

**Audit Committee  
Held on 10 March 2022  
1000-1200hrs, Via MS Teams**

[Chair: Cynthia Conquest, Non-executive Director]

**UNCONFIRMED**

**MINUTES**

|                        |     |  |
|------------------------|-----|--|
| <b>Present</b>         |     |  |
| Mrs C Conquest (Chair) | CC  | Non-executive Director                             |
| Mr M Blastland         | MB  | Non-executive Director                             |
| Mrs D Leacock          | DL  | Associate Non-executive Director                   |
|                        |     |  |
| <b>In attendance</b>   |     |  |
| Mr D Burns             | DB  | Public Governor                                    |
| Mrs A Colling          | AC  | Executive Assistant ( <i>Minutes</i> )             |
| Mr T Glenn             | TG  | Chief Finance & Commercial Officer                 |
| Mr E Gorman            | EG  | Deputy Director of Digital                         |
| Mrs A Jarvis           | AJ  | Trust Secretary                                    |
| Mrs E Larcombe         | EL  | KPMG, External Auditors                            |
| Mrs A Mason-Bell       | AMB | BDO, Internal Auditors                             |
| Mrs L Palmer           | LP  | Assistant Director for Quality and Risk (Item 7.1) |
| Mr C Panes             | CP  | Deputy Chief Finance Officer                       |
| Dr H Perkins           | HP  | Public Governor                                    |
| Mr G Rubins            | GR  | BDO, Internal Auditors                             |
| Mrs M Screamton        | MS  | Chief Nurse  |
| Mr J Shortall          | JS  | Local Counter Fraud, BDO                           |
| Mr M Twyford           | MT  | KPMG, External Auditors                            |
| Trevor Purt            | TP  | Observer, Arden & Gem                              |
| Krys Garside           | KG  | Observer. Arden & Gem                              |
|                        |     |  |
| <b>Apologies</b>       |     |  |
| Dr R Hall              | RH  | Medical Director                                   |
| Mrs O Monkhouse        | OM  | Director of Workforce & Organisation Dev           |
| Mr A Raynes            | AR  | Director of Digital (& Chief Information Officer)  |
| Dr I Smith             | IS  | Deputy Medical Director                            |

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>  |                |              |
| 22/22       | The Chair opened the meeting and apologies were noted as above. As this is a heavy Agenda; the Chair said she will take all papers as read and will allow opportunities for questions.   |                |              |
| <b>2</b>    | <b>DECLARATIONS OF INTEREST</b>  |                |              |
| 22/23       | There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda. |                |              |

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|             | <p>MB declared a new interest where he is co-chair of a BBC review into the impartiality of its coverage of tax and public spending, which is likely to include health spending. He will add this to the register.</p> <p>A summary of standing declarations of interests are appended to these minutes.</p>  |                |              |
| <b>3</b>    | <b>MINUTES OF MEETING held on 20 January 2022</b>   |                |              |
| 22/24       | <p><b>Approved:</b> The Audit Committee approved the Minutes of the meeting held on 20 January 2022 and authorised these for signature by the Chair as a true record.</p>   | Chair          | 10.03.22     |
| <b>4</b>    | <b>ACTION CHECKLIST</b>   |                |              |
| 22/25       | The Committee reviewed the Action Checklist and updates were noted.   |                |              |
| <b>5</b>    | <b>BOARD ASSURANCE FRAMEWORK (BAF)</b>  |                |              |
| 22/26       | <b>5.1 BAF Update</b>   |                |              |
|             | <p>AJ presented the update which brings together reporting seen to other Committees and Board.</p> <p>There were no new risks and no closed risks since January 2022. The increase in risk was noted on risks for cyber, recruitment and supply delivery. All risks were reviewed at last week's Board of Directors' meeting.</p> <p>AJ gave further detail on 'risk appetite', which is the term used in the report but there has been a debate at Board level as to whether that was the correct term. The Board talked about 'attitude to risk' and looked at documents and how this is expressed as risk appetite statements. These will be appended to risk management strategy and referenced to be able to be used across the organisation. This was a recommendation from the risk maturity audit. The statements are in the process of being refined and will be fed back to Board next month.</p> <p>MB referred to the statement of risk target rather than appetite - should we expect the mitigations to cover assessed risk and risk target (say assess at 20 and target 15)? Should all expected mitigations be covered to get to the target?</p> <p>AJ responded, yes, acknowledging that there is a level of risk that we will need to tolerate (which would be target) and actions would be framed to get us to that target level. MB noted the need to ensure the right actions are in place.</p> <p>DL agreed with MB and AJ. We need to get the mitigations in to bring to target or below if possible and then come to a level of risk we are prepared to accept and manage.</p> <p>HP added that he understands risk appetite but unclear of the term 'risk attitude'. AJ detailed the discussions held at Board around this and MB added support to this. AJ added that this would be made clearer in future reporting.</p> <p>CC asked if the auditors had a view on this.<br/>GR said that he had not heard specifically of risk attitude, but it makes</p> |                |              |

