

Board of Directors (in Public)

Item: 6.1.1
Subject: Audit Committee BAF Key Issues Report
Date of Meeting: Tuesday 26th January 2021
Prepared by: Jennifer O'Brien, Senior Executive Assistant
Presented by: Julian Farmer, Chair Audit Committee
Meeting Held: Tuesday 12th January 2021

Agenda Item	Lead Exec	Assurance Received	New/Emerging Risks	Actions/Comments
3.1	MPC	Risk Management KPIs	Once the Trust returned to operating as business as usual, there would be a refresh of the Risk Management Strategy and KPIs in particular in order to look at the gap between the appetite and score	No red indicators, two KPIs relating to timely review of risk registers and closure of incidents within 28 days. For review by executive team.
3.2	MPC	Review Clinical Audit Plan & 6 Monthly Progress Report including NICE Guidance Review	None	Assurance was provided on delivery of the Clinical Quality Audit Plan including NICE. Planned use of SharePoint to automate the registration of projects.

3.3	LL	Compliance with Licence: Review of Quarterly Checklist	Ongoing pandemic crisis	The primary risks related to operational targets – diagnostic access and RTT, due to the reprioritization of clinical work in response to the pandemic.
3.4	LL	Review of External Visits	None	Register of External Visits updated and reviewed..
3.5	L	Regulatory Action Plans	None	Noted that CQC would not be issuing a report following review of Surgery and Well Led. No concerns identified. Full response to CQC provided re anonymous whistleblower.
3.6	KE	Third Party Assurances STHK Payroll	None	MIAA report received - Substantial Assurance
3.7	KW	Cyber Security Update	Impact of third lockdown on completion of the recommendations .	<p>Action plan in progress - three actions complete; one was due for completion by the end of January 2021, one by the end of April 2021 and one ongoing.</p> <p>Provision of a wider pool of resources and expertise in their response to cyber threats, through collaboration with Alder Hey.</p> <p>Templar report was expected imminently and this would show the remaining four red ratings upgraded to amber, with Cyber Essentials Plus accreditation on track for 31.3.21.</p>
3.8	KW	Data Quality App Demonstration	None	Development of the data quality app in progress.
3.9	KW	IT Service Continuity Action Plan Updates	Impact of third lockdown on completion of the recommendations	Progress report on IT Service Continuity and confirmation of order placed for new data centre (BoD approval, Dec 2020) – learning exercise delivered in response to incident.
4.1	KE	Internal Audit: Progress Report on Delivery of Plan	Impact of pandemic response on completion of planned audit work	<p>Two MIAA reports had been finalised, one of which received high assurance and the other substantial assurance.</p> <p>Sepsis audit deferred by Medical Director but MIAA advised that a satisfactory level of work would be</p>

				completed in order to issue the Head of Internal Audit Opinion.
4.2	KE	Audit Committee Effectiveness Report 2019/20 and Preparations for 2020/21	None	Completion of response to 2019/20 review and process confirmed for 2020/21 review.
4.3	KE	Anti-Fraud Update Report	Ensuring vigilance particularly from a digital perspective as the pandemic continued	It was noted that 25 fraud alerts had been issued this year compared to 6 the previous year; the increase attributed to people taking advantage of the Coronavirus pandemic.
4.4	KE	Government Functional Standard GovS 013: Counter Fraud	Possible impact to work load of Anti-Fraud Specialist and therefore charge for services dependent on contents of new guidelines.	Publication of new standard expected Quarter 4.
4.5	KE	Providers 2021 BAF Benchmarking Report	None	Received and noted.
5.1	KE	External Audit: External Audit Update Report	Impact of third lockdown on completion work within the audit plan. Possible monetary impact due to the revised approach to value for money.	Timetable and plan awaited for 2020/21 audit – repeat of remote process anticipated in light of continuation of COVID crisis.