

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING: 3 August 2017**

**COMMITTEE: Audit Committee**

**ACTING CHAIRMAN: Martin Traynor, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 6 July 2017**

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

- **Minute 48/17/4 – Confidential report by the Chief Financial Officer.**

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

- **Minute 54/17/2 – Confidential report by the Chief Financial Officer;**
- **Minute 55/17/1 – Alternative Sources of Assurance, and**
- **Minute 56/17/1 – Local Security Management Specialist report.**

**DATE OF NEXT COMMITTEE MEETING: 7 September 2017**

**Martin Traynor, Non-Executive Director and Acting Audit Committee Chair**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE AUDIT COMMITTEE HELD ON THURSDAY 6 JULY 2017 AT 2PM IN SEMINAR ROOMS 2 AND 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL**

**Present:**

Mr M Traynor – Non-Executive Director (Acting Chair)  
Colonel (Retired) I Crowe – Non-Executive Director  
Mr A Johnson – Non-Executive Director  
Mr B Patel – Non-Executive Director

**In Attendance:**

Mr C Benham – Director of Operational Finance  
Mr J Clarke – Chief Information Officer (for Minutes 52/17/1 and 52/17/2)  
Miss M Durbridge – Director of Safety and Risk (for Minute 56/17/1)  
Mr R Manton – Risk and Assurance Manager (for Minute 57/17/1)  
Mrs K Rayns – Trust Administrator  
Mr N Sone – Financial Controller  
Ms N Topham – Reconfiguration Programme Director (for Minutes 54/17/2 and 57/17/2)  
Mr P Traynor – Chief Financial Officer  
Mr S Ward – Director of Corporate and Legal Affairs

Mr N Mohan – Local Counter Fraud Specialist, PwC (up to and including Minute 39/17/1)

Mr M Stocks – Partner, Grant Thornton (the Trust's External Auditor) (up to and including Minute 60/17)

Ms A Breadon – Head of Internal Audit, PwC (the Trust's Internal Auditor) (up to and including Minute 57/17/2)

Ms C Wood – Senior Manager, PwC (the Trust's Internal Auditor) (up to and including Minute 60/17)

**ACTION**

**RECOMMENDED ITEMS**

48/17/4      Confidential Report by the Chief Financial Officer

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

**RESOLVED ITEMS**

49/17      **APOLOGIES**

**Resolved** – that an apology for absence be noted from Mr R Moore, Non-Executive Director (Audit Committee Chair) and the meeting be Chaired by Mr M Traynor, Non-Executive Director in his absence.

50/17      **MINUTES**

**Resolved** – that the Minutes of the meeting held on 26 May 2017 (papers A1 and A2) be confirmed as correct records.

51/17      **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 progress of the following entries:-

**(a) Item 14 – Internal Audit Review of the UHL Quality Commitment (Minute**

**38/17/2.1b of 26 May 2017 refers)** – Colonel (Retired) I Crowe, Non-Executive Director confirmed that he had provided the Chief Nurse with a copy of the article about changing the focus from ‘Quality Assurance’ to ‘Quality Outcomes’ and an initiative was now being taken forwards with Bristol in this respect;

**(b) Item 16 – Internal Audit Review of Debtors (Minute 38/17/2.3a of 26 May 2017 refers)** – the Financial Controller advised that the issues highlighted in respect of UHL’s financial system would be addressed in the next version of the software. Internal Audit confirmed that progress of this recommendation would be monitored through the TrAction system;

IA

**(c) Item 26 – National Counter Fraud Investigation (Minute 46/17/1 of 26 May 2017 refers)** – further discussion on this confidential item of business was scheduled to be held at the end of today’s meeting agenda;

**(d) Item 28 – Cyber Security (Minute 20/17/2 of 2 March 2017 refers)** – an updated progress report featured on today’s meeting agenda;

**(e) Item 37 – Audit Committee Self-Assessment (Minute 25/17/4 of 2 March 2017 refers)** – the results of the self-assessment exercise had been rescheduled for the September 2017 Audit Committee with the agreement of the Committee Chair;

DCLA

**(f) Item 39 – Local Security Management Specialist report (Minute 5/17/1b of 5 January 2017 refers)** – a progress report on Local Security Management arrangements featured on the agenda for today’s meeting, and

**(g) Item 40 – Replacement CCTV Equipment (Minute 5/17/1(c) of 5 January 2017 refers)** – the future replacement of CCTV equipment would be considered during the discussion on Local Security Management arrangements later on today’s agenda.