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|             | <p>sense to have an overall view on risk which then feeds into risk appetite. He felt that the wording was fine but that this may vary between organisations. CC will take a consensus at Board on the wording. EL agreed that the two terms are interlinked. The risk attitude is set in the risk appetite. She also agreed that different organisations use different terminologies.</p> <p>CC noted that on the detailed schedule, Risk 3009 (challenges in supply of consumables or services) had not been reviewed since October 2021. TG explained that as reported at the recent Board meeting, this had been reviewed recently and he is comfortable where it currently sits. He will ensure that this is reflected in future reports.</p> <p><b>Noted:</b> The Audit Committee noted the BAF update.</p>  |                |              |
| 4.1         | <b>Cyber and information security (ref. 22/108 follow up)</b>  |                |              |
| 22/27       | <p>This report was in response to a query at the January meeting where the Internal Audit Progress report had referenced a link to 'National Audit Office (NAO) – Cyber and information security: good practice guide'. This paper contained many questions where CC felt that a review before year-end by the Audit Committee would be useful to gain assurance in this area.</p> <p>DL noted that there were quite a few actions, all within the next month or two. Does the Digital Team have the staffing resource to manage these actions; what is the chance of actions slipping off the timeline? EG acknowledged that the plan is ambitious for a small team. There is currently a review on how we structure cyber within the infrastructure team. The actions sit across the whole team and not just with the Cyber Analyst who wrote the report. All actions are underway, some may be delivered later in the year and some will be earlier.</p> <p>DL referred to the various levels of severity and asked what were 'PUA incidents and how did they rank in terms of severity'? EG will find out and come back outside of the meeting. <i>Post meeting note: EG came back to DL during the meeting and said " PUA applications are those applications that were blocked from being executed on trust devices".</i></p> <p>CC referred to the assurance given for Question 1 and what does this entail? EG explained that this is hardware and software supported along with policies, procedures, recovery plans – ensuring these are up to date and reviewed regularly. It is a large piece of work and will take time but is something we are aiming for.</p> <p>CC asked, "when do you think we will get this accreditation?". EG advised that it is currently in the discovery phase; then at that point the team will know the gap and be able to determine timelines.</p> <p>CC asked, "are any compromises being made in order to remain in budget?". EG advised that the budget priority is in keeping the organisation secure.</p> <p>DL referred to Action 4 and asked if this would be ready within three months? EG advised that this is an ambitious target but staff are passionate about getting it right.</p> <p>DL noted that it would be useful to see some realistic timeframes for deliverables. EG advised that this will be included in the next report.</p> <p>MB noted that cyber risk is on the internal audit plan for next year. Could internal audit help here?</p> <p>AMB advised that this is in the plan on the basis of discussion with AR and is an advisory piece as opposed to assurance. She queried if the</p> |                |              |

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|             | <p>timing was right for this piece of work. BDO have resources to do a review if required.</p> <p>EG advised that the Trust would be using an external consultancy on cyber; this is by one of our suppliers, which is an area of their speciality. CC highlighted it needs to be clear that BDO are auditing Cyber security only and not doing any other work in order to keep their independence.</p> <p><b>Noted:</b> The Audit Committee noted the Cyber Security Highlight Report.</p>   |                |              |
| <b>6</b>    | <b>LOCAL COUNTER FRAUD – BDO</b>  |                |              |
| <b>6.1</b>  | <b>Progress Report</b>  |                |              |
| 22/28       | <p>JS presented the report which also ties in with discussion on cyber risk and TG comments on fraud awareness.</p> <p>JS referred to the number of days used to date where 10 days were unutilised (ringfenced for investigation work). In discussion with TG, these will be carried forward into next year’s plan and use to help develop e-learning package and fraud awareness sessions for Trust staff. This will be updated into audit plan.</p> <p>Other actions since the last meeting had linked into audits on Private Patients and Payroll; this work is near to completion and will help in updating the Trust’s fraud risk assessment.</p> <p>Referring to the NHS CFA reporting data, a third of this related to cyber enabled fraud, which is the top risk for all Trusts. Much relates back to basic IT security and user awareness of the cyber threat. There was previous reference as to how Internal Audit might be able to assist; JS is engaging with AR to provide more awareness materials about cyber fraud and working the cyber threat element into e-learn mandatory training package.</p> <p>Referring to Bank mandate fraud – this is a specific CFA project in year and in the annual workplan.</p> <p>CC referred to the Fraud Risk Assessment template; the text has been compressed which makes it difficult to read and asked for this to be re-formatted in future reports.</p> <p>Referring to the Fraud Risk Assessment, CC asked how this is assessed. JS advised that it uses various sources of data such as internal audit reports, Board reports etc; discussions with key staff including the finance and cash office areas to identify the controls in place.</p> <p>JS noted referring to the Payroll audit and Private Patient work – if anything comes out of these which changes the view of risk, they will be entered into the register also. This is a fluid piece of work as allegations or instances change.</p> <p>CC referred to the Review against NHS CFA Standard; on outcome-based metrics, that Requirement No.6 was recorded on case management. Why is this classed as ‘in progress’ as opposed to ‘completed’?</p> <p>JS explained that if a referral is received then it can be added, but if no referral is received, it cannot be added in.</p> <p>CC noted that this had been discussed before but want assurance again. When there are no referrals, is it because we think staff are not aware or is there generally nothing to report?</p> <p>JS could not definitely say that there is no fraud in an organisation as it is likely there will be some fraud activity in any organisation. He would be</p> |                |              |

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|                   | <p>worried if senior executives did not take fraud seriously, or it was a Trust where staff were not empowered to report, or there was a culture of bullying harassment – as these things feed into fraud reporting. None of this is apparent at RPH. Once we roll out e-learning, notified staff of our Counter Fraud Champion (Chris Panes) and policies are well advertised to staff then this will raise awareness and might generate more reporting.</p> <p>TG added that following the last meeting and the brief on counter fraud, actions have been taken regarding essential training; this is progressing in terms of developing and enhancing our e-learning package over the next few months to ensure it is well understood in the organisation.</p> <p><b>Noted:</b> The Audit Committee noted the Local Counter Fraud update.</p>   |                |                |
| <p><b>6.2</b></p> | <p><b>LCFS Annual Work Plan</b></p>  |                |                |
| <p>22/29</p>      | <p>JS advised that the work plan is re-presented with the recommended amendments following the January meeting; the changes relate to adding in the e-learning package and the use of the 10 extra workdays. There are no other changes</p> <p>MB referred to the Strategic Governance/pro-active work and days allocated to this. This seems to be a transitional piece of work ongoing for some time - can this be scaled back?</p> <p>JS explained that there had been staff changes at CFA which had delayed this work with submission dates changed to the end of May because of that. Once this work nears completion, JS can review the work plan and bring back to the Committee.</p> <p>CC felt that 10 days allocated for e-learning was quite high. Is there any flexibility to move days allocated to BDO counter fraud to internal audit work where there does not seem to be enough days?</p> <p>DL felt the workplan was fair but agreed that 10 days for e-learning seemed excessive and agreed with the suggestion to move days to internal audit work.</p> <p>TG updated that he has not been able to discuss this with BDO. He agreed with the suggestion to use days for internal audit but keen to ensure we need to be secure on cyber risk training. It would help if some days could be used for outstanding internal audit items.</p> <p>CC advised that on this basis, the workplan could not be approved as will need further discussion regarding workdays. GR would be happy to discuss this with TG.</p> <p><b>Noted:</b> The Audit Committee noted the LCFS Strategy and Annual Work Plan 2022-23 and will review again at next Audit Committee</p> | <p>TG/GR</p>   | <p>21.7.22</p> |
| <p><b>6.3</b></p> | <p><b>Review Against NHS CFA Standards</b></p>   |                |                |
| <p>22/30</p>      | <p>JS noted that the draft return was presented as at March 2022, which gives an indicative view, although it is not due to be finalised until the end of May. It gives an early sight of where RAG ratings will fall; overall there are several 'greens' and it addresses issues flagged last year.</p> <p>Requirement 6 (amber) relates to awareness and measuring effectiveness. Beyond the staff survey, there is no guidance as to how this can be evidenced. JS will issue a staff survey to try and cover this;</p>   |                |                |

