

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING: 6 October 2016**

**COMMITTEE: Audit Committee**

**CHAIRMAN: Richard Moore, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 1 September 2016**

**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:**

- Minute 69/16/1 – Clinical Quality Assurance Process, and
- Minute 75/16/3 – Board Assurance Framework – Review of Principal Risk 14.

**DATE OF NEXT COMMITTEE MEETING: 3 November 2016**

**Richard Moore  
Non-Executive Director and Audit Committee Chair  
26 September 2016**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE AUDIT COMMITTEE HELD ON  
THURSDAY 1 SEPTEMBER 2016 AT 2:30PM IN THE C J BOND ROOM, CLINICAL EDUCATION  
CENTRE, LEICESTER ROYAL INFIRMARY**

**Present:**

Mr R Moore – Non-Executive Director (Chair)  
Mr A Johnson – Non-Executive Director  
Mr B Patel – Non-Executive Director

**In Attendance:**

Mr P Cleaver – Risk and Assurance Manager (from Minute 74/16-75/16/2)  
Miss M Durbridge – Director of Safety and Risk (from Minute 74/16-75/16/2)  
Mrs H Majeed – Trust Administrator  
Mr A Furlong – Medical Director (for Minute 69/16/1)  
Mrs S Hotson – Director of Clinical Quality (for Minute 69/16/1)  
Ms J Smith – Chief Nurse (for Minute 69/16/1)  
Mr N Sone – Financial Controller  
Mr P Traynor – Chief Financial Officer  
Mr S Ward – Director of Corporate and Legal Affairs

Ms G Lekh – Local Counter Fraud Specialist, PwC (for Minute 70/16/1 only)

Mr D Hayward – Manager, KPMG (the Trust's External Auditor)

Ms C Wood – Senior Manager, PwC (the Trust's Internal Auditor)

**RECOMMENDED ITEM**

**ACTION**

**64/16 REPORT FROM THE CHIEF FINANCIAL OFFICER**

**Recommended – that this Minute be classed as confidential and taken in private accordingly.**

**RESOLVED ITEMS**

**65/16 PRIVATE DISCUSSIONS WITH INTERNAL AUDITORS**

Private discussions took place between the Chair and members of the Audit Committee and Internal Audit representatives ahead of the start of the formal meeting.

**Resolved – that the position be noted.**

**66/16 APOLOGIES**

Apologies for absence were received from Colonel (Retired) I Crowe, Non-Executive Director and Mr M Traynor, Non-Executive Director.

**67/16 MINUTES**

**Resolved – that the Minutes of the meeting held on 7 July 2016 (papers A1 and A2) be confirmed as correct records.**

**68/16 MATTERS ARISING FROM THE MINUTES**

Paper B advised of progress on actions from previous Audit Committee meetings.

Audit Committee members noted additional information in respect of the following actions:-

- |  |                              |
|--|------------------------------|
| <p>(a) <b>Minute 51/16(a) of 7 July 2016</b> – the Chief Financial Officer undertook to circulate an update to Audit Committee members outwith the meeting before end of September 2016, identifying the sources of alternative assurance for those principal risks to the achievement of the Trust’s objectives where no Internal Audit work had been planned in 2016/17. In discussion on the need for assurance relating to medical records management as part of the Electronic Document Records Management (EDRM) pilot, the Chief Financial Officer advised that EDRM was a regular agenda item at EIM&amp;T Board meetings, however, there was a need to clarify what, if any further assurance was required in respect of medical records management more generally. It was noted that EDRM had been piloted in some areas within the Trust but, due to specific operational issues, the pilot had been stalled. The Chief Financial Officer undertook to liaise with Internal Audit to check if an Internal Audit review of this workstream could be undertaken in 2016-17, if this was not feasible, it could be included as priority for Internal Audit work in 2017-18. He undertook to include an update on this matter within the above mentioned update which would be circulated to Audit Committee members outwith the meeting;</p> | <p><b>CFO</b></p>            |
| <p>(b) <b>Minute 52/16/1(b) of 7 July 2016</b> – External Audit confirmed that an update on the terms of reference for the review of elective waiting list management would be covered under the ‘External Audit of Elective Waiting List Management’ item scheduled later in today’s agenda (Minute 72/16/3 below refers), and</p>  | <p><b>EA</b></p>             |
| <p>(c) <b>Minute 54/16/1 (b) of 7 July 2016</b> – Internal Audit confirmed that an update on the scope of the business continuity planning review/cyber resilience review would be covered under the ‘Internal Audit Progress Report’ item scheduled later in today’s agenda (Minute 71/16/1 below refers).</p>  | <p><b>IA</b></p>             |
| <p><b>Resolved</b> – that the matters arising report and any associated actions be noted and taken forward by the appropriate lead.</p>  | <p><b>CFO/EA/<br/>IA</b></p> |

