University Hospitals of Leicester NHS
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 27 March 2014

COMMITTEE: **Audit Committee**

CHAIRMAN: **Ms K Jenkins, Non-Executive Director**

DATE OF COMMITTEE MEETING: 7 March 2014

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

- **None**

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- **None**

DATE OF NEXT COMMITTEE MEETING: 15 April 2014

Ms K Jenkins
21 March 2014

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE AUDIT COMMITTEE HELD ON FRIDAY 7 MARCH 2014 FROM 9.30AM IN THE LARGE COMMITTEE ROOM, LEICESTER GENERAL HOSPITAL

Present:
Ms K Jenkins – Non-Executive Director (Chair)
Mr I Crowe – Non-Executive Director
Mr P Panchal – Non-Executive Director

In Attendance:
Mrs G Belton – Trust Administrator
Mr P Cleaver – Risk and Assurance Manager (for Minute 07/14 and 08/14 only)
Mr P Hollinshead – Interim Director of Financial Strategy
Mr R Manton – Risk and Safety Manager (for Minutes 07/14 and 08/14 only)
Ms M McAuley – Head of Nursing, Temporary Staffing (for Minute 05/14 only)
Mr N Sone – Financial Controller
Mr P Walmsley – Head of Operations (for Minute 09/14 only)
Mr S Ward – Director of Corporate and Legal Affairs

Ms J Clarke – Local Counter Fraud Specialist (360 Assurance) – excluding Minute 13/14/6
Mr I Morris – Local Counter Fraud Team (360 Assurance) – excluding Minute 13/14/6

Mr A Bostock – Partner, KPMG (the Trust's External Auditor) – excluding Minute 13/14/6
Mr D Hayward – Manager, KPMG (the Trust's External Auditor) – excluding Minute 13/14/6

Ms A Breadon – Head of Internal Audit, PwC (the Trust's Internal Auditor) – excluding Minute 13/14/6
Ms J Watson – Senior Internal Audit Manager, PwC (the Trust's Internal Auditor) – excluding Minute 13/14/6
Ms J Smith – Foresight Partnership (Observer)

	RESOLVED ITEMS	**ACTION**
01/14	**PRIVATE DISCUSSIONS WITH BOTH SETS OF AUDITORS**	
	In line with the guidance detailed within paper A, private discussions took place between the Chair and members of the Audit Committee and External and Internal Audit representatives ahead of the start of the formal meeting.	
	Resolved – that the position be noted.	
02/14	**WELCOME AND APOLOGIES**	
	The Committee Chair welcomed Mr I Crowe, Non-Executive Director to his first meeting of the Audit Committee. Apologies for absence were received from Ms R Overfield, Chief Nurse.	
03/14	**MINUTES**	
	Resolved – that the Minutes of the meeting held on 12 November 2013 (papers B and B1 refer) be confirmed as a correct record.	

