

Audit Committee
Held on 9 March 2023
0930-1130hrs

HLRI Meeting room 89 and 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 D Burns (via Teams)	DB	Public Governor
Mrs A Colling	AC	Executive Assistant (<i>Minutes</i>)
Mr T Glenn	TG	Deputy CEO and Chief Finance & Commercial Officer
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
Mrs E Larcombe	EL	KPMG, External Auditors
Mrs A Mason-Bell	AMB	BDO, Internal Auditors
Mrs E Midlane	EM	Chief Executive
Dr H Perkins (via Teams)	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 O Monkhouse	OM	Director of Workforce & Organisation Dev
Mr A Raynes	AR	Director of Digital & CIO
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		
23/32	The Chair opened the meeting and apologies were noted as above. The Salary Overpayments Update will be deferred to the next meeting as OM was not able to attend today. CC will arrange a meeting outside of Audit Committee with OM and Adam Radwell to discuss the report; CC asked for any questions on the paper to be emailed to her.		
2	DECLARATIONS OF INTEREST		
23/33	There is a requirement that Board members raise any specific		

Agenda Item		Action by Whom	Date by When
	<p>declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda.</p> <p>A summary of standing declarations of interests are appended to these minutes.</p>		
3	MINUTES OF MEETING held on 19 January 2023 and 9 February		
23/34	<p>Approved: The Audit Committee approved the Minutes of the meeting held on 19 January 2023 and 9 February (Self-assessment and ToR meeting) and authorised these for signature by the Chair as a true record.</p>	Chair	9.3.23
4.1	ACTION CHECKLIST		
23/35 [943hrs EM arrived]	<p>The Committee reviewed the Action Checklist and updates were noted.</p> <p><u>Ref 22/39 and 22/54 Governance Assurance Overview</u> A verbal update was given by AJ.</p> <p>AJ asked the Committee what else do they feel needs to be provided for assurance purposes? She referred to the divisional work on accountability and explained the various means of doing this. Is the Committee happy with the assurance or are we still short? MB asked, do we want an assurance map (which was referred to previously by GR)? Although much has been covered to give assurance, we need to ensure that there are no gaps. GR gave some advice on how to use an assurance map. MS gave assurance of the work on the development programme for divisional structures and accountability as part of Well Led review. Would that help to bridge the gap in terms of accountability framework? CC suggested a further meeting outside to pull this together and asked AJ to arrange this for early April with MB, CC, DL to review this. It would be useful to see an example of an assurance map and also useful to link to performance management and escalation framework. TG added that the map will be a contributing factor along with policies etc.</p> <p>CC concluded that following today's discussion and the re-framed action, the original action can be closed from the ongoing action checklist.</p>	AJ	23.05.23
23/36	<p><u>Ref. 23/06 Salary Overpayments Report – queries from 19.1.23 meeting</u> Email response from OM:</p> <p><i>Sickness overpayment in Finance Dept of £22k: KM was on long term sick commencing 25-APR-2021 – her Half Pay should have started on 25-JUN-2021 and then Nil Pay on 25-AUG-2021. The sickness had not been extended on HealthRoster back in August 2021, which meant the sickness was closed on ESR. When this was identified by the Department at the time, a sickness amendment form was then completed by the Department to re-open the sickness on both HealthRoster and ESR. This form was processed by eRostering and the sickness was opened on HealthRoster. The form was then sent to SBS Payroll on 20-OCT-2021; unfortunately, they never processed this. It was only in October 2022 that it was identified this form had not been processed by SBS, which meant the sickness remained closed on ESR, and KM continued to be paid full pay for the duration of the long-term</i></p>		

