

CONFIRMED AUDIT COMMITTEE MEETING MINUTES

Date	Tuesday, 12 April 2022	Time	14:00-17:00
Venue	Virtual Meeting	Chair	Barrie Senior, Non-Executive Director

Present	<ul style="list-style-type: none"> Mr Barrie Senior, Non-Executive Director, Chair (BAS) Mr Jon Prashar, Non-Executive Director (JP) Ms Julie Lawreniuk, Non-Executive Director (JL)
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 Nick Rayner, Deloitte (NR) Mr Mark Holloway, Director of Estates & Facilities - ED in attendance (MHol) Dr Paul Rice, Chief Digital & Information Officer (PR) -agenda item A.4.22.20 and A.4.22.21 Mr Sajid Azeb, Chief Operating Officer (SA) – agenda item A.4.22.22 Ms Judith Connor, Associate Director of Quality (JC) – agenda item A.4.22.19

No.	Agenda Item	Action
A.4.22.1	Apologies for Absence <ul style="list-style-type: none"> Ms Sughra Nazir, Non-Executive Director (SN) Mr Michael Quinlan, Deputy Director of Finance (MQ) Mr Paul Hewitson, Deloitte (PH) Mr Steve Moss, Counter Fraud, Audit Yorkshire (SM) 	
A.4.22.2	Declarations of Interest There were no interests declared.	
A.4.22.3	Minutes of the meeting held 1 February 2022 BAS asked for clarification on the last bullet point in A.2.22.7 - External Audit Annual Plan 2021/22 - <i>'agreement still needs to be reached on the additional fee for the investments work that's now part of the scope and an additional fee for translation work still needs to be agreed'</i> . NR confirmed that the investment work relates to the new investments the charity has set up and this has now been agreed. 'Translation work' relates to IFRS 16, and will require a disclosure of the expected impact on transition. The minutes were accepted as a fair representation of the meeting.	
A.4.22.4	Matters Arising 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 provided:	

	<p>1. 2021/007 - Counter Fraud progress report update RM advised that the offer from LCFS to work with Payroll, HR and Finance in relation to the timesheet overpayment had not yet been actively pursued and that it would be progressed. The Committee agreed that this action could be closed.</p> <p>2. 2021/26 – Exception reports BAS requested that the updated procurement strategy is received at a future Audit Committee meeting. <u>Action closed</u></p> <p>3. 2022/003 – Board Assurance Framework 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 report to the April Audit Committee to provide assurance on the process for the new BAF. <u>Action closed</u></p> <p>4. 2022/005 – Data Quality Assurance - BAS suggested 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. <u>Action closed.</u></p> <p>5. 2022/007 – Audit Committee annual self-assessment - A meeting took place on 25.2.22 to discuss and collate the responses to the checklist. <u>Action closed</u></p> <p>6. 2022/008 – Audit Committee annual self-assessment - The results of the self-assessment were collected by LP. Future assessments can be circulated via Survey Monkey with the support of Internal Audit. <u>Action closed.</u></p> <p>7. 2022/009 – Audit Committee annual self-assessment - The results of self-assessment are included on this meeting agenda. <u>Action closed</u></p> <p>8. 2022/012 – Private meeting with internal audit This is scheduled at the end of this meeting. <u>Action closed</u></p> <p>9. 2022/011 – Policy on policies review JP reported on his meeting with the Head of Equality and Diversity. JP confirmed that the equality impact assessment (EIA) process has been reviewed. There are some good recent examples including fire safety. More work is scheduled in relation to improving ownership across the organisation regarding the benefits of the EIAs and outcomes are already improving. As part of the governance process the completion of an EIA is identified as part of a policy review. <u>Action closed</u></p> <p>10. 2022/10 – Pathology Joint Venture third party assurance Commendations from the AC, for achieving full accreditation in September 2021, were communicated to the Joint Venture Board at their last meeting. <u>Action closed</u></p> <p>11. 2022/013 – Salary overpayment benchmarking - This was discussed at the last payroll services meeting in February (HR, Payroll and Finance were involved) and the group is going to agree any actions to prevent, detect and recover overpayments in their next meeting. <u>Action closed</u></p>	
A.4.22.5	<p>Sector Update and Benchmarking report</p> <p>NR confirmed that a sector update was not available. He did however confirm that a planning call regarding audit had taken place with the BTHFT finance team to highlight any issues that may arise during this year's audit and, to make the process simpler at year-end. Work relating to the IFRS 16 will take place this year for the first time and discussion has taken place with Deloitte and the finance team to establish the process and review work undertaken to date to enable Deloitte to commence work for the year-end.</p> <p>JP queried if there has been a discussion around the viability to complete the IFRS 16 work for year-end due to the current winter pressures. NR confirmed that the timeline has been extended this year across the NHS with the deadline for the signing of the accounts set for 22 June which NR confirmed was achievable.</p> <p>The Committee noted the verbal update.</p>	

