

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON  
THURSDAY 26 MARCH 2020 AT 9AM****Voting Members present:**

Mr K Singh – Trust Chairman

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

Professor P Baker – Non-Executive Director (excluding Minute 80/20/2)

Ms R Brown – Acting Chief Executive and Chief Operating Officer (excluding Minutes 80/20/2 – 84/20 inclusive)

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

Ms C Fox – Chief Nurse (excluding Minutes 80/20/2 – 84/20 inclusive)

Mr A Furlong – Medical Director (excluding Minutes 80/20/2 - 84/20 inclusive)

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

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 N Bond – Deputy Director of Estates and Facilities (in the absence of the Director of Estates and Facilities)

Mr A Carruthers – Chief Information Officer

Ms S Lewis – Kingsgate (for Minute 80/20/1.3 [part])

Ms H Stokes – Corporate and Committee Services Manager

Mr S Swayne - Kingsgate (for Minute 80/20/1.3 [part])

Mr S Ward – Director of Corporate and Legal Affairs

Mr M Wightman – Director of Strategy and Communications

Ms H Wyton – Director of People and Organisational Development

		<b><u>ACTION</u></b>
<b>68/20</b>	<b>APOLOGIES AND ANNOUNCEMENTS</b>	
	Apologies for absence were received from Mr J Adler, Chief Executive, Mr D Kerr, Director of Estates and Facilities, and Ms H Kotecha, Leicester and Leicestershire Healthwatch Representative. The Trust Chairman confirmed that due to the Covid-19 outbreak, this meeting was being held virtually.	
<b>69/20</b>	<b>DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS</b>	
	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.	
<b>70/20</b>	<b>MINUTES</b>	
	<b>Resolved</b> – that the Minutes of the 5 March 2020 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.	<b>CHAIR MAN</b>
<b>71/20</b>	<b>MATTERS ARISING FROM THE MINUTES</b>	
	Paper B provided a summary of progress against matters arising from the 5 March 2020 and previous Trust Board meetings. Particular discussion took place regarding the following entries:- <ul style="list-style-type: none"> <li>item 4 (Minute 55/20/3 of 5 March 2020) – the Medical Director confirmed that it was not appropriate at present to progress this action, but that a wider 'thank you' event for staff would be explored after the Covid-19 outbreak. This action could therefore be removed from the log. In response to a comment from Ms K Jenkins Non-Executive Director re: Covid-19 pressures, the Acting Chief Executive confirmed that Executive Directors were already reviewing diary</li> </ul>	

