ask for a virtual agreement from the Committee and the Charity Committee. Action to remain open.</p> <p>7. <u>2021/016 Cerner report</u> To be included in the discussion with Paul Rice, CDIO and colleagues on 3 August. Report due at October Committee to include reference to the 4 key points. Action to remain open.</p> <p>8. <u>2021/017 Governance Review update.</u> Regulation and Assurance Committee has been stood down. Action closed.</p> <p>9. <u>2021/012 Matters arising.</u> Opportunity to consolidate the actions around the review of the BAF, SRR and corporate structure. Actions have been consolidated – this action now includes action <u>2020/234</u>. Action to remain open.</p> <p>10. <u>2021/018 minutes of meeting 6 April 2021.</u> Minutes updated. Action Closed</p> <p>11. <u>2021/19 ISA 260 Foundation Trust.</u> To be discussed at agenda item A.7.21.8. Action closed.</p> <p>12. <u>2021/20 Follow up of internal audit recommendations Chief Nurse.</u> To be discussed at agenda item A.7.21.14. Action closed.</p> <p>13. <u>2021/21 Follow up of internal audit recommendations Chief Operating Officer item</u> To be discussed at agenda item A.7.21.15. Action closed.</p> <p>14. <u>2021/22 Policies and procedures for all work related to counter fraud</u> To be discussed at agenda item A.7.21.17. Action closed.</p> <p>15. <u>2021/24 – Counter Fraud Annual Report</u> – to be discussed at agenda item A.7.21.18. Action closed.</p> <p>16. <u>2021/25 Exception reports single source selection</u> Documents embedded within the paper have been made available on the reading room in Diligent and circulated directly to the Committee participants. MH confirmed that the evidence to demonstrate the rationale is included as part of the embedded documents. A procurement strategy is being drafted with the first draft available in August. This will include input from the Board regarding the direction of travel. Prior to its presentation at Board, the strategy will undergo review by the F&P Academy and Altaf Sadique, as the NED champion, will have an opportunity to input on the strategy. Action closed.</p> <p>17. <u>2021/30 Draft Annual Governance Statement.</u> The Committee noted that 'infographics on a page' will be produced and published as part of the supporting materials for the AGM. Action closed.</p>	
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	<p>18. <u>2019/187 Regulatory Compliance policies</u>. BAS asked how we gain assurance that staff comply with policies. LP confirmed that this will be considered as part of the review of the Policy on Policies. A section on Compliance will be required to be included within each policy. An audit will need to be undertaken on an annual basis to test a sample of policies and this can be reported back to the Audit Committee. Action to remain open.</p> <p>19. <u>2020/225 Data Quality (DQ) Assurance: Kite Mark analysis</u>. BAS to discuss further with the CDIO at 3 August meeting to seek to provide an update sooner than February 2022. Action to remain open.</p>	
A.7.21.5	<p>Sector Update and Benchmarking (standing item)</p> <p>There was nothing to report on this item.</p>	
A.7.21.6	<p>Delay in Certification – External Audit Annual Report 2020/21</p> <p>The Committee noted the contents of the letter provided by External Audit. NR proposed that the final version of the Auditor's Annual Report be circulated as soon as it had been agreed with the finance team. The audit certificate will also be issued at the same time in relation to the 20/21 accounts. JM asked when the Auditor's Annual Report would be available as this would impact the submission of the BTHFT Annual Report and Accounts to Parliament and the AGM which was scheduled for 28 September. NR stated that he 'hoped' the report would be submitted to BTHFT prior to the 20 September deadline.</p> <p>The Committee noted the update.</p>	
A.7.21.7	<p>Annual External Audit performance review</p> <p>MH informed the Committee that a meeting would be scheduled to discuss the audit of both sets of accounts (Trust and Charity), lessons learned and, identification of improvements for future years.</p> <p>The Committee noted the update.</p>	
A.7.21.8	<p>Finalisation of the Trust 2020/21 Accounts</p> <p>MQ advised that the paper presented highlighted a slight amendment to the income reported in the Trust's 2020/21 accounts identified by Deloitte. The final statement, shared with NHSEI, had been agreed with Deloitte and was previously shared with the Committee for completeness.</p> <p>The Committee noted the paper.</p>	
A.7.21.9	<p>Charitable Accounts 2019/20</p> <p>This item was discussed at A.7.21.4 and at Matters Arising at 9. 2021/014.</p>	
A.7.21.10	<p>Use of External Audit to Provide Non Audit Services (standing item)</p> <p>It was confirmed that there was nothing to report on this item.</p>	
A.7.21.11	<p>Internal Audit Progress Report</p> <p>KR summarised the following key messages contained within the report:</p> <p>Four finalised reports have been issued since the previous meeting.</p>	

