

**Audit Committee
Held on 13 October 2022
1230-1430hrs, Via MS Teams**

[Chair: Cynthia Conquest, Non-executive Director]

MINUTES

Present		
Mr M Blastland	MB	Non-executive Director
Mrs C Conquest (Chair)	CC	Non-executive Director
Mrs D Leacock	DL	Associate Non-executive Director
In attendance		
Mr N Ackroyd	NA	KPMG, External Auditors
Mr D Burns	DB	Public Governor
Mrs A Colling	AC	Executive Assistant (<i>Minutes</i>)
Mr B Endersby	BE	BDO, Internal Auditors
Mr T Glenn	TG	Chief Finance & Commercial Officer
Mrs A Jarvis	AJ	Trust Secretary
Mr A Raynes	AR	Director of Digital & CIO
Mrs L Palmer	LP	Assistant Director for Quality and Risk
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
Apologies		
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs E Larcombe	EL	KPMG, External Auditors
Mrs A Mason-Bell	AMB	BDO, Internal Auditors
Mrs O Monkhouse	OM	Director of Workforce & Organisation Dev
Mr C Panes	CP	Deputy Chief Finance Officer
Dr I Smith	IS	Deputy Medical Director
Mr M Twyford	MT	KPMG, External Auditors

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

Agenda Item		Action by Whom	Date by When
1	WELCOME, APOLOGIES AND OPENING REMARKS		
22/75	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
22/76	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. TG noted that his wife is currently seconded to the Cambridge Cancer Business Case Team based at CUH. He will add this to the register. A summary of standing declarations of interests are appended to these minutes.		

Agenda Item		Action by Whom	Date by When
3	MINUTES OF MEETING held on 21 July 2022		
22/77	Approved: The Audit Committee approved the Minutes of the meeting held on 21 July 2022 and authorised these for signature by the Chair as a true record.	Chair	13.10.22
4.1	ACTION CHECKLIST		
22/78	<p><u>Ref. 22/35 and 22/55 : Electronic Patient Record – Internal Audit report.</u> MS updated that the audit of ten case notes per quarter has commenced. The tool needs slight improvement to capture continuity of care. The audit will include different areas of case notes, to ensure a broad picture. The first stage will be to write up the output of the audit. This falls under Q&R remit, therefore, can be removed from the Audit Committee action checklist.</p> <p><u>Ref. 22/39 and 22/54 Governance Assurance Overview</u> AJ updated that this is work in progress. It has been linked to the accountability framework in the well-led review and linked to divisional development programme. This has been discussed at Exec Directors’ meeting. Work is progressing with divisions on assurance, accountability, and the divisions’ responsibilities.</p> <p><u>Ref. 22/58 Data Security & Protection Toolkit</u> AR advised that this is being discussed at the Information Governance Steering Group and forms part of the action plan, which is still being worked through.</p> <p>The Committee reviewed the Action Checklist and updates were noted.</p>		
5	LOCAL COUNTER FRAUD – BDO		
5.1	Progress Report		
22/79	<p>Received: The Counter Fraud Progress Report for October 2022 from BDO.</p> <p>Reported: by JS. The report was taken as read.</p> <p>The focus has been on training on counter fraud and bribery with Executive Directors and some additional finance team training. There have been some phishing attempts, which have been dealt with according to protocol. These related to attempts to intercept supply chains, spoof invoices and payment diversions.</p> <p>Preparation is ongoing for National Fraud Initiative (NFI) submission which is due in a month’s time. There have been several incidences of fraudulent card payments being tested via the Trust charitable funds account. All those flagged were refunded and the charity team are investigating these with the card platform to try and screen this activity out.</p> <p>JS has been updating the fraud risk register, linking in NHSCFA guidance, specifically on mitigation of risks. The fraud risk assessment is up to date and includes this guidance.</p> <p>Discussion: MB – referred to the fraud risk assessment, do they vary from trust to trust or are they generic? JS – there is a core set of approx. fifteen risks, where certain risks may be elevated due to the speciality of the hospital. A trend on referrals may highlight a vulnerability in a certain area.</p>		

