

**Audit Committee**  
**Minutes of the meeting held on**  
**16 September 2020 at 09:30**  
**virtual meeting via Microsoft Teams**

**Present<sup>1</sup>:**

Lucy Weston	Non-Executive Director (the <b>Chair/LW</b> )
Chris Hurst	Non-Executive Director ( <b>CMH</b> )
Aroop Mozumder	Non-Executive Director ( <b>AM</b> )

<b>RR/App 05/2021</b> (Agenda item: 24(a))
---

**In attendance:**

*Counter Fraud – TIAA Ltd*

Dean Docherty	Senior Fraud Manager ( <b>DD</b> ) – <i>part meeting</i>
---------------	--

*Internal Audit – PwC LLP:*

Sasha Lewis	Internal Audit – Director and Engagement Lead, PwC ( <b>SL</b> ) – <i>part meeting</i>
Nika Verona	Internal Audit ( <b>NV</b> ) – <i>part meeting</i>

*Oxford Health NHS FT:*

Stuart Buckland	Senior Fire Safety Advisor – <i>part meeting</i>
Paul Dodd	Deputy Director of Finance (the <b>Deputy DoF/PD</b> )
Jane Kershaw	Head of Quality Governance – <i>part meeting</i>
Mark Hancock	Medical Director – <i>part meeting</i>
Will Harper	Head of IT – <i>part meeting</i>
Steven McCourt	Lead for CQC Standards and Quality – <i>part meeting</i>
Mike McEnaney	Director of Finance (the <b>DoF/MME</b> )
Claire Page	Head of Performance & Information – <i>part meeting</i>
Kerry Rogers	Director of Corporate Affairs and Company Secretary (the <b>DoCA/CoSec KR</b> )
Martyn Ward	Director of Strategy & Chief Information Officer (the <b>DoS/CIO/MWd</b> ) – <i>part meeting</i>
Hannah Smith	Assistant Trust Secretary (the <b>ATS/HS</b> ) (Minutes)

The meeting followed private pre-meetings between: (i) the Committee members; and (ii) the Committee members, Internal Auditors and Counter Fraud.

<sup>1</sup> The quorum is 3 members (all Non-Executive Directors) and may include deputies.

<p>1.</p> <p>a</p>	<p><b>Welcome and Apologies for Absence</b></p> <p>No apologies for absence were received from Committee members; apologies for absence from non-Committee members were received from Nick Broughton, Chief Executive, and from Marie Crofts, Chief Nurse; and it was noted that External Audit was not due to report at this meeting.</p>	
<p>2.</p> <p>a</p> <p>b</p> <p>c</p> <p>d</p>	<p><b>Minutes of the Meeting held on 19 May 2020 and Matters Arising</b></p> <p>The Minutes of the meeting at Paper AC 34/2020 were approved as a true and accurate record.</p> <p><b>Matters Arising</b></p> <p><b>Item 9(e) Internal Audit review of Community Services Directorate</b></p> <p>The DoF confirmed that the outcomes of the Internal Audit review would be shared at the meeting next week of the Extended Executive.</p> <p><b>Item 3(d) from February 2020 – Directorate involvement in budget setting</b></p> <p>The DoF reported that 60% sign-off had been achieved and budget setting discussions continued for the remainder; budget setting had been discussed in more detail at the Finance &amp; Investment Committee meeting on 15 September 2020. The Chair noted that she would discuss separately with Chris Hurst, in his capacity as chair of the Finance &amp; Investment Committee, whether this action could be deemed completed.</p> <p><b>Item 4(g) from December 2019 – Clinical Audit follow-up by the Quality Committee when clinical audits were rated as ‘required improvement’</b></p> <p>Further to the detail in the Summary of Actions document and confirmation that the Quality Committee was reviewing and following-up on clinical audits, the Medical Director noted that regular reporting was provided to the Quality Committee and although a Clinical Audit annual report was not yet available, a report on the current status of clinical audits was provided to this meeting, having been provided to the Quality Committee meeting on 09 September 2020. The Chair replied that the same information/reporting should not necessarily be recycled without the differing remits of committees</p>	<p>LW/ CMH</p>

