

## CONFIRMED AUDIT COMMITTEE MEETING MINUTES

<b>Date</b>	Tuesday, 2 <sup>nd</sup> November 2021	<b>Time</b>	09:30-12:30
<b>Venue</b>	Virtual Meeting	<b>Chair</b>	Barrie Senior, Non-Executive Director

<b>Present</b>	<ul style="list-style-type: none"> <li>Mr Barrie Senior, Non-Executive Director, Chair (BAS)</li> <li>Mr Jon Prashar, Non-Executive Director (JP)</li> <li>Ms Julie Lawreniuk – Non-Executive Director (JL)</li> </ul>
<b>In Attendance</b>	<ul style="list-style-type: none"> <li>Mr Matthew Horner, Director of Finance (MH)</li> <li>Ms Helen Kemp-Taylor, Audit Yorkshire (HKT)</li> <li>Mrs Karina Rogers, Audit Yorkshire (KR)</li> <li>Mr Richard Maw, Counter Fraud, Audit Yorkshire (RM)</li> <li>Ms Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP)</li> <li>Mr Michael Quinlan, Deputy Director of Finance (MQ)</li> <li>Mr Nick Rayner, Deloitte (NR)</li> <li>Ms Liz Tomlin, Head Of Quality Improvement and Clinical Outcomes– for agenda item A.10.21.26 representing Judith Connor</li> <li>Mr Paul Rice, Chief Digital &amp; Information Officer (PR) for agenda item A.10.21.28 and A.10.21.29</li> <li>Mr Ian Scott, Deputy Head of Information Technology (IS) for agenda item A.10.21.28</li> <li>Mr Christos Fysarakis, Head of Policy (CF) for agenda item A.10.21.29</li> </ul>
<b>Observers</b>	<ul style="list-style-type: none"> <li>Helen Wilson, Governor</li> </ul>

No.	Agenda Item	Action
<b>A.11.21.1</b>	<b>Apologies for Absence</b> <ul style="list-style-type: none"> <li>Mr Steve Moss, Counter Fraud, Audit Yorkshire (SM)</li> <li>Mr Paul Hewitson, Deloitte (PH)</li> <li>Ms Judith Connor, Associate Director of Quality (JC)</li> <li>Ms Karen Dawber – Chief Nurse (KD)</li> </ul>	
<b>A.11.21.2</b>	<b>Declarations of Interest</b> There were no interests declared.	
<b>A.11.21.3</b>	<b>Minutes of the meeting held 27 July 2021</b> The minutes were accepted as a fair representation of the meeting.	
<b>A.11.21.4</b>	<b>Matters Arising</b> 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"> <li><u>2020/219 Annual External Audit Performance Review.</u> AC advised that performance review has yet to be undertaken. Action to be reviewed at next meeting (1/2/22)</li> <li><u>2021/007 Counter Fraud Progress Report Update.</u> 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.</li> </ol>	

