

Audit Committee
Part 1 meeting
Held on 23 January 2025
0930-1100hrs

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 Saqhib Ali	SA	Chair ICB Audit Committee
Ms V Bush	VB	Public Governor (Observer)
Mrs A Colling	AC	Executive Assistant (<i>minutes</i>)
Mr M Evans	ME	Local Counter Fraud, BDO
Mrs S Harrison	SH	Chief Finance Officer (Interim)
Ms E Larcombe	EL	KPMG External Auditors
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)
Mrs L Palmer	LP	Assistant Director of Quality & Risk
Dr H Perkins	HP	Public Governor (Observer)
Mr A Raynes	AR	Director of Digital/CIO
Mr J Shortall	JS	Local Counter Fraud, BDO
Dr I Smith	IS	Medical Director
Mr A Winter	AW	BDO, Internal Auditors
Apologies		
Mrs M Screaton	MS	Chief Nurse

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		
25/01	The Chair opened the meeting, and apologies were noted as above. The Committee welcomed SA to the meeting.		
2	DECLARATIONS OF INTEREST		
25/02	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. 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 17 October & 26 November 2024		
25/03	Approved: The Audit Committee approved the Minutes of the meeting held on 17 October and 26 November 2024 and authorised these for signature by the Chair as a true record.	Chair	23.01.25
4a	ACTION CHECKLIST		
25/04	<p>The Committee reviewed the Action Checklist and updates were noted. The following assurance was noted on closed actions.</p> <p>Ref: 24/108 Raising Issues of Concern: In previous discussions it was noted that the Trust is using software to make reporting more anonymised. DL and OM had met with the Freedom to Speak Up Guardian on 12 December to discuss further, following which DL was happy to close the action.</p> <p>Ref. 24/142 Internal Audit Feedback Survey: BDO had advised that there was a low return rate on the survey. This had been discussed by Executives where SH assured the Committee that updates are being closed down in a timely way, along with a reminder to complete feedback surveys. Action closed.</p>		
4b	THE ROLE OF TRUSTS AND ICB AUDIT COMMITTEES		
25/05	<p>Received: Verbal update from Saqhib Ali, ICB Audit Chair.</p> <p>Reported: SA gave an insight into his current roles:</p> <ul style="list-style-type: none"> ➤ Audit Chair for the Cambridgeshire & Peterborough ICB; he has been in this role for two and a half years. ➤ Audit Chair at Buckinghamshire, Oxfordshire & Berkshire West ICB. ➤ NED at Queen Elizabeth & King's Lynn which feeds work into our local ICB and CUH. ➤ Due to start a NED role at Norfolk & Suffolk NHS FT. <p>During discussion, SA highlighted the following areas:</p> <ul style="list-style-type: none"> • Added value in understanding what we are doing, how the ICB is delivering, linking into Lord Darzi report, particularly on digital issues and prevention. • How the ICB deals with issues with patients in different Trust boundaries. • Fits well with working collaboratively with internal and external auditors. Helps learning across different patches. • Some areas to work more closely together at ICB and provider level: cyber, BAF, etc.. • Third sector (partnerships and charities) and greater system working and integration. • Keen to see reaching harder to reach groups (ethnicity, travellers, migrants). • SA referred to the fourth limb (sometimes forgotten) of the ICB, being economic development, and is keen to see further progress in this area. <p>He is hoping to see another coming together of audit chairs at ICB in forthcoming weeks with specialist speakers invited.</p>		

