

Chairpersons Report

Chairpersons Name	Carole Hudson
Committee Name	Audit Committee
Date of Meeting	01.03.17
Name of Receiving Committee	Trust Board
Date of Receiving Committee meeting	March 2017
Strategic Items for referral to Trust Board	Na.
Items for escalation?	Clinical access to HIS to be escalated to the SIRO

Please detail the key successes or achievements discussed at the meeting

1. The planning around the EU GDPR 2018 regulations
2. The revised SOP for the disposal of IT equipment
3. The action plan in response to the MIAA review of cyber security
4. The successful ratification of the revised Gifts & Hospitality policy
5. The positive MIAA review of the assurance framework

Details of the top risks identified during the course of the meeting and initials of primary member of staff actioning

1.	The IG Toolkit current progress	RF
2.	Access to clinical systems – this had been referred to the SIRO	RF / SA
3.	The impact of Healthier Together / GM policies not being considered by REMC	RM

Attendance at the meeting (please highlight):	Excellent (well attended)	Acceptable (some apologies)	Unacceptable (quorate)	Unacceptable (not quorate)
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Was the agenda fit for purpose and reflective of the Committees terms of reference?	yes
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Narrative report of the key issues of the meeting

The Audit Committee considered the following issues;

The latest position with regard to the Information Governance Toolkit;

- The updated policy for the Disposal of IT equipment following issues raised at the last Audit Committee meeting
- An update on HIS log in by doctors and consultants
- The identification of Consultants from HIS for use by the Coroner
- The action taken in respect of the Cyber Security Audit considered at the last Audit Committee
- Progress in respect of the Clinical Audit and Effectiveness for Quarter 3
- Gifts and Hospitality Register updates
- Risk Management
- Internal Audit Report of the Trusts Assurance Framework
- Counter Fraud Work Plan for 2017/18

Key outcomes from the reports taken at the meeting

The Internal Audit report on the Trusts Assurance Framework met the NHS requirements. The Audit Committee approved the detail Counter Fraud work plan for 2017/18.

In terms of Information Governance the Committee noted the progress to date and the expectation that the work plan would be achieved by year end. The Audit Committee requested further information on the outstanding actions in order to complete the plan and noted the outstanding issues in respect of identifying

Information Asset owners. The Committee requested the action plan to meet the revised Data Protection Regulations 2018 and sought assurance in terms of the monitoring arrangements supporting the Duty of Candour requirements.

The Audit Committee appreciated the prompt action taken IT following its last meeting, in terms of developing an action plan to deal with the Cyber Security gaps identified by Internal Audit. The Committee considers a revised policy in terms of the disposal of IT equipment which dealt with all outstanding issues raised.

The Committee considered the actions taken in relation to a previous Internal Audit report in respect of HIS log in procedures by doctors and consultants. This has been referred to the SIRO for consideration.

The Committee considered the action taken in respect of a previous report by Legal Services in terms of whether Consultants were being properly identified in HIS notes for the Coroner. The Audit Committee requested clarification if this issue had been satisfactorily resolved.

The Committee considered the progress made in terms of Clinical Audit and Effectiveness for the quarter three report and requested an update at its next meeting on those few areas which had been delayed from 2015.

The Committee acknowledged the progress in terms of risk management but requested some further clarity in terms of the risks not yet included in the Risk Register in terms of Healthier Together, GM Devolution and the ICO.

Agreed actions from the meeting	Name of primary lead for the actions
An update on the Information Asset Owner programme to be taken at the next meeting (D Willis)	D Willis
The plan in relation to the implementation of the EU GDPR 2018 regulations to be shared with the Committee at the next meeting (D Willis)	D Willis
C Alexander to provide assurance and an update on the clinical audit work around the monitoring of the Duty of Candour	C Alexander
S Arya to speak to M Farrier about the frequency of doctors using the log in identity of other users for report back at the next meeting	S Arya
C Alexander to check whether issues around Consultant identification had been resolved satisfactorily	C Alexander
S Arya (as Caldicott Guardian) and R Forster (as SIRO) to review the issues raised re: control of access to HIS and to consider the levels of assurance around these	S Arya / R Forster
S Arya to look into the delayed clinical audits and report back to the Committee	S Arya
C Alexander to check the rationale for moving the gamma camera to the Wrightington site	C Alexander
REMC to consider the inclusion of risks around Healthier Together / GM policies at its next meeting	R Mundon
L Warner to escalate the theatre stock Audit report to M Fleming	L Warner
The benchmarking report from Deloitte to be circulated to Committee members	P Hewitson

