

**Meeting:** Trust Board Meeting in Public

**Date:** 31 July 2024

<b>Agenda item</b>	Place & System Partnership Working Report
<b>Board Lead</b>	Neil Macdonald, Chief Executive
<b>Author</b>	Chloe Powell, CEO Business Manager
<b>Appendices</b>	Appendix 1 – BOB SRTB Ways of Working
<b>Purpose</b>	Approval
<b>Previously considered</b>	Transformation Board 23 July 2024

### Executive summary

This report provides a summary of key developments in health with partners in Buckinghamshire ('Place') and within the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS; 'System') during the last quarter.

Since the last report, a System financial and operational plan has been agreed, which includes a challenging financial position to deliver. The System Recovery & Transformation Board has been established and meets monthly. Work through the Acute Provider Collaborative (APC) continues to develop across its three workstreams (Clinical Services, Corporate Services and the Elective Care Board), the latter being the most well-developed programme.

At Place, work is ongoing to develop a draft Buckinghamshire Health and Care Strategy, and priorities for 2024/25 are now set for the Buckinghamshire Executive Partnership.

<b>Decision</b>	The Board is requested to <b>note</b> the contents of this report.		
<b>Relevant strategic priority</b>			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
<b>Relevant objective</b>			
<input checked="" type="checkbox"/> Improve waiting times in ED	<input checked="" type="checkbox"/> Give children living in most deprived communities the best start in life	<input type="checkbox"/> Zero tolerance to bullying	
<input checked="" type="checkbox"/> Improve elective waiting times	<input type="checkbox"/> Outpatient blood pressure checks		
<input type="checkbox"/> Improve safety through clinical accreditation			
<b>Implications / Impact</b>			
<b>Patient Safety</b>	Strong relationships with partners delivering health and care services are important for the safety and experience of patients in our Trust.		
<b>Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register</b>	Principal Risk 3: Failure to work effectively and collaboratively with external partners		
<b>Financial</b>	Our Trust financial position is a component of the System financial plan. The Trust also makes financial contributions to the Acute Provider Collaborative.		
<b>Compliance</b>	Good governance with partners is fundamental to the well-led domain of the CQC framework.		
<b>Partnership: consultation / communication</b>	Significant partnership working is involved in working at Place and System. Work is ongoing to communicate internally about partnership activities external to the Trust.		
<b>Equality</b>	A common theme for place and system strategic priorities is improving outcomes for those experiencing the poorest.		

## 1.0 Introduction

- 1.1 This is a quarterly report updating the Board on key developments and activities in partnership with health and care organisations in the county of Buckinghamshire ('Place') and in the wider Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS; 'System').
- 1.2 In the last three months, there has been a particular focus on how we move to a financially sustainable way of working and delivering healthcare across the Integrated Care System. Part of the answer to this will be working increasingly collaboratively with both System and Place partners to deliver care.

## 2.0 System

### 2.1 BOB Integrated Care Board (BOB ICB)

- 2.1.1 The BOB ICB meets every other month and papers are available online [here](#). Since the last iteration of this report in April 2024, the Board has met twice – on 21 May and on 16 July 2024 – reviewing standing items covering performance, quality, finance and risk. In addition, the following were also discussed.
- 2.1.2 The BOB ICB's plan for 2024/25 is set out in this [paper](#), which includes its strategic areas of focus, and summaries of the system financial submission and operating plan. Following an annual review of their 5-Year Joint Forward Plan published in June 2023, the ICB have set the following three priorities for 2024/25:
1. **Delivering our operational plan**, which includes focused work to reduce health inequalities, invest in prevention and deliver accessible and high-quality services to our population.
  2. **Driving a system approach to turnaround**, implementing a strategy to ensure immediate grip, medium term turnaround and long-term financial and operational sustainability.
  3. **Transforming our system** through publishing and starting to implement a Primary Care strategy, alongside the strategic system developments we will make through the turnaround programme.
- 2.1.3 The BOB ICB has published their [2023/24 Annual Report and Accounts](#). The Chief Executive Report of [July](#) also updated on the ICB's Annual Assessment, receiving feedback from NHS England that "the ICB had continued to make progress during 2023/24, but the level of challenge remains significant with a requirement for increased pace with development and delivery".
- 2.1.4 Following the period of engagement with the draft Primary Care Strategy earlier this year, the [final version](#) was considered for approval.
- 2.1.5 The [2024/25 Financial Plan and Joint Capital Resource Use Plan](#) was also reviewed for approval.

