

**Meeting Assurance Report
to the Board of Directors**

Name of Committee / Group	Audit Committee
Date of Meeting	18 March 2024
Chair	Ann Harris, Non-Executive Director
Lead Officer	Sandi Carman, Assistant Chief Executive
Meeting Administrator	Beth Jones, Business Manager

Purpose

The purpose of this report is to provide in summary an update on the key discussions and outcomes of the above meeting.

Agenda items covered at the meeting

The agenda included the following items:

- Counter Fraud and Internal Audit Progress Reports
- Counter Fraud and Internal Audit Plans for 2024/25
- Board Assurance Framework
- Audit Committee Objectives for 2024/25 and Review of Progress against 2023/24 Objectives Meeting Assurance reports – Data Quality Steering Group and Risk Management Executive Committee
- Going Concern concept
- 2023/24 Annual Report Progress Update
- Draft Annual Governance Statement 2023/24
- Draft NHS Code of Governance Compliance Statement
- Draft Audit Committee Disclosure Statement
- External Audit Plan / Value for Money
- External Audit Technical Update/Benchmarking report
- Single Tender Waivers

Matters to highlight

Specific areas to highlight are as follows:

- Counter fraud progress reported a stable position. One new incident was reported, not in the report but had been well communicated across the Finance Team. The counter fraud plan for 24/25 was set out. The committee were content with the draft plan.
- Internal Audit progress report confirmed that the Audit plan would complete within timetable. All 3 audit reports within the period significant assurance. Overall, the internal audit assurance opinion for the scheduled audits in the Annual Report and Accounts will likely be significant assurance; for the follow up, it is anticipated we will be at moderate assurance level. This latter assurance is dependent on us clearing the majority of the outstanding recommendations due by end March The draft audit plan for 24/25 was discussed. This had been contributed to by Chairs of Committees, Executives and TEG collectively. The committee were content with the draft plan.
- The Board Assurance Framework was presented as context for the draft Annual Governance Statement later on the agenda and to assure the committee that the BAF would be under

continuous improvement for some considerable time. The next step in development would be to produce a user guide which would be useful for NEDs and can be included in the induction pack.

- Review of Committee objectives – all three objectives for the current period had been delivered. The committee considered three draft objectives for 24/25; two of these were agreed; further consideration would be given to the third area proposed.
- The assurance reports from the Data Quality Steering group and Risk Management Executive Committee were noted.
- There were several documents for Committee consideration and comment relating to the Annual Report and Accounts:
 - **Going Concern** – the CFO outlined the issues to consider for the Trust to determine that it was a Going Concern in accounting terms. The committee agreed with the rationale.
 - **Annual Report and Accounts** – template for reporting and timescale – agreed.
 - **Draft Annual Governance Statement**- some comments had already been made off-line. Committee members had two weeks to feed in any detailed comments. A further draft would be circulated for further comment before the June meeting.
 - **Code of Governance Compliance Statement and Audit Committee Disclosure Statement** – a comprehensive review of our compliance with the new Code of Governance had been completed. We are anticipating being non-compliant in one area relating to level of remuneration for Non-Executive Directors. Draft wording was agreed to the statement to be included in the report.

External Audit – KPMG presented their final audit plan. As reported previously the timing is tight but the finance team have been working really closely with Audit colleagues and feel that the timetable can be met with the support of TEG and Audit Committee members to provide comment in a timely manner. The technical update was routine. The benchmarking report raised a few questions but nothing of concern.

Single Tender Waivers – there were two single tender waivers exceeding the 35k threshold. The CFO assured the committee that she had reviewed these thoroughly and was content that the case to proceed was robust.

Documents approved were:

- Counter Fraud Plan for 2024/25
- Internal Audit Plan for 2024/25.

New significant issues / concerns escalated including proposals on the next steps to address this

New areas which the Committee wishes to escalate as potential areas of non-compliance, that need addressing urgently or escalating:

None identified.

Implications

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

Recommendations

The Board is asked to note this assurance update and respond to any specific points raised.