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	<p><i>sickness when she should have been in Nil Pay. SBS have confirmed that they did receive the form in the batch on 20-OCT-2021 but cannot explain why this was not processed.</i></p> <p><i>The Gross Value of the overpayment is £22,093.96</i></p> <p><i>We have since been notified that KM handed in her notice and has now left the Trust on 31-JAN-2023. SBS will now recalculate the overpayment as a Net Value, and then this will be sent to Finance to process as a Trust Debtor to attempt to reclaim the money.</i></p> <p><i>Tolerance level for overpayment is the payroll contract : From the reviewing the contract we have with SBS, the 'Supplier Best Practice' is listed as "process 98% of payments without overpayments" – with the Target being 98% but the Minimum Service Level being 75%. Based on an approx. headcount of 2100, the 98% target would mean they would need to cause more than 42 overpayments a month to fail this, or 525 to be below the 75%. I don't think it is likely that either would be hit as even 42 overpayments in one month is a huge number. There is no wording around value of overpayments. There is a clause (13.3) which says SBS will not be liable for any financial loss to the Trust (and vice versa) due to the errors made resulting in overpayments.</i></p>		
	<p>Addendum to minutes following meeting with CC, DL, MB, OM and AR on 24.4.23:</p> <ul style="list-style-type: none"> • In future reports there should be a reduction in the number of "open status" overpayments as the Payroll provider had not been given all the data to show that some amounts had already been recovered where the payments were made direct to the Trust. • "Late leavers" is still the most common reason for overpayments and several actions are being looked at to reduce the risk of this happening. An example is the use of a spreadsheet to log the start and end date for Junior Doctors and then this is used to be signed off by the relevant managers (with the help of Medical Staffing) in a timely manner. Audit Committee members assured Richard that they were happy for him to try this solution to see if it made a difference. • The Audit Committee members were assured by the actions proposed that all was being done to rectify this problem. They were also assured that the despite problems with the Payroll Provider that the Trust were using their business partners and other staff to support managers to enforce the actions with the Trust's control. • The Audit Committee members thanked Adam and his team for a clear report and all they were doing to tackle this risk. 		
5	BOARD ASSURANCE FRAMEWORK (BAF)		
5.1	BAF Update		
23/37	<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: AJ gave a summary of the current position. As discussed at Board, the Workforce risk will be reviewed to ensure it is properly aligned.</p>		

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	<p>Discussion: CC referred to Audit Committee responsibilities, with four risks at 20. Should there be a specific report going to Committee where these risks lie? What are the monitoring steps to show that the targets will be reached by a certain date? AJ clarified that for RRR20, the actions are brought from the Datix reports. If risks are 'business as usual' then this needs to be made clear. MB felt there was not a clear understanding of how target relates to current assessment. In what sense is the target going to be achieved? What is realistic? If the target is not reasonable, then it needs adjusting or a more robust plan. GR added that this does happen at other Trusts and is a challenge; he suggested we need to look at what our tolerance is on the risk. EL felt that the targets to achieve within a year were not realistic and the timeline needs to be stepped down. DL – when reviews are done monthly, it would be useful to know at some point the rationale and thought process behind this. EM – suggested the above is fully reviewed with a detailed dive at the Executive weekly meeting.</p> <p>Noted: The Audit Committed noted the update on BAF.</p>	AJ	Tbc
6	LOCAL COUNTER FRAUD - BDO		
6.1	Progress Report		
23/38	<p>Received: Counter Fraud Progress Report Reported: JS. Attendance at online monthly induction has increased from 5-6 people to 50-60; this is a great improvement and helps embed the learning. JS has referred to the Charity Office for an update on credit card issue and this is awaited. JS will email CC separately for assurance re. link to charitable funds. CC asked if we have stopped using the previous company; have there been any breaches since last reported and any feedback from the credit company review?</p> <p>The NHSCFA are now starting to produce quarterly updates on their priorities. Email spoofs are become extremely more realistic along with voice spoofs. It will be more difficult to spot and therefore mistakes easily made, which could happen if staff are under pressure. The Cabinet Office is releasing wider cases in fraud bribery etc and he will weave this into training.</p> <p>JS will be following up queries on payroll via Companies House. He will also follow up with AJ to ensure these match up with DOI.</p> <p>Discussed: As noted above. Noted: The Audit Committee noted the Counter Fraud Progress Report.</p>		
6.2	Counter Fraud Annual Workplan 2023/24		
23/39	<p>Received: Annual Workplan 2023/24 Reported: JS. The draft was seen at the last meeting. Discussed: DL noted that there were four days remaining in the current workplan; will</p>		