### 2.2 BOB System Recovery and Transformation Board (SRTB)

2.2.1 This Board meets monthly and is chaired by Martin Earwicker (Chair, Berkshire Healthcare NHS Foundation Trust). It has discussed the system financial gap to plan and updates on the following established workstreams:

- Acute
- Mental health
- Primary care prescribing
- Acute high cost drugs and devices
- Section 117
- All age continuing care
- Equipment services
- Workforce
- Equipment

2.2.2 The Board also agreed to the appended Ways of Working (**Appendix 1**), which has been signed by all members.

### 2.3 Acute Provider Collaborative (APC)

2.3.1 The APC Board meets bimonthly and is chaired by Trust Chair, David Highton. The APC Board reports to member trust Boards and to the BOB ICB SRTB. Work continues across three workstreams (Clinical Services, Corporate Services and the Elective Care Board), the latter being the most well-developed programme, and good engagement with clinicians for the Clinical Services programme.

2.3.2 Any activities involving colleagues and services at BHT will be brought to Transformation Board (for information or approval as required) before being summarised through this quarterly report. Appropriate communication and engagement with colleagues and patients will be via the same internal and external channels used for Trust business, as work through the APC is effectively an extension of this.

## 3.0 **Place**

### 3.1 Buckinghamshire Health & Care Strategy

3.1.1 Work continues with partners to develop this strategy, and a third workshop took place in May 2024 to further refine the proposed focus areas.

### 3.2 Buckinghamshire Executive Partnership (BEP)

3.2.1 The BEP meets bimonthly, chaired by Trust CEO, Neil Macdonald and attended by Executive-level partners from the Council, BOB ICB, primary care, and mental health.

3.2.2 At its June meeting, the BEP reviewed a summary of progress made against its three priority areas in 2023/24 (which the Trust Board reviewed as part of the CEO Report last month), and the proposed priorities for 2024/25 which are designed to build upon this progress. In 2024/25, there will again be a focus on Special Educational Needs & Disabilities (SEND) services, and joining up care; the third area will be on integrated neighbourhood working and health inequalities.

3.2.3 The BEP also reviewed an overview of the place and system governance of mental health services, and an update on the Buckinghamshire SEND Written Statement of Action.

### 3.3 Buckinghamshire Health & Wellbeing Board

There have been no meetings of this Board since the last report, with the meeting in June being cancelled, and the meeting of July moved to 1 August due to the General Election. Further updates will be provided through the next quarterly report.

#### **4.0 Conclusion**

- 4.1 The Board is asked to **note** this update and consider **approval** of the APC Scheme of Delegation (**Appendix 2**).

#### **Appendix 1: BOB SRTB Ways of Working**

## BOB SRTB Ways of Working

v0.3 – 28<sup>th</sup> June 2024

Our vision is to lead NHS Buckinghamshire, Oxfordshire, and Berkshire West ICS as collective and individual organisations from financial deficit to a future of fiscal stability, enhanced patient care, and operational excellence.

We are aiming to transform substantial financial challenges into strategic opportunities for innovation and sustainable growth: we are committed to restoring financial health. This will be through the implementation of robust strategies, fostering a culture of accountability, reducing variation, and optimising resource allocation among organisations across the system.

To achieve our objective, we will adopt the following ways of working:

- We will accept that organisations must move from an individual perspective, to working towards an agreed collective solution that makes BOB, as a system, sustainable.
- We will accept that weakness in one part of the system needs support from others regardless of the history. We will move on collectively to what we can do to make things better.
- We will accept that costs lie where they fall in the short term, and we will agree to a process for evidence-based allocations from 2025/6 and onwards.
- We will accept the need for transparency and the sharing of data to enable both the ICB and providers to make informed decisions.
- We will accept that each partner needs to own its own part of the challenge.
- We will have a willingness to engage on system wide future options with no preconditions.

