

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUSTMINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 12 APRIL 2018 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY**Voting Members present:**

Mr K Singh – Chairman
 Mr J Adler – Chief Executive
 Professor P Baker – Non-Executive Director
 Ms V Bailey – Non-Executive Director
 Col (Ret'd) I Crowe – Non-Executive Director
 Ms E Doyle – Interim Chief Operating Officer
 Mr A Furlong – Medical Director
 Mr A Johnson – Non-Executive Director
 Mr R Moore – Non-Executive Director
 Mr B Patel – Non-Executive Director
 Ms J Smith – Chief Nurse
 Mr M Traynor – Non-Executive Director
 Mr P Traynor – Chief Financial Officer

In attendance:

Mr C Benham – Director of Operational Finance (for Minute 112/18)
 Mr D Kerr – Director of Estates and Facilities (for Minute 110/18)
 Ms M Khiroye – Superintendent Pharmacist (for Minute 112/18)
 Ms E Moss – Chief Operating Officer EMCRN (for Minute 101/18)
 Professor D Rowbotham – Clinical Director EMCRN (for Minute 101/18)
 Mr N Sone – Financial Controller (for Minute 102/18/4)
 Ms H Stokes – Corporate and Committee Services Manager
 Mrs L Tibbert – Director of Workforce and Organisational Development
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications

ACTION**93/18 APOLOGIES AND WELCOME**

There were no apologies for absence.

94/18 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

There were no declarations of interest in the public business.

95/18 MINUTES

Resolved – that the Minutes of the 22 March 2018 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly (1 March 2018 Minutes to be submitted to the 3 May 2018 Trust Board).

**CHAIR
MAN**

96/18 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution. The Trust Board noted particular updates on:-

- (a) action 5e (Minute 56/18/1 of 1 March 2018) – the Audit Committee Non-Executive Director Chair confirmed that the issue of auditing/tracking the patient experience would be discussed at the 25 May 2018 Audit Committee, and
- (b) action 14 (Minute 34/18/ of 1 February 2018) – the issue of consultation was covered in paper G below.

**RMNED/
CN**

Resolved – that the actions above be noted and progressed by the identified Lead Officer.

LEADS

97/18 CHAIRMAN'S MONTHLY REPORT – APRIL 2018

In introducing his monthly report for April 2018 (paper C), the Chairman focused particularly on 3

issues: (i) the impact on service planning and provision of demographic change; (ii) how to function as an effective partner within health and social care, and (iii) how to learn lessons and apply them to future planning, given that winter pressures and seasonal weather were not new. The Chairman noted his view that an overarching workforce strategy would be useful, and he requested a report accordingly to a future Trust Board.

DWOD

In discussion on the issues raised by the Chairman, Mr B Patel Non-Executive Director noted the rapid pace of change within Leicester city in particular, and he queried whether UHL was receiving sufficient information on this. Executive Directors commented on the need to continue working through the existing partnership channels and noted that the Director of Public Health for Leicester City Council was presenting a session on demographics at the April 2018 Trust Board thinking day. An SLT event was also scheduled later in April 2018 focusing on frail elderly care issues. Ms V Bailey Non-Executive Director noted the need to take appropriate good practice lessons from other organisations, to avoid unintended consequences for partners. Professor P Baker Non-Executive Director urged a focus on earlier interventions and noted the benefits of an appropriately integrated strategy.

Mr M Traynor Non-Executive Director commented on a recent Chamber of Commerce report re: workforce shortages, and the Chairman suggested involving local Universities and Colleges in discussing that report. Professor P Baker Non-Executive Director outlined how the East Midlands area had benefited from the recent expansion of medical school places, and he also noted good work by the University of Leicester and De Montfort University to develop appropriate nursing/AHP training courses reflecting the Trust's needs.

DWOD/
MD/CN

The Chairman also noted that the July 2018 Trust Board thinking day would be looking at the Francis Report and lessons 5 years on.

Resolved – that (A) consideration be given to meeting with local Universities and Colleges to discuss the recent Chamber of Commerce report on workforce challenges, and

DWOD/
MD/CN

(B) a report on an overarching UHL workforce strategy be presented to a future Trust Board meeting.