**69/16 KEY ISSUES**

69/16/1 Clinical Quality Assurance Process

Further to Minute 4/16d of 7 January 2016, the Chief Nurse, Medical Director and Director of Clinical Quality attended the meeting to present paper C, an update on the changes the Trust would be building into its clinical assurance processes permanently as a result of preparations for, and experiences of, the CQC inspection.

The Chief Nurse advised that preparation for the CQC inspection had provided the opportunity to introduce and improve a number of the Trust’s assurance processes. The lessons learned and implications for the Trust’s clinical assurance processes were outlined in section 3 of paper C, however, the Chief Nurse and Medical Director highlighted the following in particular:-

- (a) prior to the CQC inspection, the Trust’s Policy and Guideline Committee (PGC) had undertaken an extensive piece of work to identify all policies and procedures which had exceeded their review dates to determine their current ‘owner’ and had agreed timescales for their review, update and submission to the PGC for re-approval;
- (b) a programme of quality visits had been developed, with the ambition of ensuring that all clinical areas received a comprehensive peer quality review, using the principles used by the CQC in their inspection programme, and

- (c) monthly CMG quality and safety performance reviews had been undertaken and these meetings had demonstrated improvements in the approach to maintaining, managing and ensuring local oversight of the CMG risk register.

The Chief Nurse and Medical Director advised that there were plans to undertake an external review of the Trust's quality governance and assurance process and requested the Committee's input in respect of influencing the scope of this work. In discussion on this matter, members noted the need for clarity around recognising concerns and better ways of managing data highlighting that some of the Trust's information systems were 'clunky'.

The Chairman acknowledged this noting that it was a large piece of work and the scope of the external review of the Trust's quality governance and assurance processes needed to be clearly defined. It was also agreed that this workstream should be notified to the Quality Assurance Committee.

In discussion, it was agreed that a small group comprising the Chief Nurse, Medical Director, Director of Corporate and Legal Affairs, Mr A Johnson, Non-Executive Director and Colonel (Ret'd) I Crowe, Non-Executive Director should meet to review and agreed the scope of the external review of the Trust's quality governance and assurance processes. An update on this matter would be provided to the Quality Assurance Committee (QAC) on 29 September 2016. Mr A Johnson, Non-Executive Director noted the need for consistency of approach in terms of managing expectations and having a consistent quality system framework to take things forward.

CN/MD/  
DCLA/  
NEDs  
  
CN

**Resolved – that (A) the contents of paper C be received and noted;**

**(B) a small group comprising the Chief Nurse, Medical Director, Director of Corporate and Legal Affairs, Mr A Johnson, Non-Executive Director and Colonel (Ret'd) I Crowe, Non-Executive Director be requested to review and agree the scope of the external review of the Trust's quality governance and assurance processes, and**

CN/MD/  
DCLA/  
NEDs

**(C) an update on action (B) above be provided to the Quality Assurance Committee (QAC) on 29 September 2016.**

CN

**70/16 ITEMS FROM THE LOCAL COUNTER FRAUD SPECIALIST (LCFS)**

70/16/1 Counter Fraud Progress Report

**Resolved – that this Minute be classed as confidential and taken in private accordingly.**

**71/16 ITEMS FROM INTERNAL AUDIT**

71/16/1 Internal Audit Progress Report

Paper E summarised the position in respect of the 2016-17 Internal Audit Plan. Since the May 2016 meeting, when the plan had been approved, two reviews had been completed.