	<ul style="list-style-type: none"> - <u>BH/01/2022 Infection Control PPE (availability and compliance)</u> carried a high assurance opinion. BAS gave thanks to all concerned with the audit. - <u>BH/02/2022 Pharmacy and Medicine Management, Pre-labelled Stock</u> provided significant assurance. - <u>BH/03/2022 - Standards of Business Conduct</u> received significant assurance. Minor recommendations related to updates to the internet / intranet site (which had been completed) and to proactively ensure the correct completion of declarations. - <u>BH/04/2022 Follow up of internal audit recommendations</u>. There was no opinion required for this report. <p>The Committee noted that:</p> <ul style="list-style-type: none"> - There were no amendments or requests from management to change the operational plan for 2021/22 - Key performance indicators are at 100% - Summary performance against the plan shows we are starting to progress work for this year. <p>JP requested that Executive colleagues congratulate all staff involved in the completion of the reports. BAS confirmed that he would make reference to this in his next audit report to Board. In response to a query raised by JP regarding the ability to flex the internal audit plan given the uncertain times ahead; HK-T advised that MH is briefed on progress which will be monitored by Internal Audit on a regular basis. She confirmed that support would be required in terms of getting some traction and engagement otherwise the work programme will have to be re-prioritised.</p> <p>The Committee noted the report.</p>	
A.7.21.12	<p>Follow up of Internal Audit Recommendations</p> <p>KR stated that this report was presented to ETM in July 2021. The report shows the progress made against all agreed recommendations which cover four categories; overdue, missed original target dates but not their revised target dates, open recommendations that are not yet due and, recommendations that have been completed since the Audit Committee meeting on 3 June.</p> <p>BAS highlighted that sections of the reporting were not fully complete and that this seemed to be a common practice. MH acknowledged that this was an issue, not just for BTHFT as he had discussed this with colleagues at Audit Yorkshire and at the WYATT Director of Finance meetings and they had reported similar concerns. MH advised that Airedale NHSFT had shared with him their plan to revise their documentation and this would be discussed at ETM alongside the Internal Audit follow up report.</p> <p>HK-T confirmed that follow up and implementation of audit recommendations is a key element of the Head of Audit Opinion report and discussion will continue to take place with Internal Audit and MH.</p> <p>BAS said that whilst he accepted that staff were working under great pressures he would like to be reassured that, in terms of both this reporting and the underlying actions to address the recommendations, there is a bit more of a push as we head now from summer into autumn. He would expect that the October Audit committee meeting will receive a report which</p>	

	<p>is both better indicative of progress and better and more completely populated than the one presented at this meeting. Whilst the Committee was sympathetic to the pressures faced, there was a need to try and find that balance between sympathy and pushing for progress. JL echoed the concerns raised by BAS.</p> <p>The Committee noted the report and progress made.</p>	
A.7.21.13	<p>Internal Audit Charter H K-T advised that the Charter is required to be reviewed and approved at least annually by the member organisations audit committee. It formally defines the purpose, authority and responsibility of Internal Audit. In summary the charter establishes the Internal Audit position within the organisation and defines the scope of Internal Audit activities.</p> <p>The Committee noted and approved the contents of the Charter.</p>	
A.7.21.14	<p>Update on recommendation from BH/42/20: Nursing Assessments and Care Plans. <i>As requested at the previous meeting the Chief Nurse had provided an update report to the Committee. The Committee noted that the Chief Nurse had not been requested to be present at this meeting.</i></p> <p>The report notes a revised target date of 6 months which infers a further delay. BAS felt that the appropriate way forward would be for Internal Audit to undertake a short piece of follow up work feeding into the October Audit Report. The Chief Nurse is to be invited to attend the October Audit Committee to provide assurance.</p> <p>The Committee noted the report.</p>	<p>Internal Audit 2021/31 Chief Nurse 2021/32</p>
A.7.21.15	<p>Update on recommendations from BH/48/19 - Asset Management; Stock, Stores and Inventory <i>As requested at the previous meeting the Chief Operating Officer had provided an update report to the Committee. The Committee noted that the Chief Operating Officer had not been requested to be present at this meeting.</i></p> <p>The report notes that the works are scheduled to be completed by the end of Q2 2021. BAS felt that the appropriate way forward would be for internal audit to do a short piece of internal audit follow up work feeding into the October audit report. The Chief Operating Officer to be invited to attend the October Audit Committee to provide assurance.</p> <p>The Committee noted the report.</p>	<p>Internal Audit 2021/33 Chief Operating Officer 2021/34</p>
A.7.21.16	<p>Annual Internal Audit performance review MH advised that a questionnaire has been circulated to Executive and Non-Executive colleagues for their views. A report will be brought back to the October Audit Committee.</p> <p>The Committee noted the update</p>	<p>Director of Finance 2021/35</p>
A.7.21.17	Anti-Fraud Bribery and Corruption Policy	