By virtue of these ways of working, we envisage a resilient healthcare system where financial stability underpins the delivery of exceptional care, ensuring that every patient receives the highest standard of service in a sustainable and thriving environment.

Name	Position	Approved
Martin Earwicker	Independent Chair	
Dr Nick Broughton	Chief Executive Officer, BOB ICB	
Alastair Groom	Turnaround Director BOB ICS	

Steve McManus	Chief Executive Officer Royal Berkshire NHS Foundation Trust	
Neil Macdonald	Chief Executive Officer Buckinghamshire Healthcare NHS Trust	
Prof Meghana Pandit	Chief Executive Officer Oxford University Hospitals NHS Foundation Trust	
Grant Macdonald	Chief Executive Officer Oxford Health NHS Foundation Trust	
Julian Emms	Chief Executive Officer Berkshire Healthcare NHS Foundation Trust	

**Report from Chair of Audit Committee**

Date of Committee 11 July 2024

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
<b>Minutes of the previous meeting</b>	Minutes from the: - Audit Committee meeting on 09 May 2024 - Extraordinary Audit Committee meeting on 25 June 2024	Approved	None	n/a	n/a
<b>Clinical Audit Plan</b>	Details of the Trust Clinical Audit Plan for 2024/25 and monitoring/oversight arrangements	Assured, noting: - Methods of auditing patient experience recognising the need to consider the full patient pathway - The need to share good practice within Quality Improvement (QI) and audit and the role of this within the Improving Together programme - The need for IT and digital systems to support clinical audit recognising the manual processes in some areas - Revised approach to the report with greater clarity	None	n/a	n/a
<b>Committee Annual Report</b>	Summary of the work of the Audit Committee during 2023/24 for presentation to the Trust Board	Approved	None	n/a	To take assurance from the work of the Committee

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
<b>Organisational Risk</b>	Overview of risk within the Trust including details from the Corporate Risk Register (CRR) and Board Assurance Framework (BAF)	Assured, noting risks escalated to (risk 655; consultant microbiologist staffing) and de-escalated (risk 190; ward 2a) from the CRR  The Committee reviewed the oversight and levels of assurance for three red rated risks; 224 (capital), 184 (Wycombe tower, interior) and 225 (disruption to technology systems)	Six monthly review of the ICB risk report with exception reporting where required	n/a	To note the content of the report and take assurance from committee focus and discussions
<b>Data Security &amp; Protection Toolkit (DSPT)</b>	Overview of performance against the DPST standards and internal audit recommendations following their review of compliance and an update on the transition to the Cyber Assurance Framework (CAF)	Assured, noting significant improvements in compliance since the previous submission and the importance of robust business continuity and recovery plans.  The Committee expects full compliance in September 2024	Greater articulation of third-party vendor implications within the appropriate risk register	n/a	To take assurance from the report  Upon achievement of full compliance, Trust Board no longer receive detailed DSPT reporting
<b>External Audit</b>	Verbal update from EY recognising the completion of the 2023/24 audit and positive opinion received	Noted	Broad review of organisational asset management/tracking to be presented to the Committee	n/a	n/a
<b>External Audit; Management Actions</b>	Summary of recommendations made following to the 2023/24 audit process and the management responses to these	Noted	None	n/a	n/a



Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
<b>Internal Audit; Progress Report</b>	Update on progress with annual plan including presentation of one final report: - Governance; Review of Performance Framework (RA)*	Assured	As per actions within individual internal audit reports	n/a	n/a
<b>Internal Audit; Recommendations Follow Up Report</b>	Update on actions and recommendations followed up since the last meeting	Assured, noting: – Improvements in the management of internal audit actions more broadly - Full review of compliance with legislation/regulation within estates and health and safety currently underway, due for presentation Autumn 2024	Provision of further information to internal audit team on fire risk assessments including the role of the Clinical Accreditation Programme in the oversight of these  Greater articulation of external assurances/ triangulation of information for estates and health and safety within the BAF  Consider how best to conduct 'lessons learned' from failures in controls	n/a	n/a
<b>Internal Audit; Annual Report</b>	Summary of internal audit work completed during 2023/24 including the final Head of Internal Audit Opinion	Assured	None	n/a	n/a
<b>Single Tender Waivers (STW)</b>	Overview of STW since the last meeting including internal comparative data and those waivers considered to be avoidable and retrospective	Assured	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
<b>Losses and Special Payments</b>	Summary of YTD losses including pharmacy and patient property	Partially assured	Further information required to provide full assurance related to stock management and stores losses	n/a	n/a
<b>Carbon Footprint Review</b>	Overview of the Trust's carbon footprint audit (2023) alongside changes to national targets and reporting and carbon weightings	Partially assured, recognising the following: - No designated lead/team with responsibility for the Carbon agenda across all areas - Significant, positive, work by the anaesthetic teams related to medical gases	Further review of data sets and availability of resource to deliver the Trust net zero action plan	n/a	To note discussions held by the Committee with a plan to present the report, including further detail requested, to Trust Board in Autumn 2024
<b>Minutes of Finance &amp; Business Performance Committee</b>	Minutes from F&BP Committee Meeting on 28 May 2024	Noted	None	n/a	n/a
<b>Minutes of Quality &amp; Clinical Governance Committee</b>	Minutes from Q&CG Committee Meeting on 15 May 2024	Noted	None	n/a	n/a
<b>Minutes of Strategic People Committee</b>	Draft minutes from SPC Committee Meeting on 13 May 2024 (draft)	Noted	None	n/a	n/a
<b>Internal Audit Briefing</b>	RSM briefing pack including: - Quality Assurance and Improvement Programme - Global Internal Audit Standards - NHS News Briefing	Noted	None	n/a	n/a

*\*SA – Substantial Assurance; \*RA – Reasonable Assurance; PA – Partial Assurance; MA – Minimal Assurance; NA – No Assurance Opinion (advisory only)*

**Emerging Risks Identified:**

- No new risks identified.

**Meeting:** Trust Board Meeting in Public

**Date:** 31 July 2024

<b>Agenda item</b>	Audit Committee Annual Report 2023/24
<b>Board Lead</b>	John Lisle, Audit Committee Chair
<b>Author</b>	John Lisle, Audit Committee Chair Joanna James, Trust Board Business Manager
<b>Appendices</b>	n/a
<b>Purpose</b>	Approval
<b>Previously considered</b>	Audit Committee 11 July 2024

### Executive summary

The Audit Committee is required to provide an annual report, in support of the Annual Governance Statement, that aligns with the committee's responsibilities and duties set out in its terms of reference.

This report reminds the Committee on its purpose, provides a summary of attendance during 2023/24 and further detail on matters considered at meetings during the year under the headings of the key duties:

- Governance, risk management and internal control
- Internal audit
- Local counter fraud services
- External audit
- Other assurance functions
- Financial management

The report sets out material areas focused on and assurances sought. There are no other material concerns within the scope of the function of the Audit Committee that require reporting on to the Trust Board.

This report was considered by the Audit Committee on 11 July who, further to a small number of non-material amendments, approved this to be presented to Trust Board.

<b>Decision</b>	The Board is requested to note the contents of the report which represents the work of the Audit Committee during 2023/24.		
<b>Relevant strategic priority</b>			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
<b>Relevant objective</b>			
<input type="checkbox"/> Improve waiting times in ED <input type="checkbox"/> Improve elective waiting times <input type="checkbox"/> Improve safety through clinical accreditation	<input type="checkbox"/> Give children living in most deprived communities the best start in life <input type="checkbox"/> Outpatient blood pressure checks	<input type="checkbox"/> Zero tolerance to bullying	
<b>Implications / Impact</b>			
<b>Patient Safety</b>	A sound and effective framework of governance supports an environment within which high quality safe healthcare can be		