	commitments for the next 6 months.	
	<b>Resolved – that the Trust Board matters arising log be received as paper B and the additional verbal updates be noted.</b>	
<b>72/20</b>	<b>KEY ISSUES FOR DISCUSSION/DECISION</b>	
72/20/1	<u>Chairman's Monthly Report – March 2020</u>	
	<p>The Trust Chairman emphasised the priority facing the Trust of managing the Covid-19 outbreak in order to minimise the loss of life. He recognised the pressures this would place on all Trust staff. In terms of deputising arrangements, the Trust Chairman confirmed that Mr M Traynor Non-Executive Director would continue to be Deputy Trust Chairman, but that if he was unavailable then Col. (Ret'd) I Crowe Non-Executive Director would act as Deputy Trust Chairman. As outlined in paper C, Ms R Brown would continue to be Acting Chief Executive in the current absence of Mr J Adler.</p> <p>The Trust Chairman also outlined contact received from Mr D Gorrod in light of the approach of the end of his role as a Patient Partner, and confirmed that he would be responding to Mr Gorrod thanking him for his contribution to the work of UHL.</p>	
	<b>Resolved – that the identification of Col. (Ret'd) I Crowe, Non-Executive Director as Deputy Trust Chairman in the event that Mr M Traynor Non-Executive Director was unavailable, be noted.</b>	<b>DCLA</b>
72/20/2	<u>Reports by the Acting Chief Executive</u>	
72/20/2.1	<u>Monthly Update March 2020 and Covid-19</u>	
	<p>The Acting Chief Executive introduced her monthly report for March 2020 at paper D, noting that public consultation on the reconfiguration programme would now start later than originally expected. This was due to the ongoing regional and national assurance processes, and to the national Covid-19 outbreak and resulting need to focus on supporting patients and caring for those most in need. The fluidity of the current situation meant that the start of the public consultation (potentially early Summer) would need to be kept under review.</p>	
	<p>The remainder of paper D focused on the Trust's response to Covid-19. In introducing her presentation on this issue, the Acting Chief Executive voiced her thanks to her Executive and Non-Executive Director colleagues for their advice and support at this time. The Trust Board was advised of:-</p> <ol style="list-style-type: none"> <li>the current number of suspected and confirmed Covid-19 cases (62 and 34 respectively). The number of confirmed cases had grown rapidly in recent days, due partly to more rapid testing;</li> <li>UHL's organisational readiness, including available beds and ITU spaces. Subject to ventilator support, it was considered that 150-200 ITU beds could be put in place, compared to the usual 50. Staffing was challenging but UHL was prepared. A clear command and control structure had been implemented, both internally by UHL and at the multi-agency response level. The Trust was playing a key role within both LLR and the wider health and social care community. Clear communications channels were also in place (both internally and externally) and UHL Executive Team members were making every effort to be visible to staff;</li> <li>the various national guidance issued re: Covid-19, and the Trust's response to that guidance (including the steps taken to free up the maximum possible inpatient and critical care capacity);</li> <li>the measures implemented to support the health and wellbeing of UHL's staff, including provision of free food and carparking. 'Safe rest zones' were being explored, and visiting hours had been reduced to protect both staff and vulnerable patients. Further national guidance was awaited on staff testing, but UHL was making appropriate preparations at an organisational level. Staff availability would remain a key potential risk, as sickness rates increased. In discussion, the Deputy Director of Estates and Facilities clarified that the free parking would be through a permit system, to ensure that key access was available. A number of off-site providers such as King Power had also opened up free parking to Trust staff;</li> </ol>	

