Trust Board Meeting: Wednesday 14 May 2014
TB2014.65

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<td>History</td>
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<th>Board Lead</th>
<th>Mrs Anne Tutt, Committee Chairman</th>
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1. Introduction

The Audit Committee met on 19 February 2014. The main issues raised and discussed at the meeting are set out below.

2. Significant issues of interest to the Board

The Committee considered the following issues:

- The Committee considered an update on the Clinical Audit Strategy, the purpose of which was to ensure that clinical audit was being used as a process to embed clinical quality at all levels in the organisation. It was highlighted that clinical audit should support the creation of a culture that was committed to learning and continuous organisational development so that demonstrable improvements in patient care were delivered through the development and measurement of evidence-based practice. Good progress was reported to have been made with developing an Annual Clinical Audit Programme across all clinical directorates. Aspects of the strategy to be developed further during 2014/15 included:
  - Evidence that audit reports and action plans were fed back to staff delivering the service audited;
  - Clinical Audit reports to be made available to all clinical staff (read-only);
  - Annual Clinical Audit Showcase event to promote clinical audit;
  - Involvement of patients and public as key members of clinical audit project teams where appropriate
- The Trust’s Internal Auditors presented an analysis of the potential cyber threats to the Trust, including the potential risk of intellectual property theft posed to research undertaken throughout the Trust. It was proposed that this would be a useful area for the whole Trust Board to consider at a Board seminar;
- The Director of Assurance presented the first draft of the Annual Governance Statement, and invited comments which would be taken into account in a revised draft to be brought back to the next meeting of the Audit Committee in May 2014;
- The Trust’s internal auditors presented their progress report, highlighting that there were 20 outstanding low level recommendations, which the Chairman requested should be addressed and closed as soon as possible.
- The Committee considered the planning and preparation for the annual report, including a consideration of the key changes, risks and mitigating actions. The report also advised on lessons learnt arising from the ISA 260 Audit Results Report.

3. Key Risks Discussed

The following key risks were discussed:

- The Committee considered the risk of cyber threat to the Trust, including the potential risk of intellectual property theft in relation to research being undertaken across the Trust, and the potential inadequacy of protection for all assets, including electronic systems and devices;
The themes identified in Peer Review Quality Summits were highlighted as including the following which would be reflected in the Corporate Risk Register:

- Staffing nurse vacancies across some areas;
- Issues with the availability of transportation of patients to clinics and across sites;
- The provision of adequate out of hours cover in some areas;
- Some areas where standards of cleanliness could be improved;
- Suitability of premises and lack of storage in some areas;
- Hand hygiene practices in some areas;
- Ensuring routine checks of resuscitation trolleys are completed;
- Availability and management of patient records;
- Safe and secure storage of medicines in some areas;
- Avoidable delays in discharge;
- Maintaining patient confidentiality in some areas;
- Non-medical appraisal rates across each of the divisions;

4. Key decisions taken

The following key decision was made:

- The Committee agreed that Deep Dive reviews should include an Assurance Map, showing assurance at operational level, together with an Appendix, specifying the conclusions reached.

5. Agreed Actions

The Committee agreed the following actions:

- To assess and report on potential risks posed by inadequacy of protection of assets, including electronic systems and devices;
- To undertake an audit of work in progress under the Clinical Audit programme;
- To amend Accounting Policies at 13.5, to state that “working papers undergo review by colleagues/peers not involved”;

6. Matters deferred for future consideration

No matters were deferred for future consideration.

7. Assurance required from/actions required by other Board sub-committees

No items were identified for consideration by other Committees.
8. Matters to be referred to the Trust Board

In considering the report from KPMG, which considered the Trust’s proposed development of a new Welcome Centre, the Committee noted that the report and management response should be presented to the Trust Board for further consideration. This reflected that the report was commissioned on behalf of the Trust Board.

The Committee also requested that the Trust Board consider the risk of Cyber Threats to the organisation in more detail at a seminar session.

Recommendation

The Trust Board is asked to note the contents of this paper.

Anne Tutt
Audit Committee Chairman

May 2014