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	<p>AR – noted that the report reflects the environment we are operating in and impact on our cyber security. The Trust is planning a poster campaign to continue to raise awareness to users of phishing emails; this has now become a system wide campaign. He welcomed JS to work with our digital team on this.</p> <p>DL – referred to the outcome-based metrics and embedding the risks through education awareness training. How is this progressing and how can we measure the success of it? JS referred to the raising awareness aspect; he is working with different staff groups and cohorts on items they need to be aware off. Bespoke awareness sessions have been held for areas such as procurement, payroll, finance general, Executives. He does attend monthly induction training. He noted that some operational staff are harder to reach; and next month will see international fraud awareness week, where he will issue some CFA awareness bulletins to reach many staff. It is difficult to measure the success, but it may be possible to record social media hits to measure how effective this.</p> <p>CC – the investigation on fraudulent payment attempts to charity accounts is stated as closed and asked why? Should it stay open until it is properly finalised? JS advised that the Payment Platform are progressing this, therefore we are not leading the investigation. CC asked for this to be marked as pending please.</p> <p>CC referred to the query raised by MB on risk assessment; all risk scores seem to be within acceptable levels. What have you done to ensure scores are correct? JS – scores are firstly suggested by CFA based on their intelligence. If we wish to adjust the scores, then these can be flexed. JS feels they are aligned correctly.</p> <p>Noted: The Audit Committee noted the Counter Fraud Progress Report.</p>	JS	19.1.23
5.2	Conflict of Interest: compliance report		
22/80	<p>Received: Progress report on compliance with the Trust policy on Management of Conflict of Interests (DN3130).</p> <p>Reported: by AJ. Current compliance is noted at 85.1% of decision-making staff having a Declaration of Interest (DOI) logged on their Electronic Staff Record (ESR). Some staff who are not formally classed as ‘decision makers’ have made a DOI, which gives assurance on awareness. A Trust wide communication on this process is issued in September annually. The full list of those completing a DOI has been through the Management Executive meeting, which makes it transparent across the organisation.</p> <p>Discussion: CC queried if the 85% compliance rate was based on a lower number of people to declare, so it may be a false improvement. She felt that 100% or just below should be achievable; what is stopping this being achieved? AJ advised that many have experienced issues with ESR, such as logging issues; not being able to find the time to complete, away on leave. It does not equate to a large number of people and AJ is contacting individuals to support the process. MB was slightly concerned that some might not be declaring for specific reasons. TG felt that non-compliance was not acceptable; he suggested that this should be raised at the weekly Exec Director meeting to talk about the consequences for individuals not completing this. It needs a deadline for completion as he does not want to keep the Trust at risk with this.</p>		

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	<p>MS – referred to line management responsibility in terms of holding them to account for their staff on this. She is happy to work with AJ, Execs, line managers on this.</p> <p>AR – agreed with TG and MS. Is there anything technical preventing this that we could do differently? AJ felt there were no technical difficulties, there is full guidance on DOI and how to log onto ESR. AJ will report to Exec Directors next week.</p> <p>Noted: The Audit Committee noted the Conflict of Interest Compliance Report.</p>	AJ	19.1.23
6	INTERNAL AUDIT - BDO		
6.1	Progress Report		
22/81	<p>Received: Internal Audit Progress Report 2022/23</p> <p>Reported: by GR.</p> <p>The work is slightly behind plan with 2021/22 work finished and now focussing on 2022/23. There are four audits in progress. Work should catch up to plan in January 2023 and completed by year end. On follow-up, there are two recommendations due now, but evidence is still awaited, therefore these will carry through to January 2022. Any issues will be escalated to TG to ensure the work is completed on time.</p> <p>Discussed:</p> <p>CC – the Data Quality & PIPR was due to the May Committee, what was the delay in getting this to Audit Committee? BE advised that this slipped in May due to pressures of work in his team. GR noted that the summary was included in the Annual Report.</p> <p>DL noted that there are several reports due towards the end of year asked how confident BDO are to meet this deadline.</p> <p>GR is confident that the reports will be finalised on time and gave an update on those reports (Infection Control, HFMA, Divisional Governance, and Procurement).</p> <p>Noted: The Audit Committee noted the Internal Audit Progress Report.</p>		
6.2	Final Internal Audit Reports		
6.2.1	Data Quality & PIPR		
22/82	<p>Received: Data Quality and Papworth Integrated Performance Report – Internal Audit Report: Final (May 2022).</p> <p>Reported: by BE.</p> <p>BE gave an overview on the findings: moderate opinion, three medium recommendations and two low recommendations, explaining the reasoning behind these.</p> <p>BE referred to the 3rd medium recommendation regarding “uploading data against performance indicators in PIPR and how these are collated into monthly reports”. This has received some Executive challenge and following discussions was likely to be revised to a ‘low’ recommendation.</p> <p>Discussion</p> <p>TG provided the Committee with some context around this relating to:</p> <ul style="list-style-type: none"> - (Recommendations 1 & 2).Purchase of new Cancer reporting software and training plans - (Recommendation 3). Execs challenged the strong wording and felt 		

