

**Audit Committee
Held on 19 January 2023
1000-1200hrs, 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		
Ms A Akalya	AA	BDO, Internal Auditors
Mr D Burns	DB	Public Governor
Mrs A Colling	AC	Executive Assistant (<i>Minutes</i>)
Mr E Gorman	EG	Deputy Director of Digital
Mr T Glenn	TG	Deputy CEO and Chief Finance & Commercial 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
Mrs E Midlane	EM	Chief Executive
Dr H Perkins	HP	Public Governor
Mr G Rubins	GR	BDO, Internal Auditors
Mrs M Screaton	MS	Chief Nurse
Mr J Shortall	JS	Local Counter Fraud, BDO
Apologies		
Mr B Endersby	BE	BDO, Internal Auditors
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
Mr A Raynes	AR	Director of Digital & CIO
Dr I Smith	IS	Deputy Medical Director
Mr M Twyford	MT	KPMG, External Auditors
Mr N Ackroyd	NA	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		
23/01	The Chair opened the meeting and apologies were noted as above. As AJ was unable to attend, the Chair suggested that Item 13.4 Committee Terms of Reference and Item 13.5 Committee Self-Assessment would be deferred. Item 14.1 would move up the Agenda as OM needed to leave at 11am.		
2	DECLARATIONS OF INTEREST		
23/02	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.		

Agenda Item		Action by Whom	Date by When
	A summary of standing declarations of interests are appended to these minutes.		
3	MINUTES OF MEETING held on 13 October 2023		
23/03	Approved: The Audit Committee approved the Minutes of the meeting held on 13 October 2023 and authorised these for signature by the Chair as a true record.	Chair	19.01.23
4.1	ACTION CHECKLIST		
	The Committee reviewed the Action Checklist and updates were noted.		
4.1.1 23/04	<p>Ref. 22/55 : <u>Electronic Patient Record – Internal Audit report.</u> Received: Update report on EPR. Reported: by EG and paper taken as read. Since the last update the 1st iteration of the audit is complete. Some parts were incomplete as it did not cover the whole patient record, so extended the audit to cover EMR and PACS. This work has coincided with go-live of PACS, which has slowed the 2nd iteration. The finished audit will go to QRMG.</p> <p>Discussion: CC thanked EG for this good report. DL – re. the ongoing cardiology work: what is causing the delay and will it be completed soon? EG – delay was issues with writing the new scope and explained an issue related to the PACs system. It is not an issue with Cardiology itself but with the technical IT site. CC – The other two audits scheduled for January (Thoracic) and April (Transplantation) will these deadlines be met? EG - Cardiology will be completed by end of January with Thoracic in March 2023 and Transplantation in July 2023. MB – asked MS re. continuity of care and is the audit capturing how well we are doing this? MS – EG had referred to this earlier by looking at capturing this in some way and review of framework to do this - happy with this, which MS and EG have discussed. Noted: CC thanked EG for a very good, clear report</p>		
5	BOARD ASSURANCE FRAMEWORK (BAF)		
5.1	BAF Update		
23/05	<p>Received: A 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>Reported: TG – report taken as read. Key highlight: The risk in relation to R& D strategy direction and recognition has been closed and TG explained how this had been done. The risk re. Industrial Action has increased which reflects current operating environment and strike action. Two risks which have reduced are: - Achieving financial balance at ICS level – TG explained the detail behind this. - Safe & Secure Environment: Following completion of Estates remedial action plan monitored through SPC, the improvement in relationship with Skanska and sign-off of large items, the risk can now reduce in relation to the safe and secure environment.</p>		