04/14	**MATTERS ARISING FROM THE MINUTES**	
	The Committee Chair selected the following key actions from paper C and members reported on progress:- Minute 69/13(i) of 12 November 2013 – the Chair noted that this work (i.e. how patient involvement was being taken into account in clinical audits) remained in progress. She therefore requested that an update be provided at the Audit Committee meeting in July 2014. Mr Panchal, Non-Executive Director, noted the need for assurance that the Trust's Patient Advisers actively sought the views of the patients they sought to represent; Minute 70/13/2 (iii) of 12 November 2013 – Local Counter Fraud colleagues explained the measures that had been implemented to seek to prevent staff from working elsewhere whilst on sick leave (including review of the relevant policy document, enhancing the stringency of the 'Back to Work' interview and the requirement of a signed declaration by employees). In respect of means by which the effectiveness of these enhanced processes could be tested, Internal Audit undertook to determine the actions undertaken in other Trusts and report back to the Audit Committee accordingly, and Minute 52/13/1 of 10 September 2013 (relating to establishing the percentage of clinical programmed activities that were linked to clinical audit and benchmarking that information) – the Chair requested that this item remained on the matters arising log and that further updates were provided at each Audit Committee until the action had been achieved, and could be closed.	**DCQ/TA** **IA/TA** **DCQ/TA**
	<u>Resolved</u> – that the matters arising report (paper C) and the actions now required, as detailed above, be noted.	**DCQ/IA/ TA**
05/14	**BANK AND AGENCY REVIEW AND MANAGEMENT RESPONSE**	
	Members received and noted the contents of paper D (which detailed the outcome of Internal Audit's 2013/14 Bank and Agency Review) and paper D1 (which detailed the management response and progress on the implementation of actions in response to Internal Audit recommendations), for the discussion of which Ms M McAuley, Head of Nursing (Temporary Staffing) was in attendance. Paper D1 concluded that all findings from the internal audit report had been implemented within the temporary staffing team (notwithstanding the planned implementation of electronic rostering trust-wide) however noted the reliance on CMGs and Managers from across the organisation in adhering to the systems and processes in place. The Committee noted that Internal Audit had not, as yet, validated progress against the recommendations of the review.	
	Specific discussion took place regarding the following:	
	(i) the specific processes in place for agency staff 'allocated on arrival' – as described by the Head of Nursing (Temporary Staffing) in response to a query raised by Mr Sone, Financial Controller; (ii) whether there was currently sufficient resource / support to ensure adherence to the processes described – it was noted that was an Audit Clerk in place who undertook daily checks and chased up actions required by staff members accordingly, and who also undertook a two monthly check. However, the Head of Nursing (Temporary Staffing) noted that she would welcome a strong steer being given to staff from the Audit Committee in terms of the importance of adherence to the processes in place. The Interim Director of Financial Strategy	

	noted the current enhancement of the performance management process, which would provide the platform for any issues of non-compliance by the CMGs (in any area) to be raised, and for them to be held accountable accordingly – this was welcomed. It was agreed that the Interim Director of Financial Strategy and the Head of Nursing (Temporary Staffing) would report back on the processes to be followed for ensuring compliance with the procedures in place and appropriate escalation of any issues, where required; (iii) the results seen to-date in terms of the improvement of relevant processes, with significantly less referrals being made to the LCFS in respect of time sheets and bank staffing; (iv) the fact that Internal Audit would be re-visiting the plans this quarter, and would therefore have completed this work by the end of March 2014. It was also noted that Internal Audit were currently in the process of drafting the 2014/15 Audit Plan which featured bank and agency and e-rostering; (v) the processes in place, in terms of communications to others, if bank / agency staff had their employment terminated by the Trust – the Head of Nursing (Temporary Staffing) noted that such instances were not common. Where clinical concerns had been raised, then UHL colleagues were notified. Where concerns were of a sufficiently serious nature, then such cases were referred to the Nursing and Midwifery Council or the General Medical Council in the case of medical locums. The main responsibility sat with the agencies with whom these individuals were employed, and the Trust kept written records of all such issues and communications; (vi) in response to a query, the Head of Nursing (Temporary Staffing) advised that 80% of in-patient wards had e-rostering, with all in-patient wards expected to have e-rostering in place by May 2014. It was planned that trust-wide implementation would be achieved by December 2015, although the Head of Nursing (Temporary Staffing) noted that this timescale was ambitious in light of her experience to-date, and she briefly reported on technical issues experienced at the start of the process; (vii) the financial and budgetary control measures in place – all budgets were to be signed off at the level of the budget holder, and this would be monitored. It was also noted that the Head of Nursing (Temporary Staffing) issued relevant staff with a financially-based quota report which notified staff as to how much they had spent to-date / had available to spend in future, and (viii) the implementation of the Ward Audit Tool review.	**IDFS/ HoN**
	The Chair thanked Ms McAuley, Head of Nursing (Temporary Staffing) for attending the Committee and for the assurances she had provided in respect of this matter.	
	<u>Resolved</u> – that (A) the contents of these reports (papers D and D1 refer) be received and noted, and **(B) the Interim Director of Financial Strategy and the Head of Nursing (Temporary Staffing) be requested to undertake the action identified under point (ii) above reporting back to the Audit Committee accordingly.**	**IDFS/ HoN**
06/14	**ITEMS FROM THE LOCAL COUNTER FRAUD SPECIALIST**	
06/14/1	<u>Report from the Local Counter Fraud Specialist (1)</u>	
	<u>Resolved</u> – that this Minute be classed as confidential and taken in private accordingly.	
06/14/2	<u>2014/15 Risk Assessment and Workplan</u>	

