

**Audit Committee
Held on 18 July 2024
0930-1130hrs**

via MS Teams

[Chair: Cynthia Conquest, Non-executive Director]

Unconfirmed

MINUTES

Present		
Mr M Blastland	MB	Non-executive Director
Mrs C Conquest (Chair)	CC	Non-executive Director
Ms D Leacock	DL	Non-executive Director
In attendance		
Mr D Burns	DB	Public Governor
Mrs A Colling	AC	Executive Assistant (<i>minutes</i>)
Ms R Elfes	RE	BDO, Internal Auditors
Mrs S Harrison	SH	Chief Finance Officer (Interim)
Ms A Mason-Bell	AMB	BDO, Internal Auditors
Mr K Mensa-Bonsu	KMB	Associate Director of Corporate Governance
Mr H McEnroe	HMc	Chief Operating Officer
Mrs E Midlane	EM	Chief Executive
Mrs O Monkhouse	OM	Director of Workforce & Organisation Dev (<i>to 11am</i>)
Mr A Nyama	AN	Deputy Chief Finance Officer (Interim)
Dr H Perkins	HP	Public Governor
Mrs M Screaton	MS	Chief Nurse
Mr J Shortall	JS	Local Counter Fraud, BDO (<i>to 11am</i>)
Dr I Smith	IS	Medical Director
Dr R Vaithamanithi	RV	Deputy Director of Digital/CIO
Apologies		
Ms E Larcombe	EL	KPMG External Auditors
Mr A Raynes	AR	Director of Digital/CIO
Mr M Twyford	MT	KPMG, External Auditors
Mr A Winter	AW	BDO, Internal 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		
24/104	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
24/105	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. 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 20 June 2024		
24/106	Approved: The Audit Committee approved the Minutes of the meeting held on 20 June 2024 and authorised these for signature by the Chair as a true record.	Chair	18.07.24
4.1	ACTION CHECKLIST		
24/107	The Committee reviewed the Action Checklist and updates were noted.		
13	ANNUAL / AD HOC REPORTS		
13.1	Raising Issues of Concern		
24/108	<p>Received: An update to the Audit Committee on actions taken over the last year to ensure that the Trust's discharges its responsibilities to ensure that staff can raise concerns in line with regulatory requirements and good practice.</p> <p>Reported: OM – The report to be taken as read</p> <p>Discussed: DL referred to paragraph 3.3 'frequency of staff speaking up on patient safety being low versus 'numbers of staff suffering a detriment was on the increase' – is this correlated? Are staff not speaking up because they are worried about suffering a detriment? OM advised that Tony Bottiglieri, Freedom to Speak Up Guardian (FTSUG) had discussed this at Board as he completes this section of the report. OM referred to the 'Increase in numbers of staff re. safety' was noted but it does not specify the area of safety (i.e., mental health safety or patient safety). Regarding the detriment query – the FTSUG reported issues when staff give comment regarding a line manager may then have consequences on their career progression or treated differently by the team – this is being looked into. This is hard to prove or disprove as it relates to people's perception. This has not come through in staff disciplinarys or grievance claims. It is concerning and on the radar.</p> <p>CC noted that the Trust is using software to make reporting more anonymised. OM agreed this is in the plans to do this; this does then have issues on how to follow up but is a way to hear of these matters. DL would value an offline conversation to get more clarity.</p> <p>MS referred to statistics on not being able to speak on clinical issues and concerns on patient safety - this is under review. There are a number of ways to triangulate this and do further work into areas of concern (Datix, complaints, SSI, PSIRF framework).</p> <p>AMB referred to confidence in raising concerns; should there be more emphasis on how matters are being dealt with so that staff are aware? CC agreed that closure is important for staff. OM added that the low number of clinical care concerns raised is consistent with other organisations. The FTSUG is used more now to report interpersonal relationship issues rather than clinical issues, which have other reporting avenues. MS would still want to be confident that staff could raise concerns through all other routes.</p> <p>DB had recently attended a "15 steps" visit to the Wards and on talking</p>	OM	17.10.24