	<p>(e) the increased use of technology to support remote consultations with patients, noting a 15-20% increase to date in outpatient virtual appointments. Within UHL, meetings were also being held virtually, to aid social distancing;</p> <p>(f) the very much appreciated support and response from local Universities, businesses, and members of the public, offering equipment, supplies and technology, and</p> <p>(g) UHL's receipt of more deliveries of PPE (personal protective equipment), although recognising the need for some retraining on different equipment.</p>	
	<p>Ms K Jenkins Non-Executive Director, requested that the weekly Covid-19 risk report to the Executive Boards be appropriately linked to a Principal Risk on the Board Assurance Framework, and that the related weekly/daily actions be appropriately described.</p>	EDs
	<p>In further discussion on Covid-19, the Trust Board:-</p> <ol style="list-style-type: none"> <li>(1) was advised (in response to query from Ms V Bailey Non-Executive Director) that all social care partners were represented on the health cell and on the Local Resilience Forum;</li> <li>(2) queried how to learn from and embed any good practices/lessons arising from Covid-19 (point raised by Ms V Bailey Non-Executive Director and strongly echoed by the Trust Chairman). In response, the Acting Chief Executive confirmed that all lessons would be reviewed once the Trust was in the Covid-19 recovery phase. The Director of Strategy and Communications emphasised the need to capture appropriate learning, for example on how technology was transforming outpatient appointments, and he confirmed that the Strategy team were logging such learning, to ensure that improvements were carried forward post-Covid-19;</li> <li>(3) noted queries from Mr A Johnson Non-Executive Director, seeking assurance:- <ul style="list-style-type: none"> <li>[i] that no staff would be asked to operate without PPE. In response, the Medical Director confirmed that UHL was compliant with Public Health England guidance. Further UHL communications would be issued to staff later on 26 March 2020 re: PPE, with messages reiterated on a regular basis;</li> <li>[ii] on whether contingency plans were in place for increased staff absences, and on any plans to harness volunteers (and if so, how many such volunteers). In response, the Director of People and OD provided assurance on the efforts being made to quicken recruitment processes, and confirmed that a hub had been set up to manage the use of volunteers and redeployed UHL staff. The LLR system-wide health cell also covered health and wellbeing issues. Sickness absence levels were reported daily, with Covid-19 related absence differentiated from non-Covid-19 related absence;</li> </ul> </li> <li>(4) noted comments from Mr B Patel Non-Executive Director on the need for a coordinated approach to distribute the (significant number of) Covid-19 related donations being received by Leicester Hospitals Charity. The Director of Strategy and Communications agreed to make contact with UHL's Health and Wellbeing Group accordingly;</li> <li>(5) was advised by Professor P Baker Non-Executive Director of contributions by the University of Leicester, including early graduation of students (UHL's Director of Clinical Education was also involved in discussions re: their subsequent UHL induction and deployment), prioritisation of research into Covid-19, and provision of space, PPE, consumables and technology to the Trust. A volunteer scheme for UoL staff and students had also had a very good response rate;</li> <li>(6) noted assurances now provided by the Chief Nurse and Medical Director re: nursing and medical staff deployment during the Covid-19 outbreak. The Chief Nurse advised that the already well-established UHL Silver Nurse command system would continue to monitor and escalate any nursing issues. Noting the reduced nurse:patient ratio in place, the Chief Nurse provided assurance that the Trust had a clear overview of ward needs at any one time because of the e-rostering systems in place. Work was also underway to upskill the nursing workforce with critical care skills, in line with national guidance. With regard to medical staff, the Medical Director advised that learning from China and Italy indicated that Covid-19 patients overwhelmingly required respiratory support. All non-essential inpatient work had now been taken down to free up beds and staff, and UHL was currently training and redeploying staff ahead of anticipated staff sickness levels. ITU/respiratory/generalist medical teams had undertaken lots of simulation training, learning and preparation. The Medical Director also advised that 'Merit Teams' of senior Anaesthetists would be launched in the coming week, to enable rapid ward intubation and transfer onto ITU. Staff competency requirements were being reviewed, and Clinical Directors were meeting on a virtual basis thrice-weekly to review clinical changes and pathways. Although relatively quiet at present, the Medical Director anticipated that UHL would see a peak. Medical staff</li> </ol>	DSC