	<p>being addressed and made clear. The Chair requested clarity on the division of responsibility between the Audit Committee and the Quality Committee in relation to oversight of Clinical Audit and asked what statutory or regulatory requirements there may be for the Audit Committee’s oversight of Clinical Audit; she noted that whilst the Audit Committee’s role may be to focus on governance and procedure in relation to Clinical Audit, the Quality Committee should be more focused on the content and outcomes of the clinical audits. Aroop Mozumder agreed that the Clinical Audit programme and review of the content should sit with the Quality Committee but added that the Clinical Audit annual report, when available, should also be presented to the Audit Committee as this may provide a reasonable amount of information in relation to Clinical Audit processes and procedure without amounting to unnecessary duplication. The DoCA/CoSec reminded the meeting that Clinical Audit was a fundamental part of the Trust’s system of internal control which the Audit Committee should retain oversight of and receive assurance in relation to but this assurance could come via the Quality Committee or the Quality Committee Chair rather than from reporting.</p> <p>e The Committee noted that the following actions were on hold and scheduled for later completion or were to be progressed:</p> <p><i>From 19 May 2020</i></p> <ul style="list-style-type: none"> <li>• 13(g) Cyber Security training/awareness;</li> </ul> <p><i>From 22 April 2020</i></p> <ul style="list-style-type: none"> <li>• 4(l) post-balance-sheet note of the impact of COVID-19;</li> </ul> <p><i>From 05 February 2020</i></p> <ul style="list-style-type: none"> <li>• 7(b) overdue/outstanding Internal Audit actions – managers to be invited to attend meetings; and</li> </ul> <p><i>From 03 December 2019</i></p> <ul style="list-style-type: none"> <li>• 4(d)&amp;(i) earlier Clinical Audit annual reporting.</li> </ul> <p>f The Committee confirmed the following actions had been completed and/or were on the agenda:</p> <ul style="list-style-type: none"> <li>• 13(f) Cyber Security further update – on the agenda;</li> <li>• 3(g) Fire Safety report – on the agenda;</li> <li>• 4(d) Data Quality Strategy – on the agenda;</li> <li>• 9(g) reverse charge on VAT – on the agenda;</li> <li>• 15(b) development of the format of the report on Single Action Tender Waivers – the DoF requested that this be discussed further at item 11 below; and</li> <li>• 4(h) Clinical Audit action plan – on the agenda.</li> </ul>	<p><b>HS</b></p>
--	--	------------------

<p><b>3.</b></p> <p>a</p> <p>b</p> <p>c</p>	<p><b>Internal Audit progress report and action tracker</b></p> <p>Sasha Lewis presented the report at paper AC 39/2020 and highlighted that, due to the ongoing impact of COVID-19, it had been agreed that Internal Audit reviews would not commence until later in the year and the first three reviews would encompass: Key Financial Systems (revised scope proposed in the report); IT (scoping meeting scheduled); and a COVID-19 review (detailed scoping of which was to be discussed). The implementation of some finance actions had been delayed due to COVID-19, which had impacted upon the previous scope for the key financial systems review, as set out in the report. An alternative scope had, therefore, been discussed and was proposed in the report and would include review of the effectiveness of financial and procurement processes and controls under remote working conditions.</p> <p>The Chair noted that the revised scope for the Key Financial Systems review was sensible. She referred to the further COVID-19 review and the importance of the Committee’s oversight of governance or process changes which may have occurred as a result of COVID-19; she asked whether the further COVID-19 review would take a wider look at organisational governance. Sasha Lewis confirmed that this was being discussed for the scope of the COVID-19 review and it was anticipated that this review would look beyond financial operations and into the impact of COVID-19 upon management, governance and risk assessments. Aroop Mozumder added that Infection Prevention &amp; Control responses to COVID-19 had been well reviewed in other ways, including at the Quality Committee, but he agreed that oversight of other aspects of the Trust’s response to COVID-19 should be reviewed.</p> <p>The Committee reviewed the Internal Audit action tracker and commented that some progress had been made in relation to recommendations and to clear older items, however there was still work to do. The DoF reported that the Internal Audit action tracker would also be presented at the meeting next week of the Extended Executive. The Chair emphasised that, further to action 7(b) from February 2020 on overdue/outstanding Internal Audit actions, if no management responses or progress updates were received for overdue or outstanding actions then the responsible managers should be invited to the next Committee meeting to discuss.</p>	<p><b>MME</b></p>
---	--	-------------------