	<p>RM reported that the Trust policy has been reviewed to ensure it was up to date and consistent with current policy and legislation. It has been updated to make it more user-friendly and streamlined. This policy will link into the annual report.</p> <p>The Committee approved the policy.</p>	
A.7.21.18	<p>Annual Counter Fraud Report</p> <p>RM highlighted within the report the Counter Fraud functional standards return which has an overall amber rating. Particular focus is on the 4 key areas of amber at numbers 4, 7, 11 and 12. The Committee was asked to note that awareness hasn't been measured on these newly introduced four areas hence the amber rating. Masterclasses are due to take place focusing on recruitment, payroll and creditor payments. A questionnaire will be circulated after each session to staff which will touch on some elements relevant to the amber scores that are included in the return. The fraud survey is due to be circulated to staff in September and covers all amber scores. If sufficient engagement is achieved the Trust can progress to a green level across those four areas. The red scores are due to the CFA only recently publishing the standards. Providing this is completed over the course of the next year we can build towards moving these three areas to amber. RM confirmed that once the methodology is received from the CFA regarding requirement 3 we can seek to improve our position.</p> <p>JL made reference to case Ref #85080 and if any recovery of the monies has taken place as a result of a staff member working whilst on sick leave from the Trust. RM advised that the decision to pursue monies is made on a case to case basis. MH added that all cases are discussed with RM who provides a list of recommendations to help the organisation strengthen procedure and process in a number of areas. These cases are used in the masterclasses provided to staff.</p> <p>The Committee noted the report.</p>	
A.7.21.19	<p>Exception reports: Schedules of losses and special payments</p> <p>The report was presented by MQ. The Committee was asked to note the detail provided with regard to the excel spreadsheet and the embedded documents providing a rationale for each single source tender. JL raised a concern regarding the loss of personal effects first quarter of this year compared with the whole of last year where the value is significantly higher. MH felt that this may be a timing issue relating to when the police investigation has concluded.</p> <p>BAS queried the nature of the work that KPMG provides to the Trust relating to VAT advisory services. MQ confirmed that they do a third party review on all the VAT in revenue and capital before the final submission. The Trust received a 'good' report which stated there were minor or no errors being made on the VAT return. Normally we go through a tender process for a 3 year contract but due to the rules on VAT changing and delays due to Covid t it was felt sensible to continue with KPMG for an additional 12 months with the level of knowledge they have on all our services until we understand what changes are happening nationally with the VAT regime.</p> <p>The Committee noted the report.</p>	

A.7.21.20	Appropriateness of single source tenders The Committee noted that this item was covered as part of the action log discussion and, at A.7.21.19. This would also feed into the procurement review being undertaken. The Committee noted the report.	
A.7.21.21	Trust compliance with standing Orders, Standing Financial Instructions, Scheme of Delegation (standing item) MH/LP confirmed that there was nothing to report on this item.	
A.7.21.22	Suspension of Standing Orders/Standing Financial Instructions (standing item) It was confirmed that there was nothing to report on this item.	
A.7.21.23	Other assurance functions (standing item) LP confirmed that there was nothing to report on this item.	
A.7.21.24	Board Assurance Framework and Strategic Risk Register The Committee noted that both documents presented are subject to regular scrutiny by ETM, the Academies, Board of Directors and the Committee. It was felt that good progress had been made in terms of better populating the BAF in the last few months. The Committee confirmed it was assured.	
A.7.21.25	Assurance Report: Regulation and Assurance Committee The Committee noted the report and confirmed it was assured with regard to the contents.	
A.7.21.26	Assurance Report: Charitable Funds Committee MH confirmed that at the last Charitable Funds Committee the reserves policy and the treasury management policy were discussed and ratified at the board meeting. NR advised that there is an ISA260 due to be issued in relation to the Charitable funds audit which may have some recommendations in relation to investments. The Committee noted the report and confirmed it was assured with regard to the contents.	
A.7.21.27	Assurance Report: Clinical Audit high priority work plan BAS welcomed Judith Connor (JC), Associate Director of Quality to the meeting. BAS advised that in the previous year due to Covid-19 the committee had not had sight of the Clinical Audit High Priority Work Plan which was previously sighted on by the Quality Committee. Now that the Quality Committee had been stood down and the Academies had been established the AC was keen to be provided with assurance that a plan was in place and being proactively managed. BAS commended JC on the detail provided within the paper. JC advised that as reported in the paper it is the responsibility of all health and social care organisations to systematically review the service and care that they provide to give assurance that it is based on the best available evidence. A structured programme of clinical audit therefore directly	