	<p>LCFS to pursue. Action to be reviewed at next meeting (1/2/22)</p> <p>3. <u>2021/002 Matters arising BAS to liaise with the Chief Digital and Information Officer (CDIO).</u> Outcome from discussions regarding Cerner audit report and assurance Trust assessment of controls around the EPR system to be discussed at A.10.21.28 and A.10.21.29. <b>Action closed.</b></p> <p>4. <u>2020/234 Board Assurance Framework and Strategic Risk Register.</u> Consolidated with action 2021/012. <b>Action closed.</b></p> <p>5. <u>2021/013 Sector update and benchmarking.</u> MH to provide the report on key lines of enquiry undertaken by Audit Yorkshire at the next AC meeting (1/2/22).</p> <p>6. <u>2021/014 Charitable Funds Annual Report and Accounts 2019/20.</u> To be discussed at A.10.21.19, A.10.21.20 and A.10.21.21 <b>Action closed.</b></p> <p>7. <u>2021/016 Cerner report.</u> To be discussed at A.10.21.28 <b>Action closed.</b></p> <p>8. <u>2021/012 Matters arising.</u> This action now includes action 2020/234. Following the planned Board development session on 10 February to discuss the BAF and SRR - the AC will consider outputs and what the committee requires. For review at the AC Committee meeting on 12/4/22.</p> <p>9. <u>2019/187 Regulatory Compliance policies.</u> Policy on Organisation Wide Procedural Documents is due for review by the end of January 2022. Report focussed on compliance will be provided to the next AC meeting (1/2/22).</p> <p>10. <u>2021/23 Counter Fraud progress report.</u> To be discussed at A.10.21.16. <b>Action closed.</b></p> <p>11. <u>2021/26 Exception Reports: Schedule of losses and special payments.</u> The updated procurement strategy to be provided at the next AC meeting (1/2/22).</p> <p>12. <u>2021/27 Other assurance functions.</u> JVB and third party insurance. To be discussed at A.10.21.30. <b>Action closed.</b></p> <p>13. <u>2021/28 Assurance of the EPR system.</u> To be discussed at A.10.21.28. <b>Action closed.</b></p> <p>14. <u>2021/29 Data Quality (DQ) assurance.</u> To be discussed at A.10.21.29. <b>Action closed.</b></p> <p>15. <u>2021/31 Update on recommendation BH42/20 Nursing assessments and care plans.</u> 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. Update included in October audit report to be discussed at A.10.21.13. <i>Action to be reviewed at the next AC meeting (1/2/22).</i></p> <p>16. <u>2021/32 Update on recommendation BH42/20 Nursing assessments and care plans.</u> To be discussed at A.10.21.10 <b>Action closed.</b></p> <p>17. <u>2021/33 Update on recommendation BH48/19 Asset management : stock, stores and inventory.</u> 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. Update include in October audit report to be discussed at A.10.21.13. <i>Action to be reviewed at the next AC meeting (1/2/22).</i></p> <p>18. <u>2021/34 Update on recommendation BH48/19 Asset management: stock, stores and inventory.</u> To be discussed at A.10.21.11 <b>Action closed.</b></p> <p>19. <u>2021/35 Annual internal audit performance review.</u> Discussed at A.10.21.14. <b>Action closed.</b></p> <p>20. <u>2021/37 Audit Committee annual self-assessment.</u> Discussed at A.10.21.33. <b>Action closed.</b></p>	
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	<p>21. <u>2020/225 Data Quality (DQ) Assurance and Kite Mark analysis</u> Session added to Board Development Session 9/12/21. Action to be reviewed at next AC meeting (1/2/22)</p> <p>22. <u>2021/36 Assurance Report: Clinical audit high priority work plan</u>. Update on progress to be provided at the AC meeting on 1/2/22.</p> <p>BAS and JM agreed to meet to review and streamline the action log.</p>	AC Chair / Head of CG 2021/38
<b>A.11.21.5</b>	<p><b>Sector Update and Benchmarking (standing item)</b></p> <p>NR provided a verbal update on the proposed deadlines for the 2021/22 year end submissions. The intention is to return to the pre-pandemic arrangements of one deadline date around the end of June for submission of the accounts; therefore the timing of the Audit Committee sign off meeting needs to be taken into consideration – as this is currently set for 24 May 2022 and needs to be revised to June to coincide with the proposed submission date of 22 June 2022. NR advised that Deloitte could only commit to providing the ISA260 at the annual report and accounts sign off meeting. JP further commented that he had welcomed the informal meeting for the AC members to review the accounts and it was confirmed that there were plans to schedule an informal meeting for the 21/22 reports.</p> <p>The Committee noted the update.</p>	Corporate Governance Officer 2021/39
<b>A.11.21.6</b>	<p><b>External Audit Annual Plan</b></p> <p>NR confirmed the planning work has not yet taken place but would be completed in time for the February meeting.</p> <p>The Committee noted the update.</p>	
<b>A.11.21.7</b>	<p><b>Performance Review meeting with Deloitte</b></p> <p>MH confirmed that a productive meeting had taken place with Deloitte which identified areas of learning and improvement for both parties; particularly in relation to early sight of issues and the document management process and how to improve it going forward. It was agreed that the new Connect system will be used by both parties to improve the process.</p> <p>The Committee noted the update.</p>	
<b>A.11.21.8</b>	<p><b>Auditor's Annual Report 2020/21</b></p> <p>The Committee took the paper as read. The report has previously been reviewed via email and approved by the Board of Directors.</p> <p>The Committee noted the report.</p>	
<b>A.11.21.9</b>	<p><b>Use of External Audit to Provide Non Audit Services (standing item)</b></p> <p>It was confirmed that there was nothing to report on this item.</p>	
<b>A.11.21.10</b>	<p><b>Update on recommendation from BH/42/20 – Nursing Assessments and Care Plans</b></p> <p>BAS felt that the work in progress contained within the paper did not provide the Committee with the assurance it required. BAS stressed that he was sympathetic to the pressures staff were under due to Covid however the paper shows that we are not making sufficient and timely progress in relation to nursing assessments and care plans. Both JP and JL echoed the</p>	

	<p>concerns raised by BAS. BAS agreed to contact the Chair of the Quality &amp; Patient Safety Academy to propose this is discussed in detail at their next Academy meeting.</p> <p>The Committee noted the report.</p>	<p>AC Chair 2021/40</p>
<b>A.11.21.11</b>	<p><b>Update on recommendations from BH/48/19 - Asset Management; Stock, Stores and Inventory</b></p> <p>BAS felt that the report showed good progress had been made. Internal Audit noted that due to the pandemic progress on some of the actions in the report have been hampered. MH agreed to discuss with KR offline how to close off the recommendations.</p> <p>The Committee noted the update and assurance provided.</p>	<p>Director of Finance 2021/41</p>
<b>A.11.21.12</b>	<p><b>Internal Audit Progress Report</b></p> <p>KR summarised the following key messages contained within the report.</p> <p>The AC noted that ten reports had been finalised, eight of which have significant assurance, one has high assurance and one has not been provided with an opinion. Good progress is being made although there are two deferrals that need to be considered. These related to;</p> <ul style="list-style-type: none"> <li>• <u>Statutory Regulation Identification and Compliance Management – Health and Safety and RIDDOR.</u> Deferral was requested to Q3 due to the management of Health &amp; Safety team moving to the Estates and Facilities division.</li> <li>• <u>Medical Revalidation</u> – Deferral was requested to 2022/23 due to Medical Revalidations being paused during the Covid pandemic and a new system being introduced. Management have asked for the planned days to be utilised in the other reviews included in the Medical domain. KR confirmed that this activity was paused nationally for 18 months and once the 12 months extension expires the revalidation process will commence.</li> </ul> <p>The Committee approved the deferrals.</p> <p>JL praised the IA team for their work to achieve the progress to date with the finalised reports. The Committee noted that;</p> <ul style="list-style-type: none"> <li>• Key performance indicators are at 100%</li> <li>• Summary of performance against the 2021/22 plan shows that 178 days have been delivered against the plan of 580 days.</li> </ul> <p>BAS, although sympathetic to the workload of staff due to the pandemic, felt that there were action plans listed that were still not being progressed in a timely manner - in particular the Ockenden Report scheduled for Q1. MH advised that he was briefed on progress with regard to the completion of actions which were monitored by Internal Audit on a regular basis. KR confirmed that support had been sought with the Executive Director leads to gain some traction and engagement. Where there was no progress then the work programme will have to be re-prioritised in Q4. The AC noted that a further progress meeting will take place in December with MH and KR.</p> <p>JL asked if the deferral of the internal audit report means we are deferring the actions from the Ockenden Report. MH said that although the Ockenden internal audit report had not taken place regular and detailed</p>	

