

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 6 SEPTEMBER 2018 AT 9AM IN ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL

Voting Members present:

Mr K Singh – Trust Chairman (Chair)
Mr J Adler – Chief Executive
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director (up to and including Minute 265/18/2)
Mrs R Brown – Chief Operating Officer (up to and including Minute 265/18/2)
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
Ms E Meldrum – Acting Chief Nurse (up to and including Minute 264/18)
Mr R Moore – Non-Executive Director
Mr B Patel – Non-Executive Director
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer

In attendance:

Mr C Benham – Director of Operational Finance (for Minute 265/18/3)
Ms A Buckley – Senior Midwife (for Minute 250/18/1)
Mr M Caple – Patient Partner Chair (for Minute 250/18/2)
Dr R Jayaraj – Consultant Anaesthetist (for Minute 250/18/1)
Mr D Kerr – Director of Estates and Facilities (for Minutes 262/18 and 264/18)
Ms H Leatham – Assistant Chief Nurse (for Minute 250/18/1)
Mr M Norton – General Manager, Medical Physics (for Minute 265/18/3)
Mr T Pearce – Major Projects Finance Lead (for Minute 262/18)
Ms S Prema – Director of Strategy and Implementation, Leicester City CCG (for Minute 262/18)
Mr T Sanders – LLR STP Senior Responsible Officer (for Minute 262/18)
Ms H Stokes – Corporate and Committee Services Manager
Mr D Streets – Head of Procurement (for Minute 265/18/3)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Strategy and Communications
Ms H Wyton – Director of People and OD

ACTION

244/18 APOLOGIES AND WELCOME

There were no apologies for absence.

245/18 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chief Financial Officer and Mr A Johnson Non-Executive Director declared their respective roles as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd.

246/18 MINUTES

Resolved – that the Minutes of the 2 August 2018 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN

247/18 MATTERS ARISING FROM THE MINUTES

With regard to action 6a of paper B and noting certain recent local comments re: the proposed ICU relocation, the Director of Strategy and Communications advised that key reconfiguration messages were covered in both the Chief Executive's monthly report for September 2018 and in the LLR STP and UHL reconfiguration report (Minutes 248/18 and 252/18 respectively). This issue was also reflected in the Chairman's monthly report below.

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

248/18 CHAIRMAN'S MONTHLY REPORT – SEPTEMBER 2018

The Chairman paid tribute to the bravery and personal conduct of the individual staff who had tackled an armed individual in the Trust's Emergency Department, noting the sentence recently passed by the courts in relation to that incident. As outlined in his monthly report at paper C, the Chairman also commented on the significant contribution to UHL of its overseas staff, reiterating the Trust's commitment to continue supporting them as employees. The Chairman further emphasised the Trust's commitment to ensuring effective equality and diversity outcomes for all staff. High quality, effective leadership was crucial to UHL, and the Chairman noted both the upcoming UHL Leadership Conference and the Trust Board's planned discussions on its own effectiveness. The September 2018 Trust Board thinking day would also review UHL's Freedom to Speak Up arrangements, all as part of wider work to move from a CQC rating of 'requires improvement' to 'good'.

Noting the recent Court of Appeal decision re: Dr Bawa-Garba, the Chairman advised that a review of the systemic issues/practices identified would be considered by the Trust Board in October 2018. The Medical Director now briefly outlined the context for this review.

MD

As mentioned in Minute 247/18 above, paper C from the Chairman also noted concerns being articulated locally over the Leicester General Hospital.

Resolved – that a report on the systemic issues identified through the Dr Bawa-Garba case be presented to the Trust Board in October 2018.