	<p>supports the Foundation Trust's commitment to the quality of care it provides defined in its mission statement and also supports the delivery of the Foundation Trust's Quality Plan. The paper details national clinical audits required by NHS England Quality Accounts list and National Clinical Audit and Patients Outcome Programme (NCAPOP).</p> <p>JC advised that local clinical audits have not been identified for this audit cycle in order to support clinical teams to focus on delivery of clinical care during the continued response to the current COVID-19 pandemic. JC further asked the Committee to note that there are a number of risks related to the clinical audits the trust is currently participating in reflected on the Trust's risk register and these risks are being managed at Specialty or Care Group level. The risk profile is used by the Quality Academy as part of its judgement framework associated with the Board Assurance Framework.</p> <p>The governance arrangements to monitor the progress and outcomes of these audits are under review with the Clinical Audit and Effectiveness Committee's terms of reference being reviewed to reflect a stronger focus on learning and improvement. Meetings were suspended during the height of the COVID-19 pandemic but have re-commenced on the 26th July 2021. The Clinical Outcomes team has now replaced the Clinical Audit and Effectiveness Team and is now in place. This team will use data and intelligence to inform organisational local learning, to benchmark services and to identify priorities in order to drive improvement work in the Trust. Clinical outcomes are derived from various sources both externally and internally. The Clinical Outcomes Sub Committee will report to the Quality Academy.</p> <p>The High Priority Audit Programme will be a challenge to deliver, however leads have been identified for audits, engagement and gap analysis processes to understand the audit needs and requirements to deliver the agenda. JC further advised that the plan has been developed in consultation with specialities to ensure the nationally mandated clinical audit requirements are met.</p> <p>BAS stated that on the basis of this paper he proposed that the Committee confirm that it was assured by the plans in place and update on progress would be welcomed at a future meeting of the Committee.</p> <p>The Committee approved the work plan and thanked JC for her comprehensive report.</p>	Associate Director of Quality 2021/36
A.7.21.28	<p>Governance Review update</p> <p>LP reminded the Committee that the governance review updates are received at Regulation Committee and Board where progress has been discussed. LP confirmed that the Board had made a decision to stand down the Regulation and Assurance Committee with effect from September 2021. A process is now underway with the Chairman to determine which NED's will Chair which Academies.</p> <p>JP commented that he felt that the Academies were progressing well in a strong and encouraging way and he welcomed their ongoing review.</p> <p>The Committee note the progress.</p>	

A.7.21.29	<p>Audit Committee annual self-assessment</p> <p>The Audit Committee has made use of the HFMA audit committee handbook checklists to undertake the self-assessment. BAS was however keen to explore whether there was more that could be done to further challenge the Audit Committee to seek to further improve. Internal Audit had provided a proposal document which would be discussed outside of this meeting with the Audit Committee members to take a view as to whether the Committee wished to take up the offer of Internal Audit facilitating the review.</p> <p>HK-T confirmed that the document had been developed through one of their audit committee events which included feedback from delegates and the Good Governance Institute. It is proposed that each of the audit committee members have an hour session with Internal Audit which would focus on roles and responsibilities, relationships with committee chairs, training needs and a review of the BAF. An action plan would be drawn up which would provide some assurance mapping and induction training for new Audit Committee members. A report could then be presented to the Audit Committee highlighting any areas for consideration and actions for development.</p> <p>MH suggested that some of the contingency days within the plan could be used to facilitate the review. He noted that there was no reason why the standard self-assessment could not be done which would complement the Audit Yorkshire review. JP requested more clarification on the additional work, cost and time involved and if this added significant value to what was already undertaken. BAS confirmed that further persuasion would be needed as to the benefits before a final decision was to be made. MH agreed to liaise off line with HK-T and report back to BAS via email. An update will be provided at the October Audit Committee meeting. The Committee agreed to use the current checklists and consider any proposals from Audit Yorkshire</p>	Director of Finance / Head of Internal Audit 2021/37
A.7.21.30	<p>Any other business</p> <p>There was no other business to report.</p>	
A.7.21.31	<p>Matters to share with other committees</p> <p>There was nothing to share with other Committees.</p>	
A.7.21.32	<p>Matters to escalate to SRR</p> <p>There were no matters identified to escalate to the SRR.</p>	
A.7.21.33	<p>Matters to escalate to the Board of Directors</p> <p>There were no matters to escalate to the Board.</p>	
A.7.21.34	<p>Items deferred to subsequent meetings</p> <p>The Clinical Audit Annual Report was deferred to the October 2021 Audit Committee meeting.</p>	
A.7.21.35	<p>Attendees for subsequent audit committee meetings</p> <p>19 October Meeting:</p> <ul style="list-style-type: none"> - Paul Rice, Chief Digital & Information Officer, data quality and system controls 	