	Members received and noted the contents of the 2014/15 Risk Assessment and Workplan (paper F refers) noting that its contents might be subject to change following discussion at the forthcoming Risk Workshop. It was noted that progress against this item should be detailed within the Audit Committee Matters Arising report.	
	Resolved – that (A) the contents of this report be received and noted, and **(B) progress against this item be recorded in future iterations of the Matters Arising report.**	**TA/IDFS/ LCFS**
06/14/3	Report from the Local Counter Fraud Specialist (2)	
	Resolved – that this Minute be classed as confidential and taken in private accordingly.	

07/14	**UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF) FOR THE PERIOD 1 OCTOBER – 31 DECEMBER 2013**	
	The Risk Assurance Manager and Risk and Safety Manager attended to present paper 'H', which provided an overview of significant risks impacting upon the Trust and also detailed information in relation to the effectiveness of risk management processes within the Trust. They also highlighted changes to specific risks identified within the BAF, namely the removal of risk 6 (as approved by the Trust Board), the full re-write underway in respect of risk 1 (for submission to the next Trust Board meeting) and the full revision of risk 12 which was currently in progress by the Chief Information Officer.	
	There had been a number of incidents of review dates elapsing, however these had all been resolved following embedding of the new CMG management structure.	
	The Risk Assurance Manager highlighted the number of high risks, which had been documented on the register for a number of years and his view that, as such risks had not impacted over such a lengthy time period, that the estimation of their likelihood needed to be reduced accordingly.	
	Attendance at UHL risk awareness training continued to be low, however CMG management teams had identified that it might prove beneficial to provide bespoke risk sessions to relevant groups of CMG managers and staff, and this work had commenced, as had the development of some pre-reading (to the training) to be delivered electronically to reduce the length of the training sessions. It was noted that it would potentially be beneficial to re-provide this training for the Trust Board given recent personnel changes over the past few months, and it was noted that such training had been scheduled for the Trust Board Development Session in May 2014. It was considered that it would be beneficial to undertake a training needs analysis, and it was agreed that this should be undertaken by the Risk Assurance Manager and Risk and Safety Manager with the support of the Training department, with the results of this presented at the next meeting of the Audit Committee.	**RAM/ RSM/TA**
	There were three actions associated with previous internal audit findings that had not yet been completed and remained 'open' on the PwC 'TrAction Findings Tracking System', two of which were to be discussed and closed off during the next Trust Board Development Session and one of which required the advice of the Audit Committee in relation to developing a schedule of CMG attendance at 2014/15 Audit Committee meetings (Minute 08/14 below refers).	

