

**Audit Committee**

**[DRAFT]**

Minutes of the meeting held on 19 February 2019 at 10:00

in the Warneford Boardroom, Warneford Hospital

Headington, Oxford OX3 7JX

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| **Present[[1]](#footnote-1):** | **BOD 52/2019**  (Agenda item: 15(a)) |
| Bernard Galton | Non-Executive Director (the **Chair/BG**) |
| John Allison | Non-Executive Director (**JA**) |
| Chris Hurst | Non-Executive Director (**CMH**) |
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| **In attendance:** | |
| *External Audit – Grant Thornton UK LLP:* | |
| Iain Murray | External Audit, Engagement Lead Grant Thornton (**IM**) |
| Laurelin Griffiths | External Audit - Engagement Manager, Grant Thornton (**LG**) |
| *Internal Audit – PwC LLP:* | |
| Sasha Lewis | Internal Audit, Director and Engagement Lead, PwC (**SL**) |
| Alice Wainwright | Internal Audit – Engagement Manager, PwC (**AW**) |
| *Counter Fraud – TIAA:* | |
| Gareth Robins | Counter Fraud – Senior Counter Fraud Manager, TIAA (**GR**) |
| *Oxford Health NHS FT:* | |
| Stuart Bell | Chief Executive (the **CEO/SB**) – *part meeting* |
| Mike McEnaney | Director of Finance (the **DoF/MME**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (the **DoCA/CoSec /KR**) |
| Martyn Ward | Director of Strategy & Chief Information Officer (CIO) (**MW**) |
| Lucy Weston | Associate Non-Executive Director (**LW**) |
| Hannah Smith | Assistant Trust Secretary (Minutes) (the **ATS/HS**) |
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The meeting followed private meetings:

1. for the Committee members to discuss its Terms of Reference, work plan and agenda setting with the DoCA/CoSec and the ATS[[2]](#footnote-2); and
2. between the Committee members and the Internal and External Auditors and Counter Fraud.

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| **1.** | **Welcome, Apologies for absence and confirmation of any items for Any Other Business** |  |
| a | No apologies for absence were received. |  |
| **2.**  a  b  c  d  e  f  g  h  i | **Minutes of the meeting held on 04 December 2018**  The Minutes of the meeting were approved as a true and accurate record.  ***Matters Arising***  **Item 2(b) Joint membership of Audit Committee and Quality Committee**  Pending confirmation of the outcome of the interview process for the Associate Non-Executive Director and of the arrival of the new Trust Chair, the action remained for the future membership of the Audit Committee and of the Quality Committee to be considered to ensure that there was a joint member of both committees.  **Items 2(e), 3(d) and 4(g) Meeting to review Terms of Reference**  The Chair confirmed that the Committee members had met earlier that morning with the DoCA/CoSec and the ATS to discuss the development of the Terms of Reference as well as the Committee work plan and agenda setting. The Terms of Reference to be amended/updated.  **Item 6(e) Data Quality – update on resourcing**  MW referred to the update in the Summary of Actions document and explained that a business case for additional resource may not be feasible due to the current financial position. Instead, three Data Quality Priorities had been set out which would be built into existing work plans; gaps would be identified and risks appropriately mitigated. The Committee agreed that this action could be closed and noted that a further update on Data Quality (risks and challenges) was scheduled to be provided later in-year (May, September or December 2019).  **Item 7(a) TIAA benchmarking exercise on Consultant Job Planning**  GR confirmed that he had discussed this with the Medical Director who had noted that this was not a significant risk for the Trust, in particular not compared to the acute sector.  **Item 10(b) Information Governance review and compliance with Data Security and Protection Toolkit requirements**  MW referred to the update in the Summary of Actions document and reported that achievement, by the end of March 2019, of the Information Governance training target of 95% of all staff remained a risk. He confirmed actions being taken to contact staff through email and text message campaigns. The DoF reminded the meeting that it had been a challenge for the past few years to achieve the target; the target had previously been achieved, after this type of significant effort to follow-up with staff.  **Item 10(c) Presentation of Internal Audit reviews at meetings**  LW noted that this had been discussed further at the private pre-meetings prior to this main meeting and that the Committee had agreed to change from its previous practice, which had been to generally only receive at meetings those Internal Audit reviews which had received a rating of ‘critical’ or ‘high’ (unless lower rated reviews were requested to be presented). Going forwards all Internal Audit reviews should:   * continue to be circulated directly by Internal Audit, upon completion, to all Committee members and the DoF, DoCA/CoSec and the ATS; and * start to be presented in full to the next available Committee meeting for discussion, whatever rating they received (and not just be summarised in the Internal Audit progress report).   **Item 10(e) IT Environment – Internal Audit review**  MW referred to the update in the Summary of Actions document; Internal Audit had checked and confirmed that there was not a central asset register. MW added that a plan was in place to complete the actions from the Internal Audit review. The Chair noted that the Chief Executive had raised the point about the central asset register and requested an early update on progress against recommendations.  The Committee confirmed that the following items from the 04 December 2018 Summary of Actions:   * were on hold to be progressed: 8(b) amendments to Counter Fraud and Corruption Policy and Response Plan; or * had been completed, progressed or were on the agenda for the meeting: 4(g) Whistleblowing – on the agenda; and 10(d) Internal Audit Plan FY20 – on the agenda. | **Action**  **KR and NEDs**  **HS**  **MW** |
| **BUSINESS ITEMS** | | |
| **3.**  a  b  c | **Statutory Accounts Timetable FY19**  The DoF presented the report AC 02/2019 which set out the timetable for the production and approval of the FY19 annual accounts. He noted that Committee and Board meeting dates had been aligned with the dates for submission of the draft accounts in April and of the audited accounts in May. The Committee noted that it would not be feasible to change the 23 April meeting date.  The report also set out the implications for accounting policy of the adoption of IFRS International Financial Reporting Standards (**IFRS**) 9 and 15 in relation to, respectively, Financial Instruments and Revenue from Contracts. The DoF reported that the majority of the Trust’s assets, liabilities and income were unlikely to be affected by the adoption of IFRS 9 and 15 although some refinement would be required to the accounting for loans from the Department of Health and Social Care and for doubtful debts. IM confirmed that he did not expect the Trust to be significantly impacted by the adoption of IFFRS 9 or 15 which may be more relevant if there was significant Research & Development spend or private patient income.  **The Committee noted the report and acknowledged the necessary changes to the Trust’s accounting policy.** |  |
| **4.**  a  b  c  d  e  f  g  h  i  j  k | **Whistleblowing/Freedom to Speak Up arrangements**  Further to the oral update provided at the previous meeting in December 2018, the DoF presented the report AC 03/2019 which set out the Trust’s arrangements for whistleblowing through consideration of:   1. evidence that the Board regularly considered whistleblowing; 2. any incidents which could indicate that whistleblowing procedures were not working as intended (none identified/no complaints); 3. reporting of incidents; 4. related Internal Audit work and internal self-assessment leading to a recommendation for a proposed new process using the Ulysses/Safeguard incident reporting system; 5. procedures to track and follow-up actions and to retain evidence; 6. evidence of feedback or complaints; 7. protection afforded to whistleblowers and any risks of unfair treatment or indicators from previous Staff Survey results; and 8. staff awareness.   The DoF highlighted that since reporting in February 2018, there had been no complaints received/other evidence to suggest that whistleblowing procedures were not working. Since last reporting, 7 investigations had been raised; he noted that 3 of these cases could potentially have been managed through other HR processes if the individuals had identified themselves.  Lucy Weston asked if, conversely, investigations started through other processes ever identified that a whistleblowing process may provide an alternative approach or be more appropriate in a particular case. For example, she asked whether this was ever identified as part a Serious Incident investigation looking into a clinical incident or an incident which may involve staffing/team working factors. The DoF replied that this should be a consideration in any investigation process but that it may not be a specific question in each case. The DoCA/CoSec added that a whistleblowing process should, however, be a process of last resort when other methods of raising concerns had failed, rather than an alternative.  