	<p>updates are provided at the Academies and Board of Directors on progress with the maternity improvement plan of which Ockenden is a part. BAS confirmed that in the absence of KD he would suggest that the Ockenden internal audit report is discussed at a future Quality &amp; Patient Safety Academy meeting.</p> <p>KR provided an update on the significant assurance reports detailed within the paper. The Committee noted the following:</p> <ul style="list-style-type: none"> <li>• <u>BH/05/2022 – Freedom to Speak Up</u> – Significant assurance with 3 minor recommendations.</li> <li>• <u>BH/06/2022 – Estates Planned Preventative Maintenance Compliance</u> – significant assurance with 2 minor recommendations.</li> <li>• <u>BH/07/2022 – Safeguarding Children</u> – high level assurance with 2 minor recommendations.</li> <li>• <u>BH/08/2022 – Temporary Workforce - Bank Staff</u> – significant assurance with 2 minor recommendation.</li> <li>• <u>BH/09/2022 – Claims Management</u> – significant assurance with 1 moderate recommendation.</li> <li>• <u>BH/10/2022 – End of Life Care – Patients with Learning Disabilities</u> – significant assurance with 10 minor housekeeping recommendations.</li> <li>• <u>BH/11/2022 – Patient Readiness for Theatre</u> – significant assurance with 1 moderate and 4 minor recommendations.</li> <li>• <u>BH/12/2022 – Facilities Management; Porters, Post and Telecoms</u> – significant assurance with 3 minor recommendations.</li> <li>• <u>BH/13/2022 – Attendance Controls for Locum Doctors</u> – significant assurance with 3 moderate recommendations.</li> </ul> <p>KR confirmed that discussion takes place with regard to the target dates for the completion of actions when they are finalising the reports if internal audit is of the view that they are unduly lengthy. Often if there is a longer date it is because there are other steps that need to take place before the action can be fully completed. If the target date is challenged management are requested to put a suitable management request into the report so that provides the narrative and rational for the timescale given.</p> <p>The Committee confirmed it was assured with regard to the reports received.</p>	AC Chair 2021/42
<b>A.11.21.13</b>	<p><b>Follow up of Internal Audit Recommendations</b></p> <p>KR advised that the format of the document had changed to contain charts and analysis which had been standardised across Audit Yorkshire and approved by the Audit Yorkshire Board. Work continues with the BTHFT responsible officers and Executive Leads to review the listing and ensure that it is relevant to the changing organisational structure and processes. Regular discussions continue with Executive Directors about reducing the number of outstanding recommendations and how these might be progressed.</p> <p>MH confirmed that specific discussions have taken place at the Executive Team Meetings (ETM) regarding the audit recommendations report. He had also undertaken some analysis for the CEO and the outcome is that we are in a much better position in terms of overdue recommendations than we were back in July. Work is still required on the longer term outstanding recommendations but it was felt that progress is being made.</p>	

	<p>KR confirmed that the system generates monthly prompts to the individuals responsible and any changes/updates are flagged with the Internal Audit team who will review and update accordingly. These changes are provided in the report to the Executive Team and the Audit Committee. To enable the report to be fully populated the Executive leads are required to add commentary. The report is circulated and discussed as described by MH at ETM meetings. MH suggested adding to the report the recommendations that were closed down in the last reporting period to give an overview of progress.</p> <p>The Committee noted the update and the assurance provided.</p>	<p>Internal Audit Manager 2021/43</p>
<b>A.11.21.14</b>	<p><b>Annual Internal Audit performance review</b></p> <p>MH reminded the AC that a survey had been circulated to Executives and Non-Executives to review internal audit performance. From the responses received to date MH confirmed there were no issues that required escalation to the Audit Committee. MH agreed to provide a written report to the next Audit Committee.</p> <p>The Committee noted the verbal update.</p>	<p>Director of Finance 2021/44</p>
<b>A.11.21.15</b>	<p><b>Policies and procedures for all work related to counter fraud, bribery and corruption (standing item)</b></p> <p>It was confirmed that there was nothing to report on this item.</p>	
<b>A.11.21.16</b>	<p><b>Counter Fraud Progress Report update</b></p> <p>RM advised that the report provided an overview of the work undertaken up to October 2021 by Counter Fraud. RM asked the AC to note that the Annual Report &amp; Anti-Fraud, Bribery and Corruption Policy did not need to be included within the report but he reminded the Chair that this still required his sign off.</p> <p>RM drew attention to the following key points within the document:</p> <ul style="list-style-type: none"> <li>• International fraud awareness week which would launch in two weeks</li> <li>• Fraud survey which launched on 4 November 2021. The key focus is to improve the red scores to green.</li> <li>• Post-Covid procurement exercise. The CFA have decided to run this exercise in two parts to cover purchase order spend and contract cancellations/direct award of contracts/supply relief payments. RM is unaware at present if there will be any benchmarking or follow up work received from the CFA.</li> <li>• The MKI system which could potentially be used to track investigations and the outcomes of the reports.</li> </ul> <p>RM provided an update on the overpayment investigation which is reaching its conclusion and asked the AC to note that it has been agreed between all parties that 358 hours will be repaid to the Trust.</p> <p>MQ provide a brief summary on managing counter fraud within the Trust. The AC noted that:</p> <ul style="list-style-type: none"> <li>• Meetings take place monthly with RM and MQ.</li> <li>• A questionnaire is being produced to share with the organisation to understand trust awareness of fraud and the policies.</li> <li>• Regular newsletters are also circulated to staff.</li> <li>• There is no evidence that fraud has increased during the pandemic although there is an increased threat particularly around working</li> </ul>	<p>AC Chair 2021/45</p>