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	these be utilised by the end of March or will they be carried forward? JS advised that these four days will be utilised in year. Approved: The Audit Committee approved the Counter Fraud Annual Workplan 2023/24.		
6.3	Review against NHS CFA Standards		
23/40	Received: Draft NHS CFA Standards review Reported: JS presented the draft review, with submission due at end of May 2023 to NHSCFA. Since the last meeting, he has corrected the last outstanding 'amber' on awareness; all other items are covered. Discussed: CC was pleased with this, thanking JS; she noted that last year's review had a comparative table - JS will include this. Noted: The Audit Committee noted the update.	JS	23.5.23
6.4	Managing Conflicts of Interest: 6-monthly update		
23/41	Received: Report to provide the Audit Committee with a progress report on compliance with the Trust policy on Management of Conflicts of Interests (DN313). Reported: AJ. JS will do follow up with the links from Companies House. AJ noted three staff have not made DOI; these will receive chase up letters with a deadline. AJ assured that this goes through Executive Committee for review on a regular basis and reminders go out to staff to ensure DOIs are refreshed. Non-decision-making staff are also made aware, as some may have DOI to report. EM added that if DOIs are not received then the staff member will be taken off decision making duties. She confirmed that this does not pose a risk to the work of the hospital. TG added that it has been valuable to get this monitoring process in place. Discussed: No further items were raised. Noted: The Audit Committee noted the update.		
7	INTERNAL AUDIT - BDO		
7.1	Progress Report		
23/42	Received: Internal Audit Progress Report 2022/23 Reported: GR summarised the current position: Two more final reports were presented to this meeting; with 5 out of 8 now finalised. Work is not too far behind; it is all scoped and underway. Discussed: CC noted that following the update to the January meeting, the Committee was expecting the Waiting List report? As we are so near to year end, will this impact on 23/24 work? GR didn't feel this would impact on 2023/24 work; field work is scheduled for March, and draft reports by early April – RPH is fully engaged in the process. Next year's audits are ready to do and BDO are looking to scope audits earlier in-year. CC thanked GR for the assurance that BDO are taking account of the concerns in regards the delays. Noted: The Audit Committee noted the Internal Audit Progress Report.		

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7.2	Annual Plan 23/24 (draft)		
23/43	<p>Received: Draft Internal Audit Plan 2023/24.</p> <p>Reported: GR presented the plan, which is flexible and has been discussed with Executive Directors.</p> <p>Discussion: TG thanked BDO for this worked up plan. MB asked how does scoping work with teams? AMB explained how it starts with the Executive Director to seek involvement, and then department heads and managers. The scoping is worked from the BAF; then start to challenge tolerance through audit programme; draft scopes are presented for comments/sign-off. MB asked if the scope for Safer Staffing would come to Q&R for comment? GR responded that it would not ordinarily, but it could do; he is conscious of not creating delays in the process. MS will discuss this with MB outside of Q&R. TG added that under segregation of duties with scoping – this is a very useful start point and explained how this works collaboratively between Trust and Auditors. CC commented that it is important for all reports to go to the relevant Committees to obtain assurance. AMB suggested that once there is an agreed plan, they could ask Committees if they have anything to add in, but again do not want to create delays. MB referred again to the audit on Safer Staffing and asked how scoping would work. TG explained the process. AJ noted that reports would go to Committee, if relevant to that Committee. GR noted that the work normally goes through the Exec Director, scope work done and provided as draft; the Exec Director liaises with NEDS/Committees etc.</p> <p>CC referred to the scoring of risk and safer staffing in Q2 – should safer staffing being in Q1? GR advised that it can be flexible on Trust requirements.</p> <p>Approved: The Audit Committee noted approved the Internal Audit Plan 2023/24.</p>		
7.3	Review Annual Internal Audit Report (inc HOIAO)		
23/44	<p>Received: Internal Audit Annual Report and Annual Statement of Assurance – Draft Interim.</p> <p>Reported: GR explained how this gives a good indication in terms of year-end report. All work is on track and levels of assurance are coming in at moderate or substantial. Currently he is still predicting a moderate opinion, acknowledging that there is some work still to do.</p> <p>Discussed: CC referred to the KPI on quality assurance: “external audit can rely on the work undertaken by internal audit (where planned)” and queried why this was RAG rated as N/A. GR advised that external audit do not place direct reliance on internal audit work. EL agreed with this.</p> <p>Noted: The Audit Committee noted the report.</p>		