John Allison queried why this Committee was discussing whistleblowing and potentially duplicating effort, given annual reporting to the Board by the Freedom to Speak Up Guardian. The DoF referred to discussion at the previous meeting in December 2018 and the Committee’s remit to validate the effectiveness of the whistleblowing arrangements in place, rather than the detail of the caseload; validation of the system was useful not only to support the Annual Governance Statement but also if anyone external to the organisation needed to know about or challenge the arrangements. John Allison replied that effective Board consideration of the report from the Freedom to Speak Up Guardian should however be able to highlight if there were any issues with the arrangements. In relation to the arrangements as set out in the report, he referred to page 7 and the proposed new process using the Ulysses/Safeguard incident reporting system; he noted that the process and the steps described appeared unnecessarily bureaucratic. The DoF replied that the new process was proposed because, on a self-assessment, the Trust had identified that there was not necessarily a process in place to ensure that recommendations arising from whistleblowing investigations were being followed-up to completion; although there had not yet been many investigations to test this, it was reasonable to put a process in place. The DoCA/CoSec added that the process would also be adopting one which was already used for follow-up of recommendations from Serious Incident investigations; the Ulysses/Safeguard system already provided this function and it would be extended to cover whistleblowing cases as well as incidents.  John Allison expressed concern that the whistleblowing processes and arrangements as set out were overly bureaucratic and time-consuming; he noted that they were unlikely to reassure potential whistleblowers who may instead be looking for evidence of timely actions being taken and change having happened as a result of concerns raised. He recommended that a more direct and unbureaucratic approach be taken by the Freedom to Speak Up Guardian working directly with the Director HR if she identified a concern and then resolving this promptly with the person who may have raised it, rather than the process of working through/updating the Well Led quality sub-committee and the Weekly Review Meeting (Clinical Standards) which might continue for months. The DoF replied that an issue was that almost all formal whistleblowing cases which were escalated to investigation were anonymous and the Freedom to Speak Up Guardian could not then revert back to the whistleblower but would still need to take the time to investigate the allegations and interview individuals who were named within the allegations as well as their colleagues. In the course of these investigations, the Freedom to Speak Up Guardian may then become privy to information which she was duty bound to protect and deal with confidentially and which she may not be allowed to share in detail, even with the Board. John Allison replied that this could demonstrate that the existing arrangements were not working if there was information which staff did not want fully shared with the Board or if they did not want to disclose if they had concerns.  Lucy Weston noted that whilst she was less concerned about the administrative arrangements in place, it was important to be able to demonstrate follow-through on recommendations and actions and a ‘you said/we found/we did’ approach. She noted that Staff Survey findings of bullying and harassment could indicate that a culture of raising concerns was not firmly embedded. Chris Hurst added that many organisations could have issues with managers not wanting to admit to problems in their areas as well as a tendency towards cynicism amongst staff if they felt that they would be not be listened to. He emphasised the importance of dealing with this and combating cynicism by demonstrating to staff that if they chose to speak up then they would be taken seriously and appropriate action would happen.  *The CEO joined the meeting*.  The Chair noted that the whistleblowing process was one of last resort and that the organisation also relied upon managers resolving issues as they were raised by staff before such a process was required; given the relatively low number of investigations since February 2018 (7), this may suggest that a good proportion of issues were being resolved through management already. He commented that Staff Survey results also indicated that the Trust scored relatively highly on percentage of staff who felt that their concerns were listened to. He referred to the steps in the proposed new process at p.7 in the report and noted that these may read better as part of a flow chart, rather than being presented as bullet points, but that the purpose of the proposed new process, to be able to track recommendations and progress against action plans through using an already existing system, was sound. Lucy Weston referred to the second recommendation in the report, to ask the Communications team and the Freedom to Speak Up Guardian to propose ways to refresh the content/information available to staff on whistleblowing, and noted that this was also important. The Chair agreed that this would help to reinforce the message to staff that whistleblowing processes were available and taken seriously.  **Having reviewed the report, the Committee supported the recommendations that: a new process be implemented to track progress against recommendations and action plans arising from whistleblowing investigations; and the Communications Team and the Freedom to Speak Up Guardian propose ways to refresh the content/information available to staff on whistleblowing.