

**Whittington Health
Audit Committee Action Notes**

This paper tracks progress on actions from previous meetings of the Audit Committee (AC) and summarises the key decisions and actions arising from the last 14th July 2011

All actions up to September 2010 complete. Update on outstanding actions from the Audit Committee meetings November 2010 to March 2011

Ref*	Action	Progress/Update May 2011
1011.10	Risk Management Strategy: review the section on reputational risk for next iteration. Fiona Smith	Fiona Smith to discuss with Marisha Ray. Risk management strategy will be reviewed and updated to take account of the ICO. To be circulated in draft prior to submission to September meeting of AC.
1101.4	Mandatory training: timetable for electronic roll-out Margaret Boltwood	Access issues being resolved. E-learning for junior doctors to be launched in August 2011. Meanwhile Whittington Health has been selected by NHS London to be a pilot for a project to introduce a "staff passport" for online learning.
1101.5	Update on LLP contract and agreements with UCLH/RFH on agency usage. Margaret Boltwood	Now one of UCLP back office projects. Looking at best practice and SLAs on agency usage. Project led by UCLH but with two representatives from the Whittington. Business case to be developed by end of June including consideration of temporary staffing arrangements. UCLP report to July TB.
1101.7	Clinical Governance: Re: December 2010 report. Patient safety update needs to include reason for relatively low rate of reporting clinical incidents within target timescales and to break down the "other category" Richard Jennings	Timetable for addressing issues to be reported to the Quality Committee. Need action plan for merging systems.
1101.9	Patient feedback: Look at key problem areas and cross-reference to complaints and litigation Bronagh Scott	Angela Kennedy (Head of Legal Services) now managing complaints. David Williams drafting paper on future arrangements to go to Quality Committee in September
1101.11	Cervical Screening: Check whether the use of the NMH laboratory by Haringey for cervical screening carries any reputational risk for the Whittington ICO. Bronagh Scott	BS not able to attend. Written report to be provided within two weeks.
1105.2	Check with ACs of NHS Islington and NHS Haringey whether there are any issues on financial	RM to report back to September Audit Committee

	performance which need to be followed-up by Whittington Health Audit Committee Richard Martin	
1105.4	Take-up rates for mandatory training to be taken back to EC to ensure at least 75% compliance achieved in all areas. Margaret Boltwood	Report back to September Audit Committee
1105.6	Report from Quality Committee to provide assurance that the new committee architecture is compliant with Monitor's requirements Bronagh Scott	Report from Quality Committee to November Audit Committee. (First meeting of Quality Committee 26 th September.)
1105.9	BAF to be developed for ICO once corporate objectives agreed Bronagh Scott	Risks to strategic objectives to be identified in August. Audit Committee review of BAF to be undertaken in a workshop setting before September Audit Committee.
1106.2	Design training programme on trust accounts for NEDs Richard Martin	Two HFMA recent publications to be circulated at Trust Board. Date for training session to be fixed immediately.
1106.3	Internal Audit to provide proposal on what evidence needs to be provided to Monitor on quality impact of CIPs Parkhill	September AC

Actions arising from Audit Committee on 14th July 2011

Ref*:	Decision/Action	Timescale	Lead and support
Action points from the Audit Committee (Doc 2)			
1107.1	Re Risk Management Strategy. Update for ICO to be circulated and Internal Audit to Review at an early stage.	Return to September AC	Bronagh Scott
1107.2	Report on organisational approach to incident-reporting to Quality Committee.	September Quality Committee (QC)	Bronagh Scott
1107.3	Finalise terms of reference and convene QC.	July TB for September meeting of QC	Bronagh Scott
1107.4	Sort out process for implementing actions arising from AC including executive member attendance and provision of written responses	September AC	AC secretary

Ref*:	Decision/Action	Timescale	Lead and support
1107.5	Design template for Executive Summary of Board and committee papers so as to prompt the author to consider Monitor compliance	September AC and TB	Corporate Secretary
1107.6	Construct spreadsheet identifying Monitor requirements and sources of self-certification	September AC	Assistant Director: Governance/Corporate
1107.7	Risk Register and BAF to be reviewed in a separate session prior to next AC meeting	September for September AC	Bronagh Scott
1107.8	Review arrangements and committee modus operandi to check they meet Monitor requirements	December AC	Bronagh Scott Richard Martin Peter Freedman Sue Rubenstein
Draft terms of reference of Audit and Risk Committee (Doc 3)			
1107.9	Internal Audit to compare with ToRs of recent FTs and current applicants	July TB	Max Lai
1107.10	Chairman to check against model ToRs in DH/HFMA Audit Committee Handbook	July TB	Peter Freedman
Disaster Recovery arrangements (verbal)			
1107.11	Business Continuity Plan needs to be updated	September AC	Glenn Winteringham
1107.12	Disaster recovery plans for IT infrastructure to be consolidated in a single document, with corresponding training plan	September AC	Glenn Winteringham
External Audit progress report (Doc 4)			
1107.13	Re: Value for Money opinion: Process for identification of CIP and QIPP to be reviewed to provide assurance to AC	September AC	External Audit in collaboration with internal audit
Internal Audit progress report (Doc 5)			
1107.14	Assess the impact of transitional pressures on the ability of the executive team to meet deadlines and set delivery performance objectives	September AC	Executive team
Fraud policy and response plan (Doc 7)			
1107.15	Brief EC and disseminate advice to staff on implications of Bribery Act 2010 e.g. via Link	September	Richard Martin Margaret Boltwood

Ref*:	Decision/Action	Timescale	Lead and support
1107.16	Provide briefing note to Audit Committee on action already taken or being taken to ensure compliance with Bribery ACT and advise EC	End July	Susan Sorensen
1107.17	Amend Fraud Policy to incorporate action required to comply with Bribery Act, taking account of comments from AC members	September AC	Nigel Sedgwick
Health & Safety Dashboard Report (Doc 11)			
1107.18	Check whether recommendation for minimum 75% compliance for all staff was transmitted to EC and acted on. Reiterate concerns to TB	July TB	Philip Ient Susan Sorensen
Clinical Assurance and Governance Board (CAGB) (Doc 11)			
1107.19	NEDs to be briefed on how key clinical quality metrics are calculated, e.g. Standardised Hospital Mortality Rates	By end 2011	Fiona Smith
Board Assurance Framework (Doc 13)			
1107.20	Set up September meeting with session on BAF in the morning and Audit Committee in the afternoon	By end of July 2011	Susan Sorensen

*The unique reference number indicates the year and then the month of the action being raised followed by a sequential number relating to that month.