	<u>Resolved</u> – that (A) the contents of this paper be received and noted, and the recommendations contained therein endorsed, and **(B) the Risk Assurance Manager and Risk and Safety Manager be requested to undertake a training needs analysis (in respect of risk awareness training), with the support of the training department, and present the results of this at the next meeting of the Audit Committee.**	**RAM/ RSM/TA**
08/14	**ARRANGEMENTS FOR ESTABLISHING A ROLLING PROGRAMME FOR CMGs TO ATTEND TO REPORT ON OPERATIONAL RISKS**	
	The Risk Assurance Manager reported verbally to confirm that he and the Risk and Assurance Manager, with the assistance of Trust Administration, would be establishing a rolling programme for CMGs to attend future meetings of the Audit Committee to report on operational risks. It was agreed that it would be beneficial for the CMGs to be provided with a template of items to report against (as provided for CMGs attending the Finance and Performance Committee) and the Risk Assurance Manager tabled a report detailing suggested areas of scrutiny for the UHL Risk Register. It was agreed that Audit Committee members would review the contents of this tabled report outwith the meeting, and feedback ay comments on its contents to the Risk Assurance Manager.	
	<u>Resolved</u> – that (A) this verbal information be noted, **B) it be agreed that CMGs should be provided with a template of items to report against, and** **(B) Audit Committee members be requested to review the contents of the tabled report and feedback any comments to the Risk and Assurance Manager outwith the meeting.**	**RAM** **AC Members**
09/14	**BUSINESS CONTINUITY REVIEW – UPDATE ON ACTIONS IN PLACE TO IMPLEMENT THE RECOMMENDATIONS**	
	Mr P Walmsley, Head of Operations, attended to present paper 'I', which detailed a brief update on progress made since Internal Audit's audit of the Trust's Business Continuity arrangements, which was undertaken in January 2013, and highlighted any additional issues still outstanding to be resolved.	
	During the course of the year, the Trust had made significant improvements in its Business Continuity Management (BCM) arrangements, such that seven out of eight recommendations had now been resolved. The remaining action outstanding (recommendation 8) was assigned to the Trust's Chief Information Officer, in which it was recommended to consider realistic testing of different failure modes for critical IT systems to ensure IT Disaster Recovery arrangements would be effective during invocation. Whilst the initial target date for resolution was 30 September 2013, it had not been possible to implement this recommendation due to the transfer of the Trust's IT systems from in-house to the third party outsourced arrangement with IBM. All applications would be transitioned to IBM by (approximately) July 2014 when a full IT Disaster Recovery test would be considered.	
	Particular discussion took place regarding the following: (i) the stand-alone emergency plans which the Trust had under the umbrella of the Major Incident Plan / Business Continuity Plans, and the plans throughout the rest of 2013 to test these under the new CMG structures following finalisation of	

	the Major Incident Plan. In response to a query it was confirmed that the tests would be multi-agency and multi-site (with initial tests in the form of table top exercises across specific parts of the plans). It was noted that the Annual Report from the Major Incident Committee was due in June / July 2014, and it was therefore agreed to schedule further discussion on this matter with the submission of this report to the July 2014 meeting of the Audit Committee; (ii) the achievements represented by the risk grading reducing from critical risk to low risk and how this had been achieved, with a query raised as to whether it was considered that this issue was adequately reflected in the BAF – it was; (iii) the Head of Operations undertook to request that the Emergency Planning Officer provided a report for a future meeting of the Audit Committee which detailed all the tests undertaken thus far and those scheduled for the future for the purpose of assuring the Audit Committee, and (iv) at the request of Non-Executive Director attendees, the Head of Operations undertook to add into the formal reporting process, a structure by which Non-Executive Directors would be alerted to relevant incidents.	**HoO/TA** **HoO** **HoO**
	<u>Resolved</u> – that (A) the contents of this report be received and noted, and **(B) the Head of Operations be requested to undertake the following actions:** **(i) to submit the Major Incident Annual Report to the July 2014 meeting of the Audit Committee,** **(ii) to request that the Emergency Planning Officer provided a report for a future meeting of the Audit Committee which detailed all the tests undertaken thus far and those scheduled in future, and** **(iii) to add into the formal reporting process, a structure by which Non-Executive Directors would be alerted to relevant incidents.**	**HoO/TA** **HoO/TA** **HoO**
10/14	**UPDATE ON CLINICAL CODING**	
	The Assistant Director of Information and the Clinical Coding Manager attended to provide a verbal update on Clinical Coding, in which they specifically noted the useful outputs arising from the first Listening Event undertaken as part of the Listening into Action (LiA) Clinical Coding Project. The following actions were now to be undertaken: (1) a one month pilot of three ward rounds involving both clinicians and coding staff (2) an educational programme regarding inputting administrative coding onto Patient Centre and (3) the production of a one page document for doctors regarding the importance of coding and the data that was collected. They also briefed the Committee on succession planning for the imminent retirement of the Clinical Coding Manager, with an experienced Coding Manager now hired by the Trust to replace Mrs Reynolds.	
	Coding audits were undertaken on a continuous basis by the designated auditor, and the processes adopted were working well with the involvement of clinical staff. The Assistant Director of Information advised of results of a recent PDR audit, and the actions that would be required to address the findings. This work would form the basis of a future report to the Audit Committee.	
	Specific discussion took place regarding where the results of local audits were fed through to (this was to the relevant clinicians and the Mortality Review Committee) and regarding the weekly meetings established between clinicians and coders. In order for this process to work as intended, Consultant staff would need to act as champions for clinical coding with their junior medical staff. In response to a query raised by the Chair as to whether medical staff were acting on the feedback provided to them by coders, the Clinical Coding Manager advised that the areas drawn to their attention were relevant to the specific clinicians concerned so this assisted the process and good working relationships were being established.	

