

AUDIT COMMITTEE MEETING MINUTES

Date	Tuesday, 1 st February 2022	Time	14:00-16:00
Venue	Virtual Meeting	Chair	Barrie Senior, Non-Executive Director

Present	<ul style="list-style-type: none"> Mr Barrie Senior, Non-Executive Director, Chair (BAS) Mr Jon Prashar, Non-Executive Director (JP) Ms Sughra Nazir, Non-Executive Director (SN)
In Attendance	<ul style="list-style-type: none"> Mr Matthew Horner, Director of Finance (MH) Ms Helen Higgs, Audit Yorkshire (HH) Mrs Karina Rogers, Audit Yorkshire (KR) 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) Mr Steve Moss, Counter Fraud, Audit Yorkshire (SM) Mr Paul Hewitson, Deloitte (PH) Ms Pat Campbell, Director of HR (PC) ED in attendance and agenda item A.2.22.10 Dr LeeAnne Elliott, Deputy Chief Medical Officer (LE) (representing Ray Smith) for agenda item A.2.22.9 Mr Paul Rice, Chief Digital & Information Officer (PS) for agenda item A.2.22.21 and A.2.22.22 Ms Karen Dawber, Chief Nurse (KD) for agenda item A.2.22.11

No.	Agenda Item	Action
A.2.22.1	Apologies for Absence <ul style="list-style-type: none"> Ms Julie Lawreniuk, Non-Executive Director Dr Ray Smith, Chief Medical Officer 	
A.2.22.2	Declarations of Interest <p>There were no interests declared.</p>	
A.2.22.3	Minutes of the meeting held 2 November 2021 <p>The minutes were accepted as a fair representation of the meeting.</p>	
A.2.22.4	Matters Arising <p>The meeting noted that the greyed out items on the action log at Appendix 1 indicated those actions closed at the previous meeting. With regard to the actions due for consideration at this meeting the following updates were agreed.</p> <ol style="list-style-type: none"> 2020/219 – Annual External Audit Performance Review: MH provided an update on the constructive meeting that took place on how the overall audit had gone and the key learnings points. <u>Action closed</u> 	

	<ol style="list-style-type: none"> 2. 2021/007 – Counter Fraud Progress Report Update: The AC is asked to note that timesheets/overpayment is still a potential issue and one that might be addressed 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. <u>Action to remain open.</u> 3. 2021/013 – Sector update and benchmarking: Update on the log noted. <u>Action closed</u> 4. 2019/187 – Regulatory Compliance: Update on the log noted. <u>Action closed.</u> 5. 2021/26 – Exception reports: Schedule of losses and special payments. The latest draft of the procurement strategy went to the December F&P Academy. Further iterations will be provided to the March 2022 academy regarding the KPIs, consolidating services and the right model going forward. The Academy agreed that Pharmacy would not come under this umbrella. An update will be provided at the April AC meeting. <u>Action to remain open.</u> 6. 2021/31 – Update on recommendations from BH/42/20: JP and BAS discussed progress with the Chief Nurse on 21.12.21 and were reassured. Follow up audits by Internal Audit have been scheduled. <u>Action closed.</u> 7. 2021/33 – Update on recommendations from BH/48/19: An update on progress was received at the last meeting from the Chief Operating Officer. A follow up with Internal Audit is underway with the report due at April AC meeting. <u>Action closed</u> 8. 2020/225 – Data Quality (DQ) Assurance: To be discussed at agenda item A.2.22.22. <u>Action closed</u> 9. 2021/38 – Matters arising action log review: Action log has been streamlined. <u>Action closed.</u> 10. 2021/39 – Sector update and benchmarking annual report & accounts 21/22: A full list of dates of AC meetings for remainder of the year has been circulated. <u>Action closed.</u> 11. 2021/40 – Update on recommendations from BH/42/20: BAS and JP met with the Chief Nurse on 21.12.2. <u>Action closed.</u> 12. 2021/41 – update on recommendations from BH/48/19: Internal Audit follow up is underway. <u>Action closed.</u> 13. 2021/42 – Internal audit progress report: Regarding the delay to the Ockenden Internal Audit; the Chief Nurse had confirmed that executive management activity to address the Ockenden report and its recommendations was underway. As a result of the CQC commentary on Maternity; fast and effective action has taken place. <u>Action closed</u> 14. 2021/43 – follow up of internal audit recommendations report: MH advised that an additional line covering audit recommendations closed since the previous Audit Committee has been added into the internal audit report. <u>Action closed</u> 15. 2021/44 – annual internal audit performance review: To be discussed at agenda item A.2.22.14. <u>Action closed.</u> 16. 2021/45 – counter fraud progress report update: Documentation confirming approval has been received and Policy was submitted for upload to Trust intranet site on 29 November 2021. <u>Action closed</u> 17. 2021/46 – exception reports; schedules of losses and special payments: The excel documents would in future be sent via email as due to the embedded documents which are not accessible via Team Engine. <u>Action closed</u> 	
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A.2.22.5	<p>Sector Update and Benchmarking (standing item)</p> <p>NR confirmed that once the Q3 report is received by Deloitte the benchmarking report will be produced. The sector update is included within the audit plan at agenda item A.2.22.7</p>	
A.2.22.6	<p>Process paper; key lines of enquiry work sector update and benchmarking</p> <p>MH provided a brief overview of the paper. MH advised that key lines of inquiry from the document have been drawn out and pulled together by Audit Yorkshire. Our Trust has self-assessed with the vast majority of the work undertaken by finance colleagues. Wider engagement is required but MH suggested a pause on this with a view to re-visiting later in the year once the Trust has settled back into 'business as usual'. There would then be a focus on how colleagues within the CBU's feel the engagement is evolving with the finance team, particularly in light of the work that is on-going around future focussed finance ambitions in terms of our accreditation status as a finance team. MH confirmed that this will continue to be monitored within the finance team however there may be opportunities for</p>	<p>Director of Finance 2022/001</p>

