

Minutes of the Public Trust Board Meeting

Held on 5 September 2017

Seminar Room, New Life Centre, Sleaford.

**Present**

**Voting Members**

Mr Dean Fathers, Chair  
Ms Karen Brown, Director of Finance,  
Procurement and Corporate Affairs  
Mrs Sarah Dunnett, Non- Executive  
Director  
Dr Chris Gibson, Non-Executive Director  
Mr Geoff Hayward, Non-Executive Director  
Dr Neill Hepburn, Medical Director  
Mrs Penny Owston, Non-Executive  
Director  
Mrs Gill Ponder, Non-Executive Director  
Professor Mala Rao, Non-Executive  
Director  
Mrs Michelle Rhodes, Director of Nursing  
Mr Jan Sobieraj, Chief Executive  
Mrs Kate Truscott, Non-Executive Director  
Mr Kevin Turner, Deputy Chief Executive

**Non Voting Members**

Mr Paul Boocock, Director of Estates and  
Facilities  
Mr Mark Brassington, Chief Operating  
Officer  
Dr Paul Grassby, Non-Executive Director  
Mr Martin Rayson, Director of Human  
Resources and Organisational Development

**In Attendance**

Miss Lucy Ettridge, Associate Director  
Communications and Engagement  
Mrs Jayne Warner, Trust Secretary  
(minutes)  
Mr John Bains, Healthwatch Chair

**Apologies**

648/17     **ITEM 1. INTRODUCTION**

The Chair welcomed the members of the public to the meeting.

649/10     The Chair introduced Mr Paul Lee a newly appointed Orthopaedic Consultant.

650/17     The Chair highlighted to the Board the events which he had attended since the last meeting including a meeting with Matt Warman MP, the Vice Chancellor of Lincoln University. The Chair announced that Mrs Owston had agreed to be the Non Executive with the lead for learning from deaths.

651/17     The Chair announced his resignation. He would be leaving the Trust at the

start of November.

652/17 **ITEM 2. QUESTIONS**

The meeting paused for questions from members of the public relating to the agenda.

653/17 **ITEM 3. APOLOGIES FOR ABSENCE RECEIVED**

There were no apologies for the meeting.

654/17 **ITEM 4. DECLARATIONS OF INTEREST**

There were no interests declared in respect of the agenda items. The Chair declared an interest in August Equity from September.

655/17 **ITEM 5. MINUTES OF THE MEETING HELD ON 1 AUGUST 2017**

The minutes of the meeting held on 1 August 2017 were approved as a true and accurate record subject to the amendment of minute 603/17 to say Deputy Director of Human Resources not Director of Human Resources.

656/17 **ITEM 6. MATTERS ARISING/ACTION LOG**

Minute 626/17 – Mrs Owston asked that the relevant regulators were made aware of agency doctors conduct. This was confirmed.

Minute 574/17 – Mr Bains asked whether the Trust had made a formal representation in respect of the Lincoln Walk in Centre Consultation.

657/17 **ITEM 7. PATIENT EXPERIENCE**

658/17 The Board were advised that the patient story had been deferred as the staff involved were needed to support the staffing issues on the Pilgrim site.

659/17 The Board were advised that the Trust had 9 overdue complaints for August. The 19 overdue complaints from July had been reduced with only 2 not closed.

660/17 The Director of Nursing informed the Board that the Trust was working on improving the management of patients with mental health concerns and learning disabilities. A review of complaints for these patients had been commenced. Mr Hayward asked how the Board would get assurance that these issues were addressed. The Director of Nursing advised that this was one of the programmes within the quality and safety improvement plan and milestones and actions were reviewed weekly.

661/17 The National Patient Survey had not been positive for the Trust. The newly introduced ward accreditation process would include questions that were included in the patient survey.

662/17 The Trust would be taking part in FAB Change week on the 17<sup>th</sup> November. Board members were asked to support the initiative by making a pledge.

663/17 Mrs Dunnett noted that there was still an issue with getting feedback for the friends and family test for paediatric patients and questioned whether the Trust could do more. Highlighting that the maternity ward had good ideas about improving their response rates with an Instagram account with positive feedback. The Director of Nursing responded that there was work going on with paediatrics and there could be a focus on this in the report in October.

**Action: Director of Nursing 3 October 2017**

664/17 Mrs Truscott noted that safeguarding issues had been raised and asked how these were addressed. The Director of Nursing explained that any concerns raised would be addressed with staff and the Heads of Nursing. The Safeguarding Committee also reviewed any cases raised.