	<ul style="list-style-type: none"> - Saj Azeb, Chief Operating Officer, Limited Assurance recommendations - Karen Dawber, Chief Nurse, Limited Assurance recommendations. <i>It was noted that the Chief Nurse would be in attendance as Executive Lead.</i> - Judith Connor, Associate Director of Quality, Clinical Audit Annual Report 	
A.7.21.36	Review of meeting The Committee noted the date and time of the next meeting and this meeting was closed.	
A.7.21.37	Date and time of next meeting: 19 October, 2pm to 5pm	

Actions from Audit and Assurance Committee Meeting held 27 July 2021

(To note that actions greyed out were closed at the meeting held on 3 June and included here as a reminder)

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
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 Charity Audit.	Deputy Director of Finance/ Deloitte 2020/219	3 June 2021	<i>Deferred to March 2021 due to delay in auditing of the accounts.</i> 3.6.21 – action to remain open until a response is received from Deloitte/Elsie Sykes 13.10.20 – The target for completion of the Charity audit is November 2020. Action to remain open. 02.02.21 – An extension had been granted, target date to be confirmed. <u>Action to remain open.</u> To be addressed at item 6. Unresolved. 27.7.21 - To be addressed at Item 7 and 9 – <u>ACTION CLOSED.</u>
06.04.21	A.4.21.25	Governance Review – Update It was further noted that the AAC was required to consider when it would assess the Regulation and Assurance Committee. LP would confirm with the AAC when this would take place.	Associate Director of Corp. Governance / Board Secretary 2021/017	27 July 2021	3.6.21 - Reviewed at Board as Chairman unable to attend the April audit meeting. Update to be provided at July audit committee - <u>ACTION CLOSED</u> 27.7.21 - due to the Regulation and Assurance Committee being disbanded the action can now be closed – <u>ACTION CLOSED</u>
03.06.21	A.6.21.3	Minutes of the meeting held 6 April 2021 At page 9, A.4.21.19 'SBS' report should read 'Cerner' report. With regard to the action log on page 18 and in reference to A.10.20.8 Internal Audit Progress Report; the penultimate line of the	Head of Corporate Governance 2021/18	27 July 2021	Minutes updated. <u>ACTION CLOSED</u>

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		comment should read 2021/22 plan and not 2020/21 plan.			
03.06.21	A.6.21.6	ISA 260 Foundation Trust All additional outstanding information requested by Deloitte would be provided by the close of today. MH further confirmed that, prior to 8 June he would escalate any additional issues, were they to arise, to the Chair of the AC.	Director of Finance 2021/19	27 July 2021	27.7.21 - to be discussed at agenda item A.7.21.8 – <u>ACTION CLOSED</u>
03.06.21	A.6.21.9	Follow up of internal Audit Recommendations Update to be provided to the AC in July, if the major recommendation was still outstanding, from; - The Chief Nurse regarding BH/42/20 Nursing Assessment and Care Plans regarding 'recommendation 1: Completion' and; A short update would suffice, to include the revised target date. Attendance in person would not be required.	Chief Nurse 2021/20	27 July 2021	27.7.21 - Follow up of internal audit recommendations Chief Nurse item – to be discussed at agenda item A.7.21.14 – <u>ACTION CLOSED</u>
03.06.21	A.6.21.9	Follow up of internal Audit Recommendations Update to be provided to the AC in July, if the major recommendation was still outstanding, from; - The Chief Operating Officer regarding BH/48/19 Asset Management regarding 'recommendation 1: Stock Management' A short update would suffice, to include the revised target date. Attendance in person would not be required.	Chief Operating Officer 2021/21	27 July 2021	27.7.21 – Follow up of internal audit recommendations Chief Operating Officer item – to be discussed at agenda item A.7.21.15 – <u>ACTION CLOSED</u>
03.06.21	A.6.21.11	Policies and procedures for all work related to counter fraud	Counter Fraud 2021/22	27 July 2021	27.7.21 - Policies and procedures for all work related to counter fraud – to be

