

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 December 2017

COMMITTEE: Audit Committee

CHAIRMAN: Richard Moore, Non-Executive Director

DATE OF COMMITTEE MEETING: 17 November 2017

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

- None

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

- None

DATE OF NEXT COMMITTEE MEETING: January 2018

**Richard Moore
Non-Executive Director and Audit Committee Chair**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
MINUTES OF A MEETING OF THE AUDIT COMMITTEE HELD ON FRIDAY, 17TH
NOVEMBER 2017 AT 1PM IN SEMINAR ROOM 1, CLINICAL EDUCATION CENTRE,
GLENFIELD HOSPITAL

Present:

Mr R Moore – Non-Executive Director (Chair)
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Johnson – Non-Executive Director
Mr M Traynor – Non-Executive Director

In Attendance:

Mr C Benham – Director of Operational Finance
Ms M Durbridge – Director of Safety and Risk (for Minutes 83/17 and 84/17)
Mr R Manton – Risk and Assurance Manager (for Minutes 83/17 and 84/17)
Mr N Sone – Financial Controller (for Minutes 87/17 – 89/17)
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 - Partner, Grant Thornton (the Trust's External Auditor)
Ms A Breadon – Head of Internal Audit, PwC (the Trust's Internal Auditor) (up to and including Minute 87/17)

RESOLVED ITEMS

ACTION

76/17 APOLOGIES

Resolved – that apologies for absence be received on behalf of Mr M Wilmot, PwC and Ms C Wood, Senior Manager, PwC.

77/17 MINUTES

Resolved – that the Minutes of the meeting held on 7th September 2017 (papers A1 and A2) be confirmed as correct records.

78/17 MATTERS ARISING

The Committee received and noted paper B, advising on progress of the actions and matters arising from previous Committee meetings. The Committee noted in particular:

(a) item 14 – update on EMRAD issues (Minute 52/17/2 7th September 2017 refers) – that the People, Process and Performance Committee had received reports at its most recent meetings on both EMRAD and the HELM training system (Minutes 9/17/1 and 8/17/1- 26th October 2017 refer);

(b) item 25 – cyber security (Minute 20/17/2 – 2nd March 2017 refers) – a report on this subject featured on the agenda for today's Committee meeting (Minute 80/17 below refers), and

(c) item 27 – Audit Committee self-assessment (Minute 25/17/4 – 2nd March 2017 refers) – that, as soon as the final self-assessment questionnaires had been completed, Internal Audit would then be in a position to analyse Committee members' responses ahead of further discussion and submission of a formal report to a future meeting of the

Committee.

Resolved – that the matters arising report (paper B) be received and noted, taking into account the comments now made at the meeting in relation to items 14, 25 and 27 of the action log.

79/17 AUDIT OF LEICESTER HOSPITALS' CHARITY ACCOUNTS AND ANNUAL REPORT 2016/17

The Director of Operational Finance introduced paper C appended to which were the draft 2016/17 Leicester Hospitals' Charity accounts and annual report which had been subject to audit. The Committee:

- (a) noted that no adjustments had been made to the accounts during the audit process,
- (b) noted that receipt of External Audit's opinion and ISA 260 report were awaited and, following discussion, it was agreed that these would be circulated to members of the Committee as soon as they became available, as well as being submitted to the Charitable Funds Committee at its meeting on 7th December 2017 when it would be asked to consider and recommend the Trust Board (as Corporate Trustee) to adopt the accounts and annual report 2016/17;
- (c) agreed, following discussion, to a suggestion made by Mr M Traynor, Non-Executive Director to revise the wording now identified in the draft annual report 2016/17 to refer to the benefits to the Trust of the Charity granting benefits to staff and, in particular, to refer explicitly to educational and training support;
- (d) queried whether the annual report should make reference to the grants made by the Charity in relation to the Trust's Emergency Floor: in discussion, it was noted that an issue of timing might mean that this was information which would be included in the 2017/18 annual report but, nevertheless, the Charity Finance Lead was asked to clarify the position; **CFL**
- (e) discussed and agreed on the need for benchmarking information to be available to be able to judge the performance of the Charity: the Chief Financial Officer undertook to prepare a first draft of the information to underpin such benchmarking which would be circulated to members of the Committee for comment, ahead of discussion with the Head of Charity, Director of Strategy and Communications and report (in due course) to the Charitable Funds Committee, and **CFO**
- (f) it be noted that the Committee Chair would pass his comments on the draft accounts separately to the Director of Operational Finance and Charity Finance Lead so that they could be taken into account ahead of the final draft version being submitted to the Charitable Funds Committee on 7th December 2017. **CHAIR**