665/17 Mrs Owston confirmed that the patient experience report was considered at the Quality Governance Committee. The Committee had noted a persistent theme of communication within the complaints and had asked for assurance that there would be intervention with staff where this was raised repeatedly.

666/17 Dr Grassby observed that communication had been an issue within the NHS for many years and continued to be a problem. The Medical Director responded that standards were always improving but so were patient and family expectations. Work continued to improve this but still needed to improve further.

667/17 Dr Gibson commented that communication was an issue which could be addressed without the commitment of resources and asked whether the Trust benchmarked against other NHS Trusts. The Director of Nursing stated that addressing the communication issue linked to the work to address the culture of the organisation. The Director of Human Resources and OD added that there was a lack of emotional intelligence and stated that existing training needed review to confirm it was adequate.

668/17 Professor Rao noted the concerns raised about cleanliness. The organisation had to demonstrate that an intent to make change led to actual changes. The Director of Nursing agreed that this could be strengthened in the report.

669/17 The Chief Executive asked what the focus nationally would be for the friends and family test. The Director of Nursing advised that there had been discussion that there would be changes and national reporting may no longer be required although it would remain part of the NHS contract.

670/17 The Chair asked if Mr Bains wished to raise any specific issues on behalf of Healthwatch. Mr Bains responded that the issues highlighted were reflective of the feedback which was received by Healthwatch and noted the actions being taken.

**RESOLVED**

The Board received the patient experience report

671/17 **Item 8 Quality and Safety**

**Item 8.1 Assurance and Risk Report Quality Governance**

Mrs Owston presented the assurance report from the meeting of the Quality Governance Committee on 29 August 2017.

672/17 The Committee highlighted a concern about the management of corporate policies following a discussion about clinical policies at the committee. The concerns were linked to changes made by the trust libraries service and the process for flagging overdue policies. The Trust Secretary agreed to review this outside the meeting and report back to the Quality Governance Committee in September.

**Action: Trust Secretary 26 September 2017**

673/17 The Board were advised that the committee had considered the risk registers and were satisfied that the process was working as intended. The Committee would review the longest outstanding risks as part of its considerations at future meetings.

674/17 Mrs Owston highlighted the new forms which had been introduced for ward visits by Board members. It had been agreed after discussion that the home for these would be the Quality Governance Committee who would feed issues up to the Board. Mrs Owston raised a particular issue which had been highlighted during her own ward visit. Greetwell Ward would be welcoming 10 newly qualified nurses in one tranche and this was considered a risk. Mrs Owston had agreed to revisit this matter once the nurses arrived.

675/17 Mr Hayward noted the lack of assurance in relation to infection prevention and queried whether outliers were a factor in infection outbreaks. The Director of Nursing advised that there was no evidence of a link. Mrs Ponder commented that the Finance, Service Improvement and Delivery Assurance Committee had asked for more information on outliers at its September meeting.

676/17 Mrs Dunnett commented that the Lincoln site mortality rates remained high and asked if the committee had received assurances that this was being reviewed. The Medical Director commented that the Trust mortality data was all reported nationally for the whole Trust rather than by site. The higher mortality rates at Lincoln were linked to the level of acuity of patients seen there. The Trust continued to work on an improvement project to address co-morbidity coding and were working to confirm if co-morbidities were recognised but not recorded or if there was an issue with recognising. This continued to be an area of scrutiny for the Quality Governance Committee. Professor Rao questioned whether there was a committee which considered the recording of co-morbidities. The Director of Nursing advised that this was being addressed through ward accreditation.

677/17 Mrs Truscott asked what progress had been made with cleanliness and the deep cleaning programme. The Director of Nursing explained that the money had been allocated for the housekeeping review phase 2 and housekeepers

would be transferred back to the management of Facilities.

## **RESOLVED**

The Trust Board noted the

- Assurances received by the committee.
- Those areas where assurance had not been received and the actions initiated by the committee in response to this
- The risk register review and deep dive in respect strategic risks to the service transformation objective

### **678/17 8.2 Performance Report Quality and Safety**

The Medical Director presented the quality section of the integrated performance report by exception.

679/17 The Board were advised of the National Policy on Learning from Deaths. Changes meant that families would be able to input to future mortality reviews.

680/17 The Director of Nursing highlighted the increase in falls reported for the Pilgrim site. These were being investigated. Despite numbers rising the level of harm reported had actually fallen. A detailed report would be received at the Quality Governance Committee in September.

681/17 Mrs Dunnett questioned whether reporting was increasing for falls rather than incidents. The Director of Nursing advised that reporting had improved.

