

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 February 2019

COMMITTEE: Audit Committee

CHAIRMAN: Kiran Jenkins, Non-Executive Director

DATE OF COMMITTEE MEETING: 11 January 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: 8 March 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 11 JANUARY 2019 AT
9:00AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, 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
Mr M Traynor – Non-Executive Director

In Attendance:

Mrs G Belton – Corporate and Committee Services Officer
Mr C Benham – Director of Operational Finance
Mr S Choudhury – Head of Privacy (for Minute 08/19/3)
Miss M Durbridge – Director of Safety and Risk (for Minute 08/19/1)
Mr R Manton – Risk and Assurance Manager (for Minute 08/19/1)
Mr B Shaw – Director of Productivity (for Minute 04/19/5)
Mr N Sone – Financial Controller
Mr D Streets – Head of Procurement and Supplies (for Minute 08/19/2)
Mr P Traynor – Chief Financial Officer
Mr S Ward – Director of Corporate and Legal Affairs

Mr N Mohan – Local Counter Fraud Specialist, PwC
Ms T Putwa – Local Counter Fraud Specialist, PwC

Ms E Mayne - Grant Thornton (the Trust's External Auditor)
Mr M Stocks – Grant Thornton (the Trust's External Auditor)

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

ACTION

RESOLVED ITEMS

01/19 APOLOGIES AND ANNOUNCEMENTS

Apologies for absence were received from Ms A Breadon, Head of Internal Audit, PwC.

Note was made that this was the first Audit Committee meeting for Ms K Jenkins (recently appointed Non-Executive Director and Chair of the Audit Committee).

Resolved – that the apologies for absence be noted.

02/19 MINUTES

Resolved – that the Minutes of the meeting held on 2 November 2018 (papers A1 and A2) be confirmed as correct records.

03/19 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 entry:-

- Item number 10 (Minute 65/18/1(a)) re the gathering of benchmarking data

relating to categories of debt – in light of the difficulties involved in gathering such data, Internal Audit offered to assist the Financial Controller in respect of this particular action. It was noted that any such data gathered would assist in informing future policy.

In general discussion on this report, members noted that a number of the actions did not have specific dates identified alongside them by which time the relevant action was to be completed. It was therefore agreed that the Corporate and Committee Services Officers would, in future, seek specific dates for the completion of all actions agreed within Corporate Committee meetings unless the date was specified at the meeting or the action required undertaking immediately.

CCSO

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

(B) the Corporate and Committee Services Officers be requested to seek specific dates for the completion of all actions agreed within Corporate Committee meetings, unless the date was specified at the meeting or the action was required immediately.

CCSO

04/19 ITEMS FROM INTERNAL AUDIT

04/19/1 Internal Audit Progress Report

Ms Wood, Senior Manager, PwC (the Trust's Internal Auditor), presented paper C, which provided the Committee with an update on the work of Internal Audit since the last Audit Committee meeting held in November 2018.

Members received and noted the contents of this report and specific discussion took place regarding:-

- (i) the good progression against the Internal Audit Plan for 2018/19 and progress in the development of the Internal Audit Plan for 2019/20 – it was agreed to submit the Internal Audit Plan for 2019/20 to the Executive Performance Board meeting on 26 February 2019 for comment and the next Audit Committee meeting on 8 March 2019 for comment and approval thereof; **IA**
- (ii) the Audit Committee Chair expressed her disappointment at the number of outstanding audit actions and requested that Internal Audit confirmed the consequences for the Trust's risk profile if there remained any outstanding audit actions by the time of the next Audit Committee meeting on 8 March 2019; **IA**
- (iii) the process by which outstanding audit actions were reviewed and escalated internally within the Trust, with members' attention being drawn to paper N on the agenda (detailing the management response to the consolidated list of outstanding audit recommendations). Mr Johnson, Non-Executive Director, highlighted specific concerns in relation to an element of the management response to the audit actions arising from the Estates and FM audit concerning key payroll controls – it was agreed to request that the Director of Estates and Facilities and the Director of People and Organisational Development responded to these points outwith the meeting, and **DEF / DPOD**
- (iv) currently incomplete cancer data – the Director of Corporate and Legal Affairs undertook to raise this matter with the Accountable Director (i.e. the Chief Operating Officer). **DCLA**