Resolved – that (A) the draft Leicester Hospitals' Charity accounts and annual report 2016/17, now submitted under paper C, be received and noted,

(B) upon receipt, External Audit's opinion and ISA 260 report be circulated to Committee members, as well as being submitted to the Charitable Funds Committee on 7th December 2017 when it would be asked to consider and recommend the Trust Board (as Corporate Trustee) to adopt the accounts and **CFL**

annual report 2016/17,

(C) the draft Charity annual report 2016/17 be revised to refer to the benefits to the Trust of the Charity granting benefits to staff and, in particular, to refer explicitly to educational and training support, CFL

(D) the Charity Finance Lead be requested to clarify whether the 2016/17 annual report should refer to the grants made by the Charity in relation to the Trust's Emergency Floor, CFL

(E) the Chief Financial Officer be requested to prepare a first draft of benchmarking information to enable the performance of the Charity to be judged : this draft be circulated to members of the Committee for comment, ahead of discussion with the Head of Charity, Director of Strategy and Communications and report (in due course) to the Charitable Funds Committee, and CFO

(F) it be noted that the Committee Chair would pass his comments on the draft accounts separately to the Director of Operational Finance and Charity Finance Lead so that they could be taken into account ahead of the final draft version being submitted to the Charitable Funds Committee on 7th December 2017. CHAIR

80/17 CONFIDENTIAL REPORT BY PwC/CHIEF INFORMATION OFFICER

Resolved – that this Minute be classed as confidential and taken in private accordingly on the grounds that public consideration at this stage would be prejudicial to the effective conduct of public affairs.

81/17 CONFIDENTIAL REPORT BY CHIEF FINANCIAL OFFICER

Resolved – that this Minute be classed as confidential and taken in private accordingly on the grounds that public consideration at this stage would be prejudicial to the effective conduct of public affairs.

82/17 REPORTS FROM THE LOCAL COUNTER FRAUD SPECIALIST (LCFS)

82/17/1 Local Counter Fraud Specialist Progress Report

Mr N Mohan, Local Counter Fraud Specialist introduced paper F, briefing the Committee on progress of counter fraud activity measured against the 2017/18 Local Counter Fraud Work Plan, providing a summary of referrals received and detailing the alerts and publications which had been shared with the Trust. The Committee noted:

- (a) that good progress had been made towards finalising the Trust's fraud, bribery and corruption risk assessment, also covered in greater detail in Minute 82/17/2 below;
- (b) that the new NHS Counter Fraud Authority (NHS CFA) had succeeded NHS Protect on 1st November 2017,
- (c) that, under the new NHS CFA arrangements, it was anticipated that a greater share of the costs of investigating and prosecuting large frauds would be borne locally than in the past,
- (d) the suggestion made by the Local Counter Fraud Specialist that he report to the next meeting of the Committee on the strategy of the NHS CFA, which was

endorsed by the Committee.

Resolved – that (A) the Local Counter Fraud progress report dated November 2017 (paper F) be received and noted, and

(B) the Local Counter Fraud Specialist be requested to brief the Committee on the strategy of the new NHS Counter Fraud Authority at its next meeting to be held on 5th January 2018.