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	<p>this was slightly unwarranted compared to other Trusts. TG acknowledged that some data testing was warranted as best practice. PIPR as a single source document improves data quality and triangulates all data across all areas – this is a counter control to the risk that is being described.</p> <p>DL – thanked BE and TG for clarifying this, which gives further assurance. She would like to know that there are independent spot checks to ensure accuracy.</p> <p>MB – shared that he reads PIPR as a triangulated set of non-definitive indicators. As the data quality is self-assessed, he feels this is an area that would benefit from regular checks.</p> <p>TG – agreed with the idea of random spot checks on data quality. He gave some context of the wider picture in the NHS where some Trusts do not access data quality in any way. RPH always strives to improve; TG would like the Committee to see this within context of the rest of the NHS.</p> <p>LP - as an inputter to PIPR, she confirmed that there is checking of data, but this is not seen within PIPR. As a Trust we are clear on data quality scoring. This is a positive aspect seen in this Trust which she has not seen in other Trusts.</p> <p>From an internal auditor perspective, GR agreed with TG that the Trust has some good data quality checks in place. He added that BDO will always try to push the Trust further to be best in class. He acknowledges the challenges on Recommendation 3 but does not feel this will change the overall opinion. The team will re-look at the wording and re-submit. There will be a rolling system of data quality checks, choosing different indicators each year. Any general themes will be flagged.</p> <p>AR – agreed with the discussions and highlighted the importance to ensure that any issues are picked up by training teams on the way that data is entered.</p> <p>CC – agreed with all the comments. She asked for the revised report to be sent to Performance Committee. She appreciates the triangulation that PIPR gives which she feels improves reporting and performance of the Trust and agreed with the need to make sure data quality is good.</p> <p>Noted: The Audit Committee noted the Internal Audit Report as presented and discussed above.</p>	TG	tbc
6.2.2	M.Abscessus		
22/83	<p>Received: Mycobacterium Abscessus (M.Abscessus) – Internal Audit Report: Final (October 2022)</p> <p>Reported: BE There has been a slight report format change, any feedback is welcome. A moderate opinion; one medium recommendation (training) , three low recommendations. Good governance framework, regular performance monitoring, KPIs and good follow up on actions.</p> <p>Discussion: MB – felt this was a good report. He had one issue to raise, “did we take timely decisions in the management of the outbreak” and “did we have</p>		

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	<p>sufficient governance in the early part of this? BE responded that from all the audit work and checks undertaken, he feels that the Trust did all they could when they could.</p> <p>MS – advised that we did not specifically ask these questions as part of the Terms of Reference to be clear enough on this. Therefore, the report does not answer these specific questions. MB thanked BE for his assurance.</p> <p>LP added that this was a purely a paper-based audit, which gives a good evidence trail and provides written assurance to the Auditors. M.Abscessus reporting does not have any regulation behind it, therefore, as a Trust, we were the first to do this. This was one of the challenges.</p> <p>CC – felt this was a very important audit to show our governance process on this issue. She felt that the Trust did all we could with the information we had and can take any learnings forward.</p> <p>DL – referred to the water safety plan listed as low, and noted the review period was 12 months; should we be concerned about its review period? BE – an annual review is appropriate. All other controls are there, hence why this is a low priority. MS added that the Infection Prevention & Control Committee do monitor in terms of Water Safety Plan and Water Safety Report.</p> <p>CC noted that this report will go to Q& R to inform them of the audit.</p> <p>[1326hrs OM left the meeting]</p> <p>Noted: The Audit Committee noted the Internal Audit Report as presented and discussed above.</p>		
6.3	Appendices (in reference pack)		
22/84	<p>Reported: GR</p> <p><u>6.3.1 Internal Audit Annual Report Benchmarking 2021/22</u> This benchmarks our reports against other Trust's in BDO client base, where the Trust comes out well. CC – pleased to see that RPH is a high performing Trust. TG highlighted that if the Trust has issues in a certain area, then this is the area to which Internal Audit is directed to.</p> <p><u>6.3.2. Single Tender Waivers Benchmarking Report 2021/22</u> The Trust performs well, with low number of tender waivers compared to others in client base. This is based on reported waivers. The report contains some tips to reduce the number of single tender waivers and best practice. GR feels our reporting is very good; there may be some individual preferences on appearance of reports such as graphics etc. CC – pleased to see this assurance and that our own waiver reporting has improved, with better quality reports on this Agenda. TG – noted that it is helpful to see the benchmarking information. TG added that due to staff sickness in our procurement department, this had contributed to this meeting's Waiver report being late and initially not up to the required standard but was then subsequently revised and re-issued.</p> <p><u>6.3.3 HFMA Financial Sustainability Audit – Terms of Reference</u> This is a mandatory piece required by NHSI which BDO is completing across all their clients. The ToR is a standard to all organisations. BDO</p>		

