

## Board of Directors Meeting in Public

<b>Subject:</b>	Report of the Audit and Assurance Committee	<b>Date:</b> 5 <sup>th</sup> August 2021		
<b>Prepared By:</b>	Shirley A Higginbotham, Director of Corporate Affairs			
<b>Approved By:</b>	Graham Ward, NED, Chair of Audit and Assurance Committee			
<b>Presented By:</b>	Graham Ward, NED, Chair of Audit and Assurance Committee			
<b>Purpose</b>				
The Audit and Assurance Committee met on 20 <sup>th</sup> July 2021. This paper informs members of the significant matters agreed by the Committee for reporting to the Board of Directors:			<b>Approval</b>	
			<b>Assurance</b>	<b>x</b>
			<b>Update</b>	
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		<b>x</b>		
<b>Risks/Issues</b>				
<b>Financial</b>	The Audit and Assurance Committee is responsible for ensuring the system of internal control is robust and effective in order to provide high quality, value for money services to patients and provide a safe environment for staff. Safeguarding the reputation of the Trust			
<b>Patient Impact</b>				
<b>Staff Impact</b>				
<b>Services</b>				
<b>Reputational</b>				
<b>Committees/groups where this item has been presented before</b>				
N/A				
<b>Executive Summary</b>				
<p>The Board of Directors is asked to accept the content of the Report and note the items highlighted below:</p> <ul style="list-style-type: none"> <li>• Counter Fraud – Progress Report</li> <li>• Internal Audit – Progress Report</li> <li>• Limited Assurance Report – Patient Consent</li> <li>• Clinical Audit Planning and Progress report</li> <li>• Register of Interests</li> <li>• Board Assurance Framework</li> </ul> <p>The Audit and Assurance Committee met on 20<sup>th</sup> July 2021. The meeting was quorate, the Minutes approved, and all outstanding actions are progressing, were covered by the agenda or agreed as closed. There were no declarations of interest pertaining to any items on the agenda.</p> <p>The following items were presented and discussed:</p> <p><u>Counter Fraud – Progress</u></p> <p>Counter Fraud presented their progress report detailing the work carried during the period 1<sup>st</sup> April 2021 – 30<sup>th</sup> June 2021. Committee agreed the Annual Bribery compliance report would be included in future Counter fraud updates and could be removed from the workplan. There were no</p>				

items of escalation within the progress report.

#### Internal Audit – Progress Report

360 Assurance updated the outstanding audit from the 2019/2020 plan with regard to FIP is complete and the report is in draft. The two final reports from the 2020/21 plan had been issued. Five reviews have commenced from the 2021/22 plan, work had commenced on the Head of Internal Audit Opinion work programme and the current performance in relation to implementation of actions is 82%

#### Patient Consent – Limited Assurance Report

The medical director presented the report and noted the recommendations and timelines. It was agreed Quality Committee would monitor the implementation and embedding of the recommendations.

#### Clinical Audit Planning and Progress Report

Committee received assurance regarding clinical audit performance during the pandemic and were updated on progress against the plan and noted the potential impact the ongoing challenges would have on the plan going forwards.

#### Register of Interests

Committee received and noted the report, noting the number of non-compliant band 7+ at the time of reporting was 136 which was a significant improvement on the same time last year when the number non-compliant was 209. The focus during the year would be on Medics, particularly in Surgery as this is the largest and most consistent non-compliant group. Further reports were presented which detailed those members of staff who had identified private practice on their appraisal but had either not submitted a return or had submitted a nil return. Further work will be done to follow these up. Committee requested a report highlighting any individuals who were non-compliant in previous years and agreed that these would all be followed up.

#### Board Assurance Framework

A report was received detailing the process of populating, reviewing and revising the Board Assurance Framework.