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	<p>Discussion: CC thanked SA for attending the meeting today and giving an insight into his roles. She would welcome the opportunity to meet with other audit chairs at a forthcoming ICB meeting.</p> <p>During discussion the following areas were noted:</p> <ul style="list-style-type: none"> • Direction of travel of ICB relating to strategic objectives and collaborations. • Cyber security and shared care records across the system. • Collaborative working with the many NEDs across the region and working to a unified approach. • Ongoing dialogue with CEOs for organisations to step up and take forward issues on behalf of the whole system. <p>Noted: The Audit Committee noted the verbal discussions.</p>		
5.1	BOARD ASSURANCE FRAMEWORK (BAF)		
25/06	<p>Received: Assurance around the operation of the Board Assurance Framework (BAF) since the last report in October 2024.</p> <ul style="list-style-type: none"> • Appendix 1 – Cyber Security Risk (BAF 1021) – Assurance Update • Appendix 2 – December 2024 BAF Tracker Report • Appendix 3 – December 2024 BAF Report <p>Reported: KMB The report was taken as read.</p> <p>Discussed: CC requested that Appendix 3 be saved to the Reference Pack for future meetings.</p> <p>CC referred to Risk 3536 and comments at other Committees suggesting that 9 was too low an assessment; she felt it should be noted that this discussion had taken place. She asked for the risk to be adjusted sooner rather than later. AR confirmed that action has been taken, and the risk has been increased from 9 to 16.</p> <p>CC – Typo noted on page 22, where ‘July’ update should say ‘October 2024’. KMB to adjust.</p> <p>CC referred to Risk 678 for Waiting List Management which is reported as ‘no change since Sept 2024’; this has been discussed at Performance Committee in October and November; therefore, CC was surprised that there is no update on this. HM noted there has been conversation at Board for a full review of this to report to Performance Committee in February, then to March Board. This will provide an update in line with the 21 new national priorities.</p> <p>CC was expecting for risks 20+ on the BAF, to see an update in the paper not just a verbal update at the meeting. It is important to see the assurance that these are being progressed and included in the paper.</p> <p>MB referred to risk 3223, Activity, Recovery & Productivity: there is a large gap between target and current status. He asked if current plans</p>	<p>KMB</p> <p>KMB</p>	<p>13.03.25</p> <p>13.03.25</p>

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	<p>are ever going to enable us to meet these targets set? It is hard to see how productivity efforts are going to achieve reductions implied in BAF. He cannot see how current practice can reduce the risk to 8 as noted. For assurance, he asked to see the thinking behind this and articulated in the report on current risks and targets.</p> <p>OM asked for clarity on reporting requirements for risks 20+: is a separate report being asked for these? CC clarified that she could see that OM risks are updated correctly, and separate reports are not required. The query refers to risks for cyber security and waiting list management where assurance is not being reflected in the report.</p> <p>EM – suggested that owners of risks 20+ supply KMB with a summary update to include in BAF report.</p> <p>HMc explained that the RTT space narratives speaks to what is being done. We now have to pivot on these to meet new national expectations on productivity and elective standards, which is still work in hand.</p> <p>MB felt that these were pressing questions and a need to understand how they are presented to NEDS. Again, he questioned whether our actions are sufficient as this is where the difference between target and achievement is striking. This needs to be acknowledged with this report.</p> <p>Noted: The Audit Committee noted the Board Assurance Framework.</p>	<p>HMc</p> <p>NEDs/ HMc, KMB</p>	<p>13.03.25</p> <p>13.03.25</p>
6	GOVERNANCE ASSURANCE OVERVIEW		
6.1	Chair's Reports		
25/07	<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 18 July 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>		
7	LOCAL COUNTER FRAUD – BDO		
7.1	Progress Report		
25/08	<p>Received: Counter Fraud Progress Report to January 2025</p> <p>Reported: ME Highlights:</p> <ul style="list-style-type: none"> • No changes to the work plan • Main item on the agenda is review of DN605 Anti-fraud & Bribery policy later in the meeting. • The local proactive exercise into procurement fraud has been completed with the briefing report coming to the next meeting • Adjusted workdays in the plan to allow for deliverables on the workplan. • Page 62 included and set out the anticipated improvements against CFA functional returns. 		