682/17 Mrs Owston commented that she had observed during a ward visit the falls workbook and that this seemed onerous to complete. The Director of Nursing advised that all nursing documentation remained under continual review.

683/17 The Director of Nursing stated that six medication incidents which had been reported on the Louth site were now the subject of investigation. It did not appear that the incidents were related. The incidents were being reviewed as part of the specialty governance arrangements.

684/17 The Trust was reporting that it was beneath trajectory for clostridium difficile infections for July and August and this suggested that the increased focus in the organisation was getting the desired results.

685/17 The Board were advised that there was an issue with sepsis data with the use of several different systems. This would be resolved with an update to the Medway system in October.

686/17 Mrs Dunnett questioned whether there was any work being completed by the CCGs in relation to community acquired pressure ulcers. The Director of Nursing advised that there was support from the CCGs but much work still to be done.

- 687/17 The Medical Director was asked about mortality reviews. Would the identification of sub optimal care trigger duty of candour.
- 688/17 The Medical Director advised that all deaths were reviewed by the Trust where other Trusts often only review a proportion. This enables the learning to be maximised. Lessons learnt are fed through the specialty governance process and duty of candour is addressed.
- 689/17 Dr Grassby questioned what the governance was for mortality reviews. The Medical Director advised that scrutiny comes through participation in national audits and Dr Foster data. The Chair raised the possibility of looking at Mazars benchmarking work.
- 690/17 **Item 8.3 Quality and Safety Improvement Plan**
- 691/17 The Director of Nursing presented the latest iteration of the Quality and Safety Improvement Plan. The Board were advised that the plan was being reviewed by Quality Governance Committee who would deep dive in to one of the 17 programmes each month.
- 692/17 Mrs Dunnett questioned whether the programmes were all on track to achieve the completion target dates. The Director of Nursing advised that whilst the actions were being completed there were a number of risks to achievement which are detailed within the plan. The main issue was one of resources. The Chief Executive added that this had been a theme at the system improvement board as the system discussed how a better safety culture could be achieved and the role that the whole system needed to play.
- 693/17 Mrs Ponder requested that the report show the position in the previous month so that Board members were able to see where progress was being made.
- Action: Director of Nursing 3 October 2017**
- 694/17 **ITEM 9. Workforce**
- Item 9.1 Assurance and Risk Report Workforce and OD Committee**
- Mrs Truscott presented the assurance report from the meeting of the Workforce and OD Assurance Committee on 28 July 2017.
- 695/17 Mrs Truscott stated that the committee had sought further assurances on the consideration and introduction on new ways of working to support the Trust with its recruitment issues.
- 696/17 The Committee had also received an update from the Guardian of Safe Working Dr Varma. The Committee had not been assured and had sought from Dr Varma reported data on safe working for junior doctors.

**RESOLVED**

The Trust Board noted the

- Assurances received by the committee.
- Those areas where assurance had not been received and the actions initiated by the committee in response to this
- The risk register and strategic risk register/ BAF review

697/17 **Item 9.2 Performance Report Workforce**

The Director of Human Resources and OD presented the quality section of the integrated performance report by exception.

698/17 The Board were informed that significant work had been completed in the last month on agency cost reduction in the context of the financial recovery plan. The Trust had an agency spend ceiling set by NHS Improvement. This equated to a monthly spending limit of £2.13m for the next year. The Trust was currently working above this level although spend had reduced as a result of the junior doctor intake. Nursing and midwifery agency spend remained a challenge.

699/17 Retention rates for the Trust remained good by comparison to other Trusts. The Trust continued to look at offers that could be made to staff to improve this.

700/17 The Director of Human Resources and OD reiterated the recruitment difficulties that were being seen nationally and the need for the Trust to reduce its workforce costs overall by going further looking at establishment.

701/17 The Trust compliance with core learning and appraisals continued to improve but fire safety training was short of where it needed to be.

702/17 Mrs Dunnett questioned whether the STP partnership work on workforce was moving at the pace that it should. The Director of Human Resources and OD stated that there was progress but a clear service plan was needed before a workforce plan could be determined.

703/17 Mrs Ponder acknowledged the work to make the bank more attractive and asked if there was a way to reflect this in the report showing the trend of agency and bank.

704/17 The Director of Human Resources and OD advised that the Trust was commencing partnering with an employment agency to support recruitment.

**RESOLVED**

The Board noted the workforce performance report.

705/17 **Item 11.3 Nurse and Midwifery Staffing Monthly Report**

The Director of Nursing presented the nursing workforce report.