**  Lucy Weston asked whether there was a discrepancy between the levels of bullying indicated in Staff Survey results and the relatively low numbers of whistleblowing cases. The DoF noted that asking a direct question about bullying, as the Staff Survey did, was likely to generate positive responses but it was difficult to analyse the responses as no definition had been provided of ‘bullying’ and the responses were subjective and represented individual interpretations. Responses to the Staff Survey could, therefore, be referring to a variety of behaviours and levels of severity. The Chair agreed and added that he had been discussing separately with the Director HR the importance of more work with staff side/unions to provide more guidance, especially as ‘bullying’ was a term with aggressive connotations and which may need to be broken down.  The CEO declared his interest as Chair of Picker which provided the Staff Survey. He commented that the Trust’s results had improved this year but it was difficult to compare data against other industries as they were not necessarily asking the same questions in the same way. No matter how ‘bullying’ was defined, it was an indicator of staff morale and experience and the quality of line management; however, he reminded the meeting that bullying could also be experienced by managers from their staff and it could therefore be a complicated indicator of workplace experience. The Chair noted that a comparison may be possible with the national civil service staff survey which also reported upon bullying.  **The Committee noted the report.** |  |
| **AUDIT REPORTS** | | |
| **5.**  a  b  c | **External Audit progress report**  Iain Murray presented the report AC 04/2019 on the interim progress of the External Audit and a sector update. He noted that it was anticipated that the Trust would need to make additional disclosures in the accounts around going concern status and carefully consider its anticipated cash position. He noted that he would be discussing the Value For Money assessment with the Finance Team and would also be working through the implications of the adoption of IFFRS 9 and 15, as referred to at item 3 above and in report AC 02/2019.  In addition, Iain Murray reported that NHS England was commissioning work with various Clinical Commissioning Groups to review levels of mental health investment and delivery against commitments. The CEO replied with a question as to whether NHS England would also review its own performance and delivery in specialist commissioning. The Committee agreed that the scope of such a review of mental health investment and commissioner performance should include a review of the performance in this field by NHS England itself.  **The Committee noted the report**. |  |
| **6.**  a  b  c  d  e  f | **Internal Audit progress report**  Sasha Lewis and Alice Wainwright presented the report AC 05/2019 on progress against delivery of the 2018/19 Internal Audit Plan. The report included executive summaries of the reviews issued since the last report: Key Financial Systems; and Corporate Governance & Risk Management. Fieldwork had commenced or was due to shortly commence on reviews of the Buckinghamshire Directorate, Partnership Working and in relation to Follow-Up work (for which an action tracker had also been created to follow-up on previous recommendations issued by TIAA).  Lucy Weston asked whether there was a risk of inconsistencies in the updates against the historic follow-up work if individual action owners were each to be separately contacted, noting that the quality of the updates/management responses may only be as good as the quality of the management input and that this may need more centralised internal ownership. Sasha Lewis replied that PwC would work with the DoF and his Executive Assistant as key points of contact through which to source updates from the action owners; although generally in other organisations she noted that this process tended to be managed internally rather than through PwC, they would check the quality of the responses received and challenge back if necessary. In relation to the current Internal Audit reviews being delivered, the DoF added that each sponsoring Executive Director would sign off upon the management responses provided, thereby taking responsibility for their area and the consistency of the management responses.  Lucy Weston referred to Appendix B in the report on Key Performance Indicators and recommended that one be included around fieldwork being commenced on time as it could aid the Committee in monitoring whether work was on track and supported.  