

Date of meeting	13 September 2018
Paper number	G1

Audit and Assurance Committee Assurance Report

For approval:		For assurance:	<input checked="" type="checkbox"/>	To note:	
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Accountable Director	Steve Williams Audit and Assurance Committee Chairman		
Presented by	Steve Williams Audit and Assurance Committee Chairman	Author	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities				
Deliver safe, high quality, compassionate patient care	<input checked="" type="checkbox"/>	Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care
Ensure the Trust is financially viable and makes the best use of resources for our patients	<input checked="" type="checkbox"/>	Continuously improve our services to secure our reputation as the local provider of choice		

Alignment to the Single Oversight Framework				
Leadership and Improvement Capability		Operational Performance		Quality of Care
Finance and use of resources	<input checked="" type="checkbox"/>	Strategic Change		Stakeholders

Report previously reviewed by		
Committee/Group	Date	Outcome
Not applicable		

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	All
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Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>
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Recommendations	The Trust Board is requested to note the report for assurance.
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Executive Summary

The Committee at its meeting on 18 July 2018, discussed the following items:-

- **External Audit letter:** the committee received the final external audit letter which outlined key risks and the formal results of the external audit which have been published as part of the AGM.
- **Internal Audit Progress Report:**
 - Backlog of audit reports have been cleared apart from Patient Monies report where there is focussed work being undertaken to ensure that the new process is embedded. This will be brought to the September meeting.
 - Serious incident follow up report: Whilst there are still outstanding actions in relation to the completion of Datix, progress have been made and a further follow up will take place in quarter 3. Action has been requested in relation to Datix.
 - Emergency Department Unit – The report showed that there were problems with note taking. There were also issues of scanning blank documents. These will be taken forward through the Divisional Medical Director for Urgent Care.
 - Review of Medication Storage & Patient Group Directions (PGD): Moderate assurance was provided for this audit. Action plans are in place and the Committee will see the results of the audits undertaken within the pharmacy department.
 - Review of Financial Management & CIP – Final – March 2018: Significant assurance was given for budget setting and moderate for financial sustainability.
 - Client End Controls (Financial and Payroll) – Final – February 2018: Significant assurance.
- **Anti-fraud Report:** The Committee will have more visibility on the closure of actions in cases in relation to issues raised to the anti fraud officer. The two new issues raised have been actioned and closed. There are two other issues which remain open. The annual survey of staff (response rate over 40%) was also presented which showed good awareness but some staff were unable to name the individual to whom fraud allegations should be reported. Awareness raising will take place. This survey compares well with other NHS organisations.
- **Board Assurance Framework (BAF):** The Committee noted the process undertaken for the recent update and a summary of the changes agreed by the Board was noted.
- **GDPR – state of preparedness:** The Committee received a report on the state of preparedness in relation to being complaint with GDPR. The Committee were satisfied that there was a robust process for the implementation of GDPR and complimented the work of the DPO and the GDPR working group.
- **Risk Management Group update:** The Committee were satisfied with the process undertaken with the development and embedding of the risk management strategy. The Head of Risk Management attended the meeting and the Committee agreed that the corporate risk register would be presented to the Committee and then to Trust Board.
- **Declaration of Interest Annual Report 2017/18:** The Committee were assured that the annual report would be presented to the Committee in September.
- **Quality Account annual review:** The Committee received the assurance report in relation to the Quality Account. It was qualified in relation to VTE. This is extremely disappointing. The actions being undertaken were described by the Chief Medical Officer. The Committee requested rigorous testing in Q3 to mitigate the possibility of another qualified audit. This was agreed.
- **Better outcomes for patients programme (BOPP):** The Committee received a report about the clinical audit forward plan. The plan has been approved by the QGC. All

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<p>specialties have developed a local BOPP. These local BOPPs include local and national audit initiatives.</p> <p>Items received:</p> <ul style="list-style-type: none"> • Update on IT Systems Working Group • Tender Waivers.
Background
<p>The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Trust Board places reliance, ensuring that the organisation operates effectively and meets its strategic objectives. Membership is three non-executive directors.</p>
Issues and options
None
Recommendations
The Trust Board is requested to note the report for assurance.