- 706/17 The Board were advised that the fill rate for registered nurses on the Lincoln and Pilgrim site was falling with Pilgrim a particular concern.
- 707/17 The Director of Nursing advised that there had been much work on the use of agency and bank nurses in particular to increase the bank for registered nurses. In October the report would include the trajectory for agency usage for the year.
- 708/17 The Director of Nursing suggested that the workforce data be considered in detail at the Quality Governance Committee with a summary presented as part of the workforce report. The Board agreed that this would be an acceptable approach. The Chief Executive questioned whether ward accreditation would replace some of the data collected in the report.
- 709/17 Mrs Dunnett asked for further assurance on staffing at weekends and asked if shifts were more difficult to fill at weekends and whether this presented greater risk. The Director of Nursing confirmed that this was the case with out of hours shifts being the first to be filled.
- 710/17 The Chief Executive advised the Board that there had been a mixed response to the move to encourage staff from agency to the bank. The Director of Human Resources explained that from 1 September there had been a policy change and all overtime must be agreed through gold on call. Some nurses had decided not to take additional shifts and this had created a particular issue in theatres. Weekly pay for bank was also being introduced.

**RESOLVED**

The Board noted the monthly nurse staffing report.

711/17 **Item 9.4 Staff Charter**

The Director of Human Resources and OD presented a report to update the Board on the work to develop the staff charter.

- 712/17 The Board were advised that the charter would describe what was expected from staff and what they should expect in concern in terms of culture and behaviour. The next step would be to present to staff and launch in the organisation alongside the 2021 strategy.

- 713/17 Mrs Ponder challenged that the charter did not describe good management and leadership. The Chief Executive responded that the charter had broken down what good management means.

- 714/17 Professor Rao questioned how the Board would know when the charter was owned by staff and how staff who did not behave in line with the charter would be managed. The Director of Human Resources and OD explained that this would be measured through the quality and safety programme and the safety culture.



715/17

Mrs Owston questioned whether the organisational structure should be included. It was agreed that this would be considered.

716/17

Mrs Truscott commented that staff needed to be able to articulate the framework.

### **RESOLVED**

The Board agreed the charter subject to consideration of the comments made during the discussion.

717/17

### **Item 10.1 Finance, Service Improvement and Delivery Assurance Committee**

Mrs Ponder presented the Finance, Service Improvement and Delivery Committee Assurance Report from the meeting held on 29<sup>th</sup> August 2017.

718/17

Mrs Ponder reported to the Board the assurance that the Committee had received on progress with the 2021 launch and had recommended that the next stage be considered in the private session of the Trust Board.

719/17

The Committee had conducted a deep dive review in to the strategic objective of service transformation and had concluded that the risk was of a failure to deliver services rather than failure to transform.

720/17

The Committee escalated to the Trust Board the continued lack of assurance on delivering the financial plan and had sought more detail on the efficiency plans which were being established.

### **RESOLVED**

The Trust Board noted the

- Assurances received by the committee.
- Those areas where assurance had not been received and the actions initiated by the committee in response to this
- The risk register and strategic risk register/ BAF review

721/17

### **Item 10.2 Performance Report Finance and Operations**

The Director of Finance and Corporate Affairs presented the financial performance. The Trust year to date deficit position was £30.7m against a planned year to date deficit of £18.0m. The in month deficit was £6.8m against a plan of £4m. The Director of Finance and Corporate Affairs stated that the Trust had seen improved delivery against the financial efficiency programme during July however the majority of the plans would not deliver until September. It was therefore difficult to offer assurance to the Board.

722/17

The Trust had been placed in financial special measures. The Board were advised that the governance surrounding this had yet to be clarified however

the Trust would be supported by a Financial Turnaround Director. Members of the Board would be required to attend a meeting with NHS England following this development.

723/17

The Board were advised that from November the Board would receive a RAG rated report similar to that used for the quality and safety programme.

724/17

Mrs Owston challenged that the efficiency schemes seemed to have had a slower than anticipated start and asked what was the cause of this. The Director of Finance, Procurement and Corporate Affairs stated that this was multi faceted. The Board were advised that whilst there were a number of schemes which it was anticipated efficiencies could be delivered there had been no capacity or project support to them. This was now in place and was providing a clear focus. Monitoring of schemes going forward would be vigorous and some schemes required the support of the external partner. Mrs Dunnett asked that risks against the forecasted efficiencies were included in reporting going forward.

**Action: Director of Finance, Procurement and Corporate Affairs 7 November 2017**

725/17

Mr Hayward stated that the Board would not be able to give assurance of delivery of financial plans until it found a way to address the level of savings required.