C Ryan to present the agreed Fraud workplan for 2017/18 to the Exec Comms Cell	C Ryan
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**MINUTES OF A MEETING OF THE AUDIT COMMITTEE
HELD ON WEDNESDAY, 1ST MARCH 2017 AT 9.30AM
IN THE THQ BOARDROOM**

PRESENT	2017						
	01 02	01 03					
Mrs C Hudson (Chair) NED	√	√					
Mr N Turner NED	√	√					
Mr N Campbell NED	√	APOLS					
Mr M Guymer, NED	√	√					
IN ATTENDANCE							
Mr R Forster, Director of Finance / Deputy CEO	APOLS	APOLS					
Mrs Pauline Law, Director of Nursing	NOT REQUIRED	NOT REQUIRED					
Mrs C Ryan, Counter Fraud	√	√					
Ms L Warner, Internal Audit Manager	√	√					
Mrs L Hancock, Corporate Services Administrator	√	√					
Claire Alexander, Head of Governance and Assurance	√	√					
Shirley Martland, Financial Controller	√	√					
Alison Balson, Director of HR	NOT REQUIRED	NOT REQUIRED					
Steve Connor, Deputy Director MIAA	√	APOLS					
Carolyn Wood, Deputy Director of Finance	√	√					
Mary Fleming, Director of Performance and Ops	NOT REQUIRED	NOT REQUIRED					
Richard Mondon, Director of Strategy and Planning	√	APOLS					
Deborah Pullen, Compliance Lead	APOLS	√					
Paul Thompson, Deloitte	-	-					
Paul Hewitson, Deloitte	√	√					
Dave Nunns, Interim Board Liaison Officer	√	√					
Dr Sanjay Arya, Acting Joint Medical Director	√	√					

In attendance: A Moss (IT Services), John-Paul Clarke (IT), Natalie Baxter (Information Governance) and David Willis (Information Governance)

1. COMMITTEE CHAIRS OPENING REMARKS

C Hudson welcomed all to the meeting. She didn't envisage that the meeting would require the full time allocation but noted that there were a number of key items to cover today, including the IG Toolkit and Clinical Audit.

2. APOLOGIES

As noted above.

3. DECLARATION OF INTERESTS

None declared.

4. APPROVAL OF MINUTES OF MEETING ON 01.02.17

The minutes were agreed to be an accurate record.

5. MATTERS ARISING

a. Action log 01.02.17

Action updates were received and noted.

b. Work plan 16/17

The work plan was received and noted.

c. Work plan 17/18

The work plan for 17/18 was received and noted.

d. ToR

The amended terms of reference were approved by the Committee.

e. AUDIT COMMITTEE EFFECTIVENESS

C Hudson advised that MIAA would lead a discussion around this at the start of the next meeting.

6. DEEP DIVE INTO MATTERS AGREED BY THE AUDIT COMMITTEE

IG Toolkit

N Baxter was in attendance to provide the Committee with a progress report on the IG Toolkit. She advised that this had moved on since the paper had been circulated. She advised that the Trust was currently scoring at 65% which was 'not satisfactory'. She advised that this had been anticipated at this stage of the year but expected the final score at the end of March to be in the 80% range which would make the Trust 'satisfactory'.

She was pleased to note that, as of yesterday, she could confirm 95% compliance on training. MIAA were undertaking the second phase of their audit and this was progressing well to date. Current issues were around the Information Asset Owner programme which was ongoing but required some rationalisation given the unmanageable scale of Asset Owners.