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|                   | <p>as well as noting good staff participation in fraud awareness week. There are plans in place for improving training in terms of e-learning. RPH is a solid 'amber' but hard to push to green. No other Trust has attained a 'green' rating on this requirement.</p> <p>MB asked whether rather than a conventional survey, would a phishing test indicate the level of response to a fake fraud?<br/>JS said that it could be possible, and this is done at some organisations. But that the prescriptive nature of the questions makes it difficult to find a way to answer it and not sure that a phishing test would address this.</p> <p>DL asked that if we used risk assessments to identify fraud and bribery, is there anything that can be done to measure the effectiveness, to move from the persistent 'amber' on this?<br/>JS confirmed that this rates 'amber' at most other Trusts and that some reporting 'green' have been downgraded to 'amber' or 'red'. Trusts can often be fully occupied with operational work to give this extended time to flag to green. He feels it is better to give a safe 'amber' and be able to explain this. CC supported this approach.</p> <p>CC noted that the overall rating last year was 'green' not 'red' and our papers from last year support this. JS will review any discrepancies outside of meeting</p> <p>The 'amber' rating on Q12 was queried regarding managing conflicts of interest criteria, as the Trust reports regularly at Committees.<br/>JS agreed that there is awareness at Committee level and with senior decision making staff. The CFA are asking if those people on the 'shop floor' know that there is a gifts and hospitality policy; do they know about fraud champion and policies? Do the people at operational level know?</p> <p>AJ advised of the different way the Trusts approach this: via All Staff Briefings, raised through inductions, there is evidence of staff raising queries not defined as decision making staff which was reported to last Committee. There are more robust mechanisms for decision making staff. JS agreed to pick up with AJ to feed this into the report.</p> <p>MS asked if this was an area she could help with during the time spot check on visibility rounds which take place on Friday morning? This would give a snapshot of one day but could be another piece of evidence. CC agreed it would be useful and asked MS to take this idea forward.</p> <p>CC and JS to make arrangements to discuss the report.</p> <p><b>Noted:</b> The Audit Committee noted the draft Review against NHS CFA Standards.</p> | <p>JS</p> <p>JS</p> <p>MS</p> <p>JS/CC</p> | <p>21.7.22</p> <p>21.7.22</p> <p>tbc</p> <p>Apr 22</p> |
| <p><b>6.4</b></p> | <p><b>Conflicts of Interest – compliance report (six monthly review)</b></p>   |  |  |
| <p>22/31</p>      | <p>AJ presented this report which reflects the position as at February 2022 for decision making staff (198 staff). Reporting is up to 81% compliance with work in hand to push this to completion before year end. CC was pleased to see this will be stepped up and thanked AJ for clarifying the percentage figures.</p> <p><b>Noted:</b> The Audit Committee noted the six-monthly review on Management of Conflicts of Interest.</p>   |  |  |

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| <b>7</b>    | <b>INTERNAL AUDIT - BDO</b>   |                |              |
| <b>7.1</b>  | <b>Progress Report</b>  |                |              |
| 22/32       | <p>AMB advised that two final internal audit reports were presented today (Divisional Governance and Electronic Patient Record). Five out of the eight reports will be ready shortly and BDO are confident these will be finalised in the next few weeks.</p> <p>GR advised that the long-promised ICS report has been produced and sent to TG. He asked if BDO could work with the Trust and CCG to move the paper on and enhance it. GR can finalise the paper as it is and can add to it later. A link will go on the BDO website which he can circulate. GR would like to talk with other ICS to find best practice therefore the report is still work in progress.</p> <p><b>Noted:</b> The Audit Committee noted the BDO Progress Report.</p>   |                |              |
| <b>7.2</b>  | <b>Internal Audit Annual Report inc Head of Internal Audit Opinion 2021/22 (draft interim)</b>  |                |              |
| 22/33       | <p>At three weeks before year-end, work is on track for a moderate/reasonable assurance. Overall, this reflects a good year for the Trust with some findings. The financial position looks fine and follow ups good. The Payroll report is in draft so there may be some amendments. The Risk report is complete and shows where we are moving forward.</p> <p>Page 113 , notes themes and good practice in the Trust on policy and structures. There is still some work to do on consistency and this will be included in next year's work plan.</p> <p>CC felt that the audit opinion seemed fair.</p> <p><b>Noted:</b> The Audit Committee noted the update.</p>   |                |              |
| <b>7.3</b>  | <b>Annual Internal Audit Plan 2022/23</b>   |                |              |
| 22/34       | <p>The plan was presented as a first-cut draft for discussion. By way of update, some meetings had been held with EDs; re-mapped audits against BAF and reviewed 3-year cycle presented last year. BDO noted the interesting items of discussion coming out of BAF report earlier which were heavily weighted towards finance and IT. BDO would be happy to discuss and would welcome any comments on what should be prioritised for next year.</p> <p>The following comments were noted:</p> <ol style="list-style-type: none"> <li>1. CC referred to BAF Ref. 442 Safer Staffing planned for year 3. Should this be brought into this financial year?</li> <li>2. Achieving financial balance and achieving financial balance at ICS level – should these be merged to one?</li> <li>3. The Key Supplier Risk, rated 20 – should there be an audit on this area?</li> <li>4. Financial management and budgetary control – cannot see this in the plan?</li> <li>5. M.Abscessus – it would be useful to have governance and assurance on this as it is currently very high profile.</li> </ol> |                |              |