**Resolved – that the matters arising report and the associated actions be received and noted.**

**52/17 KEY ISSUES**

52/17/1 Confidential Report by the Chief Information Officer

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

52/17/2 Update on EMRAD/GE PACS Issues

Further to Minute 137/16/1 of the 22 December 2016 Quality Assurance Committee meeting, the Audit Committee had been requested to undertake a post-implementation review of the Picture Archiving and Communications System (PACS) and accompanying Radiology Information System (RIS) as implemented under the East Midlands Radiology (EMRAD) Consortium.

Paper C from the Chief Information Officer briefed the Audit Committee on progress with the service improvement action plan for deployment of network upgrades, upgrading the software, starting the equipment refresh and planning for the next steps if no improvement was made. The Chief Operating Officer advised that concerns raised by UHL staff had been escalated to GE and a letter had been provided to GE setting out a clear action plan for remedial improvements, together with timescales for their completion. Members noted that the alternative option of removing the GE product and developing a more stable software solution would be a very complex and expensive course of action, only to be progressed as a last resort.

Colonel (Retired) I Crowe, Non-Executive Director confirmed that he had read the letter to GE and he reiterated the need to ensure that UHL's clinical staff were serviced appropriately. He queried at what point the Trust would decide that the solution was not working. In response, the Chief Information Officer noted the small but measurable benefits of the software upgrade and advised that the backlog of imaging reporting had reduced. However, GE were not yet delivering an optimal service and they were being penalised for this within the contract.

There remained a collection of small issues to be resolved for a variety of users, but it appeared that the training requirements had not been followed through for such a large scale change. For example, some clinicians were not aware of a simple process for displaying 2 sets of images on the screen at the same time. There was noted to be a resource issue attached to providing face-to-face training, but it should be possible to develop an e-learning package, a sheet of frequently asked questions and some on-line help/chat functionality within the existing resources. The Acting Chair requested that the Medical Director and the Director of Workforce and Organisational Development be requested to follow up on the opportunities to strengthen the arrangements for robust user training.

**MD/  
DWOD**

Colonel (Retired) I Crowe, Non-Executive Director sought and received additional information regarding the network upgrades for each Hospital site and the arrangements for swapping out existing hardware, noting that the most urgent clinical facing services, such as theatres and fracture clinics were being identified and prioritised accordingly.

Finally, the Acting Chair commented upon the age of some of UHL's IT equipment and queried whether there was sufficient funding available to replace this. In response, the Chief Information Officer advised that an alternative funding model was being explored with IBM in order to financially engineer a more robust solution. The Chief Financial Officer confirmed that he was aware of these discussions and he was content for the Chief Information Officer to continue exploring this concept.

**Resolved – that (A) the update on EMRAD issues be received and noted as paper C, and**

**(B) the Medical Director and the Director of Workforce and Organisational Development be requested to explore opportunities to strengthen the arrangement for user training on the GE software.**

**MD/  
DWOD**

52/17/3

Waiting List Management Action Plan

Further to Minute 36/17(b) of 26 May 2017, paper D provided an update on the key risks within the administrative process for supporting the management of elective waiting lists. The next stage of the management plan would focus upon the following 4 critical projects to improve the resilience of the system:-

- (a) transcription project to standardise clinical correspondence;
- (b) acting on results project;
- (c) e-ordering project, and
- (d) mandating all referrals through the e-referrals system.

The longer term solution would be to deliver a new Patient Administration System (PAS) which would have robust patient tracking at its core. Audit Committee members noted that the Quality Assurance Committee was monitoring progress of this workstream on a regular basis.

**Resolved – that the update on the Waiting List Management Action Plan be received and noted as paper D.**

**53/17 ITEMS FROM THE LOCAL COUNTER FRAUD SPECIALIST (LCFS)**

53/17/1 Local Counter Fraud Progress Report

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

**54/17 ITEMS FROM INTERNAL AUDIT**

54/17/1 Internal Audit Progress Report and Progress of Outstanding Audit Actions

Ms A Breadon, Head of Internal Audit, introduced paper F, providing an update on work undertaken within the Internal Audit Programme since the last meeting held in May 2017. Members noted that the review of the Emergency Floor post project evaluation had been completed and this report featured as a separate item on today's agenda (Minute 54/17/2 below refers). Fieldwork had been completed for the Consultant Job Planning review and the scoping meeting had been held for the review of the Trust's Cost Improvement Programme, with fieldwork due to commence in July 2017. Internal Audit had also shared the new NHS Non-Executive Director development programme with UHL's Non-Executive Directors and they continued to monitor progress with the implementation of recommendations arising from previous reviews. Internal Audit were pushing back where evidence had not been submitted or where evidence was not considered suitable or sufficient to support the recommendations going forward.