Agenda Item		Action by Whom	Date by When
	<p>All risks are monitored through relevant Board Committees.</p> <p>Discussion: MB was unclear why the ICS position has a reduced risk and how this has been assessed. TG explained the two things which have helped: the System's grip and control and financial management and reporting has improved over last few years, along with resolving a systemic problem on financial structural issue. MB referred to closing of the research risk – does this mean that we are confident that the financial proposal identified at the recent Board meeting is secure? TG – yes this is secure and the risk regarding lack of direction is closed. EM – added that the ICS Board has confirmed the System has stepped down from level SOF4 to SOF3 (System Oversight Framework).</p> <p>Noted: The Audit Committed noted the update on BAF.</p>		
11.2	SALARY OVERPAYMENTS REPORT		
23/06	<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: by OM - comprehensive update report by Adam Radwell in Workforce. There is a request for Audit Committee to agree a proposal for Workforce to agree leaver forms.</p> <p>Discussion: DL – thanked OM for a comprehensive paper. There is still late notification of leavers which seems to be an issue. DL suggested consideration of 'leaver' paperwork on resignation, which is when the electronic trail would then start. OM advised that this is the piece of work currently with Managers. Sometimes the actual leaving date is not straight forward (annual leave due etc). Current proposals being worked on are:</p> <ul style="list-style-type: none"> • Line manager work • Improve forms • Education and training <p>OM is open to any other suggestions of actions. It will take time for new ways to embed.</p> <p>EM – in Herts region, their ESR system was staff member interactive, which allowed the staff member to insert their notice straight onto the system. OM will pass on to Adam to follow up.</p> <p>DB – queried the manual input to the spreadsheet. Is there something we could link the process to, which has to happen when someone is leaving. He was concerned at the large amounts involved on salary overpayments and that a solution needs to be found. OM explained how input to the spreadsheet works. She agreed that the trigger point needs to happen early in the leaver process.</p> <p>OM referred to the payment clauses in the payroll contract and how this works on salary overpayments. There is a tolerance level for those overpayments caused by payroll. OM will find out what this tolerance level is and report back. OM added there are monthly meetings with our payroll provider where this is tracked.</p>	OM	Jan/Feb

Agenda Item		Action by Whom	Date by When
	<p>CC queried the sickness payment of £22k by SBS and where are we on this negotiation. OM will find out and let CC know separately.</p> <p>CC asked Internal Audit members of their experience with other Trusts. Can they share any tips from other Trusts on how we might improve? GR suggested that much of this is cultural and making teams aware. Some Trusts penalise teams through budgets. He can share some good practice which is seen at other Trusts.</p> <p>OM added that the team have incorporated recommendations from the previous benchmarking report into the action plan.</p> <p>MB – is there a way we can show the rate of these mistakes rather than just the volume?</p> <p>OM – yes, with regular reporting this could be a possibility and she will raise this with Adam.</p> <p>CC noted that on the list of overpayments, Workforce and Finance directorates feature. What are you (OM and TG) doing in your areas about this?</p> <p>OM will I review for her area. TG noted that this was specifically within Estates Directorate; it is under review where we are looking to keep up awareness along with cultural and education issues.</p> <p>CC noted the change to APAs on consultant job plans – and that this avenue needs to be pursued to stop the overpayments for this reason. OM is aware of this and gave background to work ongoing in this area. It is a complex process. IS leads the Job Planning Steering Group and may be able to update further on the process. EM added that progress has been made but we started from a long way back.</p> <p>CC was concerned that with APAs, what is the risk of non-recovery as these staff are not regular leavers.</p> <p>OM – this team is working hard to minimise these overpayments; the vast majority are repaid, or agreement made with the individual.</p> <p>CC - In the next report can we have a paragraph about the recoveries we are able to make. This would help give assurance to Committee</p> <p>CC thanked the team for this very good report which is welcomed.</p> <p>Noted: The Audit Committee noted the update.</p>	<p>OM</p> <p>GR</p> <p>OM</p>	<p>Jan/Feb</p> <p>Jan/Feb</p> <p>09.03.23</p>
6	LOCAL COUNTER FRAUD - BDO		
6.1	Progress Report		
23/07	<p>Received: Counter Fraud Progress Report 2022/23</p> <p>Reported: JS. The report was taken as read. He highlighted: NFI matches are due (data matching exercise) next week. These include staff on more than one payroll code; those with commercial making decisions who have Companies House registrations etc. conflict of interest work – which is part of the Q4 plan.</p> <p>In preparing the Counter Fraud Plan for next year, he has been awaiting the CFA strategic priorities which are not yet confirmed and are now due April/May time. The steer this week is that mandate fraud will remain a priority. The CFA have released updated guidance issued on pre-employment checks, specifically agencies, which he will distribute. He will be speaking with his Internal Audit colleagues to ensure there is no duplication on respective plans.</p>		