	delivered.
<b>Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register</b>	The Audit Committee has a pivotal role in reviewing the establishment and maintenance of an effective internal control and risk management process across all Trust activities that support Trust objectives.
<b>Financial</b>	The terms of reference describe 'Financial Reporting' as a key duty of the Committee. This includes a review of the annual report and financial statements before submission, monitoring compliance with the Standing Orders and Standing Financial Instructions and review of the systems of financial reporting and budgetary control.
<b>Compliance</b>	Good governance in healthcare is considered to be a system whereby NHS organisations are accountable for continuous improvement and safeguarding high standards of performance.
<b>Partnership: consultation / communication</b>	This report considers the joint work of the Committee with both internal and external auditors and the Local Counter Fraud Specialist (LCFS).
<b>Equality</b>	In order to embed ED&I within the organisational culture, this should be considered at Board level. Whilst the report does not reference equality directly, Audit Committee members are committed to the Trust's inclusive culture and focus on ED&I and consider this during discussions.
<b>Quality Impact Assessment [QIA] completion required?</b>	n/a

## 1.0 Introduction

The purpose of this report is to set out how the Audit Committee has discharged its responsibilities and met its terms of reference during the financial year 2023/24, highlighting significant matters discussed. An annual report of this nature is considered to be best practice by the Healthcare Financial Management Association (HFMA).

## 2.0 Overview of the Committee

The overall purpose of the Committee is to assist the Board in the performance of their duties including:

- Review the establishment and maintenance of an effective internal control and risk management process across the whole of the Trust's activities that supports the achievement of the Trust's objectives;

- Monitor the integrity of the financial statements of the Trust;
- Monitor the independent auditors' qualifications, independence and performance;
- Monitor the performance of the Trust's Internal Audit function and Local Counter Fraud provision;
- Make recommendations to the Board on the appointment of external and internal auditors; and
- Monitor compliance by the Trust with legal and regulatory requirements.

The Audit Committee is an advisory body and a non-executive committee of the Board with no executive powers, only those delegated within the terms of reference.

### **3.0 Committee meetings**

During 2023/24 the Audit Committee met 7 times. This was in line with the requirement from the terms of reference to meet on at least four occasions.

The dates of the meetings were as follows:

- 24 April 2023
- 4 May 2023
- 13 July 2023
- 7 September 2023
- 2 November 2023
- 11 January 2024
- 7 March 2024

As per the terms of reference each meeting was minuted and an action log formulated. A summary of each meeting was provided to the next Trust Board meeting in the public in the format of a Chairs Report.

### **4.0 Committee membership**

The Audit Committee membership consists of three non-executive directors, plus the Committee Chair which is in line with the terms of reference. For the financial year 2023/24, members were:

- Mr Rajiv Jaitly – Chair (member and Committee Chair until the end of his Non-Executive Director term on 14 June 2023)
- Mr John Lisle – Chair (from 15 June 2023)
- Dr Dipti Amin (member until the end of her Non-Executive Director term on 14 June 2023)
- Mrs Nicola Gilham
- Mr Tom Roche
- Dr Lise Llewellyn (joined as a member at the start of her Non-Executive Director term on 15 June 2023)

The terms of reference note the expectation that Committee members attend each meeting. Attendance at Audit Committee meeting is documented within the meeting minutes and summarised within the Trust Annual Report. The below table demonstrates member attendance across all seven Committee meetings.

All meetings were quorate; two members were required for quoracy.

	R. Jaitly	J. Lisle	D. Amin	N. Gilham	T. Roche	L. Llewellyn
24 April 2023 (EM)	√	√	√	√	X	n/a
4 May 2023	X	√	X	√	√	n/a
13 July 2023	n/a	√	n/a	√	X	X
7 September 2023	n/a	√	n/a	√	√	X
2 November 2023	n/a	√	n/a	√	√	X
11 January 2024	n/a	√	n/a	√	X	X
7 March 2024	n/a	√	n/a	√	√	X

EM – Extraordinary Meeting

Apologies were received in advance for all members who were unable to attend. The table below demonstrates attendance of Committee attendees for the same meetings:

	CFO	Clinical Rep.	Other EDs	TBBM	LCFS	Ext, Audit	Internal Audit
24 April 2023 (EM)	√	X	X	√	X	n/a	X
4 May 2023	√	√	√	√	√	n/a	√
13 July 2023	√	√*	√	√	√	n/a	√
7 September 2023	√	√*	X	√	X	√	√
2 November 2023	√	√	√	X	√	√	√
11 January 2024	√	X	√	X	X	√	√
7 March 2024	√	√	X	√	√	√	√

CFO – Chief Finance Officer; Clinical Rep – Clinical Representation from Executive Team (CMO/CN); EDs – Executive Directors; TBBM – Trust Board Business Manager; LCFS – Local Counter Fraud Specialist; \*Denotes attendance by a deputy.

## 5.0 Committee terms of reference

The Committee terms of reference were reviewed in March 2023 and subsequently approved by Trust Board. These terms of reference outline a number of key duties of the Committee and activities during 2023/24 will be summarised under each of the duty headings:

### 5.1 Governance, risk management internal control

During the financial year 2023/24, further work was undertaken to strengthen Committee oversight of risks within the Corporate Risk Register (CRR) and Board Assurance Framework including the recommendation of deep dives where appropriate and the review of Committee oversight of CRR risks against the content of meeting agendas and minutes.

At the meeting on 4 May 2023, the Committee considered and approved the Annual Governance Statement (AGS) for 2022/23. This was recommended to Board for final approval, concluding that the content of the AGS was consistent with the view of the Committee on the organisation's system of internal control.

At the end of each meeting, new and emerging risks identified during the meeting were discussed and escalated to the Board through the Chairs report.

## 5.2 Internal audit

During 2023/24, the Trust internal audit function continued to be provided by RSM. The annual plan of internal audit work for 2023/24 had been considered and adopted during the previous financial year. At each meeting, the Trust considered the findings from those internal audit reports issued and progress made with implementing agreed management actions and the overall plan of work. The planning was approached by considering organisational risks and a three-year cycle of review of key control areas and the results of those.

Concern had been raised by internal audit and the Committee during 2021/22 on the lack of pace and progress with management actions. During 2022/23 the Committee had seen an improvement in this and recognised further improvements during 2023/24. These were supported by the adoption of a centralised system for tracking actions, a more proactive approach and renewed escalation processes. However, further progress is still required on establishing a culture of reliable delivery to committed timescales for actions.

The Head of Internal Audit (HOIA) Opinion summarises the work undertaken by the team during the year and provides assurance on the effectiveness of the organisation's system of control. The HOIA Opinion for 2023/24 stated "the organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective". This reflected the three reports presented to the Committee with partial assurance and the one report presented with minimal assurance.

Areas considered by internal audit during 2023/24 were as follows:

- Mortuary Security.
- Chaperoning Policy.
- Mandatory Training.
- Data Security & Protection Toolkit.
- Medicines Management.
- Data Quality.
- Overseas Visitors.
- CQC Actions Plan.
- Financial Management.
- Health and Safety Legislation.
- Temporary Staffing and Agency Spend.
- IT Assets.
- Key Financial Controls.
- Compliance with Special Educational Needs and Disability (SEND) Action Plan.



A review of the Paediatric Emergency Department Build was commissioned as a separate piece of work by the Trust and the outputs of this presented to the Committee in May 2023 with actions tracked following the usual processes.

The annual plan of internal audit work for 2024/25 was approved by the Committee in March 2024.

### **5.3 Local counter fraud service**

The Trust has a nominated Local Counter Fraud Specialist (LCFS) which is fully accredited and continues to be provided by RSM. The annual counter fraud plan had previously been approved for 2023/24 in March 2023. During 2023/24 the LCFS provided reports presenting progress with that plan on four occasions, as per the Committee workplan. The Committee also received regular benchmarking and spotlight reports provided by RSM, providing comparable information and useful guidance from across their client base.

In May 2023, the annual return to the NHS Counter Fraud Authority was discussed, signed off by the Chair of the Audit Committee and the Chief Finance Officer and submitted accordingly.