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	<p>Discussed:</p> <p>CC referred to page 62, access to and completion of training – is there any update on this? ME – this was rated as ‘green’ in 2023/24 but there is a suggestion that unless the Trust makes the fraud awareness training mandated the green rating may not be held. BDO have had engagement sessions with CFA and explained how rating is made up and will look into making it part of the mandatory training. This has been picked up with Workforce and then with SH and possibly looking to factor into next year’s workplan/induction sessions. SH noted discussions with the Workforce team on how we can include parts of our counter fraud and anti-fraud policies into training. She suggested an update to the May or July meeting.</p> <p>DL noted the number of workdays left over and the low number of referrals received to date. She asked for assurance that we are capturing everything we need, and that people are speaking up; how do we compare to other Trusts?</p> <p>JS explained that days are ringfenced to deal with allegations; this can lead to days not being used if referral numbers are low. The proactive side of the plan carries on with work on CFA, procurement fraud, induction, fraud awareness week, alerts cascaded etc. He has benchmarked with another Trust to show a comparison with all other Trusts in England. Approx 12 Trusts refer up to 80% of allegations, then approx. 40 Trusts with low referrals, which RPH is part of, make up the rest. When RPH allegations do come through they are investigated seriously. He feels there is good engagement on referrals with staff, training and Comms team.</p> <p>OM added that any training would need a costing versus risk. SH confirmed this is part of the discussions with LCFS.</p> <p>CC queried that whether this training needs to be mandated as staff are so busy? JS explained that it is up to the Trust to decide if it should be mandated or should not be mandated. The training is 30 minutes over 3 years and is this is not seen to be onerous the CFA may challenge the decision of non-mandated and ask for other assurance to ensure that the training is done. It is the Trust’s self-assessed return and fine to take a balanced judgement on whether a green or amber rating is applied. CC understood the explanation re. green or amber ratings and suggested discussion outside of meeting and to bring this back.</p> <p>EM suggested this asks where we put our prioritisation and emphasis on non-clinical elements of mandatory training; this may need to be reviewed.</p> <p>Noted: The Audit Committee noted the Local Counter Fraud Progress Report.</p>		
7.2	LCFS Workplan - Draft		
25/09	<p>Received: Draft Counter Fraud Strategy & Annual Plan 2025/26</p> <p>Reported: ME This plan mirrors previous plans to meet mandatory standards and is reflected in the resources allocated. The plan has been drawn up using</p>		

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	<p>knowledge from emerging fraud risk which is factored into the plan along with recommendations for focus areas.</p> <p>They would like to run a refreshment of the full risk assessment in the first quarter; then any findings will be shared and used as a discussion point to identify any additional action or focus on training going forward.</p> <p>Discussed: CC queried the possibility to transfer ten unused days from the 2024/25 plan to use for internal audit work. JS advised the total 2024/25 allocation is 60 days and suggested that any unused days are transferred forward to 2025/26; suggesting these are used for a bespoke exercise to the Trust on any weakness or vulnerable areas. CC asked if the unused days could be split with some moving to Internal Audit. JS advised that splitting over the two areas would not be usual practice as it runs over separate lines of service.</p> <p>Noted: The Audit Committed noted the draft 2025/26 LCFS workplan.</p>		
8	INTERNAL AUDIT – BDO		
8.1	Progress Report		
25/10	<p>Received: Internal Audit Progress report.</p> <p>Reported: AW Work remains on track to complete the internal audit plan for the year. The remaining work is planned for this quarter; AW is confident on completion to enable the Audit Opinion to be ready for early summer. The final review of DSPT Toolkit is work in progress; he referred to the briefing paper on changes in DSPT reporting contained in the reference pack. Regarding the changes, he confirmed that BDO will support the Trust in completion of this submission.</p> <p>Discussed: AR thanked AW and team for their work on DHSP toolkit CC was concerned on how this transition would work and thanked BDO for work on this which gave assurance on this. CC noted that in the summary on page 94, CIP design is classed as being medium assurance, where it should be substantial assurance. Can this be amended please. CC asked how many workdays have been used for internal audit work and how many are left? Can this information be included in future progress reports ongoing.</p> <p>Noted: The Audit Committee noted the Internal Audit Progress Report.</p>	AW	13.03.25
8.2	Internal Audit Follow Up of Recommendations Report		
25/11	<p>Received: Update on Internal Audit Recommendations</p> <p>Reported: AW A further three recommendations are complete, nine in progress and one overdue. There has been a drop in overall implementation rates; BDO are following up on those outstanding and confident that by end of year all follow-ups will all be complete.</p>		