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7.4	Review of Final Internal Audit Reports & follow up report		
23/45	<p>Received: Internal Audit Follow up of Recommendations report – March 2023.</p> <p>Reported: AMB</p> <ul style="list-style-type: none"> • Positive position that all High and Medium recommendations have been completed. • There is a typo on the front sheet where 76% complete should be 82%. • The Procurement report is due by April, and BDO hope to report against these in the final HOIA. <p>Discussion: CC did not feel quite as confident with the current position; there are three medium recommendations not yet responded to, can the Executive explain this? TG explained that there had been significant change in staff at senior operational management level which has resulted in delay; these recommendations are being worked on now with the new staff. DL referred to procurement which is outsourced to NHS SBS. How closely is their procurement process monitored? TG noted that procurement was a separate issue and suggested that we revisit this.</p> <p>Noted: The Audit Committee noted the report.</p>		
7.4.1	Procurement and Contract Management		
23/46	<p>Received: Internal Audit Report: Final</p> <p>Reported: AMB</p> <ul style="list-style-type: none"> • Moderate assurance. • Overall, there is a sound framework in place but some areas where compliance on contract management practices were not operating routinely. Some operational paperwork is out of date. Some areas require improvement. <p>Discussion TG was disappointed with the outcome of this report and expected a better standard from the Trust. Most concerning was the issue of signatures of contracts outside of then Scheme of Delegation (SOD). He assured the Committee that mitigations are in place on this risk. He added that the relationship with SBS in this area is a concern and discussions have taken place, which has seen some positive action. The SBS wider arrangement is due for renewal and will come back to this Committee. He acknowledged that SBS staff for a specialist hospital are a scarce resource. DL referred to this relationship; TG advised that the Trust is looking to improve this with more formal escalation. MB referred to the sampling of 10 contracts with queries on four of these, which he deemed a high ratio. Are there other kinds of recurrent procedural problems which we have not caught. Should we be doing other samples? GR advised that based on the 10 sampled, it gives a fairly good idea of where weaknesses are, but BDO could do another sample on follow up. CC noted that the report only listed medium recommendations, but noted that there were lower ones. AMB will update to include the lower recommendations.</p> <p>Noted: The Audit Committee noted the Internal Audit Report as presented and discussed above.</p>		

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7.4.2	Governance: Surgery Transplant & Anaesthetics		
23/47	<p>Received: Internal Audit Report: Final</p> <p>Reported: AMB.</p> <ul style="list-style-type: none"> • Substantial rating • Some areas for noting attention re. attendance at divisional meetings and staff engagement, which linked into training non-compliance issue. <p>Discussion: MB commented that in looking at the STA division, this is the division currently under the most scrutiny in the Trust (re. reduced theatre activity); and therefore, finds it curious that substantial assurance has been given on divisional management. CC was also surprised at the 'green' rating and thought that some areas should be flagged. She was worried that a 'green' report could convey the wrong message. EM concurred with both MB and CC as the audit report does not reflect what is happening. EM advised that she is working with the clinical and operational teams in this area. GR explained that it does come back to the scope; but acknowledged that the opinion could have been slightly generous and possibly could be 'substantial-moderate' or similar rather than 'substantial-substantial'. EM asked if the opinion should be revised on this basis? TG noted that there are some helpful items in the report, but some items still do not align with what is happening in practice. Should the scope be revised to give a fuller picture to change the opinion, possibility to include more on infrastructure and behaviour? GR suggested the BDO can go back with the findings of the Audit Committee and review with the Division. The original scope did follow the standard approach on divisional governance, but happy to look at this. MS noted that there are some knowledge gaps; some things are not coming through on audits which should be part of governance structure but are being missed.</p> <p>Noted: The Audit Committee noted the Internal Audit Report as presented and discussed above.</p>		
7.4.3	Waiting List Management		
23/48	<p>Received: Verbal update</p> <p>Reported: AMB.</p> <p>This is at field work stage. She will refer to internal audit colleagues as to current progress and report back. *</p> <p>Discussion: No items were raised.</p> <p>Noted: The Audit Committee noted the update.</p>	AMB	* See AOB
8	EXTERNAL AUDIT		
8.1	Indicative Audit Plan to 31 March 2023		
23/49	<p>Received: External Audit Plan for the year ended 31 March 2023.</p> <p>Reported: EL.</p> <p>EL whilst taking the report as read talked through page by page. This is noted as:</p> <p>P195 Materiality for Year - Consistent year on year.</p>		