The meeting discussed the Corporate Governance & Risk Management review (‘medium’ risk). The DoCA/CoSec highlighted that the Head of Quality Governance had yesterday contacted the Internal Audit Team to discuss the recommendations further and the ratings which had been awarded as the Quality Governance team had not yet had a full opportunity to comment; she noted that there may be more assurance to be taken from the quality of the actual discussion and information sharing at Weekly Review Meetings. She added that she had also requested that the timing of the next Integrated Governance Framework (**IGF**)review be closer to October, which would also provide more time to take into account the impact of the directorate restructuring upon the development of governance frameworks; however, the action had come back for the IGF review to be complete by the end of the July and she therefore warned the Committee about the discrepancy between the recommended and actual timeframe given.  The Committee noted that if the Corporate Governance & Risk Management review was revised further to Internal Audit’s discussion with the Head of Quality Governance then it should be presented back to the Committee.  **The Committee noted the report**. | **PwC**  **PwC** |
| **7.**  a  b  c  d  e  f  g  h  i  j | **Internal Audit Plan 2019/20**  Sasha Lewis presented the report AC 06/2019 which set out the proposed Internal Audit Plan 2019/20 and the process through which this had been developed, including discussion and recommendation from the Executive in February 2019. Section 4 set out the reviews and follow-up work proposed to be conducted under:   * each of the 4 themes/required areas of: Key Financial Systems; Corporate Governance & Risk Management; IT – Data Centre; and Information Governance; and * the specifically requested reviews in relation to: Directorate review (Community Services); Data Quality and Demand & Capacity Planning; and Follow-Up of actions.   The report also set out ‘optional review areas’ outside of the current budget.  Chris Hurst asked whether the DoF was satisfied that he and senior colleagues had been appropriately engaged in the process to prioritise the proposed Internal Audit reviews. The DoF confirmed that he was and that the process had been better than in previous years.  The Committee discussed the process to develop the Internal Audit Plan and expressed concern that it was unclear how the risk assessment results in section 3 of the report had been reached, especially as they were presented in a high-level summary format that could raise more questions than it answered. Lucy Weston highlighted that the area of ‘Estates, facilities and transport’ appeared to have a high inherent risk rating which would normally be accorded an annual audit review and yet it was marked as not to be covered by review this year and for the Trust to consider what other sources of assurance it had to cover this area and whether it would require additional audit work; Estates had also been included under the section on ‘optional review areas’. Sasha Lewis explained that the relatively high inherent risk rating for Estates represented the position before controls were applied and was based upon a sector-wide experience rating; she noted that the Trust had a large and very dispersed Estate which encompassed several properties and that this dispersed geographical footprint resulted in a higher risk rating than an acute provider might score. However, within the budget for Internal Audit provision, it had been necessary to prioritise and focus the reviews for the year. She added that in other organisations, an Estates review was also not conducted that frequently as although it could be an area of risk, typically organisations’ controls and management arrangements provided assurance.  The meeting discussed the nature of the inherent risks posed by the Trust’s dispersed Estate and the assurance provided by the controls in place. The meeting acknowledged that whilst the inherent underlying risks in this area may be high, the arrangements to manage Estates were strong and provided mitigation. The DoCA/CoSec reminded the Committee that Estates and Facilities was also not an area of extreme risk for the Trust under the Board Assurance Framework, as also provided to this meeting at paper AC 11/2019, and that assurance could be taken from the outcome of health and safety reviews and CQC inspections. The Committee noted that: (i) the Executive had recommended the 2019/20 Plan and the position that Estates did not need to be specifically covered by an Internal Audit review this year; and (ii) the next scheduled Directorate review (Community Services) may also be able to incorporate a review of the relevant parts of the Estate.  Lucy Weston noted that whilst the Buckinghamshire Directorate review being conducted as part of the 2018/19 Internal Audit Plan also represented a promising opportunity, it would be preferable to have considered its outcome and any relevant learning from it before confirming that a similar review should be conducted into the Community Services Directorate as part of the 2019/20 Internal Audit Plan. Sasha Lewis explained that the Community Services Directorate review was not scheduled until towards the end of 2019/20 (it was due to report to the Audit Committee in April 2020) therefore there would be time to reconsider the approach and scope of the review in light of any learning from the Buckinghamshire Directorate review.  