	<p>were involved in the Health and Wellbeing Group, given the need to protect staff welfare in light of difficult end of life care decisions potentially required from medical staff. The Medical Director concluded by noting his view that the Executive Team had little capacity to be involved in anything other than Covid-19 at present;</p> <p>(7) noted the assurance taken by Col (Ret'd) I Crowe Non-Executive Director from the presentation above and the subsequent discussion. However, he queried whether UHL remained appropriately sighted to any 'unintended consequences' of the Covid-19 arrangements – querying, for example, whether appropriate fire safety assessments had been undertaken, whether additional security was needed, and whether discussions had been held with organisations such as the Police and the Fire Service. The Acting Chief Executive advised that staff training had been reviewed to assess what might be paused – fire safety training however remained mandatory. The Deputy Director of Estates and Facilities emphasised the need to ensure that fire safety routes were not compromised when segregating areas, and he confirmed that UHL's Fire Officers were closely involved with any plans. Ventilation issues were also under review between the Estates and Health and Safety Teams, and</p> <p>(8) received confirmation from the Trust Chairman that Trust Board meetings in public would continue to take place.</p>	
	<p><b>Resolved – that (A) the weekly Covid-19 risk report to the Executive Boards be appropriately linked to a Principal Risk on the Board Assurance Framework, and the related weekly/daily actions be appropriately described, and</b></p> <p><b>(B) contact be made with the UHL Health and Wellbeing Group, to coordinate the distribution of Covid-19 related donations being received by Leicester Hospitals Charity.</b></p>	<p><b>EDs</b></p> <p><b>DSC</b></p>
72/20/2.2	Quality and Performance Report 2019/20 Month 11	
	<p>Paper D1 from the Acting Chief Executive comprised the quality and performance report for month 11 of 2019/20 (February 2020). This report set out UHL's performance against key operational and quality and safety targets – although national operational target requirements might be delayed/waived during the Covid-19 outbreak, the Acting Chief Executive advised that UHL was expanding the narrative content of this report, particularly for the quality indicators. She emphasised the crucial need for the Trust Board to remain fully sighted to any impact on quality and safety, and noted that a weekly report on Covid-19 risks/harms was being presented to each Executive Board. The Chief Nurse provided assurance to the Trust Board that any issues from the nursing measures dashboard (underpinning the quality and safety report) would be escalated as appropriate, and she emphasised that key clinical quality indicators would continue to be closely scrutinised. This was echoed by the Medical Director, who noted the virtual meetings also being held with Clinical Management Groups.</p>	
	<b>Resolved – that the quality and performance report for 2019/20 month 11 be noted.</b>	
72/20/3	2019/20 Month 11 Finance Report	
	<p>As detailed in paper D, as at 29 February 2020 the Trust had made a year-to-date deficit of £80.2m excluding Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF) and Marginal Rate Emergency Tariff (MRET), which was £32.5m adverse to plan. The adverse movement in the year-to-date position was the result of further corrections to the balance sheet in 2019/20, and an updated position on operational cost pressures and mitigations. It was also possible that the reported figures might be subject to change as a result of the PwC work to support the Trust to determine its final year end position.</p> <p>The Interim Chief Financial Officer clarified that a potential year end arrangement with Specialised Commissioners would not now be pursued as it involved repayment. This amounted to £4m of the 2019/20 month 11 position (£6m of the 2019/20 position overall). The Trust's 2019/20 Productivity Improvement Programme (PIP) remained on target, and as at month 11 UHL had delivered efficiencies of £24.9m which was £3.0m favourable to plan. The Interim Chief Financial Officer also advised that the Trust's creditors had reduced very significantly since April 2019, due partly to UHL's ability to access central cash funding since declaring a deficit in month 9. Mr M Traynor, Non-Executive Director noted the need to observe Cabinet Office instructions on paying suppliers, and the Interim Chief Financial Officer confirmed that the Trust was committed to observing those requirements and was focusing accordingly on improving the timeliness of its invoice authorisation</p>	

