

**Audit Committee  
Part 1 meeting  
Held on 22 January 2026  
0930-1145hrs**

*Via MS Teams*

[Chair: Cynthia Conquest, Non-executive Director]

**MINUTES**

<b>Present</b>		
C Conquest (Chair)	CC	Non-executive Director
G Martin	GM	Non-executive Director
<b>In attendance</b>		
V Bush	VB	Public Governor (Observer)
A Colling	AC	Executive Assistant ( <i>minutes</i> )
R Elfes	RE	BDO, Internal Auditors
M Evans	ME	BDO, Local Counter Fraud
M Hotchkiss	MG	Public Governor (Observer)
A Mason-Bell	AMB	BDO, Internal Auditors
S McKean	SM	KPMG External Auditors
E Midlane	EM	Chief Executive
O Monkhouse	OM	Director of Workforce & Organisation Development
S Page	SP	Deputy EPR Programme Director (for item 6.2)
A Raynes	AR	Director of Digital/CIO
Z Robinson	ZR	Deputy Chief Operating Officer
L Sanford	LS	Interim Chief Finance Officer
P Saini	PS	KPMG, External Auditors
M Screaton	MS	Chief Nurse
L Sedor	LSe	Finance Mgr, East & North Herts NHS Trust (observer)
I Smith	IS	Medical Director
A Winter	AW	BDO, Internal Auditors
<b>Apologies</b>		
D Burns	DB	Public Governor (Observer)
T Glenn	TG	Deputy CEO and Director for Strategy & Innovation
D Leacock	DL	Non-executive Director
H McEnroe	HMc	Chief Operating Officer
A Nyama	AN	Deputy Chief Finance Officer (Interim)

The minutes are noted as per order of discussion, which may differ from Agenda order.

Agenda Item		Action by Whom	Date by When
<b>1</b>	<b>WELCOME, APOLOGIES AND OPENING REMARKS</b>		
26/01	The Chair opened the meeting, and apologies were noted as above. EM advised that she needed to leave the meeting for approx. 20 minutes.		

Agenda Item		Action by Whom	Date by When
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
26/02	There is a requirement that Board members raise any specific declarations if these are likely to arise during discussions. No specific conflicts were identified in relation to matters on the agenda. A summary of standing declarations of interests is appended to these minutes.		
<b>3</b>	<b>MINUTES OF MEETINGS held on 16 October and 20 November 2025</b>		
26/03	<b>Approved:</b> The Audit Committee approved the Minutes of the meeting held on 16 October and 20 November 2025 and authorised these for signature by the Chair as a true record.	Chair	22.01.26
<b>4</b>	<b>ACTION CHECKLIST</b>		
26/04	The Committee reviewed the Action Checklist and updates were noted.		
<b>4.1</b>	<b>Item 25/84 Internal Audit Recommendations Follow-up: Private Care</b>		
26/05	The following update was noted under review of the Action Checklist items.  A first draft of the new Private Care Strategy was developed and presented to the Strategic Projects Committee (SPC) in December 2025 (included in today's meeting Reference Pack). The strategy is now being refined and will be returned to SPC in February 2026, with the intention of seeking a recommendation for approval by the Trust Board. As part of the governance workstream, two policies have been identified as priority deliverables for Phase 1 of the strategy's implementation: a Trust-wide Private Patients Policy, and a Consultant Practising Privileges Policy. Both policies will be developed and ratified within Phase 1 of the delivery plan.  The Committee agreed to close this action.		
<b>5.1</b>	<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>		
26/06	<b>Received:</b> Assurance around the operation of the Board Assurance Framework (BAF) since the last report in October 2025.  <b>Reported:</b> OM The report was taken as read. There are still some revisions being worked on for the quarterly summary to ensure this is correct going forward. This is the first Audit Committee meeting to receive the BAF in its new format; going forward any changes will be noted in red.  <b>Discussed:</b> CC raised the following queries: <ol style="list-style-type: none"> <li>1) She would still like to see a summary on risks 20 and over.</li> <li>2) Is it possible to have the BAF risks in number order as this makes it easier to navigate.</li> <li>3) Risk 2985 was missed off the summary.</li> </ol> Jonathan Elwood (JE), new Associate Director of Corporate Governance to action these requests in time for the March meeting.  <b>Noted:</b> The Audit Committee noted the Board Assurance Framework.	JE	12.03.26