At this point in the meeting, the Audit Committee also considered paper Q from the Director of Corporate and Legal Affairs advising the Audit Committee of progress against outstanding actions from Internal Audit, External Audit and Local Counter-Fraud Specialist reports as at 29 June 2017. The Director of Operational Finance advised that that this report was reviewed in some depth by the Executive Performance Board on a monthly basis. In general, there appeared to be a mixture of issues causing lack of progress with some recommendations, including difficulty in uploading the evidence and agreeing deadline extensions. As a user of the TrAction system, the Financial Controller commented on the helpful nature of the emailed warning notices prior to expiry of each deadline. Responding to a query, Internal Audit advised that the Trust did not appear to be a particular outlier in terms of the number of recommendations elapsing their due dates for completion.

The Acting Audit Committee Chair sought members' views regarding the number of actions outstanding and the best way to move forwards, and the Director of Corporate and Legal Affairs suggested that the Audit Committee might like to invite the lead officers to attend a future meeting of the Audit Committee (where the actions had been outstanding for a significant period of time). This suggestion was supported and it was agreed that all of the lead officers would be advised/put on notice of this new requirement.

**DCLA**

Finally, Internal Audit representatives commented upon an opportunity for Internal Audit to provide additional clarity regarding the type of evidence that was expected to be submitted (at the time when they issued their Internal Audit Review reports).

**IA**

**Resolved – that (A) the Internal Audit Progress Report and the list of Outstanding Audit Actions be received and noted as papers F and Q (respectively),**

**(B) the Director of Corporate and Legal Affairs be requested to advise the lead officers that they were likely to be invited to attend a future meeting of the Audit Committee to explain the reasons for any delays in progressing their outstanding audit recommendations, and**

**DCLA**

**(C) Internal Audit be requested to provide additional clarity regarding the type of evidence expected to be uploaded onto the TrAction system (at the time when the Internal Audit reports were issued).**

IA

54/17/2 Confidential Report by the Chief Financial Officer

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

55/17 **FINANCE – STRATEGIC AND OPERATIONAL ISSUES**

55/17/1 Alternative Sources of Assurance

Further to Minute 38/17/4 of 26 May 2017, paper H provided a commentary on the available alternative sources of assurance for those areas of risk which were not being progressed within the 2017-18 Internal Audit Programme. As in previous years, the Internal Audit Programme had been over-subscribed and it had become necessary to prioritise the plan according to the level of risk and the frequency of reviews.

The Chief Financial Officer acknowledged the support of both Internal Audit and the Director of Corporate and Legal Affairs in preparing this report. He provided an overview of the format of the report which focused upon the Trust's Board Assurance Framework (in table 1) and PwC's risk assessment (in table 2). The Audit Committee undertook a line by line review of each item within the second table, particularly commenting upon the following items:-

- (a) partnership working – the Trust Board had not yet had sight of the single cross-organisational dashboard for the LLR STP (as referenced within the Trust Board action log);
- (b) taxation – the Remuneration Committee was sighted to the challenges associated with recent changes to taxation rules (eg IR35);
- (c) staff sickness/absence management – a monthly report was provided to the Integrated Finance, Performance and Investment Committee within the Workforce and Organisational Development slides;
- (d) succession planning – proposals for a UHL People Strategy would be presented to the Trust Board thinking day in August 2017. In addition, the Remuneration Committee had considered arrangements for UHL's talent management;
- (e) disaster recovery – this had been reviewed as part of the lessons learned during UHL's recent email shutdown and the relevant NHS England returns were approved by the Trust Board on an annual basis;
- (f) bed management and discharge processes – these risks were being managed under the 'Organisation of Care' workstream (led by Mr S Barton in his new role as Director of Operational Improvement). In addition, the Trust's Red to Green programme supported this workstream;
- (g) attendances/admissions – the planned Internal Audit review of the dynamic priority score system would partially cover the admissions aspect of this risk, and
- (h) medical records – the Electronic Document Records Management (EDRM) project was shortly to be re-launched, and oversight would be maintained by the Executive IM&T Board.