Resolved – that (A) the Internal Audit Progress Report (paper C) be received and noted,

(B) the Internal Audit Plan for 2019/20 be submitted to the Executive Performance Board meeting on 26 February 2019 for comment and to the next Audit Committee meeting on 8 March 2019 for comment and approval thereof; IA

(C) Internal Audit be requested to confirm the consequences for the Trust's risk profile if there remained any outstanding audit actions by the time of the next Audit Committee meeting on 8 March 2019; IA

(D) the Director of Estates and Facilities and the Director of People and Organisational Development be requested to respond, outwith the meeting, to concerns raised by Mr Johnson, Non-Executive Director, in relation to the management response to the audit actions arising from the Estates and FM audit concerning key payroll controls, and DEF / DPOD

(E) the Director of Corporate and Legal Affairs be requested to discuss the issue raised regarding incomplete cancer data with the Accountable Director (the Chief Operating Officer). DCLA

04/19/2 Report from Internal Audit

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

04/19/3 Internal Audit Review of the Emergency Floor Phase 2 (overall low risk rating)

Paper D2, as presented by Ms Wood, Senior Manager, PwC (the Trust's Internal Auditor), detailed the outcome of the Internal Audit Review of the Emergency Floor Phase 2, which had been assigned an overall low risk rating. The contents of this report were received and noted.

Resolved – that the contents of this report detailing the Internal Audit Review of the Emergency Floor Phase 2 (paper D2) be received and noted.

04/19/4 Internal Audit Review of Patient Safety Alerts (overall low risk rating)

Paper D3, as presented by Ms Wood, Senior Manager, PwC (the Trust's Internal Auditor), detailed the outcome of the Internal Audit Review of Patient Safety Alerts, which had been assigned an overall low risk rating. The contents of this report were received and noted. Col. (Ret'd) I Crowe Non-Executive Director noted that the contents of this report had been considered at the Trust's Quality and Outcomes Committee of which he was the Chair.

Resolved – that the contents of this report detailing the Internal Audit Review of Patient Safety Alerts (paper D3) be received and noted.

04/19/5 Internal Audit Review of Productivity Improvement Programme (overall medium risk rating)

Paper D4, as presented by Ms Wood, Senior Manager, PwC (the Trust's Internal Auditor), detailed the outcome of the Internal Audit Review of the Productivity Improvement Programme, which had been assigned an overall medium risk rating. The Director of Productivity was in attendance for discussion on this item. In presenting this report, Ms Wood noted that Internal Audit undertook work on the PIP each year and had therefore undertaken a follow-up of the previous year's findings. She confirmed that positive progress had been made since the previous year, however there remained a small number of gaps, with a 'medium risk' finding around project sign-off.

The Director of Productivity reported verbally on the implementation of new processes

and new governance arrangements which were coming into force, discussion on which had been scheduled for the January 2019 meeting of the Finance and Investment Committee.

Members received and noted the contents of this report. Specific discussion took place in respect of the following:-

- (i) the fact that some of the actions listed had now been completed but this was not reflected on the system due to a lack of system access – Ms Wood undertook to check and confirm, outwith the meeting, that Mr Shaw, Director of Productivity, had access to the TrAction system to be able to load evidence in support of implementation of the IA recommendations, and
- (ii) whether the Director of Productivity had all the requisite tools / resources at his disposal to enable achievement of the recommended actions, in response to which the Chief Financial Officer confirmed that the actions had been signed off and were considered achievable. The Director of Productivity was requested to notify the Audit Committee accordingly if there was a risk of missing any of the agreed deadlines, with the aim of preventing a further 'medium' risk rating in the following year.