	<p>input from Internal Audit.</p> <p>BAS queried if there were actions planned along with time scales to address medium or low assurance levels and any risks that arise. MH confirmed that at present there are no actions planned. The situation facing the Trust at the present time with the pandemic has driven some of the medium and low assurance however, once a normal reporting routine is re-established we will probably see some of these move into the higher ones. BAS noted the gaps around assurance in the budgeting area and queried if there are any risks or unknowns that should be highlighted. MH confirmed that the budgeting ones refer to the ongoing interaction with finance. The process hasn't been in place for the last 12 months hence, the suggestion of a pause. So, whilst there isn't an explicit action plan against these it is more of a timing issue. BAS requested that once this document is fully populated, our Internal and External Audit colleagues' should review for their views and any challenges they wish to offer.</p> <p>The Committee noted the paper</p>	<p>Internal and External Audit 2022/002</p>
A.2.22.7	<p>External Audit Annual Plan 2021/22</p> <p>PH provided an overview of the paper presented. He drew attention to the following within the report:</p> <ul style="list-style-type: none"> • Page 11 of the paper relating to materiality and his estimate for the current year of £10.2m based on the information they have received so far. PH advised that he is continuing to use a forecast of 2% for revenue as our benchmark which is consistent with the prior year and is consistent with their approach across the sector. The threshold for general audit committee reporting is currently £300,000. The Committee agreed with the threshold. • Page 12 of the report relates to the scope of work for the year which remains unchanged from last year which includes the financial statements order, value for money audit and governance statement. Deloitte has been advised that the guidance has permanently been withdrawn and so there is no longer a need to audit the Quality Account; Deloitte would expect this to be clarified in writing. • Page 15 of the report relates to the significant risk dashboard which highlights the areas that are most judgemental and most likely to give rise to a material error or misstatement. Items included are capital expenditure, management override of controls which is a mandatory audit risk. PH emphasised that he does not have any evidence or actual suspicion that management are fraudulently reporting but he is required to assume that the risk exists and ensure that the procedures to address that risk are in place. • Page 18 of the report relates to value for money and, due to the changes in the guidance last year, a more in depth report is required. Work will need to be undertaken to understand whether or not there is significant weakness by the time Deloitte sign off the financial statements and then the long form report follows. At present no significant risks to the delivery of value for money have been identified. • Page 25 of the report relates to the new changes to fair pay disclosure which will need some forethought to derive the information to include within the draft financial statements. • Page 26 of the report relates to the introduction of IFRS 16 regarding accounting for leases which is being reviewed. There is an expectation 	

	<p>of some disclosure which will be included in the financial statements. MH confirmed that the Trust has a sustainability group in place which considers some of the risks and a green summit also took place virtually which looked at some of the issues we are facing.</p> <ul style="list-style-type: none"> • PH moved to Pages 30 and 31 of the report relate to Deloitte's responsibilities and representations on fraud. PH confirmed that he is still independent of the Trust and can still provide an independent auditors option. The process has not identified any relationships with the Trust or its directors or senior officers that would compromise that. • Page 33 of the report relates to the independence of and fees due to Deloitte. Agreement still needs to be reached on the additional fee for the investments work that is now part of the scope. An additional fee for translation work still needs to be agreed with the finance team. <p>BAS thanked PH for his comprehensive update and the Committee noted the contents of the paper.</p>	
A.2.22.8	<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.2.22.9	<p>BH/26/2022 Consent: Limited Assurance IA report</p> <p>BAS welcomed LE to the meeting. LE provided an update on the limited assurance received for the audit on BH/26/2022 Consent.</p> <p>LE advised that there had been some challenges around audit particularly in the last couple of years. It was recognised that there wasn't a suitable module within EPR that could be utilised therefore there was a hybrid setup and consent stayed as a paper record. Due to the pandemic and more virtual work with patients taking place this caused issues in gaining and documenting consent. A way forward has been agreed which includes a review of processes and whether there is now an option for electronic recording of consent possibly using alternative modules on the market. BAS queried why such a core discipline wasn't part of the EPR Cerner package. LE confirmed that it wasn't available at the time of implementation but further discussion with Cerner will be taking place to ascertain if this is now available.</p> <p>Patient information was also flagged as part of the audit with regard to hard copy paper information. Users of EPR needed reminding as we move into the virtual world that they need to document what paper information has been completed. There is a plan in place to include a local review of audit for consent into the Trust's high priority audit programme going forward with all of the CBUs and Specialties. JP queried why this issue hadn't been picked up earlier with Cerner. He supported the plan to contact them as a matter of urgency to see if there is a solution or, if we need to look at installing a separate IT system although this option, he commented, did not seem to be the optimum way forward.</p> <p>BAS highlighted the two target dates for audit recommendation completion for as being September and queried if these cannot be completed sooner. LE confirmed that once we restart electives we should have a better idea of our position. BAS questioned whether we have sufficient mechanisms in place to compensate for those recommendations not being actioned. LE</p>	