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|              | <p>6. MB noted that Safer Staffing is green. Anxiety on staff seems to be more on the engagement side - are we achieving what we think we have. It may not be the most pressing audit, but more of an issue on engagement side, relating to reforms in CCA. This seems to be dealt with by divisional governance reports. CC added that sometimes there is a disconnect; would an audit prove or disprove this in order to rubber stamp this. MB added that from a Q&amp;R point of view, it would be helpful to have this report, although we do currently have reasonable level of assurance.</p> <p>7. TG suggested that there needs to be a balance on priorities on the allocation of 130 days. He feels the current balance is good and it is difficult to trade off any items on current list for something else. MS advised that the Trust is putting in lots of process for staff on articulation and work to embed this; this area might be in a better position in a year's time.</p> <p>MB suggested that it makes good sense to let run and then see how performing.</p> <p>TG noted that if space in the workplan was created, then the M.Abscessus audit would be the next priority. If this is the consensus, then it gives a specific task to work on.</p> <p>DL supported this. MS noted that an internal audit report would be useful in relation to the external agencies we are dealing with on this. CC also agreed with this.</p> <p>AMB thanked everyone for the helpful discussion. BDO will work with TG to finalise the Audit Plan.</p> <p><b>Noted:</b> The Audit Committee noted the 2021/22 draft Annual Audit Plan and Head of Internal Audit Opinion.</p> |                |              |
| <b>7.4.2</b> | <b>Internal Audit report (final) – Electronic Patient Record</b>  |                |              |
| 22/35        | <p>This report had received moderate assurance. Several queries were raised by the Committee:</p> <p>1. (DL) concerned as it seems there was no set process to obtain assurance that EPRs were accurate. Is there any potential for patient harm if records are inaccurate? She asked for clarity on how we can set up processes to gain assurance that records are accurate, complete, and of sufficient quality as the assurance is not provided here.</p> <p>EG advised that it is difficult to give evidence and therefore give assurance. He will put in a process to perform an audit on a set of case notes and report periodically.</p> <p>(DL) Will it be a random set of records?</p> <p>(EG) the intent is that it would be random to all areas. There would be four audits in year to cover the certain areas with the audit criteria to be designed specifically.</p> <p>(DL) The report mentions accuracy and quality - can this be considered?</p> <p>(EG) he will go back to the standards used for paper records and apologises that this process was not carried forward to EPR.</p> <p>MB asked if incident investigation was a factor? Did we find any? He suggested we ask Louise Palmer and Clinical Governance Team to check back if this has been a factor in any of our incidents.</p> <p>(EG) noted that this could be a better way of checking.</p> <p>(MS) suggested we look wider and triangulate with more information alongside EG's audit, such as governance, complaints, Serious</p>  |                |              |



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|              | <p>Incident reports. She would be happy to go away and come back with an improvement through Q&amp;R and this Committee if appropriate.</p> <p>2. (CC) regarding the management response, she is not sure if problems were due to individual errors or problems with the system. When will this be defined and then what are we doing about it? EG suggested that the Risk 4 management response referred to this. but he will pick up and come back with a fuller answer.</p> <p>3. TG suggested that it would be useful for the internal audit purposes if BDO could provide some information on other organisations with EPR.</p> <p>GR acknowledged that other Trusts have had issues on EPR, and BDO has some have good practice in place which mitigates some issues around data quality side. Some Trusts have stronger processes on checking data quality. TG added that it would be useful to have a balanced view on this.</p> <p>CC thanked EG for attending and responding to queries.<br/>EG to follow-up on the comments and queries noted above.</p> <p><b>Noted:</b> The Audit Committed noted the Internal Audit report on Electronic Patient Record.</p> | EG             | 21.7.22      |
| <b>7.4.1</b> | <b>Internal Audit report (final) – Divisional Governance</b>   |                |              |
| 22/36        | CC asked for this report to be headed specifically as ‘Thoracic Divisional Governance’. No other items were raised.  | BDO            | Mar22        |
| <b>8</b>     | <b>EXTERNAL AUDIT - KPMG</b>   |                |              |
| <b>8.1</b>   | <b>Progress Report and Technical/Sector Update</b>   |                |              |
| 22/37        | <p>EL updated that KPMG will report back to the next Audit Committee on review work still in progress.</p> <p>Since the last meeting, planning work is done, and good progress is being made through the interim work. EL and TG have discussed key areas, also noted in TG technical update further on the agenda. EL confirmed that the review on M.Abscessus will go through an internal sign-off procedure to ensure there is no impact on audit opinion.</p> <p>The PFI model is also under review with work due for completion by year-end. EL confirmed that year-end work will start in May.</p> <p>Following a query from CC re. actions flagged amber/red, TG confirmed that all are being progressed, with no unexpected items.</p> <p><b>Noted:</b> The Audit Committee noted the External Audit Progress Report and Technical/Sector Update.</p>  |                |              |
| <b>8.2</b>   | <b>Second Draft Annual Governance Statement (AGS)</b>  |                |              |
| 22/38        | <p>The Committee was asked to review the 2<sup>nd</sup> draft AGS. AJ advised that the principal risks were highlighted in amber and had been discussed at the recent Board meeting.</p> <p>M.Abscessus had been included; safer staffing and skill mix to be added; last year’s land valuation work to be added in.</p> <p>AJ advised that the deadline for return of comments is end of March</p>  |                |              |

