

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 April 2019

COMMITTEE: Audit Committee

CHAIRMAN: Kiran Jenkins, Non-Executive Director

DATE OF COMMITTEE MEETING: 8 March 2019

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

- None

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

- None

DATE OF NEXT COMMITTEE MEETING: 24 May 2019

**Kiran Jenkins
Non-Executive Director and Audit Committee Chair**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE AUDIT COMMITTEE HELD ON FRIDAY 8 MARCH 2019 AT
9:00AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY**

Present:

Ms K Jenkins – Non-Executive Director (Chair)
Col. (Ret'd) I Crowe – Non-Executive Director
Mr A Johnson – Non-Executive Director

In Attendance:

Mrs G Belton – Corporate and Committee Services Officer
Mr C Benham – Director of Operational Finance
Mr W Berman – Deputy Head of Performance (for Minute 19/19/4)
Miss M Durbridge – Director of Safety and Risk (for Minutes 23/19/1 and 24/19/1)
Mr J Hammond – Head of UHL Reconfiguration PMO (for Minute 22/19/1)
Mr J Jameson – Deputy Medical Director (for Minutes 19/19/2 and 19/19/3)
Mr R Manton – Risk and Assurance Manager (for Minute 24/19/1)
Ms D Mitchell – Deputy Chief Operating Officer (for Minute 18/19/2)
Ms E Simons – Head of Projects and Programmes IM&T (for Minute 19/19/3)
Mr N Sone – Financial Controller
Ms G Staton – Head of Nursing, Patient Flow and Discharge (for Minute 18/19/2)
Mr P Traynor – Chief Financial Officer
Mr S Ward – Director of Corporate and Legal Affairs

Mr N Mohan – Local Counter Fraud Specialist, PwC

Mr M Stocks – Grant Thornton (the Trust's External Auditor)

Ms A Breadon – Head of Internal Audit, PwC (the Trust's Internal Auditor)

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

ACTION

RECOMMENDED ITEMS

15/19 REPORT FROM THE CHIEF FINANCIAL OFFICER

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

RESOLVED ITEMS

16/19 APOLOGIES

Apologies for absence were received from Mr M Traynor, Non-Executive Director.

Resolved – that the apologies for absence be noted.

17/19 DECLARATIONS OF INTEREST

The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective roles as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd.

18/19 MINUTES

Resolved – that the Minutes of the meeting held on 11 January 2019 (papers A1 and A2) be confirmed as correct records.

19/19 MATTERS ARISING

19/19/1 Matters Arising Progress Report

The Audit Committee received and noted paper B, advising on progress of the actions and matters arising from previous Audit Committee meetings. Particular discussion took place regarding the following entries:-

