

# AUDIT COMMITTEE (AC)

Open BoD  
10.07.19  
Item 17a

## Minutes of the meeting of the Audit Committee of the Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Tuesday, 23 April 2019 in the Tudor Board Room, Old Fulwood Road, Sheffield, S10 3TG

### Present:

1. Ms. Ann Stanley, Non-Executive Director, Chair of Audit Committee
2. Cllr. Olivia Blake, Non-Executive Director
3. Ms. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee

### In Attendance:

4. Mr. Phillip Easthope, Executive Director of Finance, SHSC
5. Mr. Clive Clarke, Deputy Chief Executive/Chief Operating Officer, SHSC
6. Dr. Mike Hunter, Executive Medical Director, SHSC
7. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary), SHSC
8. Ms. Leanne Hawkes, Deputy Director, 360 Assurance Internal Audit Service
9. Ms. Lianne Richards, Client Manager, 360 Assurance Internal Audit Service
10. Mr. Robert Purselglove, Principal Anti-Crime Specialist, 360 Assurance Internal Audit Service
11. Mr. Rashpal Khangura, Director, KPMG, External Audit Service
12. Mr. James Sabin, Deputy Director of Finance
13. Ms. Tania Baxter, Head of Clinical Governance, SHSC (Item 11)
14. Mrs. Jeanine Hall, PA (Minutes)

### Apologies:

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No	Item	Action
1	<p><b>Welcome &amp; Apologies for Absence</b> The Chair welcomed members to the Audit Committee and noted apologies.</p>	
2	<p><b>Declaration of Interests</b> Cllr. Blake declared an interest in any issues relating to the Trust's Partnership Agreement with the Local Authority, however, it was determined that these were non-pecuniary and would not require her to leave the meeting during any discussion relating to this item.  No further declarations were made.</p>	
3	<p><b>Minutes of the meeting held on 22 January 2019</b> The minutes of the meeting held on 22 January 2019 were agreed as an accurate record and would be received at the May 2019 Open Board of Directors' meeting for information.</p>	
4	<p><b>Matters Arising &amp; Action Log</b>  <u>18/01/19 Risk Management Strategy – Refresh</u> It was confirmed that as agreed at the last meeting the Risk Management Strategy, including an updated/refreshed section on risk appetite, had been received and approved by the Board of Directors at their March 2019 meeting.</p>	

	<p><b>Action Log</b> The Action Log was reviewed and updated.</p> <p><u>19/04/18 Whistleblowing – Identification of FTSU Board Champion</u> It was confirmed that Ms. Sandie Keene, Non-Executive Director (Chair – Quality Assurance Committee) had been identified as the Trust’s FTSU Board Champion and would be meeting with the Trust’s FTSU officer shortly.</p>	
5	<p><b>360 Assurance Internal Audit – Progress Report April 2019 &amp; Draft 2018/19 Head of Internal Audit Opinion Statement</b></p> <p>Ms. Hawkes presented the Internal Audit Progress report identifying progress against the 2018/19 Internal Audit Plan. She confirmed that since the last update, eight final reports have been issued (six Significant Assurance; two Limited Assurance).</p> <p>She noted that in terms of implementation of actions on follow up, the final compliance rate was 76% against a target of 75%. It was acknowledged that this achievement was a direct result of raising the awareness of the impact of failing to report on completion of actions and that these efforts need to continue into 2019/20.</p> <p>With respect to contract performance, it was confirmed that there was just one report outstanding which was currently at draft stage. The Chair thanked all concerned for achieving this position.</p> <p>In terms of the completed audits, Ms. Hawkes confirmed the following:</p> <p><b>Early Intervention in Psychosis Data Quality (re-audit): Significant Assurance</b> Mr. Clarke advised that following discussion with regional colleagues specifically in respect of clock start times, a judgement decision had been taken not to implement one of the actions identified following this audit. Namely, the recommendation for the Trust to start recording the date that the SPA Service receives such referrals as the clock start date and to amend its Early Intervention Service Operational Policy to align it to the NICE Guidance.</p> <p><b>Medicines Safety: Limited Assurance</b> Six medium rated actions all agreed and the completion of these will be followed up through the Pentana tracker. It was confirmed that the outcome of this audit and agreed actions would also be picked up through the Quality Assurance Committee for awareness. It was also acknowledged that there was close correlation between the findings of this audit and those of the CQC following their most recent visit. It was confirmed that responsibility for monitoring the completion of actions rests with the Executive Directors’ Group.</p> <p><b>Key Financial Systems – Petty Cash: Significant Assurance</b> <b>Key Financial Systems – Budgetary Control: Significant Assurance</b> <b>Workforce &amp; Organisational Development Strategy: Significant Assurance</b> <b>Operational Risk Management: Significant Assurance</b> <b>Divisional Governance: Significant Assurance</b></p> <p><b>Data Security and Protection Toolkit (DSPT): Limited Assurance</b> Noted that the DSPT replaces the Information Governance Toolkit and that this is the first year of implementation. Ms. Hawkes advised that 360 Assurance intended to undertake a benchmarking exercise across its clients following introduction of DSPT and would provide any key areas identified during this exercise to a future Audit Committee meeting.</p> <p>Members noted receipt of the progress report and its associated appendices including the Provider Technical Update.</p> <p>The meeting then went on to consider the 2018/19 Draft Head of Internal Audit Opinion. Ms. Hawkes noted that following the implementation of several key measures over the last year, the draft Opinion is that of Significant Assurance, but asked that members note that in providing this opinion emphasis is made on the following points, which should be taken</p>	

