

Audit and Risk Assurance Committee, Key Issues Report	
Report Date:	Report of: Audit and Risk Assurance Committee
Date of last meeting: 09 June 2021	Membership Numbers: No member apologies received. Internal Audit and Counter Fraud (MIAA), External Audit (KPMG), Director of Finance, and Director of Governance and Communications in attendance.
1	<p>Agenda</p> <p>The meeting held on 9 June 2021, discussed, and made recommendations for the approval of the Annual Report and Accounts 2020/21 (and standard associated documentation), and the updated Risk Policy and Strategy, which have now been approved by the Board. No other substantive issues were raised that were not covered by the items below appearing on the 21 July 2021 agenda.</p> <p>The Committee considered agendas which included the following:</p> <ul style="list-style-type: none"> • Internal Audit Progress Report • Internal Audit: DSPT (Data Security and Protection Toolkit) Progress Report • Internal Audit: DSPT Assessment Summary Report (final) • MIAA Anti-Fraud Progress Report • Management Progress with Internal Audit Recommendations • Summary Risk Register (with risks scoring ≥ 15) • Board Assurance Framework 2021/22 • Outstanding Actions: Waiting list initiatives and Annual Leave • Cycle of Business
2a	<p>Alert</p> <ul style="list-style-type: none"> • Delays in fieldwork progress relating to internal audit review of Medical Rotas. Co-Medical Director, Mr Steyn, offered his support. • Internal audit recommendations requiring action, amounted to 65, with 41 overdue for action. Of these, 13 were rated as high priority (red), 27 as medium priority (amber), and 1 low priority (green). The Committee Chair requested that the Chief Executive attend the next meeting should the situation not improve. • Internal audit review into COVID procurement would be underway shortly and due for completion by end of August 2021 – although this may be delayed slightly as the level of work required was unknown at the present time. • Lack of pace relating to waiting list initiatives' was noted. Co-Medical Director, Mr Steyn, offered his support to improve pace with this work
2b	<p>Assurance</p> <ul style="list-style-type: none"> • Substantial assurance provided on the DSPT overall, but with moderate assurance over associated continuity planning. Ms Gallimore advised the Committee that additional resources were being put in place to support this area of work. • Counter Fraud advised that the Trust had not been exposed to any fraud or loss, despite a number of alerts have been received nationally regarding mandate fraud.

2c	Advise	<ul style="list-style-type: none"> • The fieldwork for internal audit reviews into Serious Incident (SI) Reporting, and Complaints Management were now complete and were awaiting Executive sign-off. Both received limited assurance, and a three month back-log in response to complaints was noted, with actions being put in place to support improvement. • Fieldwork was in progress for internal audit reviews into Safeguarding, and Medical Rotas. • Internal audit reviews into non-clinical job planning to take place in Q2 (no concerns), medical job planning to be pushed back to Q4 from Q2 (no concerns) and Critical (Cyber) Application Review to be pushed back to Q4 from Q2 (no concerns). • The risk register summary of risks scoring ≥ 15, with a number of requests for the report to be further enhanced. • The draft BAF was presented to the Committee, but had not been wholly reviewed by the Committees prior to presentation. It was noted that further training had been requested, further to the BAF being presented to Committees in August, and presented to the Committee in September. Training to be provided at August seminar. 		
3	Actions to be considered by the Board	None		
4	Report compiled by	<i>Anna Milanec, Director of Governance and Communications</i>	Minutes available from	<i>Jo Wells, Executive Support Supervisor and Committee Secretary</i>