

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON
THURSDAY 4 JUNE 2020 AT 8AM****Voting Members present:**

Mr K Singh – Trust Chairman

Ms V Bailey – Non-Executive Director and Quality and Outcomes Committee (QOC) Non-Executive Director Chair

Professor P Baker – Non-Executive Director

Ms R Brown – Acting Chief Executive

Col (Ret'd) I Crowe – Non-Executive Director and People, Process and Performance Committee (PPPC) Non-Executive Director Chair

Ms C Fox – Chief Nurse

Mr J Jameson – Deputy Medical Director (on behalf of Mr A Furlong, Medical Director)

Ms K Jenkins – Non-Executive Director and Audit Committee Non-Executive Director Chair

Mr A Johnson – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair

Mr S Lazarus – Interim Chief Financial Officer

Ms D Mitchell – Acting Chief Operating Officer

Mr B Patel – Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair

Mr M Traynor – Non-Executive Director and Deputy Trust Chairman

In attendance:

Mr A Carruthers – Chief Information Officer

Ms L Davies – Director of Leicester Hospitals Charity (for Minute 115/20 only)

Mr D Kerr – Director of Estates and Facilities

Mr V Karavadra – Associate Non-Executive Director

Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair

Mrs K Rayns – Corporate and Committee Services Officer

Ms J Tyler-Fantom – Deputy Director of Human Resources (on behalf of Ms H Wyton, Director of People and Organisational Development)

Mr S Ward – Director of Corporate and Legal Affairs

Mr M Wightman – Director of Strategy and Communications

ACTION**102/20 APOLOGIES AND ANNOUNCEMENTS**

Apologies for absence were received from Mr J Adler, Chief Executive; Mr A Furlong, Medical Director, and Ms H Wyton, Director of People and Organisational Development. The Chairman welcomed Mr J Jameson, Deputy Medical Director and Ms J Tyler-Fantom, Deputy Director of Human Resources to the meeting, noting that they were deputising for the Medical Director and the Director of People and Organisational Development (respectively).

The Chairman advised that this Trust Board meeting was being 'livestreamed' via UHL's external website, and he reminded members to keep their microphones on 'mute' when they were not speaking and to make use of the 'hand' symbol if they wished to contribute to a discussion. Some public questions relating to items of business on the agenda had been raised in advance of the meeting and there was an opportunity for members of the public to submit further questions via the 'livestream' meeting up to 9.30am. It was intended to respond to any questions during the course of the meeting, but (if necessary) a written response would be provided at a later date.

103/20 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Mr A Johnson Non-Executive Director, and Mr S Lazarus Interim Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively) and, with the agreement of the Trust Board, they remained present.

104/20 MINUTES

Resolved – that the Minutes of the 7 May 2020 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

105/20 MATTERS ARISING FROM THE MINUTES

Paper B provided a summary of the matters arising log from the 7 May 2020 Trust Board meeting and any outstanding matters arising from previous meetings. In respect of entries 10 and 10a (Minute 195/19/3 of 3 October 2019 refers), the Trust Chairman confirmed that the expected review of the quality and performance dashboard and the overarching report on the arrangements for delivering UHL's Reconfiguration Programme had been deferred in the light of the Covid-19 pandemic, but reports on these issues would be rescheduled for a future Trust Board meeting.

Resolved – that the Trust Board matters arising log be received as paper B.

106/20 KEY ISSUES FOR DISCUSSION/DECISION**106/20/1 Chairman's Monthly Report – June 2020**

In presenting his monthly report at paper C, the Trust Chairman highlighted the discernible decline in hospital admissions for Covid-19 (at a local and a national level). Recognising that each fatality left behind grieving relatives and friends, he confirmed that this remained at the forefront of people's minds going forwards. He also highlighted the significant pressures upon staff, commending the commitment and hard work that they had demonstrated over the last few weeks. He commented upon the degree of ambition, appetite for change, and pace in respect of developing new processes and new ways of working to deliver sustainable services in the best interests of patients, with a particular focus on addressing any areas of disadvantage or unequal access to health services amongst UHL's diverse local communities. Informal Trust Board discussions on future planning and restoration of services were due to be held on 12 June 2020, and formal proposals would be presented to a future Trust Board meeting.