A.4.22.6	Use of External Audit to Provide Non Audit Services (standing item) It was confirmed that there was nothing to report on this item.	
A.4.22.7	Internal Audit draft plan 2022-2025 BAS noted the paper and requested more insight into how we ensure that this plan is as complete and appropriate as it can be to our current and ongoing needs. JL added that we are missing 100 days from this year's plan but cannot see in next year's plan how this will be recovered. KR provided a recap on the process undertaken to date which included reviewing the strategic documents the Trust has, including the BAF, the risk register and bulletins/guidance issued from NHS England/Improvement. Issues with regard to Audit and the NHS have also been considered. Meetings have taken place with each BTHFT Executive Director to discuss aspects of their portfolios to see where they sit in terms of risk assessments. The draft plan was presented to the ETM for comments and prioritisation where required. The same level of days is proposed at 580 for the next three years although there will be additional days available if required. There are aspects in years two and three that have been allocated to individual reviews. This will be reassessed in a year to ascertain priorities. It was felt that this process provided a good level of assurance. Reviews marked for deferral in the current year have been earmarked for year 1 where necessary. Those that don't feature in the internal audit review have been risk assessed again with the audit sponsor and referral back to the risk register. The Trust has been unable to utilise 45-50 days due to staff being available to undertake those reviews and operational pressures within the organisation. The plan will be reviewed regularly to ensure that it is fit for purpose for future years. It was noted that the drop in levels of planned days undertaken operationally was in response to Covid issues. However, this was being brought back to a normal level in terms of the split of days across the plan. MH confirmed that the Executives are satisfied with the 3 year plan and an acceptance that certain audits will have to wait until year 2 or year 3. He felt that the balance was reasonably correct for the next 3 years and there was some tolerance to allow for the accommodation of issues that arise. The Committee approved the plan.	
A.4.22.8	Internal Audit Progress Report KR provided a summary of the report and the AC noted the following key points: <ul style="list-style-type: none"> • There are 12 finalised reports two of which provide a high level of assurance, 9 significant assurance and 1 is the follow up of internal audit recommendations. • There are 4 reports that are with management as draft reports. • The completed plan will be presented at the May AC meeting. • External deadlines have been moved to the end of June for the Data Security and Protection Toolkit 	