- (i) Item number 6 / Minute ref 05/19/2 of 11 January 2019 (relating to the closing off of the first year accounts of TGH Ltd) – Mr Stocks (External Audit) confirmed that this matter would be addressed and resolved accordingly; **EA**
- (ii) Item number 7 / Minute ref 05/19/3 of 11 January 2019 (relating to use of generic accounts) – the Director of Operational Finance confirmed that the responsibility for this action sat with the supplier of the Financial System concerned and a confirmed date for resolution had not yet been provided. Mr Stocks (External Audit) undertook to follow up this particular matter to resolution; **EA**
- (iii) Item number 9 / Minute ref 07/19/1 of 11 January 2019 (relating to the timing of the issuing of the audit opinion on the Leicester Hospitals Charity Accounts) – it was confirmed that this action had now been completed and could be RAG-rated '5' and closed accordingly. In discussion, it was agreed that the Director of Corporate and Legal Affairs and Mr Stocks (External Audit) would discuss and agree, outwith the meeting, at which UHL Committees the Leicester Hospital Charity Accounts and Annual Report were to be presented in future (i.e. to determine the necessity of these accounts being submitted to the Audit Committee in addition to the Charitable Funds Committee and Trust Board) and it was agreed that a new action would be opened accordingly within the Matters Arising Log for this purpose; **EA/ DCLA**
- (iv) Item number 18 / Minute ref 62/18/2(b) of 2 November 2018 (re the progression of actions arising from the Internal Audit Review of Estates and Facilities Management Payroll and HR Controls) – it was noted, in discussion, that an update was scheduled for the May 2019 Audit Committee meeting and that the People, Process and Performance Committee received quarterly updates on payroll;
- (v) Item number 22 / Minute ref 65/18/1(a) of 2 November 2018 (re accessing benchmarking data relating to categories of debt) – in discussion on this particular action, Internal Audit confirmed that they could provide the Financial Controller with benchmarking information for this purpose; **IA**
- (vi) Item number 27 / Minute ref 67/18/3 of 2 November 2018 (re the provision of assurance relating to implementing the recommendations arising from the Trust's self-assessment of EPRR – it was noted that this work was in progress and was currently scheduled for May 2019 (under the EPRR workstream), however it was likely that this item would require deferral to the July 2019 Audit Committee agenda due to pressure on the May 2019 Audit Committee agenda;
- (vii) Item number 34 / Minute ref 51/18/1 of 7 September 2018 (relating to reducing business on the FIC agenda for May 2019 to reduce pressure during the audit period) – the Chief Financial Officer confirmed that this would be undertaken for the May 2019 FIC agenda, and **CFO**
- (viii) Item number 37 / Minute ref 5/18/3.5 of 9 March 2018 (relating to arranging extra short-term resource to assist the position in terms of the backlog of invoices not on the system) – the Financial Controller confirmed that this action had been completed and could be RAG-rated '5' and closed accordingly.

Resolved – that (A) the matters arising report and the verbal updates provided on associated actions be received and noted, and

(B) the Corporate and Committee Services Officer be requested to update the Matters Arising Log accordingly to record the new action agreed (point (iii) above refers) and updates against all other actions provided. **CCSO**

Further to Minute 04/19/2 of 11 January 2019, members received and noted the contents of paper C1, which detailed the findings of the Internal Audit Review of Red to Green, which had an overall report classification of 'medium' risk. In the absence of the Chief Operating Officer, Ms Mitchell, Deputy Chief Operating Officer and Ms G Staton, Head of Nursing for Patient Flow and Discharge, attended to present paper C2, which provided an update on progress made with actions outlined within the Internal Audit report, as described within the narrative and as detailed within the action plan appended to the report. In presenting this report, the Deputy Chief Operating Officer confirmed that the Chief Operating Officer had recently been assigned as Executive Lead for Red2Green and would be undertaking her own review of progress in this area.

In discussion on this item:-

- (i) note was made of the need for confirmation of target dates for any actions not yet closed and particular discussion took place regarding the specific work required in respect of a number of these actions (e.g. around Nerve Centre, training and education, medicines management - particularly the writing of TTOs in a timely manner etc.) and
- (ii) Mr Johnson, Non-Executive Director, expressed concern at what he considered to be inconsistent implementation of an important workstream which was worthy of resource – in response, it was noted that Red2Green represented only a small part of the work being taken forward through the A & E Delivery Board and Red2Green needed to be 'owned' by the ward and CMG teams. Note was made of the good progress achieved to-date, albeit it was acknowledged that there was further work to do. In terms of resource, it was noted that Red2Green was not a project which could be implemented, but a way of working which required constant reinforcement and was assisted by visual aids to staff, some of which had been lost following the move to Nerve Centre and required reinstatement via an alternative means, which was under consideration currently. The Director of Corporate and Legal Affairs made note of the Trust's commitment to its Quality Strategy and the fact that different solutions would be identified in different parts of the Trust.