DoP

Resolved – that (A) the contents of this report detailing the Internal Audit Review of the Productivity Improvement Programme (paper D4) be received and noted,

(B) Ms Wood (Internal Audit) be requested to check and confirm, outwith the meeting, that Mr Shaw, Director of Productivity, had access to the TrAction system to be able to load evidence in support of implementation of the IA recommendations, and

CW, IA

(C) the Director of Productivity be requested to notify the Committee accordingly if there was a risk of missing any of the agreed deadlines, with the aim of preventing a further 'medium' risk rating in the following year.

DoP

05/19 ITEMS FROM EXTERNAL AUDIT

05/19/1 Report from External Audit

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

05/19/2 2018/19 External Audit Plan

Paper E2, as presented by Mr M Stocks (External Audit), provided an overview of the planned scope and timing of the statutory audit of the Trust for those charged with governance. The planned scope of the audit included consideration of the group accounts boundary, significant risks to the Trust's financial statements, materiality and Trust's value for money arrangements. The Committee was requested to note the 2018/19 external audit plan.

Members received and noted the contents of this report. Discussion took place regarding the following specific items:-

- (i) the timing of the PPE (Property, Plant and Equipment) valuation (with note made that this was undertaken on an annual basis within the last quarter of the financial year). Confirmation was sought by the Audit Committee Chair, and provided by the Director of Operational Finance, that finance colleagues could submit the relevant paperwork to Grant Thornton by the deadline required;
- (ii) a specific issue relating to the closing down of the first year accounts of TGH Ltd – it was agreed that External Audit, Mr A Johnson Non-Executive

EA/

- Director and Chair of TGH Ltd, and relevant others would discuss this matter further outwith the meeting in order to ensure appropriate resolution and
- (iii) the fact that it was unlikely, as a result of the Trust's financial deficit, that Grant Thornton would be able to withdraw the qualification placed on the previous year's accounts.

AJNED

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

(B) External Audit, Mr A Johnson (Non-Executive Director and Chair of TGH Ltd) and relevant others be requested to discuss, outwith the meeting, the issue raised relating to the closing off of the first year accounts of TGH Ltd.

EA/
AJNED

05/19/3 2017/18 IT Controls Audit Findings – Update

Paper E3, as presented by Ms E Mayne from Grant Thornton (the Trust's External Auditor), detailed four key findings from External Audit's review of IT controls during the 2017/18 external audit. Trust Management had provided updates on the progression of the recommendations, as detailed within the report. In presenting this report, Ms Mayne noted that External Audit would be following up on progress.

Members received and noted the contents of this report and specific discussion took place regarding the following:-

- (i) in response to a query raised by the Audit Committee Chair, External Audit advised that the audit's recommendations reflected 'best practice', and
- (ii) the disappointment of the Audit Committee in those instances where Trust Management had confirmed that they were not able to adopt the recommended best practice for the reasons identified within the report. Particular discussion took place regarding electronic access to efinancials as a consequence of which the Audit Committee requested that the Financial Controller agreed a solution with External Audit colleagues, outwith the meeting, to Trust working practices in relation to electronic access to efinancials and provide an update on this accordingly at the next meeting of the Audit Committee on 8 March 2019 (noting the Audit Committee Chair's wish to know whether the Trust was following its own internal policies and whether these were sufficiently stringent).

FC

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

(B) the Financial Controller, External Audit colleagues and relevant others be requested to agree a solution, outwith the meeting, to Trust working practices in relation to electronic access to efinancials and provide an update on this accordingly at the next meeting of the Audit Committee on 8 March 2019 (noting the Audit Committee Chair's wish to know whether the Trust was following its own internal policies and whether these were sufficiently stringent).

FC

05/19/4 Informing the Audit Risk Assessment

The purpose of paper E4, as presented by Ms E Mayne from Grant Thornton (the Trust's External Auditor), was to contribute towards the effective two-way communications between the Trust's external auditors and the Trust's Audit Committee as 'those charged with governance'. The report covered some important areas of the auditor risk assessment where External Audit were required to make inquiries of the Audit Committee under auditing standards. The Trust's Management had confirmed the arrangements in place in these areas as detailed within the report.