Agenda Item		Action by Whom	Date by When
	<p>The credit card issue is still ongoing; it is marked as open until a reasonable answer is found. He gave an update on the status of the current credit card provider; fraudulent attempts continue (96 in January where 3 were successful and refunded). He explained that the Trust is looking for a new provider.</p> <p>Discussed: DL – given recent successful fraudulent attempts, how soon can a new provider be found? JS – The company has been given time to resolve issues. The Charity Team is actively looking to switch platforms which should not be a difficult switch and terminate the risk. JS will explore the timeline for this and update next time.</p> <p>CC asked of the 60 remaining workdays – are these likely to be used? JS – yes, he is sure these days will be required to cover: NFI work, Conflicts of Interest work, Annual Plan and year end reporting to CFA.</p> <p>Noted: The Audit Committee noted the Counter Fraud Progress Report.</p>	JS	09.03.23
6.2	Annual Workplan (draft)		
23/08	<p>Received: Annual Workplan 2023/24 (draft). Reported: JS. As explained above, there is no strategic CFA direction yet. The draft Plan gives an early sight to the Committee on issues, where 80-85% is pre-written due to compliances, but there is some small flex.</p> <p>Discussed: CC understands that this plan is more prescriptive than Internal Audit Plan and is happy to review when the strategy comes through from CFA.</p> <p>Further update to the March meeting.</p> <p>Noted: The Audit Committee noted draft Annual Workplan 2023/24.</p>		
7	INTERNAL AUDIT - BDO		
7.1	Progress Report		
23/09	<p>Received: Internal Audit Progress Report 2022/23 Reported: by GR. Internal audit reporting is slightly backloaded towards the end of the year, but work is on track to be completed by the year end.</p> <p>The Data Quality revised audit is in the pack, with amendments agreed last time. This will not change the Internal Audit Opinion.</p> <p>Also included for reference is the EDI Best Practice Report; other Trusts have referred this to their Workforce Committee for consideration. If there are areas of interest, he asked whether these should be fed into the Internal Audit Plan?</p> <p>Discussed: CC was concerned about the delays with internal audit reports. Are there any specific reasons for delay – is it issues at Internal Audit or Trust level or both.</p> <p>GR explained how it relates to a mixture of the two areas and gave an update on the Data Protection and Procurement reports. He will look to see how this can work better in future to get reports to the January Committee.</p>		

Agenda Item		Action by Whom	Date by When
1057hrs OM, EM left.	<p>TG referred to the Procurement report which is the main cause of concern; he has seen a draft of the report; there is some learning for the Trust on specifics and for BDO to escalate key issues quickly to relevant Directors. This work is in hand and he is confident this will get sorted in future. Some sickness has also delayed the work.</p> <p>CC was concerned that provisional timings are months off plan and asked for a more realistic timeline. These delays, which pushes the 22/23 work into May, may impact on starting the 23/24 plan. CC asked TG and GR to discuss and give assurance to the Committee that timing problems can be resolved.</p> <p>MB – on looking at other organisations re. EDI and some of the detail re. lack of detail on BAF and work equalities - will we take this away to have reflect EDI in BAF and any other recommendations made in the report? OM agreed it is a useful document and a national piece is due soon. We are looking to pull together all different frameworks on EDI. This is included in draft Workforce Strategy.</p> <p>MB - referring to discussions about internal audit, could we get value from observing other organisations and ensure we make the best use of this information?</p> <p>OM will take the report to the EDI Steering Group to see how this can be reflected. CC agreed and suggested that the EDI report is referred to the new Workforce Committee.</p> <p>CC referred to the Internal Audit Progress Report and the 140 days planned - how many days have been used to date? GR advised that BDO are on budget with the number of days. CC asked if the number of days still to be used could be shown in the report just as we do for LCFS GR added that the start date on internal audit timelines is the field work date and not date for Trust reporting – he will clarify this in future updates.</p> <p>Noted: The Audit Committee noted the Internal Audit Progress Report.</p>	TG/GR	09.03.23
7.2	Annual Plan 23/24 (draft)		
23/10	<p>Received: Draft Internal Audit Plan 2023/24.</p> <p>Reported: GR –meetings with Executives are ongoing to review this. The plan is flexible and risk based. The focus next year will be on clinical quality and HR issues.</p> <p>Discussion: CC suggested that it would be useful to review the plan line by line and agree which areas are relevant for internal audit reporting. This is covered in the table below.</p>		
Internal Audit Report	Days allocated	Comments/agreed	
Data Quality & PIPR report	15 - agreed	<p>MB – we are doing Safer Staffing in 23/24 – are we getting sufficient assurance on data for safer staffing? Key question - do we have right metrics to get assurance from the data and achieving a safe level? CC – was this on 22/23 report which is why this report was originally delayed and explained this previous discussion.</p>	