d	<p><b>The Committee agreed the proposed scopes and noted that managers who had not responded to overdue Internal Audit actions would be invited to the next meeting.</b></p>	
4.	<p><b>Fire Safety report</b></p> <p>a The Head of Quality Governance and the Senior Fire Safety Advisor joined the meeting and presented the report AC 35/2020 on the fire safety management system, incidents, inspections/audits and current high risks. The Chair reminded the meeting that further to historic concerns, the Committee was following-up on this area and ensuring that any previously identified control issues had been resolved before providing for oversight to be more through the Quality Committee and its Quality Sub-Committee. The Head of Quality Governance volunteered that annual reporting on Fire Safety could continue to be provided to the Audit Committee without unnecessarily duplicating reporting into the Quality Sub-Committee. She noted that this annual highlight/by exception report had been useful to compile and had been shared with the Director of Estates and Facilities for comments as the Estates and Facilities team were responsible for the buildings and fire equipment.</p> <p>b The Head of Quality Governance highlighted that areas of focus for future work were: fire marshal/warden training in order to be able to roll this out for all inpatient staff; and fire drills for outpatient and administrative buildings (especially with the added complexity introduced due to COVID-19 as sites were beginning to be re-occupied). She confirmed that a previously identified risk around evacuation of physically disabled people from the first floor of a particular community site (when lifts from the first floor could not be used) had been resolved as the relevant service had moved to another site and was now based on the ground floor instead.</p> <p>c The Senior Fire Safety Advisor added that during the COVID-19 period, the Trust had done well in continuing to provide face to face fire safety training. Although fire warden training was at 59% compliance this year, a high bar had been set in seeking compliance from all inpatient staff, as opposed to just nominated individuals, and even with the impact of the pandemic upon the year's figures, more staff had been trained this year compared to previously. He noted that overall the Trust was in a good place with fire safety although there remained challenges in some dealings with NHS</p>	

<p>d</p> <p>e</p> <p>f</p>	<p>Property Services and on some sites with evacuation procedures from first floor locations.</p> <p>The Chair commended the improvement and progress which had been made, noting that it was also reassuring to be able to review the risk register which had been provided as part of the report. She referred to the 59% compliance with fire warden training and asked about support within the organisation to attain zero tolerance on fire safety risk. The Head of Quality Governance replied that whenever a fire safety risk was identified, this was escalated to service and clinical directors whom she confirmed were supportive and took appropriate action in response. She clarified that the challenge was around maintaining training but that fire awareness remained good. She also explained that an ambitious target had been set for all inpatient staff, as opposed to only nominated individuals, to receive fire warden training and noted that this was not a regulatory requirement but that this was a safe approach to take. The Senior Fire Safety Advisor referred to the report and the 'Person in Control' role which had been developed to improve senior oversight of fire safety checks and drills, noting that there were 102 Persons in Control who had been instrumental in ensuring that a minimum of 3 fire wards were on each shift rota.</p> <p>The DoCA/CoSec reminded the meeting that she had been involved in a complaint which had highlighted evacuation procedures and the impact which this could have upon staff and the ways in which they needed to work as well as wider issues around disability access. The Head of Quality Governance provided an update on the case and confirmed that a personalised fire evacuation plan had been developed for that particular case and that the Fire Safety team would also now visit teams and develop other personalised fire evacuation plans when required. She added that current processes meant it was the responsibility of line managers to highlight when such support may be required. The Senior Fire Safety Advisor added that fire risk assessments would also take this into account and in any event the majority of sites where outpatients were seen were on the ground floor.</p> <p><b>The Committee noted the report and that future reporting on Fire Safety may become annual to this Committee.</b></p> <p><i>The Head of Quality Governance and the Senior Fire Safety Advisor left the meeting.</i></p>	
----------------------------	--	--