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	<p>P196 significant risk areas: Fraud risk of expenditure recognition – awaiting completion on final outturn. Expect to keep this. Will focus on year-end accruals.</p> <p>P197 – valuation of buildings. Full revaluation of site this year. Have looked at this in detail.</p> <p>P198 – mandated risk: noted as management override of controls.</p> <p>P199 – other risk, revenue recognition. Taken a view this year, where the majority of revenue is through block contract which is stable – little risk. Other revenue streams - very low risk but will keep under review.</p> <p>P203 - Audit timetable – working to June deadline. From a field work perspective – hope to get done by end of May.</p> <p>P205 – Value For Money (VFM) initial risk assessment. Most of work done, thank you. No risk identified in this area.</p> <p>Caveat re. financial sustainability – planning has commenced and challenges in ICB forward planning. Key item to remember is that arrangements are in place and what are we doing about it. Will keep under review.</p> <p>Appendices: Fees p218 – main difference is ISA 315 requirements. Increased level of risk assessment procedures and IT controls. Appendix 4 – KPMG remain independent as auditors.</p> <p>Discussed: DL thanked EL for explaining the fees. CC was pleased that work is on time. Re. Fraud ISA 240 – how does it link into local counter fraud? EL – the ISA 240 clarifies responsibilities of auditors in relation to fraud and explained how this is managed. JS added that fraud which might have a material impact would be significant amounts of loss.</p> <p>Noted: The Audit Committee noted the update on the External Audit Indicative Audit Plan to 31 March 2023.</p>		
8.1.1	Health Sector Update		
23/50	<p>Received: KPMG - Health Sector Update January 2023.</p> <p>Reported: EL. Report for reference.</p> <p>Noted: The Audit Committee noted this report.</p>		
8.2	First Draft – Annual Governance Statement (AGS)		
23/51	<p>Received: Draft Annual Governance Statement for discussion.</p> <p>Reported: AJ advised that the NHS Foundation Trust Annual Reporting Manual (FT ARM) was published in draft yesterday, with the final version expected very soon; noted that there was very little change.</p> <p>The AGS is subject to External and Internal Audit Opinion. It does consist of a large amount of standard mandatory text. We do need to expand on principal risks, and this is out for review.</p> <p>The deadline for comments back to AJ is 22 March for the 2nd version to go to Q&R. AJ will circulate the document in Word, to enable tracked changes to be added.</p> <p>Discussion: No items were raised.</p> <p>Review: The Audit Committee noted the update and work still to be completed on the AGS.</p>		

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9	GOVERNANCE ASSURANCE OVERVIEW		
23/52	<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>9.1 Quality & Risk Committee 9.2 Performance Committee 9.3 Strategic Projects Committee 9.4 Charitable Funds Committee 9.5 Workforce 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		
23/53	<p>Received: Update report on the debts written off in the financial year 2022/23</p> <p>Reported: By TG. The report requested approval of two debts over £10k totalling £62,228.31 to be written off - as detailed in the report these relate to emergency treatment required for an overseas patient (one patient with two debts). Strenuous attempts have been made by the Trust to retrieve the monies, but there is no likelihood of payment, therefore the request is to write-off these debts.</p> <p>Noted: The Audit Committee noted this report. Approved: The Audit Committee approved write-off on those items over £10k.</p>		
11.1	Losses and Special Payments		
23/54	<p>Received: To report to the Committee the losses and special payments made for the period 1 April 2022 to 28 February 2023 in line with the Trust's Standing Financial Instructions.</p> <p>Reported: TG. This update includes the Losses & Special Payments noted at the last meeting, plus the Bad Debts agreed for write-off at that committee.</p> <p>Discussion: CC thanked the finance team for including the previous year comparison table. CC raised a query on the narrative in the report, as an example, the £764k is £6k more than last month, although CC did understand this, but it was not explained in the narrative. TG – will take this away for review.</p> <p>Noted: The Audit Committee noted the update on Losses & Special Payments.</p>	TG	23.5.23
11.2	SALARY OVERPAYMENTS REPORT		
23/55	<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: Deferred.</p>		