LCFS

82/17/2 Fraud, Bribery and Corruption Risk Assessment

Further to Minute 82/17/2 above and Minute 66/17/1 of 7th September 2017, Mr N Mohan, Local Counter Fraud Specialist introduced paper G appended to which was a copy of the fraud, bribery and corruption risk assessment, overseen by the Trust's Fraud Risk Group.

The Committee noted that documenting the fraud, bribery and corruption risks faced by the Trust in this form would assist the Trust in developing a risk-based and proportionate counter fraud work plan, and in evaluating the appropriateness of the Trust's control environment. In discussion, the Committee:

- (a) noted that the Local Counter Fraud Specialist was liaising with the Trust's Risk and Assurance Manager to ensure that the outputs from the fraud, bribery and corruption risk assessment were appropriately reflected in the Trust's organisational risk register,
- (b) noted that the risk assessment column entitled 'further controls and work required by the organisation' could potentially form the basis of an action plan to tackle the identified risks and, in response to comments made by the Committee Chair, the Local Counter Fraud Specialist undertook to give further consideration to developing such an action plan which could then be made available to the Committee to allow progress in implementing actions to mitigate identified risks to be tracked.

Resolved – that (A) the fraud, bribery and corruption risk assessment now submitted (paper G) be received and noted, and

(B) the Local Counter Fraud Specialist be requested to give further consideration to developing an action plan to mitigate the identified fraud, bribery and corruption risks which could be made available to the Committee to enable the Committee to review progress in implementing actions to mitigate the identified risks.

LCFS

83/17 **LOCAL SECURITY MANAGEMENT PROGRESS REPORT**

The Director of Safety and Risk introduced paper H, updating the Committee on the implementation of the Trust's security management action plan 2017/18, a copy of which was appended to the report. The Committee:

- (a) noted the Trust's strong performance, in comparison to other NHS Trusts, in reducing the incidence of physical assaults against members of staff, as highlighted in the report,
- (b) noted the work described in the action plan to meet nationally recommended

counter-terrorism measures,

- (c) agreed, following discussion, to invite the Director of Estates and Facilities to finalise and submit the CCTV business case to an Executive Board meeting in January 2018 for consideration.

Resolved – that (A) paper H, updating the Committee on the implementation of the Trust’s security management action plan 2017/18, be received and noted, and

(B) the Director of Estates and Facilities be requested to finalise and submit the CCTV business case to an Executive Board meeting in January 2018 for consideration.

DEF

84/17 INTEGRATED RISK MANAGEMENT REPORT (INCLUDING THE 2017/18 BOARD ASSURANCE FRAMEWORK)

The Director of Safety and Risk and the Risk and Assurance Manager attended the meeting to introduce paper I, the integrated risk management report incorporating the Board Assurance Framework and Risk Register for the period ending 30th September 2017.

The Board Assurance Framework Dashboard was attached at appendix 1 and a dashboard of the 55 organisational risks scoring 15 and above was attached at appendix 2.

The Committee:

- (a) noted the changes made to the format of the Board Assurance Framework Dashboard following a mid-year review, as now described by the Risk and Assurance Manager and represented in appendix 1 to paper I, now submitted,
- (b) noted that the highest-rated risks related to workforce capacity and capability, management of finances and variation between capacity and demand,
- (c) noted that a thematic analysis of the Clinical Management Groups’ risk register entries showed the most common risk causation themes as workforce shortages, demand and capacity imbalance, equipment resource gaps, estates backlog, IM&T infrastructure gaps, and potential non-compliance with local and national policy requirements,
- (d) noted the comments expressed by the Risk and Assurance Manager and the Director of Safety and Risk on the difficulty in ensuring that sufficient time was available at Executive Board meetings to hold Clinical Management Groups to account on their elapsed risk register items and to ‘horizon scan’ potential future risks,
- (e) noted that Clinical Management Groups’ risk register reports would now be a standing item for discussion at the recently-established formal monthly meetings between the Executive Directors and Clinical Management Group Senior Management Teams,
- (f) noted the comments made at the Committee meeting by the Risk and Assurance Manager and Director of Safety and Risk on the need for Executive and Corporate Directors to also populate the organisational risk register systematically with identified risks – following discussion, during which members

of the Committee underlined the need for the organisational risk register to capture all key risks, including corporate risks, the Director of Corporate and Legal Affairs undertook to liaise with the Risk and Assurance Manager and Director of Safety and Risk to ensure that this issue was identified to the Executive and Corporate Directors for action at the earliest opportunity, and