<p><b>5.</b></p> <p>a</p> <p>b</p> <p>c</p> <p>d</p>	<p><b>Clinical Audit report</b></p> <p>The Medical Director and the Lead for CQC Standards and Quality presented the report AC 36/2020 which provided an update on Clinical Audit activity and the impact of COVID-19 upon the national and local audit programme. The Medical Director reported that although the national audit programme had been suspended, some internal clinical audits had continued, albeit in a pared down way, as set out in the report. He also confirmed that the Clinical Audit team was appropriately staffed and he welcomed the Lead for CQC Standards and Quality who had joined the Trust in February 2020. He reported that engagement from clinical staff was improving and noted that the new Deputy Medical Director was the Chair of the Clinical Audit Group (where all completed clinical audits were presented) and providing senior medical leadership in this area.</p> <p>The Lead for CQC Standards and Quality introduced himself to the meeting and volunteered to produce a Clinical Audit annual report for the next meeting. He referred to the report presented at this meeting and the section on the work undertaking during the COVID-19 period, highlighting the diabetes audits and work taking place around physical healthcare on inpatient wards. He commented that there had been some repetition in the type of audits which had been taking place and he intended to review this and take an approach more influenced by Quality Improvement.</p> <p>The Chair welcomed the report and the Lead for CQC Standards and Quality, noting that Clinical Audit had previously been an area of some concern. She asked whether he felt he had sufficient support from the organisation. The Lead for CQC Standards and Quality replied that there had been a particular drive from the two mental health directorates to consolidate quality work within their directorates and improve communication between local audits and senior directorate leadership; he commented that good progress had been made to embed Quality Improvement methodologies and that Clinical Audit was part of this and had benefitted from it.</p> <p>Aroop Mozumder supported the approach to bring quality oversight, and Quality Improvement, into the spectrum of Clinical Audit work. He referred to Table 4 in the report which set out those audits which had been due during Quarter 1 and noted that the DNACPR audit which had been postponed due to COVID-19 should be resumed as soon as reasonably possible. He also referred to previous concerns and recommended that the position on: (i)</p>	<p><b>SMcC/ MHa</b></p>
--	---	-----------------------------

	<p>falls; and (ii) resuscitation equipment should also be reviewed; he noted that he could discuss this further with the Lead for CQC Standards and Quality and with the Medical Director separately, if helpful, and in his capacity as Chair of the Quality Committee. The Medical Director replied that work was taking place further to previous recommendations from the resuscitation audit and that the falls team were also continuing to lead on work. The Lead for CQC Standards and Quality added that there may have been a mismatch between the focus of the resuscitation audits and the relevant policy and that the previously poor resuscitation audit results did not necessarily suggest significant safety issues but lack of alignment with the policy requirements.</p> <p>e The Chair asked whether this report had previously been provided to the Quality Committee. The Medical Director replied that an earlier version of it had been provided to the Quality Committee meeting on 09 September 2020, which had been slightly updated prior to presentation at this meeting.</p> <p>f <b>The Committee noted the report and that a Clinical Audit annual report would be provided for the next meeting.</b></p> <p><i>The Lead for CQC Standards and Quality left the meeting.</i></p>	
<p><b>6.</b></p> <p>a</p> <p>b</p>	<p><b>Cyber Security report</b></p> <p>The DoS/CIO and the Head of IT joined the meeting and presented the report AC 37/2020 on Cyber Security work over May to August 2020. Further to previous resourcing concerns which had been discussed at the Committee, the DoS/CIO reported that the Trust had recruited permanently into a Cyber Security post within the IT team. He noted that there were currently good levels of cyber protection in place but that this was not an area to be complacent about as threats continued to evolve; although IT priorities remained around Electronic Prescribing &amp; Medicines Administration and the Data Centre, developing Cyber Security defences remained a core aspect of the capital pipeline.</p> <p>The Head of IT referred to the report and highlighted that key developments during the reporting period had been focused on achieving compliance with the Data Security &amp; Protection Toolkit (<b>DSPT</b>) and improving email protection. He noted that he would be focusing upon improving training and awareness as although good information was available on the intranet, it could be made more accessible and publicised more widely internally. He</p>	