	process.	
	<p>In discussion on the 2019/20 month 11 financial position, the Trust Board:-</p> <p>a) (in response to a query from the Trust Chairman) noted the Interim Chief Financial Officer's confidence of delivering the 2019/20 capital programme if not for Covid-19. The wider general impact of the outbreak was becoming clearer, however, and the Interim Chief Financial Officer recognised the need to assess the feasibility of delivering the 2019/20 capital programme. He considered that there would be scope to slip money into 2020/21 if it could not be spent in 2019/20 due to Covid-19 pressures, and he emphasised that the Trust was making every effort to deliver its 2019/20 CRL. The Deputy Director of Estates and Facilities commented that there would likely be slippage on the 2019/20 capital programme due to the current need to undertake Covid-19 works – he confirmed that he was reviewing the position in detail with the Estates team, and</p> <p>b) noted comments by the Trust Chairman that the position of some of UHL's Clinical Management Groups had deteriorated, and a suggestion from the Acting Chief Executive that this was primarily due to accounting issues. The Interim Chief Financial Officer advised that the change was partly a reflection of the new reporting process he had introduced, and he commented that the figures in the report now related to the whole year operational financial expenditure. Mr A Johnson Non-Executive Director requested that further assurance be provided on the in-month financial position, separating out the wider in-year issues. The Trust Chairman echoed the need for clarity on the position, and the Interim Chief Financial Officer agreed to provide this in the next monthly finance report to the Trust Board.</p>	<p>ICFO</p> <p>ICFO</p>
	<p><b>Resolved – that the month 12 finance report for Trust Board also include:-</b>  <b>(A) an assessment of likely deliverability of the 2019/20 capital programme, and</b>  <b>(B) clarity on the in-month financial performance (as separate from the wider in-year issues).</b></p>	ICFO
72/20/4	<u>Gender Pay Report 2019/20</u>	
	<p>Paper F presented the UHL gender pay gap report, as required under the Equality Act 2010 (Gender Pay Gap Information) Regulations. Once finalised, the information would be placed on both UHL's external website and the appropriate Government website. The information required for publication included the mean and median gender pay gap in hourly rate; the mean and median bonus gap; the proportion of males and females receiving a bonus payment, and the proportion of males and females in each pay quartile. However, paper F also contained more detailed analytics aimed at helping UHL to understand its pay gap and therefore identify appropriate actions to address it.</p> <p>The Director of People and OD advised that the Trust's mean gender pay gap remained the same for 2019 as for 2018 (28%), while the median pay gap had reduced by 2% from 2018 figures. As with other Trusts, UHL's gender pay gap was primarily driven by differences between the number of males and females in the upper pay quartile, due to most of the senior medical Consultant workforce being male. The detail of the report – and planned actions – would be discussed at the People, Process and Performance Committee (PPPC). In discussion on the report, the Trust Board noted:-</p> <p>c) comments from Ms K Jenkins Non-Executive Director, emphasising the need for a deep dive at all levels to understand the gender pay gap information and drivers. Although recognising that PPC would be looking at the detail of the report, and acknowledging the need for appropriately-nuanced metrics, Ms K Jenkins Non-Executive Director requested that a progress update also be provided to the Trust Board in (eg) 6 months' time;</p> <p>d) confirmation from the Medical Director that all Consultants were paid on the same scale, with no gender differentiation between pay scales. Although the ratio of female:male medical students had now changed, due to the length of training it was unlikely to impact on the overall Consultant body position for some time, and</p> <p>e) comments from Professor P Baker Non-Executive Director and Dean of the University of Leicester Medical School, on the need to ensure that like was being compared with like when looking at UHL's comparative position.</p>	<p>DPOD</p> <p>DPOD</p>