The annual plan of LCFS work for 2024/25 was approved by the Committee in March 2024.

### **5.4 External audit**

Due to nationally recognised challenges, the Trust had been unable to make a timely appointment of auditors for the 2022/23 audit. This was escalated to the Trust Board and to NHS England (NHSE). Regular updates were provided to the Committee on progress ahead of the appointment of EY and the audit commenced in December 2023. On completion, an unqualified opinion was provided with no issues related to 'value for money'. Work to rectify issues related to Goods Received Not Invoiced (GRNI) was considered and discussed by the Committee.

For 2023/24, the external audit function continued to be provided by EY. No work was conducted by EY between their appointment in 2023 and end March 2024 that fell outside of the scope for independence on the audit of the financial systems. Lessons learned from the 2023/24 audit will be presented to the Committee to facilitate further improvements for the 2024/25 audit.

### **5.5 Other assurance functions**

At the meeting on 4 May 2023, the Committee considered and approved the Governance Manual (BHT Pol 089) incorporating the Standing Orders and Standing Financial Instructions as part of the regular review process, noting no material changes.

Both Single Tender Waivers (STW) and Losses and Special Payments were standing agenda items for the Committee during the year with an ongoing

reduction in the number of avoidable and retrospective waivers seen reflecting the greater level of controls in place within the organisation. Losses had mainly related to pharmacy with significant improvements also noted in this area.

In September 2023, the Committee received and took assurance from the annual Caldicott Guardian/Information Governance Report. In November, the Committee considered and took assurance from the Emergency Preparedness, Resilience and Response (EPRR) report. In January 2024, the Committee considered the Data Security and Protection Toolkit (DSPT) recognising those plans in place supporting improved compliance. The Committee was also presented with the Clinical Audit Plan for the year, being mindful of the scope of the Quality and Clinical Governance Committee in this area.

An annual plan for work for the Committee was considered and approved in March 2023 with additional matters arising added as the financial year progressed. The plan of work for 2024/25 was approved in March 2024 and this includes two new items for Committee oversight, the Annual Net Zero Audit, which had previously been overseen by the Finance and Business Performance Committee and the Compliance with Legislation and External Reviews report, previously overseen by the Quality and Clinical Governance Committee.

The Committee is required to keep under review its own working arrangement and is mindful of the need to ensure that its remit fits with that of other Board Committees. The annual Committee self-assessment was conducted towards the end of the financial year and presented to the Committee shortly afterwards, in May 2024 with recommendations included in the Terms of Reference for 2024/25.

Meeting minutes from the Finance and Business Performance, Quality and Clinical Governance and Strategic People Committees were received by the Audit Committee at each meeting to provide assurance on their oversight function. Items were referred between Committees for greater scrutiny where appropriate.

Reports of the Freedom to Speak up Guardian are received by the Strategic People Committee (SPC) ahead of Trust Board. These are monitored by the Audit Committee through receipt of SPC minutes.

## **5.6 Financial management**

On 24 April 2024, the Committee received and considered the annual financial statements for 2022/23 along with papers setting out the management judgements identified for the preparation of the accounts. Following a detailed review, the Committee recommended the accounts be adopted by the Trust Board which they subsequently were.

In September 2023, the Committee took assurance from an update on processes related to the management of old/low value invoices and, in March 2024, the Committee noted the asset verification exercise underway.

Opportunities were provided throughout the year for meetings between the Committee members with both internal and external auditors in the absence of the executive team. The Chair of the Audit Committee met regularly with internal auditors during the course of the year and external auditors, once appointed, in relation to the 2022/23 and 2023/24 audits.

Conflicts of interest of the Committee continue to be monitored.

## **6.0 Conclusion**

This report sets out the manner in which the Committee has discharged its functions during the year, the material areas it has focussed on and sought assurance on. There are no other material concerns within the scope of its functions that need reporting.

## **7.0 Action required from the Board/Committee**

The Committee are requested to note the contents of the report, confirming this reflects the work of the Audit Committee during the financial year 2023/24 and suggest any amendments ahead of presentation to the Trust Board.