In concluding discussion on this item, the Chair thanked Ms Mitchell and Ms Staton for attending to speak to this item and the Committee agreed to request that the Chief Operating Officer attend the next Audit Committee meeting on 24 May 2019 to provide a further update on progress re Red2Green and an explanation as to how Red2Green played into the Quality Strategy.

COO

Resolved – that (A) the contents of these reports (papers C1 and C2 refer) be received and noted, and

(B) the Chief Operating Officer be requested to attend the next Audit Committee meeting on 24 May 2019 to provide a further update on progress re Red2Green and an explanation as to how Red2Green played into the Quality Strategy.

COO

20/19 ITEMS FROM INTERNAL AUDIT

20/19/1 Internal Audit Progress Report

Ms Breadon, Head of Internal Audit, PwC (the Trust's Internal Auditor), presented paper D, which provided the Committee with an update on the work of Internal Audit since the last Audit Committee meeting held in January 2019. Particular note was made of the following:-

- (a) the work undertaken by Trust staff in order to close Internal Audit

recommendations off. Internal Audit continued to review TrAction to assess implementation of agreed audit actions, and

- (b) the fact that Internal Audit would be producing their draft Internal Audit opinion 2018/19 before the end of March 2019 and would therefore circulate this to Audit Committee members outwith the meeting.

IA

Members received and noted the contents of this report and specific discussion took place regarding the backlog maintenance actions detailed within Appendix A (page 9 of paper D refers). Mr Johnson, Non-Executive Director, expressed concern at the status of this action and the way in which backlog maintenance was communicated. In response, the Chief Financial Officer advised that the information included within the report did not do justice to the extensive work on-going around backlog maintenance and the many milestones between now and the ultimate (revised) target date of February 2020 quoted within the report. He undertook to provide a more detailed progress update, featuring individual milestones, for submission to the next Audit Committee meeting in May 2019.

CFO

Resolved – that (A) the contents of this report be received and noted,

(B) Internal Audit be requested to produce the draft Internal Audit opinion 2018/19 before the end of March 2019, for circulation to Audit Committee members outside of the meeting, and

IA

(C) (in respect of the backlog maintenance actions detailed within appendix A (page 9 of paper D)), the Chief Financial Officer be requested to provide a more detailed progress update featuring individual milestones, for submission to the next Audit Committee meeting in May 2019.

CFO

20/19/2 Internal Audit Review of Learning from Deaths (overall medium risk rating)

Members received and noted the contents of paper E1, which detailed the outcome of the Internal Audit Review of Learning from Deaths, which had been assigned an overall medium risk rating.

Mr Jameson, Deputy Medical Director, attended the meeting for discussion on this item and confirmed to members that a plan would be in place by 30 June 2019 (relating to the further automation of existing processes). The same target date was also in place for the introduction of measures to respond to the other two main recommendations arising from the report (relating to the Medical Examiner role and delays in identifying learning). In further discussion, note was made of the need also to await national guidance in terms of the Medical Examiner role and Mr Jameson emphasised that the Trust utilised many sources for identifying potential issues, not only the contents of Medical Examiner reports and the Learning from Deaths Framework.

Resolved – that the contents of this report be received and noted.

20/19/3 Internal Audit Review of the E-Hospital Programme (overall medium risk rating)

Members received and noted the contents of paper E2, which detailed the outcome of the Internal Audit Review of the E-Hospital Programme, which had been assigned an overall medium risk rating. Mr Jameson, Deputy Medical Director and Ms E Simons, Head of Projects and Programmes (IM&T), were in attendance for discussion on this item.

Ms Simons, Head of Projects and Programmes (IM&T) confirmed that work was underway in response to the recommendations arising from the Internal Audit Review and confirmed that the target dates listed should be achievable. In discussion, it was agreed that, as part of the IM&T Strategy and Priorities session within the Trust Board

Thinking Day on 14 March 2019, there should be discussion on the clarification of the governance structure around the E-Hospital Programme and agreement as to which Committee regular programme updates should be submitted (e.g. through the People, Process and Performance Committee).