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	<p>to nurses about queries raised, they thought it would take a long time to get any feedback or response from the Trust. EM suggested work to take up AMB concerns and look at mechanisms to close the loop, along with work on the aspect of responding.</p> <p>CC had concerns on clinical issues not coming through but felt the paper did show other routes and mechanisms for reporting this which gave assurance; we need to ensure that these routes are effective.</p> <p>MB noted it was disconcerting about number of staff who would not want to be treated here and keen to know why. What aspect of care does this relate to? He would like this to be further explored if possible.</p> <p>OM noted the Trust score is in top quartile in NHS; there is free text comments on this section, generally it is linked to similar comments as to 'why you would you not want to recommend as a place to work' (relating to staff levels, pressure of work). No comments have been registered on dangerous practice or unsafe staffing. OM suggested that this is being covered by other Committees within the clinical governance structure. CC would like the Audit Committee to receive assurance that this is being done.</p> <p>CC asked what was the gap in not having a Guardian for Safe-working for junior doctors and did this have any effect on junior doctors. IS advised that the gap was 6-9 months. Feedback is that there is some disgruntlement among junior doctors. He explained some of the issues, are being addressed and progress is being made; we are expecting a first report in a couple of months to be able fully review.</p> <p>Noted: The Audit Committee noted the update on Raising Issues of Concern.</p>	OM	17.10.24
13.2	Salary Overpayments Update (<i>deferred from 23.05.24 meeting</i>)		
24/109	<p>Received: An update regarding the Trust 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 The report was prepared for the May committee therefore the data is approx. 2 months old. The trend on reporting is continuing to improve in working with divisions. The report references a number of consultant overpayments linked to job planning earlier in year; this related to education PA's. The job plan position has improved compared to previous years. The next report will include Underpayments as discussed at previous Board meetings.</p> <p>Discussed: MB referred to the trend and referred to the data at 3rd quarter of 2022 where the improved trend relies entirely on this section of data. OM advised this was specifically linked to payroll provider issues. SBS and medical staffing processes have since improved. Manager's timely completion of payroll forms is still under review for improvement.</p> <p>CC asked how do we know that these actions are being effective and are they sustainable? She would like to see this assurance in future reporting. OM to add to future reports.</p>	OM	17.10.24

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	<p>DL referred to 'late notice of change of APAs' which related to the bulk of issues. Can this part of job planning be improved by medical staffing? OM explained that this sits within the process of job planning in the division, not Medical Staffing. IS noted that there can be a disconnect between processes of clinical job planning, education and research and this is under review to be improved. Rotations of junior doctors can change 3 monthly which is another area which can cause delays in job planning. DL would like to see a report which shows the improvement on the medical side.</p> <p>CC referred to the late notice and the change of APAs being disputed by consultants who were overpaid. What is the reason for this dispute? OM explained how some of this relates to the balance of job planning, education and research etc.</p> <p>CC referred to page 3 of the report, table 2.3.1 on clinical admin, where the outstanding balance is higher than the overpayment balance. OM will review this.</p> <p>CC thanked the team for this particularly good report, which is showing areas of improvement.</p> <p>Noted: The Audit Committee noted the update on Salary Overpayments.</p>	<p>OM</p> <p>OM</p>	<p>17.10.24</p> <p>17.10.24</p>
13.4	Medical staff temporary pay arrangements		
24/110	<p>Received: Verbal update Reported: OM</p> <p>Issues had arisen on medical pay and bringing this for the Committee for transparency. OM explained the query by British Medical Association (BMA) regarding the Trust's application of two pieces of legislation: Payment of annual leave for staff working variable hours and calculation of annual leave pay subject to the Flowers Review.</p> <p>This was clarified for Agenda for Change staff, but there was no clarity on the impact to medical staff. This has now raised by BMA on whether doctor annual leave pay is being calculated correctly. The Trust has sought legal advice on this complex issue and discussed with other Trusts. We do need to change the way that we manage temporary staff for medics to ensure there is no breach of legislation. It is proposed to move the current paper process to a digital system and OM explained the detail behind this. There is a cost which is being discussed by the Executive team.</p> <p>Discussed: SH added that the impact on back pay is complex and estimated cost at £300-400k depending on date of back pay – allowance for half of this is in M03 reporting in anticipation. The recurrent impact is anticipated at £75k per year. This would be managed by a draw on the contingency pot for this year IS added that the last couple of years has been exceptional due to industrial action which has seen a high impact.</p> <p>CC asked what is best practice/process at other Trusts? OM confirms that our actions mirror what CUH has done. CC asked AMB if she has seen this in other Trusts. AMB has not seen this yet but can review with AW and come back to OM.</p>	<p>AMB</p>	<p>17.10.24</p>