	<p><b>Resolved</b> – that (A) the UHL Gender Pay Gap report as at 31 March 2020 be approved and placed on the Trust’s external website as required, and</p> <p>(B) the detail of the report be discussed at PPPC, with a future progress update to the Trust Board in 6 months’ time (noting the need for any metrics to be appropriately nuanced).</p>	DPOD
		DPOD
72/20/5	<u>Junior Doctors’ Guardian of Safe Working Quarterly Report</u>	
	<p>Paper G set out the quarterly update on exception reporting activity at UHL, in line with the requirements of the 2016 Junior Doctors’ Contract. For the period 1 December 2019 – 29 February 2020, 255 exception reports had been recorded which was an increase on the previous quarter. The Director of People and OD anticipated that the number of exception reports would potentially increase significantly in light of Covid-19 pressures.</p>	
	<p><b>Resolved</b> – that the Junior Doctors’ Contract Guardian of Safe Working quarterly report be received and noted.</p>	
72/20/6	<u>Armed Forces Covenant: Annual Update</u>	
	<p>Paper H provided an annual update on progress regarding UHL’s commitment to the Armed Forces Covenant, as signed by the Trust in November 2015. UHL continued to support the Armed Forces through 4 main workstreams supporting regular Armed Forces personnel, veterans, Armed Forces Reservists and Adult Cadet Instructors amongst UHL staff, and UHL staff with family members serving in the Armed Forces. The Trust Chairman and the Director of People and OD thanked Col (Ret’d) I Crowe Non-Executive Director for his significant work as UHL Armed Forces Champion.</p> <p>UHL had achieved veteran aware status in May 2019 (following submission of its first report to the Veteran Covenant Healthcare Alliance), and had also assisted LPT NHS Trust to become the first mental health Trust to achieve that status. Leicester, Leicestershire and Rutland had therefore been the first Sustainability and Transformation Partnership to have all of its providers accredited as veteran aware.</p> <p>In response to a query from the Trust Chairman on potential access to Armed Forces medics during the Covid-19 outbreak, the Acting Chief Executive advised that the Trust was awaiting the outcome of national-level discussions with the Army.</p>	
	<p><b>Resolved</b> – that the annual update on UHL’s commitment to the Armed Forces Covenant be noted.</p>	
<b>73/20</b>	<b>ITEMS FOR ASSURANCE</b>	
73/20/1	<u>Reports from Board Committees</u>	
73/20/1.1	<u>Audit Committee</u>	
	<p>The Audit Committee Non-Executive Director Chair presented the summary of public issues discussed at the 6 March 2020 Audit Committee, as per paper I. She particularly noted her wish for Internal Audit to review their 2020/21 workplan to ensure that it provided an appropriately-comprehensive risk programme. She also welcomed the reduction in overdue actions from Internal Audit reports, and voiced her view that – in the current circumstances – it was appropriate for extensions to be given to the action deadlines is required, provided that the process was transparent; this was welcomed by the Acting Chief Executive. The Audit Committee Non-Executive Director Chair also advised the Trust Board that the Interim Chief Financial Officer was updating Principal Risk 9 (<i>failure to meet the financial control total including through improved productivity</i>) of the Board Assurance Framework, and she confirmed that the 2019/20 Annual Governance Statement would be presented to the May 2020 Audit Committee if finalised.</p> <p>Mr M Traynor Non-Executive Director queried the deadline for the 2019/20 annual accounts – in response, the Director of Corporate and Legal Affairs reported that the detail remained under discussion with NHSE/I, noting that the final accounts submission had been extended to 25 June 2020. Given the current Covid-19 outbreak, it was also possible that national requirements on the content of the Annual Report would be relaxed. Ms V Bailey Non-Executive Director considered</p>	

	that once in the Covid-19 recovery period, UHL would need to review how Covid-19 had impacted risk assessment/risk management, and reshape the BAF as appropriate. The Trust Chairman also commented on the need for Board Committee Non-Executive Director Chairs to feed through to the Audit Committee risk discussions.	DCLA/ EDs
	<b>Resolved</b> – that (A) the summary of public issues discussed at the 6 March 2020 Audit Committee be received and noted as per paper I – Minutes to be submitted to the next Trust Board, and  (B) (once in the Covid-19 recovery period) the impact of Covid-19 on risk assessment and management be reviewed, and the BAF reshaped if required.	CCSM  DCLA/ EDs
<b>74/20</b>	<b>ITEMS FOR NOTING</b>	
74/20/1	<u>Reports from Board Committees</u>	
74/20/1.1	<u>Quality and Outcomes Committee (QOC)</u>	
	<b>Resolved</b> – that the 27 February 2020 QOC Minutes be received and noted as per paper J1 (recommended item approved at the 5 March 2020 Trust Board).	
74/20/1.2	<u>People, Process and Performance Committee (PPPC)</u>	
	<b>Resolved</b> – that the 27 February 2020 PPPC Minutes be received and noted as per paper J2 (recommended items approved at the 5 March 2020 Trust Board).	
74/20/1.3	<u>Finance and Investment Committee (FIC)</u>	
	<b>Resolved</b> – that the 27 February 2020 FIC Minutes be received and noted as per paper J3 (no recommended items).	
<b>75/20</b>	<b>QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING</b>	
	No questions or comments were raised in relation to the business on today's Trust Board agenda.	
<b>76/20</b>	<b>EXCLUSION OF THE PRESS AND PUBLIC</b>	
	<b>Resolved</b> – 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 77/20 to 84/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	
<b>77/20</b>	<b>DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS</b>	
	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.	
<b>78/20</b>	<b>CONFIDENTIAL MINUTES</b>	
	<b>Resolved</b> – that the confidential Minutes of the 5 March 2020 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.	CHAIR MAN
<b>79/20</b>	<b>CONFIDENTIAL MATTERS ARISING REPORT</b>	
	The Director of Corporate and Legal Affairs advised that the outstanding updates would be resolved as part of the final accounts process for 2019/20.	
	<b>Resolved</b> – that the update on the confidential matters arising log be noted.	
<b>80/20</b>	<b>KEY ISSUES FOR DISCUSSION/DECISION</b>	