DCLA

Resolved – that (A) the contents of this report be received and noted, and (B) discussion be held, as part of the IM&T Strategy and Priorities session within the Trust Board Thinking Day on 14 March 2019, to clarify the governance structure around the E-Hospital Programme and determine to which Committee regular programme management updates should be submitted.

DCLA

20/19/4 Internal Audit Review of Data Quality (overall medium risk rating)

Members received and noted the contents of paper E3, which detailed the outcome of the Internal Audit Review of Data Quality, which had been assigned an overall medium risk rating. Mr W Berman, Deputy Head of Performance, was in attendance for discussion on this item.

Members received and noted the contents of this report and particular discussion took place regarding the validation processes utilised by Trusts and how these could potentially be further strengthened. Note was made of the importance of training and a focus on 'Getting It Right First Time'.

Resolved – that the contents of this report be received and noted.

20/19/5 Internal Audit Review of Regular Assessment against CQC Requirements

Members received and noted the contents of paper E4, which detailed Internal Audit's Regular Assessment against CQC requirements, which had been commissioned by the Trust's previous Chief Nurse on the basis that CQC requirements should be considered on a regular basis. The work was not risk-rated as it was developmental in nature. Audit Committee members thanked Internal Audit for their work in this respect, noting the value of this work to the organisation.

Mr A Johnson, Non-Executive Director, expressed his concern at the potential for inconsistent management across the Trust's Clinical Management Groups. It was therefore agreed that the Director of Corporate and Legal Affairs would submit a response from the Executive Team, at the next Audit Committee meeting on 24 May 2019, as to how assurance would be provided in respect of the consistency of management across the Clinical Management Groups. Note was also made that discussions remained underway as to the content of the Internal Audit Plan for 2019/20 with the opportunity for additions.

DCLA

Resolved – that (A) the contents of this report be received and noted, and (B) the Director of Corporate and Legal Affairs be requested to submit a response from the Executive Team, at the next Audit Committee meeting on 24 May 2019, as to how assurance would be provided in respect of the consistency of management across the Clinical Management Groups.

DCLA

20/19/6 Internal Audit Risk Assessment and Plan 2019/20 – Progress Update

Ms Breadon, Head of Internal Audit, PwC (the Trust's Internal Auditor), presented paper F, which detailed a progress update on the work performed in relation to assessing risk and developing the Internal Audit plan for 2019/20. Whilst work had commenced to assess risk and develop the Internal Audit Plan for 2019/20, Internal Audit were unable to produce their full Internal Audit Risk Assessment and Plan Document at this stage as it was important that the IA plan fully aligned with the Trust's key risks and assurance framework, discussion on which remained in progress.

Internal Audit therefore intended to submit their full risk assessment and internal audit plan to the May 2019 Audit Committee for approval. In the meantime, in order to allow work to commence in quarter 1 of 2019/20, Internal Audit had agreed with the Executive Team some potential reviews that could be started, subject to approval from the Audit Committee in the areas of Payroll and Data Quality. The Audit Committee was therefore requested to note the progress made to date and agree the proposed Internal Audit reviews to be carried out in Q1 2019/20.

In discussion:

- (i) the Audit Committee agreed the proposed Internal Audit Reviews for undertaking in quarter 1 of the 2019/20 financial year as detailed within the report, and IA
- (ii) debated the process for determining the areas of focus for Internal Audit in any given year, in terms of these being Executive driven (guided by IA advice). The Chair noted the appropriateness of the IA Plan being based upon the Trust's risks and it was noted that the Plan would be presented for Audit Committee approval at the next meeting. The Chief Financial Officer noted the need for the Executive Team to be explicit about the areas which did not feature in the Plan and determine how assurance could be provided to Non-Executive Directors in respect of these. IA