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|             | <p>2022. The draft Quality Accounts will be sent to external partners next month.</p> <p>Noted: The Audit Committee noted and reviewed the 2<sup>nd</sup> draft Annual Governance Statement.</p> <p>[1130hrs EG left the meeting].</p>  |                |              |
| <b>9</b>    | <b>GOVERNANCE ASSURANCE OVERVIEW</b>  |                |              |
| 22/39       | <p>9a.1 Quality &amp; Risk Committee<br/>9a.2 Performance Committee<br/>9a.3 Strategic Projects Committee<br/>9a.4 Charitable Funds Committee</p> <p>MB noted some feedback from the current Trust Well-Led review where it seems there are not many formal statements of level of assurance from Committees apart from Chairs' reports. Is there anything that the Trust can add to this assurance?</p> <p>AJ noted the following:</p> <ul style="list-style-type: none"> <li>• Where external audits are undertaken, they are referenced in Board papers.</li> <li>• Assurance in relation to BAF risks - we describe levels of assurance and discussed doing an assurance map of risks.</li> <li>• Assurances are also how our internal practices and structured. Would it be helpful to say how this is governed? She suggested a conversation outside of the meeting.</li> </ul> <p>CC agreed that this needs to be made clearer.</p> <p><b>Noted:</b> The Audit Committee noted the Chairs' Reports as submitted.</p> | AJ             | 21.7.22      |
| <b>10</b>   | <b>Bad Debt Write-offs</b>  |                |              |
| 22/40       | <p><b>Noted:</b> The Audit Committee noted that there have been no debts written off during the eleven months of the financial year 2021/22.</p>  |                |              |
| <b>11</b>   | <b>Losses and Special Payments</b>  |                |              |
| 22/41       | <p>TG presented the report and gave a summary to the Committee.</p> <p>DL referred to the tribunal item and the additional amount for legal fees, will there be any further legal fees or is this now concluded?<br/>TG advised that the matter is ongoing so there may be a further small amount of fees.</p> <p>CC referred to the compensation for the appointment error with two patients. One was reported at the last meeting, does this now equate to three instances in total? TG will check on the year-to-date number.</p> <p><b>Noted:</b> The Audit Committee noted the update on Losses &amp; Special Payments.</p>  | TG             | 21.07.22     |
| <b>12</b>   | <b>Waiver to Standing Financial Instructions</b>  |                |              |
| 22/42       | TG summarised the Waivers undertaken and gave rationale for these.  |                |              |

| Agenda Item |  | Action by Whom | Date by When |
|-------------|--|----------------|--------------|
|             | <p>There has been several Waivers seen in the last couple of weeks which are being worked through (some rejected and some approved); these will be reported to the next Audit Committee.</p> <p>CC was disappointed to see this number of Waivers as she understood the team had worked hard to reduce these. CC specifically queried one Waiver related to training, where the training is not currently running and asked why and are we paying extra for something we have already paid for?</p> <p>TG advised that training has been suspended due to access to the area in Critical Care which is under infection control regulations. Training was also stopped due to the COVID-19 pandemic and stretches on the provider and RPH staff. TG will review to get full update on this.</p> <p>Note: The Audit Committee noted the update on Waivers.</p>   | TG             | 21.7.22      |
| <b>13</b>   | <b>ANNUAL REPORT AND ACCOUNTS</b>  |                |              |
| <b>13.1</b> | <b>Year-end technical accounting items</b>   |                |              |
| 22/43       | <p>TG introduced the report which provides an update on items outstanding and links in with the external audit work.</p> <p>He alluded to the potential late notifications of income which he has fully briefed EL regarding external audit issues.</p> <p>Other items listed are common issues with many already discussed in the agenda. TG ran through each section to give context and detail on issues and ongoing work.</p> <p>DL thanked TG for the comprehensive update. She asked if specific numbers should be noted for M.Abscessus. TG advised that this will be updated with the information already on the Trust's external website.</p> <p>EL has noted the work on M.Abscessus and that this work will be covered by the NHS resolution note. The key is disclosure in the Annual Report, and the Trust is being consistent and transparent in its messaging.</p> <p>CC also thanked TG for this comprehensive report and asked for this to be added to the Forward Planner as an annual report to the March meeting.</p> <p><b>Noted:</b> The Audit Committee noted the year-end technical accounting update.</p> | AC             | Mar 22       |
| <b>13.2</b> | <b>Review Annual Report &amp; Accounts progress, inc any significant accounting/regulatory changes</b>   |                |              |
| 22/44       | <p>TG noted that this item had been covered through discussion at the meeting. Progress is in place and any issues flagged are detailed in the report at Item 13.1.</p> <p><b>Approved:</b> The Audit Committee noted the update.</p>  |                |              |
| <b>13.3</b> | <b>Annual Audit Committee Reports</b> (in Annual Report & Accounts)  |                |              |
| 22/45       | <p>The Committee received the draft Audit Committee Report (Appendix 1) which forms part of the Annual Report and Accounts for 2021/22.</p>  |                |              |

| Agenda Item |   | Action by Whom | Date by When |
|-------------|---|----------------|--------------|
|             | <p>It was noted that the Freedom to Speak Up (FTSU) figures are still to be added, which is why this is amber. CC added under Whistleblowing and FTSU, that she had met with the FTSU representative, in her role as Senior Independent Director; AJ will add this into the report.</p> <p>Any further comments were requested to be returned to AJ by 31 March 2022.</p> <p><b>Noted:</b> The Audit Committee noted the current draft and updates to the report.</p>   | AJ             | Mar22        |
| <b>14</b>   | <b>ANNUAL REPORTS</b>   |                |              |
| <b>14.1</b> | <b>Compliance with Clinical Audit</b>   |                |              |
| 22/46       | <p>The Committee received this update which outlined the national clinical audit process and provided the Audit Committee with assurance to the Trust for compliance. MB, as Chair of Quality &amp; Risk Committee, confirmed that these updates are seen quarterly at Q&amp;R.</p> <p>MS added that in specific areas, the Trust is undertaking a review on robustness and completeness of audits, currently working on infection control. MS acknowledged that the focus had been on COVID as a priority but noted the need to ensure upkeep of discipline on other audit areas.</p> <p>CC referred to different reporting timelines and asked if deadlines are being reached and are the reports of good quality.</p> <p>AJ advised that this is picked up in the Annual Report each year with compliance level of 98% last year and 100% in previous years. The Trust has a high level of compliance for all national audits which falls into Quality Account reporting; AJ will liaise with the Clinical Governance Team to ascertain when this data will be available.</p> <p>MB confirmed that he was comfortable with the reports going through to Q&amp;R which are good and timely, done routinely and done well.</p> <p>DL asked if the recommendations from audits had been incorporated into solid learnings?</p> <p>MS advised that there are recommendations which are fed-back via Committee for actions in terms of work plan and reviewed as part of overall work of the Committee at end of year.</p> <p><b>Noted:</b> The Audit Committee noted the update on Compliance with Clinical Audit.</p> |                |              |
| <b>16</b>   | <b>ANY OTHER BUSINESS</b>   |                |              |
| <b>16.1</b> | <b>Better Payment Practice Code Update (BPPC)</b>   |                |              |
| 22/47       | <p>TG presented the update which was follow up work in response to the letter from Julian Kelly letter last year on how to improve BPPC. The Trust's BPPC position has seen a significant improvement on performance. There is still some work to do on NHS invoicing where a small number of delayed invoices can affect overall performance; actions in this regard are noted in the report. A key improvement will be an</p>   |                |              |

