

<b>Audit and Risk Assurance Committee, Key Issues Report</b>		
<b>Report Date:</b>		<b>Report of:</b> Audit and Risk Assurance Committee
<b>Date of meetings:</b> 03 August 2022 10 October 2022		All NED members present at both meetings. Director of Governance and Communications, Director of Finance, Co-Medical Director, Ms Rosi Edwards (Associate NED Designate and (non-voting) member of the Committee from 1 June 2022) also in attendance for the meeting.
1	<b>Agendas</b>	<p>The Committee considered the following:</p> <ul style="list-style-type: none"> <li>• Internal Audit Progress Report</li> <li>• Criteria Led Discharge - update</li> <li>• Waiting Lists Initiatives – update</li> <li>• Safe Staffing internal audit follow up report</li> <li>• Data Security and Protection Toolkit internal audit report</li> <li>• Draft Audit Plan (reviewed and revised proposals 2022/23)</li> <li>• Internal Audit Recommendations Tracker</li> <li>• External auditors annual report incorporating value for money report</li> <li>• Anti-Fraud Progress Report</li> <li>• Draft BAF report Q1 2022/23</li> <li>• Risk Management report Q1 2022/23</li> <li>• Annual Security Report 2021/22</li> <li>• Losses and Special Payments</li> <li>• Competition Waiver Reports</li> <li>• Conflicts of Interest Policy and register</li> <li>• Updated Terms of Reference, Workplan (part of governance review work)</li> </ul>
2a	<b>Alert</b> <i>Matters of concerns, gaps in assurance or key risks to escalate to the Board</i>	<ul style="list-style-type: none"> <li>• Progress had been made regarding the approval of processes and rates regarding Criteria Led Discharge, with better traction in Surgery rather than Medicine. Some resistance from nurses not feeling empowered.</li> <li>• The Waiting List Initiative payments process had been discussed at length through the new Financial Governance Group and a finalised SATH rate card being produced – pending final approval.</li> </ul>
2b	<b>Assurance</b> <i>Positive assurances and highlights of note for the Board</i>	<ul style="list-style-type: none"> <li>• Overdue internal audit recommendations had decreased by circa 2/3 down to 24, since the last meeting with a new process, which was more visible for executives to use, having been put in place.</li> <li>• A new Conflicts of Interest Policy was supported by the Committee with a recommendation for board approval.</li> <li>• New Conflicts of Interest Register was presented to the Committee, containing over 700 entries.</li> <li>• As part of the ongoing board governance review, an updated Terms of Reference for the Committee was supported with a recommendation for board approval.</li> </ul>

2c	<b>Advise</b> <i>Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.</i>	<ul style="list-style-type: none"> <li>• Executives to be aware that only one extension to any internal audit recommendation will be approved – more care to be taken in setting original timeframes and deadlines.</li> <li>• The Committee agreed to postpone a Mortality Governance Review internal audit until Q4 2022/23.</li> <li>• Key internal audits to commence in Q3 include: <ul style="list-style-type: none"> <li>• Key Financial Controls</li> <li>• HMFA Improving Financial Sustainability Checklist (mandated)</li> <li>• Divisional Risk Management</li> <li>• ESR / Payroll / Sickness Management</li> <li>• Data Quality – cancer waiting lists</li> <li>• Quality of Patient Records</li> <li>• Critical Applications - ARIA</li> </ul> </li> </ul>		
2d	<b>Actions</b> <i>Significant follow up actions</i>	<ul style="list-style-type: none"> <li>• Further updates on Criteria Led Discharge and Waiting List Initiatives at next meeting with key personnel asked to attend.</li> </ul>		
3	<b>Report compiled by</b>	<i>Anna Milanec, Director of Governance and Communications</i>	<b>Minutes available from</b>	<i>Isla Tomkiss, Executive Governance Support and Committee Secretary</i>