DWOD

98/18

CHIEF EXECUTIVE'S MONTHLY REPORT – APRIL 2018

The Chief Executive's April 2018 monthly update followed (by exception) the framework of the Trust's strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was no longer taken at Trust Board meetings but was accessible on the Trust's external website (also hyperlinked within paper D).

Taking the report as read, in addition to emergency care pressures the Chief Executive also highlighted the following issues:-

- (a) the publication on 14 March 2018 of the CQC inspection report into UHL. The Trust was rated as 'requires improvement' overall, with 'good' ratings in the domains of effective and caring. No element of any of the Trust's services had been rated as 'inadequate', and the ratings for UHL's urgent and emergency services had significantly improved. In addition, the Trust's maternity services were now rated as 'good'. An action plan to address the CQC findings was now in development, and the Chief Executive noted the Trust's focus on getting to 'good' overall, although not underestimating the work this would entail;
- (b) the implications of the Government's mandate to NHS England and remit to NHS Improvement in 2018-19, including the key deliverables facing NHS Trusts in that year;
- (c) the recently-announced Agenda for Change pay deal, which was good news for those staff. The funding implications regarding any separate increase in doctors' pay were still to be fully understood. In response to a query from the Chairman, the Chief Financial Officer noted that NHS Trust Directors of Finance had lobbied the Government with a view to receiving the Agenda for Change pay deal funding direct rather than via CCGs;
- (d) that UHL had successfully recruited to its current Executive Director vacancies in full (Director of Workforce and OD, Chief Nurse, Chief Operating Officer). Paper D outlined the interim acting up arrangements in place until the new appointees joined UHL, and

- (e) that UHL's congenital heart surgery service had achieved the required 2017-18 activity levels despite operational pressures, which was good news.

At the invitation of the Chief Executive, the Interim Chief Operating Officer then updated the Trust Board on the position re: emergency care performance. Pressures had continued largely unabated throughout February and March 2018, with very significant challenges at the Glenfield Hospital Clinical Decisions Unit due to the record number of cardiorespiratory admissions. To date, April 2018 had not seen a significant improvement in emergency care performance, and a major LLR system-wide event was planned for 13 April 2018. Elective work had recommenced but caution was being applied to avoid overloading. UHL had also refocused its attention on ambulance handovers, to avoid any further deterioration. Mobilisation of the new ED front door provider (DHU) over the Easter period had proved challenging, and had contributed to overall poor performance against the 4-hour ED wait target.

In discussion, the Trust Board noted:-

- (a) a further improvement in the Trust's SHMI to 98;
- (b) confirmation from the Chief Executive that the mandated 2018-19 key deliverables were reflected in UHL's plans. With regard to the 7 Day Services commitment, the Medical Director reiterated that this could not be delivered without a circa £3m investment;
- (c) (in response to a query from Col [Ret'd] I Crowe Non-Executive Director) the £10m impact on UHL as a result of winter pressures. This was not solely due to Jan 2018 however, and
- (d) a further query from Col (Ret'd) I Crowe Non-Executive Director on the recovery plans in place within elective services to address waiting list backlogs. The Interim Chief Operating Officer acknowledged that recovery would be challenging in certain specialties such as orthopaedics and ENT.

Resolved – that the Chief Executive's report for April 2018 be noted.

99/18 RISK MANAGEMENT AND GOVERNANCE

99/18/1 Integrated Risk and Assurance Report

Paper E comprised the 2017-18 integrated risk report including the Board Assurance Framework (BAF), as at 28 February 2018. There had been 7 new organisational risks scoring 15 or above entered onto the risk register in February 2018, as detailed in paper E. As for previous months, the thematic review of risks scoring 15 or above on the risk register continued to indicate workforce shortages and the imbalance between capacity and demand as the principal causal factors – together with delivery of the financial plan these were appropriately reflected in the highest rated principal risks on the BAF.

The report showed that 8 annual priorities were off-track at month-end, with 6 of those forecasting also to be at risk of non-delivery in 2017-18. The Medical Director provided assurance that individual risks were discussed at the relevant Executive Board, and also at the Audit Committee. QOC had also reviewed some of the off-track elements of the Quality Commitment (eg insulin, acting on results). The QOC Non-Executive Director Chair noted that IT challenges were impacting significantly on quality and safety initiatives, which needed improved IT solutions for delivery. In response to a query from the Chairman, the Medical Director outlined the ways in which Trust Board members could be assured that CMGs were appropriately sighted to and managing the organisational risks.