| Agenda Item |   | Action by Whom | Date by When |
|-------------|---|----------------|--------------|
|             | <p>automated report in relation to invoices at risk on the BPPC target, where this work is currently done manually. The team are working with NHS Shared Business Services (SBS) to progress this which will be key to progress.<br/> TG added that this strong improvement has been led by the efforts of Chris Panes and ongoing work with SBS.</p> <p>DL noted her thanks to CP and team on the great improvement seen.</p> <p>CC asked if there were any points on action plan which we needed to focus on? CP explained that there is a lot of manual working which does pose a risk and the work with SBS would help with this. There are some quick fixes and some which are longer term to aid improvement. Some actions are labour intensive and long-term measures are still in train.</p> <p><b>Noted:</b> The Audit Committee noted the update on BPPC.</p> |                |              |
| <b>15</b>   | <b>FORWARD PLANNER AND MEETING REVIEW</b>   |                |              |
| <b>15.1</b> | <b>Audit Committee Forward Planner</b>  |                |              |
| 22/48       | The date for first review and sign-off of the Annual Report & Accounts has been agreed to move from 1 June to 7 June; this will be notified via an updated meeting invite to the Committee.   |                |              |
| <b>15.2</b> | <b>Emerging Risk</b>  |                |              |
|             | None identified.  |                |              |
| <b>15.3</b> | <b>Review of meeting agenda and objectives</b>  |                |              |
| 22/49       | <p>CC had moved some Agenda items to allow for staff availability and ensure sufficient time for discussion.</p> <p>The Committee agreed that objectives had been met.</p>  |                |              |
| <b>15.4</b> | <b>Any other items for next meeting</b>   |                |              |
| 22/50       | Some actions will come back to the next meeting as noted.   |                |              |
|             | <b>FUTURE MEETING DATES: 2022</b>   |                |              |
|             | 20 January<br>10 March<br><del>19 May cancelled</del><br>1 June [sign-off Annual Report & A/cs]<br>14 June [final AR & A/cs sign off]<br>21 July<br>20 October  |                |              |