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	Noted: The Audit Committee noted the verbal update and discussion.		
13.5	Allocate error leading to pay error for LFT Doctors in training		
24/111	<p>Received: Verbal update.</p> <p>Reported: OM The BMA identified a national issue a few months ago, on the Allocate system/roster system regarding pay arrangements for junior doctors in training. There was an error in the algorithm on calculation of pay, which affects all Trusts using the Allocate system. The BMA is asking for underpayments to be rectified and overpayments to be written off. Legally employers are allowed to reclaim overpayments from staff if it is done in a fair way. More staff have been overpaid than underpaid. Following robust discussion with BMA, the Trust has advised that it will follow its usual process of paying underpayments and claiming back overpayments. The date of backdate needs to be agreed.</p> <p>Discussed: CC was happy for Trust procedures to be followed on this issue. DB asked what happens about doctors who have moved on. OM noted that this is part of the complexity under review.</p> <p>CC asked where does this get reported to outside of Audit Committee? OM advised that under normal process this would not usually need to be formally reported, but in exceptional circumstances it could come to this Committee for transparency. CC reflected that although these are verbal updates, she would appreciate a written report on both issues (13.4 and 13.5). EM suggested these be reported into Workforce Committee for transparency. OM added that there is a link noted on BAF risks on industrial relations linked to national pay – this will be discussed at Workforce Committee. There will be further discussions with BMA on how to reach a sensible and reasonable solution. This could be taken to the September Workforce Committee. EM suggested that this could be raised in the Director of Workforce report as an emerging issue.</p> <p>Noted: The Audit Committee noted the verbal update and discussions.</p>	OM	W/force Cttee 26.09.24
1020hrs OM left			
5.1	BOARD ASSURANCE FRAMEWORK (BAF)		
24/112	<p>Received: Assurance around the operation of the Board Assurance Framework (BAF) since the last report in March 2024. It is to be noted that since the last report the actions from the March 2024 Trust Board BAF review have been completed</p> <p>Reported: KMB The update highlights changes since the March full Audit Committee meeting. The headline changes are noted in Item 2.2 along with commentary on page 24 in the report pack.</p> <p>Discussed: EM queried Appendix 3 filed in the reference pack as she could not locate this. CC had discussed this with KMB yesterday and explained how the appendix reports should be managed going forward. EM thanked CC for clarifying.</p>		

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	Noted: The Audit Committee noted the Board Assurance Framework.		
6	GOVERNANCE ASSURANCE OVERVIEW		
6.1	Discussion on Assurance		
24/113	<p>Received: A paper to aid the Audit Committee discussions on assurance and the role it could play in supporting sub-Board Committee Chairs in articulating levels of assurance in a consistent way.</p> <p>Reported: SH The paper is to prompt a discussion by Audit Committee (AC) on three areas, builds on discussion with NEDs and particularly those Chairs of Board sub-committees:</p> <ol style="list-style-type: none"> 1. What role should/could AC play in shaping how assurance levels are assessed by sub-committees and how should this be reported back to the Board? 2. Should we be thinking of a common language on assurance? If so, what might this look like? 3. Recognising how sub-board committees come together and how are assurances triangulated between committees; what role could/should AC play in supporting this? 4. How can AC play a more active and forward looking role rather than receiving retrospective reports. <p>Discussed: CC noted that the AC receives Chair's reports but there is no evidence that these are looked at. Where is the evidence of Chairs attending other sub-committees?</p> <p>CC suggested there will be a further discussion at a NEDs meeting. MB responded:</p> <ul style="list-style-type: none"> • the paper and questions were helpful. • One suggestion could be to add a tick box to Chair's reports to confirm they have been read. • There is value in the free text approach to Chair's reports. • Some method of quick summary would help. • A more thorough method would be to sample it or summarise it. Sampling could call up a particular issue for discussion. • He added that assurance mapping would be useful and would be keen to see this as an objective for the AC. CC noted that assurance mapping s on the AC agenda annually – should it be more frequent? • MB was thinking more of an overview/organigram of assurance. • CC suggested looking further at assurance mapping with Auditors and if done annually, to ensure that it is effective <p>DL responded:</p> <ul style="list-style-type: none"> • The AC serves to ensure all other committees function as they should and focus in right areas with no gaps in assurance. • It would help to structure agenda on risks assigned to that committee and for Chair's reports to be structured in this way too. • Make sure that the workplan for the year enables risk to be captured. • A deep dive into areas would provide good check/challenge/assurance. 		