Agenda Item		Action by Whom	Date by When
	governance on the Nexus programme. <b>Noted:</b> The Audit Committee noted the annual governance update for the EPR programme.		
<b>7</b>	<b>LOCAL COUNTER FRAUD – BDO</b>		
<b>7.1</b>	<b>Progress Report</b>		
26/09	<p><b>Received:</b> Counter Fraud Progress Report to January 2026</p> <p><b>Reported:</b> ME Highlights since last reported in October:</p> <ul style="list-style-type: none"> <li>&gt; 1 new referral received.</li> <li>&gt; 2 previous referrals are now closed; the findings and recommendations have been passed to LS.</li> <li>&gt; Activity: currently completing the fraud risk assessment for finalisation by year end and the local proactive exercise, due to end soon which will be included in the report to the next meeting.</li> </ul> <p><b>Discussed:</b> CC asked if there was a completion date for the updating of the Fraud Risk Assessment. ME advised that there is no completion date yet; there is further work reliant on operational leads; the aim is to complete and finalise this by the end of Feb/early March to include to March meeting.</p> <p>CC noted there were 5 outstanding cases re: Companies House/creditor matches. When will this be completed? ME is awaiting some additional information and will chase for this. LS will follow up on this today.</p> <p>CC referred to “the false employment history” investigation, specifically how can we ensure that agency checks are accurate. ME explained that agencies sign up to the terms and conditions of NHS Employers standards. Nationally there is no track record of how agencies follow up. It is good practice that this is done proactively by BDO with a regular sample check on pre-employment checks.</p> <p>GM queried whether the agency has had this information fed back to them (this relates to a specific allegation). ME confirmed that this has been recommended. LS advised that this case was for a non-clinical role. She said that there is an expectation, that if an agency provides us with candidates - we would expect that agency to have done background checks on them. LS will ensure this is followed up with the agency on concerns with this individual. LS will pick up with OM and team to ensure we have gone back to the agency on this matter as she had requested previously.</p> <p>AW added further detail on how NHS Providers obtains assurance. He is aware that they appoint an independent auditor to ensure all checks are being followed correctly by agencies. This information is fed back to the centre and not the Trust seeking to employ the individual. There is an assurance mechanism to hold agencies to account.</p> <p>LS commented that if agencies are not completing even simple checks, this questions whether they should be on the framework.</p>	<p>ME</p> <p>LS</p> <p>LS</p>	<p>12.03.26</p> <p>22.01.26</p> <p>12.03.26</p>