	<p>with the opinion for inclusion in the Annual Governance Statement and for any other purpose:</p> <ul style="list-style-type: none"> <li>• There has continued to be development of the BAF and risk management during the year and the Trust have demonstrated improvements, but like in the previous year, is still an area under resource pressure.</li> <li>• Throughout most of the year, the follow up position has been in the moderate category but a push at the year-end has enabled the Trust to gain significant assurance in this area. This has been a priority area for improvement and thus moving forward the Trust needs to establish appropriate mechanisms to ensure this is business as usual to maintain over 75% without being resource intensive.</li> <li>• One high risk issue has been identified in the Business Planning audit to ensure a formalised annual business planning framework to demonstrate how the Trust's priorities will be delivered.</li> </ul> <p>The Committee acknowledged this improved opinion statement and thanked all those involved in its achievement.</p>	
<p>6</p>	<p><b>360 Assurance Draft 2019/20 Internal Audit &amp; Counter Fraud Plan</b>  The meeting considered the draft 2019/20 Internal Audit and Counter Fraud Plan, the first draft of which was considered at the January 2019 meeting.</p> <p>Ms. Hawkes confirmed that following the last meeting, key dates and phasing have now been agreed. With respect to the Policy Monitoring and Complaints audits, it has been agreed that these audits will be undertaken during Q1 as consultancy/supportive work.</p> <p>Dr. Hunter noted following discussion at Quality Assurance Committee regarding the organisational position in relation to complaints and some of the difficulties recently experienced, it has been reaffirmed that the planned Complaints Audit during quarter 1 will form part of the formulated operational response to these discussions.</p> <p>The Chair thanked everyone for their participation in the pre-planning workshop and members noted the areas not included in the plan at this stage, some of which are noted on the Board Assurance Framework.</p> <p>Ms. Hawkes advised that she had received a further request from the Trust's Director of Quality (Ms. Andrea Wilson) to review the management of alerts, including CAS alerts, medical device alerts, estates alerts and pharmacy alerts. Following discussion with key officers it has been agreed that this work will be undertaken from the contingency days.</p> <p>Mr. Purseglove confirmed that the counter fraud element of the plan was informed by a detailed counter fraud assessment and that the areas identified were consistent with other similar organisations.</p> <p>Following due consideration, the Audit Committee were happy to approve the 2019/20 plan.</p>	
<p>7</p>	<p><b>Counter Fraud, Bribery &amp; Corruption 2018/19 Annual Report &amp; Self-Review Tool</b>  Members received and noted the Annual Report from Mr. Purseglove, Principal Anti-Crime Specialist.</p> <p>It was also confirmed that the report incorporates the outcome of the Self Review Tool (SRT), which Mr. Purseglove advised now requires Audit Committee Chair and Director of Finance sign off.</p> <p>Mr. Purseglove confirmed that the past year had been a challenging year requiring a high level of resources to be committed to a particularly high-profile case, which will continue into the new year.</p> <p>He confirmed that he now plays an active role in the Trust's Policy Governance Group.</p>	

