Agenda Item: 9a

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:	4 October 2022
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 at the Trust's Audit Committee meeting on **13 September 2022.**
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 Annual Plan 2022 Onwards** The Committee received the draft internal audit plan for 2022/23 that detailed the current year programme in addition to a high-level view of the following 2 years. The Committee was taken through the draft plan and subject to some amendments to reflect greater priorities and areas that the Committee required specific assurance over the plan was approved. The Committee recognised the plan included some core internal audit reviews as well as specific reviews based on an assessment of risk and priorities within the Trust. The Committee approved the programme subject to changes to be completed outside of the meeting.
Item for Assurance	**Internal Audit Progress Report and Findings** The Committee received an update following the discussion of the internal audit plan and also received an overview of the quarterly 'thought leadership' update.
Item for Escalation / Assurance	**Outstanding Actions Database Monitoring (recommendations tracker)** The Committee received the updated internal audit tracker document. The Committee was informed that future updates would be prepared under the PWC TrAction internal audit tracker tool.

	The Committee recognised the progress and improvements made to the overall tracking of internal audit recommendations.
Item for Assurance	**Grant Thornton Internal Audits (Risk Management Board Assurance Framework and Cost Improvement Programme)** The Committee received the final two internal audit reports undertaken by Grant Thornton. The two reports were accepted by management and were confirmed to give significant assurance with some improvement required. The two reports were: • Risk Management and the Board Assurance Framework; and • Cost Improvement Programme. The Committee noted the reports and welcomed the high level of assurance on both reports.
Item for Assurance	**LCFS Progress Report** The Committee received the update from the Local Counter Fraud officer. The Committee was informed of the current position with regards investigations and was informed that Fraud Awareness Week was planned for November. The LCFS will liaise with relevant Trust colleagues to ensure this awareness week reaches as many colleagues as possible. The LCFS (as recently appointed) will also complete a Fraud Risk Assessment and review the Trust policies for Counter Fraud and Anti-Bribery.
Item for Assurance	**External Audit Progress Report** The Committee received a verbal update from the External Auditors. Confirmation was given that all the prior year end documentation had been filed and work was commencing on planning for the current years audit process. This will be worked through with the finance team and will be presented at the December meeting of the Audit Committee.
Item for Escalation / Assurance	**Clinical Audit Quarter 1 Performance Report (including Improvement Plan)** The Committee received the clinical audit report for the period up to quarter 1 for 2022/23 and noted a continued improvement within the clinical audit programme. The Committee also noted the significant amount of work that had been completed and progress made despite the significant operational pressures that the Trust was facing.
Item for Assurance	**IG Breaches Incidents Report** The Committee received an update to the number of IG Breaches. The Committee remained concerned about the levels of breaches and recognised the response of the Trust in terms of awareness and continued proactivity in ensuring colleagues are aware of their responsibilities with regards IG.
Item for Escalation / Assurance	**Emergency Planning Resilience and Response (EPRR) and Business Continuity Assurance** The Committee received the annual report and executive overview of Emergency Planning Resilience and Response (EPRR) for 2021/22.

	The Committee recognised this was the first time the Committee had been asked to review and have oversight of this report and following in-depth discussion felt partially assured with regards EPRR. The Committee requested a further update at a future meeting, and it was proposed that a half yearly update would be submitted to the Committee. The timing of the reports would be discussed outside of the meeting and would be factored into the Committee's forward planner.
Item for Assurance	**Waivers** The Committee received the regular waivers policy and noted the three waivers described.
Item for Assurance	**Losses** The Committee received the regular losses update and was made aware of the overseas debtor write-offs. The Committee was informed that the normal debt chasing activities had been undertaken and exhausted. The Committee noted the report.
Item for Escalation / Assurance	**Declarations of Interest, Gifts and Hospitality** The Committee received the update report and noted the progress and work to be completed within quarter three in advance of the report being presented to the December meeting. The Committee also supported the additional communications that will be required in the period immediately before the Christmas period.
Risks to refer to risk register:	None.

Attendees

D Dickinson– Non-Executive Director and Committee Chair
S Hayter – Non-Executive Director
S Roberts – Non-Executive Director

C Shaw - CEO
C Benham – Director of Finance
J Humphries – Director of People
T Wickington – Deputy Director of Patient Safety
L Skaife-Knight – Deputy Chief Executive Officer (agenda item 13)
P Cottis – Head of Information Governance (agenda item 13)
T Allen – Head of Digital (agenda item 13)
S Jones – Deputy Chief Operating Officer (agenda item 14)
A Prime – Trust Secretary (agenda item 15c)
L Preston – Board / Committee Administrator (minutes)
K Finlayson – PwC, Internal Audit
T Jingura – PwC, Internal Audit
L Carbonelle-Marvan – PwC, Internal Audit (LCFS)
E Larcombe – KPMG, External Audit
H Lincoln – KPMG, External Audit

Apologies:

L Notley – Director of Patient Safety
L Lippmann – Deputy Director of Finance
H Ward – PwC – Internal Auditor