Agenda Item: 17a

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Committee Chair's Assurance Report

Report to:	Board of Directors (in Public)
Date of meeting:	6 July 2021
Title of Report:	Assurance Report from the Audit Committee
Recommendation:	For Assurance
Chair:	David Dickinson, Non-Executive Director
Purpose:	The report summarises the assurances received, approvals, recommendations and decisions made by the Audit Committee at its meeting on **8 June 2021**.
Background:	The Committee meets no less frequently than quarterly. Its purpose is to provide independent assurance of the adequacy of the Board Assurance Framework and associated control environment, independent scrutiny of the Trust's financial, non-financial and quality performance to the extent that it affects the Trust's exposure to risk and weakens the control environment and to oversee the financial reporting process. The work of the Committee will facilitate the completion of the Annual Governance Statement by the Accounting Officer.
Item for Assurance	**Internal Audit Report: Consultant Job Planning** The Committee received the Internal Audit Report for Consultant Job Planning and acknowledge the Requires Improvement rating. The Medical Director talked through the recommendations from the report and the plans in place for addressing the recommendations. The Medical Director is strengthening the Clinical Directors' role in job planning across the consultant body. The Committee noted the marked improvement in the compliance levels of consultant job planning and look forward to seeing the process becoming smoother for the coming year now that consultants are used to having a job plan in place.
Item for Assurance	**Clinical Audit Quarter 4 Performance Report** The Committee considered the quarter 4 performance report and highlighted that further improvement work is needed. The Director of Patient Safety has taken action to strengthen the Clinical Audit team and the Committee noted that compliance with national audits has significantly improved since the report was prepared. Clinical guidelines improvement work will be taken forward as part of the clinical audit improvement plan. The improvement plan will include a reintroduction of the clinical symposium approach and the Committee was assured that the executive team is fully sighted on the clinical audit position and the Medical Director is working with the Director of Patient Safety to take forward an improvement plan.

Item for Assurance	**Internal Audit Recommendations Tracker** The Committee noted that more robust processes are being put in place for implementing recommendations from Internal Audit reports and evidencing completion. The Committee noted that 8 recommendations were past their delivery due date and there was a focus on the 2 high risk recommendations. The Committee noted that June is a particularly heavy month for delivery of recommendations. The Committee supported newly appointed Directors to meet with auditors to review actions inherited in their respective portfolios. The Committee requested closer partnership working between management and Internal Auditors in the coming year to agree pragmatic and deliverable recommendations.
Item for Assurance	**Internal Audit Report: follow up of recommendations part 2** The Committee noted that of the 26 recommendations within the follow up report, 17 had been implemented. The Committee welcomed this useful report and considered it is important to look at pragmatic solutions to the delivery of audit recommendations and for managers and auditors to come to a common viewpoint. Internal Audit will provide another follow up report on progress at 6 months into the year, particularly focusing on any high-risk recommendations.
Item for Assurance:	**Strategic Internal Audit Annual Plan 2021/22** The Committee approved the Strategic Internal Audit Plan 2021/22. Given there are no contingency days within the plan the Committee considered it will be important to maintain flexibility throughout the year and will monitor the audit plan position on an ongoing basis.
Item for Assurance	**Counter Fraud Update – Interim Report** The Committee noted the Local Counter Fraud Service (LCFS) have completed the Trust's annual report and submitted the required government return. The Committee discussed the counter fraud staff survey which has received an increased number of responses but noted there is a need for a further increase in the response rate. The Committee have requested benchmarking response rates with other trusts and planning approaches to raise staff awareness for the next survey. The Committee noted that fraud awareness training will start to be rolled out in June.
Item for Assurance	**Counter Fraud Annual Work Plan 2021/22** The Committee noted the Counter Fraud Annual Work Plan 2021/22 meets the external requirements on the Trust and maintains some flexibility for local work. A finalised list of criteria to complete the risk assessment is awaited from the NHS Counter Fraud Authority (CFA). The Trust will be using the new NHS CFA database system which will result in additional work for the Local Counter Fraud Service and the Trust.
Item for Assurance	**External Audit Update** The Committee discussed the outstanding issue in relation to the valuation regarding the roof. The Committee noted there are some remaining concerns to be resolved so the Trust's annual accounts can be signed off. There is a need to ensure NHSE/I is fully engaged in this process. The Committee noted the approach treats the Trust's roof

	the same as others trusts with RAAC plank issues.
Item for Assurance	**Reference Cost Audit** The Committee received the national audit report on compliance with processes and costing standards. Three areas for improvement were identified. The recommendations will be added to the Trust's recommendation tracker. The Trust is likely to be audited again in 2-3 years' time. The Committee noted the Finance & Activity Committee will monitor progress against the action plan.
Risks to refer to risk register:	None
Other items of business:	Internal Audit progress report Reports for standing items on IG Breaches, Waivers and Losses Cyber Security Update

Attendance record

Attended:

D Dickinson – Committee Chair & Non-Executive Director
S Hayter – Non-Executive Director
G Ward – Non-Executive Director

Invitees:

C Shaw – CEO
C Benham – Director of Finance
J Humphries – Director of People
L Notley – Director of Patient Safety
L Lippman – Deputy Director of Finance
S Beavis – KPMG
C Wilson – KPMG
C T McLaughlin – Grant Thornton
S Pooni – LCFS, Grant Thornton
M Robertson – LCFS, Grant Thornton
F Swords – Medical Director (agenda item 7b)
L Skaife-Knight – Deputy CEO (agenda items 12 and 13)
N Hall – Head of Digital (agenda item 12)
A Prime – Trust Secretary (minutes)