DCLA

- (g) noted that there would be a further opportunity to discuss the Trust's risk management framework and its effectiveness at the December 2017 Trust Board Thinking Day when consideration would be given to the Trust's position against the Care Quality Commission's well-led key lines of enquiry.

Resolved – that (A) the integrated risk management report for the period to 30th September 2017 (paper I) be received and noted,

(B) it be noted that Clinical Management Groups' risk register reports would now be a standing item for discussion at the recently-established formal monthly meetings between the Executive Directors and Clinical Management Group Senior Management Teams,

DSR/
RAM

(C) taking into account the comments now made at the Committee meeting by the Risk and Assurance Manager and Director of Safety and Risk, as endorsed by members of the Committee, the Director of Corporate and Legal Affairs be requested to ensure that the Executive and Corporate Directors are apprised of the need to also populate the organisational risk register systematically with identified risks, and

DCLA

(D) it be noted that there would be a further opportunity to discuss the Trust's risk management framework and its effectiveness at the December 2017 Trust Board Thinking Day when consideration would be given to the Trust's position against the Care Quality Commission's well-led key lines of enquiry.

DCLA

85/17 REPORTS FROM INTERNAL AUDIT

85/17/1 Internal Audit Progress Report

Ms A Breadon, Head of Internal Audit introduced paper J and the Committee noted:

- (a) that, further to Minute 67/17/2 of 7th September 2017, the Internal Audit review of Consultant Job Planning had now been updated following discussion of the agreed actions with the Medical Director. No changes had been made to the findings set out in that report (Minute 85/17/2.3 below also refers),
- (b) final reports had been issued in relation to the CQC follow up review (Minute 85/17/2.1 below also refers), and the Cost Improvement Programme review (Minute 85/17/2.2 below above also refers), respectively,
- (c) that field work on the Data Quality review had now been completed,
- (d) terms of reference have been finalised for five further Internal Audit reviews (as identified in paper J), field work upon which would be carried out in November 2017.

The progress report also identified the number of actions arising from earlier Internal Audit reviews which were overdue and outstanding, as summarised at appendix A to

paper J (Minute 91/17/2 below also refers).

In relation to the induction of temporary staff review, the Committee noted that there continued to be delays in making the 'Green Book' process electronic and that this was now not due to occur until March 2018. Consequently, Internal Audit proposed to defer this review to 2018/19. In discussion, the Committee questioned this further delay and queried whether the Trust was exposed to any particular risk in consequence. At the request of the Committee, the Director of Corporate and Legal Affairs undertook to draw this matter to the attention of the Director of Workforce and Organisational Development to enable her to update the Trust Board on the position on receipt of the Minutes of this meeting of the Committee on 7th December 2017.

DCLA

Resolved – that (A) the Internal Audit progress report (paper J) now submitted be received and noted, and

(B) the Director of Corporate and Legal Affairs be requested to liaise with the Director of Workforce and Organisational Development on the further delay to the planned Internal Audit review of the induction of temporary staff to enable the Director of Workforce and Organisational Development to update the Trust Board on the position on receipt of the Minutes of this meeting of the Committee on 7th December 2017.

DCLA/
DWOD

85/17/2 Finalised Internal Audit Reports

The Head of Internal Audit introduced paper K summarising the findings of the two Internal Audit reviews which had been concluded since the Committee had met in September 2017, namely:

- (a) Care Quality Commission follow up review;
- (b) Cost improvement programme.

85/17/2.1 CQC Follow Up Review (Overall Low Risk Rating)

The Head of Internal Audit introduced paper K1, a copy of Internal Audit's CQC follow up review. The Committee noted that the process for monitoring the Trust's actions in response to the 2016 CQC inspection had improved and that Internal Audit had identified only minor points arising from its testing of the monitoring process.