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		<p>TG – asked should we scope a specific piece with Internal Audit on this aspect i.e., the difference between data quality and having the right data. (this has been discussed previously at Board). He agreed this needs an answer: is this giving us the assurance we require?</p> <p>MS is happy to work through how an audit might look like. She suggested this should be focussed on auditing against the standards laid out in developing workforce safeguards, the standards on staffing and importance of triangulation. Measuring quality has many factors including staffing ratios, mitigations, professional judgment, and patient outcomes – she is happy to work with others on this.</p> <p>CC noted there is clearly work to be undertaken by the Executive Team in determining the metrics for safer staff and data quality.</p>	
Divisional Governance	14 - agreed		
Medical Devices Management	15 - agreed		
Quality Governance	12 – agreed	MB happy to see this included.	
Safeguarding	17 - agreed	CC queried whether this should be included. MS confirmed this needs to be included (re. forthcoming introduction of LPS – we do need more assurance on mental assessment so asked to keep Safeguarding	
Safer Staffing	17 - agreed		
Volunteer Recruitment and Management	15 – remove	CC - Is this a priority, particularly with EDI on potential list? MS agreed VR&M not a priority, MB agreed.	
Performance & Appraisal	15 - agreed		
Recruitment and retention	15 - agreed		
Cost improvement plans	12 - query	CC – given that we are achieving CIP and it is reviewed by Perf Cttee, is this a priority compared to other areas? MB – why is it included (due to not achieving CIP or the process of CIP?). DL - given performance currently, there may be other priorities to include, happy to defer to future year. TG - asked to consider what are other priorities before taking this off.	
Key financial systems & controls	15 - agreed		
Charitable funds	15 - agreed		
Data security & protection toolkit	12 - agreed		
IT Infrastructure	15 - agreed		
Suggested Areas to add			
EDI and inclusion	18	Agreed	
Medicines Management		DL – yes, due to medicine management issues reported via other Committees and good practice to audit this area. MS supports this especially medicines storage, administration, and closed loop medicines.	
Sustainability	No*	CC – queried if a key item. HP queried ‘Net Zero’ on Audit Cttee Self-Assessment, does Sustainability contain this? He agreed it should be on Internal Audit list. CC agreed.	