In other aspects of his report at paper C, the Trust Chairman:-

- (a) advised that he (and the Acting Chief Executive) had been interviewed recently on Radio Ramadan and that following this interview, the Trust had been pledged a generous charitable donation of £250,000 towards the Children's Hospital Appeal, and
- (b) highlighted the recent participation by himself, Mr B Patel Non-Executive Director, Ms K Jenkins Non-Executive Director, the Acting Chief Executive and the Medical Director in a webinar organised by the Leicestershire Asian Doctors Association. The main focus of this insightful event had related to the experiences of Black Asian and Minority Ethnic (BAME) communities during the Covid-19 pandemic.

In discussion on paper C, the following comments and queries were raised:-

- (1) Mr M Traynor, Non-Executive Director sought further information regarding future NHSX or NHS Digital activity and whether the Trust was likely to benefit from any additional national Information Technology (IT) investment. In response, the Chief Information Officer advised that UHL had already been identified under the 'Digital Aspirant' scheme and had received an opportunity to report on (and bid for additional funding in respect of) the response to Covid-19. It was noted that NHSE/I were currently looking at examples of best practice, but no additional IT funding had yet been confirmed;
- (2) the Acting Chief Executive paid tribute to the parents of 2-year old Yahya, noting the significant difference that the £250,000 donation that had been raised in their son's memory would make to the Children's Hospital Appeal;
- (3) Mr A Johnson, Non-Executive Director commended the Trust's response to the Covid-19 pandemic and commented upon the ongoing challenges surrounding transformation, restoration and recovery. Noting that the future agenda for the Trust would be busy and complex, he emphasised the need to adopt a simplified approach to ensure that any changes were well-managed and properly embedded;
- (4) the Leicester and Leicestershire Healthwatch Chair requested additional information regarding the disproportionate BAME incidence amongst Covid-19 fatalities and the actions currently underway to investigate the cause of this. She also reminded Trust Board members of the need to inform, involve and engage with patient groups at an early stage in the plans for restoration and recovery. In response, the Trust Chairman drew members' attention to the final paragraph of his briefing note in which he highlighted the need for UHL to address BAME-related concerns, both as an employer and as a provider of healthcare services. This would be a key

focus of a future informal Trust Board discussion, and he suggested that the Leicester and Leicestershire Healthwatch Chair be invited to join this discussion;

- (5) Ms V Bailey, Non-Executive Director commented that she was pleased to see from the Chairman's briefing that the actions to address healthcare inequalities were being widened to include deprived communities, and
- (6) Ms K Jenkins, Non-Executive Director commented upon the absence of any recommendations arising from the Public Health England (PHE) inquiry into disparities in the risk and outcomes of Covid-19, and she queried what proportion of UHL's BAME staff had been risk assessed. In response, the Acting Chief Executive briefed the Trust Board on UHL's lead role nationally in respect of research into the BAME issues and the development of future strategies and policies to manage the associated risks going forwards. Further discussion on this issue was due to be held at a future informal Trust Board discussion session.

Resolved – that (A) the Trust Chairman's monthly report for June 2020 be noted, and

(B) consideration be given to inviting the Leicester and Leicestershire Healthwatch Chair to join the relevant section of a future informal Trust Board discussion on the disproportionate BAME incidence within the Covid-19 pandemic.