MD

249/18 CHIEF EXECUTIVE'S MONTHLY REPORT – SEPTEMBER 2018

The Chief Executive's September 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, the Chief Executive specifically highlighted the following issues:-

- (a) good progress on the Trust's Quality Improvement Strategy (likely in future to be known as the 'Quality Strategy'), which he anticipated might be available for presentation to the November 2018 Trust Board (ie earlier than planned). Trust Board leadership and development work was an integral part of that strategy. The Chief Executive also noted the need to consider how to align the quality strategy work with UHL's overall strategic objectives and annual priorities;
- (b) recent improvement on ED performance, although August 2018 generally had been a very challenging month due to the CRO (carbapenem-resistant organism) outbreak. 2018 winter planning was underway and the winter plan would be presented accordingly to the September 2018 People, Process and Performance Committee (PPPC);
- (c) his thanks to both the Acting Chief Nurse and the wider nursing team for their handling of the CRO outbreak, information on which was detailed in paper D;
- (d) his thanks to Col (Ret'd) I Crowe Non-Executive Director (who in turn thanked UHL workforce and OD colleagues) for his role in helping UHL to achieve a Ministry of Defence Employer Recognition Scheme Gold Award, and
- (e) the 4 September 2018 LLR Joint Health Overview and Scrutiny Committee (JHOSC) meeting had not been able to conclude its discussions on the Trust's consolidation of level 3 intensive care services, and planned therefore to reconvene in the near future to continue that discussion. The Chief Executive considered that the JHOSC was not challenging the clinical validity and need for the consolidation. The issue of consultation had been raised, as had the wider future of the Leicester General Hospital site. UHL was now reviewing the implications of the JHOSC discussions, given the need to maintain the confidence of the service team, the key linkage to the time-critical relocation of Children's Hearts to meet national requirements, and potential cost implications of any delay to the ICU relocation.

CE

With regard to the consolidation of intensive care services the Trust Board noted:-

- (1) comments from the Finance and Investment Committee (FIC) Non-Executive Director Chair on the need to avoid incurring any construction delay penalties, and his wish for the JHSOC to be appropriately sighted to this potential risk;
- (2) the view of Professor P Baker Non-Executive Director that any significant delay would impact adversely on clinical colleagues. In response to comments from Professor Baker re: services

DSC

Trust Board Paper A

- other than ICU, the Director of Strategy and Communications provided assurance that neonatal service clinical colleagues were being kept appropriately informed of the position re: ICU, and he confirmed that clinical risk was a key consideration in the Trust's plans;
- (3) comments from Ms V Bailey Non-Executive Director on the need to clarify that the clinical risks voiced in 2015 still applied, and had been mitigated to date through significant staff efforts. The Medical Director confirmed that this point had been made to the JHOSC;
 - (4) comments from the People, Process and Performance Committee Non-Executive Director Chair on the good commercial practice of building in appropriate contingency to mitigate delay risks, and on his view regarding how the Trust should make best use of its position in large contracts, and
 - (5) the view of the Audit Committee Non-Executive Director Chair that any delay incurred to the ICU relocation should be used to reconfirm that the project was in the best possible state to proceed.

With regard to the quality strategy, the FIC Non-Executive Director Chair suggested that all UHL strategies should reflect the Trust's desire to move from 'requires improvement' to 'good'. The PPPC Non-Executive Director Chair considered that quality and efficiency initiatives should be viewed as complementary – the Chief Executive noted the Lothian model in this regard and agreed to provide information on that to the PPPC Non-Executive Director Chair accordingly. The 'getting it right first time' initiative also recognised these links.

CE

The Quality and Outcomes Committee (QOC) Non-Executive Director Chair voiced concern over cancer performance, noting that the current recovery action plan would be closely monitored through QOC. The Chief Operating Officer provided assurance that this was a priority issue for UHL – she was currently reviewing the cancer action plan and reiterating its importance to the CMG senior teams. She noted that she anticipated an initial dip in performance followed by a subsequent improvement.

Resolved – that (A) the UHL Quality [Improvement] Strategy be presented to the Trust Board once available;

CE

(B) the potential financial risk impact (eg contractor penalties) of delays to the ICU reconfiguration scheme be highlighted to the LLR Joint Health Overview and Scrutiny Committee, and

DSC

(C) information on the Lothian model linking quality and efficiency be circulated to Mr A Johnson, Non-Executive Director.