	<ul style="list-style-type: none"> One review requested to be deferred is the IT systems and software management audit. The Committee approved the deferral One audit to cancel is the review around the Covid vaccination hub which is no longer in operation and therefore it is considered that there is no value of an internal audit review. The Committee approved the cancellation. <p>KR asked the AC to note that a review of the IT systems and software management has been deferred to next year because of the external work that the Trust has commissioned. KR also highlighted the recent internal audit review of the old BAF that had taken place and confirmed that there will be a follow up review of the new BAF and risk management system once this has been embedded. She further asked the AC to note that that BAF is an integral part of the work undertaken by internal audit and helps to inform the Head of Internal Audit Opinion.</p> <p>The Committee approved the deferral/cancellations and noted the update.</p>	
A.4.22.9	<p>Follow up of Internal Audit Recommendations</p> <p>KR provided an overview of the paper and advised the AC that there have been 28 completed internal audit recommendations since the last report. There are a couple that remain overdue and some that have revised target dates. Discussions have taken place (involving KR and MH) in relation to the process regarding the follow up of internal audit recommendations and an extra layer has been added where a monthly report will be provided to share with colleagues on uploading progress and any completions that have taken place. KR confirmed that discussion takes place with the responsible office to finalise each of the reports and the realistic timescales and target dates expected. There are however unforeseen circumstances that arise which can cause target dates to be missed.</p> <p>BAS commented that there appeared to be a strong level of performance and compliance in spite of the pandemic. As such management is to be applauded for achieving the target dates they have.</p> <p>The Committee noted the update and the assurance provided.</p>	
A.4.22.10	<p>Counter Fraud progress report update</p> <p>The AC noted the report and the following key points from the discussion.</p> <ul style="list-style-type: none"> JL queried the survey response sample size of 62 out of approximately 5,000 staff which was not representative. RM concurred and stated that next year they would seek to ensure a better representative sample size and would consider targeted surveys of individuals from each department and focus groups for staff. RM stated that the completion of the survey takes the BTHFT counter fraud standards to green. RM agreed to feedback concerns via the functional standards return with the CFA and how we move forward into next year. BAS questioned whether, although unlikely, there was an opportunity to append the counter fraud survey to our annual staff survey. RM agreed to investigate this option. Over the last year a universal invitation to fraud prevention 	<p>Local Counter Fraud Officer A22014</p>

	<p>masterclasses has been provided to staff via the internet and staff newsletters. It was noted that these will become more targeted to specific departments with a bespoke presentation to include details about payroll procedures, interaction with HR, retaining wrongful credit and the laws around that. The masterclasses will have a wider spread of subjects to make them more specific and more applicable to the staff that are undertaking them.</p> <p>BAS queried if we have sufficiently up to date assurance as to both the Prevent and Detect controls in the three classic fraud areas of employment. payroll and creditor purchase ledger payments. RM referred to the statistics in those areas and confirmed they are extremely low or non-existent which would confirm that the Trust is well protected and everything is in place to ensure that continues going forward.</p> <p>KR further confirmed that in terms of financial transactions and payroll reviews - these audits are undertaken every year. Recruitment also features on the internal audit cyclical plan but from recent reviews there are no significant control weaknesses that have been identified. It was noted that if any issues arose around fraud controls Internal Audit would liaise with Counter Fraud.</p> <p>MH confirmed that RM regularly shares information on fraud that has been detected in other organisations which is then shared as part of the prevention of fraud.</p> <p>The Committee noted the paper.</p>	
A.4.22.11	<p>Exception reports: Schedules of losses and special payments</p> <p>In response to the report, BAS queried the figures relating to losses in overseas visitor payments and employment payments and MH agreed to circulate the figures to the Committee via email.</p> <p>It was noted that the volume of Single Tender Waivers (STW) seems to have increased and MH agreed to pick this up with the Head of Procurement to ascertain if there are any specific trends or concerns around this increase. MH felt that this could be in part due to the rigour that is put into the tendering process.</p> <p>BAS drew attention to the second page of the Estates Single Tender Waiver where narrative was missing. MHol confirmed that this was an error and vouched that the final version was complete. MHol further confirmed that there are three approval processes in place with the Estates & Facilities Department before information is provided to the procurement team.</p> <p>It was noted that some members of the AC could still not access the embedded documents due to the limitations of the iPad. JM agreed to contact MQ to seek a solution.</p> <p>The Committee noted the report.</p>	<p>Director of Finance A22015</p> <p>Director of Finance A22016</p> <p>Head of Corporate Governance A22017</p>