Internal Audit advised that initially it had been agreed to scope the work around the business continuity planning arrangements for the potential extended junior doctors' strikes. However, as the plans had been used and tested successfully in recent months, they had agreed with the Chief Operating Officer that this review would not go ahead. The days allocated would instead be used to consider the risk around

cyber resilience. Internal Audit would consider the scope of this work following completion of the IT Risk Diagnostic and would re-issue the terms of reference for this review. Members noted this. Responding to a comment from the Chief Financial Officer, Internal Audit advised that the Chief Information Officer had been very engaged in respect of the cyber resilience review, although his view was that it was 'low risk' to the organisation, it actually encompassed a number of areas and the completion of the IT Risk Diagnostic would provide more clarity regarding the scope of the cyber resilience review.

Internal Audit advised that discussion had taken place with the Director of Workforce and Organisational Development regarding the 'Induction of Temporary Staff' review. This review had been planned for quarter 2 of 2016-17, however the Trust was currently updating the Temporary Staffing Policy and converting the Green Book (i.e. local induction forms that were completed for temporary staff) into an electronic format which was anticipated to 'go-live' from end of October 2016. Therefore, it had been proposed that the review be deferred to quarter 3 or 4 of 2016-17 to allow the new system to become established. Members noted this.

Internal Audit advised of an HMRC proposal to remove the tax effectiveness of some salary sacrifice arrangements with effect from 6 April 2017. A meeting had been arranged with the Director of Workforce and Organisational Development to discuss this matter.

**Resolved – that the Internal Audit Progress Report be received and noted as paper E.**

71/16/2

Information Governance (IG) – Phase 1 Review

Internal Audit advised that the Information Governance – Phase 1 review (paper F refers) had been finalised and the following two medium risk ratings had been identified:-

- where staff had been non-compliant with the IG mandatory training, the management information output from e-UHL only stated 'non-compliant' for those staff and did not include information on when the training was due to be completed or how long the staff member had been non-compliant. It was therefore not possible to run reports directly from the system to identify :- (a) where staff had been non-compliant for more than 3 months and should be subject to disciplinary action, or (b) where new joiners had failed to complete the training within the required 28 days, and
- the existing IG e-learning module needed to be updated to reflect changes to the IG Toolkit requirements as current training material was out-of-date. Existing training content was also not tailored to a staff member's job role and their associated Information Governance responsibilities.

A number of 'low-risk' findings had also been identified.

The Trust had nominated itself to have a visit from the Information Commissioner's Office (ICO) in October 2016, which would provide an opportunity for the ICO to review current practice and provide recommendations around areas for improvement. The Phase one Internal Audit work had provided assurance around some focused areas in advance of the ICO visit.

Phase 2 work of this review was scheduled to take place in January 2017 when the validity of the scores based on the evidence available for a sample of 10 requirements in the Information Governance Toolkit would be reviewed prior to final submission in March 2017.

The Director of Corporate and Legal Affairs advised that the Trust had recognised that the information governance arrangements were in need of strengthening. It had been recognised that key policies and procedures were in need of updating and the Head of Privacy would be updating relevant policies to reflect changes to the IG toolkit.

In response to a query from the Committee Chair, the Director of Corporate and Legal Affairs advised that the new Caldicott standards had been published for consultation.

The Committee Chair highlighted that the Audit Committee was assured by this report.

**Resolved – that the contents of the Information Governance (IG) – Phase 1 Review (paper F refers) be received and noted.**

## 72/16 ITEMS FROM EXTERNAL AUDIT

### 72/16/1 External Audit Progress Report

External Audit presented paper G, advising that meetings had taken place with key colleagues in the Trust to plan for 2017-18 audit work. The audit of Leicester Hospitals Charity's financial statements had been slightly delayed but would be completed in advance of the deadline for submission of accounts and audit opinion to the Charity Commission on 31 January 2017.

External Audit would be meeting with the Trust's Counter-Fraud Specialist to discuss any issues emerging.

The Director of Corporate and Legal Affairs advised that NHS England had recently published a new framework in respect of 'Conflicts of Interests' for CCGs. Similar proposals were expected soon for NHS providers and these would be the subject of public consultation. The relevant Trust policies would be reviewed and updated to reflect the new framework for providers once this had been finalised.

**Resolved – that the contents of paper G be received and noted.**

### 72/16/2 External Audit Review of Payroll Analytics

External Audit expressed concern that it had not been possible to obtain management responses to the findings from the 2015-16 payroll data and analytics work. In discussion on this issue, External Audit were requested to initially escalate this matter to the Director of Workforce and Organisational Development and inform the Audit Committee Chair if there was a delay in receiving a response.