	<p>whilst sick.</p> <p>The Committee noted the updated and the assurance provided.</p>	
<b>A.11.21.17</b>	<p><b>Exception reports: Schedules of losses and special payments</b></p> <p>BAS stated that he was unable to access the embedded attachments within the document through Team Engine. It was agreed to circulate the excel files via email going forward.</p> <p>The Committee took the paper as read and noted the report.</p>	<p>Corporate Governance Officer 2021/46</p>
<b>A.11.21.18</b>	<p><b>Appropriateness of single source tenders</b></p> <p>MQ provided a verbal update on single source tenders. The AC noted that the Strategic Head of Procurement continues to sign the waivers and links into the Estates waivers. There have been no breaches of SFIs to date.</p> <p>The Committee noted the verbal update and the assurance provided.</p>	
<b>A.11.21.19</b>	<p><b>Draft 2019/20 Charitable Funds Annual Report and Accounts (ARA)</b></p> <p>After a previous discussion with BAS and MH it was agreed that the Charity Committee would review the Annual Report and Accounts in the first instance (at their 9 November meeting) and the Audit Committee would then consider them. The AC would undertake their review via email prior to the November Board of Directors meeting. NR advised that the Management Representation letter would need updating to the date of signature. The AC noted that the Charity Commission have provided the Trust with an extension to the 31 December 2021 for final submission of the 2019/20 Annual Report and Accounts.</p>	<p>Associate Director of CG / Board Secretary 2021/47</p>
<b>A.11.21.20</b>	<p><b>Draft ISA 260: 2019/20 Charitable Funds ARA</b></p> <p>The AC agreed that this item would be dealt with in accordance with the process described at A.11.21.19.</p>	
<b>A.11.21.21</b>	<p><b>Letter of Representation: 2019/20 Charitable Funds ARA</b></p> <p>The AC agreed that this item would be dealt with in accordance with the process described at A.11.21.19.</p>	
<b>A.11.21.22</b>	<p><b>Progress on Charitable Funds Annual Report and Accounts 2020/21</b></p> <p>MQ stated that it has been agreed with Deloitte that the audit of the Charitable Funds accounts for 2020/21 will take place between the 8<sup>th</sup> and 19<sup>th</sup> November 2021 with completion by the end of November 2021. The deadline for the submission of the accounts is the end of January 2022. MQ confirmed that two more meetings via email would need to take place to approve the accounts. He suggested that the same review process (as that agreed for the 19/20 Annual Report and Accounts) takes place with the Charitable Funds Committee reviewing the documents before review by the Audit Committee. The AC agreed.</p>	<p>Associate Director of CG / Board Secretary 2021/48</p>
<b>A.11.21.23</b>	<p><b>Proposed changes to Scheme of Delegation/Standing Financial Instructions</b></p> <p>LP advised that a full review is required to ensure the new CBU structure is incorporated into the documents. As such, these documents will be presented to the February AC meeting for approval prior to their submission to the Board.</p>	<p>Associate Director of CG / Board Secretary 2021/49</p>

<b>A.11.21.24</b>	<b>Suspension of Standing Orders/Standing Financial Instructions (standing item)</b> MH confirmed that there was nothing to report on this item.	
<b>A.11.21.25</b>	<b>Other assurance functions (standing item)</b> LP confirmed that there was nothing to report on this item.	
<b>A.11.21.26</b>	<b>Board Assurance Framework and Strategic Risk Register</b> The Committee noted that both documents presented are subject to regular scrutiny by ETM, the Academies, Board of Directors and the Audit Committee. It was felt that good progress had been made in terms of better populating the BAF and the tracking of strategic risks which have improved the assurance that is available to the Board and other committees and Academies. A Board session on the BAF, supported by the Good Governance Institute, has been arranged for the 9 <sup>th</sup> February 2022.  LP provided an update on the risk management strategy review. A discussion took place at ETM regarding the risk escalation process and it is recommended that we start to escalate all risks scoring 15 and above as part of the regular monthly reporting cycle to ETM, Academies and Board. This will now be referred to as the high level risk register and true strategic risks will be reflected on the BAF. Relevant risks scoring 12 and above will be discussed at Executive to CBU meetings to ensure that interdependencies are picked up. Judith Connor, Associate Director of Quality and her team will be delivering learning sessions with the CBU's to support their risk reporting.  BAS suggested that once the new governance process is defined the Audit Committee takes a view on the appropriateness and adequacy of the process. LP confirmed that there is an audit planned for Q4.  The Committee noted the update and the assurance provided.	
<b>A.11.21.27</b>	<b>Clinical Audit Annual Report</b> BAS welcomed Liz Tomlin, Head Of Quality Improvement and Clinical Outcomes who was representing Judith Connor, Associate Director of Quality. He noted that at the July meeting the 2021/22 High Priority Audit Programme was approved but there was a delay to the delivery of the Annual Report of the High Priority Audit Programme for 2021/22. LT confirmed the Annual Report presented today covered the period April 2020 to March 2021. Due to Covid all the national clinical audits were paused and recommenced in May 2021. She explained that appendices 1 and 2 were the planned programme of national audits that the Trust was required to do prior to the pandemic. The AC noted that the results of all national clinical audits are reviewed through the Clinical Outcomes Group meeting. This meeting has re-convened which will include the new Associate Medical Director for Clinical Outcomes. All audits that were not completed last year will be completed this year.  BAS suggested that the paper goes to the next Quality & Patient Safety Academy, as per the recommendation on page 6 of the paper, for consideration and approval.  The Committee noted the report.	AC Chair 2021/50