Following this discussion, the Acting Audit Committee Chair and Colonel (Retired) I Crowe, Non-Executive Director both commented on the value of the process that had been undertaken and the assurance that they had gained from it.

**Resolved – that the alternative sources of available assurance for those items not included within the 2017-18 Internal Audit Programme be received and noted as paper H.**

55/17/2 Annual Review of Risks and Controls Around Financial Management

Paper I briefed the Audit Committee on the annual review of the financial management, monitoring and reporting arrangements and assured the Audit Committee that there was appropriate control over the Trust's financial position and budgetary control. Section 2.1 described the governance arrangements for the weekly CMG performance meetings, monthly Executive Performance Board meetings and monthly IFPIC and Trust Board meetings and highlighted the reporting process which tracked income, pay, non-pay and CIP run-rates throughout the year in a consistent manner. The Acting Audit Committee Chair commented upon the clarity of the graphs and run-rate trends which were helpful to see each month at IFPIC and the Trust Board.

**Resolved – that the outputs of the annual review of risks and controls around financial management be received and noted as paper I.**

55/17/3 Discretionary Procurement Actions

Paper J provided a summary of the 9 occasions when it had been necessary to waive the Trust's regular procurement processes during the period May 2017 to July 2017. Appendix 1 set out the details of each case of need and provided explanations for the respective approvals. The Director of Operational Finance advised that 2 of the waivers related to the same embedded radiology reporting service. It was hoped to develop a local supplier framework agreement within the next 6 months for this service, but in the meantime the additional radiology reporting capacity was essential to the operational delivery of the service.

**Resolved – that the summary of discretionary procurement actions be received and noted as paper J.**

55/17/4 NHS Improvement (NHSI) Costing Assurance Programme Assessment

The Director of Operational Finance presented paper L, briefing the Audit Committee on UHL's participation in the NHSI Costing Transformation Programme which aimed to improve costing on a national basis. UHL had scored well in terms of adherence to standards and quality of data analytics, but the areas of programme management and IT infrastructure had scored less well, particularly as there was seen to be a lack of formal governance process relating to CTP. Responding to a query raised by Mr A Johnson, Non-Executive Director, the Director of Operational Finance highlighted an opportunity to swap data with the other participating Trusts in order to benchmark UHL's position within the pilot group. The Chief Financial Officer undertook to circulate a copy of the letter from Mr B Alexander, NHS Improvement (confirming the outputs of the assessment) to Audit Committee members for information.

**CFO**

**Resolved – that (A) the update on the NHSI Costing Assurance Programme Assessment be received and noted as paper L, and**

**(B) the Chief Financial Officer be requested to circulate a copy of the letter from Mr B Alexander, NHS Improvement to Audit Committee members (outside the meeting).**

**CFO**

56/17 **LOCAL SECURITY MANAGEMENT SPECIALIST**

56/17/1 Local Security Management Progress Report and Annual Plan 2017-18

The Director of Safety and Risk attended the meeting to introduce paper M, briefing the Audit Committee on the arrangements for managing security at UHL, as considered by the Executive Performance Board on 27 June 2017. As of 3 July

2017, NHS Protect would cease to exist as a special NHS Authority, but the Annual Work Plan template would continue to be used to measure UHL's performance against external requirements and best practice (appendix 1 refers). Members noted that UHL now had 2 fully trained Local Security Management Specialists and all national compliance requirements were met. Violence and aggression statistical trends were encouraging, as the number of physical assaults reported in 2016 had reduced by 33% when compared to the previous year. All violent and aggressive incidents involving members of staff were followed up with either a letter or a visit depending upon the circumstances of the incident.

Section 4 of the action plan focused on the provision of a comprehensive network of modern CCTV surveillance across all UHL sites for the purpose of preventing and detecting crime and ensuring the safety of public, patients, visitors and staff. Whilst the new Emergency Department had provided high quality surveillance equipment, some of the Trust's older CCTV equipment did not have the required functionality (eg face recognition technology) to support the service going forwards. However, this did not reflect any breach in compliance standards. The costs for replacement CCTV equipment had been estimated at £100k, but this was based upon a site survey completed over 2 years previously. In any case, the replacement had been deemed unaffordable for 2017-18 within the context of the reduced capital availability and the relative priorities of other statutory and mandatory compliance issues.