Resolved – that (A) the contents of this report be received and noted,

(B) the commencement of Internal Audit Reviews into Payroll and Data Quality in quarter 1 of 2019/20 be approved (as per the proposal detailed within the report), and IA

(C) Internal Audit be requested to submit the full Internal Audit Risk Assessment and Plan document to the May 2019 Audit Committee meeting for approval. IA

21/19 ITEMS FROM EXTERNAL AUDIT

21/19/1 Report from External Audit

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

21/19/2 External Audit Plan Update

Paper G1 detailed an update to the 2018/19 External Audit Plan presented at the last meeting (Minute 05/19/2 of 11 January 2019 refers), noting that, since that date, External Audit had identified one new additional significant risk for the audit of the Trust's 2018/19 financial statements relating to going concern material uncertainty disclosures. External Audit noted that they would report their findings against this risk in the Audit Findings Report in May 2019.

Resolved – that the contents of this report be received and noted.

22/19 ITEMS FROM THE LOCAL COUNTER FRAUD SPECIALIST (LCFS)

22/19/1 Local Counter Fraud Progress Report

Paper H, as presented by Mr Mohan, Local Counter Fraud Specialist, detailed the latest Counter Fraud Progress Report, the contents of which were received and noted.

Resolved – that the contents of this report be received and noted.

Paper I, as presented by Mr Mohan, Local Counter Fraud Specialist, detailed the proposed Annual Counter Fraud Work Plan for the Trust for the period 1 April 2019 to 31 March 2020. The plan had been designed to build on the work undertaken within the Trust, to date, to promote an anti-fraud culture and the undertaking of local and national proactive counter fraud work. Status reports tracking the progress of the work plan would be presented to the Audit Committee through the year and an annual report would be issued by March 2020.

In presenting this report, Mr Mohan particularly drew the Committee's attention to the highest rated risk areas of fraud and corruption on page 8 of the report, to which the Committee needed to be sighted when considering the Plan. Particular discussion also took place regarding the work and membership of the Fraud Risk Group, which had representation from HR, Legal, Corporate Medical, Corporate Nursing and Finance.

The Audit Committee approved the annual workplan presented, acknowledging the flexibility available to make changes, if required, at a future point. It was agreed that, for the purpose of providing assurance, the Local Counter Fraud Specialist would submit a full list of risk areas relating to potential fraud, bribery and corruption for review at the next Audit Committee meeting.

LCFS

Resolved – that (A) the Counter Fraud Annual Work Plan for 2019/20 be approved (noting the flexibility available to update this, if required, at a future point in time), and

(B) the Local Counter Fraud Specialist be requested to submit a full list of risk areas relating to potential fraud, bribery and corruption for review at the next Audit Committee meeting.

LCFS

23/19 FINANCE – STRATEGIC AND OPERATIONAL ISSUES

23/19/1 Reconfiguration Programme Interdependencies and Risks

At its meeting in January 2019 (Minute 9/19 refers), the Trust Board had requested that the Audit Committee reviewed the reconfiguration interdependencies and associated risks.

As robust and detailed interdependencies could not be defined until capital was made available for each project's business case development, the Reconfiguration Programme Board had agreed that the ICU programme would be presented as an example of how interdependencies and risks would be managed within the programme. Paper J therefore provided an update on the agreed governance for the ICU programme, identified interdependencies and risks. In presenting this report, Mr Hammond, Head of UHL Reconfiguration PMO, particularly drew the Committee's attention to appendix 7 of the report which detailed a draft high level delivery and critical milestone ICU programme.