	<p>added that there was also scope to work with Learning &amp; Development on a Cyber Security awareness e-learning package, which he would be exploring. He referred to the section in the report on Continuity Planning and confirmed that the review of the Trust’s Backup and Business Continuity systems had been completed and recommendations from the review would be implemented as part of the new Data Centre project. Work was also taking place to develop penetration testing and vulnerability scanning tools. Discussions were also taking place with the Procurement team to include a Third Party Cyber Security Assessment in procurement documents/processes to ensure that any new systems being procured adhered to DSPT Cyber Security standards.</p> <p>c Chris Hurst commended the progress being made. The Chair agreed and noted that as the Trust and other organisations would continue to be exposed to evolving cyber threats, this needed to be tracked (and confirmation received that relevant risks had been identified and mitigated) but not necessarily through this Committee if that involved unnecessary duplication. She asked where else Cyber Security reporting was provided. The Head of IT and the DoF replied that it also went to the Information Governance Group which reported into the Quality Committee on a by exception basis if there were matters to highlight.</p> <p>d <b>The Committee noted the report.</b> <i>The Head of IT left the meeting.</i></p>	
<p><b>7.</b></p> <p>a</p> <p>b</p>	<p><b>Data Quality Strategy and update on data quality improvements</b></p> <p>The Head of Performance &amp; Information joined the meeting and, together with the DoS/CIO, presented the report AC 38/2020 which included the revised new Data Quality Strategy and provided an update from the Data Quality Improvement Group. The Head of Performance &amp; Information confirmed that the Committee’s previous comments upon the draft Data Quality Strategy had been incorporated into the revised version presented, including budgetary implications for the strategy and expectations around organisational engagement and resourcing; she confirmed that maintaining good data quality was, however, part of business-as-usual activity for the Trust, not reliant upon additional funding.</p> <p>Aroop Mozumder asked: (i) how the Data Quality Strategy would be used to support production of performance, audit and quality reporting; and (ii) whether there were any issues with not being able to produce reporting due</p>	

	<p>to poor data quality. The DoS/CIO agreed that the Data Quality Strategy needed to be embedded in order to support reporting and, in particular, Quality Improvement work across the organisation. He noted that rather than attempt to deal with all aspects of data quality at once, it may be more effective to identify particular objectives or target areas where the benefits of good quality data would be most impactful. There also remained challenges to address around: the volume of data which was being collected and how this could be reduced; and incomplete data provided in referrals where further steps were then necessary to fill the gaps. The Medical Director added that there was also a cultural attitude to address within the Trust as even when gaps in referrals were identified, the missing data was not always input at a later date. The DoF added that this had also been discussed at the Information Management Group which had: (i) supported the revised Data Quality Strategy, and commended it as now pragmatic and deliverable; and (ii) considered the issues around incomplete data, which had been assessed as behavioural rather than cultural issues and which may require further training for staff. The Head of Performance &amp; Information added that training was beginning to be addressed; she noted that she had been invited, for the first time, to the last cycle of Trust Leadership Development training to present on data and information. She noted that she would continue to use that opportunity to engage leaders on data quality.</p> <p>c <b>The Committee APPROVED the Data Quality Strategy and noted the update report.</b>  <i>The DoS/CIO, the Medical Director and the Head of Performance &amp; Information left the meeting.</i></p>	
<p>8.</p> <p>a</p> <p>b</p>	<p><b>Counter Fraud progress report</b></p> <p>Dean Docherty presented the report AC 40/2020 which summarised Counter Fraud activity for the period 01 April to 02 September 2020. He highlighted the new referrals which had been received since April 2020 and took the Committee through the cases which remained open, as set out in the section in the report on 'Hold to Account'.</p> <p>The Committee discussed the case involving duplicate timesheets and issues involving two databases not interfacing. The DoF added that he and the Deputy DoF were scheduled to review this in more detail with the Director of HR and the Head of HR Systems, noting that it was important that any</p>	

