**HEALTH RESEARCH AUTHORITY**

**AUDIT AND RISK COMMITTEE MEETING**

**Minutes of the Health Research Authority (HRA) Audit and Risk Committee meeting, held on 20 January 2016 from 3.00pm – 4.30pm in HRA1, Skipton House**

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| **Present** | | **Initials** |
| Zafir Ali Head of Internal Audit for HRA  Adrian Brook Moore Stephens  Graham Clarke HRA, Non-Executive Director *(Chair)*  Ian Cook HRA, Director of Corporate Services  Debbie Corrigan HRA, Director of Finance, Procurement and Estates  Paul Holland National Audit Office  Deirdre Kelly HRA, Non-Executive Director  Stephen Robinson HRA, Corporate Secretary  Collette Rowe HRA Senior Finance Manager  Tom Smith HRA, Director of Quality, Guidance and Learning *(item 1 - 4)*  Stephen Tebbutt, HRA, Board Secretary and Chief Executive Business Manager  Nalin Thakker HRA, Non-Executive Director | | ZA  AB  GC  IC  DC  PH  DK  SR  CR  TS  ST  NT |
| **Item** | **Item details** | **Action** |
|  | **Apologies**  Shelley Dolan, The Royal Marsden NHS Foundation Trust, Chief Nurse |  |
|  | **Declarations of interest**  None to note |  |
|  | **Minutes of the last meeting**  The minutes of the previous meeting were accepted as a true and accurate record of the matters discussed, without amendment. |  |
|  | **Action Log / Matters arising**  Audit committee’s consideration of effectiveness and own performance  The Committee noted an additional Audit and Risk Committee was being identified for end of February / beginning of March with the findings from the review of effectiveness to be considered in detail at that meeting. GC asked those individuals who had not replied as yet to respond asap.  ***Action: All to ensure the questionnaire has been completed and returned***  ISO 9001:2008 Quality Assurance update  TS attended the Committee to provide an update. TS advised EMT had discussed the scope of the Quality Assurance (QA) function and had agreed it was moving in the right direction but that in the future, a slightly different approach would be undertaken. This would be more proportionate and would focus on areas of high risk to the organisation or to the certification. A sampling basis will also to be followed. The Committee noted the value the Devolved Administrations placed on the REC accreditation service provided by QA and noted this service was provided within the recharge amount. TS agreed to share the three year rolling programme with ZA after the meeting.  ***Action: TS to share QA 3 year programme with ZA***  Corporate risk register items classed as ‘New’  The Committee clarified there needed to be some distinction between risks classed as ‘New’ and risks which may have been open for a considerable time but had only recently been escalated to the Corporate Risk Register / or had been re-escalated following a change to the risk score. ST agreed to improve the risk overview summary to clearly highlight this distinction.  ***Action: ST to update risk overview summary***  Audit and Risk Committee meeting dates / cycle  The Committee agreed one of the outputs from the effectiveness review will be a consideration of the meeting dates and cycle therefore dates for the remainder of the year will follow after the additional Committee meeting at end of February / beginning of March. | **ALL**  **TS**  **ST** |
|  | **External audit**  AB advised the planning phase had been completed with no significant key control issues or account / audit delivery risks identified. AB advised the process would be similar to last year with the report to come to the next Audit and Risk Committee meeting. |  |
|  | **Internal Audit: Plan and Tracker**  The Committee noted the report. ZA advised the HRA Internal Audit Plan 2015/16 was on track for delivery by year end. ZA flagged two reviews in Operations had been deferred to next year and this had been discussed with DC and Janet Wisely (JW).  ZA flagged the Audit planning for 2016/17 had begun with a meeting scheduled with DC and JW to discuss the plan on 1st February. The plan would be submitted to the Committee at its first meeting in the new financial year. |  |
|  | **Assurance reports from internal audit**   1. **Audit recommendations tracker**   The Committee noted the tracker. CR flagged good progress had been made on the outstanding audit recommendations. Of the eight recommendations rated as high, two remain outstanding.  The Committee noted The Over-volunteering Prevention Service (TOPS) audit had been marked as closed. However following circulation of the Committee papers this status needs to be reviewed.  The Committee noted the considerable amount of work required to pull the tracker together ahead of each meeting and agreed it was happy for the document to be summarised and streamlined. The Committee flagged it needed to know about the overdue actions and the reason for any delay, especially the major elements  ***Action: CR to consider streamlining Audit recommendation tracker***  The Committee had a discussion regarding any improvements to the efficiency of the organisation which have occurred following audits and whether this could be captured within the tracker or elsewhere in the audit process.   1. **IRAS Release Management**   The Committee noted the Substantial rating. The Committee expressed its congratulations to the team.   1. **Key Financial Management and Control**   The Committee noted the Substantial rating with no additional recommendations made. The Committee expressed its congratulations to the team. | **CR** |
|  | **Risk policies for review**  The Committee reviewed the policy and procedure and suggested some amendments prior to review by Board. ZA flagged that DH was in the process of updating its risk policy and queried if the HRA’s policy reflected those changes. ST advised he had not been sighted on the changes to the DH documentation. SR flagged the DH / ALB Risk Network Meeting was due to take place on 23rd February which ST and SR were attending and would see if this was on the agenda.  The Committee agreed section 8.1 regarding the process for incorporating lessons learnt could be strengthened. The Committee agreed the policies referred to in the document should be double checked e.g. Raising Concerns Policy rather than Whistleblowing Policy. The Committee agreed further explanation could be made regarding the probability or likelihood risk score in the risk and residual risk management sections.  The Committee discussed the need for a Corporate Assurance Framework having noted the term ‘corporate assurance’ had been removed from the documents title. The Committee noted the HRA had a framework of processes which provided assurance however did not currently have a Corporate Assurance Framework providing a live picture of assurance for the organisation at any one time. The Committee queried if it had sufficient assurance already or whether a formal Framework was also required. The Committee agreed to consider again at a future meeting.  ***Action: ST to update Risk policy and procedure ahead of EMT and Board review in February. ST to flag need for Corporate Assurance Framework at future meeting*** | **ST** |
|  | **Review of registers**   * Losses and special payments   • Corporate gifts and hospitality  • Single tender actions  The Registers were received and noted. |  |
|  | **Any other business**  Judicial Review  The Committee noted the statutory deadline for Richmond Pharmacology to challenge the amount the HRA had been instructed to pay towards legal costs of £48,000 had passed. |  |
|  | **Date of next meeting**  07 March 2016, 2pm – 4pm, via teleconference / HRA 2, Skipton House |  |