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		The final report will be presented at the July meeting.			discussed at agenda item A.7.21.17 – <u>ACTION CLOSED</u>
03.06.21	A.6.21.13	Counter Fraud Annual report The Annual Report will be presented at the July AC meeting. The Annual Report will also include the plan to improve the Trust's ratings position.	Counter Fraud 2021/24	27 July 2021	27.7.21 – to be discussed at agenda item A.7.21.18 – <u>ACTION CLOSED</u>
03.06.21	A.6.21.15	Exception reports: Schedule of losses and special payments BAS requested an update at the July AC on 'single source selection'.	Deputy Director of Finance 2021/25	27 July 2021	27.7.21 - documents embedded within the paper will be made available on the reading room in Diligent. MH confirmed that the evidence to demonstrate the rationale is included as part of the embedded documents. A procurement strategy is being drafted and the 1 st draft will be available in August which will include input from the board as to what direction we want to travel. It was noted that Pharmacy procurement at present is not included within the procurement remit but this question could be raised as to whether this should be included as part of the procurement strategy. Prior to going to Board this will be an agenda item on F&P academy. <u>ACTION CLOSED</u>
03.06.21	A.6.21.28	Draft Annual Governance Statement 2020/21 (AGS) It was suggested that a summary of the Annual Report and Quality Account be produced for key stakeholders and members of the public. LP agreed to discuss this with the Communications Team.	Associate Director of Corporate Governance / Board Secretary 2021/30	27 July 2021	27.7.21 - an infographic on a page will be produced similar to the format of Leeds Teaching Hospitals. <u>ACTION CLOSED</u>

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03.06.21	A.6.21.13	Counter Fraud Annual report The Annual Report will be presented at the July AC meeting. The Annual Report will also include the plan to improve the Trust's ratings position.	Counter Fraud 2021/24	27 July 2021	27.7.21 - to be discussed at agenda item A.7.21.18 <u>ACTION CLOSED</u>
02.02.21	A.2.21.11	Counter Fraud Progress Report Update BAS asked if the offer from LCFS to work with Payroll, HR and Finance in relation to the timesheet overpayment had been pursued. RM responded that the offer had not yet been actively pursued and that it needed to be progressed. LCFS to pursue.	Richard Maw, Counter Fraud, Audit Yorkshire. 2021/007	27 July 2021	3.6.21 – to be discussed at agenda item Counter fraud progress report. 6/4/21. Meeting scheduled for Friday 9 April between LCFS and HR in relation to time-sheet overpayment. 27.7.21 – item to be discussed agenda item 17 and 18 and also at the October meeting. <u>ACTION TO REMAIN OPEN.</u>
02.02.20	A.2.21.4	Matters Arising BAS to liaise with Paul Rice with a view to him presenting at the April meeting to discuss the Cerner audit report and assurance gleaned and, how the Trust is assessing controls around the EPR system.	Chair of the AAC 2021/002	19 October 2021	2.02.21 - BAS discussed with the Chief Digital and Information Officer who is now unable to attend the April meeting. As such items now deferred to June AAC. 3.6.21 – to be discussed on the June agenda 27.7.21 – BAS spoken with Paul Rice and his colleagues. Meeting scheduled on 3 August to pursue the items raised with regards to data quality and system controls with a view to Paul Rice formally reporting to the October Committee to provide the assurance we are looking for. <u>ACTION TO REMAIN OPEN</u>
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/NEDs/ Director of Strategy and Integration	3 June 2021	02.02.21 - Both would be enhanced once the new governance structure was in place. 3.6.21 - discussion taking place at the June board development session around

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			2020/234		the new Risk Management Strategy including changes to the strategy and the BAF template. Revised strategy due to be presented at the Board in September. Added to February 2021 agenda. 27.7.21 – as part of the ongoing governance review process the BAF and SRR are currently subject to review with discussion due to take place in November. LP confirmed a separate training session with the Board with be arrange alongside reviewing the updated version of the BAF. <u>ACTION TO REMAIN OPEN.</u>
06.04.21	A.4.21.5	Sector update and benchmarking MH added that BTHFT would also provide assurance through the key lines of enquiry work being undertaken by Audit Yorkshire - at present executive colleagues are reviewing and commenting on various domains. BAS requested sight of the document once complete. MH agreed to confirm the date the report would be available as the exercise covered the whole organisation.	Director of Finance Head of Internal Audit 2021/013	19 October 2021	3.6.21 best practice paper provided by Audit Yorkshire around lessons learnt from Leicester hospital. Various themes within the document. A paper will be provided to highlight the lessons learnt and shared organisation wide. 27.7.21 - MH proposed to bring a report to the October committee which will undertake the self-assessment against the various issues in the paper. HKT agreed to re-circulate the paper regarding the financial controls which was previously discussed at the Audit Committee. <u>ACTION TO REMAIN OPEN</u>
06.04.21	A.4.21.6	Charitable Funds Annual Report and Accounts 2019/20 MQ stated that informal advice had been received from KPMG which agreed with the	Director of Finance 2021/014	3 June 2021	3.6.21 – <u>ACTION TO REMAIN OPEN</u> 27.7.21 – MQ confirmed that correspondence has been received from Elsie Sykes confirming the position of the