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

06/19 ITEMS FROM THE LOCAL COUNTER FRAUD SPECIALIST (LCFS)

06/19/1 Local Counter Fraud Progress Report

The Local Counter Fraud Specialist presented paper F, which detailed PwC's progress report of counter fraud activity against the Annual Counter Fraud Work Plan. The report included a summary of progress against the plan, a brief summary of the referrals received and details of communications materials shared with the Trust. Note was made that delivery of the Annual Counter Fraud Work Plan was proceeding as planned.

In discussion on this item, note was made that that any high risk areas identified were listed on page 4 of the report and these were the subject of discussion between LCFS and Internal Audit in order to determine appropriate follow-up.

Members received and noted the contents of this report and requested that the Local Counter Fraud Specialists contacted the Chief Pharmacist in order to seek a response to referral UHL 1807 (as documented on page 26 of paper F) and provided an update on progress accordingly at the next meeting of the Audit Committee on 8 March 2019.

LCFS

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

(B) the Local Counter Fraud Specialist be requested to contact the Chief Pharmacist to seek a response to referral UHL 1807 (as documented on page 26 of paper F) and provide an update on progress accordingly at the next meeting of the Audit Committee on 8 March 2019.

LCFS

07/19 FINANCE – STRATEGIC AND OPERATIONAL ISSUES

07/19/1 Leicester Hospitals Charity Accounts and Annual Report 2017/18

Paper G documented the Charity Annual Accounts, Trustee's Annual Report, Audit Findings Report and the Management Representation Letter for the year ending 31 March 2018, which had been approved by the Trust Board at its meeting held on the previous day.

The Audit Committee received and noted the contents of this report and queried the timing of this report to the Audit Committee, following Trust Board submission (noting that the Trust Board should be the final body to which the report was submitted). The Director of Corporate and Legal Affairs advised that when the Charity Annual Accounts had been discussed by Trustees at the last Charitable Funds Committee they had expressed their concern at the delays, which had resulted in the Trust being in this position, and had requested confirmation of the timetable for the 2018/19 Charity accounts to prevent a recurrence of this situation in future. Mr M Stocks (External Audit) undertook to determine the reason for the delay in issuing the audit opinion on the Leicester Hospitals Charity Accounts, which had led to the accounts requiring submission to the UHL Trust Board ahead of submission to the UHL Audit Committee, rather than vice versa.

EA

Resolved – that (A) the Leicester Hospitals Charity Accounts and Annual Report 2017/18 be received and noted (with note made that this document had been formally approved by the Trust Board at its meeting held on the previous day), and

(B) External Audit be requested to determine the reason for the delay in issuing the audit opinion on the Leicester Hospitals Charity Accounts, which had led to the accounts requiring submission to the UHL Trust Board ahead of submission to the UHL Audit Committee, and report on this accordingly at the next meeting of the Audit Committee in March 2019.

EA

07/19/2 Report by the Chief Financial Officer

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

07/19/3 Discretionary Procurement Actions

Section 9.5 of the Trust's Standing Orders detailed the circumstances under which the regular procurement processes might be waived and required that these exceptions were reported as a standing item to the Audit Committee. The content of all cases was critically challenged by the Finance and Procurement directorate with additional information to support cases requested as necessary. All tender waivers detailed in appendix 1 of paper I had been reviewed and approved by the Finance and Procurement directorate in accordance with the Trust's Standing Orders since the last report. Reasons for each approval or rejection were provided in the comments section of the appendix.

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

07/19/4 Report by the Chief Financial Officer

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

08/19 GOVERNANCE

08/19/1 Integrated Risk Management Report

The Director of Safety and Risk and the Risk and Assurance Manager attended to present paper 'K', which provided an overview of the effectiveness of the risk management arrangements including management of the BAF and the risk register in order to assist the Audit Committee in its responsibility to support the Trust Board by reviewing and reporting on the relevance and robustness of the organisation's risk management system comprising the Board Assurance Framework (BAF) and organisational risk register. The Audit Committee was invited to review and note the contents of this report and advise as to any further clarification required in relation to the arrangements, either in place or planned, to the risk control and assurance environment.