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	<p>Discussed: DL noted that several recommendations have dates deferred. What level of confidence is there that these will be completed to the revised timetable. AW advised that recommendations will not close until all issues are finalised. He is confident of progress and completion of these items. CC asked for assurance on EDI which is overdue. OM advised that work is on track and actions will be completed in line with the plan. AMB suggested that in future updates, BDO could add a sentence on the level of confidence in meeting action timelines. CC and DL welcomed this suggestion.</p> <p>Noted: The Audit Committee noted the update on Internal Audit Recommendations.</p>	AMB	13.03.25
8.3	Annual Internal Audit Plan 2025/26		
25/12	<p>Received: Draft Annual Internal Audit Plan 2025/29 - for approval.</p> <p>Reported: AW AW noted that AMB has worked hard with the Trust on this. AMB has spoken to NED Chairs of each Committee and met with the Executive Team to reflect on these discussions, emerging risks, BAF and wider sectors.</p> <p>Included in the plan this year is a focus on where the Trust is within their own plans i.e., sustainability, along with related financial cost and workdays.</p> <p>He referred to the Internal Audit Charter; this is the first year (from 01.04.2025) of the new global internal audit standards for the public sector. The detailed document was included in the pack for information. BDO are familiar with this along with the changes and can incorporate requirements into the plan.</p> <p>Discussion: CC gave thanks to BDO for the discussions with Execs and NEDs on the plan. This has resulted in a collaborative plan and covers the main areas of risk. MB echoed this. It gave assurance that the internal audit resource is focussed on the biggest priority areas.</p> <p>CC queried that the core assurance days only totalled to 56 out of 67 days allocated. What do these missing 11 days relate to? CC also questioned the definition of future focussed reviews and core assurance. She asked for clarity on this. *Note: AW referred to the 11 days missing in the plan; this is an error in the PDF report where the final page is missing – he confirmed that the 11 days relate to CT reporting backlog review which has been agreed.</p> <p>Approved: The Audit Committee approved the annual internal audit plan 2025/26.</p>		
8.4	Internal Audit Report: Key Financial Systems - Cost Improvement Plans (CIP)		
25/13	Received: Final Internal Audit Report		

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	<p>Design opinion: Substantial Design Effectiveness: Moderate</p> <p>Reported: AMB She will amend the error in the Progress Report summary to ensure this is marked as 'substantial'. Overall, a positive outcome on the audit.</p> <p>Main issue was the routine completion of QIA (quality impact assessment) forms to evaluate CIPS before they are approved.</p> <p>Discussed: MB raised a query regarding an item which was not in the original scope but the background states we do this to raise productivity. He feels puzzled that cumulative CIP benefit to productivity should be substantial but cannot see this. Does this triangulate to the savings that we think we are accruing actually find their way to improve productivity, and if not, why? AMB agreed this is outside scope and not considered but interesting. SH added that the Trust has been debating this over the last year. The core CIP programme remains focussed on schemes that take cashable cost reductions into the organisation. This is what the Internal Audit report looked at. This year there has been enhanced focus on productivity to allow assessment of this into CIP programme. It is a complex issue and SH explained this in greater detail and why it is not referred to this year.</p> <p>HMc added that it is not in the scope as this is not currently how CIP is managed. Over the next few years this will require alignment with the flow programme, and this will be complex work to do.</p> <p>MB queried if the point to need to be clear on our CIP benefits relates to the priorities in the organisation?</p> <p>EM added that not all of CIP schemes are productivity related (i.e, procurement/contract negotiation). AR highlighted the acknowledgement of digital technology as way of improving productivity and driving benefits.</p> <p>CC requested that this Internal Audit report be sent to the Performance Committee for information only.</p> <p>Noted: The Audit Committee noted the Internal Audit Report on CIP.</p>	AC	30.01.25
8.5	Update on DSPT Toolkit (in reference pack)		
25/14	<p>Received: Briefing paper on New Data Security and Protection Toolkit and Internal Audit Approach.</p> <p>Reported: The report was for information and taken as read.</p> <p>Discussed: CC noted that the Audit Committee should receive regular updates on DSPT compliance and suggested adding this as a standing item for the next few meetings to ensure clear updates are received.</p> <p>Noted: The Audit Committee noted the update.</p>	AC	23.01.25

