

**Board of Directors:** 11.1.18

**Agenda Item:** Bo.1.18.27

## Report from Audit and Assurance Committee – 5 December 2017

<b>Presented by:</b>	Trevor Higgins, Non-Executive Director	<b>Author:</b>	Ms Fiona Ritchie, Trust Secretary
<b>Previously considered by:</b>	N/A		

<b>Key points</b>	<b>Purpose:</b>
This paper provides a brief summary of the key matters that were discussed at the meeting of the Audit and Assurance Committee held on 5 December 2017.	To note and gain assurance

<b>Executive Summary</b>
The purpose of the Audit and Assurance Committee, as set out in its Terms of Reference, is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities that supports the achievement of the organisation's objectives and, if necessary, raise concerns or make recommendations to the Board of Directors.

<b>Financial implications:</b>
No

<b>Regulatory relevance:</b>
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<b>Monitor:</b>	Quality Governance Framework
	Risk Assessment Framework

<b>Equality Impact / Implications:</b>	<b>Is there likely to be any impact on any of the protected characteristics?</b> (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what is the mitigation against this?
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<b>Other:</b>	
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<b>Strategic Objective:</b> <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To collaborate effectively with local and regional partners

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## **Audit and Assurance Committee – 5 December 2017**

### **1. Introduction**

The purpose of this paper is to advise the Board of Directors of the key matters discussed and a brief summary of agenda items of the Committee which was held on 5 December 2017.

### **2. Key Matters discussed at the meeting held on 5 December 2017**

- **Waste Segregation**
- **Follow up of Internal Audit Recommendations**
- **Cost Improvement Plan Recommendations Update**

### **3. Agenda Items**

#### **3.1 Internal Audit Progress**

Audit Yorkshire presented their Internal Audit progress report.

A summary of progress against the agreed plan for 2017/18 was provided.

The Committee discussed the three reports that carried a Significant Assurance opinion. The Committee also discussed in detail the three reports that carried a Limited opinion and the one report that had no assurance:

BH/14/18 Intravenous Cannulation: The Chief Nurse was in attendance for this item.

BH/16/18 Consent; Human Tissue: The Director of Governance and Operations was in attendance for this item.

BH/18/18 Cash Handling: The Director Finance was in attendance for this item.

BH/17/18 Waste Segregation: The Director of Governance and Operations was in attendance for this item. A follow up report on this item will be added to the next Committee agenda.

#### **3.2 Follow up of Internal Audit Recommendations**

The follow up report showing progress made against all agreed recommendations made in Internal Audit reports was discussed by the Committee.

#### **3.3 2017/18 Annual Report Timetable/FT reporting Manual**

The 2017/18 Annual Report and Quality Report timetable for production was discussed and noted by the committee. The recently published Accounts reporting

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timetable was also discussed with further information due to be presented at the next Committee meeting.

### **3.4 BH/11/18 Cost Improvement Plan Recommendations update**

The Transformation Director presented an update on the recommendations made in the Internal Audit report on the Cost Improvement Plan. The Committee discussed the responses to the recommendations in detail.

### **3.5 Board Assurance Framework Process**

The Director of Governance and Operations presented the Board Assurance Framework process to the Committee. The Committee discussed and gained assurance about the process.

### **3.6 Annual Reported Physical Assaults**

The Director of Finance, in his role as the Security Management Director and the Assistant General Manager/Security Management Specialist presented the 2016/17 Annual Reported Physical Assaults report.

The Committee discussed the report with particular reference to the management of clinically related challenging behaviour.

### **3.7 Exception Reports**

The exception reports were noted by the Committee

### **3.8 EPR Go-Live Process**

The Director of Informatics presented on the EPR go-live process. The go-live has been completed successfully and the FT is in 'Steady State'. A detailed review of the process was discussed by the Committee. The Committee congratulated the Director on the work that went into ensuring a smooth and successful go-live.

### **3.9 Attendees for subsequent Audit Committee meetings**

- Director of Governance and Operations: Waste Segregation follow up

## **4. Escalation to the Corporate Risk Register**

There were no items for escalation to the Corporate Risk Register

## **5. Recommendation**

The Board of Directors is asked to note the above points.