106/20/2

Acting Chief Executive Monthly Update June 2020 and Covid-19

The Acting Chief Executive introduced her monthly report for June 2020 and the Covid-19 Restoration and Recovery slides at papers D and D1 (respectively), advising that:-

- (a) the Trust continued to work with the Department of Health, Clinical Commissioning Groups and clinical teams to finalise the Pre-Consultation Business Case (PCBC) in terms of the potential impact of Covid-19, the mechanism for drawdown of approved funding and the proposed route to market, so that consultation on the PCBC was ready to commence once formal approval had been received. In the meantime, the Trust's Reconfiguration Board was meeting on a monthly basis and the additional time was being used wisely to prepare for the consultation process;
- (b) UHL had been selected as one of five Trusts in England to host a new Patient Recruitment Centre (PRC) for late phase commercial clinical research;
- (c) UHL's Adult Stem Cell Transplant Programme had been re-accredited for a further four years, demonstrating that this nationally commissioned service (which was undertaken in collaboration with Northampton General Hospital NHS Trust) continued to meet the required quality standards;
- (d) the month 1 Quality and Performance dashboard provided at appendix 2 highlighted the expected decline in performance against many of the access standards for elective procedures and diagnostic tests arising from the Covid-19 pandemic. However, ambulance handover performance for April 2020 had improved, with only 1% of handovers taking longer than 60 minutes;
- (e) since papers D and D1 had been written, the Trust had developed and implemented a programme of antibody testing for Covid-19, and
- (f) a clear structure had been established for managing Covid-19 and non-Covid-19 patients and it was aimed to restore theatre capacity/activity to 75% of normal activity by the end of June 2020. Patient activity that had been outsourced was being repatriated to Leicester, but appropriate triggers were in place to respond to any areas of growth in Covid-19 admissions. An ambitious timescale for the cross-LLR system approach had been established across 10 key priorities to ensure that patients received timely care, closer to home where appropriate.

It had previously been planned to share the presentation slides on Covid-19 Restoration and Recovery (paper D1) during the virtual meeting, but this had not proved possible due to technical issues. The Director of Corporate and Legal Affairs subsequently announced that the presentation slides had been published on UHL's external website and they were available to view as paper D1. In discussion on papers D and D1, the following comments and queries were raised:-

- (1) Mr B Patel, Non-Executive Director made reference to the draft System-wide expectations and actions slides in paper D1, requesting that consideration be given to seeking Patient and Public Involvement (PPI) at the beginning of the process to support UHL's agreed approach to co-production of transformation plans. He also highlighted an opportunity to involve UHL's Equality and Diversity lead in this workstream. The Acting Chief Executive supported this point, advising that a learning event was planned to be held with attendance by Mr R Morris, Director of Corporate Affairs at Leicester City CCG; the Leicester and Leicestershire Healthwatch Chair,

- and Ms A Onyemah, Head of Equality and Diversity, to ensure a consistent approach;
- (2) in respect of the NHS Operating Framework for urgent and planned services in hospital settings during Covid-19 (provided at appendix 1 to paper D) Ms K Jenkins, Non-Executive Director raised a query about the arrangements for sharing Covid-19 testing data. Noting that all patients being discharged to a care home or hospice would be tested prior to discharge, she queried whether it would be prudent to test all discharges routinely. In response, the Acting Chief Executive provided assurance that individual personal testing data would not be shared, but relevant wider learning points would be extracted from the data to inform the Trust's research and development and service modelling workstreams;
 - (3) the Leicester and Leicestershire Healthwatch Chair reported that Healthwatch was holding weekly Covid-19 meetings with the Clinical Commissioning Groups (CCGs) and that representatives from the Leicester Partnership NHS Trust (LPT) had recently started to attend these meetings. She extended an invitation to UHL to attend these meetings as well and the Director of Strategy and Communications agreed to liaise with the CCGs to arrange this, and
 - (4) in response to comments from the Trust Chairman and Ms K Jenkins, Non-Executive Director, the Acting Chief Executive briefed the Trust Board on the arrangements for staff wellbeing and 'decompression', particularly noting the benefits of Schwartz rounds, psychological support, teams supporting each other and staff spending time away from work with their families (where appropriate). She also noted the importance of not rushing straight into delivery of the restoration phase without giving pressured staff (such as ITU staff and Anaesthetists) an opportunity to recover from the critical phase of the pandemic.

DSC

Resolved – that (A) a further update on Covid-19 be provided to the July 2020 Trust Board, and

ACE

(B) the Director of Strategy and Communications be requested to liaise with the CCGs to arrange for UHL attendance at the weekly meetings between Healthwatch, the CCGs and LPT.