Resolved – that the Internal Audit review of the Trust's Care Quality Commission action plan (paper K1) be received and noted.

85/17/2.2 Cost Improvement Programme (Overall Medium Risk Rating)

The Head of Internal Audit introduced paper K2, the Internal Audit review of the Trust's Cost Improvement Programme.

The Committee noted that the review had assessed the overall governance, reporting and monitoring arrangements in place around the Trust's Cost Improvement Programme. Internal Audit's report classification was based on its review of the processes and controls around the Cost Improvement Programme, rather than deliverability of the overall 2017/18 Cost Improvement Programme target.

The Internal Audit review had found that, while the Trust generally had a robust governance framework in place, a number of areas for improvement around the

monitoring and reporting arrangements at individual scheme level, and at overarching programme level, had been identified.

Further detail of the findings of Internal Audit were summarised in paper K.

The Chief Financial Officer commented on the Internal Audit review findings and explained that consideration was currently being given to the resource requirements for the central Cost Improvement Programme team, given recent organisational changes. The Committee noted that a presentation on the planned approach to delivering the Trust's Cost Improvement Programme in future had been well received at the meeting of the Finance and Investment Committee held on 26th October 2017 (Minute 18/17/2 refers).

Resolved – that the Internal Audit review of the Trust's Cost Improvement Programme (paper K2) be received and noted.

85/17/2.3 Internal Audit Review of Consultant Job Planning (Overall Medium Risk Rating)

Further to Minute 67/17/2 of 7th September 2017, the Committee received paper K3, the final version of Internal Audit's report on Consultant Job Planning (Minute 85/17/1 above also refers).

Resolved – that the final version of the Internal Audit review of Consultant Job Planning (Paper K3) be received and noted.

86/17 REPORTS FROM EXTERNAL AUDIT

86/17/1 External Audit Progress Report

Mr M Stocks, Partner, Grant Thornton introduced paper L updating the Committee on the plans for delivery of the External Audit of the Trust and including information on sector issues relevant to members of the Committee.

The Committee:

- (a) noted the approach the External Auditor planned to adopt, as now explained by Mr Stocks,
- (b) noted that the NHS Improvement representative who would be attending the Grant Thornton December 2017 event for Non-Executive Directors, Mr J Cook, would also be attending the Trust Board Thinking Day in January 2018 to discuss the 'Model Hospital' initiative,
- (c) discussed the Trust's experience to date in relation to the 'Getting It Right First Time' (GIRFT) programme,
- (d) noted that the External Audit plan for 2017/18 would be submitted to the January 2018 meeting of the Committee.

Resolved – that the External Audit progress report (paper L) now submitted be received and noted.

87/17 LEICESTER, LEICESTERSHIRE AND RUTLAND ALLIANCE – ASSET TRANSFER

The Chief Financial Officer introduced paper M which outlined a proposal to transfer equipment assets used in the delivery of services by the Leicester, Leicestershire and

Rutland Alliance from East Leicestershire and Rutland Clinical Commissioning Group and West Leicestershire Clinical Commissioning Group to the University Hospitals of Leicester NHS Trust. The report:

- (a) explained the rationale for the proposed transfer,
- (b) identified the options available to give effect to the transfer and noted that the sale of the assets had been provisionally identified as the preferred option, although this would depend on an additional Capital Resource Limit (CRL) allocation equal to the net book value of the assets, and cash, being made available to the Trust to enable the transaction to take place,
- (c) explained the approach which it was intended to adopt in relation to the proposed transaction, including a review of the Clinical Commissioning Groups' asset registers to ensure all of the assets could be identified,
- (d) noted that a final, detailed proposal would require sign off by NHS England, NHS Improvement and Grant Thornton, who were the appointed External Auditors for all three of the NHS bodies involved.