EA

**Resolved – that External Audit be requested to initially escalate to the Director of Workforce and Organisational Development their concerns regarding the non-availability of management responses to the findings from the 2015-16 payroll data and analytics work and inform the Audit Committee Chair if there was a delay in receiving a response.**

EA

### 72/16/3 External Audit of Elective Waiting List Management

External Audit advised that the initial terms of reference for the audit of elective waiting list management had been discussed and signed-off by the Director of Performance and Information. Discussion had also taken place with IM&T colleagues regarding the retrieval of data required for this review. An update on the External

EA

Audit review of Elective Waiting List Management would be provided to Audit Committee in November 2016.

**Resolved – that an update on External Audit review of Elective Waiting List Management be provided to the Audit Committee in November 2016.**

EA

## 73/16 FINANCE – STRATEGIC AND OPERATIONAL ISSUES

### 73/16/1 Discretionary Procurement Actions

Paper I provided a summary of discretionary procurement actions between July and August 2016. The Chief Financial Officer highlighted that his team were operating a better procurement process and he was assured of this arrangement.

In the interest of better segregation of duties and responding to a comment from the Committee Chair, the Chief Financial Officer undertook to liaise with the Head of Procurement in respect of having a pool of Procurement Leads as approvers for tender waivers as in the current report, three of the tender waivers had been approved by the Procurement Lead for the respective items.

CFO

**Resolved – that (A) the contents of paper I be received and noted, and**

**(B) the Chief Financial Officer be requested to liaise with the Head of Procurement in respect of having a pool of Procurement Leads as approvers for tender waivers as currently 3 of the tender waivers had been approved by the same Procurement Lead.**

CFO

## 74/16 ITEMS FROM THE LOCAL SECURITY MANAGEMENT SPECIALIST

### 74/16/1 Local Security Management Specialist (LSMS) Progress Report

The Director of Safety and Risk and the Risk and Assurance Manager attended the meeting to present paper J, an update on progress against the Local Security Management action plan. The Trust had an obligation to comply with NHS Protect security standards and compliance was monitored via an annual self-assessment. Areas of non-compliance had previously been identified from this assessment and an action plan had been developed to resolve any issues.

Members were advised that progress continued to be made, with a further nine actions having been completed since the last report to the Audit Committee in July 2016. There were, however, 10 actions where timescales had slipped and of these there were a number of actions where the delays had been caused by external influences. Other delays had been caused by one LSMS leaving post in July 2016 and not yet being replaced. The Audit Committee sought assurance from the update, however, expressed concern that the message being given was that the high-risk actions that had not been completed by the stated deadline did not require escalation even though the slippage was for good reasons. In response, the Risk and Assurance Manager advised that these actions did not require escalation in the short-term but confirmed that there would be impacts over the longer term if the situation was not resolved. In discussion, it was suggested that a narrative/context be included for the high-risk actions in the 2016-17 Crime Reduction Plan which had not been completed by the stated deadline in order that the Audit Committee could more easily assess the risks.

DSR

**Resolved – that (A) the contents of paper J be received and noted, and**

**(B) the Director of Safety and Risk be requested to include a narrative/context**

**on the high-risk actions in the 2016-17 Crime Reduction Plan which had not been completed by the stated deadline in order that the Audit Committee could more easily assess the risks.**

DSR

**75/16 GOVERNANCE**

**75/16/1 Integrated Risk Management Report (including Board Assurance Framework (BAF) and UHL Risk Register)**

The Director of Safety and Risk and the Risk and Assurance Manager presented paper K, providing a summary of risks being managed at a local level and linked to the Board Assurance Framework (BAF) which was subsequently used to inform the Annual Governance Statement.

The Director of Safety and Risk highlighted that Commissioners had recently reviewed the high risks on the risk register. Clinical Management Groups had been requested to review the position in respect of horizon scanning arrangements and ensure that entries were included on the risk register appropriately.

The Director of Safety and Risk expressed concern that there was no specific assurance in relation to the risk register being pro-active in nature in respect of including the 'real' risks to Corporate Directorates. In respect of risks around EPMA, Dictate IT, ICE, EMRAD etc, it was noted that these did not currently feature on the risk register because the risk score was less than 15. In discussion on this issue, Corporate Directors (particularly IM&T, Human Resources and Finance Directorates) had been requested to check the accuracy of their operational risk registers to ensure risks were appropriately graded and included on the risk register.