DSC

107/20 ITEMS FOR ASSURANCE

107/20/1 Reports from Virtual Board Committee Assurance Conference Calls

Papers E1 – E3 comprised summaries of the Board Committee assurance conference calls being held between April – June 2020 in lieu of full formally-constituted Board Committee meetings.

Resolved – that the position be noted.

107/20/1.1 Quality and Outcomes Committee (QOC)

Paper E1 summarised the issues covered during the 28 May 2020 QOC assurance conference call. In presenting the summary, the QOC Non-Executive Director Chair particularly highlighted the following key points:-

- (a) the fact that some of the reports considered during the conference call related to periods of time prior to the Covid-19 pandemic;
- (b) the standard operating procedure (SOP) that had been put in place to assess any potential harm to cancer patients whose treatment plans had changed as a consequence of Covid-19;
- (c) a research collaboration between UHL and Loughborough University in relation to staff working in full personal protective equipment (PPE) in 'hot' Covid-19 zones, and
- (d) the recommended Learning from Deaths quarterly report for 1 January 2020 to 31 March 2020. This report was approved by the Trust Board (as appended to paper E1).

MD

In addition, the Deputy Medical Director briefed the Trust Board on UHL's latest Summary Hospital Mortality Index (SHMI) and Hospital Standardised Mortality Ratio (HSMR), providing assurance that there was no increase in non-Covid-19 deaths compared to the same period in 2019. The increased number of deaths relating to Covid-19 represented a special cause variation (SPC) and opportunities for a national re-set of mortality data were being explored to take account of this variance. The Trust Chairman highlighted the role of the Medical Examiners in advising bereaved relatives on the need for onward reporting of Covid-19 deaths to NHSE/I. The Chief Nurse acknowledged the significant work of the Safeguarding team in respect of safeguarding activity and the Acute Liaison Nurse team in improving the experience for patients with learning disabilities, noting that the number of referrals to both teams were expected to increase as the Covid-19

lockdown began to be eased.

Resolved – that (A) the summary of public issues discussed at the 28 May 2020 QOC assurance conference call be received and noted as per paper E1, and

(B) the Learning from Deaths report for January 2020 to March 2020 be approved (as provided in the appendix to paper E1).

MD

107/20/1.2 People, Process and Performance Committee (PPPC)

Paper E2 summarised the issues covered during the 28 May 2020 PPPC assurance conference call. The PPPC Non-Executive Director Chair commended the work of the Operations Directorate in maintaining the information flows to inform the Trust's response to the Covid-19 challenges. He also commended the achievements of the People Services team in respect of fast-tracking recruitment and the implementation of the LLR Covid-19 Equality, Diversity and Inclusion (EDI) Taskforce. A summary of the 2019 NHS Staff Survey results had been received for information and the Trust's results had shown significant improvements in many areas. The accelerated approach to virtual patient clinics was welcomed and the need to restore public confidence to attend clinics and embrace modern technology was discussed.

In discussion on the summary of the QOC assurance call, the Leicester and Leicestershire Healthwatch Chair sought additional information about how the Trust was planning to manage people's fears of catching Covid-19 in a hospital setting. In response, the Trust Chairman and the Acting Chief Operating Officer emphasised the importance of this workstream, noting that clear communications with staff and patients would be key to developing confidence in the Trust's Infection Prevention strategies and the arrangements for social distancing. Members noted a national trend of patients declining to come into hospital due to the perceived risks involved and that the System-wide approach to restoring patient confidence would be discussed at the informal Trust Board session on 12 June 2020.

DSC

Resolved – that (A) the summary of public issues discussed at the 28 May 2020 PPPC assurance conference call be received and noted as per paper E2, and

(B) the System-wide approach to restoring patient and public confidence to attend clinics in a hospital setting be considered at the Trust Board informal discussion session on 12 June 2020.