80/20/1	<u>Confidential Reports from the Interim Chief Financial Officer</u>	
	<b>Resolved</b> – 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.	
80/20/2	<u>Confidential Report from the Chief Information Officer</u>	
	<b>Resolved</b> – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.	
80/20/3	<u>Confidential Verbal Report from the Chief Nurse</u>	
	<b>Resolved</b> – 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.	
80/20/4	<u>Verbal Report from the Acting Chief Executive</u>	
	<b>Resolved</b> – 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.	
<b>81/20</b>	<b>ITEMS FOR ASSURANCE</b>	
81/20/1	<u>Reports from Board Committees</u>	
81/20/1.1	<u>Audit Committee</u>	
	<b>Resolved</b> – 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.	
<b>82/20</b>	<b>ITEMS FOR NOTING</b>	
82/20/1	<u>Reports from Board Committees</u>	
82/20/1.1	<u>People, Process and Performance Committee (PPPC)</u>	
	<b>Resolved</b> – that the 27 February 2020 confidential PPPC Minutes be noted as per paper P1 (no recommended items).	
82/20/1.2	<u>Finance and Investment Committee (FIC)</u>	
	<b>Resolved</b> – that the 27 February 2020 confidential FIC Minutes be noted as per paper P2 (recommended item approved at the 5 March 2020 Trust Board).	
<b>83/20</b>	<b>ANY OTHER BUSINESS</b>	
83/20/1	<u>Reports from Mr B Patel Non-Executive Director</u>	
	<b>Resolved</b> – 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.	
83/20/2	<u>Reports from Col (Ret'd) I Crowe Non-Executive Director</u>	
	<b>Resolved</b> – 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.	



83/20/3	Report from Mr A Johnson Non-Executive Director	
	<b>Resolved</b> – 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.	
83/20/4	Report from Professor P Baker Non-Executive Director	
	<b>Resolved</b> – 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.	
84/20	<b>DATE OF NEXT TRUST BOARD MEETING</b>	
	<b>Resolved</b> – that the next Trust Board virtual meeting be held on Thursday 7 May 2020 from 9am.	

The meeting closed at 12.53pm

Helen Stokes – Corporate and Committee Services Manager

**Cumulative Record of Attendance (2019/20 to date):**

**Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	18	18	100	A Furlong	18	15	83
J Adler	18	14	78	K Jenkins	18	14	78
C Benham (from 1.11.19 to 12.12.19)	2	0	0	A Johnson	18	17	94
V Bailey	18	16	89	S Lazarus (from 12.12.19)	6	5	83
P Baker	18	11	61	B Patel	18	18	100
R Brown	18	16	89	M Traynor	18	13	72
I Crowe	18	16	89	P Traynor (until 31.10.19)	10	9	90
C Fox	18	15	83				

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	18	15	83	V Karavadra (from 5.9.19)	10	9	90
D Kerr	18	16	89	S Ward	18	17	94
H Kotecha	14	10	71	M Wightman	18	16	89
				H Wyton	18	15	83