

Audit and Risk Assurance Committee, Key Issues Report		
Report Date: 3 January 2025		Report on: Audit and Risk Assurance Committee
Date of meeting: 25 November 2024		All NED members were present. Director of Governance, Director of Finance, with representatives from the Trust's Internal Auditors MIAA, and NHS Counter Fraud were also in attendance for the meeting, together with several Trust officers.
1	Agendas	<p>The Committee considered the following:</p> <ul style="list-style-type: none"> • Internal Audit Report – Bank and Agency Review (<i>moderate assurance</i>) • Internal Audit Report - National Cost Collection (<i>limited assurance</i>) • Internal Audit Report - Follow up Report • Internal Audit Report - Internal Audit Recommendations Tracker report • Anti-Fraud Progress Report • Overseas Agency Employment Checks • Medical Device Location Tracker • Non-Pay Controls Report • Losses and Special Payments Report • Procurement Waiver Report • Supplier and System Accountability Report • Annual Review of: <ul style="list-style-type: none"> • Standing Orders • Scheme of Delegation and Matters Reserved to the Board • Standing Financial Instructions • Board Code of Conduct • SFI's Supporting Paper – Pharmacy Authorization Limits • Risk Management Report • SIRO's Annual Report • Report on SARs Backlog • Bi-annual Report on the Registers of Interest, and Gifts and Hospitality
2a	<p>Alert</p> <p><i>Matters of concern, gaps in assurance or key risks to escalate to the Board.</i></p>	<ul style="list-style-type: none"> • The national cost collection internal audit review had provided only limited assurance, with a high-risk recommendation relating to the lack of Secondary Users Service (SUS) not being uploaded by the data warehouse team since the implementation of Careflow in April 2024. Recommendations for improvement in costing data methodology were made by the internal auditors, and it was also noted that the Trust had recently secured two PA's from a clinical consultant to support on costing activities and engagement.
	<p>Assurance</p> <p><i>Positive assurances and highlights of note for the Board</i></p>	<ul style="list-style-type: none"> • Suitable assurance was received by the Committee regarding an issue that had arisen following a previous internal audit of the recruitment process of overseas colleagues. Whilst an overseas recruitment agency held the contractual obligation to check identity and compliance documentation of new recruits, the internal auditors had found one case where the checks completed by the agency had fallen short of Trust expectations. This has led to an internal audit by the local recruitment team of all documentation provided to the Trust, including that which had already been externally verified. No other anomalies were found. As further assurance to the

		<p>Board, it was noted that the individual concerned had not been performing the role of a registered nurse whilst employed at the Trust, and during the time of employment had been fully supported by the Education Team, a Practice Education Facilitator from the OSCE team and the Lead Nurse for Post Registration Education.</p> <ul style="list-style-type: none"> • A long outstanding, high-risk internal audit recommendation, relating to Medical Devices and the risk of overdue planned preventative maintenance (PPM), was discussed. Mitigations that had been put in place since the audit were noted, including the recruitment of additional trained staff who to support the upkeep of the database and to provide a much more robust training and maintenance service. It was noted that a digital tracker solution was still being pursued, with a pilot due to commence in December 2024. If this concept worked, discussions would need to be had to agree financial priorities based on other challenges the Trust faced. Based on this latter point, it was agreed that due to financial challenges across the NHS, the internal auditors would de-scope the original recommendation so that it could be closed, with sufficient mitigations enacted and assurance provided. • The Committee received the report from the Director of Finance, providing an update on the Trust's performance against the grip and control measures introduced in February 2024 (triple lock process) and October 2023 (no purchase order, no payment' policy). • An annual review of the Trust's Standing Orders, Scheme of Delegation and Matters Reserved to the Board, Standing Financial Instructions, and Board of Directors' Code of Conduct had been undertaken with the Committee agreeing to the minor changes, and recommending subsequent approval of the Board. • A report was presented by the Senior Information Risk Owner (SIRO) highlighting work that had been carried out by the Information Governance and Data Protection teams in collaboration with the Cyber Security team between October 2023 and September 2024. It was particularly assuring to note that the trust had achieved 'standards met' of the Data Security and Protection Toolkit for the first time in 6 years.
2c	<p>Advise</p> <p><i>Areas that continue to be reported on, and / or where some assurance has been noted / further assurance sought.</i></p>	<ul style="list-style-type: none"> • The Committee had previously agreed that this was not the appropriate time for a Provider Collaborative internal audit to be carried out, and that the timeslot for this audit should be reallocated. This has now been completed, with an DM01 Diagnostics audit now underway. (Executive Lead: Chief Operating Officer). • A scheduled Patient Safety Incident Response Framework (PSIRF) internal audit had been deferred to a later time due to current ongoing work pressures in this area. • The Committee noted that the (former) Director of Nursing had deferred an internal audit review of Handover Arrangements, which the Committee had been uneasy with as this had not been escalated before the meeting. • It was noted that three full breach waivers had been submitted over the period of the last three months, totaling over £0.5m. The Director of Finance had proposed further measures to mitigate the overuse of waivers, which the Committee supported. • The Committee was advised about a situation that had come to light following a letter of complaint received from the Information Commissioners' Office regarding the lack of response to a Subject Access Request (SAR)

		<p>through the legal department. Upon investigation, it transpired that there was an issue – that had not been escalated - relating to a high number of backlogged requests. To support improvement in the backlog, additional resources were immediately commissioned for a period, with new, up to date processes being put in place and training provided to reduce the time taken to review the cases. The SIRO continued to update the ICO on progress.</p>		
2d	<p>Actions <i>Significant follow-up actions</i></p>	<ul style="list-style-type: none"> • Further to previous discussions, the Committee agreed that a review of the WLI (waiting list initiatives) process be undertaken in Q1 2025/26 and should be added to the future internal audit plan. 		
	<p>Report compiled by:</p>	<p>Anna Milanec, Director of Governance Approved by Prof Trevor Purt, ARAC Chair</p>	<p>Minutes available from:</p>	<p>Mrs Beverley Barnes, Board Coordinator</p>