	<p>felt that they did and confirmed that the Clinical Outcomes Group has refreshed their focus and enthusiasm on this issue with the appointment of a new Chair of the group. It was hoped that this matter is resolved as quickly as possible on a prioritised basis. KR confirmed that the limited assurance report would follow the normal process and be followed up accordingly.</p> <p>The Committee confirmed it was assured with regard to the report received from LE and BAS thanked her for attending the meeting.</p>	
A.2.22.10	<p>BH/25/2022 Fixed term contracts: Limited Assurance IA Report</p> <p>PC provided an update on progress to date. She confirmed that this was an audit she had requested to be included in the internal audit plan for HR due to an employment tribunal case that took place approximately two years ago associated with the ending of a fixed term contract. PC advised that the process regarding fixed term contracts sits within two separate sections of the HR department and the audit highlighted a lack of clarity in terms of who was responsible for which parts. Changes have been made to the process and a monthly report, showing fixed term contracts due to expire in 3 months, is now circulated to the HR business partners and the HR secretary for their specific areas which will then in turn be sent to the relevant managers. An automated email is also sent to managers to remind them of expiry dates of fixed term contracts. The system tends to fall down where there are ad hoc contracts with no nominated manager. The 29 individuals who had gone beyond their contract without formal extension have now been resolved. The recommendation target dates are due February/March. PC confirmed that the new process is in place with the first report going to managers later in February 2022. The fixed term contract guidance needs reviewing and re-dating as there have been no legislative changes that impact the guidance.</p> <p>The Committee accepted and noted the assurance provided.</p>	
A.2.22.11	<p>BH/27/2022 ReSPECT: Limited Assurance IA Report</p> <p>KD joined the meeting and was welcomed by BAS. KD provided some background on the Liverpool Care Pathway (LCP) that was previously used with regard to ReSPECT, however without much success. KD advised that work was undertaken to transition patients into another way of recording people's wishes for end of life care. The Trust has a palliative care team, end of life care plans and a system to flag these wishes on EPR. The National Resuscitation Council developed a document called the Respect Care Plan which focuses on the communication tool with families, patients and clinicians. It usually takes around two years to implement ReSPECT within an organisation and a decision was taken to implement it as a system across the city of Bradford. This journey started just before the pandemic and there have been some issues around the different electronic systems that are used for storing data around our PLACE system. It was agreed to roll out the system by the go live date of 31 October 2020 so any new patients would be added to the system using the ReSPECT documentation. The document is predominantly paper-based but it is available as an electronic editable document on System One but not on Cerner EPR. A paper-based record causes several issues in that there is no way currently for a GP to flag ReSPECT documents that would then be highlighted on our Trust EPR system. Work has taken place to investigate the issues and to</p>	