Agenda Item		Action by Whom	Date by When
	<b>Noted:</b> The Audit Committee noted the Local Counter Fraud progress report.		
7.1 26/10	<p><b>NHSCFA Guidance: Failure to Prevent Fraud Offence including Economic Crime and Corporate Transparency Act 2023 (ECCTA)</b></p> <p>A briefing note by BDO was included in the progress report. ME explained how this had been mapped out against the ECCTA six principles of reasonable procedures and aligned with NHS requirements.</p> <p>CC asked if there was a scoring mechanism for this; the Trust seems to be performing well, but how much better could we be in all the principles? ME will enquire, noting that it may be a little early for this as it came out in September.</p> <p><b>Noted:</b> The Audit Committee noted the Briefing Note on ECCTA.</p>	ME	12.03.26
8	<b>INTERNAL AUDIT – BDO</b>		
8.1	<b>Progress Report</b>		
26/11	<p><b>Received:</b> Internal Audit Progress report.</p> <p><b>Reported:</b> AW Key messages:</p> <ul style="list-style-type: none"> <li>&gt; BDO delivered on early circulation of seven reports in November and December to ensure these were finalised for this meeting.</li> <li>&gt; Only Data Security Protection Toolkit (DSPT) to complete, which is scheduled for February and will be completed for the March meeting.</li> <li>&gt; There has been additional work this quarter on patient property and the related controlled environment; this work has been scoped and agreed with the aim to deliver shortly and bring to March meeting.</li> <li>&gt; An indicative Internal Audit Opinion and Annual Report will be available for the March meeting.</li> </ul> <p><b>Discussed:</b> The report was taken as read. CC thanked AW and team for their support with this work. AW commended AMB, RE and the team for this</p> <p><b>Noted:</b> The Audit Committee noted the Internal Audit Progress Report.</p>		
8.2	<b>Internal Audit Follow Up of Recommendations Report</b>		
26/12	<p><b>Received:</b> Update on Internal Audit Recommendations</p> <p><b>Reported:</b> AW</p> <ul style="list-style-type: none"> <li>• Since the last meeting in October, three recommendations are fully complete, two are in progress and four remain overdue (a reduction from five in October).</li> <li>• This is a small increase in implementation rate to 92%.</li> <li>• Cyber Risk – overall the recommendation is overdue, but some sub-actions have been completed.</li> <li>• Of the two in progress relate to the CT scanning backlog review, BDO are confident to close down to revised date.</li> <li>• Overdue recommendations: cyber security and private patients. Both have revised dates. BDO is working with the Trust to get evidence on both of these to close down by end of financial year.</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Live updates – DSPT review: the evidence pending is now received, which completes this recommendation, and will formally report to March meeting.</li> <li>• Therefore, only three overdue actions.</li> <li>• Outpatients: updates have been received since the report where progress is being made and confident to close by year end.</li> <li>• BDO are working well with the Executive management team to ensure recommendations are updated on timely basis.</li> </ul> <p><b>Discussed:</b> GM referred to the 2<sup>nd</sup> ‘in progress’ on CT reporting backlog, he is unclear how this addresses the recommendation (p88). AW advised that he could take this offline to review</p> <p>AR thanked AW and team on the scrutiny of supply chain, with a good plan going forward to provide assurance as best we can.</p> <p>CC was pleased to see improvement on recommendations and gave thanks to Exec Directors and Auditors.</p> <p><b>Noted:</b> The Audit Committee noted the update on Internal Audit Recommendations.</p>	AW	Jan 26
8.3.1	<b>Internal Audit Report: Benchmarking – Health Inequalities</b>		
26/13	<p><b>Received:</b> As part of the internal audit plan approved by the Audit Committee on 13 March 2025, time has been allocated to support the Trust in assessing the adequacy of its processes and controls through benchmarking with good practice.</p> <p><b>Reported:</b> AMB This was a trust-wide governance review of Health Inequalities (HI). This looked at HI aims and governance, roles and responsibilities. There was comparison to good practice. As an advisory review there is no assurance opinions. The Trust’s HI arrangements are in the early stages of establishment and BDO gave some recommendations to enhance governance arrangements going forward (bringing self-assessment up to data, development of knowledge and data on HI, using baseline data more actively to assess outcomes from a governance perspective, regularity of HI panel reporting to Q&amp;R).</p> <p><b>Discussed:</b> CC felt this was a good report but did highlight work still to do. CC recommended this report go to Quality &amp; Risk Committee for follow up. As the reports are lengthy, she suggested a 1–2-page summary go to Q&amp;R on recommendations. MS will pick this up with GM</p> <p><b>Noted:</b> The Audit Committee noted the Internal Audit Report.</p>	MS	Jan 26
8.3.2	<b>Internal Audit Report: Cyber Risk – Supply Chain and Disaster Recovery</b>		
26/14	<p><b>Received:</b> Internal Audit report: <b>Reported:</b> AMB The report was taken as read.</p>		