Agenda Item		Action by Whom	Date by When
	<p>CC suggested TG to review with Exec Team on items to remove and items to include. TG agreed we should target areas of risk. *Relating to Sustainability, due to our new hospital building compared to other older Trust estates, he queried whether this is a high risk for RPH. CC suggested a separate Sustainability report to Audit Committee/Board to give assurance on this area, rather than an Internal Audit report.</p> <p>CC suggested including Medicines Management and EDI; TG asked GR to work through the days on the plan to include these and make a proposal to the Executive Team.</p>	<p>TG</p> <p>GR</p>	<p>tbc</p> <p>09.03.23</p>
	<p>Noted: The Audit Committee noted the discussion on Internal Audit Plan 2023/24.</p>		
7.3	Final Internal Audit Reports		
7.3.1	Infection Control – Hygiene Code		
23/11	<p>Received:– Internal Audit Report: Final</p> <p>Reported: by AA. Overall rated moderate. She gave a detailed overview of the work undertaken by the Auditors. Findings: One small finding on review of ICPPC (Infection Control & Pre and Peri-Operative Care Committee) ToR date. Two medium findings on audit processes in clinical/wards. Actions plans have been drawn up to follow up on these items.</p> <p>Discussion DL was concerned on some areas not completing mandatory audits (such as hand hygiene) and commented on lack of follow up. MS and team have taken as action but asked if there is a follow up audit to check this has been done. AA – will follow up recommendations as part of follow up process. GR advised that the area would not be re-audited but do spot checks as part of follow up. MS – this now sits with ICPPC to gain assurance on completion of audit findings and then via Q&R. A valuable audit, which has shown a slip in some work due to pressures of COVID. Happy that this work is in progress.</p> <p>CC – do we get a report on follow- ups? GR – yes. It was noted that this will go to Q&R to be discussed in greater detail.</p> <p>Noted: The Audit Committee noted the Internal Audit Report as presented and discussed above.</p>	Q&R	Jan/Feb
7.3.2	HFMA – Financial Sustainability		
23/12	<p>Received: Internal Audit Report: Final (Advisory Report)</p> <p>Reported: AMB. The audit had considered Trust ratings against each of 72 assessment questions. Some minor exceptions where evidence was not quite sufficient but overall evidence is sufficient and compliant with expectations of HFMA in their standards.</p> <p>Discussion: CC queried whether any of the assessment would therefore be downgraded one level?</p>		

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	<p>AMB explained how the grading system works and that there are no levels to be downgraded to level 3, (which would indicate 'significant improvement' required). CC thanked AMB for this assurance.</p> <p>CC welcomed this very good report and thanked the Finance team. TG was pleased with the result although we still strive to improve. Finance Department achieved Level 3 status on One NHS Finance (one of only 17 Trust's in UK to do this). This is an enormous achievement. It gives additional confirmation of our standards and work to improve. The Audit Committee commended the Finance Team on this achievement.</p> <p>Noted: The Audit Committee noted the Internal Audit Report as presented and discussed above.</p>		
7.3.3	Revised 21/22 Data Quality & PIPR		
23/13	<p>Received: Internal Audit Report – Final Reported: Moderate rating</p> <p>Discussion: CC advised there were no issues to raise. She asked for this to go to Performance Committee for their information, and AC confirmed it is on the Agenda for their January meeting.</p> <p>Noted: The Audit Committee noted the Internal Audit Report as presented and discussed above.</p>		
7.4	Internal Audit Briefing Note (in reference pack)		
7.4.1	Equality, Diversity and Inclusion Considerations		
23/14	Noted as previously discussed.		
7.4.2	HFMA Benchmarking Report		
23/15	<p>AMB presented the benchmarking report which places the Trust in good light compared to other organisations.</p> <p>Noted: The Audit Committee noted this report.</p>		
8	EXTERNAL AUDIT		
8.1	Indicative Audit Plan 2023/24		
23/16	<p>Received:</p> <p>Reported: EL. Advised that they would normally bring the full plan to this meeting; but due to new auditing standard ISA 315, this puts greater formalisation on the plan – this has extended the time required to complete this but assured the Committee that work is in hand. The full plan will come to the next meeting along with the VFM risk assessment.</p> <p>Planning discussions have started with TG and SH. Risk assessment: expected to be in a similar position on risk to last year and explained how this might work on expenditure risk and revenue risk. Valuation of buildings: continue to look at as an area of focus rather than a significant risk. IFRS 16: first full year of this on balance sheet. Remuneration report: Complex area which will be worked through.</p>		