<b>A.11.21.28</b>	<p><b>Clinical IT Applications assurance</b></p> <p>A discussion took place around whether the Trust has adequate assurance regarding its IT applications and whether there is a suite of controls around each IT application to ensure the control objectives. PR stated that BTHFT has approximately 115 IT applications throughout the Trust with EPR and Imaging the two main applications. BAS suggested that some of the audit work could be done internally along with assistance from Internal Audit to test the robustness of our IT applications to reach the end position of assurance. PR advised that the Trust had very recently engaged with experts at NHS Improvement to understand the nature of what we do to ensure that either technical issues with data quality and the human interaction with the systems are assessed. The Trust recently had a visit from NHS Improvement around data quality and the management of RTT. We were commended as an organisation and we are actively engaged with NHS Improvement as a critical friend to progress the recommendations. Work is ongoing and a clear work programme is in place. With regard to Cerner assurance a service auditor report has been received by the Trust. The Trust relies on an array of processes, tools and techniques to ensure that the clinical IT applications function optimally. The paper provides clarity and explicit assurance that these systems perform optimally and that all data consumed and produced by these systems are kept securely and that these systems can be recovered in the event of a major failure of the Trust's Data Centres.</p> <p>BAS questioned the number of IT applications we purchase which are off the shelf systems. IS noted that all the key clinical applications are a specific vendor product. The Trust has 515 servers that run the IT for the Trust which are backed up at the same time and are all measured on the same availability to the Trust per month which on average is 100% availability. Most applications are underpinned by maintenance and support contracts by the vendor along with our own support mechanisms.</p> <p>JP asked to what extent is the Trust reliant on the collective knowledge of users for the early identification of any problems with IT applications. PR confirmed that the organisation has committed significant investment and resource to deploying EPR and we are now in discussion with the education department to provide refresher training to users as some of the data quality issues we are aware of relate to user error.</p> <p>HKT highlighted that other organisations have sub-committees that review data quality to highlight any potential issues. The Audit Committee could then decide to undertake deep dives to gain further assurance. KR further advised that Internal Audit has confirmed that they are willing to offer support on any identified risk areas or areas of concern. There is a relatively small informatics section on the work plan this year which includes data protection security and the toolkit, IT systems and software management, benchmarking the IT resources and business and IT continuity.</p> <p>BAS felt that a risk based assessment of all the 115 applications was necessary to understand their reliability and usability. PR reiterated that each application has a replica/mirroring element to ensure continuity of service should an application fail and, the environment in which they operate is cyber secure.</p>	
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	<p>PR confirmed that it has recently been agreed to re-instate the data quality board meeting.</p> <p>In moving forward, BAS requested that the AC receive a proposal/matrix to include;</p> <ul style="list-style-type: none"> <li>• the agreed number of applications</li> <li>• how many of those are modified</li> <li>• how they interface with one another</li> <li>• the level of change undertaken relating to software fixes</li> <li>• how we gain assurance that when changes are made to ensure robustness</li> </ul> <p>It was agreed that this would be available in four weeks for review and the document would be sent to the AC Chair to help determine what would be provided for assurance to the next Audit Committee.</p> <p>The Committee noted the progress update</p>	Chief DIO 2021/51
<b>A.11.21.29</b>	<p><b>Data Quality (DQ) Assurance</b> Discussed under A.11.21.28</p> <p><i>Post-meeting note added by the AC Chair: Given that we have now considered data quality assurance as one aspect of assurance with regard to Clinical IT Application Assurance, the Audit Committee has requested that Data Quality form an intrinsic part of the Chief Digital and Information Officer's response under the action from the previous agenda item.</i></p>	
<b>A.11.21.30</b>	<p><b>Joint Venture Board and third party assurance</b> MH confirmed he had now received a report on the third party assurance regarding the service delivery of the Pathology Joint Venture. UKAS have undertaken an assessment of the service which covered various aspects in terms of organisational arrangements, governance, management and planning, documentation processes and controls, people arrangements including management and supervision and quality control arrangements and technical competence. UKAS granted accreditation to the Pathology Service. MH will provide a report to the February AC meeting which will include a summary of the inspection and highlight the recommendations.</p> <p>The Committee noted the verbal update and the assurance provided.</p>	Director of Finance 2021/52
<b>A.11.21.31</b>	<p><b>Audit Committee Annual Report to Board</b> BAS thanked JM for providing the draft document.</p> <p>The Committee approved the report which would now be presented to the Board of Directors.</p>	Associate Director of CG / Board Secretary 2021/53
<b>A.11.21.32</b>	<p><b>Annual review of Terms of Reference and submission to Board</b> BAS noted the proposed updates and asked the AC to note that there may possibly be further updates required around February/March to incorporate the new governance structure changes.</p> <p>The Committee approved the updates.</p>	
<b>A.11.21.33</b>	<b>Audit Committee annual self-assessment</b>	

	<p>BAS advised that It was agreed at a previous meeting that the AC should continue to use the HFMA audit committee handbook checklist but possibly augment it with some further assistance from Internal Audit to use the Audit Committee maturity matrix tool developed with the Good Governance Institute. HKT confirmed that she had shared this document with the Chair previously. It was also discussed at the last meeting as to whether this added any additional value to the normal standard self-assessment that the AC undertakes. MH agreed to pursue this further with HKT and feedback to the February meeting.</p> <p>BAS agreed to circulate to JL and JP the standard checklist used previously to populate with their comments. He advised that the AC could then review these in due course to make any modifications.</p> <p>BAS confirmed that the replacement for Selina Ullah, NED will become an Audit Committee member. LP confirmed that recruitment had taken place and the Fit and Proper Persons checks are underway. It is hoped that they would be in place by the February meeting. It was noted that an induction meeting around Audit Committee matters would be scheduled with the new NED appointee once they were in place.</p> <p>The Committee noted the paper.</p>	<p>Director of Finance 2021/54</p> <p>AC Chair 2021/55</p> <p>Corporate Governance Officer 2021/56</p>
<b>A.11.21.34</b>	<p><b>Assurance Report from Committees/Academies</b></p> <p>The Committee noted the reports and confirmed it was assured with regard to the contents.</p>	
<b>A.11.21.35</b>	<p><b>Governance Review update</b></p> <p>LP advised that the Academy reviews will take place early next year. At the request of the Quality &amp; Patient Safety Academy Chair a standalone session has been arranged for the 18<sup>th</sup> February 2022 to review the academy.</p> <p>The Health &amp; Safety Committee previously reported into the Regulation &amp; Assurance Committee which no longer exists. The Executive Team has recommended that this should report through to the People Academy and the proposal will be considered at the November Board.</p> <p>The Committee noted the verbal update.</p>	
<b>A.11.21.36</b>	<p><b>Declarations of Interest – Annual Report</b></p> <p>BAS noted that there has been increased focus on declarations of interest at Board and Committees. LP assured the Audit Committee that we have robust arrangements in place. She reminded the AC of the Internal Audit review that had taken place earlier in the year which achieved Significant Assurance and work is ongoing to ensure that the recommendations are followed up and completed. The policy is being reviewed to bring this in line with other Trusts in relation to the definition of decision making staff.</p> <p>The Committee noted the paper and the assurance provided from the report.</p>	
<b>A.11.21.37</b>	<p><b>Any other business</b></p> <p>There was no other business to report.</p>	