	<p>Members were pleased to note the continued overall “green” rating in respect of the Self Review Tool, although there were three “amber” rated standards. Mr. Purseglove advised that although the Trust is compliant in respect of the “amber” standards, it is currently unable to demonstrate effective outcomes. He provided an overview of the rationale for the rating of these three standards and confirmed that arrangements are in place to follow up these key areas with the relevant Trust officers during 2019/20.</p> <p>Audit Committee members supported the self-assessment outcome and duly approved the Chair and Director of Finance to sign these off.</p>	Chair/PE
8	<p><b>KPMG External Audit Interim Audit Report</b></p> <p>Members noted receipt of the KPMG External Audit progress report which Mr. Khangura explained provides an overview of their work to date in respect of the 2018/19 external audit process.</p> <p>He advised that in terms of the three strands of year-end work within the agreed plan, the interim work in respect of the financial statements has been completed; materiality levels have been reassessed and require no change; and the value for money element has identified an additional risk in respect of delivery of CQC improvement plans. In respect of this latter element, he confirmed that the External Audit Team would be assessing the arrangements in place to manage the delivery of the improvement plan rather than the actual delivery and advised that this was a standard risk included for any Trust that has received a “Requires Improvement” or below rating.</p> <p>Mr. Khangura advised the committee that he was pleased with progress to date and that the work was on schedule to deliver their opinion and conclusion at the next Audit Committee meeting in May.</p>	
9	<p><b>Draft Annual Accounts 2018/19 &amp; Related Issues</b></p> <p>Mr. Easthope confirmed that the Draft Annual Accounts 2018/19 were circulated earlier today and that these reflected the NHSi £ for £ and bonus payment, details of which were received late last week.</p> <p>It was confirmed that the main areas of change year on year within the Statement of Comprehensive Income (SOI) and Statement of Financial Position (SoFP) include the NHS bonus receipts which has been subject to discussion at both the Finance, Information &amp; Performance Committee and the Board of Directors. A change in the Local Authority Pension Scheme has also impacted. The significant increase in intangible assets was noted and Mr. Easthope confirmed that this was in line with the Trust’s investment in IMST. The receivables position is slightly higher than usual, which is a change to the narrative we have been providing during 2018/19 and is as a direct result of the late receipt of bonus payments. Mr. Easthope noted the provisions position continues to reduce year on year which he believes presents a lower risk for the potential manipulation of figures.</p> <p>Mr. Easthope also noted that the cash position is reported at £40.9m in line with the Trust’s plans for self-financing Phase 2 of the Acute Care Modernisation Programme.</p> <p>Mr. Easthope thanked the Finance Team for their efforts in ensuring that the Draft Accounts were submitted in a timely manner and were available for committee at today’s meeting.</p> <p>It was confirmed that the Draft Accounts will now be subject to audit, with the audited version being received at the Audit Committee meeting on 23 May, together with the outcome of the External Audit review.</p> <p>Members received and noted the draft Annual Accounts and, noting the tight deadlines associated with the production of these documents, the Chair acknowledged the level of work and effort required to ensure these deadlines are met and thanked everyone for their input to date.</p>	