A different approach to the BAF was proposed for 2018-19, involving splitting the BAF and delivery of the annual priorities into 2 separate reporting streams. Although decoupled, the process would remain transparent – further detail would be set out in the 2017-18 year end BAF report scheduled for the May 2018 Trust Board.

As discussed at that Committee's March 2018 meeting, the Audit Committee Non-Executive Director Chair considered that the BAF did not reflect the growing number of risks where the root cause was financial pressures. The March 2018 Audit Committee had agreed a need for UHL to improve its investment prioritisation process, recognising that financial pressures were leading to a more risky

environment. Maintenance requirements and IT remained UHL's top 2 priorities for capital, but the Chief Executive reiterated that such resources were severely limited. In further discussion, Ms V Bailey Non-Executive Director queried whether the entry for annual priority 5.6 needed to be reviewed, given the context of the £10m winter pressures and the CIP position. This would be discussed in Minute 103/18/3 below.

Resolved – that the integrated risk and assurance report for February 2018 be noted.

99/18/2 Progress Update on the Development of the Facilities Management LLP (FM LLP)

Paper F from the Chief Financial Officer outlined the progress being made towards establishing the Facilities Management Limited Liability Company. Leicester, Leicestershire and Rutland Healthcare Facilities Management Services LLP had been established at Companies House on 27 March 2018 following Trust Board approval on 22 March 2018 for its creation. The Chief Financial Officer clarified that the FM LLP was 99.93% UHL-owned and 0.07% owned by Trust Group Holdings Ltd (which was itself a 100%-owned subsidiary company of UHL NHS Trust). In discussion, Ms V Bailey Non-Executive Director suggested a need to review the implications of this for any declarations of interests required at the start of Trust Board meetings.

VBNED/
DCLA

Resolved – that any implications of the FM LLP for the declarations of interests requested at the start of Trust Board meetings, be reviewed.

VBNED/
DCLA

100/18 **LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION UPDATE**

Paper G updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme. The Director of Strategy and Communications advised that an informal NHS England review of the STP pre-consultation business case had identified a number of areas for further work including bed numbers and workforce assumptions. The SLT would meet on 19 April 2018 to discuss that feedback further – the timescale for consultation might also be discussed, as the process for national approval had become more complex. The Chief Financial Officer considered that 2016 submission of the STP did not necessarily reflect the situation now, and he noted the need to keep the plan as current as possible.

The LLR STP was not in the first wave for agreed national funding, and Non-Executive Directors queried whether it remained robust. In response, the Director of Strategy and Communications considered that the system partnership was beginning to have the fundamental underlying discussions required for delivery, with the SLT intending to focus on delivery, priorities, and capacity at its 19 April 2018 meeting. Although committed to an appropriate partnership approach, Non-Executive Directors voiced concern that UHL's reconfiguration programme required key capital decisions now. The Chief Executive emphasised the need for an appropriately integrated approach, and advised that he and the Chief Financial Officer planned to meet with NHS Improvement colleagues to understand national capital availability for the STP in more detail. The Chairman requested that following that meeting, a Trust Board discussion take place on clinical service provision issues and associated UHL priorities. A suggested Executive briefing for Non-Executive Directors was not therefore separately required. In response to a query from Ms V Bailey Non-Executive Director, the Chief Financial Officer confirmed that as the £30.8m ICU relocation capital funding had already been secured, the related OBC reporting timescales in paper G still applied. In further discussion, Professor P Baker Non-Executive Director noted his meeting later on 12 April 2018 with the SLT to discuss his concerns over the perceived lack of research and innovation aspects within the LLR STP – the outcomes of those discussions would be shared with Trust Board colleagues for information.

CE/DSC

PBNED

With 8 weeks to go until completion of the Emergency Floor phase 2, significant operational and clinical discussions continued on models of care. Work on ED culture and behaviours would also be shared with the PPPC in either April or May 2018.