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	<p>Discussion: CC noted that this will be deferred with a separate meeting outside of Committee. If the Committee have any questions to raise, please forward to CC.</p> <p>Noted: The Audit Committee noted the update.</p>		
12	Waiver to Standing Financial Instructions – Q3 2022-23		
23/56	<p>Received: Report to the Committee on any waivers to Standing Financial Instructions made for the period 01 January 2022 to 02 March 2023. The remaining Q4 period up to 31st March 2023 will be added to the Q1 report for 2023/2024.</p> <p>Reported: by TG.</p> <p>There were five waivers in Q4 with explanations provided in the report. One related to a response at short notice on failure on a national contract with a sole supplier of scrubs.</p> <p>Discussion: CC asked if it was possible to change supplier on scrubs? TG advised that there is a review to move to standardise supplier across the ICS.</p> <p>DL referred to Waiver 741 and the reason given as ‘other’; can this be expanded on. TG advised that this related to the specificity/functionality of the product required by R&D</p> <p>DB flagged that sound quality of the meeting was very poor and raised a couple of queries via MS Chat – CC will respond separately to DB.</p> <p>Noted: The Audit Committee noted the update on Waivers for the period noted.</p>		
13	AD HOC /ANNUAL REPORTS		
13.1	Better Payments Practice Code (BPPC) quarterly update		
23/57	<p>Received: An update on BPPC up to January 2023</p> <p>Reported: TG.</p> <p>This report brings an update to the Audit Committee, noting that this is reported monthly via Performance Committee. An improvement was seen to meet compliance in November and December. January saw a small fall in the volume element standard which the team are looking to address (refers to PO spend rather than Non-PO spend).</p> <p>Discussed: EM noted that the amount of work undertaken by the finance team in order monitor this is huge; she commended them for their work. CC asked if there is a trajectory in percentage of PO’s i.e., by a certain date would expect to have 80% say.</p> <p>SH advised that the working group is ongoing and they are looking to provide this scrutiny and provide in a longer term trajectory, with the focus on value and scrutiny. TG advised that the current % is still at 40%.</p> <p>Noted: The Audit Committee noted the update.</p>		
13.2	Year-end technical accounting items		
23/58	<p>Received: The paper set out for the Audit Committee the relevant context and technical accounting items that the Trust is working through with External Audit for the 2022/23 accounts.</p>		

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	<p>Reported: TG ran through the main sections of the report:</p> <ol style="list-style-type: none"> 1. Relevant background from prior financial year-end 31 March 2022. 2. What does this mean for RPH and year-end process? 3. Context for current financial year-end 31 March 2023. 4. Key items for Committee attention: <ol style="list-style-type: none"> i. RPH – grant agreement to University of Cambridge. ii. Inventory balances. iii. Site valuation. iv. IFRS 16 work. v. PFI. vi. PPE. vii. Going concern. <p>Discussed: DL asked if it was known at this stage what the adjustment for PPE was likely to be. TG advised this is not known yet. CC asked if the national/regional financial position will increase pressure on RPH? TG explained how this may proceed noting that it be a challenge for RPH this year-end and next year. CC referred to this year M08 on Specialised Commissioning income; will RPH position be challenged by ICS? TG gave the response from a recent ICB meeting. CC suggested that may be an increased risk for RPH; TG will consider whether this needs to be reflected on our BAF. Noted: CC thanked TG for this useful update which was noted by the Committee.</p>		
13.3	Review Annual Report & Accounts Progress (<i>inc any significant accounting/regulatory changes</i>)		
23/59	Verbal Update: TG is working on this with no issues expected regarding submission deadlines.		
13.4	Annual Audit Cttee Report (inc Annual Report & Accounts)		
23/60	<p>Received: For the Committee to receive and review the draft Audit Committee Report (Appendix 1) which forms part of the Annual Report and Accounts for 2022/23.</p> <p>Reported: AJ The value for order of services needs to align with External Auditors. This is out for discussion with deadline of 30 April 2023.</p> <p>Discussed: No further items were raised.</p> <p>Noted: The Audit Committee noted and reviewed the Annual Audit Committee report.</p>		
14	POLICY REVIEWS		
14.1	DN259 FTSU: Raising Concerns Policy		
23/61	<p>Received: Verbal update.</p> <p>Discussion: It was noted that OM was not available today to provide the update. CC has spoken with the Freedom to Speak Up Guardian and notes that work is in progress. The policy will come back to the next meeting for sign-off.</p> <p>Noted: The verbal update was noted.</p>	OM	23.05.23
15	ANY OTHER BUSINESS		
23/62	* Item 7.4.3 Waiting List Management internal audit: AMB advised that work is progressing, with currently 25% complete.		

Agenda Item		Action by Whom	Date by When																								
16	FORWARD PLANNER AND MEETING REVIEW																										
16.1	Audit Committee Forward Planner																										
23/63	Noted: The Audit Committee noted the meeting forward planner.																										
16.2	Review of meeting agenda and objectives																										
23/64	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. 																										
16.3	Any other items for next meeting																										
23/65	<ol style="list-style-type: none"> 1. CFA standards to report to 23 May meeting. 2. Final three audit reports to be presented to 23 May meeting. 3. CC asked to extend 23 May meeting by 30 mins. 	JS AMB	23.5.23 23.5.23																								
	FUTURE MEETING DATES: 2023																										
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The meeting finished at 1118hrs.

CB Congest

[Chair authorised electronic signature to be added]

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Date: 23 May 2023

**Royal Papworth Hospital NHS Foundation Trust
Audit Committee meeting**