CE

250/18 KEY ISSUES FOR DISCUSSION/DECISION

250/18/1 Patient Story: Maternity

Paper E plus accompanying video presented the maternity story of a patient who had experienced a very severe post-partum haemorrhage (following the forceps delivery of her baby daughter), resulting in her being admitted to the Leicester General Hospital intensive care unit. Although a very frightening time, the patient wanted to share the positive aspects of her experience, particularly the way in which the staff had listened to her wishes and put her at the centre of her care. In the video, the patient praised the dedication and knowledge of all of the staff involved in her care (maternity, ICU, theatres, supporting staff), and thanked them for saving her life. Dr R Jayaraj Consultant Anaesthetist, and Ms A Buckley Senior Midwife attended the Trust Board for this item, and explained how serious a post-partum haemorrhage (4.2 litres) had been experienced by this patient.

The Trust Board welcomed this very positive patient story, representing an outstanding example of personalised, patient-centred care. Professor P Baker Non-Executive Director advised that UHL's combined LRI and LGH maternity units were the largest in Western Europe. The Chief Executive queried the incidence of PPH in UHL, and it was agreed to confirm that to him outside the meeting. The Senior Midwife advised that post-partum haemorrhage cases requiring ICU admission were rare, and she noted that post-partum haemorrhages of up to 1.5 litres were dealt with on the maternity unit. The maternity team was always prepared for such eventualities. Mr A Johnson Non-Executive Director considered that this example of good practice – and the positive impact on the patient's experience – should be widely shared within the Trust. Ms V Bailey Non-Executive Director also highlighted the immense importance to patients of considerate, personal care which took their wishes into account.

ACN

Resolved – that the UHL incidence of post-partum haemorrhage be confirmed outside the meeting.

ACN

250/18/2

Implementation of the Patient and Public Involvement Strategy 2018-19: Quarterly Update

Paper F outlined quarterly PPI activity for the period since June 2018, particularly noting the successful “Big 7-Tea Party” event held at Devonshire Place Leicester on 5 July 2018 to celebrate the 70th anniversary of the NHS. That tea party had been followed by a question and answer session involving various NHS partners (list of questions raised shown in appendix 2 of paper F. The Director of Strategy and Communications noted that only one question had been raised about reconfiguration). The Trust also continued to hold ‘community conversation’ events, and Trust Board members were encouraged to attend the next such event on 18 September 2018 with representatives from the African Caribbean community.

A key discussion event would take place with Patient Partners at the Trust Board thinking day on 13 September 2018 – that forum would review the results of the recent evaluation of the Patient Partner role, and look also at the top priorities for the Patient Partners as a group (6 main issues).

Mr M Caple, Patient Partner Chair outlined the June – September 2018 Patient Partner activities as detailed in appendix 1 of paper F. The 21 Patient Partners carried out an increasingly diverse range of activities, and (at the request of the Trust Chairman) were currently also considering how best they could assist UHL in progressing the action plans from the CQC report. Appendix 1 also briefed the Trust Board on the position of the Joint Patient Reference Group (JPRG) – although currently chaired by Mr Caple (with administrative support provided by the UHL PPI and Membership team), he would only remain in that JPRG chairing role until early October 2018. The key concerns of the Joint Patient Reference Group continued to be UHL site signage and the content of patient letters in relation to locating and identifying departments and wards.

In discussion, Mr B Patel Non-Executive Director endorsed the need for the JPRG to function as a stand-alone group. He also queried whether there was an appropriate mechanism for patients and the public to share concerns about operational issues such as parking and signage. The Chief Financial Officer considered that UHL had made some good progress in patient and public engagement/involvement, noting (for example) not all Trusts had Patient Partner representatives on their Committees. The Chief Financial Officer also noted however, the difficulty in engaging young people and he queried the scope to draw on medical students for PPI. The Patient Partner Chair agreed that it would be useful to review how to make the best use of younger Patient Partners, including involving them in specific younger people’s service projects.

Resolved – that the 2018-19 quarter 2 PPI update be noted.

251/18

RISK MANAGEMENT AND GOVERNANCE – INTEGRATED RISK AND ASSURANCE REPORT

Paper G comprised the new format 2018-19 integrated risk and assurance report including the Board Assurance Framework (BAF), as at 31 July 2018. No new organisational risks scoring 15 or above had been entered onto the risk register in July 2018. A thematic analysis of the organisational risk register showed the key risk causation themes as being staffing shortages, and the imbalance between capacity and demand. Managing financial pressures was also recognised on the risk register as a key enabler, and the Medical Director considered that the main BAF risks were appropriately reflected on the September 2018 Trust Board agenda.