A.4.22.12	<p>Draft procurement strategy update MH advised that the draft procurement strategy is designed to ensure that the purchase of goods, works and services required by the Trust is handled in a transparent, timely and cost effective manner with due regard to purchasing best practice. The strategy is due to be approved by the Board of Directors.</p> <p>A discussion took place around the suggestion of a combined procurement system and the unavoidable differences between Trust and Estates that mean to some extent the procurement processes will remain distinct. Work is taking place between Procurement and Estates to understand the processes that are in place in other services to ensure smooth integration going forward. The key consideration in any consolidation is to ensure that we keep the continuity of the ability to tender, meet compliance and assurance.</p> <p>MH advised that procurement is heavily regulated and it may be that the professional procurement team provide support with regulatory compliance in Estates. MH further asked the AC to note that due to the policies, procedures and procurement systems our Trust has in place we are rarely challenged by a potential supplier.</p> <p>MH stated that this document signposts the areas of work that the procurement team will cover over the next 3 to 5 years. The Procurement Oversight Group will monitor delivery against a more detailed workplan that is being developed.</p> <p>Further to the discussion the Committee noted the need for a supporting detailed plan.</p> <p>The Committee noted the update in the context of the Finance and Performance Academy's recommendation to the Board for approval.</p>	
A.4.22.13	<p>Appropriateness of single source tenders MH provided a verbal update on single source tenders. The Committee noted the verbal update and the assurance provided.</p>	
A.4.22.14	<p>Proposed changes to Scheme of Delegation/Standing Financial Instructions (standing item) There was nothing to report on this item.</p>	
A.4.22.15	<p>Trust compliance with Standing Orders, Standing Financial Instructions, Scheme of Delegation (standing item) There was nothing to report on this item.</p>	
A.4.22.16	<p>Suspension of Standing Orders/Standing Financial Instructions (standing item) There was nothing to report on this item.</p>	
A4.22.17	<p>Other assurance functions (standing item) There was nothing to report on this item.</p>	

<p>A.4.22.18</p>	<p>Board Assurance Framework and High Level Risk Register</p> <p>The Committee noted the BAF and High Level Risk Register (HLRR) are subject to regular review and discussion as part of the Trust's governance arrangements and effectively support the achievement of the Trust's strategic objectives.</p> <p>LP gave an overview of the proposed amendments to the Risk Management Strategy with the main amendment relating to the escalation process for operational risks. The revised process ensures that operational risks are escalated by score, as opposed to the previous method of escalating risks which were deemed to be 'strategic'. All operational risks scoring 15 and above ('high level risks') are now escalated to the Executive Team, Academies and Board. The Executive Team also reviews operational risks scoring 12 and above at the Executive to CBU meetings, to provide an overview of risks which have the potential to become high level. A revised operational structure will be implemented which means that Care Groups will not exist after October, therefore risks will be escalated from CBUs to the executive team. Once this has been finalised and implemented, the Strategy will be updated. A training needs analysis will be completed to ensure that the Strategy becomes embedded throughout the organisation. Our requirements are currently being reviewed and may include the purchase of a training package.</p> <p>Alongside the review of the Strategy, a new format has also been developed for the Board Assurance Framework (BAF), to simplify the presentation, and clarify the assurances being provided in relation to the achievement of the Trust's strategic objectives. The BAF will only show risks which are relevant to the attainment of strategic objectives, rather than the "principal risks" used currently which are an amalgamation of the operational risks and are not recorded on Datix or anywhere else.</p> <p>Internal Audit had recently completed an audit relating to the BAF and had given an opinion of 'significant assurance', noting that the revised BAF was due to be implemented shortly. LP sought the Committee's views in relation to two recommendations:</p> <ul style="list-style-type: none"> • An overall assurance level and rationale should be included on the BAF, under each objective. • The Academies should undertake 'deep dives' in relation to specific BAF risks. <p>The inclusion of an assurance rating was supported, however it was felt that the ongoing monitoring and scrutiny requirements undertaken by the Academies would be sufficient and therefore 'deep dives' should be by exception only. It was noted that further discussion will take place at the Board Development Session and this would be revisited at the Audit Committee going forwards with the input from the internal audit scrutiny of our risk management strategy and BAF when due.</p> <p>BAS felt that the Audit Committee should have sight of the new formatted BAF at the May Committee meeting.</p> <p>It was felt that the wording in the strategy could be improved to reflect the</p>	<p>Board Secretary A22018</p>
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	<p>sequence of reporting and the assurance delivery that will take place between Executive Management, Academies and the Board to make it clearer on the roles of each of these in relation to the BAF. LP agreed to action.</p> <p>The Committee agreed that they could not recommend approval of the current Risk Management Strategy or BAF by the Board, and noted that further discussions would take place at the Board Development Session. It was agreed that the Audit Committee members would meet after that session to review the updates discussed and agree a way forward.</p>	<p>Board Secretary A22019</p> <p>Board Secretary A22020</p>
A.4.22.19	<p>Quality Management System</p> <p>JC joined the meeting and confirmed that due to the pandemic the framework had moved into a phase of 'command and control' to ensure issues were escalated up through the organisation quickly. It was noted that this process will remain in place going forward.</p> <p>JC highlighted the following key points and headlines contained in the paper:</p> <ul style="list-style-type: none"> • Development of the IT infrastructure to support learning. • Development of the thinking around quality and the academies to improve and provide assurance. • The performance management group for patient safety incidents has been reviewed and revamped with new terms of reference which align with the National Patient Safety Incident Response Framework. The group is now called the Safety Event Group which meets on a weekly basis. • The weekly Quality of Care Panel has new draft terms of reference awaiting approval which align with the National Patient Safety Incident Response Framework. The work plan has been produced which covers a wider range of topics such as learning, quality improvement and mortality on a 4 week rolling basis as part of the Quality of Care Panel which has helped to keep the meeting focussed • A daily safety huddle takes place to discuss patient safety events graded moderate and above takes place hosted by the quality team. • Serious Incidents continue to be reported and investigated by the organisation. There has been national concern that this was not taking place. JC confirmed that the organisations in West Yorkshire continued to report and investigate as usual throughout the pandemic. • In line with the recommendations from the Ockenden review the Trust is declaring all HSIB reportable safety events as SIs in line with national guidance. • A new quality governance framework has been discussed recently with the Executive Team which will support the new structure of the operational model. Each new clinical service unit will have a dedicated quality and patient safety facilitator aligned to them. <p>The Committee noted the update and the assurance provided.</p>	
A.4.22.20	<p>Policies and procedures for ensuring acceptable data quality for all key trust data</p> <p>PR joined the meeting and provided an overview and context to the paper</p>	