The meeting discussed potential next steps to finalise the Internal Audit Plan. The CEO noted that the Executive had conducted a high-level and common sense discussion of the priorities for the Internal Audit Plan and that the report presented to this meeting provided a tool to collate this thinking but that there may be further steps to undertake to confirm that: the common sense discussion which had taken place stacked up against the risk assessment results in the report so that no key areas were missed; and that sufficient risk mitigation was in place in relation to any areas which would not be subject to Internal Audit review in 2019/20. Sasha Lewis noted that section 4 of the report also listed higher risk audit units which the Internal Audit Plan did not fully cover and which the Trust may wish to consider further, namely: Estates and Facilities; and partnership working organisations. In relation to Estates, the CEO noted that although the Executive was satisfied with the controls and arrangements in place, the decision not to include Estates within the 2019/20 Plan was not evidenced within the Plan document and should be.  The Committee noted that the next stage to finalise the Internal Audit Plan may need to provide assurance that the Executive had considered those areas which were not subject to the 2019/20 Plan and were satisfied that sufficient mitigation was in place that they would not need to be included as part of the 2019/20 Plan. This could potentially be evidenced through discussions with the Executive and appropriate reference to the inherently cyclical nature of Internal Audit reviews which should be able to schedule to pick up key areas in future years as part of a rolling cycle. However, it also remained a responsibility of the Committee to challenge the Executive to evidence that areas of underperformance were not being omitted.  John Allison referred to section 2 of the report and the diagram setting out the high-level auditable units of the Trust which formed the basis of the Internal Audit Plan. He asked whether there was a definition of ‘auditable’, noting that not all of the Trust’s activities may be subject to Internal Audit and it could be useful to clarify how an area fell within this remit. Sasha Lewis replied that there were a number of different ways in which areas could fall within the remit of the audit universe of the Trust; the approach taken last year had been to focus on a particular Directorate review.  The Chair recommended that the next Internal Audit Plan for 2020/21 commence development earlier in the year so that the Committee could be part of agreeing the approach to take.  **Subject to the comments above, the Committee supported the Internal Audit Plan 2019/20 in principle, and the prompt commencement of the initial 2019/20 Internal Audit work, but requested that a revised version of the Plan be presented to the meeting in April or May for final discussion and, if appropriate, approval. It was noted that the proposals for the next Directorate review (Community Services) also could not be formally approved until the outcome of the first Directorate review (Buckinghamshire) was reported.** | **PwC**  **PwC**  **HS**  **PwC** |
| **8.**  a  b  c  d  e  f | **Counter Fraud progress report**  Gareth Robins presented the report AC 07/2019 on activity against the Counter Fraud work plan across the areas of: Strategic Governance; Inform and Involve; and Prevent and Deter. He provided an update on changes to the Standards for Providers as set out by the NHS Counter Fraud Authority and the review which the NHS Counter Fraud Authority had conducted to evaluate counter fraud reporting and accountability within all NHS organisations; he confirmed that he had participated and explained that feedback would be provided in the form of benchmarking data. He reported that the Trust had also been selected to participate in a desktop review exercise in relation to agency pre-employment checks and reconciliation of payments to agencies. He reminded the meeting of the annual self-review tool which was due for submission at the end of April and which would require the approval of the DoF and the Chair.  Lucy Weston referred to the training delivered (page 4) and asked why specific arrangements had needed to be made to deliver awareness training to Facilities teams. Gareth Robins replied that this was an area he had wanted to ensure was covered as in other organisations, Facilities staff could provide a rich seam of referrals and he had also received a query from a manager in one of the teams.  Gareth Robins presented the summary of reactive work and the open investigations, noting that one new referral had been received since the last meeting and another was shortly due for submission to the Crown Prosecution Service.  