10	<p><b>Draft Annual Report 2018/19 &amp; Related Issues</b></p> <p>Ms. Saunders presented the current Draft Annual Report 2018/19, noting that feedback received to date had been incorporated into this version. She also confirmed that a further draft would be received at the Board of Directors' meeting on the 8 May.</p> <p>She confirmed that comments would be welcome from committee members on the current draft and members agreed to provide any comment through email to Ms. Saunders.</p> <p>The Chair thanked everyone for their work on this document to date, the final version of which would be received at the Audit Committee meeting on 23 May.</p>	
11	<p><b>Draft Quality Report 2018/19</b></p> <p>Dr. Hunter presented the current draft of the 2018/19 Quality Report and confirmed that the draft, which is subject to the usual end of year process gaps, has been received by the Quality Assurance Committee members for review and comment.</p> <p>Dr. Hunter advised that during the work to develop the draft Quality Report, an area for reflection has been noted within the relevant governance forum was regarding the staff survey outcome (currently page 31) which indicates no major change from the previous outcome, with issues around quality and safety. It is also noted that this also triangulates to the key areas identified in the recent Medicines Safety Audit.</p> <p>It was confirmed that the report has been drawn up in accordance with NHS England/NHS Improvement specifications and is a largely uncontroversial report. However, it is suggested that this should be more of a controversial report in the future in terms of providing an overview and understanding what difference we have made and what has been our impact on people's lives.</p> <p>Dr. Hunter commended the report to the committee but acknowledged that from a quality perspective there is further work to be done.</p> <p>Comment was made that perhaps there should be mention of the recent Freedom to Speak Up self-assessment process (page 12), particularly in respect of the identified gaps in process and day to day operational experiences and ensuring that the process leads to the identification of measurable actions.</p> <p>Ms. Baxter confirmed that there would be further opportunities for comment on the draft by QAC members and other key officers prior to receipt of the final version at the May meeting of Audit Committee and EO Board meeting.</p> <p>The Chair thanked all those involved in drawing up the Quality Report to date.</p>	
12	<p><b>Accounting Policies Review (Revised)</b></p> <p>Mr. Sabin explained that the paper received by members is provided as a follow up to the report received at committee in January 2019. The original paper outlined the amendments made to the 2017/18 Accounting Policies for inclusion in the 2018/19 Annual Report and Accounts. The paper received today confirms that only minor changes have been necessary to the initial paper, mainly in respect of the order of items and removal of unnecessary notes and details to avoid cluttering the presentation of accounting policies. For ease of reference the amendments made are summarised in Paragraph 7 and presented in their entirety in the attached table at Annex A.</p> <p>The committee received and endorsed the final iteration of the Accounting Policies Review paper.</p>	
13	<p><b>Losses &amp; Special Payments Full Year Report 2018/19</b></p> <p>Mr. Sabin presented this annual briefing paper on the losses and special payments made during the year 2018/19. He noted that this was provided for the Committee's attention and assurance in respect of internal controls and to ratify the level of losses and special payments made by the Trust during the period.</p>	

	<p>He noted an increase in the level of estates losses reported against damage to Trust property by service users and advised that primarily this was a result of the introduction of tightened reporting processes.</p> <p>It was confirmed that upon review there were no areas of concern regarding internal controls or trends identified.</p> <p>Members noted this paper and agreed to continue receiving it on an annual basis.</p>	
<p>14</p>	<p><b>Material Estimates Paper (Property, Plant &amp; Equipment) 2018/19</b>  Audit Committee members were asked to note and endorse the methodology utilised by the Trust in determining the carrying value of property, plant and equipment as at the 31 March 2019 and the valuation methodology adopted for provisions and other material estimates.</p> <p>Mr. Sabin confirmed that there had been no change to the valuation methodology adopted and the most recent revaluation of the full estate was carried out at 31 March 2018. He also advised that Fulwood House has not yet been reclassified as an asset held for disposal due to the current timeline.</p> <p>He noted that there had been no new material estimates required within the 2018/19 Annual Accounts with the primary outcome being the declaration of on-going annual issues linked to the South Yorkshire Pension Scheme for example and the continued resolution of existing provisions.</p> <p>It was confirmed that this paper is reviewed as part of the year-end audit by KPMG to ensure that the assumptions made are correct.</p> <p>Following consideration of the paper, members were happy to endorse the methodology utilised by the Trust in determining the carrying value of property, plant and equipment as at the 31 March 2019 and the valuation methodology adopted for provisions and other material estimates.</p>	
<p>15</p>	<p><b>Emergency Planning, Resilience &amp; Response Assurance Framework Update</b>  The committee received a further update on progress made against the EPRR Assurance Framework.</p> <p>It was noted that at the last Audit Committee it was reported that work was on track to achieve seven green ratings by April 2019 and that this target has been exceeded by one to eight. Work continues around Business Continuity and Training to meet compliance requirements on the remaining core standards and to achieve a position whereby the Trust have the skills and ability to deal with any emergency.</p> <p>Mr. Clarke confirmed that a further update would be received at the next meeting and that it is planned that all actions should be complete by Summer 2019. The final compliance statement would be received by the Board of Directors in addition to the Audit Committee.</p>	
<p>16</p>	<p><b>Audit Committee Self-Assessment Questionnaire</b>  Members acknowledged receipt of the results of this year's Audit Committee self-assessment process. Ms. Saunders confirmed that overall there has been a small improvement in the outcome and that it is intended to undertake further analysis to identify those areas to investigate further and include as key objective areas for the committee over the coming year.</p> <p>Following brief discussion, it was agreed that the results of the analysis would be received in July for further consideration, together with any areas for further attention and key objective areas for next year's meeting cycle.</p>	<p>MS  July  Agenda</p>