The meeting finished at 1155hrs

.....  
Signed

.....  
Date

**Royal Papworth Hospital NHS Foundation Trust**  
**Audit Committee meeting**  
Meeting held on 10 March 2022

| Employee Name                       | Position Title         | Interest Declared | Interest Category                   | Interest Situation                          | Interest Description  | Col Date From |
|-------------------------------------|------------------------|-------------------|-------------------------------------|---|---|---------------|
| Ahluwalia, Dr Jagjit Singh (Jagjit) | Non-Executive Director | Y                 | Financial interests                 | Outside employment                          | Associate at Deloitte   | 01/10/2018    |
| Ahluwalia, Dr Jagjit Singh (Jagjit) | Non-Executive Director | Y                 | Financial interests                 | Outside employment                          | Associate at the Moller Centre, Cambridge.  | 01/10/2018    |
| Ahluwalia, Dr Jagjit Singh (Jagjit) | Non-Executive Director | Y                 | Financial interests                 | Outside employment                          | Employee at CUH since 1996, seconded to Eastern Academic Health Science Network as Chief Clinical Officer since April 2019.   | 21/04/2019    |
| Ahluwalia, Dr Jagjit Singh (Jagjit) | Non-Executive Director | Y                 | Financial interests                 | Outside employment                          | Fellow at the Cambridge Judge Business School. This is an honorary position, I am not on faculty and not paid for this role. However I do deliver occasional lectures for CJBS, some of which are remunerated.  | 01/01/2018    |
| Ahluwalia, Dr Jagjit Singh (Jagjit) | Non-Executive Director | Y                 | Financial interests                 | Shareholdings and other ownership interests | Co-director and shareholder in Ahluwalia Education and Consulting Limited. I undertake private work in the field of healthcare management, reviews and healthcare related education and training through this company for a range of clients including but not limited to the NHS, pharmaceuticals and charities. | 01/10/2018    |
| Ahluwalia, Dr Jagjit Singh (Jagjit) | Non-Executive Director | Y                 | Non-financial professional interest | Outside employment                          | Member C & P Clinical Ethics Committee. Not remunerated so not employed.  | 01/05/2020    |
| Ahluwalia, Dr Jagjit Singh (Jagjit) | Non-Executive Director | Y                 | Non-financial professional interest | Outside employment                          | Member Eastern Region Clinical Senate (since March 2020 - this is within my role at Eastern AHSN. Not remunerated for this role specifically.   | 01/03/2020    |
| Ahluwalia, Dr Jagjit Singh (Jagjit) | Non-Executive Director | Y                 | Non-financial professional interest | Outside employment                          | Trustee on the main board of Macmillan Cancer Support   | 01/02/2017    |
| Blastland, Mr. Michael Iain         | Non-Executive Director | Y                 | Financial interests                 | Outside employment                          | Board member of the Winton Centre for Risk and Evidence Communication   | 01/04/2016    |
| Blastland, Mr. Michael Iain         | Non-Executive Director | Y                 | Financial interests                 | Outside employment                          | freelance writer and broadcaster  | 01/02/2017    |
| Blastland, Mr. Michael Iain         | Non-Executive Director | Y                 | Indirect interests                  | Outside employment                          | My partner is an adviser to Thrive, a games-based mental health app and support service.  | 11/05/2021    |
| Blastland, Mr. Michael Iain         | Non-Executive Director | Y                 | Non-financial professional interest | Outside employment                          | Advisor to the Behavioural Change by Design research project  | 01/08/2017    |
| Blastland, Mr. Michael Iain         | Non-Executive Director | Y                 | Non-financial professional interest | Outside employment                          | Member of advisory group for Bristol University's Centre for Academic Research Quality and Improvement.   | 01/08/2020    |
| Blastland, Mr. Michael Iain         | Non-Executive Director | Y                 | Non-financial professional interest | Outside employment                          | Member of the oversight Panel for the Cholesterol Treatment Trialists' Collaboration  | 01/08/2020    |
| Conquest, Mrs. Cynthia Bernice      | Non-Executive Director | Y                 | Non-financial professional interest | Loyalty interests                           | Member of the Seacole Group - Network for BAME NEDs in the NHS  | 25/02/2021    |
| Conquest, Mrs. Cynthia Bernice      | Non-Executive Director | Y                 | Non-financial professional interest | Outside employment                          | Contract work with Great Ormond Street Hospital Private Patient Units   | 05/01/2022    |
| Fadero, Mrs. Amanda Therese         | Non-Executive Director | Y                 | Indirect interests                  | Loyalty interests                           | Trustee of Nelson Trust Charity   | 01/10/2013    |
| Fadero, Mrs. Amanda Therese         | Non-Executive Director | Y                 | Indirect interests                  | Outside employment                          | Consilium Partners is a specialist health consultancy working with health and care organisations to help them plan, improve and deliver successful and sustainable futures<br>Interim CEO role St Barnabas and Chestnut Tree House Hospices for 6/12  | 11/10/2021    |
| Fadero, Mrs. Amanda Therese         | Non-Executive Director | Y                 | Indirect interests                  | Sponsored research                          | My brother Matthew Wakefield has recently been appointed as the Chairman of Oxford BioDynamics PLC- a biotechnology company developing personalised medicine tests based on 3D genomic biomarkers   | 14/12/2020    |
| Fadero, Mrs. Amanda Therese         | Non-Executive Director | Y                 | Non-financial professional interest | Loyalty interests                           | I am an Associate Non Executive Director at East Sussex Healthcare NHS Trust  | 01/07/2020    |
| Glenn, Mr. Timothy John             | Chief Finance Officer  | Y                 | Non-financial professional interest | Loyalty interests                           | My wife is ICS development lead for the East of England.  | 31/03/2020    |

|                                     |                             |   |                                     |   |  |            |
|-------------------------------------|-----------------------------|---|-------------------------------------|---|--|------------|
| Glenn, Mr. Timothy John             | Chief Finance Officer       | Y | Non-financial professional interest | Outside employment                          | I am a Director of Cambridge Biomedical Campus Ltd. I act on behalf of Royal Papworth Hospital NHS Foundation Trust on the Board.                      | 22/06/2021 |
| Hall, Dr Roger Michael Owen (Roger) | Medical Director            | Y | Financial interests                 | Shareholdings and other ownership interests | Director of a medical services company Cluroe & Hall Ltd   | 01/09/2016 |
| Leacock, Ms. Diane Eleanor          | Non-Executive Director      | Y | Financial interests                 | Loyalty interests                           | Portfolio Finance Director working on behalf of the CFO & FD Centre UK through my limited company, ADO Consulting Ltd                                  | 01/06/2021 |
| Leacock, Ms. Diane Eleanor          | Non-Executive Director      | Y | Financial interests                 | Outside employment                          | Director, ADO Consulting Ltd   | 01/12/2020 |
| Leacock, Ms. Diane Eleanor          | Non-Executive Director      | Y | Indirect interests                  | Loyalty interests                           | Daughter works as a trainee chartered accountant with KPMG London  | 04/10/2021 |
| Leacock, Ms. Diane Eleanor          | Non-Executive Director      | Y | Non-financial personal interests    | Loyalty interests                           | Trustee, Benham-Seaman Trust   | 01/12/2020 |
| Leacock, Ms. Diane Eleanor          | Non-Executive Director      | Y | Non-financial personal interests    | Loyalty interests                           | Trustee. Firstsite   | 01/12/2020 |
| Leacock, Ms. Diane Eleanor          | Non-Executive Director      | Y | Non-financial professional interest | Loyalty interests                           | Member of the Seacole Group, a network for BAME NEDs in the NHS  | 01/12/2020 |
| Midlane, Mrs. Eilish Elizabeth Ann  | Chief Operating Officer     | Y | Indirect interests                  | Loyalty interests                           | Holds an unpaid Executive Reviewer role with CQC   | 03/08/2020 |
| Monkhouse, Ms. Oonagh Jane          | Director of Workforce and C | N | I have no interests to declare      |   |  | 23/12/2020 |
| Posey, Mr. Stephen James            | Chief Executive             | Y | Non-financial personal interests    | Loyalty interests                           | Partner is CEO of the Royal College of Obstetrics and Gynaecologists   | 01/03/2019 |
| Posey, Mr. Stephen James            | Chief Executive             | Y | Non-financial personal interests    | Loyalty interests                           | Partner is a Trustee of Magpas, Registered Charity   | 25/02/2021 |
| Posey, Mr. Stephen James            | Chief Executive             | Y | Non-financial personal interests    | Outside employment                          | Director of Cambridge University Health Partners (CUHP) an Academic Health Science Centre  | 15/11/2016 |
| Posey, Mr. Stephen James            | Chief Executive             | Y | Non-financial professional interest | Outside employment                          | Chair EOE Cardiac Network  | 01/10/2018 |
| Posey, Mr. Stephen James            | Chief Executive             | Y | Non-financial professional interest | Outside employment                          | Chair NHSE East Operational Delivery Network Board   | 01/05/2017 |
| Posey, Mr. Stephen James            | Chief Executive             | Y | Non-financial professional interest | Outside employment                          | Co-Chair EOE Strategic Programme Board - Critical Care   | 01/07/2020 |
| Posey, Mr. Stephen James            | Chief Executive             | Y | Non-financial professional interest | Outside employment                          | Executive Reviewer for the Care Quality Commission (CQC)   | 01/06/2018 |
| Posey, Mr. Stephen James            | Chief Executive             | Y | Non-financial professional interest | Outside employment                          | Member of the NHSE Organ Utilisation Group (OUG)   | 01/07/2021 |
| Posey, Mr. Stephen James            | Chief Executive             | Y | Non-financial professional interest | Outside employment                          | Trustee of the Intensive Care Society - Registered Charity   | 25/02/2021 |
| Posey, Mr. Stephen James            | Chief Executive             | Y | Non-financial professional interest | Sponsored events                            | Philips sponsorship for a table at the HSJ 2021 Awards Ceremony for 10 members of staff to attend ('Trust of the Year' shortlisting of RPH). £4,794.00 | 18/11/2021 |
| Raynes, Mr. Andrew Duncan (Andrew)  | Chief Information Officer   | Y | Financial interests                 | Patents                                     | CIS UCQ is a Trademark for health and care IT courses established under my consultancy ADR Health Care Consultancy Solutions Ltd                       | 05/04/2021 |
| Raynes, Mr. Andrew Duncan (Andrew)  | Chief Information Officer   | Y | Financial interests                 | Shareholdings and other ownership interests | Owner of ADR Health Care Consultancy Solutions Ltd   | 02/05/2017 |
| Raynes, Mr. Andrew Duncan (Andrew)  | Chief Information Officer   | Y | Indirect interests                  | Sponsored events                            | Orion Healthcare sponsored 1 table at the HSJ Awards 2021 for RPH @ a cost of £4740.00   | 19/11/2021 |