	<p>presented. He confirmed that this piece of work was catalysed by a long standing challenge in the organisation, post EPR go live, about the information that was being provided out of the data warehousing function and; in response to a challenge and a concern that Executives had about fundamental accuracy across our waiting lists. PR advised that we engaged externally to validate our efforts in relation to that and a colleague from NHS Improvement, who has some specialism in this context, engaged with the Trust consistently, over a number of months, to address the near term issue about the waiting list. The NHSI colleague also engaged over our policy framework and documentation which was updated and refreshed in light of that engagement.</p> <p>PR advised that the executives have received the documents and a proposal to increase staffing in a variety of key areas in relation to Prevent. We are in the process of recruiting two additional staff members to fulfil the ambition outlined in the documents. We have started the process to improve and we will be in a better position going forward to reflect whether this has been the right strategy and the right approach. Governance has seen an overhaul with reports being fed from various sub committees into the Digital and Data Transformation Committee which then in turn reports to the Quality and Patient Safety Academy.</p> <p>JP raised three questions in relation to the Trust's direction of travel and if there has been an improvement in training and development and management's role. PR confirmed that the organisation made the decision to focus on the information related to EPR and its management of information and data throughout the Trust. He noted that there are many areas where our data is entirely of a high quality and is appropriate - particularly in relation to research although there is a legacy issue in relation to the data warehouse and solution that was selected alongside the Cerner EPR which we are effectively extricating ourselves from now. The historic data warehousing solution, Power Insight Electronic Data Warehouse (PIEDW), purchased from Cerner at the time of going live will be replaced with Nautilus 835 solution within the 2022/23 financial year. The Nautilus 835 solution takes direct data feeds from Cerner Millennium.</p> <p>Future training and development needs will include training on data input and the value of getting it right first time. Once we have a better data warehousing solution and tools, staff see the value in correctly inputting data which will then inform future practice. We have models in place around the Command Centre which use outstanding decision making programmes which staff rely upon and value much more than a paper based system.</p> <p>Regarding management involvement; there is a reshaping of the Operations Directorates underway and CBU's receive detailed dashboard information on a range of key indicators. Over the next couple of years we will also be working with staff to understand the importance of capturing information at source accurately. It was felt that we are moving in the right direction but we need to lose some of the legacy and technical systems to aid our progress.</p> <p>PR confirmed that the committees referred to in the paper are in place to</p>	
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	<p>monitor when concerns/issues are raised regarding our systems. Drop in sessions and surgeries have been set up to discuss issues raised by staff and it was noted that we have a healthy cultural challenge throughout the organisation. PR added that from the ongoing discussions we can derive that we have a healthy and persistent focus on data quality and we are moving to a position of increased assurance.</p> <p>An audit is planned for data quality and BAS asked KR to provide the proposed scope of the audit at the July meeting prior to the audit commencing.</p> <p>The Committee noted the update and the assurance provided.</p>	<p>Internal Audit Manager A22021</p>
A.4.22.21	<p>Cyber security</p> <p>PR provided a verbal update on progress. He advised the AC that the Data Security Protection Toolkit was side-lined as a consequence of the pandemic however Internal Audit has actively been involved with the team in the last 48 hours to discuss aspects of the audit. There are a few areas where things have altered. Penetration testing took place recently and the report is awaited which will tie in with the internal audit taking place. Further work will be undertaken by the team to provide the required information to Internal Audit.</p> <p>PR confirmed that a Cyber Security session had taken place at the 10th February Board Development Session. The Trust remains hypervigilant with ongoing maintenance and management taking place. PR advised that we don't have a dedicated resource for cyber security in the organisation and he suggested we should be potentially looking to secure expertise in house in the future.</p> <p>A written report on progress will be available at the next meeting.</p> <p>The Committee noted the verbal update and the assurance provided.</p>	<p>Chief Digital & Information Officer A22022</p>
A.4.22.22	<p>Update on delivery of the Emergency Preparedness Resilience & Response (EPRR) 21/22 workplan and NHSE core standards</p> <p>SA joined the meeting and provided an update on the delivery of the EPRR workplan and the position to date and on, the two internal audit reports discussed at a previous Audit Committee meeting.</p> <p>SA confirmed that the Trust is fully compliant with 46 of the 48 Core Standards assessed. The work in strengthening our EPRR arrangements can be evidenced in our recent internal audit outcome for EPRR of "Significant Assurance". He felt comfortable that the Trust would be in a position to undertake our duties in line with the Civil Contingencies Act of which this is a statutory requirement. The two areas that we submitted partial compliance with were in regards to:</p> <ul style="list-style-type: none"> Shelter in an evacuation relating to whole site evacuation. Business continuity plans are in place for evacuating wards, areas and departments, and that was tested out recently when there was a fire affecting one of the lobby areas. He noted that the whole site evacuation is more complex given the size and the scale of the Trust 	