	<p>Ms. Hawkes noted that another 360 Assurance client utilised a handheld voting system during a meeting when considering the self-assessment questionnaire. This facilitates discussion when there are areas of uncertainty. It was agreed that this would be a consideration for next year's self-assessment exercise.</p> <p>The Chair thanked everyone for completing the questionnaire.</p>	
17	<p><b>i. Draft Audit Committee Annual Report/Significant Issues Paper</b> Members noted receipt of the draft Audit Committee Annual Report and Ms. Saunders confirmed that she would be pleased to receive any comments and/or amendments.</p> <p>Mr. Easthope suggested that the report include the assurance received through Quality Assurance Committee regarding the delivery and oversight of the Trust's Clinical Audit Programme; work undertaken around the Board Assurance Framework and the completion of audit report follow up actions.</p> <p>With the above addition, it was agreed that the report would be received at the May Board of Directors' meeting together with the approved Annual Reports from other Board Committees.</p> <p><b>ii. Quality Assurance Committee Annual Report/Significant Issues Paper</b> <b>iii. Workforce &amp; Organisation Development Annual Report/Significant Issues Paper</b> <b>iv. Finance, Information &amp; Performance Committee Annual Report/Significant Issues Paper</b></p> <p>Members noted receipt of the final Annual Reports from the other Board Committees providing the relevant assurances regarding the fulfilment of their remit.</p> <p>Ms. Saunders advised that all reports had been approved by the relevant Committee, however, due to the timeframe involved with the finalisation of these reports, the report from WODC had been completed and approved by members virtually and would be formally approved at the WODC meeting on 30 April 2019.</p>	
18	<p><b>Draft Annual Governance Statement 2018/19</b> Ms. Saunders presented a further draft of the 2018/19 Annual Governance Statement and apologised for the late distribution of this paper. It was agreed that comments on the current version would be provided to Ms. Saunders via email.</p> <p>The final version of the statement will be received at the May meeting of the Audit Committee.</p>	
19	<p><b>Self-Certification Against Conditions G6, CoS7 and FT4 within the Provider Licence – Corporate Governance Statement</b> Members received, and endorsed for approval by the Board, the self-certification against conditions G6, CoS7 and FT4 within the Trust's Provider Licence.</p>	
20	<p><b>Revised Terms of Reference &amp; Proposed Name Change – Audit Committee</b> Following discussion at the last meeting regarding the committee's terms of reference, members received the amended terms of reference to reflect the agreed committee name change to Audit &amp; Risk Committee. The Chair advised that these changes had already been endorsed by the Board of Directors as part of her significant issues update following agreement at the last meeting and were received today for information purposes only.</p> <p>It was confirmed that for the purposes of the 2018/19 year-end statements etc, the committee name would be adopted w.e.f. May's meeting.</p>	
21	<p><b>360 Assurance Procurement Audit – Update on Actions</b> Mr. Sabin presented this update which was received for the committee's assurance regarding the implementation of agreed actions arising from the recent 360 Assurance Procurement Audit.</p>	