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	<ul style="list-style-type: none"> Thanks to Sophie for such a good paper <p>CC suggested that a discussion by the NEDs was needed.. The paper is a start point and will help to structure things going forward. CC to speak with the Board Chair to progress.</p> <p>Noted: The Audit Committee noted the report and discussion.</p>	CC	17.10.24
6.2	Chair's Reports		
24/114	<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 11 March 2024:</p> <p>6.2.1 Quality & Risk Committee 6.2.2 Performance Committee 6.2.3 Strategic Projects Committee 6.2.4 Charitable Funds Committee 6.2.5 Workforce Committee</p> <p>Discussed: The report was taken as read with no comments.</p> <p>Noted: The Audit Committee noted the Governance Assurance Overview.</p>		
6.3	EPR Governance Feedback		
24/115	<p>Received: An update on governance on the EPR Programme.</p> <p>Reported: HMc The paper outlines key work to date on two milestones:</p> <ol style="list-style-type: none"> 1) Work to a September Board sign-off of Outline Business Plan (OBC) and 2) Key benefits of EPR benefits. <p>There are some risks associated with the September deadline, which has been discussed at Board. He referred to vendor costs also being impacted and explained the process that costs are being validated with providers.</p> <p>There is work on collation of benefits and to tie these into future expenditure. This queries whether a September Board sign-off is possible, noting that some of the issues are outside control of the Trust and this is under Executive review.</p> <p>Discussed: RV referred to work on identifying benefits of a new EPR system. There is a need to ensure that dis-benefits are also identified and the mitigations in place for this. There is a need to ensure benefits and related costs are incorporated into the OBC. SH assured that these points are being picked up through the detailed programme of work.</p> <p>SH highlighted changes in local and national context – that is real, it is new and right to consider. It will add an additional layer of scrutiny to the case and we need to ensure right levels of engagement are in place. CC questioned if a one-month delay is enough and realistic? HMc explained that this is a challenge, and discussions are in hand with the CEO and Chair to determine what a sensible delay might be. We need to bear in mind the 2027 end date of current system and the need to have a replacement system in place at that point.</p>		

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	<p>HMc is keen to progress but also notes the need to ensure time for full scrutiny and consideration including local and national issues.</p> <p>EM has had sight of the initial OBC and stressed the need to ensure this is kept high on the agenda both regionally and nationally.</p> <p>CC thanked the team for the comprehensive report and summary.</p> <p>Noted: The Audit Committee noted the update report.</p>		
7	LOCAL COUNTER FRAUD – BDO		
7.1	Progress Report		
24/116	<p>Received: Counter Fraud Progress Report to July 2024</p> <p>Reported: JS Highlighted work underway since the last meeting:</p> <ol style="list-style-type: none"> 1. The exercise on procurement fraud with CFA is running - he is liaising with our Procurement Manager on this. This is planned for completion by end of September. 2. Submitted annual report and return to CFA in good time. This was discussed and approved at the last meeting. 3. His colleague, Michael Evans is working on the induction programme and doing a more hybrid approach using technology more effectively and trialling some interactive training slides as part of induction. 4. There has been one incident reported since last meeting. This refers to replication of a job application; it is being investigated and the Trust will be kept informed. 5. Work is in hand by the government Counter Fraud Profession are looking at risks on tendering, bid rigging and the procurement process in general. Some extracts from their draft report are included in today's update; it could be that be some best practice come out of this going forward. <p>Discussed: CC thanked JS for this comprehensive report. JS added context that the Procurement Act 2023 is coming into force soon. This is to be followed early next year by a Failure to Prevent Fraud Act, which is under national review. Any updates will be brought to this Committee.</p> <p>Noted: The Audit Committee noted the Local Counter Fraud Progress Report.</p>		
7.2	Counter Fraud Annual Report and Functional Standard Return 2023/24		
24/117	<p>Received: A report to inform those charged with governance at Royal Papworth Hospital NHS Foundation Trust ('the Trust') of the content of the counter fraud, bribery and corruption service provision during the period 1 April 2023 to 31 March 2024.</p> <p>This report has been prepared using the required template from the NHSCFA. The annual self-assessment return has been completed to assess compliance against the counter Fraud Functional Standards and has been attached as required by the NHSCFA.</p> <p>The report status is Green.</p>		