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9	EXTERNAL AUDIT		
9.1	24/25 Audit Planning update		
25/15	<p>Received: Draft Audit Plan</p> <p>Reported: EL KPMG have started planning work for audit this year, with a full plan to be presented at the next Audit Committee. Interim work is due to start in the next couple of weeks with the audit planned for the May and June period. Sign off date is 30 June and KPMG aims to have the substantive testing complete by end of May/early June.</p> <p>Noted: The Audit Committee noted the draft External Audit Plan 24/25</p>		
9.2	Health Technical Update (in Reference Pack)		
25/16	<p>Received: KPMG Technical Update (for information).</p> <p>Noted: The Audit Committee noted the Health Technical update.</p>		
10	WAIVER TO STANDING FINANCIAL INSTRUCTIONS		
10.1	Q3 Report 2024/25		
25/17	<p>Received: Report to the Committee on any outstanding waivers to Standing Financial Instructions made for the Q1 and Q2 period of 2024/2025 that were pending at the October 2024 Audit Committee. Report to the Committee on any waivers to Standing Financial Instructions made for the Q3 period of 2024/2025</p> <p>Reported: SH The report was taken as read.</p> <p>Discussed: CC referred to Waiver 785 as the status has been pending since October 2024. SH advised that the original Waiver was cancelled, and a new one issued which will be seen coming through in Q4.</p> <p>Noted: The Audit Committee noted the update on Waiver to Standard Financial Instructions.</p>		
11	ANNUAL REPORTS		
11.1	Changes to Standing Orders		
11.2	Changes to Standing Financial Instructions		
11.3	Changes to Scheme of Delegation		
25/18	<p>Received: Revised versions of the three documents had been circulated prior to the meeting showing tracked changes of the proposed amendments.</p> <p>Discussed: No queries were raised regarding the amendments.</p> <p>Approved: The Audit Committee approved the proposed amendments, as per the tracked changes, to the three documents.</p>		
11.4	Annual Committee Self-Assessment		
25/19	Received:		

Agenda Item		Action by Whom	Date by When
	<p>12 Committee members and attendees were asked to provide a rating between 1 to 5 for each question (1 = strongly disagree, 5 = strongly agree) to each of self-assessment's 42 questions. 8 out of the 12 provided responses (as well as comments) and the combined version of these responses was attached as Appendix 1.</p> <p>Reported: KMB The report was taken as read.</p> <p>Discussed: CC noted two amber responses on: Q6 'Equal prominence is given to both quality and financial assurance'. This is being looked at as part of the Committee objectives, with the aim to improve in this area.</p> <p>Q39 'Changes to the Committee's current and future workload are discussed and approved at Board level'. During discussion it was noted that some members were unsure if this was undertaken at by the Board as a whole for all Committees. It was suggested that the question could be re-worded in future to make the interpretation clearer.</p> <p>EM suggested that this is added to the Board Part 2 forward planner for consideration on an annual basis.</p> <p>Q43 'What is your overall assessment of the performance of the Audit Committee'. Four people had responded and four had skipped the question. CC asked if this flagged any concerns which the Audit Committee should be aware of? EM had discussed the question with KMB regarding the wording of this and the required format of the response. It was agreed to review wording of this question in the future.</p> <p>Approved: The Audit Committee reviewed and discussed the findings from the Committee self-assessment exercise and approved the report.</p>	KMB KMB KMB	13.03.25 13.03.25 13.03.25
12	AD-HOC REPORTS		
12.1	Salary Overpayments Update		
25/20	<p>Received: An update regarding the Trust's position with respect to the volume and cost of overpayments. This report highlights areas of concern, outstanding issues, potential opportunities for improvement and how we can track progress with reducing overpayments and the errors that cause overpayments.</p> <p>Reported: OM The report was taken as read.</p> <p>Discussed: In response to MB previous query, the trend over two years is now included. MB did not receive assurance from the information presented, where the data is very sensitive to movement by small changes and therefore not conclusive. He suggested to look with an open mind at what the data tells us.</p> <p>OM referred to underpayments, where the driving factors for this are late</p>		