	<p>and work is ongoing with other WYAAT trusts colleagues to co-ordinate this at a regional level.</p> <ul style="list-style-type: none"> • CBRN the chemical, biological radiation and nuclear incident decontamination standard raised an issue with compliance training which was purposely stopped during the pandemic which is now live. <p>Additional training sessions have been delivered for on call managers and Executives along with a live 'no notice' exercise recently undertaken. The aim is to be 75% compliant by August and fully compliant by the end of the year. Further work is planned for 2022/23 which is contained within the paper. Overall it was felt that the Trust is in a good position in terms of reflecting our requirements under EPRR.</p> <p>BAS queried if we are sufficiently well equipped with CBRN equipment and SA confirmed that we have a tent system that is erected with periodic training that takes place with PPE suits changed regularly.</p> <p>MHol vouched that the amount of work undertaken on this has been quite significant from the level of training arrangements, protocols and SOPs in place. He confirmed that planned preventative maintenance is in place for the tent which was erected a few months ago. He felt that the Trust was in a good position going forward.</p> <p>SA noted that nerve agent decontamination would initially be undertaken by the emergency services with assistance from the Trust. A national number is available to the A&E team for support.</p> <p>The Committee noted the assurance the paper provides</p>	
A.4.22.23	<p>Audit Committee Terms of Reference</p> <p>The paper highlighted one change to the terms of reference to clarify that the Audit Committee is responsible for monitoring policy compliance which was a recommendation from External Audit. LP confirmed that the corporate governance team will undertake an audit on an annual basis on a sample of policies to test compliance and is also included in the internal audit plan for next year. The annual reviews of Academies will take place over the next few months and it was noted that this will include reference to the new assurance path that we are creating.</p> <p>The Committee approved the terms of reference.</p>	
A.4.22.24	<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.4.22.25	<p>Audit Committee annual self-assessment results</p> <p>The Committee noted the report and the results gained.</p>	
A.4.22.26	<p>Audit Committee Workplan</p> <p>The Committee approved the work plan subject to the suggested amendments below which JM agreed to action:-</p> <ul style="list-style-type: none"> • First page, last item under internal audit private meetings with internal 	<p>Head of Corporate Governance A22023</p>