Resolved – that (A) a Trust Board discussion on critical service provision issues and associated UHL priorities be scheduled following a forthcoming regional meeting with NHS Improvement, and

CE/
DSC

(B) Professor P Baker Non-Executive Director, be requested to brief Trust Board members on

PBNED

his 12 April 2018 meeting with the SLT re: research and innovation aspects of the LLR STP.

101/18 RESEARCH AND INNOVATION

101/18/1 East Midlands Clinical Research Network (EMCRN) 2017-18 – Quarter 4 Report and Annual Plan 2018-19

The Clinical Director and Chief Operating Officer of the EMCRN attended to present paper H, summarising the network's performance, major achievements, challenges and actions. Appended to the report was the EMCRN annual plan for 2018-19, which required formal approval from the UHL Trust Board as the network host.

EMCRN remained on course to achieve all of its key recruitment objectives, and had received good feedback from NIHR at the mid-year review. Paper H also highlighted the challenges facing the network as it moved into 2018-19, including plans to address a potential area of non-compliance in relation to contracting (requiring a change to the management of Partner B contracts). The UHL Medical Director and Professor P Baker Non-Executive Director both endorsed the 2018-19 annual plan as presented, and noted that EMCRN was a high performing network. Professor P Baker Non-Executive Director sought assurance that plans were in hand to address the % of studies starting within 30 days – in response, the EMCRN Clinical Director advised that all networks were in a similar position due to the way in which that specific indicator was measured, and he noted that it was possible the indicator might be removed nationally.

Ms V Bailey Non-Executive Director, emphasised the importance of research and innovation to clinical staff recruitment and retention, and asked how the Trust's activities were promoted. The Medical Director advised that although paper H was an EM network report, these issues would be covered in a planned update to the July 2018 Trust Board on research and innovation and the joint UHL-UoL strategy. The Chairman also noted that UHL held an annual Trust Board thinking day on research/innovation/education and training, and he suggested that CMGs be invited to attend that event.

**MD/
PBNE**

MD

In response to queries from the Chief Executive, the EMCRN Clinical Director and Chief Operating Officer outlined how Nottingham had improved its performance within the network, and also explained the likely reasons for the over-recruitment to a specific study (due to its on-line nature). They also confirmed that EMCRN had received a budget uplift of 2.6% for 2018-19, which was welcomed.

The 2017-18 EMCRN annual report would be presented to the Trust Board in July 2018.

MD

Resolved – that (A) the 2018-19 EMCRN annual delivery plan be approved by the UHL Trust Board as network host;

ALL

(B) a further update on research and innovation and the joint UHL-UoL strategy work be presented to the July 2018 Trust Board;

**MD/
PBNE**

(C) CMGs be invited to attend the annual Trust Board thinking day on research/innovation /education/training, and

MD

(D) the 2017-18 EMCRN annual report be presented to the July 2018 Trust Board for approval.

MD

102/18 QUALITY, PERFORMANCE AND FINANCE

102/18/1 Quality and Outcomes Committee (QOC)

Paper I summarised the issues discussed at the 29 March 2018 QOC, particularly noting good progress on insulin safety actions (although the CQC warning notice remained in place). The QOC Non-Executive Director Chair confirmed that UHL's 2018-19 Quality Commitment would be presented to the June 2018 Trust Board for approval.

CN/MD

Resolved – that (A) the summary of issues discussed at the 29 March 2018 QOC be noted as per paper I (no recommended items) – Minutes to be submitted to the 3 May 2018 Trust Board, and

(B) the 2018-19 Quality Commitment be presented to the June 2018 Trust Board for approval.

CN/MD

102/18/2 People Process and Performance Committee (PPPC)

Paper J summarised the issues considered at the 22 March 2018 PPPC, particularly noting discussions on emergency care performance, the 2017 national staff survey results, the 2018-19 equality and diversity strategic action plan, the Junior Doctors Guardian of Safe Working report and the Junior Doctor contract education exemption reports (latter 2 documents appended to paper J for Trust Board's information). The PPPC Non-Executive Director Chair also advised that the joint session with QOC had focused on stranded patients – this would remain a focus for the next 2-3 months in light of its importance. The Chief Executive advised that the Trust was looking closely at where the discharge delays were in the system, and was looking to apply 'Red2Green' principles to that discharge process.