In discussion on this item, members:-

- (i) sought, and received, assurance that, at this point in time, the programme was adequately resourced with the right resource in the right place, albeit acknowledgement was made that the success of the project was dependent upon relevant staff being freed up to engage at the level required. The project had funded PA time to release key individuals for this purpose. Furthermore, the Director of Corporate and Legal Affairs confirmed that the need to release resource from CMGs was recognised and addressed in the Trust's Quality Strategy;
- (ii) sought, and received, assurance as to the authority available through the

- Reconfiguration Programme Board with utilisation of frameworks which currently existed, and
- (iii) noted the comments made by Col (Ret'd) Crowe, Non-Executive Director and Chair of the Quality and Outcomes Committee (QOC), in relation to improvements which could be made regarding the cross site transfer of patients, as identified through workstreams feeding into QOC, and the need therefore for the Trust to be agile and flexible in its plans for the purpose of prioritising patient safety.

Members received and noted the contents of this report and expressed sufficient assurance such that this item did not need to be presented again at the Audit Committee.

Resolved – that the contents of this report be received and noted.

23/19/2 Depreciation Charges for 2018/19

Paper L, as presented by the Director of Operational Finance, updated the Audit Committee on the review of asset lives and the associated depreciation charges within the 2018/19 financial settlements.

The Audit Committee was requested to note the current position of the asset category review as detailed within the report and note the requirement to approve extending the asset lives for equipment to a maximum of 15 years.

In response to a query raised by the Audit Committee Chair as to whether a 15 year period for the asset lives for equipment was in line with other Trusts, Mr Stocks, External Audit, undertook to benchmark UHL against other Trusts for this particular indicator and report back accordingly via the Matters Arising Log at the next Audit Committee meeting.

EA

Resolved – that (A) the contents of this report be received and noted, and

(B) Mr Stocks, External Audit, be requested to benchmark the asset lives for equipment at other Trusts in comparison to UHL (noting the requirement in paper L to approve extending the asset lives for equipment to a maximum of 15 years).

EA

23/19/3 Discretionary Procurement Actions

Paper M detailed the regular report relating to discretionary procurement actions, the contents of which were received and noted.

Resolved – that the contents of this report be received and noted.

23/19/4 Report from Chief Financial Officer

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

24/19 **ITEMS FROM LOCAL SECURITY MANAGEMENT SPECIALIST**

24/19/1 Security Management Report

Miss M Durbridge, Director of Safety and Risk, attended to present paper O, which provided assurance against the standard set out in the Security Annual Work Plan. It also detailed pertinent challenges and successes in security management and attached the Security Management Action Plan (appendix A of the report refers).

Particular discussion took place regarding the improving of CCTV coverage at Trust sites, positive opportunities arising through the training workstream and also regarding increasing assaults on staff. It was clear that the overall numbers for assaults for the year would be significantly higher than in previous years, which was also reflective of the national trend. The Director of Safety and Risk was requested to submit the end of year figures relating to assaults on staff to the People, Process and Performance Committee, when available, for onward reporting to the Trust Board.

DSR

Resolved – that (A) the contents of this report be received and noted, and

(B) the Director of Safety and Risk be requested to submit the end of year figures relating to assaults on staff to the People, Process and Performance Committee, when available, for onward reporting to the Trust Board.

DSR

25/19 GOVERNANCE

25/19/1 Integrated Risk Management Report

Miss Durbridge, Director of Safety and Risk and Mr Manton, Risk and Assurance Manager, presented paper P, which provided an overview of the effectiveness of the risk management arrangements including management of the Board Assurance Framework and organisational risk register. The Audit Committee was invited to review and note the contents of this report and advise as to any further clarifications required.

In discussion, members noted the very positive discussions held at the Trust Board meeting the previous day and of intended further discussion at the next Trust Board Thinking Day relating to this item. Particular note was made of the changes made since this report was last presented to the Audit Committee. In discussion, it was noted that it would be helpful if, when updating the scores relating to principal risks, Lead Directors clearly documented the drivers behind the updated scores.

Resolved – that (A) the contents of this report be received and noted, and

(B) Lead Directors be requested to clearly document the drivers behind any updated scores relating to principal risks.