The CEO referred to the counter fraud training delivered as part of the Trust’s Induction and asked whether this should also cover cyber security so that the potential risks it posed around fraud were highlighted early and in a different context to the emphasis that may be provided through information governance training. The Chair agreed that cyber security was a critical consideration but noted that the Trust may need more information from NHS Digital as to how to best address training needs. Gareth Robins confirmed that he covered cyber security briefly in his Induction training materials.  The Committee considered the briefing in the report on new developments in governance, risk, control and counter fraud; the report also had appended a supplementary report on the subject of problematic gambling. Lucy Weston referred to the recommendation in the client briefing summary that assurance should be sought from finance teams that controls against ‘push payment’[[3]](#footnote-3) fraud were operating effectively; she asked how this would be provided. Gareth Robins replied that he already worked with the Accounts Payable team for assurance against such bank mandate fraud. Lucy Weston noted that as the Committee had been advised to note the new national control measures in place from July 2019 and to seek assurance that controls surrounding this fraud risk were operating effectively then it would be helpful to include this as part of a future progress report.  **The Committee noted the report.** | **GW** |
| **9.**  a  b | **Counter Fraud Plan 2019/20**  Gareth Robins presented the report AC 08/2019 which set out the proposed Counter Fraud Risk Assessment & Strategic Plan 2019/20. He highlighted that as part of the planning process, a Fraud Risk Assessment approach had been developed and that the work programme would be based upon risk. Further to discussion at item 8(d)-(e) above, he:   * noted that there would be an increased focus on emphasising cybercrime threats and he referred to page 8 in the report and the red-rated risk in relation cybercrime as well as the mitigating activity set out; and * highlighted on page 10 the action included as part of the work plan for fraud check reviews in relation to bank mandate fraud risks.   **The Committee APPROVED the Counter Fraud Risk Assessment & Strategic Plan 2019/20.** |  |
| **FOR ASSURANCE** | | |
| **10.**  a  b | **Losses and Special Payments report – 01 November 2018 to 31 January 2019**  The DoF presented the report AC 09/2019 on: forensic payments; loss/damage of personal effects; pharmacy stock losses; ‘other’ negligence or injury payments further to a complaint; constructive losses (in this case agency cancellation fees); non-recoverable salary overpayments; and legal claim/NHS Resolution excess payments. He highlighted that amounts were generally of low value.  **The Committee noted the report**. |  |
| **11.**  a  b | **Single Action Tender Waivers (SATWs) report – 01 November to 31 December 2018**  The DoF presented the report on all SATWs over £25,000 and Single Action Quotation Waivers between £5,000 and £25,000 which had been approved over the reporting period. Although the value of waivers was generally below that for the same period in previous years, he noted that there were more than he would have wanted to see but that the Estates and IT waivers had been checked and were necessary and not untoward.  **The Committee noted the report.** |  |
| **12.**  a  b | **Board Assurance Framework (BAF) report**  The DoCA/CoSec presented the report AC 11/2019 on the development of the BAF and which also provided a copy of the full BAF. She reminded the Committee of the BAF’s role as part of the Trust’s processes around risk management and control and of the Committee’s responsibilities to review the relevance and robustness of the BAF processes.  **The Committee requested that the BAF be brought back to the next meeting in April as this would provide more time to review.** | **HS** |
| **13.**  a | **Quality Committee – minutes of the meeting on 14 November 2018**  The Committee received the Quality Committee minutes at paper AC 12/2019. |  |
| **14.**  a | **Any Other Business**  None. |  |
| The meeting was closed at: 12:13 | |  |
| **Date of next meeting: Tuesday, 23 April 2019 09:30-12:00** (private pre-meeting from 09:00) | |  |

1. The quorum is 3 members (all Non-Executive Directors) and may include deputies. The Trust Chair shall not be a member of this Committee but regularly attends meetings in April and May for discussion of the draft Annual Report & Accounts. [↑](#footnote-ref-1)
2. Terms of Reference to be updated following comments received. [↑](#footnote-ref-2)
3. ‘Push payment’ fraud – when criminals mimic a genuine business and attempt to trick people into sending money to an account controlled by the fraudster. Victims may be unable to reclaim their money if they are deemed liable for losses incurred if they authorise a payment themselves. From July 2019, an increased control will be introduced over electronic payments in an attempt to combat fraud; this will involve the name of the person receiving the payment becoming as important as their banking details and the sender being alerted if the name does not match the account. [↑](#footnote-ref-3)