

Board of Directors - Public

Subject:	Report of the Audit and Assurance Committee	Date: 28 th September 2017		
Prepared By:	Shirley A Higginbotham, Head of Corporate Affairs and Company Secretary			
Approved By:	Ray Dawson, NED, Chair of Audit and Assurance Committee			
Presented By:	Ray Dawson, NED, Chair of Audit and Assurance Committee			
Purpose				
The Audit and Assurance Committee met on 21 st September 2017. This paper informs members of the significant matters agreed by the Committee for reporting to the Board of Directors:			Decision	
			Approval	
			Assurance	X
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		X		
Risks/Issues				
Financial	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			
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
N/A				
Executive Summary				
<p>The Audit and Assurance Committee received and noted the following reports:</p> <p>Annual Report from the Risk Committee</p> <p>The following items are standing items on the agenda and were discussed and actions noted as appropriate:</p> <p>Internal Audit</p> <p>A progress report was provided and it was noted that an adjustment to the agreed audit plan resulted in 5 days being returned to the contingency element of the plan.</p> <p>Two reports were received with limited assurance</p> <p>Cyber Security GDPR Legislation</p> <p>The recommendations will be monitored and reported to committee as per the current process and follow up audits will be scheduled to ensure compliance</p>				

Outstanding Audit Recommendations – No recommendations were reported as outstanding, however committee noted 3 recommendations rated as high risk remain on-going and it was agreed all high rating recommendations would be followed up with the responsible executive director. Committee agreed for all ongoing actions to be pursued to ensure the outcomes were achieved.

Information Governance – The trust score with regard to the interim IG toolkit was reported as satisfactory. There have been no level 2 incidents reported in the period. FOI requests have been received in the period the main themes being fire risk assessments, ophthalmology services and agency spend.

The GDPR will come into force in May 2018, the Compliance group has met twice and will meet monthly to ensure the actions are completed and implemented. The plan will be monitored by the IG Group and reported to the committee. Any risks identified will be reported on the risk register and escalated to risk committee as appropriate.

The ICO audit has been completed, and the report published on the 7th September, the committee received the executive summary of the report. The Trust has developed a plan to respond to all the recommendations and this will be consolidated with the GDPR action plan as a number of actions are duplicated in both.

Single Tender Waivers – a report was received with regard to the number of single tender waivers in the previous 12 months, a total of £3m, the themes were IT requirements and medical equipment. Committee were informed the process had been strengthened to ensure Value for Money considerations.

Conflicts of Interest – Committee were provided with an update regarding compliance with the conflicts of interest policy, the number of declarations received utilising the new process although significantly improved is disappointing. Committee received assurance targeted work was ongoing with those staff who are non-compliant.

Data Quality Report – The committee raised concerns regarding elements of the report and were assured no misrepresentation of information was being reported. Reports will continue to be submitted to the committee.

Clinical Audit Report – The committee were requested to receive the report as a draft report as there were issues to be addressed with regard to the reporting of outcomes which were currently work in progress, it was agreed a further report would be provided to committee in January 2018.

Board Assurance Framework – Committee were assured of the BAF process, in particular the scrutiny of the BAF at the Risk Committee. Committee were informed that Principal Risk AF2 had been discussed at Risk Committee who had recommended Quality Committee review the risk with a view to increasing the risk rating from 12 to 16 to reflect the increased risk during the winter period.

Losses and Special Payments – The regular report was received and it was noted the policy would be reviewed.

Going Concern Statement – A verbal update was received from the CFO informing committee the Trust continued to operate as a Going Concern

Terms of Reference and Work plan – revised and approved.