DSR /
Lead
Directors

25/19/2 Annual Governance Statement (AGS) 2018/19

The Director of Corporate and Legal Affairs presented paper Q, which described the approach to be adopted in preparing the Annual Governance Statement for 2018/19, the contents of which were received and noted. He requested that Audit Committee members notified him if they had any comments to make in respect of the areas for inclusion in the AGS outlined under section 3.3.

The Director of Corporate and Legal Affairs was requested to (1) submit the draft Annual Governance Statement 2018/19 to the May 2019 meeting of the Audit Committee for consideration thereon and recommendation for adoption (alongside the Annual Report and Accounts) to be made to the Trust Board at its meeting to be held later the same day and (2) to provide a copy of the previous year's Annual Governance Statement 2017/18 to Ms Jenkins, Audit Committee Chair.

DCLA

Resolved – that (A) the contents of this report be received and noted,

(B) the Director of Corporate and Legal Affairs be requested to:-

- (1) submit the draft Annual Governance Statement 2018/19 to the May 2019 meeting of the Audit Committee for consideration thereon and recommendation for adoption (alongside the Annual Report and Accounts) to be made to the Trust Board at its meeting to be held later**

the same day and
(2) provide a copy of the previous year's Annual Governance Statement 2017/18 to Ms Jenkins, Audit Committee Chair.

DCLA

26/19 ITEMS FOR INFORMATION

26/19/1 Benchmarking the Annual Report

Resolved – that the contents of paper R, which provided the Committee with a benchmarking analysis of the Trust's 2017-18 Annual Report, be received and noted.

27/19 ASSURANCE GAINED FROM THE FOLLOWING COMMITTEES ON KEY RISKS/ ISSUES OF THE TRUST

27/19/1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the QOC meetings held on 20 December 2018 and 31 January 2019 be received and noted as papers S1 and S2.

27/19/2 People, Process and Performance Committee (PPPC)

Resolved – that the Minutes of the PPPC meetings held on 20 December 2019 and 31 January 2019 be received and noted as papers T1 and T2.

27/19/3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the FIC meetings held on 20 December 2019 and 31 January 2019 be received and noted as papers U1 and U2.

27/19/4 Charitable Funds Committee (CFC)

Resolved – that the Minutes of the CFC meeting held on 7 February 2019 be received and noted as paper V.

28/19 ANY OTHER BUSINESS

28/19/1 Data Breach Response Plan

The Audit Committee Chair queried whether the Trust had a Data Breach Response Plan, in response to which the Director of Corporate and Legal Affairs confirmed that such was likely to form part of the Trust's approach to Information Governance, which fell under the remit of the Acting Chief Information Officer. It was agreed that the Director of Corporate and Legal Affairs would arrange for the submission of information to a future Audit Committee meeting (potentially July 2019) confirming (1) whether the Trust had a Data Breach Response Plan and (2) within whose remit the responsibility for this plan fell.

Resolved – that the Director of Corporate and Legal Affairs be requested to arrange for the submission of information to a future Audit Committee meeting (provisionally July 2019) confirming (1) whether the Trust had a Data Breach Response Plan and (2) within whose remit responsibility for this plan fell.

DCLA

29/19 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD

Resolved – that the following item be brought to the attention of the Trust Board at its meeting on 4 April 2019:

- **Minute 15/19 – Report from the Chief Financial Officer (recommended item).**

30/19 DATE OF NEXT MEETING

Resolved – that the next meeting be held on Friday 24 May 2019 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12.15pm.

Gill Belton
Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2018-19 to date):

Name	Possible	Actual	% attendance
R Moore (Chair) – until Nov 2018	4	4	100%
K Jenkins – from Jan 2019	2	2	100%
I Crowe	6	6	100%
A Johnson	6	6	100%
M Traynor	6	5	83%

Attendees

Name	Possible	Actual	% attendance
C Benham	6	6	100%
N Sone	6	6	100%
S Ward	6	6	100%
P Traynor	6	6	100%