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[1328hrs LP left]	<p>will do some benchmarking as part of the reporting on this and also plan to do a wider report. The work is due by end of November; therefore, this can be reported to the January meeting.</p> <p>CC was pleased that BDO are doing this benchmarking add-on which aligns with the work proposal in the tender.</p> <p>Approved: The Audit Committee approved the HFMA Financial Sustainability Terms of Reference.</p> <p>Noted: The Audit Committee received and noted the Appendices.</p>		
7	BOARD ASSURANCE FRAMEWORK (BAF)		
7.1	BAF Update		
22/85	<p>Received: Report to provide assurance around the operation of the Board Assurance Framework (BAF) which forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to delivery of the Trust's strategic objectives.</p> <p>[1332hrs DB left the meeting]</p> <p>Reported: by AJ The report contains the latest updates which have gone to Committees. The report notes key issues on those risks with limited assurance. The format of the report into Committees has changed with a more detailed report and commentary each month.</p> <p>CC commented that she liked the detailed report and queried whether these detailed reports go into the reference pack, as this committee deals with the governance on BAF rather than the risks. It was agreed for reports to go into the reference pack.</p> <p>Noted: The Audit Committed noted the update on BAF.</p>	AJ	19.1.23
8	GOVERNANCE ASSURANCE OVERVIEW		
22/86	<p>Received: Chair's reports from the Committees below, which have been submitted to Board of Directors'/Trustee Board meetings, since those last reported to the Audit Committee meeting on 20 July 2022:</p> <p>9a.1 Quality & Risk Committee 9a.2 Performance Committee 9a.3 Strategic Projects Committee 9a.4 Charitable Funds Committee</p> <p>Reported: The reports were taken as read. Noted: The Audit Committee noted the Chairs' Reports as submitted.</p>		
9	Bad Debt Write-offs		
22/87	<p>Received: Update report on the debts written off in the financial year 2022/23 Reported: By TG. Total value of bad debt write off is minimal at £5.25.</p> <p>Noted: The Audit Committee noted this report.</p>		
10.1	Losses and Special Payments		
22/88	<p>Received: An update on losses and special payments made for the period 1 April 2022 to 30 September 2022 in line with the Trust's Standing Financial Instructions.</p>		

