

Whittington Health Trust Board

1st October 2014

Title:	Audit and Risk Committee: Update to the Board						
Agenda item:	14/151		Paper			11	
Action requested:	For information						
Executive Summary:	To update the Board on the work and recommendations conducted at the September 2014 Audit and Risk Committee.						
Summary of recommendations:	None						
Fit with WH strategy:	The Audit and Risk Committee is a sub-committee of the Board, established to provide the Board of Directors with a means of independent and objective review of financial and corporate governance and risk management. In addition, the committee shall provide assurance of the independence of both external and internal audit.						
Reference to related / other documents:	Previous reports to the Trust Board.						
Reference to areas of risk and corporate risks on the Board Assurance Framework:	Strategic Goal three: Delivering efficient and effective services (ref 3.1 to 3.12).						
Date paper completed:	19 September 2014						
Author name and title:	Ursula Grueger, Deputy Director of Finance			Director name and title:		Rob Whiteman Non-Executive Director	
Date paper seen by EC	-	Equality Impact Assessment complete?	N/A	Quality Impact Assessment complete?	N/A	Financial Impact Assessment complete?	N/A



Audit and Risk Committee update to the Board

Meeting Date –1st September 2014

1. The Audit and Risk Committee met on 1st September 2014, chaired by Rob Whiteman, Non-Executive Director (NED).
2. **External Audit** (KPMG) presented a technical update report describing key policy and strategy changes affecting the NHS and also provided the annual audit letter. The committee held discussions on the 2015/16 National Tariff.
3. **Internal Audit** agreed to look at the internal audit plan to include an allocation of time to community care.
4. **The Health and Safety Dashboard Report** was presented. The committee discussed the management of patients with challenging behaviours and noted the creation of a fire evacuation matrix and the work following.
5. The committee reviewed the list of **bad debts for write off and tender waivers** and asked the Executive to feedback to managers the need for rigour in the waiver process.
6. The **Board Assurance Framework** was reviewed and it was noted the format would be reviewed at the Trust Management Group (TMG) in September and discussed at the October Board Seminar. The committee asked that the commentary for the cost improvement programme (CIP) should reflect what the Trust is concerned about and not current actions.
7. The committee reviewed the **corporate risk register**(CRR) and it was agreed seven day working would be looked at with a view to whether to incorporate on the CRR.
8. Following a discussion on the paper on **patient safety walkabouts**, it was agreed the next stage is to ensure a change in culture for managers to own responsibility for fire prevention. It was asked that management and clinical issues are captured also.
9. The committee received an update on the **data quality assurance programme** from the Chief Operating Officer (COO). It was agreed that the priorities would be HR data, Payment by Results (PbR) data, community data and the inputting of data to Datix.
10. There was a discussion on the **business planning process** and the committee was concerned that medium term planning was late for this year.
11. The committee received a deep dive review of **risk management in the Surgery Cancer Diagnostics (SCD) division** and was assured that a divisional quality meeting was now taking place. Focus would be kept on risk in radiology and rheumatology.

12. The committee received a deep dive review on **complaints** and was assured the number of complaints had halved and the focus would now also be on prevention. The team were asked to ensure faulty machines redirected visitors to other equipment and a decision made to advise complainants either towards the Care Quality Commission (CQC) or the Ombudsman.

13. **The Overseas and Patients Policy and Procedures Report** was noted.

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