Discussion took place regarding the opportunities to explore other types of funding to support a business case for replacement CCTV equipment. The action plan provided at appendix 1 detailed the intention to commission a survey from a reputable security company by February 2018 to cost up the available options. It was agreed that this action would be monitored by the Audit Committee as part of a quarterly review of the overall Security Management arrangements.

**CFO**

**AC  
CHAIR**

Finally, the Director of Safety and Risk advised that previously, the security function had sat within the Estates and Facilities Directorate, but under the contracted out service, this had come under the management of the Director of Safety and Risk. A discussion on the future reporting arrangements would be held during the summer of 2017, to determine the best fit for UHL's security service.

**CE/DSR/  
DEF**

**Resolved – that (A) the Local Security Management Progress Report and Annual Plan 2017-18 be received and noted as paper M;**

**(B) the Chief Financial Officer be requested to explore alternative funding opportunities to support a business case for the replacement of out-dated CCTV equipment;**

**CFO**

**(C) the Audit Committee to monitor future progress of action 4.3 – to commission a survey of costs and timeframe for updating the CCTV equipment from a reputable security company;**

**AC  
CHAIR**

**(D) the future reporting arrangements for UHL's security function be reviewed, eg whether this function should continue to report to the Director of Safety and Risk or revert back to the Director of Estates and Facilities, and**

**CE/DSR/  
DEF**

**(E) progress reports on the Annual Security Management Action Plan be presented to the Executive Performance Board and the Audit Committee on a quarterly basis.**

**DSR**

**57/17 GOVERNANCE**

57/17/1 Integrated Risk Management Report (including the 2017-18 Board Assurance Framework)

Mr R Manton, Risk and Assurance Manager attended the meeting to introduce paper N, providing an overview of changes to the new Board Assurance Framework (BAF) following its initial reviews by the Audit Committee in May 2017, and the Trust Board in June 2017. He particularly highlighted the addition of a new column within the BAF dashboard, which now indicated the forecast year-end assurance position for each annual priority.

In respect of the Quality Commitment annual priorities, there was a heavy reliance upon the implementation of alternative electronic systems to mitigate the impact of UHL's Electronic Patient Record project which had not been approved for funding. The Executive Team had agreed to pilot quarterly reporting for certain annual priorities (eg those relating to HR, IM&T, Research and Education), but an escalation process was available in the event of any significant deterioration to raise concerns via the 'hot operational issues' section of the next available Tuesday afternoon Executive Board meeting. The table provided in section 3.6 of paper N, set out the actions proposed to respond to the recommendations arising from the 2016 Internal Audit review of governance and risk management arrangements.

The Acting Audit Committee Chair commended the improvements made within the revised BAF process and queried whether this had been well-received by the Executive Team. In response, the Director of Corporate and Legal Affairs advised that the BAF was deconstructed and specific elements were scrutinised at each Executive Board meeting, alongside any related agenda items for each annual priority. The Chief Financial Officer also recorded his support of the revised BAF process, confirming that the documentation was now more useable and provided assurance that it received a good level of attention and 'air time' at each Executive Board meeting.

**Resolved – that the Integrated Risk Management report (paper N) be received and noted.**

57/17/2

#### Reconfiguration Programme 2016 Gateway Review

The Reconfiguration Programme Director introduced paper O, providing an update on the outcome of the Reconfiguration Programme Gateway Zero Review and identifying the next set of actions to be undertaken as and when further capital became available to progress the reconfiguration programme going forwards. The outcome of the Review was provided at appendix 1. Section 7 of paper O detailed the 4 areas that had been assessed as red (requiring urgent attention), relating to:-

- (a) availability of skills and capabilities to deliver the programme, taking account of the organisation's current commitments and capacity to deliver;
- (b) understanding of the scope of the programme
- (c) affordability of the programme, and
- (d) whether the programme was on track.

Audit Committee members noted that the minimum project structure was being maintained in line with the reduced 2017-18 Capital Programme. However, a set of actions was identified in section 9 of paper O, which could be progressed as soon as additional funding was confirmed. In the meantime, assurance was provided that the outstanding actions would be monitored as business as usual through the Reconfiguration Board, the Executive Strategy Board and IFPIC.

**Resolved – that the update on the outcome of the Reconfiguration Programme Gateway Zero Review be received and noted as paper O.**

57/17/3

#### UHL Policy and Guideline Process

Paper P from the Director of Clinical Quality provided an overview of the process for

reviewing UHL's policies and guidelines that had exceeded their scheduled review date, as considered by the Executive Quality Board on 6 June 2017. Of the 971 policies and guidelines available on the Policy and Guideline Library (PAGL), some 168 had passed their review date which represented 17% of the total.