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		<p>BTHFT approach. KPMG has written informally to the Trust to confirm this. The AAC was asked to note that if the Trust required the provision of 'formal advice' then costs of £20,000 would be incurred with an additional £30,000 charged for measurement valuation. Taking into account the size of the Charity, the advice would exceed the investment return.</p> <p>MH agreed to report back to BAS on the outcome of the meeting. The AAC agreed that action 2021/004 would remain open.</p>			<p>accounts and they have shared the email with Deloitte who now have the information they need to complete the audit. NR confirmed he had seen a copy of the conditions under which the investment has been made. Testing of the investment is underway by Deloitte. Deloitte are still awaiting from Elsie Sykes the confirmation that the T&C were as set out. Testing can then be finalised. Subject to the finalisation of the audit and the delay it is possible that the Charity Commission may ask for a virtual agreement from the Audit Committee and the Charity Committee – <u>ACTION TO REMAIN OPEN</u></p>
06.04.21	A.4.21.19	The Cerner report regarding EPR would be considered by the AAC in June and presented by the Chief Digital and Information Officer.	Chief Digital and Information Officer 2021/016	19 October 2021	<p>3.6.21 – to be discussed at agenda item 23 on the June agenda</p> <p>27.27.21 - to be included in the discussion with Paul Rice and colleagues on 3 August. Report due at October Audit Committee to include the 4 key points. <u>ACTION TO REMAIN OPEN</u></p>
06.04.21	A.4.21.4	<p>Matters Arising</p> <p>New action consolidated from 2020/199. 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 (now LP) for inputting into the final version of the reports. Action for Chair of the Audit Committee Consolidated from 2020/234. Board Assurance</p>	Chair AAC 2021/012	27 July 2021	<p>From action 2020/34</p> <p><i>02.02.21 - Both would be enhanced once the new governance structure was in place.</i></p> <p><i>3.6.21 - discussion taking place at the June board development session around the new Risk Management Strategy including changes to the strategy and the BAF template. Revised strategy due to be</i></p>

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		Framework and Strategic Risk Register BAS, SU, JP and JHL to discuss further as the relevant ToRs are written. Action for Chair of the AAC/NEDs/Director of Strategy and Integration			<p><i>presented at the Board in September. Added to February 2021 agenda.</i></p> <p><u>27.7.21 – as part of the ongoing governance review process the BAF and SRR are currently subject to review with discussion due to take place in November. LP confirmed a separate training session with the Board with be arrange alongside reviewing the updated version of the BAF</u></p> <p>Risk Management including strategy review, BAF, risk appetite scheduled for 10 June 2021 Board Development Session. 27.7.21 - opportunity to consolidate the actions around the review of the BAF, SRR and corporate structure. Action 2020/234 has been consolidated into this action – see notes above. <u>ACTION TO REMAIN OPEN</u></p>
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	19 October 2021	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. 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.

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					<p>10/06/20 – Item to remain open until final report received.</p> <p>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.</p> <p>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.</p> <p>02.02.21 – LP advised that the action would be picked up when the policy guidance was reviewed. <u>Action to remain open.</u></p> <p>6/4/21. Regulatory Compliance. Policy for the Development and Management of Organisation-wide Procedural Documents is scheduled for review in September 2021. LP advised the review would include clarity on how compliance will be monitored which would include testing a sample of policies with regard to their monitoring. MH advised that internal audit had a role to play where risks were identified. It was further noted that a number of policies were enacted in response to events and as such provided opportunities to learn.</p>