The Acting Chief Nurse advised that nurse staffing was a chronic ongoing concern, and that the CRO outbreak had particularly impacted on that workforce. The Chief Executive advised that the very good September 2018 EQB report on nurse staffing would also be presented to the September 2018 QOC.

ACN

Resolved – that the September 2018 EQB report re: nurse staffing and winter planning be presented to the September 2018 QOC.

ACN

252/18

LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION – MONTHLY UPDATE

Paper H updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme. Work continued to ensure that the LLR STP capital bid (submitted on 16 July 2018 for consideration in the wave 4 funding round) was in an as 'ready to go' position as possible, with the next significant stage being the regional NHS England Assurance Panel on 10 October 2018. The Chief Executive outlined his recent discussions with the NHSI Chief Executive regarding the scheme, and noted ongoing uncertainties over both the level of national capital available and the timetable for decision-making.

Although recognising that formal STP consultation could not begin until funding was announced, the Chief Executive supported comments from the Medical Director on the need for some form of wider, preparatory engagement work. The exact nature and scope of that engagement would need further consideration, and the Chairman noted that this was perhaps something which could also be raised at the September 2018 SLT timeout. The suggestion of wider engagement was welcomed by Non-Executive Directors, who requested that the suite of consistent and concise messages on the key reconfiguration points being developed for Trust Board members also reiterate what was required for safe and sustainable clinical services. The Chairman also commented on the need to consider how best to inform and empower UHL staff to act as ambassadors for the Trust's reconfiguration programme.

CE

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In response to a query from the Chief Operating Officer, the Chief Executive advised that the September 2018 SLT timeout event would look at a range of governance issues, including succession arrangements for the current STP Senior Responsible Officer.

Resolved – that (A) consideration be given to potential options for an appropriate form of wider engagement (including its nature and focus);

CE

(B) the suite of consistent and concise messages on the key reconfiguration points being developed for Trust Board members also reiterate what was required for safe and sustainable clinical services, and

DSC

(C) consideration be given to how best to inform and empower UHL staff to act as ambassadors for the Trust's reconfiguration programme.

DSC

253/18 **QUALITY, PERFORMANCE AND FINANCE**

253/18/1 Quality and Outcomes Committee (QOC)

Paper I summarised the issues discussed at the 30 August 2018 QOC, including the CRO outbreak (see Minute 249/18 above), and the QOC Non-Executive Director Chair noted that a further report would be provided to both the Executive Quality Board and QOC once the outbreak was closed. Ms V Bailey Non-Executive Director noted QOC's discussion of the fractured neck of femur service and welcomed the new approach outlined by clinical colleagues attending for that item.

QOC had also considered (and recommended for Trust Board approval) the quarterly learning from deaths report and the LLR clinical quality audit report, both of which were appended to paper I accordingly. With regard to the learning from deaths update, the Medical Director noted his expectation that UHL's next published SHMI would be 95, representing continued improvement. As detailed in the quarterly report appended to paper I, UHL was also performing well in terms of the percentage of deaths screened by Medical Examiners, with a robust process in place. He advised that in the 2017-18 year, 9 deaths had been considered to be 'more likely than not' due to problems in care (death classification 1).

With regard to the LLR clinical quality audit, the Medical Director outlined the background to this system-wide report which had been undertaken as a follow-up to the 2014 Learning Lessons to Improve Care review. The clinical quality audit considered that the quality of care was adequate, good or excellent in 84% of cases, but had identified system issues around frail elderly patients and end of life care, including a need for appropriate, timely interventions. An LLR system-wide action plan had been developed in response to the audit's 23 recommendations. In discussion on the LLR clinical quality audit, the Chief Executive queried how this linked to the current frailty pathway work, and the Chief Operating Officer received confirmation that the audit would also be discussed at groups such as the A&E Delivery Board.

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Resolved – that the summary of issues discussed at the 30 August 2018 QOC be noted as per paper I, and the 2 recommended items approved (quarterly update on learning from deaths, and the LLR clinical quality audit and associated action plan) – Minutes to be submitted to the 4 October 2018 Trust Board.