<p>c</p>	<p>issues be resolved promptly. The Chair requested an update to the next meeting.</p> <p>The Committee discussed the allegation of bribery, noting that this was at preliminary investigation stage. The DoF added that investigation needed to take place in order to substantiate the allegations which had been made but that procurement information (emails and purchase orders) would be scrutinised.</p>	<p><b>TIAA/ MME</b></p>
<p>d</p>	<p><b>The Committee noted the report.</b></p>	
<p><b>9.</b></p>	<p><b>Reverse Charge VAT on Construction Services</b></p>	
<p>a</p>	<p>The Deputy DoF presented the report AC 41/2020 on the domestic reverse charge for customers receiving supplies of construction services (the introduction of which had been delayed until 01 March 2021). 'End users' of construction services were excluded from the reverse charge and as the Trust would be such an end user, it would need to ensure that this was declared to suppliers each time it purchased construction services (as part of standardised purchase order processes). He confirmed that the declaration would form part of purchase orders.</p>	
<p>b</p>	<p><b>The Committee noted the report.</b></p>	
<p><b>10.</b></p>	<p><b>Losses &amp; Special Payments report</b></p>	
<p>a</p>	<p>The Deputy DoF presented the report AC 42/2020 which set out cases from 01 April to 31 July 2020 in relation to forensic payments, loss/damage of personal effects, loss of staff property, stores losses and constructive losses. He confirmed that the level of forensic payments were in line with the level in the previous year. He highlighted that there had been no cancellation costs relating to high-cost agency bookings, further to work undertaken to move away from using particular agencies.</p>	
<p>b</p>	<p><b>The Committee noted the report.</b></p>	

<p><b>11.</b></p> <p>a</p> <p>b</p> <p>c</p>	<p><b>Single Action Tender/Quotation Waivers (SATW/SAQWs) report</b></p> <p>The Deputy DoF presented the report AC 43/2020 which provided updates on SATW/SAQWs over the periods 01 January to 31 March 2020 (concluding FY20) and 01 April to 31 July 2020 (commencing FY21). Although the Procurement team had been extensively involved in supporting the Trust's requirements for Personal Protective Equipment (<b>PPE</b>), with team members being diverted from their substantive roles to supporting the PPE response, this had not diverted efforts away from obtaining appropriate waivers; however, a number of planned tenders had needed to be delayed which were now being released. He noted that there had been an increase in the level of waivers which might also be related to the Procurement team being more proactive on challenging waivers and raising awareness.</p> <p>The Chair noted that whilst it was positive to hear that the Procurement team was taking a more proactive approach, it had been concerning in previous reports to see the number of waivers which had been approved without Procurement being consulted. She asked to what extent this may be a cultural issue and whether there were risks in Procurement not being consulted or needing to be consulted at some waiver levels. The Deputy DoF replied that culture may be a relevant part as Procurement could be seen as a regulatory control function and a hurdle to overcome but the current more proactive approach of the team was focused on emphasising the better value, outcomes and products or contracts which could be achieved by engaging with Procurement. The Chair asked how this would be manifested if this approach was successful. The Deputy DoF replied that whilst there would always be some waivers to report, and sometimes these were a sensible option to facilitate fast action, there should be a reduced number of waivers and more contracts re-tendered in sufficient time.</p> <p>Chris Hurst added that Estates' waivers may also correlate with a desire to maximise use of capital budget, offset slippage in capital spend and accelerate relatively small projects but at the last minute. He noted that, hypothetically, if there were issues with organisational controls or managers not following due process in relation to procurement/tenders then this may result in over-use of waivers which could lead to poor Value For Money being achieved or lack of impartiality in use of public funds. However, he emphasised that he had not seen any evidence of this kind of risk in the Trust. He noted that whilst it was impractical to design rules to cover every eventuality, there needed to be confidence that exceptions such as the</p>	
--	--	--