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	<p>appraisal on pay progression and late sign off of job plans for doctors.</p> <p>DL referred to page 332 (page 5 of the report) and the phrase “<i>With any luck we will continue to see the trend in 2025 with a further decrease in the Overpayment</i>”. She would like to see control in this area and not references to ‘luck’.</p> <p>OM will feedback to HR colleague who compiled the report. She suggests moving away from giving comments and trends and just present the data to Committee. By way of assurance OM advised that recommendations from Internal Audit are factored in and rates are low in comparison to other organisations. Management of the process by the Trust and payroll is tight.</p> <p>MB felt this was a sensible way forward.</p> <p>CC asked if it was possible to take firmer action? OM suggested a discussion at the weekly Executive Director meeting regarding any further action or performance management issues.</p> <p>EM agreed that Executives can pick up this conversation as suggested.</p> <p>Noted: The Audit Committee noted the update on Salary Overpayments.</p>	<p>OM</p> <p>EM/OM</p>	<p>13.03.25</p> <p>13.03.25</p>
12.2	Compliance with Clinical Audit		
25/21	<p>Received: An update on progress with the Trust’s clinical audit annual plan 2024/25 over the past six months. A summary of progress was presented at Appendix 1.</p> <p>Reported: LP The report was taken as read.</p> <p>Discussed: MB confirmed that this report is seen at Quality & Risk Committee; he has no concerns regarding this and feels there is a good overview.</p> <p>CC suggested that it would be helpful in Appendix 1 to indicate which clinical audits on the list are mandated. LP advised that it could also be noted which are national and which are clinical.</p> <p>DL noted that some clinical audits were planned for November – did they take place? LP confirmed yes, the national clinical audits are on target. The Trust wide audits have clustered into Q3 and Q4, due to manpower issues in the Clinical Governance team where extra resource has now been put in. Key audits have been prioritised.</p> <p>Noted: The Audit Committee noted the update on compliance with clinical audit.</p>	LP	13.03.25
13	POLICY REVIEWS		
25/22	DN605 Anti-fraud and Bribery		
	<p>Received: Revisions to the policy were shown via tracked changes.</p> <p>Reported: ME The report was taken as read.</p> <p>Discussed: CC – the tracked change version had not been sent out until 22 January so people may not have had time to read. However, she had compared the untracked version to the tracked changes version. It was noted that ME had suggested for Section 11.16 wording about staff member access</p>		

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	to internet; the new tracked version did not show these comments.	ME	13.03.25
	ME will double check this in the versions sent. SH confirmed that we did accept this suggested wording.	ME	13.03.25
	CC requested the 'footer' to reflect the Change footer to show the correct title of the policy.		
	Approved: The Audit Committee approved the changes to DN605 Anti-fraud and Bribery policy.		
14	ANY OTHER BUSINESS		
25/23	No items were raised.		
15	FORWARD PLANNER AND MEETING REVIEW		
15.1			
25/2	Noted: The Audit Committee noted the meeting forward planner.		
15.2	Review of meeting agenda and objectives		
25/2	All items were covered and discussed in relevant detail. CC apologised for the overrun on timing. There now follows a short Part 2 meeting for Audit Committee members, excluding Auditors.		
15.3	Next meeting: 13 March 2025, 0930-1130hr, in person meeting, HLRI Room 89.		
25/26	The meeting finished at 1118hrs.		
	FUTURE MEETING DATES: 2025		

2025 dates			
23 January	0930-1130hrs	MS Teams	
13 March	0930-1130hrs	F2F	HLRI building room 89
13 March (NEDS Private meeting with Auditors)	1130-1200hrs	F2F	HLRI building room 89
22 May (AR & A/cs sign off)	0930-1130hrs	MS Teams	
12 June (Audit Cttee NEDs review Accounts)	1000-1030	MS Teams	
19 June (AR & A/cs sign off final)	1000-1100hrs	MS Teams	
24 June (Board sign off AR & A/cs)	1230-1330hrs	MS Teams	
17 July	0900-1100hrs	MS Teams	
16 October	0900-1100hrs	MS Teams	

Signed:

Date:

**Royal Papworth Hospital NHS Foundation Trust
Audit Committee meeting
23 January 2025**