CD,  
IM&T/HR/  
Finance

The Director of Safety and Risk advised that the Trust Board now received a separate monthly BAF report in addition to the BAF dashboard and brief narrative which was included in the Chief Executive's monthly summary and queried whether its inclusion twice on the Trust Board agenda was working well. In response, the view was that it was working well and should continue to be presented to the Trust Board in its current format.

**Resolved – that (A) the contents of paper K be received and noted, and**

**(B) it be noted that Corporate Directors (particularly IM&T, Human Resources and Finance Directorates) had been requested to check the accuracy of their operational risk registers to ensure risks were appropriately graded and included on the risk register.**

CD,  
IM&T/HR/  
Finance

**75/16/2 3 Month Review of the Effectiveness of the Revised Arrangements for Risk Management Oversight**

Paper L provided an overview of the recently revised UHL risk management process identifying areas of good practice and areas of concern along with proposals for improvement. The Audit Committee had a responsibility to seek assurance that there were robust risk management processes in place.

In discussion, it was noted that the airtime to discuss the BAF papers at weekly Executive level meetings had improved and these reports were usually scheduled as the first item on the agenda. The process had definitely improved but was not yet perfect. It was suggested that an update providing clarity on whose responsibility (i.e. risk owner/Executive Board) it was to include the initial risk assurance rating be included within paper L prior to its submission to an appropriate Executive level meeting, for discussion.

DSR



The Director of Safety and Risk and Risk and Safety Manager would be attending CMG Quality and Safety Board meetings to observe discussion of CMG risks at these meetings and feedback would be provided to CMG colleagues.

In response to a comment from the Chief Financial Officer that the current form capturing principal risks implied that the risk score was supposed to reduce month by month, the Director of Safety and Risk undertook to give consideration to including wording in the form to indicate that the risk score of particularly strategic risks was not necessarily expected to change on a monthly basis.

DSR

The Audit Committee thanked the Risk and Assurance Manager for his contribution to the Audit Committee noting that he would be retiring at the end of September 2016.

**Resolved – that (A) the contents of paper L be received and noted;**

**(B) an update providing clarity on whose responsibility (i.e. risk owner/ Executive Board) it was to include the initial risk assurance rating be included within Paper L of Audit Committee meeting on 1 September 2016, prior to its submission to an appropriate Executive level meeting, for discussion, and**

DSR

**(C) the Director of Safety and Risk be requested to give consideration to including wording in the form capturing principal risks to indicate that the risk score of particularly strategic risks was not necessarily expected to change on a monthly basis.**

DSR

75/16/3

**Board Assurance Framework – Review of Principal Risk 14 (Failure to develop and agree the appropriate vision and strategy for clinical configuration)**

The Audit Committee Chair introduced discussion on this item advising that it was the Audit Committee's intention to undertake a deep-dive of specific principal risks featuring within the Board Assurance Framework. A review of Risk 14 (failure to develop and agree the appropriate vision and strategy for clinical configuration) (paper M refers) had been selected for review at this Audit Committee meeting and he sought assurance on the actions that were being put in place to minimise this risk and demonstrate good governance in this area. In response, the Chief Financial Officer advised that this was a strategic risk which was complex and challenging and not just contained to UHL.

The Chief Financial Officer highlighted that the overall reconfiguration programme had been RAG rated 'amber' due to the complexity of the programme and the risks associated with delivery.

In discussion on the detailed bed capacity model/assumptions being reviewed as part of the Sustainability and Transformation Plan (STP), it was noted that there were a number of uncertainties, particularly associated with demand and capacity assumptions. There was a need for development of a plan across hospital sites to determine the gap in the current capital plan.

Audit Committee members noted the need for an update to be included on the unanswered questions/uncertainties relating to principal risk 14 and clarity to be provided on the way forward and how the risk assurance should feature on the BAF. An updated version of principal risk 14 would be submitted to Audit Committee on 3 November 2016.