Agenda Item		Action by Whom	Date by When
	<p>VFM risk – not expected but will flag if required during working through. In the sector there is a heightened risk on financial sustainability in the system generally; will keep under review. Submission deadlines confirmed. 30 June 2023. EL and team will work to get done by end of May with formal finalisation in June of Annual Report and Accounts etc.</p> <p>Discussed: TG – the protocol in relation to forecast changes is a significant move and indicates a significant considerable tightening of control from centre on forecasting and reporting, which is impacting some other Trusts in the Region.</p> <p>TG – in the last couple of years, he has introduced a paper on audit risks, and will bring this to the next meeting.</p> <p>CC queried a previous issued on COVID controls and if there was any feedback on this from the centre? TG – recalls this was a bespoke piece for the Treasury but has not received any feedback. KPMG not seen feedback either on this.</p> <p>CC – as submission date is 30 June, it is unlikely that Accounts etc will get signed off in May. Do we need to look at alternative sign off dates? TG agreed this will need an extraordinary Audit Committee and Board. AC agreed to review sign off dates and adjust as necessary. Noted: The Audit Committee noted the update on the External Audit Indicative Audit Plan 2023/24.</p>		
8.2	Health Sector Update		
23/17	<p>Received: KPMG - Health Sector Update – January 2023 Reported: EL. Report for reference Noted: The Audit Committee noted this report.</p>		
9	GOVERNANCE ASSURANCE OVERVIEW		
23/18	<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 13 October 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>		
10	Bad Debt Write-offs		
23/19	<p>Received: Update report on the debts written off in the financial year 2022/23 Reported: By TG. The report now includes the totality of items, not just those over £10k. TG explained the over £10k debt re. an overseas patient and the strenuous efforts to resolve this. TG explained the goodwill gesture from the Trust on a negotiated settlement to pay for a private patient's emergency care.</p> <p>CC referred to rules on payment for overseas patients, where the guidance is not clear; have we done anything to minimise risk in this</p>		

Agenda Item		Action by Whom	Date by When
	<p>area. TG explained how complex this is with emergency care and the risks which are difficult to mitigate on 'life and death' cases. The Trust has put in mitigations for elective or day case non-emergency cases for overseas private patients.</p> <p>DL thanked TG for the explanation on emergencies, where it seems there is no choice, and it is always a risk. CC concurred with this view. Noted: The Audit Committee noted this report. Approved: Authorisation approved on those items over £10k</p>		
11.1	Losses and Special Payments		
23/20	<p>Received: To report to the Committee the losses and special payments made for the period 1 April 2022 to 31 December 2022 in line with the Trust's Standing Financial Instructions.</p> <p>Reported: TG. The report includes full detail for the year compared to prior year. VADS (Ventricular Assisted Devices) are the largest item, which is a legacy COVID issue; TG explained the circumstances which were difficult to avoid.</p> <p>Discussion: CC – in the past, the figure on bad debt write off, is included in this table. TG advised this was an oversight and it should be in there – he will ensure it is included in the next report.</p> <p>Noted: The Audit Committee noted the update on Losses & Special Payments.</p>	TG	09.03.23
12	Waiver to Standing Financial Instructions – Q3 2022-23		
23/21	<p>Received: Report on waivers to Standing Financial Instructions made for the period 01 October 2022 to 31 December 2022.</p> <p>Reported: by TG. Only two waivers to report which is a large reduction in waiver numbers previously reported. TG explained the details behind the two waivers.</p> <p>Discussion: CC – pleased to see reduction in number of waivers, well done to the team. DL echoed this comment, thank you TG and team. CC – noted that the approved waiver dates are 2022 and should be 2023.</p>		
	Noted: The Audit Committee noted the update on Waivers for the period noted.		
13	ANNUAL REPORTS		
23/22	13.1 Standing Orders 13.2 Standing Financial Instructions 13.3 Scheme of Delegation		
	<p>Received: Above documents. Discussed: CC and DL have sent minor comments to AJ.</p> <p>Approved: With minor amendments approved, these documents were approved by the Audit Committee.</p>		
13.4	13.4 Committee Terms of Reference		