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	<p>Reported: JS Noted: The Audit Committee noted the report.</p>		
8	INTERNAL AUDIT – BDO		
8.1	Progress Report		
24/118	<p>Received: Internal Audit Progress report.</p> <p>Reported: AMB There are two audits in progress being Outpatients (a slight delay in finishing this due to complexity of processes and this work is in hand) and PIPR (the work started this week). Cyber Security audit is due to start on 22 July.</p> <p>Discussed: No items were raised.</p> <p>Noted: The Audit Committee noted the Internal Audit Progress Report.</p>		
8.1a	Patient Safety Incident Reporting Framework		
24/119	<p>Received: Briefing Report - Serious Incident Reporting – What is PSIRF and how have early adopters found the transition to this new incident reporting framework?</p> <p>Reported: AMB The report highlights key themes seen with PSIRF implementation in other Trusts. This is for information.</p> <p>Discussed: CC asked if this report should be presented to Q&R Committee? MB noted that this is a useful checklist and feels we are running very much in line with this. He agreed it could be presented as information to Q&R. He assured that there are no concerns regarding RPH implementation of PSIRF.</p> <p>CC added that its useful to see this comparison report and testament to the Clinical Governance team that we have been good early adopters of PSIRF. MB thanked particularly Louise Palmer and team for their work on PSIRF.</p> <p>Noted: The Audit Committee noted this report.</p>		
8.1b	BDO Healthcare Outlook Report 2024		
24/120	<p>Received: Briefing Report – Forging Opportunities from Challenges.</p> <p>Reported: AMB The Briefing Report is for information. It covers areas such as patient experience, operations and supply chain, technology, innovation, workforce and talent.</p> <p>Discussed: No items were raised.</p> <p>Noted: The Audit Committee noted this report.</p>		

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8.1c	BDO Global Risk Landscape Report 2024		
24/121	<p>Received: Antifragility: risk as a driver for success.</p> <p>Reported: AMB Key themes: Artificial Intelligence (AI) and cyber fatigue. The report is for information.</p> <p>Discussed: DL asked BDO that within their portfolio of clients, have they seen any developments in the use of AI to date? AMB noted that BDO had not seen this particularly in health sector or local government. In wider areas such as entertainment, resources, oil, this is more visible.</p> <p>CC referred to cyber risk fatigue. Is this a risk for RPH? RV responded that the risk is high as evidenced by recent cyber-attacks. National work is ongoing around this, and we need to ensure all our mitigations are in place across the Trust. Specifically, regarding the fatigue factor from a staffing point of view, he added that this is a national and local risk which the Trust is mindful of.</p> <p>Noted: The Audit Committee noted this Briefing.</p>		
8.2	Internal Audit Follow Up of Recommendations Report		
24/122	<p>Received: Update on Internal Audit Recommendations</p> <p>Reported: AMB There has been further progress on implementation of recommendations since the last report to the May meeting. In summary, out of 47 recommendations due, there are just four not implemented; with two classified as overdue as the response was delayed more than three times (Waiting List Management and Divisional Governance in Cardiology).</p> <p>Discussed: CC was disappointed to note that Waiting List Management stretches back to 2022. Regarding Cardiology governance, MS updated that the last point has come in from the division this week and this will be sent through to AMB, which should enable this action to be closed.</p> <p>Noted: The Audit Committee noted the update on Internal Audit Recommendations.</p>		
8.3	Internal Audit Report: Private Patients		
24/123	<p>Received: Final Internal Audit Report on Private Patients. Design opinion: Moderate Design Effectiveness: Moderate</p> <p>Reported: AMB Gave a summary and detail of the reporting criteria and explained the work and sampling involved. The report noted recommendations where improvements could be made. There are two medium and three low risk recommendations with action timelines agreed.</p>		

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1108hrs MS left	<p>Discussed: CC thanked the team for this good report. Management responses were improved from those seen in the past. MB noted the first area of concern ('no documented policy to govern how those staff could financially benefit from private care activities') – does this imply that there is neglect to record activities? AMB responded that this does not relate to intentional neglect, but more to possible oversight or not reflecting areas as there is no framework to guide this. BDO would not want to infer that there would be a deliberate non-recording, and this is not the intention of the report. EM queried whether diagnostics is the area of greatest risk of oversight in recording/billing and is there a need to tighten up in this area. HMc suggested that the issues relate more to the systems and processes of declaration versus non-declaration of work with Consultant colleagues.</p> <p>Noted: The Audit Committee noted the Internal Audit Report for Private Patients.</p>		
9	EXTERNAL AUDIT		
	No scheduled items to report		
10	BAD DEBT WRITE-OFFS		
24/124	<p>Received: Update report on the debts written off in the financial year 2024/25.</p> <p>Reported: SH A small amount bad debt written off which the Committee is asked to note.</p> <p>Discussed: Noted: The Audit Committee noted the update on Bad Debt Write Offs.</p>		
11	LOSSES AND SPECIAL PAYMENTS		
24/125	<p>Received: To report to the Committee the losses and special payments made for the period 1 April 2024 to 30 June 2024.</p> <p>Reported: SH The value is relatively small and classed as routine/business as usual.</p> <p>An addition to the report is the pharmacy stock write off for Q1; it notes key drivers and commentary from the pharmacy team; controls and commissioning arrangements for drugs and work between pharmacy team/finance on processes, along with collaborative work with CUH on stock holdings/obsolescence. Pharmacy stock write-off will be included as standard in future reports.</p> <p>Discussed: DL queried one of the high cost drugs being written off; is it that we have to keep it in stock even though it might not be used? She welcomed the collaboration with CUH in this area. SH explained that this relates to a high value drug; the lead time to the patient is short (1 hour) but supplier lead time is longer; we are in</p>		