<b>A.11.21.38</b>	<b>Matters to share with other committees</b> <ul style="list-style-type: none"> <li>- BAS to discuss with Chair of Q&amp;PS Academy - update on recommendations from BH4220 nursing assessment and care plans</li> <li>- BAS to discuss with Chair of Q&amp;PS Academy - Ockenden report internal audit status</li> <li>- review via email of the Charity Accounts and related documents</li> </ul>	
<b>A.11.21.39</b>	<b>Matters to escalate to SRR</b> There were no matters identified to escalate to the SRR.	
<b>A.11.21.40</b>	<b>Matters to escalate to the Board of Directors</b> There were no matters to escalate to the Board.	
<b>A.11.21.41</b>	<b>Items deferred to subsequent meetings</b> There were no matters identified to escalate.	
<b>A.11.21.42</b>	<b>Attendees for subsequent audit committee meetings</b> Karen Dawber, Chief Nurse invited to February meeting to provide an update on recommendations from BH4220 nursing assessment and care plans  Pat Campbell is confirmed as the ED in attendance at the February meeting.	Corporate Governance Officer 2021/57
<b>A.11.21.43</b>	<b>Review of meeting</b>  HKT confirmed that she will be retiring at the end of December and her replacement has been appointed and will start the 2 <sup>nd</sup> week of January 2022. The Committee thanked HKT for her input and contribution to the Audit Committee and wished her well in her retirement.  The Committee noted the date and time of the next meetings and this meeting was closed.	
<b>A.11.21.44</b>	<b>Date and time of next meetings:</b> <ul style="list-style-type: none"> <li>• 1 February 2022 - 2pm -5pm</li> <li>• 12 April 2022 - 2pm -5pm</li> <li>• 24 May 2022 - <i>date to be reviewed in line with agenda item A.11.21.5 action 2021/39</i></li> <li>• 26 July 2022 - 2pm -5pm</li> <li>• 11 October 2022 - 2pm -5pm</li> </ul>	

### Actions log from Audit and Assurance Committee Meeting held 2 November 2021

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
28.07.20	A.7.20.6	<u>Annual External Audit Performance Review.</u> Report to be provided by the Director of Finance.	Director of Finance 2020/219	1 February 2022	2.11.21 - Performance review yet to be undertaken.
02.02.21	A.2.21.11	<b>Counter Fraud Progress Report Update</b> 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	1 February 2022	2.11.21 – offer had not yet been actively pursued. To be progressed. 1.2.22 – The AC is asked to note that timesheets/overpayment is still a potential issue and one that might be solved / dealt with by a Local Proactive Exercise at the Trust – this will be raised with the Counter Fraud team. The overpayment investigation that was the catalyst for this action is still ongoing with HR but in the final stages. A further update will be provided at the next AC.
06.04.21	A.4.21.5	<b>Sector update and benchmarking</b> 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	1 February 2022	2.11.21 – MH confirmed a process paper has been drafted that captures the key lines of enquiry and will be presented to the February audit committee.  1.2.22 – item included on the agenda. <b>Action closed.</b>
03.12.19	A.12.19.31	<b>Regulatory Compliance</b> The Committee noted that this paper assesses whether Policies are compliant rather than are staff complying with Policies but required further clarification from TC.	Associate Director of CG / Board Secretary 2019/187	1 February 2022	2.11.21 - Policy on Policies is due for review by the end of January 2022 and will be discussed at the February Audit meeting.  1.2.22 – item added to agenda. <b>Action closed.</b>

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
03.06.21	A.6.21.15	<b>Exception reports: Schedule of losses and special payments</b> BAS requested that the updated procurement strategy is received at a future Audit Committee meeting.	Director of Finance 2021/26	1 February 2022	2.11.21 - to be discussed at A.10.21.17 The procurement strategy was recently discussed at the F&P academy. The second draft will be presented to the Academy in January 2022. An update will be provided at the next AC meeting.
27.07.21	A.7.21.14	<b>Update on recommendation from BH/42/20: Nursing Assessments and Care Plans.</b> 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	1 February 2022	2.11.21 To be reviewed at February AC. 1.2.21 Item to be discussed under matters arising further to the meeting held between BAS, JP and the Chief Nurse on 21.12.21. <b>Action closed.</b>
27.07.21	A.7.21.15	<b>Update on recommendations from BH/48/19 - Asset Management; Stock, Stores and Inventory.</b> 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.	Internal Audit 2021/33	1 February 2022	2.11.21 To be reviewed at February AC.
28.07.20	A.7.20.20	<b>Data Quality (DQ) Assurance</b> BAS to speak with the Chairman/Chief Executive regarding a session on kite mark analysis at a future Board development day.	Associate Director of CG / Board Secretary 2020/225	1 February 2022	Session on kite mark analysis added to Board development session for 9 December. <b>Action closed.</b>
2.11.21	A.11.21.4	<b>Matters arising: Action Log Review</b> BAS and JM to meet to review the action log	AC Chair/Head of CG 2021/38	1 February 2022	Review meeting took place on 30.11.21. Action log reviewed, streamlined and updated. Actions closed at previous meeting now added as Appendix 1. <b>Action closed.</b>
2.11.21	A.11.21.5	<b>Sector Update and Benchmarking (standing item): Annual report and Accounts 21/22</b> The timing of the AC sign off meeting for the AR and Accounts 21/22 is currently set for 24 May 2022 and needs to be revised to June to coincide with the proposed submission date of 22 June 2022. An	Corporate Governance Officer 2021/39	1 February 2022	Meetings in process of being finalised. Proposals are 3 May for informal AC meeting. 15 June for AR and Accounts sign off. 21 June for Board approval.