Members received and noted the contents of this report. In discussion on this item, the Director of Safety and Risk sought the Committee's view on how they wished to undertake 'deep dives' regarding relevant matters in the future and also their views on the content of the BAF for 2019/20. Following preliminary discussion, it was agreed that the Audit Committee Non-Executive Director Chair would meet the Director of Safety and Risk and the Risk and Assurance Manager, outwith the meeting, to agree the content and format of future reports to the Audit Committee, including the best structure for the undertaking of deep dives, in order to best meet the Committee's needs for the next financial year onwards. Particular note was also made, in discussion, regarding the process of seeking progress on lapsed actions/lapsed review dates through the CMG Performance Review meetings.

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

(B) the Audit Committee Chair be requested to meet the Director of Safety and Risk and the Risk and Assurance Manager, outwith the meeting, to agree the content and format of future reports to the Audit Committee, including the best structure for the undertaking of deep dives, in order to best meet the Committee's needs for the next financial year onwards

AC
CHAIR

AC
Chair,
DSR /
RAM

The Chief Financial Officer and the Head of Procurement and Supplies presented paper L, which noted that, following an internal audit into contract management in the Summer of 2018, it was established that there was a need to review the Trust's approach to contract management. This report detailed the proposed Trust approach to contract management for Audit Committee discussion thereon.

In discussion on this item:-

- (i) the Audit Committee highlighted the need to define the outcomes required from a contract – in response, the Head of Procurement and Supplies confirmed that the input/output based nature of the specification would feature in the planning and governance section;
- (ii) Mr A Johnson Non-Executive Director, highlighted the need for the identification of an accountable person – in response the Head of Procurement and Supplies noted that this would be dependent upon the value of, and risks relating to, the contract;
- (iii) the Committee agreed the need to submit a report on this proposed process (in the Chief Executive's name) to a future meeting of an Executive Board to formalise the process and document the requirements placed upon CMGs in this respect, and
- (iv) the Committee sought assurance on the monitoring processes in place and, to this end, requested sight of plans, for submission to a future Audit Committee meeting, detailing how the Trust would monitor the contract and supply management (once developed).

**CFO/
HoPS**

**CFO/
HoPS**

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

(B) a report be submitted (in the Chief Executive's name) to a future meeting of an Executive Board to formalise the process and document the requirements placed upon CMGs in this respect, and

**HoPS/
CFO**

(C) the Head of Procurement and Supplies be requested to submit plans to a future meeting of the Audit Committee detailing how the Trust would monitor the contract and supply management (once developed) ensuring CMG follow-up, as required.

**HoPS/
CFO**

The Head of Privacy attended to present paper 'M', which provided an update on GDPR compliance, the GDPR having come into force from 25 May 2018. The Trust's plan was currently on track to full compliance and building robust plans of sustainability with respect to the introduction of the new Data Security and Protection Toolkit, which was an assurance tool for GDPR compliance. The report sought the Committee's support in continuing communication to all staff emphasising the need for all to complete training via HELM, workbooks or to book in for workshops, as appropriate. The Committee was also requested to support the monthly returns from HELM to reconcile staff data accurately. Communication was already scheduled to take place via HELM emails and the report suggested that communication was extended to include the Chief Executive's Briefing in January 2019 and Newsletters from the Board, as deemed appropriate. In presenting this report, the Head of privacy highlighted two specific issues: (1) the on-going contract centralisation process and (2) recent awareness that, due to absences related to maternity leave/long-term sickness, the maximum percentage of employees who could document having received training was 94% (against a target set at 95%).