	Members noted the progress made against actions and that final evidence on completion would be provided through the Pentana system.	
22	<p><b>Board Assurance Framework</b></p> <p>Members noted receipt of the final iteration of the 2018/19 Board Assurance Framework for review, which would be received at May's Board of Directors' meeting for sign off.</p> <p>Ms. Saunders advised that the paper provides an overview of those changes made since its last receipt in January. It was noted that risk A403 "Affordability of the Acute Care Modernisation Project as it progresses through to final business case and procurement stages" had been reworded and controls updated following discussion with NHSi and other key bodies regarding the nature of the ACM Phase 2 transaction.</p> <p>In terms of the 2019/20 BAF, it was intended that this is agreed and operational as soon as possible, acknowledging that this will pose some challenges but noting the importance of it being operational and used by committees at an early stage.</p> <p>Dr. Hunter confirmed that the Quality Assurance Committee have identified the need to review its allocated risks, controls and mitigation in a timely manner.</p> <p>The Chair expressed the committee's appreciation of the work that has been undertaken to develop the BAF.</p>	
23	<p><b>Corporate Risk Register</b></p> <p>Members received and reviewed the Trust's Corporate Risk Register. Ms. Saunders confirmed that the paper included a breakdown of new risks and changes to existing risks which were noted by members.</p> <p>Specific comment was made regarding risk 4121 (Insight instability) and clarity was requested regarding the reason for de-escalating this risk and perhaps providing clearer narrative on the actions taken against this risk.</p> <p>Agreed that the narrative supporting risk 4140 would be amended. It was felt that this related to the current period of uncertainty about our future relationship with the EU and whether this means a potential negative impact on the supply of medication. Dr. Hunter offered to work with Ms. Saunders to provide a clearer narrative.</p>	<p>MS</p> <p>MS</p>
24	<p><b>SHSC Single Tender Waivers</b></p> <p>Members noted receipt of the three single tender waivers approved by the Executive Director of Finance in respect of:</p> <ul style="list-style-type: none"> <li>• Pharmacy Infrastructure Modules</li> <li>• Digital Integrated Mental Health Programme (DIMHP) x 3 <ul style="list-style-type: none"> <li>○ Xpert IT</li> <li>○ Clinical Data Exchange Integration Engine</li> <li>○ Synanetics Profession Services</li> </ul> </li> </ul> <p>Members noted the reasons for issuing these waivers and the assurance provided regarding processes in place to ensure that lessons are learnt in terms of the timely completion of the single tender waiver process.</p>	
25	<p><b>SHSC Procurement Strategy</b></p> <p>Mr. Sabin presented the SHSC Procurement Strategy for comment. He advised that this document had been received at the Executive Directors' Group and would be received at the Finance, Information &amp; Performance Committee for comment, prior to the final version being received at Board of Directors' in May 2019 for endorsement in line with governance arrangements regarding strategies.</p> <p>He confirmed that the development and publication of this strategy is also an agreed action arising from a recent Internal Audit Review.</p>	

	<p>Specific comment was made regarding the following areas:</p> <ul style="list-style-type: none"> <li>• Ensure that the Strategy refers to the Trust's principles and values of putting service users and front-line customers at the forefront of what we do.</li> <li>• Provide clearer reference, and cross reference where appropriate, to procurement sustainability and responsible procurement action already being taken within the Trust.</li> <li>• Expand on the aims of the Procurement Team.</li> </ul> <p>It was agreed that the Strategy would be amended to reflect these comments (together with any comment made at FIPC) prior to receipt at the Board of Directors.</p> <p>In terms of developing the Strategy further, and with reference to the achievement of the DH&amp;SC NHS Commercial and Procurement Standards, the Chair asked if Audit Committee could receive a RAG rated status report on progress against the Level 1 delivery timetable, together with an indication of achievement against Level 2 indicators.</p> <p>Members acknowledged that this will be a developing strategy and were pleased to endorse it to Board following incorporation of the comments outlined above.</p>	<p>July 2019</p>
26	<p><b>i. Significant Issues Report</b> The following items were highlighted for inclusion in the Audit Committee's significant issues report to the Board of Directors:</p> <ul style="list-style-type: none"> <li>• Draft 2018/19 Head of Internal Audit Opinion Statement</li> <li>• 2019/20 Internal Audit &amp; Counter Fraud Plan</li> <li>• Counter Fraud, Bribery &amp; Corruption 2018/19 Annual Report &amp; Self-Review Tool</li> <li>• Board Committee – Annual Assurance Reports</li> <li>• Self-Certification Against Conditions G6, CoS7 and FT4 within the Provider Licence – Corporate Governance Statement</li> <li>• Procurement Strategy</li> <li>• Board Assurance Framework</li> <li>• Corporate Risk Register</li> </ul> <p><b>ii. Changes in Level of Assurance</b> It was confirmed that the Committee had considered the BAF and discussed key areas. There were no changes in the level of assurance.</p> <p><b>iii. Review Future Meeting Agenda</b> Agreed to review outside of the meeting.</p>	

**Date and time of next meeting:  
Thursday, 23 May 2019 @ 1.00 p.m.**

**Committee Room 2, Tudor Building, Fulwood House**

**Apologies to: Jeanine Hall, PA to Executive Director of Finance  
& Chief Executive  
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