	<p>audit to take place on 24th May – this is now taking place today</p> <ul style="list-style-type: none"> • External audit, second item, annual plan 21/22 which should be 22/23 • External audit plan due October – to move to February 2023 • Other board committees – annual reports in July from Charitable funds and academies. LP confirmed that the review of the effectiveness of academies needs to take place before the annual reports are written. BAS requested these be moved to June Audit Committee. LP agreed to action • 1st item under other assurance functions BAF/Risk management – add as a standing item every meeting • Counter Fraud – annual plan and self-review tool to be moved to May • Counter Fraud updates (progress report) – add as a standing item every meeting • Whistleblowing and Freedom to Speak Up – to move to May • Trust Compliance with Standing Orders/SFI's/Scheme of Delegation – add as a standing item every meeting 	Board Secretary A22024
A.4.22.27	<p>Any other business</p> <p>There was no other business to report.</p>	
A.4.22.28	<p>Matters to share with other committees</p> <p>There were no matters identified to share with other committees.</p>	
A.4.22.29	<p>Matters to escalate to SRR</p> <p>There were no matters identified to escalate to the SRR.</p>	
A.4.22.30	<p>Matters to escalate to the Board of Directors</p> <p>There were no matters identified to escalate to the Board of Directors</p>	
A.4.22.31	<p>Items deferred to subsequent meetings</p> <p>There were no matters identified to escalate.</p>	
A.4.22.32	<p>Attendees for subsequent audit committee meetings</p> <ul style="list-style-type: none"> • Paul Rice, IT systems and Data Quality update – July meeting • Mel Pickup, Annual Governance Statement - May meeting • Karen Dawber, FTSU update – May meeting 	
A.4.22.33	<p>Review of meeting</p> <p>It was noted that the Audit Committee members will speak off line to review the meeting.</p>	
A.4.22.34	<p>Date and time of next meetings:</p> <ul style="list-style-type: none"> • 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.4.22.35	<p>Private meeting with Internal Audit</p> <p>This took place after the Audit Committee meeting closed.</p>	

Action log from the Audit Committee Meeting held 12 April 2022

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
12.04.22	A.4.22.10	Counter Fraud progress report update BAS questioned whether, although unlikely, there was an opportunity to append the counter fraud survey to our annual staff survey. RM agreed to investigate this option.	Richard Maw Counter Fraud 2022/014	May 2022	Following update to be included in the Progress report to the May meeting. This has been looked into and it has been confirmed that while the annual staff survey can potentially be amended at the trust's discretion to include counter fraud detail, this would be restricted to one or perhaps two questions. The Counter Fraud Functional Standards Return has multiple Standards which have a RAG system predicated on staff measurability/awareness. As such, while perhaps one of these standards/criteria could be covered by appending a counter fraud question to the survey, it would still mean that further work had to be done elsewhere to cover all standards in terms of measurability. On that basis, the LCFS has concluded that it would be better to keep all Counter Fraud survey questions in one place; i.e. via focus groups or targeted survey volunteers to avoid duplication and to provide a full picture. – <u>action closed</u>
12.04.22	A.4.22.11	Exception reports: Schedules of losses and special payments BAS queried the figures relating to losses in overseas visitor payments and employment payments and MH agreed to circulate the figures to the Committee via email.	Director of Finance 2022/015	May 2022	This will be discussed in agenda item A.5.22.15 Exception reports: Schedules of losses and special payments – <u>action closed</u>
12.04.22	A.4.22.11	Exception reports: Schedules of losses and special payments It was noted that the volume of Single Tender Waivers (STW) seems to have increased and MH agreed to pick this up with the Head of Procurement to ascertain if there are any specific trends or concerns around this	Director of Finance 2022/016	May 2022	This will be discussed in agenda item A.5.22.15 Exception reports: Schedules of losses and special payments – <u>action closed</u>