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	<p>discussion with CUH to work together on this.</p> <p>EM felt this was low value in terms of total drug write-off and wondered if there is a more general drug wastage piece not seen here. SH explained that controls to put this level of reporting in place would be huge and there is no capacity to provide this level of report. Finance have discussed how technology might help with this. The general items are low value in terms of stock and do not need formal reporting under the Scheme of Delegation. The team are still exploring this. The report is focussed on core high value items. SH highlighted the collaborative work with pharmacy and Deputy CFO which has been fantastic.</p> <p>CC asked where does expired stock go? How is it accounted for? SH will add this into the report next time. She suggested, that at the Scheme of Delegation update in January, it could include an explicit line on pharmacy wastage.</p> <p>Noted: The Audit Committee noted the report on Losses and Special Payments.</p>	SH/AN	17.10.24
12	WAIVER TO STANDING FINANCIAL INSTRUCTIONS		
12.1	Q1 Report 2024/25		
24/126	<p>Received: To report to the Committee on any outstanding waivers to Standing Financial Instructions made for the Q4 period of 2023/2024 that were pending at the March 2024 meeting. To report to the Committee on any waivers to Standing Financial Instructions made for the Q1 period of 2024/2025.</p> <p>Reported: SH The high value waiver £266,000 relates to an insourcing agreement in radiology reporting support which runs for the majority of year; it is part of the CT recovery programme and relates to a BAF risk.</p> <p>Discussed: CC commented that it was assuring to see stringency on waiver reviews. DL was pleased to see that the report now notes those waivers which have been cancelled, which provides assurance from an audit trail perspective.</p> <p>Noted: The Audit Committee noted the update on Waiver to Standard Financial Instructions.</p>		
13	ANNUAL / AD HOC REPORTS		
13.2	Objective Setting for Audit Committee		
24/127	<p>Received: Verbal update</p> <p>Reported: KMB The Committee needed to follow-up on the self-assessment carried out last financial year.</p> <p>Discussed: CC explained that this topic arose during Committee self-assessment discussions back in March 2024.</p>		

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	<p>Two objectives suggested:</p> <p>1. Actively discuss Board sub-committee Chairs' reports to ensure AC is receiving the assurance it needs.</p> <p>2. AC Chair to attend at least one other sub-committee and formally report on this to the AC.</p> <p>There is a need to have some evidence on how assurances are obtained by other Board sub-committees.</p> <p>EM agreed to the suggested objectives and suggested a third objective in ensuring that everything is covered/no gaps; could this be an assurance map based on process? CC agreed this would be a useful objective.</p> <p>CC recommended discussions for NEDs to review and then work with Executives to determine objectives and then how to execute. The result of this work to come back to the 17 October meeting.</p> <p>Noted: The Audit Committee noted the discussion and suggestions.</p>	CC	17.10.24
14	POLICY REVIEWS		
	No items due.		
16	ANY OTHER BUSINESS		
24/128	No items were raised.		
17	FORWARD PLANNER AND MEETING REVIEW		
17.1 24/129	The Chair asked all to review the 2025 suggested dates noted on today's Agenda and refer to Alison if any queries.	ALL	
	Noted: The Audit Committee noted the meeting forward planner.		
17.2	Review of meeting agenda and objectives		
24/130	All items were covered and discussed in relevant detail.		
17.3	Any other items for next meeting: 17 October 2024		
24/131	1. Audit Committee Objective Setting.	17.10.24	
	The meeting finished at 1123hrs.		
	FUTURE MEETING DATES: 2024		
	17 October	0900-1100hrs	MS Teams

Signed:

Date:

Royal Papworth Hospital NHS Foundation Trust
Audit Committee meeting
18 July 2024