Resolved – that that the summary of issues discussed at the 22 March 2018 PPPC be noted as per paper J (no recommended items) – Minutes to be submitted to the 3 May 2018 Trust Board.

102/18/3 Finance and Investment Committee (FIC) and 2017-18 Financial Performance (January 2018)

Paper K summarised the issues discussed at the 22 March 2018 FIC, including the Trust's financial position and progress on the 2017-18 Cost Improvement Programme (see paper K1 below). The FIC Non-Executive Director Chair advised that due to urgent deadline requirements, the reported recommendation to revise the Trust's year end forecast outturn to a deficit to £36.7m (£10m adverse to plan) had been approved under appropriate emergency powers prior to this Trust Board meeting. As detailed in paper K, that £36.7m deficit reflected emergency pressures, high marginal costs to deliver additional activity, and non-delivery of CIP. The Chief Financial Officer advised that once winter monies were netted off, the end 2017-18 deficit figure was likely to be £34.5m. He confirmed that the end of year position on the related BAF risk would therefore be red, as the original forecast deficit of £26.7m had not been delivered.

Paper K1 presented the Trust's month 11 financial position, which had been discussed in detail at the March 2018 Finance and Investment Committee meeting (headline year to date deficit of £37.2m, with quarter 4 significantly impacted by emergency pressures and elective cancellations). The Chief Financial Officer confirmed that NHS Improvement had been made aware of the Trust's changed year end forecast. He also confirmed that he and External Audit representatives had updated the March 2018 Audit Committee on end of year accounting treatments. The annual accounts work was now in progress, and UHL was focusing on its 2018-19 financial plan. In response to a query from the Chief Executive, the Chief Financial Officer advised that although the 2018-19 contract had been agreed in principle with CCGs and specialist Commissioners, it had not been possible to move to a more transformational approach locally as had initially been hoped. The contract would be reported in detail to the April 2018 FIC.

Resolved – that (A) the summary of issues discussed at the 22 March 2018 FIC be noted as per paper K (recommendation already actioned outside the meeting) – Minutes to be submitted to the 3 May 2018 Trust Board, and

(B) the month 11 financial position be noted.

102/18/4 Schedule of Loan Applications 2018-19

Paper L sought Trust Board approval for a schedule of 2018-19 loan applications – by approving the schedule the Trust Board would also be agreeing that, each month, the loan documentation would be signed by the Chief Financial Officer and the required supporting Trust Board resolution would be signed by the Chairman and Chief Executive. Documentation for the April 2018 loan application (£5,265k) was attached at appendices B and C of paper L and required submission to NHS Improvement by noon on 12 April 2018. Any changes to loan value or terms and conditions would be reported by exception to the Trust Board for approval prior to signature. In discussion, Mr A Johnson Non-Executive Director commented that the schedule was based on the net profit/deficit plan rather than on the cash plan.

Resolved – that the listed schedule of loan applications for 2018-19 and the signing of the documentation required for the (£5, 265k) April 2018 loan application be approved.

CFO

103/18 REPORTS FROM BOARD COMMITTEES

103/18/1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 22 February 2018 QOC be received and noted as per paper M1 (no recommended items).

103/18/2 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 22 February 2018 PPPC be received and noted as per paper M2 (no recommended items).

103/18/3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 22 February 2018 FIC be received and noted as per paper M3 (no recommended items).

103/18/4 Audit Committee

The Audit Committee Non-Executive Director Chair particularly highlighted that Committee’s March 2018 discussions on (i) UHL’s preparedness for the May 2018 General Data Protection Regulations and (ii) 3 Internal Audit reports, including one high risk rated report about EPR plan B.

Resolved – that the Minutes of the 9 March 2018 Audit Committee be received and noted as per paper M4 (no recommended items).

104/18 TRUST BOARD BULLETIN – APRIL 2018

Resolved – the following papers be noted as circulated with the April 2018 Trust Board Bulletin:-

(1) Trust sealings report 2017-18 (quarter 4).