	<p>find a solution which would be for Cerner to upload the national respect documents onto EPR. Cerner is however reluctant to implement this until Calderdale and Huddersfield go live.</p> <p>KD advised that the Nurse Consultant for Palliative Care will be heading up the project to focus on the rollout of ReSPECT within our own organisation which should help us to address the points in the audit. KD reiterated that patients are still receiving end of life care even though the ReSPECT documentation may not have been completed and, work is ongoing with Clinicians to remind them to tick the red flag within EPR and, focus will remain on embedding the use of the documentation going forward.</p> <p>BH/29/2022 Process and harm free care; nutrition and hydration: Limited Assurance IA Report</p> <p>KD confirmed that any issues are regularly flagged to the executive team. The governance surrounding nutrition, at a trust wide level, will be reviewed and incorporated into the new head of dietetics job description to replace the current incumbent who is retiring in June. The lead allied health professional will be part of the review of the governance, terms of reference and, how we embed practices in. KD felt that the audit of the 260 patients did not reflect the spot audit of 20 patients undertaken recently which is more reflective of our position to date. KD has undertaken her own review of a selection of patients using EPR to identify them. It was noted that due to staff shortages there are still problems arising with the matrons focus and attention on how wards are performing against these risk assessments. The risk assessments have to be completed and a number of rapid improvement measures are planned for staff with a re-audit to be undertaken imminently with the help of Internal Audit.</p> <p>JP questioned if the restrictions on visiting actually aid this work on diet and nutrition or whether they make it harder. KD confirmed that a lot of patients were relying on family members bringing food in for them which is now not permitted. Work is ongoing through the estates and facilities team to review the menus and the provision of food to both children and adults. She noted that when a family member comes into hospital to help feed a patient this is not always documented within the patient's notes.</p> <p>JP further queried how we rise to the challenge of culture, poverty and learning disabilities and the different equality strands across our region and to what extent the changes in focus and staffing in the future might allow us to do things differently. KD confirmed there is a great degree of cultural diversity with regards to different dietary needs for patients. KD advised that discussions have recently taken place about restarting the surgical elective pathway in three weeks and, if we could do something different with meals and diet to encourage people to eat more nutritious foods.</p> <p>BAS appreciated the staffing levels and workload but noted that the target dates in response to the recommendations seemed quite a long way off and queried whether progress could be made sooner. KD advised that as the new Head of Nutrition would not be starting until later in the year, this had informed the completion dates for the recommendations. The business case for the dietitian that links to the menus could be implemented sooner to put it back into the planning round for 2022/23 although funding for the post internally is not available from the CBU's and care groups however further</p>	
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	<p>discussion will take place with regard to this. The re-audit and MUST risk assessments need to be implemented as soon as possible. Care planning will be implemented once we get staffing back up to full capacity.</p> <p>The Committee noted the reports and confirmed it was assured with the action plans.</p>	
A.2.22.12	<p>Internal Audit Progress Report</p> <p>KR summarised the following key messages contained within the report and the AC noted the following key points.</p> <ul style="list-style-type: none"> • There were 15 finalised reports with; two high assurance reports, seven significant assurance reports and, four limited assurance reports. Two reports did not require an opinion to be provided. • Changes to the internal audit plan for this year in relation to cancellation and deferrals due to workloads and staff absences needed to be considered and approved by the committee. Internal audit has been flexible in regard to carrying days forward but the aim is to utilise the days we have available. 580 days are planned but to date only 358 have been used. KR confirmed that this reflects approximately 62% completion of the plan. Compared to this time two years ago there was a 59% completion rate and as such we are actually in a better position now. A few reviews have been pushed back into Q4 but there is nothing to suggest at present that more audits will be pushed back. KR cautioned that we do not want to lose any audits that would form a key part of the internal audit opinion. • Meetings have taken place with each of the EDs to develop a 3 year strategic plan which is now being drafted for review at the ETM in its entirety. The draft report will be brought to the April audit committee. There will be an allocation of days in year 2 and 3 for ad hoc items but the plan will be revisited and reviewed for the forthcoming year. • Key performance indicators are still within the target. • Full finalised reports were taken as read by the committee. • High assurance reports were received for the Management of Patient Flow and, Ockenden. BAS complimented the staff in maternity on their work and the clean report from Internal Audit. <p>The Committee noted the update and the assurance provided.</p>	
A.2.22.13	<p>Follow up of Internal Audit Recommendations</p> <p>The Committee noted the update and the assurance provided.</p>	
A.2.22.14	<p>Annual Internal Audit performance review</p> <p>MH provided an update on the results of the survey undertaken last year across all NEDs and a small group of EDs which, he stated, had a low response rate. From the questions asked the outcomes were positive. In addition, internal audit undertook a self-assessment which was independently assessed by CIPFA. The results were positive with a clean bill of health. Noted in the progress report were the deliveries of the KPIs which in the vast majority are always 100%. The various aspects of evidence from internal audit indicate that there are no concerns in relation to internal audit performance.</p>	

	The Committee noted the verbal update.	
A.2.22.15	<p>Exception reports: Schedules of losses and special payments</p> <p>BAS queried the position to date regarding preventing, recovering or, writing off overseas debt. MQ confirmed we are working closely with the CCG and border control to understand the possibility of recovering the debt. MQ advised that at the next meeting there will be more requests for write-offs for overseas debt. MQ stated that the finance team was working with external debt collectors to recover debt and also with other local trusts to identify those who may be using other services. MQ further confirmed there is still a large number outstanding.</p> <p>The Committee noted the report.</p>	
A.2.22.16	<p>Appropriateness of single source tenders</p> <p>MQ provided a verbal update on single source tenders. The Committee noted the verbal update and the assurance provided.</p>	
A.2.22.17	<p>Proposed changes to Scheme of Delegation/Standing Financial Instructions</p> <p>MH provided a comprehensive overview of the paper and the proposed amendments to the scheme of delegation and standing financial instructions. BAS queried the option of giving people the sole authority up to a particular financial level and if this was usual practice. MH explained that this was the practice that has been in place for a number of years in the organisation. The process has been brought more in line with the CBU accountability framework with some of the thresholds being tweaked to tidy it up. The committee was advised that MQ has spoken to a number of Trusts about their delegations and there was nothing that was outweighed from theirs. It was further noted that other Trusts have decided to bring their standing financial instructions in line with ours.</p> <p>BAS queried the approval for pre-repayment. MQ explained the process and confirmed that some contracts requested a pre-payment in order to receive a discount and cited as an example maintenance contracts.</p> <p>The Committee approved the changes proposed.</p>	
A.2.22.18	<p>Suspension of Standing Orders/Standing Financial Instructions (standing item)</p> <p>MH confirmed that there was nothing to report on this item.</p>	
A.2.22.19	<p>Other assurance functions (standing item)</p> <p>LP confirmed that there was nothing to report on this item.</p>	
A.2.22.20	<p>Board Assurance Framework and Strategic Risk Register</p> <p>The Committee noted that both documents presented are subject to regular</p>	