The Committee agreed that it would be useful to take an update on the Information Asset Owner programme at the next meeting.

C Hudson noted that there was not yet a single, complete patient record on HIS and sought assurance that this would not impact on patients.

C Ryan queried how prepared the Trust was for the introduction of the EU GDPR 2018 regulations. D Willis advised that a comprehensive plan was in place and he felt comfortable with the Trusts handling of this. He noted that there were potentially significant financial risks attached to the new regulations.

The Committee agreed it would be useful to have sight of the plan at the next meeting.

The Audit Committee sought assurance that the monitoring processes were in place around the Duty of Candour. It was noted that MIAA would be undertaking a review of this shortly. C Alexander also advised that clinical audit were doing some internal work on this and she would report back to the next meeting.

ACTION: An update on the Information Asset Owner programme to be taken at the next meeting (D Willis)

The plan in relation to the implementation of the EU GDPR 2018 regulations to be shared with the Committee at the next meeting (D Willis)

C Alexander to provide assurance and an update on the clinical audit work around the monitoring of the Duty of Candour

Updated SOP for disposal of IT equipment

A Moss was in attendance to present to the Committee the updated SOP, following the comments made at the last meeting. He felt that the review of the SOP had been positive.

The Audit Committee were pleased to note the amended SOP and felt that this addressed the comments made.

Update on HIS risk in relation to Consultant completion of patient records

The report provided by JP Clarke was received and noted.

N Turner queried whether there were any access restrictions on HIS or whether Consultants were able to see the full patient picture rather than just their own specialty notes. JP Clarke advised that there were no hidden documents on the system so clinicians would be able to access all documentation. It had been discussed as to whether some level of restriction was required and this would be considered if there was a need.

C Hudson advised that concerns around this had initially arisen from the Trust Solicitor as Coroners had difficulty sometimes identifying the Consultant responsible for the care of a patient. She also noted that issues of staff using other staff members log in details had been recorded by Internal Audit and this was referred to in the report by M Farrier who indicated that this occurred 'often'. JP Clarke clarified that sometimes staff used other members of staff log in details accidentally when using shared computers. The use was not intentional and quickly rectified when noticed. There had been two recent Datix incidents involving the accidental use of another person's account. The Audit Committee expressed concern that the issue of 'accidental use' appeared to conflict with the views of M Farrier who stated in the report that this happened 'often'. S Arya was not aware of this occurring and would speak to M Farrier.

C Hudson noted that this was an issue that had been discussed by the Committee many times and she did not feel that there was compliance with the policies and procedures of the Trust. The Committee agreed that this matter should be escalated to the Trust SIRO for his review. S Arya agreed to speak with R Forster in relation to this.

In respect of the issue of Consultants being properly identified in notes for the Coroner, S Arya advised that, during a ward round, junior doctors would log on as themselves and type the patient notes on behalf of the Consultant. He advised that this was usual practice and perfectly acceptable.

C Alexander agreed with S Arya and noted that issues from the Coroner had been around junior doctors not clearly identifying Consultants on entries. The Audit Committee requested that Legal Services could confirm that the issues around Consultant identification for the Coroner had now been resolved.

ACTION: S Arya to speak to M Farrier about the frequency of doctors using the log in identity of other users for report back at the next meeting

C Alexander to check whether issues around Consultant identification had been resolved satisfactorily

S Arya (as Caldicott Guardian) and R Forster (as SIRO) to review the issues raised and to consider the levels of assurance around these

Cyber security actions

A Moss provided an update on the actions that were being undertaken around the MIAA cyber security review. He advised that an action plan was in place and meetings were taking place regularly to monitor it. A lot of focus was being put on these actions.

C Hudson thanked the team for their prompt action congratulated the team on their hard work.