DSC

107/20/1.3 Finance and Investment Committee (FIC)

Paper E3 provided a summary of the public issues covered during the 28 May 2020 FIC assurance conference call. The FIC Non-Executive Director Chair advised that UHL's actual financial performance for month 1 (inclusive of Covid-19 top-up funding) was breakeven and that interim forecasts had been set for months 1 to 4 only, pending the more comprehensive budget-setting process for months 5 to 12 – when more certainty was expected to be available in relation to the overall financial impact of Covid-19. It was expected that the financial plan for months 5 to 12 would also incorporate a greater degree of service transformation.

Performance against the Better Payments Practice Code had improved to 95% (by value) and 91.7% (by volume) of invoices being paid within the 30 day target. Discussion had taken place regarding the importance of understanding the Trust's underlying financial performance in the context of Covid-19 additional costs and the impact of Covid-19 upon elective and planned activity. Some concerns had been expressed that the Trust's cost improvement programme (which was expected to take effect from 1 July 2020) might be overly-ambitious, reflecting a £22m in-year delivery assumption. An update on the financial governance action plan had been considered during the FIC assurance call and it was planned to monitor progress of this action plan on a regular basis through FIC.

Resolved – that the summary of public issues discussed at the 28 May 2020 FIC assurance conference call be received and noted as per paper E3.

107/20/1.4 2020/21 Month 1 Financial Position

As detailed in paper E4, the Trust was reporting a break-even position for month 1 inclusive of

Covid-19 top-up funding of £10.3m and a £2.3m accrual for retrospective top-up income. The underlying position excluding top-up funding was a deficit of £12.5m. At the current time, the temporary additional Covid-19 funding was expected to continue until the end of July 2020, although it was likely that some form of alternative arrangements would be implemented from August 2020 onwards. Whilst the Interim Chief Financial Officer was delighted with the recent improvement in payment performance, he briefed the Trust Board on the aspiration to reduce the time taken to pay invoices from 30 days down to 7 days. Due to the fixed income contracting arrangements, patient care income had not been badly affected by the reduced activity. However, a £3.5m adverse variance had arisen as a consequence of the low level of work in progress at the end of April 2020. Going forwards, a robust focus on CIP delivery with effect from July 2020 would be key to improving the Trust's financial sustainability.

There were no questions on the month 1 2020/21 financial performance report. The Acting Chief Executive thanked FIC members for their work in improving the level of understanding in relation to the financial position and she commented upon the Trust's ability to transform services as part of the cost improvement programme, allowing services to become more efficient in parallel with delivering the plans for recovery, restoration and re-set.

Resolved – that the position be noted.

108/20

QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions/comments were raised in relation to the business on today's Trust Board agenda:-

- (a) whether the service reconfiguration Pre-Consultation Business Case (PCBC) had received final nation approval, and (if not) what sort of changes were required following the lessons of Covid-19 and how long would the associated redrafting of the PCBC take and/or approval process take. In response, the Deputy Medical Director advised that the Trust was still awaiting central approval to go out to consultation. In the meantime, the high-level assumptions contained within the business case had been sense-checked and confirmed as being still valid. He reminded members that if services had already been reconfigured, the Trust would have been in a better position to manage the Covid-19 pandemic in terms of having ITU capacity of 100 beds, a standalone children's hospital, a standalone treatment centre for elective activity, facilities for socially distancing backroom staff, and more modern buildings capable of delivering enhanced infection prevention requirements;
- (b) when the financial governance action plan would be ready, whether it would be publishable, when the PwC external review would be finished and whether that would be published either through the Trust or NHSE, and what recommendations from the PwC external review had been incorporated into the financial governance action plan. Responding to these questions, the Interim Chief Financial Officer advised that the PwC external review was still ongoing and the findings had not been shared with the Trust. Furthermore, as the report had been commissioned by NHSE/I, it was not possible for UHL to comment upon whether the eventual report (when finalised) would be published. Clarity was also provided that the findings of the PwC review had not been incorporated into UHL's financial governance action plan, and
- (c) a question relating to adverse expenditure on agency staffing in the context of reduced elective activity and additional staff coverage due to Covid-19 related absenteeism and a request for a breakdown of the variance between elective activity savings and increased cost for Covid-19. In response, the Interim Chief Financial Officer advised that the breakdown between these areas of expenditure was not currently available for this meeting, but the Finance Team was working on disaggregating this expenditure for the next FIC assurance call (where possible) although this level of detail was not always apparent from the agency staffing invoices.