|   |                           |   |                                     |   |  |            |
|---|---------------------------|---|-------------------------------------|---|--|------------|
| Raynes, Mr. Andrew Duncan (Andrew)      | Chief Information Officer | Y | Non-financial personal interests    | Gifts                                       | Headset earphones value £20  | 19/11/2021 |
| Raynes, Mr. Andrew Duncan (Andrew)      | Chief Information Officer | Y | Non-financial professional interest | Loyalty interests                           | Spouse works for Royal College of Nursing  | 01/06/2017 |
| Raynes, Mr. Andrew Duncan (Andrew)      | Chief Information Officer | Y | Non-financial professional interest | Patents                                     | In partnership with the commercial and professional development arm of RPH, I will be delivering a CIS project management course on 25.3.22. There is no direct remuneration for this course as it is a pilot. All parties have signed NDAs.             | 25/03/2022 |
| Robert, Mr. Gavin                       | Non-Executive Director    | Y | Financial interests                 | Outside employment                          | Affiliated lecturer, Faculty of Law, University of Cambridge   | 30/09/2013 |
| Robert, Mr. Gavin                       | Non-Executive Director    | Y | Financial interests                 | Outside employment                          | Senior Consultant, Euclid Law (a specialist competition law firm)  | 01/07/2016 |
| Robert, Mr. Gavin                       | Non-Executive Director    | Y | Indirect interests                  | Loyalty interests                           | My spouse is Senior Bursar at St Catherine's College, University of Cambridge  | 01/06/2019 |
| Robert, Mr. Gavin                       | Non-Executive Director    | Y | Non-financial professional interest | Outside employment                          | Chair and member of Board of Trustees, REAch2 Multi-Academy Trust  | 01/10/2018 |
| Screaton, Mrs. Maura Bernadette (Maura) | Chief Nurse               | Y | Financial interests                 | Loyalty interests                           | My husband has set up a limited company, Cambridge Clinical Imaging Ltd., which provides professional imaging services. This is outside the scope of his Royal Papworth employment. I am a named Director and shareholder in Cambridge Clinical Imaging. | 02/08/2021 |
| Screaton, Mrs. Maura Bernadette (Maura) | Chief Nurse               | Y | Financial interests                 | Shareholdings and other ownership interests | Shareholdings in bio - technology/pharmaceutical companies   | 02/08/2021 |
| Screaton, Mrs. Maura Bernadette (Maura) | Chief Nurse               | Y | Indirect interests                  | Loyalty interests                           | My husband is a Consultant Radiologist at Royal Papworth Hospital.   | 02/08/2021 |
| Wallwork, Mr. John (John)               | Chairman                  | Y | Financial interests                 | Outside employment                          | Independent Medical Monitor for Transmedics clinical trials  | 21/04/2021 |
| Wallwork, Mr. John (John)               | Chairman                  | Y | Non-financial professional interest | Shareholdings and other ownership interests | Director Cambridge university health partners CUHP   | 21/04/2021 |
| Wilkinson, Dr Ian Boden                 | Non-Executive Director    | Y | Indirect interests                  | Clinical private practice                   | Private health care at the University of Cambridge;  | 01/03/2021 |
| Wilkinson, Dr Ian Boden                 | Non-Executive Director    | Y | Indirect interests                  | Loyalty interests                           | Director of Cambridge Clinical Trials Unit; Member of Addenbrooke's Charitable Trust Scientific Advisory Board; Senior academic for University of Cambridge Sunway Collaboration; University of Cambridge Member of Project Atria Board (HLRI).          | 01/03/2021 |
| Wilkinson, Dr Ian Boden                 | Non-Executive Director    | Y | Non-financial personal interests    | Sponsored research                          | Grant support for research from Wellcome Trust, BHF, MRC, AZ, GSK, Addenbrooke's charitable Trust, Evelyn Trust  | 01/03/2021 |
| Wilkinson, Dr Ian Boden                 | Non-Executive Director    | Y | Non-financial professional interest | Outside employment                          | Hon Consultant CUHFT and employee of the University of Cambridge   | 01/03/2021 |

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