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	<p>Reported: By TG. There has been one small payment during the period. The next report will be enhanced with another column to show the payments made in the quarter.</p> <p>Noted: The Audit Committee noted the update on Losses & Special Payments.</p>		
10.2	Salary Overpayments Report		
22/89	<p>Received: To provide an update regarding the Trust's position with respect to the volume and cost of overpayments. This report highlights areas of concern, outstanding issues, potential opportunities for improvement and how we can track progress with reducing overpayments and the errors that cause overpayments.</p> <p>Reported: OM (apologised received, as she had to leave earlier to attend another meeting and will take any comments/feedback outside of the meeting).</p> <p>Discussion: DL was concerned at some of the amounts involved and the length of time to deal with issues. She asked if when SBS have made mistakes, do we recover amounts from SBS? Do we have a penalty clause?</p> <p>TG advised that the contract with SBS on payroll does include KPIs on overpayments where penalties can be imposed, although it is not possible to claim the salary overpayments from SBS. This contract, alongside other SBS contracts, is due for review; these will come to Board for consideration.</p> <p>TG added that it is good to get transparency, but it does raise questions. CC agreed that the report was open, transparent, and highlighted problem areas. With this first report, it shows the base position and where we now need to see improvement against this. She asked for a report to each meeting to show the improvements, along with where support may be needed to achieve this.</p> <p>DL noted that this was a well written paper, honest, open, and much appreciated.</p> <p>Noted: The Audit Committee noted the report on salary overpayments.</p>	OM	19.1.23
11	Waiver to Standing Financial Instructions – Q2 2022-23		
22/90	<p>Received: Report on waivers to Standing Financial Instructions made for the period 1 July 2022 to 30 September 2022</p> <p>Reported: by TG. A revised report had been circulated in the updated pack. It now closes off the concern raised by the Committee about waivers on the list in Q4 2021/22 that were not fully concluded and actions explained. The report now has concurrent numbering to make processes clear. This report is now historic to Q1 2022/23 and is merely a tidy up from last Q4 as there were no waivers in Q2.</p> <p>Discussion: CC – welcomed the revised report and looks forward to receiving this format in future. This will help on benchmarking; it has a good level of detail and is fully transparent.</p>		
	Noted: The Audit Committee noted the update on Waivers for the period noted.		

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12	Annual Report & Accounts : Royal Papworth Charity		
22/91	12.1 RPC Annual Accounts 12.2 RPC Annual Report		
	<p>Received: To review and recommend to the Trustee Board the draft Annual Report and Accounts of the Charity for the year ending 31 March 2022.</p> <p>Reported: by TG. The draft documents were presented to the Charitable Funds Committee in September 2022. The format of the Trust's Annual Report blends well the achievements of those raising funds and how the funds are spent. The Accounts are a very good draft, robust and well prepared and sent to Auditors on a timely basis.</p> <p>Discussed: CC agreed that the Annual Report is very well written. AJ noted the current membership of the Trustee Board and the need to amend the details for Stephen Posey who has left and include Eilish Midlane and Alex Baldwin in their new roles. It needs to be clear with dates and show when people left and arrived. (DS and NA to do this to be compliant with SORP).</p> <p>Recommended: The Audit Committee recommended the Royal Papworth Hospital Charity Annual Report & Accounts 2021/22 to be presented to the Trustee Board.</p>	DS NA	13.10.22
22/92	12.3 ISA 260 - Charity		
	<p>Received :ISA 260 report 2021/22 Royal Papworth Hospital Charitable Fund</p> <p>Reported: by TG The ISA 260 from Auditors is a good report with one recommendation, which technically is hard to resolve but requires reporting.</p> <p>NA of KPMG briefly ran through the report, namely:</p> <ul style="list-style-type: none"> - Page 4 - audit is almost complete, with some testing to finalise for October. - P6 – management override & controls: testing complete, one control finding (journals authorisation), as mentioned by TG. - Page 7 Fraudulent expenditure recognition : no issues found - Appendices: one control finding. - KPMG remains independent. - Sector update attached for information. <p>Discussion: CC – agreed with TG on the good audit. The Journals Authorisation is a standard item to be improved within the NHS but noted it is very hard to meet this control due to the way it is set. CC thanked KPMG for getting this through on time and to a good standard.</p>		
13	External Audit		
22/93	<p>Received: Progress Report to October 2022. Reported: by NA. The report was taken as read. Discussion: Very good report. Noted: The Audit Committee noted the External Audit Progress Report.</p>		