	<p>scrutiny by ETM, the Academies, Board of Directors and the Audit Committee. BAS commented on the significant improvement that has been seen in the monitoring of the risk register and the BAF, with more focus from the executive management team and the academies and the audit committee. LP confirmed that the continued development of the risk register is a longer term piece of work and a board risk workshop with the Good Governance Institute has been arranged for the 9th February 2022. Following the workshop it is anticipated that there will be further development of the BAF along with the Trust's strategic risks. These will need to be agreed with the executive directors for approval at the March Board and will be included in the report to the April Audit Committee to provide assurance on the process for the new BAF. The new BAF template is expected to be used from May 2022 onwards.</p> <p>The Committee noted the update and the assurance provided.</p>	<p>Board Secretary 2022/003</p>
A.2.22.21	<p>Assurance – key IT systems</p> <p>BAS advised that approximately a year ago the Audit Committee received and considered a KPMG service auditor report. KPMG had undertaken an independent review, on behalf of Cerner to review and provide assurance around the controls within and surrounding the Cerner electronic patient record (EPR) application. The discussions held at that time with the Chief Digital & Information Officer covered other key applications that the Trust uses.</p> <p>From the report now received, BAS focussed on the 11 applications highlighted and referenced their risk scores and the two actions taken. He asked PR to expand on these to provide more clarity.</p> <p>PR explained that the Trust relies on the Cerner system as our main EPR, but there are a significant number of other clinical systems and corporate systems relied upon. He confirmed the Data Security and Protection Toolkit (DSPT) provides confidence in relation to cyber security and the environment within which we maintain all of these systems. The report aims to secure additional assurance in relation to functional performance of these systems of which there are 150 plus in total. The team attempts to describe what each of the systems do and discussions took place with colleagues across the patch about which they regarded as the systems of greatest import and that information was used to populate the report. The risk score was derived from the basis of how functionally capable those systems are in that they do the job that we currently rely upon them to do. We are in the process of engaging an organisation called Nautilus Consulting and the intention is for them to do the analysis of the top 11 systems identified in the report. They will consider if the system is fit for purpose and confirm that the key controls are in place. PR confirmed that Nautilus will complete the work in 6 to 8 weeks and the output would come back to the Audit Committee. PR further confirmed that he was in discussions with internal audit to seek additional assurance from the peer comparison work carried out.</p> <p>BAS queried whether the BadgerNet neonatal EPR and the command centre should be added to the list. PR stated that the maternity item will be moved across to Cerner in March and therefore will not rely on BadgerNet.</p>	<p>Chief Digital & Information Officer 2022/004</p>

	<p>A different programme of work is currently being led by the Director of Operations, Unplanned Care Group, called the 'outstanding decision making programme' with GE Healthcare about the data supporting the Trust's Command Centre. Nautilus will also be involved in some of the data warehousing and data assurance piece. This work is more appropriately undertaken as part of the outstanding decision making programme rather than as one of the IT applications.</p> <p>JP commented that, it would be worth elaborating on those actions in the body of any future reports. JP sought clarity in terms of; the functionality of Cerner with regard to the issue of 'consent' (as highlighted in the report provided earlier in the meeting) and; if there were any increased risks with staff working outside the firewalls as they work remotely. PR confirmed that asset tracking is in place to keep a register of assets off site. In the future the Trust is considering the use of RFID technology under scan4safety to label the hardware both externally and internally to monitor movement of assets. The Trust has many levels of security in relation to authenticating someone coming into our environment and how they operate and work within it. The pressure is often on people's home WI-FI in terms of the quality of their connection. Whether someone is working on site or at home they should ensure they comply with the applicable policies around data protection and information governance.</p> <p>With regard to the consent issue; it was noted that the management of consent is not hard coded into the EPR system. BAS queried whether this was something that could be set up in EPR and added to the list of preferred enhancements and modifications required. PR agreed that he would investigate this further and work with the relevant staff where required.</p> <p>The Committee noted the update and the assurance provided</p>	
A.2.22.22	<p>Data Quality (DQ) Assurance</p> <p>BAS opened by suggesting that a slot on data quality and assurance be added to a future Board development session in order to gain a higher level of understanding. LP confirmed that a session will be arranged at a future NED discussion forum.</p> <p>PR provided an overview on how one could gain a higher level of understanding and assurance with regard to key data quality within the Trust. He advised that there are at least two material factors - human interaction with technologies and the extent to which the technologies are enabling or organically disabling in this regard. The history of data quality specifically relates to the electronic patient record. We have had a series of challenges historically about the investment of a 'black box' product. Work is ongoing to replace the current product with a solution called 835. The intention is to ideally have completed that work by the end of March, but it might take a little bit longer and it will come alongside our refresh and update of our policies in relation to data and the management of data and, more particularly, our educational resources as well. Currently we are evaluating all of these over the next three to six months. PR suggested he provide an update on replacing the underlying tooling and the educational packages to colleagues, at a future audit committee meeting.</p> <p>The Committee noted the update.</p>	<p>Board Secretary 2022/005</p> <p>Chief Digital & Information Officer 2022/006</p>