	Following discussion, it was agreed to schedule a further update report on this issue (to include the audit results and progress with the LiA workstream) at the May 2014 meeting of the Audit Committee.	**ADI/TA**
	The Chair thanked the Assistant Director of Information and the Clinical Coding Manager for attending today's meeting, and extended the Committee's thanks to Mrs Reynolds, Clinical Coding Manger, for all the work she had undertaken on behalf of the Trust and best wishes for her forthcoming retirement.	
	Resolved – that (A) the contents of this verbal report be noted, and **(B) the Assistant Director of Information be requested to provide a further update on clinical coding to the May 2014 meeting of the Audit Committee.**	**ADI/TA**
11/14	**ITEMS FROM INTERNAL AUDIT**	
11/14/1	Internal Audit Reviews	
(a)	Data Quality and Board Reporting	
	Resolved – that the contents of this report be received and noted.	
(b)	National Audit Office (NAO) Report on Elective Waiting Times – January 2014	
	Mr C Carr, Head of Performance Improvement, attended to present paper 'J1', the purpose of which was to brief the Committee on the key findings and recommendations of the NAO report (January 2014) and to provide assurance to the Committee that the Trust had a number of controls in place to mitigate risks highlighted by the report.	
	The Committee was requested to (a) note the key findings and recommendations (b) note the controls and actions already in place in the Trust and (c) consider commissioning Internal Audit to carry out direct testing of waiting list management controls as recommended by the NAO report.	
	Particular discussion took place regarding the timescale for the recommended audit, the mechanisms of the audits currently undertaken by Trust staff (this was specifically around 'clock stops' and the appropriateness of these) and the results of these presented through the Data Quality reports reviewed on a weekly basis, and any resulting action which was implemented immediately ,where required.	
	In terms of the recommendation that Internal Audit were commissioned to carry out direct testing of waiting list management controls, it was agreed that this would need to form part of the discussion to identify, prioritise and then agree the audits which the Trust wished Internal Audit to undertake in 2014/15, as scheduled for discussion at the Executive Team meeting on 18 March 2014. It was agreed that Internal Audit would feed back to the next Audit Committee on the outcome of this meeting.	**IA**
	Resolved – that (A) the contents of this report be received and noted, and **(B) Internal Audit be requested to report back to the next meeting of the Audit Committee on the outcome of discussion scheduled for the Executive Team meeting on 18 March 2014 regarding the Internal Audit Plan for 2014/15.**	**IA/TA**