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
		increase. He felt that this could be in part due to the rigour that is put into our tendering process.			
12.04.22	A.4.22.11	Exception reports: Schedules of losses and special payments Unfortunately the Committee is struggling to access the embedded documents within the report although they had been sent via email. JM agreed to contact MQ to find a solution.	Head of Corporate Governance 2022/017	May 2022	MQ has agreed to produce a pack of PDF documents that can be uploaded to Team Engine – <u>Action closed</u>
12.04.22	A.4.22.18	Board Assurance Framework and High Level Risk Register BAS felt that the Audit Committee should have sight of the new formatted BAF at the May Committee meeting	Board Secretary 2022/018	May 2022	The BAF is included on the May agenda – <u>action closed</u>
12.04.22	A.4.22.18	Board Assurance Framework and High Level Risk Register It was felt that the wording in the strategy could be improved to reflect the sequence of reporting and the assurance delivery that will take place between Executive Management, Academies and the Board to make it clearer on the roles of each of these in relation to the BAF. LP agreed to action	Board Secretary 2022/019	May 2022	The updated Risk Management Strategy is included on the May agenda – <u>action closed</u>
12.04.22	A.4.22.18	Board Assurance Framework and High Level Risk Register The Committee agreed that they could not recommend approval of the current Risk Management Strategy or BAF by the Board, and noted that further discussions would take place at the Board Development Session. It was agreed that the Audit Committee members would meet after that session to review the updates discussed and agree a way forward.	Board Secretary 2022/020	May 2022	Meeting arranged for 22.4.22 – <u>action closed</u>
12.04.22	A.4.22.26	Audit Committee Workplan	Head of Corporate	May 2022	Action plan updated – <u>action closed</u>

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
		Suggested amendments to be made as per the minutes	Governance 2022/023		
12.04.22	A.4.22.21	Cyber Security To provide a written report on progress to be provided to the next meeting	Chief Digital & Information Officer 2022/022	May 2022	Included on the May agenda – <u>action closed</u>
12.04.22	A.4.22.26	Audit Committee Workplan Other board committees – annual reports in July from Charitable funds and academies. LP confirmed that the review of the effectiveness of academies needs to take place before the annual reports are written. BAS requested these be moved to June Audit Committee. LP agreed to action	Board Secretary 2022/024	June 2022	Added to June agenda
12.04.22	A.4.22.20	Policies and procedures for ensuring acceptable data quality for all key trust data An audit is planned for data quality and BAS asked KR to provide the proposed scope of the audit at the July meeting prior to the audit commencing.	Internal Audit Manager 2022/021	July 2022	
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.2.22.6	Process paper; key lines of enquiry work sector update and benchmarking (Audit Yorkshire client briefing paper - Financial Management)	Director of Finance 2022/001	October 2022	

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
		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'.			
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) 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.	Internal and External Audit 2022/002	October 2022	

See Appendix 1 below for the actions closed at the meeting held 12 April 2022.

Appendix 1

Actions closed at the meeting of the audit committee held 12 April 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</u>

Meeting date	Agenda reference	Agenda item	Lead	Review date	Comments/update
					<u>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 report to the April Audit Committee to provide assurance on the process for the new BAF.	Associate Director of Corporate Governance / Board Secretary 2022/003	April 2022	11.3.22 – item added to April agenda – <u>action closed</u>
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 value as well.	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.2.22.35	Private meeting with internal audit To be scheduled at the end of the April AC meeting.	Corporate Governance Officer	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
			2022/012		
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.2.22.24	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	12.4.22 –Commendations were passed onto the Joint Venture Board at their last meeting. action closed 7.4.22 – MH to raise at Joint Venture Board meeting on the 8.4.22
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 is cancelled and the next meeting is on 26th May). Action closed