Due to a slight delay between the virtual meeting and the livestreaming on UHL's external website, the following questions were received shortly after the meeting had ended:-

- (i) what did UHL's 2019/20 financial deficit mean for patients? *Response to be provided at the 2 July 2020 Trust Board.*
- (ii) a follow-up question about the likely timescale for central approval of the PCBC. *Response:*

our PCBC is awaiting approval to progress from NHSI/E. Whilst we are waiting we are ensuring we would be ready to commence consultation in Autumn. In order to do this, we would need approval by the end of July. We will update on progress at the next trust Board, and

- (iii) a request that all future meetings of UHL’s Trust Board be video recorded and made available for people who could not attend a meeting to catch-up later online, noting that having video recordings available would increase public access and ensure the meetings were more open and transparent to the public. *Response: this matter was under consideration by the Trust.*

Resolved – that the position be noted and responses to the questions which were raised after the conclusion of the meeting be included in the Minutes of this meeting.

109/20 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 110/20 to 116/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

110/20 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, and Mr S Lazarus Interim Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively) and, with the agreement of the Trust Board, they remained present.

111/20 CONFIDENTIAL MINUTES

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

112/20 CONFIDENTIAL MATTERS ARISING REPORT

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

113/20 KEY ISSUES FOR DISCUSSION/DECISION

113/20/1 Confidential Reports from the Interim 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 could be prejudicial to the effective conduct of public affairs, and on the grounds of commercial interests.

114/20 ITEMS FOR ASSURANCE

114/20/1 Reports from Board Committees

114/20/1.1 Quality and Outcomes Committee (QOC)

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

114/20/1.2 Finance and Investment Committee (FIC)

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

114/20/1.3 Remuneration Committee

Resolved – that the 7 May 2020 confidential Remuneration Committee minutes be received, and any recommendations endorsed.

115/20 CORPORATE TRUSTEE BUSINESS

115/20/1 Confidential Report from the Director of Strategy and Communications

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

115/20/2 Confidential Report from the Director of Strategy and Communications

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

116/20 ANY OTHER BUSINESS

116/20/1 Acting Chief Executive's response to the Death of George Floyd

The Acting Chief Executive expressed her distress at hearing of the recent death of Mr George Floyd, a 46 year old black man who had died on 25 May 2020 whilst being arrested by officers of the Minneapolis Police Department. When trying to find the words for this Trust Board meeting, the Acting Chief Executive had felt that her own words wouldn't go far enough, so instead, she quoted the following words of Nelson Mandela, who dedicated a lifetime to realising lasting change:-

"No one is born hating another person, because of the colour of their skin, background or religion. People learn to hate. And if they can learn to hate, then they can be taught to love, because love comes more naturally to the human heart than its opposite."

Resolved – that the position be noted.

116/20/2 Confidential Verbal Report from the Acting Chief Executive

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

116/20/3 Confidential Verbal Report from the Interim 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 could be prejudicial to the effective conduct of public affairs.

117/20 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board virtual meeting be held on Thursday 2 July 2020 from 8am.

The meeting closed at 11.04am

Kate Rayns – Corporate and Committee Services Officer

Cumulative Record of Attendance (2020/21 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	2	2	100	A Furlong	2	1	50
J Adler	2	0	0	K Jenkins	2	2	100
V Bailey	2	2	100	A Johnson	2	2	100
P Baker	2	2	100	S Lazarus	2	2	100
R Brown	2	2	100	D Mitchell	2	2	100
I Crowe	2	2	100	B Patel	2	2	100
C Fox	2	2	100	M Traynor	2	2	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	2	2	100	S Ward	2	2	100
D Kerr	2	2	100	M Wightman	2	2	100
H Kotecha	2	2	100	H Wyton	2	1	50
V Karavadra	2	1	50				