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	<p>The report focussed on areas previously not looked at being procurement, cyber risk management and disaster recovery.</p> <p>Design: moderate opinion AMB explained the two medium priority issues.</p> <p>Review stage – operational effectiveness: limited opinion AMB explained the rationale for this.</p> <p><b>Discussed:</b> CC thanked BDO for this well documented report. The Trust has not documented a full disaster recovery test for eight years. The management response refers to a training plan - how can we ensure this is done? Is the implementation date achievable?</p> <p>AR – Referred to real examples of disaster recovery. He explained the expense and challenge of testing, which will be reviewed. The Trust has run tabletop exercises and a simulated phishing exercise (report to Performance Committee next week). We have seen some improvements on experiences on downtime and recovery.</p> <p>CC explained her concern is that we do what we can to minimise the risk, priority should be how do we recover from an incident. She would like the Trust to focus on this part to be as robust as we can to recover from any disaster.</p> <p>AR will take away to review. He commented that much relates to training and the type and severity of incident. He is also working with BDO to mitigate plans.</p> <p>CC referred to the action date as 20 Jan 2026 which has passed. AR will review this to ensure it is realistic and achievable.</p> <p>CC asked this report be sent to the Performance Committee.</p> <p><b>Noted:</b> The Audit Committee noted the Internal Audit report.</p>	AR	Jan 2026
8.3.3	<b>Internal Audit Report: Data Quality</b>		
26/15	<p><b>Received:</b> Internal Audit Annual Report</p> <p><b>Reported:</b> AMB This looked at adequacy of design and effectiveness of process for new referrals focusing on elective care.</p> <p>Design: Moderate opinion Effectiveness: Limited opinion.</p> <p>Governance and monitoring were strong and working well. There were some areas with data incomplete, manual documents and inconsistencies in documentation. There were some risks of inaccuracies due to these issues.</p> <p><b>Discussed:</b> CC referred to page 134-135: the clock start date is incorrect and states</p>		



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8.3.5 26/18	<p><b>Internal Audit Report: Key Financial Systems</b></p> <p><b>Received:</b> Internal Audit Report</p> <p><b>Reported:</b> AMB This involved a review on Estates key financial systems, looking at methodology for reporting on costs associated with Trust's estate including and planned and reactive maintenance. Design &amp; Control and effectiveness: substantial opinion for both areas.</p> <p>There was one low priority recommendation in terms of formal documentation of the processes on budget monitoring.</p> <p><b>Discussed:</b> CC was pleased to see the substantial opinions for both areas.</p> <p>This report to go to the Performance Committee for information.</p> <p><b>Noted:</b> The Audit Committee noted the Internal Audit Report.</p>	AC	29.01.26
8.3.6 26/19	<p><b>Internal Audit Report: Workforce Job Evaluation</b></p> <p><b>Received: Internal Audit report.</b></p> <p><b>Reported:</b> AMB This was a Trust wide review to look at the adequacy of processes and controls to manage the risks associated with job evaluation and banding reviews</p> <p>Design: moderate opinion. Effectiveness of controls: substantial opinion.</p> <p>There is a clearly defined processes were evident for job evaluation requests and managing re-banding requests. The Trust has implemented the innovative Nursing pathway project. Some areas where processes could be enhanced were explained. Overall BDO were satisfied that all job evaluations requests were reviewed and completed in line with requirements and there were no disputes on job evaluation reported over the last five years.</p> <p><b>Discussed:</b> CC referred to the refresher training to be a priority and the management response on identification of funding. When the decision is made, will this be reported through the Workforce Committee?</p> <p>OM advised that this is noted as a cost pressure – it will be considered through the Executive operational planning process.</p> <p>CC recommended that this report goes to Workforce Committee.</p> <p><b>Noted:</b> The Audit Committee noted the Internal Audit Report.</p>	AC	29.01.26
8.3.7 26/20	<p><b>Internal Audit Report: Quality Improvement and Innovation</b></p>		