A.2.22.23	<p>Audit Committee annual self-assessment</p> <p>BAS advised that previous annual self-assessments have used the checklists available in the HMFA audit committee handbook. Discussion has taken place at previous meetings and the conclusion is to continue to use the checklists but seek potentially to improve this at a future meeting. A meeting is in the process of being arranged to discuss and collate the responses to the checklist and to plan the way forward with regard to three principal findings:</p> <ul style="list-style-type: none"> • The Audit Committee place in the governance structure under the new arrangements • Data Quality Assurance • The Board Assurance Framework <p>JP suggested for future reference the checklists are sent in the body of an email for ease of access. LP agreed to look at the possibility of the assessments being completed using survey monkey or smart survey as this will also collate the results. The results of the upcoming meeting of Audit Committee members plus LP will be reported back to the April meeting.</p>	<p>Corporate Governance Officer 2022/007</p> <p>Board Secretary 2022/008</p> <p>AC Chair 2022/009</p>
A.2.22.24	<p>Pathology Joint Venture third party assurance</p> <p>MH provided an update on the paper which had been requested at a previous Audit Committee meeting seeking independent third party assurance on some of our larger contracts. Pathology was one that had an independent accreditation undertaken by the UK Accreditation Service. The summary report identifies what has been evaluated and assessed. MH credited the Pathology Joint Venture for achieving full accreditation in September 2021. The Committee wished to pass on their commendation to the team and MH agreed to do this.</p> <p>The Committee noted the report and the assurance gained.</p>	<p>Director of Finance 2022/010</p>
A.2.22.25	<p>Assurance Report from Committees/Academies</p> <p>The Committee noted the reports and confirmed it was assured with regard to the contents.</p>	
A.2.22.26	<p>Policy on policies review</p> <p>LP confirmed that the policy, now titled 'The Development and Management of Trust-Wide Policies and Procedures' was approved by ETM on 31 March 2022. The policy has been subject to a detailed review with the aim of making it clearer throughout and with more detailed information provided with regard to monitoring compliance. Monitoring compliance will be undertaken via quarterly updates and reviews with the executive team. An annual audit of 20 existing policies will take place which will be checked against a list of criteria contained within the policy. The policy sets out what individual policies need to include around monetary compliance and around which governance group compliance will be reported to. JP queried the</p>	

	<p>nature, process and meaningfulness of equality impact assessments and whether they add value to the business. LP confirmed that she had liaised with the Head of Equality, Diversity & Inclusion for the wording of the equality section of the policy. JP agreed that he would contact the Head of Equality and Diversity outside of this meeting to see how this was progressing and any possible areas for improvement.</p> <p>The Committee noted the update.</p>	<p>Jon Prashar, NED 2022/011</p>
A.2.22.27	<p>Any other business</p> <p>There was no other business to report.</p>	
A.2.22.28	<p>Matters to share with other committees</p> <p>There were no matters identified to share with other committees.</p>	
A.2.22.29	<p>Matters to escalate to SRR</p> <p>There were no matters identified to escalate to the SRR.</p>	
A.2.22.30	<p>Matters to escalate to the Board of Directors</p> <ul style="list-style-type: none"> For the Board to be sighted on the Cerner EPR list of add-ons to the system and how this is being prioritised and progressed. To advise of the plan to seek a slot at a future development session on data quality and assurance. 	
A.2.22.31	<p>Items deferred to subsequent meetings</p> <p>There were no matters identified to escalate.</p>	
A.2.22.32	<p>Attendees for subsequent audit committee meetings</p> <p>There were none identified.</p>	
A.2.22.33	<p>Review of meeting</p> <p>The committee noted the dates and times of the future meetings and this meeting was closed.</p>	
A.2.22.34	<p>Date and time of next meetings:</p> <ul style="list-style-type: none"> 12 April 2022 - 2pm to 5pm 24 May 2022 - 2pm to 5pm 15 June 2022 - 10am to 11am (annual report and accounts sign off) 26 July 2022 - 2pm to 5pm 11 October 2022 - 2pm to 5pm 	
A.2.22.35	<p>Private meeting with internal audit</p> <p>To be scheduled for the April meeting</p>	<p>Corporate Governance Officer 2022/012</p>
A.2.22.36	<p>Salary overpayment benchmarking</p>	