MD

253/18/2 People Process and Performance Committee (PPPC)

Paper J summarised the issues considered at the 30 August 2018 PPPC, particularly highlighting (i) the eHospital programme, and (ii) urgent and emergency care performance. The PPPC Non-Executive Director Chair voiced some concern that the winter plan was not due to be presented to the Committee until September 2018, and queried whether this would allow sufficient time for preparation. In other discussion, the PPPC Non-Executive Director Chair welcomed the progress being made on CMG performance reviews, and the Chief Operating Officer noted the significant progress on 52 week waits (no patients now waiting more than 52 weeks).

Resolved – that that the summary of issues discussed at the 30 August 2018 PPPC be noted as per paper J (no recommended items) – Minutes to be submitted to the 4 October 2018 Trust Board.

CCSM

253/18/3 Finance and Investment Committee (FIC) and 2018-19 Financial Performance (July 2018)

Paper K summarised the issues discussed at the 30 August 2018 FIC, particularly the Trust's financial position for 2018-19. The summary also advised that a report on statutory compliance issues (backlog maintenance) had been deferred to the September 2018 FIC.

Paper K1 presented the Trust's 2018-19 month 4 financial position, which had been discussed in detail at the August 2018 Finance and Investment Committee meeting. UHL had achieved a year to date deficit of £22.7m (excluding Provider Sustainability Funding [PSF]), which was in line with plan. Including PSF, the Trust had achieved a year to date deficit of £20.4m representing a £2.3m adverse to plan position due to non-recognition of PSF as a result of the anticipated impact of FM LLP from quarter 2 reporting. As set out in paper K above, the month 4 adverse position had been mitigated through the release of £800,000 contingency which was predicated on delivery of the financial plan. In terms of CMG financial performance, Emergency and Specialist Medicine was ahead of its plan, while Women's and Children's and Musculoskeletal and Specialist Surgery were both behind on their delivery (latter's total being reset). The Chief Operating Officer and the Chief Financial Officer planned to review what support was needed by the Women and Children's CMG re: efficiency and productivity improvement programme (PIP) delivery. Although remaining disappointed over the national FMLLP decision, UHL had agreed with NHS Improvement that the impact would be reported from quarter 2.

In discussion, Professor P Baker Non-Executive Director queried the overspend on medical agency staff – in response the Medical Director provided assurance that clear sign-off processes were in place within the Trust, and he noted efforts to recruit more staff on to the UHL bank. He considered that medical agency staff were being used in order to fill critical gaps in rotas. Efforts had also been made to set agreed rates between local Trusts, but due to operational pressures it was proving challenging for all participants to observe these. This issue was being raised at the regional meeting of HR Directors.

In response to a query from Ms V Bailey Non-Executive Director, the Chief Financial Officer advised that it was not meaningful to compare the 2018-19 contingency use to 2017-18, due to the differences in circumstance. Although its use was entirely appropriate, it was nonetheless correct to sight the Trust Board to it. The Chief Financial Officer also noted the recognised need to manage pay trends.

Resolved – that (A) the summary of issues discussed at the 30 August 2018 FIC be noted as per paper K (no recommended items) – Minutes to be submitted to the 4 October 2018 Trust Board, and

(B) the 2018-19 month 4 financial position be noted.

254/18 REPORTS FROM BOARD COMMITTEES

254/18/1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 26 July 2018 QOC be received and noted as per paper L1 (no recommended items).

254/18/2 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 26 July 2018 PPPC be received and noted as per paper L2 (no recommended items).

254/18/4 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 26 July 2018 FIC be received and noted as per paper L3 (no recommended items).

255/18 CORPORATE TRUSTEE BUSINESS

255/18/1 Charitable Funds Committee

Resolved – that the Minutes of the 2 August 2018 Charitable Funds Committee be received and noted as Corporate Trustee as per paper M (no recommended items).

256/18 TRUST BOARD BULLETIN – SEPTEMBER 2018

In respect of the multiprofessional education and training quarterly update at Bulletin paper 1, the Medical Director welcomed that UHL had no red flags (as a Trust overall) in the 2018 GMC national trainee survey. Any individual service areas with red flags had now been tasked with developing a remedial action plan. As noted at the August 2018 Trust Board meeting, Leicester Medical School's scores in the National Student Survey were also improving, which was welcomed. Leicester was now ranked 18/33 medical schools on overall satisfaction.