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	<p><b>Received:</b> Internal Audit report.</p> <p><b>Reported:</b> AMB            AMB explained how the review looked at design, governance and implementation of the improvement methodology including innovation used by the Trust.</p> <p>Design: moderate opinion.            Effectiveness: moderate opinion.</p> <p>The Trust is in the process of maturing its approach to quality improvement and innovation. The recommendations have been aligned to existing plans in the Trust. There is a clear governance structure in place. Control design could be strengthened with suggestions in the report. There also needs to be an updated quality strategy and supporting action plans for objectives of the Trust.</p> <p><b>Discussed:</b>            CC referred to the management response to strategy and monitoring p(243) – where the report set out benchmarking, would the Trust look at the benchmarking to see how we could improve work on this?            MS advised that is the intention. The resource to do this is the biggest issue here.            CC asked for this report to go to Q&amp;R.</p> <p><b>Noted:</b> The Audit Committee noted the Internal Audit Report.</p> <p>CC thanked AW and AMB for all work to get these reports to the Audit Committee.</p>	AC	29.01.26
<b>10</b>	<b>ANNUAL REPORTS (annual reviews)</b>		
26/21	<p><b>Received:</b> The purpose of this paper is to present the following documents for approval and recommendation to the Board of Directors for ratification:</p> <p>10.1 Standing Orders of the Board of Directors DN142            10.2 Standing Financial Instructions DN140            10.3 Scheme of Delegation DN137</p> <p>The discussion and comments on each document are noted below.</p> <p><b>Reported:</b> LS</p> <p><b>Noted:</b> The Audit Committee noted the contents of the cover paper.</p>		
<b>10.1</b>	<b>Changes to Standing Orders</b>		
26/22	<p>The updates were mainly date changes. CC had also provided feedback via tracked changes.            OM suggested that Jonathan Elwood (new Associate Director of Corporate Governance) review this further.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>&gt; Page 267, paragraph 231- to be reviewed and change if required.</li> <li>&gt; Defer approval until this review.</li> </ul>	JE	12.03.26





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	<p>Late notification of leavers – OM explained the process for this. This could be picked up in bi-monthly divisional performance review meetings (PRMs).</p> <p>EM noted that ‘medical staffing’ is not listed in general (page 388) have there not been any payment discrepancies in this area? OM advised that the table is by division which covers this staff group.</p> <p>CC referred to regular non-performing areas (APAs and Consultants) .- could this be easily tackled. OM advised that this is linked to job planning sign off and not a function of line managers. IS explained how job planning is an annual cycle where things can change within year. It is the responsibility of individuals to report changes in their workplan. It would be challenging and onerous to have monthly checks with all consultants.</p> <p>CC asked how easy is it to recover monies? OM noted that generally this is not a problem and repayment plans are agreed. There are some disputes which require work to identify the queries – but these are very few.</p> <p>CC noted that overall RPH performs better than peers re. overpayments. Do we know if there are any organisations who do well on APAs, where we could learn from? OM advised that she could ask the medical workforce team to look at other specialist hospitals to compare.</p> <p>CC noted that the action plan has nothing on APAs and feels there should be a plan to improve on this. OM suggested this be reviewed by the Job Planning Steering Group for them to consider. IS felt this would be a good way forward.</p> <p><u>Resident Doctors</u> OM advised that this area had been discussed at a Board meeting with a peer representative in attendance. It was noted that improvements have been made over the last couple of years and the rates were low. On assessment there is no change from the last quarterly report.</p> <p>It was acknowledged that any overpayment/underpayment can have a significant impact on the staff member concerned. The team are always looking to improve processes and have attended national webinars. The numbers refer to a small number of over-payments when pro-rata against the number of staff.</p> <p><b>Discussed:</b> CC thanked Adam Radwell for this well written report. Report on underpayment is good and shows a downward trend. The action plan is also good, and she would like to see APAs included.</p> <p>CC asked if we should start to implement sanctions about managers not completing forms in timely manner, bearing in mind that this is public money. It could take a long time to recover monies which is not a good use of public money.</p> <p>LS felt that introducing sanctions is a hard approach. She suggested an improvement on messaging on overpayments, the responsibilities of</p>	<p>OM</p> <p>OM</p>	<p>12.03.26</p> <p>12.03.26</p>