(c)	Organisational Development Plan	
	Resolved – that the contents of this report be received and noted.	
(d)	Financial Systems Report	
	Resolved – that the contents of this report be received and noted.	
(e)	Data Analysis Report	
	Resolved – that the contents of this report be received and noted.	
(f)	IT General Controls Report	
	Resolved – that the contents of this report be received and noted.	
11/14/2	Internal Audit Progress Report	
	Internal Audit presented paper 'O', which updated the Audit Committee on the work of internal audit since the last meeting of the Audit Committee in November 2013, in terms of progress on the Internal Audit Plan for 2013/14 and a summary of progress in implementing internal audit agreed actions. The report also sought Audit Committee approval of a number of key changes to the audit plan (as identified on pages 1 and 2 of the report), which had been discussed with Trust Management since submission of the previous progress report.	
	Specific discussion took place in respect of the following issues:	
	(i) the suggestion that any internal audit review of the Clinical Management Group structure should also review connectivity between CMGs; (ii) that it would be interesting to look at the effectiveness of patient input into service delivery (note being made that Patient Advisers had been allocated to CMGs); (iii) the disappointment of the Audit Committee in terms of the high level of outstanding overdue actions, and consideration of whether relevant staff members should be invited to attend future Audit Committee meetings to account for any overdue actions. Further to extended discussion during which various reasons for this issue were debated, it was agreed that this matter would be discussed at the next meeting of the Executive Performance Board, further to which an update on progress would be provided as part of this report to the next meeting of the Audit Committee, along with an update on discussions at the EPB to accelerate actions; (iv) in light of the Trust's BAF, the Audit Committee Chair noted the need to keep focussed on additional high risk areas ensuring that patient safety and quality were embedded in every review. It was agreed that those areas identified by the Executive Directors as being an appropriate focus for Internal Audit review in 2014/15 would be cross checked against the BAF, and reported back at the next meeting of the Audit Committee (in terms of where the proportion of work related to, along with relevant risks); (v) the DToC review in terms of the additional review to be undertaken in 2013/14 (including recognition of the verification required for the non-UHL element of this work) and the other audits identified on page 2 of the report.	**IA/DCLA** **IA**
	Resolved – that (A) the contents of this report be received and noted,	

	(B) the key changes to the audit plan as summarised on pages 1 and 2 of the report be approved, **(C) Internal Audit and the Director of Corporate and Legal Affairs be requested to undertake the action outlined under point (iii) above for reporting at the next meeting of the Audit Committee, and** **(D) Internal Audit be requested to report back at the next meeting of the Audit Committee in respect of the action outlined under point (iv) above.**	**IA/DCLA /TA** **IA/TA**
12/14	**ITEMS FROM EXTERNAL AUDIT**	
12/14/1	External Audit Progress Report	
	Resolved – that the contents of paper 'P', which detailed the progress report for External Audit at March 2014, be received and noted.	
12/14/2	External Audit Plan 2013-14	
	Resolved – that the contents of paper 'Q', which set out the External Audit Plan and fee for 2013/14 be received and noted.	
13/14	**FINANCE – STRATEGIC AND OPERATIONAL ISSUES**	
13/14/1	Update on Accounts Issues	
	Resolved – that the contents of paper 'R', which provided an update on the year end accounting processes and timetable and an explanation of how these addressed the main risk issues for the accounts, be received and noted, and endorsed.	
13/14/2	Overseas Visitors and Private Patients Update	
	Paper S provided an update on the arrangements in place covering overseas visitors and private patients.	
	Particular discussion took place regarding ensuring that relevant elements of this report were considered and addressed by the Finance and Performance Committee, and it was agreed that the Audit Committee Chair would discuss this matter with the Chairman of the Finance and Performance Committee for this purpose.	**Chair**
	Discussion also took place regarding the reasons for outstanding debt in relation to private patients, and also regarding the need to ensure that debt was monitored early and that an appropriate response to this was then undertaken. It was noted that progress in this regard was dependent upon the resource and capacity of the team, in respect of which work was in progress. It was agreed that the Financial Controller would reflect on this matter and report back to a future meeting of the Audit Committee accordingly.	**FC/TA**
	Resolved – that (A) the contents of this report be received and noted, and **(B) the Financial Controller be requested to report to a future meeting of the Audit Committee in respect of the work in progress in terms of processes around early monitoring of debt.**	**FC/TA**