	<p>granting of waivers had been through sufficient and sensible checks and that processes were sufficiently robust so as to be able to highlight risks. The Chair agreed and suggested that reporting also identify where there may be residual areas of concern. The Deputy DoF replied that it should be possible to identify this and report on where there may be residual concerns.</p> <p>d The DoF added that there was a further technical angle to be aware of as an increasing amount of procurement was required for new systems, which required validation of information governance requirements. He noted that he and the Deputy DoF would need some more time with the Procurement team, reviewing the SATW/SAQW process and reporting in order to refine the report further.</p> <p>e The Chair commented that section 9, on the organisational learning opportunities arising from SATW/SAQW requests, had been particularly helpful.</p> <p>f <b>The Committee noted the report.</b></p>	<p><b>PD/ MME</b></p>
<p><b>12.</b></p> <p>a</p>	<p><b>Quality Committee update</b></p> <p>The Committee received the Quality Committee minutes from 08 July 2020.</p> <p><i>Internal Audit – PwC (Nika Verona and Sasha Lewis) and Counter Fraud - TIAA (Dean Docherty) left the meeting. The meeting resumed with the Committee members, the DoF, the Deputy DoF, the DoCa/CoSec and the ATS.</i></p>	
<p><b>13.</b></p> <p>a</p> <p>b</p>	<p><b>External Audit contract</b></p> <p>The DoF presented the report AC 45/2020 on the External Audit contract review, including consideration of fees. The DoCA/CoSec reminded the meeting of the need to involve governors in any process of appointment or reappointment of External Auditors.</p> <p><b>Subject to appropriate governor approval, the Committee APPROVED the recommendation in the report.</b></p>	

<p><b>14. Any Other Business</b></p> <p>a</p> <p>b</p> <p>c</p> <p>d</p>	<p>The Chair summarised discussion which had taken place in the private pre-meeting with Committee members and noted that a mapping exercise should take place to ensure that there was no unnecessary duplication in reporting or oversight between committees and the Board. This could usefully be undertaken with committee chairs, and with consideration of committee terms of reference, and there may be an opportunity for this at the Board meeting in private at the end of October 2020.</p> <p>The DoF supported this and noted that the nature of the work of any audit committee meant that it would expand its agenda to encompass items which may be of concern at a particular time but there then may be a tendency for these items to stay on the agenda rather than be delegated to another committee. He suggested that Data Quality and, potentially, Cyber Security may be examples of this which could now be delegated to the Information Management Group to maintain oversight of; however, he acknowledged that current reporting up to the Quality Committee from the Information Management Group was on a by exception/escalation basis which would not of itself necessarily provide sufficient detail for the Quality Committee.</p> <p>The DoCA/CoSec also supported a mapping exercise to ensure that there was no unnecessary duplication but noted that some duplication may be necessary as the Audit Committee would touch on the same matters as other committees but in a different context and with a different focus. Reporting should not just be replicated from one committee to another without recognition of the different areas of focus to highlight. She cautioned against changing terms of reference as a solution or completely avoiding duplication.</p> <p>The Deputy DoF added that an internal mapping exercise such as this could also feed into a relationship/governance map with external partners, such as the Integrated Care System.</p>	<p><b>KR</b></p>
	<p><b>Meeting Close: 11:37</b></p>	
	<p>Date of next meeting: 09 December 2020, 09:30-12:00</p>	