Members of the Committee asked questions and sought further information on a number of aspects of the proposal, to which the Chief Financial Officer, Director of Operational Finance and Financial Controller responded.

The Committee was invited to give approval in principle to the proposed transfer of assets, on the basis that a further report setting out firm details of the proposed transaction be submitted to a future meeting of the Committee for approval.

Resolved – that (A) approval in principle be given to the proposal to transfer equipment assets used in the delivery of services by the Leicester, Leicestershire and Rutland Alliance from East Leicestershire and Rutland Clinical Commissioning Group and West Leicestershire Clinical Commissioning Group to the University Hospitals of Leicester NHS Trust, and

CFO

(B) the Chief Financial Officer be requested to submit a report to a future meeting of the Committee on the proposed transfer of assets setting out firm details of the proposed transaction.

CFO

88/17 THE NHS (CHARGES TO OVERSEAS VISITORS) REGULATIONS 2017 – UPDATE

Further to Minute 69/17/1 of 7th September 2017, the Financial Controller introduced paper N updating the Committee on the new Overseas Visitors Hospital Charging Regulations which had come into force on 23rd October 2017. Paper N also updated the Committee on the Trust's participation in a national Department of Health pilot project involving the fracture clinic and maternity services and which had required patients to provide two forms of identification, in order to determine their status. The Committee noted:

- (a) the findings arising from the visit to the Trust on 25th October 2017 by the Department of Health's Cost Recovery Support Team, as set out in paper N,
- (b) that an operational sub group had been established at the Trust to oversee the implementation of the new Regulations, and progress was set out in paper N,
- (c) key points arising from the Trust's participation in the national Department of

Health pilot project, as summarised in section 4 of paper N,

- (d) the contents of the report submitted to the September 2017 meeting of the Executive Performance Board on this subject, appended to paper N.

The Committee agreed that it should receive a further report on this subject at its next meeting, by which time it was anticipated that the Trust would have received the formal, written report and recommendations arising from the October 2017 visit by the Department of Health's Cost Recovery Support Team. In addition, it was hoped that the Trust would be able to gain further insight in this area arising from a planned visit to Peterborough and Stamford Hospital NHS Foundation Trust during November 2017.

Resolved – that (A) the report now submitted updating the Committee on the implementation of the new Overseas Visitors Hospital Charging Regulations 2017 and on the Trust's participation in the national Department of Health pilot project, be received and noted, and

(B) a further report on the Trust's approach to implementing the new requirements in relation to overseas visitors be submitted to the next meeting of the Committee in January 2018.

FC

89/17 REVIEW OF LOSSES AND SPECIAL PAYMENTS, BAD DEBT PROVISION AND WRITE OFF

The Financial Controller introduced paper O briefing the Committee on the value and number of cases paid as either a loss or special payment, as listed on the Trust's losses and special payments register, for the 6 months to end of September 2017. The prior year figures had also been included for comparative purposes. The Committee noted that there were no novel, contentious or repercussive cases in the first 6 months of the 2017/18 financial year which required Department of Health approval.

Resolved – that paper O reviewing the value and number of cases paid as either a loss or special payment for the 6 months to the end of September 2017 be received and noted.

90/17 DISCRETIONARY PROCUREMENT ACTIONS

Paper P provided a summary of the twelve occasions when it had been necessary to waive the Trust's regular procurement processes during September and October 2017.

Appendix 1 to the paper set out the details of each case of need, and provided explanations for the respective approvals.

Resolved – that the summary of discretionary procurement action now submitted (paper P) be received and noted.

91/17 GOVERNANCE

91/17/1 Sustainability and Transformation Partnership (STP) – Governance Arrangements

Further to Minute 70/17/2 of 7th September 2017, the Director of Corporate and Legal Affairs reported orally and briefed the Committee on a range of issues relating to the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership.

The Committee noted that it was understood that future governance arrangements of

the Partnership would be discussed at a workshop session to be held on 28th November 2017 involving members drawn from all Leicester, Leicestershire and Rutland NHS Boards.