In discussion on this item, members:-

- (i) requested that the Director of Corporate and Legal Affairs discuss with the Head of Privacy, outwith the meeting, the potential scheduling of an item on a future Executive Board agenda to consider the target in relation to training; DCLA/
HoP
- (ii) queried when the GDPR project would be completed – in response, the Head of Privacy confirmed that this would be when the contract process had been completed (anticipated to be in the middle of the financial year) with an annual review then undertaken, and
- (iii) noted that Internal Audit were undertaking audit work in respect of GDPR within quarter 4 of the 2018/19 financial year. It was agreed that a further update on GDPR would be submitted to the Audit Committee following completion of this review and would include the proposed Data and Security Protection annual submission. HoP

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

(B) the Director of Corporate and Legal Affairs be requested to discuss with the Head of Privacy, outwith the meeting, the potential scheduling of an item on a future Executive Board agenda to consider the target in relation to training, and DCLA

(C) the Head of Privacy be requested to submit a further update on GDPR to the Audit Committee, following completion of the Internal Audit review being undertaken during quarter 4 of 2018/19, and include, within this report, the proposed Data and Security Protection annual submission. HoP

08/19/4 Consolidated List of Outstanding Audit Recommendations

Paper N, as presented by the Director of Corporate and Legal Affairs, detailed the consolidated list of outstanding audit recommendations, the contents of which were received and noted by the Committee.

In discussion, it was agreed that the Director of Corporate and Legal Affairs would discuss with the Chief Executive, outwith the meeting, the process for reviewing outstanding audit recommendations, with a view to closing these off as soon as possible.

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

(B) the Director of Corporate and Legal Affairs be requested to discuss with the Chief Executive, outwith the meeting, the process for reviewing outstanding audit recommendations, with a view to closing these off as soon as possible. DCLA

09/19 REPORTS FOR INFORMATION

09/19/1 Policy and Guideline Process – Progress Report

Paper O provided an update in respect of the Trust’s policies and guidelines. Specifically, Audit Committee members were requested to note: (i) the deteriorating performance and particularly the increasing number of policies and guidelines that had recently passed their review date and (ii) the proposed changes to the policy and guideline review process documented in section 3 of the report.

In discussion on this item, specific acknowledgement was made of the potential consequences of having policy and guidelines past their review date. In concluding discussion on this item, it was agreed that the Director of Clinical Quality and the Director of Corporate and Legal Affairs would submit a report to the next Audit Committee meeting on 8 March 2019 providing further context to the policy and guideline review process, along with an explanation of what would be undertaken differently in future. DCLA/
DCQ

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

(B) the Director of Clinical Quality and the Director of Corporate and Legal Affairs be requested to submit a report to the next Audit Committee meeting on 8 March 2019 providing further context to the policy and guideline review process, along with an explanation of what would be undertaken differently in future.

DCQ /
DCLA

10/19 ASSURANCE GAINED FROM THE FOLLOWING COMMITTEES ON KEY RISKS/ISSUES OF THE TRUST

10/19/1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the QOC meetings held on 25 October 2018 and 29 November 2018 be received and noted as papers P1 and P2.

10/19/2 People, Process and Performance Committee (PPPC)

Resolved – that the Minutes of the PPPC meetings held on 25 October 2018 and 29 November 2018 be received and noted as papers Q1 and Q2.

10/19/3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the FIC meetings held on 25 October 2018 and 29 November 2018 be received and noted as papers R1 and R2.

10/19/4 Charitable Funds Committee (CFC)

Resolved – that the Minutes of the CFC meeting held on 6 December 2018 be received and noted as paper S.

11/19 ANY OTHER BUSINESS

Resolved – that there were no additional items of business.

12/19 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 7 February 2019:-

- Minute 04/19/2 – Report from Internal Audit.

AC Chair

13/19 CONFIDENTIAL ITEMS OF BUSINESS

13/19/1 Report by the Chief Financial Officer

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

14/19 DATE OF NEXT MEETING

Resolved – that the next meeting be held on Friday 8 March 2019 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 11.52am.

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	1	1	100%
I Crowe	5	5	100%
A Johnson	5	5	100%
M Traynor	5	5	100%

Attendees

Name	Possible	Actual	% attendance
C Benham	5	5	100%
N Sone	5	5	100%
S Ward	5	5	100%
P Traynor	5	5	100%