CFO

**Resolved – that (A) the contents of paper M be received and noted, and**

**(B) the Chief Financial Officer be requested to include wording to reflect the concerns expressed by Audit Committee members in respect of the uncertainties relating to principal risk 14 and provide clarity on the way forward and how the risk assurance should feature on the BAF, with an updated version of principal risk 14 being submitted to Audit Committee on 3 November 2016.**

CFO

75/16/4 Corporate Culture

Further to Minute 58/16/3 of 7 July 2016, the Financial Reporting Council (FRC) had published the results of its work, 'Corporate Culture and the Role of Boards – Report of Observations' which was appended to paper N. The FRC had explored the relationship between corporate culture and long-term business success in the UK. The Director of Corporate and Legal Affairs advised that it had been agreed in discussion with the Trust Chairman that a discussion would take place at a Trust Board Thinking Day during the second half of 2016-17 in respect of the work by the Financial Reporting Council in relation to Corporate Culture and the role of Boards.

DCLA

**Resolved – that (A) the contents of paper N be received and noted, and**

**(B) the Director of Corporate and Legal Affairs be requested to timetable a discussion at a Trust Board Thinking Day during the second half of 2016-17 in respect of the recent study undertaken by the Financial Reporting Council of Corporate Culture and the role of Boards.**

DCLA

75/16/5 Consolidated List of Outstanding and In-Progress actions following Internal Audit, External Audit and LCFS Recommendations

Paper O from the Director of Corporate and Legal Affairs advised the Audit Committee of progress against outstanding actions from Internal Audit, External Audit and Local Counter-Fraud Specialist reports. It was noted that these actions were being reviewed at monthly Executive Performance Board meetings.

**Resolved – that the contents of paper O be received and noted.**

76/16 **ASSURANCE GAINED FROM THE FOLLOWING COMMITTEES ON KEY RISKS/ISSUES OF THE TRUST**

76/16/1 Quality Assurance Committee

**Resolved – that the Quality Assurance Committee Minutes from the meetings on 30 June 2016 (paper P1) and 28 July 2016 (paper P2) be received and noted.**

76/16/2 Integrated Finance, Performance and Investment Committee

**Resolved – that the Integrated Finance, Performance and Investment Committee Minutes from the meetings on 30 June 2016 (paper Q1) and 28 July 2016 (paper Q2) be received and noted.**

76/16/3 Charitable Funds Committee

**Resolved – that the Charitable Funds Committee Minutes from 4 August 2016 (paper R) be received and noted.**

77/16 **ANY OTHER BUSINESS**

77/16/1 Cash Position

The Audit Committee Chair advised that Audit Committee members had been made aware of the Trust's cash position and the systems and processes now in place to manage the cash flow challenges that the Trust was facing.

The Chief Financial Officer undertook to circulate the terms of reference of the Cash Committee to Audit Committee members outwith the meeting. He also suggested that an update on the work to be undertaken by PwC in respect of the Trust's cash position – and actions that were being taken by the Trust - be submitted to the Audit Committee in November 2016, for completeness.

CFO

**Resolved – that (A) the position be noted;**

**(B) the terms of reference of the Cash Committee be circulated to Audit Committee members outwith the meeting, and**

CFO

**(C) an update on the work to be undertaken by PwC in respect of the Trust's cash position - and actions that were being taken by the Trust - be submitted to Audit Committee in November 2016.**

CFO

78/16 **IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD**

**Resolved – that the following items be brought to the attention of the Trust Board:-**

AC Chair

- Minute 69/16/1 – Clinical Quality Assurance Process, and
- Minute 75/16/3 – Board Assurance Framework – Review of Principal Risk 14.

79/16 **DATE OF NEXT MEETING**

**Resolved – that (A) the proposed schedule of 2017 meeting dates be approved (as detailed in paper S):-**

- Thursday 5 January 2017;
- Thursday 2 March 2017;
- **Wednesday** 24 May 2017;
- Thursday 6 July 2017;
- Thursday 7 September 2017, and
- Thursday 2 November 2017.

**(B) that the next meeting be held at 2pm on Thursday, 3 November 2016 in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.**

The meeting closed at 5:21pm

Hina Majeed, Trust Administrator

**Cumulative Record of Members' Attendance (2016-17 to date):**

Name	Possible	Actual	% attendance
R Moore (Chair)	3	3	100%
I Crowe	3	2	66%
S Dauncey	2	0	0%
A Johnson	3	3	100%
B Patel	1	1	100%
M Traynor	3	2	66%

**Attendees**

Name	Possible	Actual	% attendance
N Sone	3	3	100%
S Ward	3	3	100%
P Traynor	3	3	100%