7. CLINICAL AUDIT AND EFFECTIVENESS REPORT Q3

D Pullen noted that an MIAA audit had been undertaken around this last year and had achieved significant assurance. The Trust continued to respond well to national audits and the awareness week that took place in November had been a success. Future quarterly reports would include a look back over the preceding 12 months.

C Hudson noted that there were some audits that were delayed and were rag rated red or amber. She had some concerns around the significant delays of some of these which dated back to 2015. S Arya advised that he would look into the delayed audits and report back to the Committee.

ACTION: S Arya to look into the delayed clinical audits and report back to the Committee

8. GIFTS AND HOSPITALITY REGISTER

The gifts and hospitality register was received and noted.

D Pullen advised that the new G&H policy and SOP had received ratification at PARC yesterday and would now go on the intranet.

9. RISK MANAGEMENT

a. Review changes in policy which may affect compliance (for information)

No items this meeting.

b. Consider adequacy of all policies

No items this meeting.

c. Risk escalations / referrals

No items this meeting.

d. REMC minutes

The REMC minutes were received and noted.

M Guymer noted that reference had been made to the gamma camera being moved to the Wrightington site. He had understood this piece of equipment to be failing and was concerned to see that it was still in use. C Alexander advised that she was not aware of the rationale behind this decision but would check and report back to the Committee.

C Hudson also noted the lack of risks identified in relation to Healthier Together / GM policies. She felt that this ought to be considered in some way and asked that REMC give some thought to this. C Alexander agreed and would discuss at the next meeting.

ACTION: C Alexander to check the rationale for moving the gamma camera to the Wrightington site

REMC to consider the inclusion of risks around Healthier Together / GM policies at its next meeting

10. INTERNAL AUDIT

a. Internal Audit progress report

The report was received and noted.

L Warner reported on the review of the assurance framework that had taken place. She advised that this had met the NHS requirements. The Committee was pleased to note that NHS requirements had been met.

She advised that there were a final few reviews still in progress and it was anticipated that these would be delivered by the end of March and the final reports brought to the Committee in May. She did not envisage any issues in terms of MIAA being able to deliver the HOIA opinion.

C Hudson noted that the theatre stock report had been ongoing for some time. L Warner agreed and advised that she would escalate this to M Fleming.

ACTION: L Warner to escalate the theatre stock report to M Fleming

11. EXTERNAL AUDIT

P Hewitson noted that there were no reports on this occasion from Deloitte. The benchmarking report had been received and would be circulated separately to the Committee.

The audit was progressing well with no issues to report so far.

ACTION: The benchmarking report from Deloitte to be circulated to Committee members

12. COUNTER FRAUD WORK PLAN FOR 17/18

The work plan for 2017/18 was received and approved. C Ryan advised that focus would continue around raising awareness and around prevent and deter work.

C Hudson thanked C Ryan for a comprehensive plan which would be submitted to the Exec Comms Cell.

The Committee accepted the work plan for 17/18.

ACTION: C Ryan to arrange for the work plan to be taken to the Exec Comms Cell

13. CHAIRS REPORTS OF OTHER SUB COMMITTEES

The Committee received and noted the reporting Committee Chairs reports.

14. SINGLE TENDER WAIVER REQUESTS

There were no waivers this meeting.

15. ANY OTHER BUSINESS

There were no further items raised for discussion.

16. KEY SUCCESSES / RISKS

Key successes were agreed to be:

- The planning around the EU GDPR 2018 regulations
- The revised SOP for the disposal of IT equipment

- The action plan in response to the MIAA review of cyber security
- The successful ratification of the revised Gifts and Hospitality policy
- The positive MIAA review of the assurance framework

Key risks were agreed to be:

- The IG Toolkit
- Access to clinical systems – this had been referred to the SIRO
- The impact of HT / GM policies not being considered by REMC

17. COMMITTEE EFFECTIVENESS FEEDBACK

C Hudson thanked all for their attendance and input into what had been some excellent discussions. She congratulated authors on excellent quality papers.

18. DATE AND TIME OF NEXT MEETING

3rd May 2017, 9.30am, THQ Boardroom.