Agenda Item		Action by Whom	Date by When
	<p>completing paperwork on time and the consequences of overpayments. She advised that another Trust did include review of this at divisional PRMs in the Workforce section as a metric. This would be one way to highlight to divisional leads of levels of overpayments.</p> <p>CC asked if there is anything else we can do to highlight that this is unacceptable. She understands that we perform better than peers, but there is room for improvement. Could auditors give any help?</p> <p>AMB agreed that sanctions could be difficult. She suggested that it could be included in managers' objectives. GM noted that much relates to data and benchmarking, and key is to let managers know of the current situation rather than sanctions. OM added that this involves hundreds of managers with a small number of overpayment issues which do not relate to the same individuals. This could be included at PRMs and review there with divisional leads and identify actions to improve this.</p> <p>LS echoed OM comments – overpayments/completion of documents etc would form part of budget holder responsibilities; she will check on budget holder training to ensure it is included.</p> <p>CC thanked the team for this comprehensive report where it was pleasing to note performance against peers but understanding that improvements can always be made.</p> <p><b>Noted:</b> The Audit Committee noted the report and discussions regarding salary overpayments/underpayments.</p>		
<b>12</b>	<b>WAIVER TO STANDING FINANCIAL INSTRUCTIONS</b>		
26/29	<p><b>Received:</b> Waiver to Standing Financial Instructions Report</p> <p>Reported: LS The report was taken as read. Four waivers were issued in Q3, all for supplier or technical reasons; all have gone through appropriate approval and sign off processes.</p> <p><b>Discussed:</b> IS was not aware of the introduction of a fee for radiologists? Is there any further detail on this? OM explained that some recruitment is done via agencies and this is part of that process where a fee is paid to the agency.</p> <p>CC was pleased to see tight control on issue of waivers.</p> <p><b>Noted:</b> The Audit Committee noted the update on Waivers to Standing Financial Instructions.</p>		
<b>13</b>	<b>BAD DEBT WRITE OFF</b>		
26/30	<p><b>Received:</b> Report to the Committee on the debts written off in the financial year 2025/26.</p> <p><b>Reported:</b> LS</p>		

Agenda Item		Action by Whom	Date by When
	<p>The report was taken as read. No debts had been written off in quarter 3.</p> <p><b>Discussed:</b> No items were raised.</p> <p><b>Noted:</b> The Audit Committee noted the update on Bad Debt Write Off.</p>		
<b>14</b>	<b>LOSSES AND SPECIAL PAYMENTS</b>		
26/31	<p><b>Received:</b> Report to the Committee of the losses and special payments made for the quarter 3 period 2025/26 in line with the Trust's Standing Financial Instructions.</p> <p><b>Reported:</b> LS The report was taken as read.</p> <p>Key issue: As a response to a reported theft, the Trust has commissioned an internal audit to look at patient property arrangements, which will dovetail into a Trust review on the current process.</p> <p><b>Discussed:</b> CC referred to 'Loss of personal effects', where two episodes of loss of dentures seemed peculiar, especially when patients are in single rooms. MS noted that this is both frustrating and sad. Patients' dentures go with the patient to different parts of the hospital (theatres, critical care, ward etc). There is a checklist which does have dentures listed but this can be where items might go missing.</p> <p>CC would be keen to see this risk reduced. MS suggested that this could be looked at further including a current review of the patient property policy.</p> <p>CC noted pharmacy write-offs. MS noted that this amount is relatively low when considering the high-cost drugs used in the Trust.</p> <p><b>Approved:</b> The Audit Committee noted the update on Losses and Special Payments.</p>	MS	12.03.26
<b>9</b>	<b>EXTERNAL AUDIT: KPMG</b>		
<b>9.1</b>	<b>Audit Plan risks/reflections 2025/26</b>		
26/32	<p><b>Received:</b> External Audit plan and strategy for the year ending 31 March 2025</p> <p><b>Reported:</b> SMc SMc introduced herself as the external audit engagement lead for the Trust, taking over from Emma Larcombe. Work has started on the 25/26 external audit planning where the early reflection is presented to this meeting. The official audit plan will come to the March meeting including the Value for Money risk assessment.</p> <p>The report was taken as read and PS talked through key items.</p> <p>&gt; Audit risk and changes in risk in year. This is consistent with previous years, no change in level of risk.</p>		

