

Trust Board meeting (Part 1)		Date:	27 September 2017
Agenda item	Title	Executive Director lead and presenter	Report author
BD/17/145	Report of the Audit and Risk Committee Chair from meeting held on 1 September 2017	Charlotte Moar, NED	Charlotte Moar, NED
This report is for:			
Decision			
Discussion			
To Note			X
History			
None.			
The following impacts have been identified and assessed within this report			
Equality	None identified at this time.		
Quality	None identified at this time.		
Privacy	None identified at this time.		
Executive summary of key issues			
The Board is asked to note the report.			
This report addresses these strategic priorities:			
We will support our service users and carers:			X
We will engage our staff:			X
We will be sustainable:			X

1 Business Undertaken

- The Committee considered the following:
- Update on risk arrangements
- Board assurance framework
- Update on internal audit, counter fraud and external audit
- Well led framework self assessment
- Review of NHSI improvement undertakings/FT self certification
- Commercial decision making approach
- Update on information governance

2 Key Decisions

- The Committee approved the revised policy on conflicts of interest and gifts and hospitality.
- The Committee reviewed the revised risk management policy and board assurance framework and recommended them for approval to the Board.
- The Committee reviewed the revised terms of reference for the Information Governance Steering Group and requested some amendments.

3 Exceptions and Challenges

- The Committee received significant assurance from a review of the risk management plan including rollout and training on Riskweb, the revised Risk Management Policy and an update on the latest EMT review of the corporate risk register. The Committee noted that s136 consultation was to be added to the risk register.
- N Somerset were not able to attend the meeting to present their risk register as planned.
- The Committee requested to see the BNSSG and BSW STP risk registers at a future meeting.

4 Governance and Other Business

- The Committee noted that audits on training and risk management had been delayed.
- The Committee noted that the DTOCs audit had received reasonable assurance because there had been significant improvements made to systems for managing delays but noted that compliance needed to be further improved.
- The Committee noted the CIPS audit had been assessed as partial assurance (design) and no assurance (effectiveness). Effectiveness had been assessed as no assurance because of the significant unidentified savings target. Design had been assessed as partial assurance because improvements had been made to systems but these were not yet fully robust. The Committee noted that improvements were planned to be put in place and that follow up would be through the performance management audits in Q3 and proposals for the budget approach for 2018/19.

5 Future Business

- The Committee noted that it would receive at the next meeting updates on:
 - the governance process around the s136 consultation
 - revised Standing Financial Instructions and Standing Orders
 - improving information governance on the Trust's 12 key systems

6 Horizontal Reporting

- The Committee noted that the service user strategy had been with the Quality and Standards Committee for some time now and requested the Director of Nursing to ensure that this was moved forward to avoid delay in approval becoming a risk.
- The Committee requested that the Quality and Standard Committee review the process and outcome around the Trust review of seclusion suites to provide assurance to the Board.