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					27.7.21 - to be included as part of the review of the Policy on Policies to confirm how compliance with policies will be monitored. An audit will need to be undertaken on an annual basis to test a sample of policies and this can be reported back to the Audit Committee. <u>ACTION TO REMAIN OPEN AND REVIEWED IN OCTOBER 2021</u>
03.06.21	A.6.21.12	Counter Fraud progress report The Counter Fraud Authority proposes to, in conjunction with the Cabinet Office; undertake a procurement review based on post Covid-19 procurement. This will consider the procurement notices they distributed this time last year to expedite the purchase of PPE equipment and ventilators and look at what arrangements the organisation had in place. SM confirmed that an update will be included in the next Counter Fraud Progress report due at the AC in October.	Counter Fraud 2021/23	19 October 2021	
03.06.21	A.6.21.15	Exception reports: Schedule of losses and special payments BAS requested that the updated procurement strategy is received at a future Audit Committee meeting.	Director of Finance 2021/26	19 October 2021	Added to October agenda
03.06.21	A.6.21.20	Other assurance functions (standing item) MH confirmed that a paper regarding the JVB and third party insurance this will be provided at a future Audit Committee meeting.	Director of Finance 2021/27	19 October 2021	Added to October agenda

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03.06.21	A.6.21.23	Assurance of the EPR system PR agreed to take away the question of 'what do we know about our other systems and what element of visibility do we have about their performance on a routine and regular basis and do we risk rate those'.	Chief Digital and Information Officer 2021/28	19 October 2021	Added to October agenda
03.06.21	A.6.21.25	Data Quality (DQ) Assurance BAS requested to meet with PR outside of the meeting to clarify further points raised on data quality and agreed to keep the AC apprised. Other members of the AC were invited. Further he would like to gain assurance beyond Data Quality and broaden the remit to include Information Governance. PR will ensure that when the meeting takes place the appropriate staff from his team will be invited.	AC Chair / Chief Digital and Information Officer 2021/29	19 October 2021	Added to October agenda
27.07.21	A.7.21.14	Update on recommendation from BH/42/20: Nursing Assessments and Care Plans. BAS felt that the appropriate way forward would be for Internal Audit to undertake a short piece of follow up work feeding into the October Audit Report. .	Internal Audit 2021/31	19 October 2021	
27.07.21	A.7.21.14	Update on recommendation from BH/42/20: Nursing Assessments and Care Plans. The Chief Nurse is to be invited to attend the October Audit Committee to provide assurance.	Chief Nurse 2021/32	19 October 2021	Added to October agenda
27.07.21	A.7.21.15	Update on recommendations from BH/48/19 - Asset Management; Stock, Stores and Inventory. BAS felt that the appropriate way forward would be for internal audit to do a short piece of internal audit follow up work feeding into	Internal Audit 2021/33	19 October 2021	

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		the October audit report.			
27.07.21	A.7.21.15	Update on recommendations from BH/48/19 - Asset Management; Stock, Stores and Inventory The Chief Operating Officer to be invited to attend the October Audit Committee to provide assurance.	Chief Operating Officer 2021/34	19 October 2021	Added to October agenda
27.07.21	A.7.21.16	Annual Internal Audit performance review MH advised that a questionnaire has been circulated to Executive and Non-Executive colleagues for their views. A report will be brought back to the October Audit Committee.	Director of Finance 2021/35	19 October 2021	Added to October agenda
27.07.21	A.7.21.29	Audit Committee annual self-assessment MH agreed to liaise off line with HK-T (regarding Audit Yorkshire supporting the annual self-assessment process) and report back to BAS via email. An update will be provided at the October Audit Committee meeting. The Committee agreed to use the current checklists and consider any proposals from Audit Yorkshire.	Director of Finance / Head of Internal Audit 2021/37	19 October 2021	Added to October agenda
28.07.20	A.7.20.20	Data Quality (DQ) Assurance BAS to speak with the Chairman/Chief Executive regarding a session on kite mark analysis at a future Board development day.	Associate Director of Corporate Governance / Board Secretary 2020/225	February 2022	27.7.21 - BAS to discuss further with Paul Rice at 3 August meeting to provide an update sooner than February 2022 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

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					<p>and the new Trust Secretary for inclusion on the Board Development Programme. Action to remain open.</p> <p>02.02.21 - This item is on the wish list to discuss at Board Development when time permits. <u>Action to remain open.</u></p> <p>Chief Digital and Information Officer attending June AAC to provide update on Data Quality. Session on kite mark analysis added to board development programme (9/12/21). <u>ACTION TO REMAIN OPEN AND REVIEWED IN FEBRUARY 2022.</u></p>
27.07.21	A.7.21.27	<p>Assurance Report: Clinical Audit high priority work plan</p> <p>BAS stated that on the basis of this paper he proposed that the Committee confirm that it was assured by the plans in place an update on progress would be welcomed at a future meeting of the Committee.</p>	Associate Director of Quality 2021/36	February 2022	