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14	AD-HOC REPORTS / POLICY REVIEWS		
14.1	Better Payments Practice Code (BPPC) Update		
22/94	<p>Received: BPPC overview and action plan.</p> <p>Reported: by TG. Gave the background to this which was initiated by a letter from Julian Kelly to all Trusts. The update summarises reporting over the last year with the improvements made along with a revised action plan. ; How do we move this from a manual to a more automated process is another area that will be looked at. There has been detailed work on this by the finance team and this will be reported to the Performance Committee via the Finance report</p> <p>Discussion: CC thanked TG and team for this update. CC referred 'po/non-po invoicing' where the Action Plan is not as explicit as it could be. TG explained that work is in hand on how actions are being targeted and this will show in the Performance Committee update. CC noted that the governance around this process is in place.</p> <p>DL noted the good progress made. On non-po invoices, will the process still require manual support until automation happens?. How is this managed time-wise and working in the interim? TG – it works fine when finance department seasonal workload allows. Currently it is possible spend time on BPPC and this needs to be done in this lighter period before year end work starts again.</p> <p>Noted: The Audit Committee noted the update on BPPC.</p>		
14.2	CG024 Policy for the Engagement of External Auditors for non-audit work		
22/95	<p>Received: The Audit Committee is required to formally agree on an annual basis that it is content with the structure, content and operation of CG024. This paper presents updates to the Policy for the Engagement of External Auditors for non-audit work and summarises additional work undertaken our external auditors which is declared in the Annual Report.</p> <p>Reported: AJ TG noted this is a regular annual review, confirming whether there is any other work being undertaken by our External Auditors; it is important when considering independence of External Auditors and ensuring no conflicts of interest.</p> <p>TG confirmed that there has been no external audit work contracted outside of the statutory audit requirement. There has been three pieces of extended work as noted in the paper. These do not create any conflict of interest.</p> <p>Discussion: AJ highlighted that the frequency of review of the policy has been moved to a three-year review from annual review. CC suggested that this be synchronised to 2024 to link in with next External Audit contract review, and then review every three years thereafter.</p> <p>CC asked that as External Auditors are appointed by Governors, does this report need to go to Governors? TG felt that for transparency it would be helpful for Governors to be informed; HP agreed with this.</p>		

Agenda Item		Action by Whom	Date by When																								
	Noted and approve: The Audit Committee noted and approved the updated policy and confirmed that it was content with the structure, content and operation of CG024.																										
15	ANY OTHER BUSINESS																										
22/96	No items were raised.																										
16	FORWARD PLANNER AND MEETING REVIEW																										
16.1	Audit Committee Forward Planner																										
22/97	One revision required: Adjust date to 2024 for review of CG024 policy, as recommended above. Noted: The Audit Committee noted the committee forward planner.	AC	13.10.22																								
16.2	Emerging Risk																										
22/98	No items were raised.																										
16.3	Review of meeting agenda and objectives																										
22/99	The Committee confirmed: <ul style="list-style-type: none"> - All items on the agenda had been covered and challenged correctly. - Papers were well written and informative. - The Committee had good discussions on internal audit items. 																										
16.4	Any other items for next meeting																										
22/100	CC highlighted that the 9 March 2023 meeting is planned as a face-to-face meeting on the hospital site, if attendees can do this where possible.																										
	FUTURE MEETING DATES: 2022																										
	<table border="1"> <thead> <tr> <th>2023 Dates</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>19 January</td> <td>1000-1200hrs</td> <td>MS Teams</td> </tr> <tr> <td>9 March</td> <td>0930-1130hrs</td> <td>F2F</td> </tr> <tr> <td>9 March (NEDS Private meeting with Auditors)</td> <td>1130-1230hrs</td> <td>F2F</td> </tr> <tr> <td>18 May (Annual Rep & A/c sign off)</td> <td>1000-1200hrs</td> <td>MS Teams</td> </tr> <tr> <td>23 May (back-up AR & A/cs sign off)</td> <td>1400-1500hrs</td> <td>MS Teams</td> </tr> <tr> <td>20 July</td> <td>1000-1200hrs</td> <td>MS Teams</td> </tr> <tr> <td>19 October</td> <td>1000-1200hrs</td> <td>MS Teams</td> </tr> </tbody> </table>	2023 Dates			19 January	1000-1200hrs	MS Teams	9 March	0930-1130hrs	F2F	9 March (NEDS Private meeting with Auditors)	1130-1230hrs	F2F	18 May (Annual Rep & A/c sign off)	1000-1200hrs	MS Teams	23 May (back-up AR & A/cs sign off)	1400-1500hrs	MS Teams	20 July	1000-1200hrs	MS Teams	19 October	1000-1200hrs	MS Teams		
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The meeting finished at 1400hrs.