105/18 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 items discussed:-

- (1) a query on whether Healthwatch would continue to be represented at UHL’s Trust Board meetings. The Chairman advised that Mr E Rees had confirmed that it was no longer appropriate for him to continue in that capacity given the change of Healthwatch provider – the Trust would engage accordingly with the new organisations;
- (2) a comment on public concern over cancelled elective operations and long backlog waiting lists. The Trust agreed to review existing communication with patients and the public re: cancelled elective operations and plans for the resumption of normal elective activity;
- (3) a comment on the perceived secrecy surrounding the STP, and the public hope that this would become more transparent, and
- (4) a comment on the importance of transport issues for people living outside Leicester City who needed to access UHL’s hospitals.

ICOO/
DSC

Resolved – that the comments/queries above be noted, and any actions be taken forward by the identified Lead Officer.

LEADS

106/18 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 107/18 to 115/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

107/18 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director and the Chief Financial Officer declared their interests in

Minute 112/18 below – it was agreed that these were non-pecuniary interests and did not require them to withdraw from the discussion.

108/18 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 7 March 2018 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly (confidential 1 March 2018 Minutes to be submitted to the 3 May 2018 Trust Board).

CHAIR
MAN

109/18 CONFIDENTIAL MATTERS ARISING REPORT

Resolved – that the confidential matters arising report be received and noted.

110/18 REPORT FROM THE DIRECTOR OF ESTATES AND FACILITIES

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

111/18 REPORT FROM THE CHIEF EXECUTIVE

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

112/18 REPORT FROM MR A JOHNSON NON-EXECUTIVE DIRECTOR, AND THE CHIEF FINANCIAL OFFICER

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

113/18 REPORTS FROM BOARD COMMITTEES

113/18/1 Quality and Outcomes Committee (QOC)

Resolved – that the 29 March 2018 QOC confidential summary be noted as per paper T1 (no recommended items) – Minutes to be submitted to the 3 May 2018 Trust Board.

113/18/2 People Process and Performance Committee (PPPC)

Resolved – that the 22 February 2018 PPPC confidential Minutes and the 22 March 2018 PPPC confidential summary be received as per papers T2 and T3, noting that the recommended item in paper T2 had been approved at the 1 March 2018 Trust Board. Confidential 22 March 2018 PPPC Minutes to be submitted to the 3 May 2018 Trust Board.

113/18/3 Finance and Investment Committee (FIC)

Resolved – that the 22 February 2018 FIC confidential Minutes and the 22 March 2018 FIC confidential summary be received as per papers T4 and T5, noting that the recommended item in paper T5 had been approved at Minute 110/18 above. Confidential 22 March 2018 FIC Minutes to be submitted to the 3 May 2018 Trust Board.

113/18/4 Audit Committee

Resolved – that the draft confidential 9 March 2018 Audit Committee Minutes (paper T6) be amended in line with the wording provided by the Chief Financial Officer, ahead of ratification at the 25 May 2018 Audit Committee.

CCSO

113/18/5 Remuneration Committee

Resolved – that the Minutes of the 1 March 2018 Remuneration Committee be received and noted (no recommendations) as per paper T7.

114/18 ANY OTHER BUSINESS

114/18/1 Ms J Smith Chief Nurse and Ms L Tibbert, Director of Workforce and OD

On behalf of the Trust Board, the Chairman recorded his thanks to Ms J Smith Chief Nurse, and Ms L Tibbert Director of Workforce and OD for their work at UHL, noting that this was their final Trust Board meeting before leaving UHL. He thanked them for their contribution to the work of the Trust and wished them well for the future.

Resolved – that the position be noted.

115/18 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 3 May 2018 from 9am in Rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 12.15pm

Helen Stokes – **Corporate and Committee Services Manager**

Cumulative Record of Attendance (2018-19 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	1	1	100	A Johnson	1	1	100
J Adler	1	1	100	R Moore	1	1	100
V Bailey	1	1	100	B Patel	1	1	100
P Baker	1	1	100	J Smith	1	1	100
I Crowe	1	1	100	M Traynor	1	1	100
E Doyle	1	1	100	P Traynor	1	1	100
A Furlong	1	1	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	1	1	100				
S Ward	1	1	100				
M Wightman	1	1	100				