Board of Directors Meeting in Public

| Subject: | Report of the Audit and Assurance | | Date: 3 rd Dece | Date: 3 rd December 2020 | |
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| | Committee | | | | |
| Prepared By: | Shirley A Higginbotham, Director of Corporate Affairs | | | | |
| Approved By: | Graham Ward, NED, | | | | |
| Presented By: | Graham Ward, NED, | Chair of Audit and A | ssurance Committe | e | |
| Purpose | | | | | |
| | surance Committee m | | | | |
| | informs members of the | | | X | |
| | mmittee for reporting t | to the Board of | Update | | |
| Directors: | | | Consider | | |
| Strategic Object | ives | | | | |
| To provide | To promote and | To maximise the | To continuously | To achieve | |
| outstanding | support health | potential of our | learn and | better value | |
| care | and wellbeing | workforce | improve | | |
| | | Y | ~ | × | |
| x Overall Level of | X | X | X | X | |
| | Assulance | Sufficient | Limited | None | |
| | Significant | Suncient | | | |
| | Significant | x | | | |
| Risks/Issues | | X | | | |
| | The Audit and Assu | x urance Committee is | responsible for ens | U | |
| Risks/Issues | The Audit and Assu | x urance Committee is obust and effective in | responsible for ens | gh quality, value for | |
| Risks/Issues Financial Patient Impact Staff Impact | The Audit and Assu internal control is ro money services to | x urance Committee is obust and effective in patients and provide | responsible for ens order to provide hi a safe environment | gh quality, value for | |
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| Risks/Issues Financial Patient Impact Staff Impact Services Reputational | The Audit and Assu internal control is ro money services to | x urance Committee is obust and effective in patients and provide eputation of the Trus | responsible for ens order to provide hi a safe environment | gh quality, value for | |
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The following items were presented and discussed:

Counter Fraud

The update included presentation of the Conflicts of Interest draft report which noted progress made but also made 7 recommendations which included the importance of getting all band 7+ staff declarations, through the register of interests.

Internal Audit

An update was provided on the remaining audits from the 2019/20 noting that the FIP PMO review will commence later in the year. In order to take account of the impact of the 2020/21 financial regime on the functioning of the PMO and Trust FIP requirement going forwards. An update regarding progress against the 2020/21 plan highlighted that there were 18 pieces of audit work still to be completed for 2020/21, which is challenging, however, good progress was being made and only one audit has not yet commenced, being the Data Quality Framework. It was noted the Trusts implementation of actions at first follow up is 83%.

Committee also received the final stage one Head of Internal Audit Opinion, two actions were noted on the report, both have already been implemented.

External Audit

Committee received the report from KPMG, the external auditors and were informed of the changes regarding the Value for Money assessment.

Register of Interests

Committee received and noted the report, in particular noting that the number of non-compliant band 7+ has reduced from 107 at this stage last year to 79 this year.

Committee also received a report highlighting any individuals that were non-compliant in previous years and this year. The Medical Director attended to inform committee he would be contacting each doctor on the list and asking them to complete their declaration. Committee asked for the Chief Nurse and Chief Operating Officer to be contacted to do the same with the remainder of the list.

Suppliers Due Diligence

The Medical Director and Head of Strategic Procurement provided the committee with a proposal regarding the due diligence process for the selection and ongoing contract management of suppliers of clinical services.

The committee noted the progress and commended the steps being taken to improve contract management arrangements going forward.

Non-Clinical Policies

The report presented to committee highlighted a number of non-clinical policies which had exceeded their renewal date. It was agreed the chair of the committee would email the executive leads for each policy concerned and inform them of the requirement for all overdue policies to be reviewed and updated before the next meeting of the committee.