Royal Papworth Hospital NHS Foundation Trust
Audit Committee meeting
Meeting held on 13 October 2022

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	CoI Date From
Ahluwalia, Dr Jagjit Singh (ਜਗਜੀਤ ਸਿੰਘ)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jagjit Singh (ਜਗਜੀਤ ਸਿੰਘ)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jagjit Singh (ਜਗਜੀਤ ਸਿੰਘ)	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. This employment with CUH ended on 15.02.2022.	21/04/2019
Ahluwalia, Dr Jagjit Singh (ਜਗਜੀਤ ਸਿੰਘ)	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 (ਜਗਜੀਤ ਸਿੰਘ)	Non-Executive Director	Y	Financial interests	Outside employment	With effect from 16.02.2022 I became an employee of the Eastern Academic Health Science Network as their Chief Clinical Officer. This is the same role as I held since April 2019 until 15.02.2022 but during these dates it was as a secondee from CUH Foundation Trust.	16/02/2022
Ahluwalia, Dr Jagjit Singh (ਜਗਜੀਤ ਸਿੰਘ)	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 (ਜਗਜੀਤ ਸਿੰਘ)	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 (ਜਗਜੀਤ ਸਿੰਘ)	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 (ਜਗਜੀਤ ਸਿੰਘ)	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	Co-chair of a review of the impartiality of BBC coverage of taxation and public spending	03/03/2022
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	Non-financial professional interest	Outside employment	Advisor to the Behavioral Change by Design research project	01/08/2017
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	Goodness Partners is a specialist health consultancy working with health and care organisations to help them plan, improve and deliver successful and sustainable futures. 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 Bioscience 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 Clure & 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, ADD Consulting Ltd	01/06/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Outside employment	Director, ADD 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. Conagh Jane	Director of Workforce and Or	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	£	Non-financial personal interests	Loyalty interests	Partner is a Trustee of MAURA , Registered Charity	25/02/2021
Posey, Mr. Stephen James	Chief Executive	£	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	£	Non-financial professional interest	Outside employment	Chair EOE Cardiac Network	01/10/2018
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Chair NHSE East Operational Delivery Network Board	01/05/2017
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Co-Chair EOE Strategic PROVISION Board - Critical Care	01/07/2020
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Executive Reviewer for the Care Quality Commission (CQC)	01/06/2018
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Hold an Honorary Contract with Cambridge University Hospitals NHSFT	01/02/2017
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Member of the NHSE Organ UTILISATION Group (OUG)	01/07/2021
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Trustee of the Intensive Care Society - Registered Charity	25/02/2021
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Sponsored events	Philips sponsorship for a table at the HSI 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	£	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	£	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	£	Indirect interests	Sponsored events	Orion Healthcare sponsored 1 table at the HSI Awards 2021 for RPH @ a cost of £4740.00	19/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	£	Non-financial personal interests	Gifts	Headset earphones value £20	19/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	£	Non-financial professional interest	Loyalty interests	Spouse works for Royal College of Nursing (I can't see a situation from the drop down pertinent to this declaration so have selected the most likely reflecting the circumstances)	01/06/2017
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	£	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	£	Financial interests	Outside employment	Affiliated lecturer, Faculty of Law, University of Cambridge	30/09/2013
Robert, Mr. Gavin	Non-Executive Director	£	Financial interests	Outside employment	Senior Consultant, Euclid Law (a specialist competition law firm)	01/07/2016
Robert, Mr. Gavin	Non-Executive Director	£	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	£	Non-financial professional interest	Outside employment	Chair and member of Board of Trustees, REAch2 Multi-Academy Trust	01/10/2018
Screator, Mrs. Maura Bernadette (Maura)	Chief Nurse	£	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
Screator, Mrs. Maura Bernadette (Maura)	Chief Nurse	£	Financial interests	Shareholdings and other ownership interests	Shareholdings in bio - technology/pharmaceutical companies	02/08/2021
Screator, Mrs. Maura Bernadette (Maura)	Chief Nurse	£	Indirect interests	Loyalty interests	My husband is a Consultant Radiologist at Royal Papworth Hospital.	02/08/2021
Wallwork, Mr. John (John)	Chairman	£	Financial interests	Outside employment	Independent Medical Monitor for Transmedics clinical trials	21/04/2021
Wallwork, Mr. John (John)	Chairman	£	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	£	Indirect interests	Clinical private practice	Private health care at the University of Cambridge;	01/03/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	£	Indirect interests	Loyalty interests	Director of Cambridge Clinical Trials Unit; Member of Addenbrookes 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	£	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	£	Non-financial professional interest	Outside employment	Hon Consultant CUHFT and employee of the University of Cambridge	01/03/2021