

Board of Directors (in Public)

Item 6.1.2a

Subject: Audit Committee BAF Key Issues Report
Date of Meeting: 7th February 2023
Presented by: Julian Farmer, Audit Committee Chair
Meeting Held: 10th January 2023 (E-Meeting)

This report sets out the key assurances, risks and actions from the recent Committee meeting. Areas for escalation to the Board of Directors are included below as required.

Agenda Item	Lead Exec	Assurance Received	New/ Emerging Risks	Actions/Comments
5.1 Risk Management KPIS	KWh	Compliance with the risk management KPIS	None	28 day closure of incidents KPI currently under review to determine if there is a better way to monitor this KPI. Paper to be brought back to the next committee on the work done to invigorate the risk management processes and KPIS
5.2 Review Clinical Audit Plan and 6-monthly progress reports	JC	Assurance on delivering the Clinical Quality Audit Plan 2022/2023 including NICE.	Data Quality	Further assurance needed on the data quality issue and the impact on the Trust.
5.3 Committee Effectiveness Approach 22/23	KWh	Review of the effectiveness of committee Ensure that all committees have adhered to the relevant terms of reference and complied with their annual workplan.	None	

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5.4 Compliance with Licence : Review of quarterly check-list	KWh	Compliance with key requirements of the provider licence	Diagnostic Performance and cancer performance	Diagnostic performance and cancer performance have strong oversight through the Executive Team, respective assurance committees and the Board.
5.5 Review of Register of External Visits	KWh	Governance arrangements confirmed for the register of external visits	None	Continue to review the register twice yearly.
5.6 Regulatory Action Plans	KWh	No regulatory action plan	None	
5.7 Cyber Security Update	KW	Assurance provided on cyber security and performance against standards. Within LHCH, there continues to be progress compliance with the national revised Data Security and Protection Toolkit ahead of our audit next calendar year as well as management and ongoing development of IT infrastructure estate.		There have been a number of changes to national standards and requirements which have a structured programme of activities to meet underway.
5.8 Data Quality Assurance Report	KW	The trust has due process in place including Data Quality Strategy recently approved by Patient Pathway and Assurance Group along with an in-date data quality policy. Appropriate governance is in place and is led by the DQ Steering Group which meets bi-monthly.	MIAA are due to complete a data quality audit in the final quarter of 2022/23 which will provide a deep dive into assurances processes around our corporate reporting.	

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5.9 Partnership Workings	KW	Assurance received that there are no current issues/		Update deferred to March 2023.
5.10 FPPT Checklist Compliance	MIAA	Assurance received on Trust compliance with the best practice FPP checklist provided by MIAA		Two minor actions being taken forward
5.11 HFMA Audit Committee Handbook Supplements	KWh	HfMA have produced the supplement as an interim update to the 2018 handbook, with a full revision expected in 2023.		Reflection on the requirements as part of the Committee effectiveness review
5.12 LHCH Q3 tender quotation waivers	KE	Assurance received on processes for managing tender waivers Tender Waiver report to come to every Audit Committee		
6.1 Progress report on delivery of plan	MIAA	Progress made against the Internal Audit Plan for 2022/23. HFMA Finance checklist, risk management and Health and Safety reviews finalised. COP, Roster, Outpatient planning, cancelled operations and key financial control in progress.	None	
6.2 Follow-up report	MIAA	Follow-up reviews undertaken to ensure that all actions agreed, in line with previous audit recommendations, are implemented as planned.	None	

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		Good progress made and good reporting culture created.		
6.3 HFMA NHS financial sustainability report	MIAA	The organisation collated evidence to support the 12 NHS specified questions and these were held in finance network folders. Discussions highlighted that for the remaining questions evidence was held in the usual finance shared drives.		The organisation provided a self-assessment score for each question together with a narrative rationale to support the score. The Trust have rated themselves a score of 1-3 for 5 of the assessment questions, and a separate action plan and deadline.
6.4 Anti-Fraud Update	MIAA	Progress Report sets out the work undertaken during the period 2 nd July 2022 to 16 th December 2022 and details the activities carried out and outcomes achieved in accordance with the agreed anti-fraud, bribery and corruption work plan, compliant with counter fraud standard requirements, and in response to any referrals (incidents) / investigations reported.		
7.1 External audit update reports		Update provided on the progress in delivering the responsibilities as external auditors.	None	