Colonel (Retired) I Crowe, Non-Executive Director and Chairman of the Quality Assurance Committee (QAC) confirmed that this information had also been reviewed at a recent QAC meeting, alongside other issues relating to patient information leaflets and the process for seeking informed consent prior to care and treatment. The Audit Committee supported the actions already underway to monitor progress of the policy and guideline reviews and escalate any delays as required.

**Resolved – that the update on the UHL Policy and Guideline Process be received and noted as paper P.**

57/17/4 Sustainability and Transformation Partnerships (STP) Governance Arrangements

Further to Minute 41/17/4 of 26 May 2017, the Director of Corporate and Legal Affairs reported verbally, briefing the Committee on work that was taking place in respect of the STP development, now that the General Election and the associated period of purdah had passed. Mr T Sanders had been appointed as the System Leader and a briefing meeting was scheduled for 18 July 2017, to take stock and brief the respective LLR Boards on the next steps for the 5 Year Forward Review. Minutes of the System Leadership Team (SLT) meetings were submitted to the respective LLR Trust Board meetings for information.

The Chief Financial Officer sought additional assurance regarding the arrangements for holding the SLT to account. He highlighted a long-standing item on the UHL Trust Board action log relating to key STP delivery milestones. In response, the Director of Corporate and Legal Affairs advised that Mr Sanders was currently reviewing the system resources and how to make the process more robust. There would be further opportunities to raise such questions at the stocktake event scheduled for 18 July 2017. Some Non-Executive Director members noted that they did not have this event in their diaries and the Director of Corporate and Legal Affairs undertook to re-circulate the agenda and supporting papers to the appropriate individuals.

**DCLA**

**Resolved – that (A) the verbal information on STB Governance Arrangements be received and noted, and**

**(B) the Director of Corporate and Legal Affairs be requested to circulate the agenda and supporting paperwork for the 18 July 2017 Joint LLR Boards stocktake event to the relevant UHL Board members outside the meeting.**

**DCLA**

57/17/5 Consolidated List of Outstanding and In-Progress Audit Recommendations

This item was considered alongside the Internal Audit progress report (Minute 54/17/1 above refers).

**Resolved – that discussion on the Outstanding Audit Recommendations took place under the Internal Audit Progress Report (Minute 54/17/1 refers).**

58/17 **ASSURANCE GAINED FROM THE FOLLOWING COMMITTEES ON KEY RISKS/ISSUES OF THE TRUST**

58/17/1 Quality Assurance Committee

**Resolved – that the Minutes of the Quality Assurance Committee meeting held on 25 May 2017 be received and noted as paper R.**

58/17/2 Integrated Finance, Performance and Investment Committee

**Resolved** – that the Minutes of the Integrated Finance, Performance and Investment Committee meeting held on 25 May 2017 be received and noted as paper S.

58/17/3 Charitable Funds Committee

**Resolved** – that the Minutes of the Charitable Funds Committee meeting held on 1 June 2017 be received and noted as paper T.

59/17 **ANY OTHER BUSINESS**

**Resolved** – that no items of additional business were discussed.

60/17 **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 48/17/4 – Confidential Report by the Chief Financial Officer;
- Minute 54/17/2 – Confidential Report by the Chief Financial Officer;
- Minute 55/17/1 – Alternative Sources of Assurance, and
- Minute 56/17/1 – Local Security Management Specialist report.

61/17 **CONFIDENTIAL ITEMS OF BUSINESS**

61/17/1 Report by the Chief Financial Officer

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

62/17 **DATE OF NEXT MEETING**

**Resolved** – that the next meeting be held at 2pm on Thursday 7 September 2017 in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 4.24pm

Kate Rayns, **Corporate and Committee Services Officer**

**Cumulative Record of Members' Attendance (2017-18 to date):**

Name	Possible	Actual	% attendance
R Moore (Chair)	2	1	50%
S Crawshaw (up to 16.6.17)	1	0	0%
I Crowe	2	2	100%
A Johnson	2	2	100%
B Patel	2	2	100%
M Traynor	2	2	100%

**Attendees**

Name	Possible	Actual	% attendance
N Sone	2	2	100%
S Ward	2	2	100%
P Traynor	2	2	100%