Resolved – that the oral report now made by the Director of Corporate and Legal Affairs on the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership governance arrangements be received and noted.

91/17/2 Consolidated List of Outstanding Audit Recommendations

The Director of Corporate and Legal Affairs introduced paper Q, providing the RAG rated tracker of all overdue recommendations arising from Internal Audit, External Audit and local counter fraud reviews.

The Committee noted that, in a number of cases, actions were significantly overdue and agreed that, in future, the Lead Officers and Directors responsible for actions more than 90 days overdue – and also rated as medium risk or above – would automatically be invited to future Audit Committee meetings to explain the reasons for the delay in implementation of the actions.

Resolved – that (A) the consolidated list of outstanding audit recommendations (paper Q) be received and noted, and

(B) in future, the Lead Officers and Directors responsible for actions more than 90 days overdue – and also rated as medium risk or above – would automatically be invited to future Audit Committee meetings to explain the reasons for the delay in implementation of the actions.

DCLA

91/17/3 Confidential discussion led by the Committee Chair

Resolved – that this Minute be classed as confidential and taken in private accordingly on the grounds that public consideration at this stage would be prejudicial to the effective conduct of public affairs.

92/17 ASSURANCE GAINED FROM COMMITTEES ON KEY RISKS/ISSUES

92/17/1 Quality Assurance Committee and Quality and Outcomes Committee (QOC)

The QOC Chair introduced the Minutes of the QOC meetings held on 31st August and 28th September 2017, advising that there were no particular issues for the Audit Committee to note.

Resolved – that the Minutes of the meetings of the Quality Assurance Committee held on 31st August 2017 and the Quality and Outcomes Committee held on 28th September 2017 (papers R1 and R2) be received and noted.

92/17/2 Integrated Finance, Performance and Investment Committee and Finance (IFPIC) and Investment Committee (FIC)

The FIC Chair introduced the Minutes of the IFPIC meeting held on 31st August 2017 and the FIC meeting held on 28th September 2017, advising that there were no particular issues for the Audit Committee to note.

Resolved – that the Minutes of the meetings of the Integrated Finance, Performance and Investment Committee held on 31st August 2017 and the

Finance and Investment Committee held on 28th September 2017 (papers S1 and S2) be received and noted.

92/17/3 Charitable Funds Committee (CFC)

The Committee received the Minutes of the CFC meeting held on 5th October 2017, noting that there were no particular issues for the Audit Committee.

Resolved – that the Minutes of the Charitable Funds Committee meeting held on 5th October 2017 (paper T) be received and noted.

93/17 **IDENTIFICATION OF KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that the confidential items identified at Minutes 80/17 and 91/17/3 be brought to the attention of the Trust Board.

94/17 **CONFIDENTIAL ITEM OF BUSINESS**

94/17/1 Report by the Chief Financial Officer

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

95/17 **DATE OF NEXT MEETING AND PROPOSED COMMITTEE MEETING DATES FOR 2018**

Resolved – that (A) the next Committee meeting be held on Friday, 5th January 2018 between 9am and noon (venue to be advised), and

(B) the remaining 2018 Committee dates and times be as follows: (venues to be advised in due course in each case):

- (1) Friday, 2nd March 2018 – 9am to noon
- (2) Friday, 25th May 2018 – 9am to noon
- (3) Friday, 6th July 2018 – 9am to noon
- (4) Friday, 7th September 2018 – 9am to noon
- (5) Friday, 2nd November 2018 – 9am to noon

The meeting closed at 4.23pm Stephen Ward - **Director of Corporate and Legal Affairs**

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

Name	Possible	Actual	% Attendance
R Moore	4	3	67%
S Crawshaw (up to 16.6.17)	1	0	0%
I Crowe	4	4	100%
A Johnson	4	4	100%
B Patel (up to Sept 2017)	3	3	100%
M Traynor	4	4	100%

Attendees

Name	Possible	Actual	% Attendance
N Sone	4	4	100%
S Ward	4	4	100%
P Traynor	4	4	100%