Agenda Item		Action by Whom	Date by When
	<p>13.5 Committee annual self-assessment</p> <p>Received: Documents as above.</p> <p>Discussed: CC – as mentioned at the start of the meeting, in absence of AJ, these items will be deferred (may need a special meeting before 9 March Audit Committee).</p> <p>Noted: As above.</p> <p>Deferred item: This item was considered at a separate meeting held on 9 February 2023.</p> <p><u>Terms of Reference (TOR)</u> The Audit Committee’s TOR were amended in line with the new Code of Governance for NHS Provider Trusts published in October 2022 and effective from 1 April 2023.</p> <p>The main area discussed was the recommendation that ideally the Senior Independent Director (SID) and the Chair of the Audit Committee should not be the same person. The Committee agreed that they would support the continuation of the SID as Audit Committee Chair and that should be considered by the Board in March when the TORs would be submitted for approval. It was agreed that this matter would be highlighted in the covering paper and the TOR amended to reflect that this was included in guidance as the ‘ideal’ arrangement.</p> <p><u>Audit Committee’s Self-assessment</u> This year the self-assessment was based on the National Audit Office’s (NAO’s) “Audit and Risk Assurance Committee Effectiveness” analyser tool recently introduced. The self-assessment contained almost 200 questions and was completed by the Board members and Governors who attend the Committee.</p> <p>Whilst overall the consensus was that the Audit Committee was meeting the standards for an Audit Committee it was not, on average, excelling. The committee ambition was to excel and so action plans would be developed to focus on the areas that were highlighted as needing improvement which were: Training & Development, Range of Skills on the Audit Committee and Continual Improvement.</p> <p>It was agreed that the number of questions were too many and sometimes confusing so this assessment tool will be reviewed before its use next year.</p> <p>Recommendation: The Committee recommended that the Board approve the Committee terms of reference, including the provision for the SID to continue as Audit Chair and that they note that a satisfactory self-assessment had been undertaken by the Committee.</p>		
13.6	<p>13.6 Compliance with clinical audit</p>		
23/24	<p>Received: Quarterly report to outline the national clinical audit process and provide the Audit Committee with assurance to the Trust for compliance.</p> <p>Reported: by MS. Gave background to the report and actions which are followed up by relevant divisions.</p> <p>Discussed:</p>		

Agenda Item		Action by Whom	Date by When												
	CC – useful paper, very clear and is discussed at Q&R. Noted: The Audit Committee noted the quarterly update.														
14	POLICY REVIEWS														
14.1	DN259 FTSU: Raising Concerns Policy														
23/25	Deferred to 9 March meeting.	OM	9.3.23												
14.2	DN605 Anti-fraud & Bribery Policy														
23/26	Received: Policy for review. Reported: by TG. Discussed: CC noted this was a very clear paper – only minor comments from CC which have been sent to JS. Noted: The Audit Committee approved the policy based on the amendments raised.														
15	ANY OTHER BUSINESS														
23/27	The Committee were reminded that the 9 March meeting is face-to-face. This meeting will be followed by the annual private session with Audit Committee NEDs and Internal and External Auditors.														
16	FORWARD PLANNER AND MEETING REVIEW														
16.1	Audit Committee Forward Planner														
23/28	Noted: The Audit Committee noted the committee forward planner.														
16.2	Emerging Risk														
23/29	No items were raised.														
16.3	Review of meeting agenda and objectives														
23/30	The Committee confirmed: - 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														
23/31	- Add on all deferred papers to March meeting or arrange special meeting (for ToR/Self-Assessment). - Add on date in June for Annual Report & Accounts sign off.														
	FUTURE MEETING DATES: 2023														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ccc;">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> </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		
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Agenda Item			Action by Whom	Date by When
	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	

The meeting finished at 1153hrs.

Signed:

Date: 23 February 2023

Royal Papworth Hospital NHS Foundation Trust
Audit Committee meeting
Meeting held on 19 January 2023

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 Biomedica 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 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