	<p>The purpose of this benchmarking report is to enable BTHFT to compare its performance in respect of salary overpayments against other organisations. BAS queried whether all instances of overpayment have been identified and what improvement actions have arisen in response to the results. MH agreed to review the report with colleagues to identify any actions to prevent, detect and recover overpayments.</p> <p>The committee noted the update.</p>	<p>Director of Finance 2022/013</p>
A.2.22.37	<p>Benchmarking of IA recommendations report</p> <p>The purpose of this benchmarking report is to enable each organisation to compare its performance in respect of implementing recommendations against other organisations in the Yorkshire and Humber region. BAS queried whether there was anything in terms of learning to identify opportunities for improvement. KR noted that follow up of recommendations due to operational pressures over the last 12 months have been hindered although Bradford hasn't had the MKI audit software for as long as other organisations so there may still be some teething problems for action owners accessing the system. Management seem to be acting on recommendations at acceptable or justifiable timescales. BAS queried whether there was stringent enough challenge when items are being requested to be rescheduled or deferred. MH advised that this did happen although there was not a formal process in place - this is usually a discussion between the lead executive and internal audit around the rationale for change.</p> <p>The committee noted the update.</p>	

Action log from the Audit Committee Meeting held 2 February 2022

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
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	April 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. 11.3.22 – item added to April agenda – <u>action closed</u>
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	April 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. 1.2.22 - latest draft of the procurement strategy went to December F&P Academy. Further iterations will be provided to the March 2022 academy re the KPIs, consolidating services and the right model going forward. Agreed pharmacy wouldn't come under this umbrella. Further update to be provided at April AC meeting. 11.3.22 – item added to April agenda – <u>action closed</u>
01.02.22	A.2.22.20	Board Assurance Framework and Strategic Risk Register Further development of the BAF along with the Trust's strategic risks, agreed with the executive directors for approval at the March Board, will be included in the	Associate Director of Corporate Governance / Board Secretary 2022/003	April 2022	11.3.22 – item added to April agenda – <u>action closed</u>

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
		report to the April Audit Committee to provide assurance on the process for the new BAF.			
01.02.22	A.2.22.22	Data Quality (DQ) Assurance BAS opened by suggesting that a slot on data quality and assurance be added to a future development session in order to gain a higher level of understanding. LP confirmed that a session will be arranged at a future NED discussion forum.	Associate Director of Corporate Governance / Board Secretary 2022/005	April 2022	CDIO attended NED discussion forum on 8.3.22 – <u>action closed</u>
01.02.22	A.2.22.23	Audit Committee annual self-assessment A meeting is in the process of being arranged to discuss and collate the responses to the checklist.	Corporate Governance Officer 2022/007	April 2022	Meeting arranged for 25.2.22 – <u>action closed</u>
01.02.22	A.2.22.23	Audit Committee annual self-assessment LP agreed to look at the possibility of the assessments being completed using survey monkey or smart survey as this will also collate the results.	Associate Director of Corporate Governance / Board Secretary 2022/008	April 2022	Future assessments can be circulated via Survey Monkey. Internal Audit have offered to support with this - <u>action closed</u>
01.02.22	A.2.22.23	Audit Committee annual self-assessment The results of self-assessment to be reported back to the April AC meeting.	AC Chair 2022/009	April 2022	11.3.22 – item added to April agenda – <u>action closed</u>
01.02.22	A.2.22.24	Pathology Joint Venture third party assurance MH credited the Pathology Joint Venture for achieving full accreditation in September 2021. The Committee wished to pass on their commendation to the team and MH agreed to do this.	Director of Finance 2022/010	April 2022	7.4.22 – MH to raise at Joint Venture Board meeting on the 8.4.22
01.02.22	A.2.22.35	Private meeting with internal audit To be scheduled at the end of the April AC meeting.	Corporate Governance Officer 2022/012	April 2022	11.3.22 – item added to April agenda – <u>action closed</u>
01.02.22	A.2.22.36	Salary overpayment benchmarking MH agreed to review the report with colleagues to identify any actions to prevent, detect and recover overpayments.	Director of Finance 2022/013	April 2022	7.4.22 - discussed at the last payroll services meeting in February (HR, Payroll and Finance involved) and the group is going to agree any actions to prevent, detect and recover overpayments in the next meeting (April

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
					meeting is cancelled and the next meeting is on 26 th May).
01.02.22	A.2.22.21	Assurance – key IT systems Nautilus Consulting will complete analysis of the 11 systems and confirm if they are fit for purpose and that the key controls are in place. The work will be completed in 6 to 8 weeks and the output would come back to the Audit Committee.	Chief Digital & Information Officer 2022/004	July 2022	
01.02.22	A.2.22.22	Data Quality (DQ) Assurance PR suggested he provide an update on replacing the underlying tooling and the educational packages to colleagues, at a future audit committee meeting.	Chief Digital & Information Officer 2022/006	July 2022	
01.02.22	A.2.22.26	Policy on policies review JP agreed that he would contact the Head of Equality and Diversity outside of this meeting to see how (Equality Impact Assessments) were progressing and if there were any possible areas for improvement.	Jon Prashar, Non-Executive Director 2022/011	July 2022	25.2.22 - Meeting took place EDI officer and the equality impact assessment process has been reviewed and we do have some good recent examples including fire safety. There is more work to do on getting ownership across the organisation of how these work and how they add to the business and the benefits. Confident that this is in hand and the process and outcomes are already improving. As part of the governance process it is picked up whether or not an equality impact assessment has been done in terms of a change to or a development of a policy function or procedure Action closed
01.02.22	A.2.22.6	Process paper; key lines of enquiry work sector update and benchmarking (Audit Yorkshire client briefing paper - Financial Management) Wider engagement (on key lines of enquiry required). MH suggested a pause on this with a view to re-visiting later in the year once the Trust has settled back into 'business as usual'.	Director of Finance 2022/001	October 2022	
01.02.22	A.2.22.6	Process paper; key lines of enquiry work sector update and benchmarking (Audit Yorkshire client	Internal and External Audit	October 2022	