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	<ul style="list-style-type: none"> <li>&gt; Disclosure in annual report. The risk is consistent with previous financial years and no material misstatement.</li> <li>&gt; Materiality numbers - all benchmarking is consistent with previous financial years. PS explained the increase in materiality % from 2.5% to 3%.</li> <li>&gt; Fees: in line with agreement.</li> <li>&gt; Independence: confirmation that no other audit services have been provided.</li> <li>&gt; Audit cycle and timetables: this includes the plan of 25/26 audit and year-end work</li> </ul> <p><b>Discussed:</b> CC was pleased to see one of risk going down and other areas in line with expectations.</p> <p>CC referred to timelines where the Audit Committee expect to review the Annual Accounts on 11 June and have final sign off on 18 June for approved at Board on 22 June. PS confirmed this all fits with KPMG timelines. SMc advised that they can review again in May against these timelines.</p> <p><b>Noted:</b> The Audit Committed noted the update.</p>		
<b>15</b>	<b>POLICY REVIEWS – no items to review</b>		
<b>16</b>	<b>ANY OTHER BUSINESS – no items were noted.</b>		
<b>17</b>	<b>FORWARD PLANNER AND MEETING REVIEW</b>		
<b>17.1</b>	CC noted some items to review under the following Part 2 meeting. <b>Noted:</b> The Audit Committee noted the meeting forward planner		
<b>17.2</b>	<b>Review of meeting agenda and objectives / Escalations</b>		
	The Committee agreed that appropriate time and discussions allowed.		
<b>17.3</b> 26/33	<b>Next meeting:</b> 19 February 2026, Extra Ordinary meeting, 1600-1630hrs via MS Teams. <b>Close: The meeting finished at 1132 hrs</b>		
	<b>FUTURE MEETING DATES: 2026</b>		
<b>2026 dates</b>			
	22 January	9.30-12.00	MS Teams
	12 March	9.30-11.30	F2F HLRI Rooms 88 & 89
	12 March (NEDS Private meeting with Auditors)	11.30-12.00	F2F HLRI Rooms 88 & 89
	28 May (AR & A/cs sign off)	10.30-12.30	MS Teams
	11 June (Audit Cttee NEDs review Accounts)	tbc	MS Teams
	18 June (AR & A/cs sign off final)	9.30-10.30	MS Teams
	23 June (Board sign off AR & A/cs)	12.00-12.30	MS Teams
	16 July	9.00-11.00	MS Teams
	15 October	9.00-11.00	MS Teams

Agenda Item				Action by Whom	Date by When
19 November (approve Charity Annual Report & Acs	9.30-10.00	MS Teams			

*CB Conquest*

[Chair authorised electronic signature to be added]

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Date: 12 March 2026

**Royal Papworth Hospital NHS Foundation Trust  
Audit Committee Part 1 meeting 22 January 2026**