13/14/3	Trust's Going Concern Statement 2014/15	
	Paper T presented the Trust's draft Going Concern Statement for 2014/15. The Audit Committee was requested to note the current position in relation to the Statement and the intention that this was finalised for submission to the Trust Board meeting on 27 March 2014.	
	Resolved – that the contents of this report be received and noted, with note made that a finalised version would be submitted to the Trust Board meeting on 27 March 2014.	**FC**
13/14/4	Discretionary Procurement Actions	
	Resolved – that the contents of paper 'U', which reported on the discretionary procurement actions for the period November 2013 to February 2014 in line with the Trust's Standing Orders, be received and noted.	
13/14/5	Update on UHL's Progress against EA ISA 260 Recommendations	
	The Financial Controller reported verbally to assure the Committee that the Trust was on track in its implementation of the recommendations.	
	Resolved – that this verbal information be noted.	
13/14/6	Report from the Interim Director of Financial Strategy	
	Resolved – that this Minute be classed as confidential and taken in private accordingly.	
14/14	**ASSURANCE GAINED FROM THE FINANCE AND PERFORMANCE COMMITTEE AND THE QUALITY AND ASSURANCE COMMITTEE ON KEY RISKS / ISSUES OF THE TRUST**	
	Resolved – the Committee confirmed the assurance gained from the Finance and Performance Committee and the Quality and Assurance Committee on key risks / issues for the Trust.	
15/14	**MINUTES FOR INFORMATION AND DISCUSSION**	
15/14/1	Quality Assurance Committee	
	Resolved – that the Minutes of the Quality Assurance Committee meetings held on 29 October 2013 (paper W refers), 27 November 2013 (paper W1 refers), 17 December 2013 (paper W2 refers) and 29 January 2014 (paper W3 refers) be received and noted.	
15/14/2	Finance and Performance Committee	
	Resolved – that the Minutes of the Finance and Performance Committee meetings held on 30 October 2013 (paper X refers), 27 November 2013 (paper X1 refers), 18 December 2013 (paper X2 refers) and 29 January 2014 (paper X3 refers) be received and noted.	
16/14	**ANY OTHER BUSINESS**	

	Resolved – that there were no further items of business.	
17/14	**IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD**	
	Resolved – that there were no specific issues, which the Committee wished to draw to the attention of the Trust Board.	
18/14	**DATE OF NEXT MEETING**	
	Resolved – that (A) the next meeting of the Audit Committee be held on Tuesday 15 April 2014 at 10.30am in the Ash Room, Knighton Street Offices, Leicester Royal Infirmary; **(B) it be noted that this meeting would be preceded by a private meeting between the Audit Committee Chair and the Non-Executive Director members at 10:00am, with representatives from Internal and External Audit to attend from 10:15am in the Ash Room, Knighton Street Offices, Leicester Royal Infirmary, and** **(C) future meetings of the Audit Committee in 2014 be held on the following dates:** • **Tuesday 27 May 2014;** • **July 2014 (additional meeting – specific date to be confirmed);** • **Tuesday 9 September 2014, and** • **Tuesday 11 November 2014.**	
	The meeting closed at 12.12pm.	

Gill Belton
Trust Administrator

Cumulative Record of Members' Attendance (2013-14 to date):

Name	Possible	Actual	% attendance
K Jenkins (Chair)	5	5	100%
I Crowe	1	1	100%
R Kilner	3	2	66%
I Reid	2	2	100%
P Panchal	3	2	66%
I Sadd	1	1	100%

Attendees

Name	Possible	Actual	% attendance
S Hinchliffe	1	1	100%
P Hollinshead	1	1	100%
A Seddon	4	4	100%
S Ward	5	5	100%
R Overfield	3	1	33%