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
		briefing paper - Financial Management) BAS requested that once this document is fully populated, our Internal and External Audit colleagues should review for their views and any challenges they wish to offer.	2022/002		

See Appendix 1 below for the actions closed at the meeting held 1 February 2022.

Appendix 1

Actions closed at the meeting of the audit committee held 1 February 2022

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
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	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. Action closed.
03.12.19	A.12.19.31	Regulatory Compliance The Committee noted that this paper assesses whether Policies are compliant rather than are staff complying with Policies but required further clarification from TC.	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. Action closed.
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	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. Action closed.
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 CG / Board Secretary 2020/225	1 February 2022	Session on kite mark analysis added to Board development session for 9 December. 1.2.22 – to be discussed on this agenda. Action closed
2.11.21	A.11.21.4	Matters arising: Action Log Review 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. Action closed.

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
2.11.21	A.11.21.10	Update on recommendation from BH/42/20 nursing assessments and care plans 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. Action closed.
2.11.21	A.11.21.14	Annual Internal Audit performance review 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. Action closed.
2.11.21	A.11.21.16	Counter Fraud Progress Report update 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. Action closed.
2.11.21	A.11.21.17	Exception reports: Schedules of losses and special payments 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. Action closed.
2.11.21	A.11.21.19	Draft 2019/20 Charitable Funds Annual Report and Accounts (ARA) 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. Action closed.
2.11.21	A.11.21.22	Progress on Charitable Funds Annual Report and Accounts 2020/21 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. Action closed.
2.11.21	A.11.21.23	Proposed changes to Scheme of Delegation/Standing Financial Instructions 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. Action closed.

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
2.11.21	A.11.21.27	Clinical Audit Annual Report 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. Action closed.
2.11.21	A.11.21.28	Clinical IT Applications assurance 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. Action closed.
2.11.21	A.11.21.29	Joint Venture Board and third party assurance 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. Action closed.
2.11.21	A.11.21.31	Audit Committee Annual Report to Board 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. Action closed.
2.11.21	A.11.21.33	Audit Committee annual self-assessment 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. Action closed.
2.11.21	A.11.21.33	Audit Committee annual self-assessment 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. Action closed.

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
2.11.21	A.11.21.42	Attendees for subsequent audit committee meetings 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. Action closed.
27.07.21	A.7.21.27	Assurance Report: Clinical Audit high priority work plan 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.	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 required. Action closed.
28.07.20	A.7.20.6	Annual External Audit Performance Review. 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. 1.2.22 - MH provided an update on the constructive meeting that took place on how the overall audit had gone and the key learning points. Action closed.
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 the October audit report.	Internal Audit 2021/33	1 February 2022	2.11.21 To be reviewed at February AC. 1.2.22 - update on progress received at the last meeting from SA. Follow up with internal audit underway with report due at April audit meeting. Action closed.
2.11.21	A.11.21.5	Sector Update and Benchmarking (standing item): Annual report and Accounts 21/22 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 informal meeting for the AC members to review the accounts to be scheduled.	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. 1.2.22 – meeting schedule updated. Action closed.

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
2.11.21	A.11.21.11	Update on recommendations from BH/48/19 - Asset Management; Stock, Stores and Inventory MH agreed to discuss with KR offline how to close off the recommendations.	Director of Finance 2021/41	1 February 2022	1.2.22 – internal audit follow up underway. Action closed.
2.11.21	A.11.21.12	Internal Audit progress report 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	1.2.22 - Delay in audit. KD confirmed that executive management activity to address the Ockenden report and recommendations was underway. Off the back of CQC commentary on maternity fast and effective action has taken place. Action closed.
2.11.21	A.11.21.13	Follow up of Internal Audit Recommendations 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	1.2.22 - MH produced a report on audit recommendations that have been closed since the previous audit committee. Additional line has been added into the internal audit report. Action closed.
2.11.21	A.11.21.33	Audit Committee annual self-assessment 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. Induction meeting in diary. Action closed.
06.04.21	A.4.21.4	Matters Arising: BAF & SRR 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	Action 2020/234 consolidated into this action. . 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. 1.2.22 – to be discussed at agenda item 20. Action closed.