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
		informal meeting for the AC members to review the accounts to be scheduled.			
2.11.21	A.11.21.10	<b>Update on recommendation from BH/42/20 nursing assessments and care plans</b> BAS agreed to contact the Chair of the Quality & Patient Safety Academy to propose this is discussed in detail at their next meeting.	AC Chair 2021/40	1 February 2022	BAS and JP met with the Chief Nurse and members of her team on 21.12.21 and discussed this item in detail. Outcome was that no requirement for the Chief Nurse to attend AC on 1 February where BAS will provide an update to AC under matters arising. <b>Action closed.</b>
2.11.21	A.11.21.11	<b>Update on recommendations from BH/48/19 - Asset Management; Stock, Stores and Inventory</b> MH agreed to discuss with KR offline how to close off the recommendations.	Director of Finance 2021/41	1 February 2022	
2.11.21	A.11.21.12	<b>Internal Audit progress report</b> BAS confirmed that in the absence of KD he would suggest the Ockenden audit report is discussed at a future Quality & Patient Safety Academy meeting.	AC Chair 2021/42	1 February 2022	
2.11.21	A.11.21.13	<b>Follow up of Internal Audit Recommendations</b> MH suggested adding to the report the recommendations that were closed down in the last reporting period to give an overview of progress.	Internal Audit Manager 2021/43	1 February 2022	
2.11.21	A.11.21.14	<b>Annual Internal Audit performance review</b> MH agreed to provide an update report to the next Audit Committee.	Director of Finance 2021/44	1 February 2022	1.2.21 - Item included on the agenda. <b>Action closed.</b>
2.11.21	A.11.21.16	<b>Counter Fraud Progress Report update</b> The Annual Report & Anti-Fraud, Bribery and Corruption Policy required sign off by the AC Chair.	Chair of AC 2021/45	1 February 2022	Policy approved and submitted for upload to Trust intranet site on 29 November 2021. <b>Action closed.</b>
2.11.21	A.11.21.17	<b>Exception reports: Schedules of losses and special payments</b> It was agreed to circulate the excel files via email going forward.	Corporate Governance Officer 2021/46	1 February 2022	Excel files were circulated on 5.11.21. <b>Action closed.</b>

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
2.11.21	A.11.21.19	<b>Draft 2019/20 Charitable Funds Annual Report and Accounts (ARA)</b> It was agreed to arrange a date for the committee to review the Charity Accounts and associated documents via email prior to the November Board of Directors.	Associate Director of CG/Board Secretary 2021/47	1 February 2022	Charity AR and Accounts 2019/20 reviewed by AC via email and submitted to November Board for approval. <b>Action closed.</b>
2.11.21	A.11.21.22	<b>Progress on Charitable Funds Annual Report and Accounts 2020/21</b> MQ confirmed that two more meetings via email would need to take place to approve the accounts.	Associate Director of CG/Board Secretary 2021/48	1 February 2022	Charitable Funds Committee, at extraordinary meeting held 11.01.21 approved the AR and Accounts 2020/21. Presented for Board approval on 20 January 2022. <b>Action closed.</b>
2.11.21	A.11.21.23	<b>Proposed changes to Scheme of Delegation/Standing Financial Instructions</b> LP noted that a full review will take place to ensure the new CBU structure is incorporated into the report which will be presented at the February meeting.	Associate Director of CG/Board Secretary 2021/49	1 February 2022	1.2.22 – item added to the agenda. <b>Action closed.</b>
2.11.21	A.11.21.27	<b>Clinical Audit Annual Report</b> BAS suggested that the paper goes to the next Quality & Patient Safety Academy as per the recommendation on page 6 of the paper for consideration and approval.	Chair 2021/50	1 February 2022	Document provided to the Academy on 24 November. <b>Action closed.</b>
2.11.21	A.11.21.28	<b>Clinical IT Applications assurance</b> PR to provide a proposal/matrix in four weeks for review. <i>Post-meeting note added by the AC Chair to agenda item A.11.21.29 : Given that we have now considered data quality assurance as one aspect of assurance with regard to Clinical IT Application Assurance, the Audit Committee has requested that Data Quality form an intrinsic part of the Chief Digital and Information Officer's response under this action.</i>	Chief DIO 2021/51	1 February 2022	1.2.22 - Item included on the agenda. <b>Action closed.</b>
2.11.21	A.11.21.29	<b>Joint Venture Board and third party assurance</b> MH will provide a report to the February meeting which will include a summary of the inspection and highlights the recommendations.	Director of Finance 2021/52	1 February 2022	1.2.21 Item included on the agenda. <b>Action closed.</b>



Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
2.11.21	A.11.21.31	<b>Audit Committee Annual Report to Board</b> The report which would now be presented to the Board of Directors.	Associate Director of CG/Board Secretary 2021/53		Received by the Board on 18 November 2021. <b>Action closed.</b>
2.11.21	A.11.21.33	<b>Audit Committee annual self-assessment</b> It was discussed at the last meeting as to whether this added any additional value to the normal standard self-assessment that we undertake. MH agreed to pursue this further with HKT and feedback to the February meeting.	Director of Finance 2021/54	1 February 2022	1.2.22 - Verbal update provided by Director of Finance under agenda item A.10.21.33. <b>Action closed.</b>
2.11.21	A.11.21.33	<b>Audit Committee annual self-assessment</b> BAS agreed to circulate to JL and JP the standard checklist that we have used previously to populate those and, in due course, these can be reviewed to make any modifications.	AC Chair 2021/55	1 February 2022	1.2.22 – Update to be provided by Chair under agenda item A.10.21.33. <b>Action closed.</b>
2.11.21	A.11.21.33	<b>Audit Committee annual self-assessment</b> BAS requested an induction meeting around Audit Committee matters with the new NED appointee	Corporate Governance Officer 2021/56	1 February 2022	1.2.22 – New NED Sughra Nazir now in place. Chair of AC to contact Sughra for pre-meet/induction before AC meeting.
2.11.21	A.11.21.42	<b>Attendees for subsequent audit committee meetings</b> Karen Dawber, Chief Nurse invited to February meeting to provide an update on recommendations from BH4220 nursing assessment and care plans.	Corporate Governance Officer 2021/57	1 February 2022	Chief Nurse met with BAS and JP on 21.12.21 to discuss IA report. Further attendance at Committee not necessary. <b>Action closed.</b>
27.07.21	A.7.21.27	<b>Assurance Report: Clinical Audit high priority work plan</b> BAS stated that on the basis of this paper he	Associate Director of Quality 2021/36	1 February 2022	Following an assessment of agenda items at the AC review meeting held on 13 January 2022; BAS determined that this was no longer

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
		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.			required. <b><u>Action closed.</u></b>
06.04.21	A.4.21.4	<b>Matters Arising: BAF &amp; SRR</b> 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 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	Chair AAC 2021/012	22 April 2022	<i>Action 2020/234 consolidated into this action. .</i>  2.11.21 – Following the planned Board development session on 10 February to discuss the BAF and SRR the AC will consider outputs and what they require.

See Appendix 1 below for the actions closed at the meeting held 2 November 2021.

## Appendix 1

### Actions closed at the meeting of the audit committee held 2 November 2021

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
02.02.20	A.2.21.4	<b>Matters Arising</b> 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. <b><u>ACTION CLOSED</u></b>
13.10.20	A.10.20.18	<b>Board Assurance Framework and Strategic Risk Register</b> BAS, SU, JP and JHL to discuss further as the relevant ToR are written.	Chair of the AAC/NEDs/ Director of Strategy and Integration 2020/234	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 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. <b><u>ACTION CLOSED as consolidated with 2021/012</u></b>

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
06.04.21	A.4.21.6	<p><b>Charitable Funds Annual Report and Accounts 2019/20</b></p> <p>MQ stated that informal advice had been received from KPMG which agreed with the 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>	Director of Finance 2021/014	3 June 2021	<p>27.7.21 – MQ confirmed that correspondence has been received from Elsie Sykes confirming the position of the 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&amp;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</p> <p>2.11.21 - To be discussed at agenda items A.10.21.19, A.10.21.20 and A.10.21.21</p> <p><b><u>ACTION CLOSED</u></b></p>
06.04.21	A.4.21.19	<p><b>Cerner Report</b></p> <p>The Cerner report regarding EPR would be considered by the AAC in June and presented by the Chief Digital and Information Officer.</p>	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.</p> <p>2.11.21 - To be discussed at A.10.21.28</p> <p><b><u>ACTION CLOSED</u></b></p>
03.06.21	A.6.21.12	<p><b>Counter Fraud progress report</b></p> <p>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</p>	Counter Fraud 2021/23	19 October 2021	<p>2.11.21 - to be discussed at A.10.21.16</p> <p><b><u>ACTION CLOSED</u></b></p>

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
		place. SM confirmed that an update will be included in the next Counter Fraud Progress report due at the AC in October.			
03.06.21	A.6.21.15	<b>Exception reports: Schedule of losses and special payments</b> BAS requested that the updated procurement strategy is received at a future Audit Committee meeting.	Director of Finance 2021/26	19 October 2021	<b><u>ACTION CLOSED</u></b> as 2021/25 deals with the same issue.
03.06.21	A.6.21.20	<b>Other assurance functions (standing item)</b> 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	2.11.21 - to be discussed at A.10.21.30 <b><u>ACTION CLOSED</u></b>
03.06.21	A.6.21.23	<b>Assurance of the EPR system</b> 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	2.11.21 - to be discussed at A.10.21.28 <b><u>ACTION CLOSED</u></b>
03.06.21	A.6.21.25	<b>Data Quality (DQ) Assurance</b> 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	2.11.21 - to be discussed at A.10.21.29 <b><u>ACTION CLOSED</u></b>
27.07.21	A.7.21.14	<b>Update on recommendation from BH/42/20: Nursing Assessments and Care Plans.</b> The Chief Nurse is to be invited to attend the October Audit Committee to provide assurance.	Chief Nurse 2021/32	19 October 2021	2.11.21 - to be discussed at A.10.21.10. Due to the deferment of the meeting to November the Chief Nurse was unavailable to attend in person but provided a paper. <b><u>ACTION CLOSED</u></b>
27.07.21	A.7.21.15	<b>Update on recommendations from BH/48/19 - Asset Management; Stock, Stores and Inventory</b>	Chief Operating Officer	19 October 2021	2.11.21 - to be discussed at A.10.21.11. Due to the deferment of the meeting to November

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
		The Chief Operating Officer to be invited to attend the October Audit Committee to provide assurance.	2021/34		the Chief Nurse was unavailable to attend in person but provided a paper. <b><u>ACTION CLOSED</u></b>
27.07.21	A.7.21.16	<b>Annual Internal Audit performance review</b> 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	2.11.21 - to be discussed at A.10.21.14 <b><u>ACTION CLOSED</u></b>
27.07.21	A.7.21.29	<b>Audit Committee annual self-assessment</b> 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	2.11.21 - to be discussed at A.10.21.33 <b><u>ACTION CLOSED</u></b>