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

- (1) 2018-19 quarter 2 multiprofessional education and training update;
- (2) public minutes of the 19 July 2018 System Leadership Team (SLT) meeting, and
- (3) UHL key Committee dates for 2019 (Trust Board, Trust Board thinking days, Board Committees [Audit Committee, Charitable Funds Committee, FIC, PPPC, QOC]).

257/18 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions/comments were raised in respect of the business transacted at the meeting:-

- (1) a query as to what would have happened in the post-partum haemorrhage patient story if the ICU reconfiguration had already taken place. In response, the Medical Director advised that level 3 stabilisation beds would still be retained on the Leicester General Hospital site, with a transport service in place to then move those patients to the other sites at a clinically-appropriate time. Level 2 (HDU) beds would also be retained on the Leicester General Hospital site;
- (2) a separate query as to whether post-partum haemorrhage (PPH) could be predicted. Although there could be certain indicators towards a PPH being more likely, Professor P Baker Non-Executive Director advised that in most cases post-partum haemorrhage occurred without warning;
- (3) comments on UHL's PPI activity and level of public involvement;
- (4) support for the wider engagement discussion in Minute 252/18 above, and
- (5) a separate comment on the relative lack of public understanding of which services would be retained on the Leicester General Hospital site. The Chairman reiterated the need for a clearer public narrative on this issue, and the questioner suggested ensuring that information was also placed in primary healthcare settings such as (eg) GP surgeries.

Resolved – that any actions arising from the comments/queries above be progressed by the relevant named lead.

258/18 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 259/18 to 269/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

259/18 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, and Mr P Traynor Chief Financial Officer declared their interests in Minute 263/18 below. It was agreed that they would not be required to absent themselves from the discussion on that item.

260/18 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 2 and 9 August 2018 Trust Board meetings be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

261/18 CONFIDENTIAL MATTERS ARISING REPORT

Resolved – that the confidential matters arising log be noted.

262/18 JOINT REPORT FROM THE CHIEF FINANCIAL OFFICER AND 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 would be prejudicial to the effective conduct of public affairs.

263/18 REPORT FROM THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

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

264/18 REPORT FROM THE DIRECTOR OF ESTATES AND FACILITIES

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

265/18 REPORTS FROM BOARD COMMITTEES

265/18/1 Quality and Outcomes Committee (QOC)

Resolved – that the 30 August 2018 QOC confidential summary be noted as per paper T1 (no recommended items) – Minutes to be submitted to the 4 October 2018 Trust Board.

265/18/2 People Process and Performance Committee (PPPC)

Resolved – that the 26 July 2018 PPPC confidential Minutes and the 30 August 2018 PPPC confidential summary be noted as per papers T2 and T3 (no recommended items) – Minutes of 30 August 2018 to be submitted to the 4 October 2018 Trust Board.

265/18/3 Finance and Investment Committee (FIC)

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

266/18 CORPORATE TRUSTEE BUSINESS

266/18/1 Charitable Funds Committee

Resolved – that the 2 August 2018 Charitable Funds Committee confidential Minutes be noted and endorsed by the Trust Board as Corporate Trustee as per paper U (no recommended items).

267/18 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that any papers circulated for the September 2018 confidential Trust Board Bulletin be received and noted.

268/18 ANY OTHER BUSINESS

There were no items of any other business.

269/18 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 4 October 2018 from 9am in Rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 1.50pm

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	10	8	80	A Johnson	10	10	100
J Adler	10	10	100	E Meldrum	9	8	89
V Bailey	10	8	80	R Moore	10	8	80
P Baker	10	8	80	B Patel	10	10	100
R Brown	5	5	100	J Smith	1	1	100
I Crowe	10	10	100	M Traynor	10	9	90
E Doyle	5	5	100	P Traynor	10	10	100
A Furlong	10	8	80				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
B Kotecha/J Tyler-Fantom	6	6	100	S Ward	10	9	90
L Tibbert	1	1	100	M Wightman	10	10	100
				H Wyton	3	3	100