726/17

Mrs Truscott challenged that in the previous years the Trust had failed to secure some of the CQUINs investment and asked for assurance that processes were in place to monitor and address this for 2017/18. The Director of Finance, Procurement and Corporate Affairs advised that CQUIN reporting was being reviewed to make sure that the assurance could be given.

727/17

The Chief Operating Officer reported that the Trust had narrowly missed the diagnostic standard in five specialties. The Trust continued to work with the CCGs on a set of actions. This included the closure of urology to routine referrals.

728/17

The Trust was reporting that it was meeting 4 of the 9 cancer standards in August. The Trust had continued to reduce those patients waiting against the 62 day standard but maintaining this continues to be a challenge. The board were advised that during June and July the Trust had treated the highest number of patients for 18 months.

729/17

The Board were advised that performance against the A&E 4 hour standard was still not at trajectory. The Trust were meeting monthly as part of the wider system. The Trust was working to meet 90% by November. The Chief Operating Officer gave assurances on the key actions from the A&E delivery Board which included trialling primary care streaming, workforce business case, senior reviews.

- 730/17 Mrs Ponder raised the concern that where a new service is introduced this can create new demand and asked how the Trust would mitigate against this. The Chief Operating Officer responded that this was a real risk and the pathway was being reviewed to mitigate against this.
- 731/17 Mrs Dunnnett asked for assurance that the system were reviewing the level of demand being experienced by Pilgrim. The Chief Operating Officer acknowledged that the level of growth had caused Pilgrim to struggle as a site and work was ongoing to try and understand the reasons behind this.
- 732/17 Mrs Dunnnett questioned whether the Trust would be able to recruit to the business case. The Chief Operating Officer advised that the Trust was confident that it would be able to attract training grades.
- 733/17 Mrs Truscott noted that the divert of referrals had been agreed by Lincolnshire East CCG but that the other CCGs had not agreed. The Chief Operating Officer advised that the CCGs were being held to account by the service improvement board.
- 734/17 **RESOLVED**
- The Board noted the Finance and Operational Performance Report.
- 735/17 **Item 10.3 Capital Programme Priorities – Impact of Fire Safety Improvement Programme**
- The Deputy Chief Executive introduced a report to consider the impact on the Trust capital and revenue priorities in the context of the external funding to support the fire safety improvement programme.
- 736/17 The Trust capital programme had been based on the internal resource available and the highest priority schemes. Fire enforcement notices had resulted in reprioritisation of the capital programme. The Trust had identified £2.1m from the 2017/18 programme to contribute to the business case and the ask of the system was £14.6m in 2017/18 and £40.6m in total.
- 737/17 The Board were advised that the Trust had been advised that they would receive a £9.5m loan the repayment terms of which still had to be agreed. The Trust believed that the £9.5m had been arrived at as this was the work categorised as enforcement rather than the enabling works.
- 738/17 The Trust had agreed to provide more up to date costings as tender exercises had been completed and take these back for consideration by NHS Improvement.
- 739/17 The Board were advised that should the Trust be unable to secure any additional support then the Trust would not be able to progress with any of the other elements of the capital programme. The Deputy Chief Executive

highlighted the risk that if all capital programmes were held pending a further decision on the fire work then it would be too late to enable the other capital schemes to be mobilised and spent in year.

740/17 The Board were advised that the Trust had also requested support with revenue. The Director of Finance, Procurement and Corporate Affairs advised that revenue was not included in current forecasting.

741/17 The Chief Executive advised that the other elements of the capital programme supported delivery of the CQC improvements and impacted on service delivery.

**RESOLVED**

742/17 The Board agreed that the £700,000 which was not required to meet the potential capital funding shortfall for fire should be released and prioritised for any other areas of risk and CQC improvements. The Executive Team were asked to consider the other priorities and report back to the Finance, Service Improvement and Delivery Assurance Committee and Trust Board.

**Action: Deputy Chief Executive 3 October 2017**

743/17 **Item 11.0 Strategic Risk Management Report**

The Deputy Chief Executive presented a progress report on the improvement plan for risk management and the monthly updated Integrated Strategic Risk Register and Board Assurance Framework.

744/17 The strategic risks had been revised following the deep dive at the Finance, Service Improvement and Delivery Committee and these changes were recommended to the Board to accept.

745/17 Target scores had been introduced for risks and Board members were asked to consider these at the next meeting of the assurance committees and feedback.

746/17 The Deputy Chief Executive asked the Board to consider whether the strategic risk register/ BAF was reflective of the discussions at the meeting particularly with the reorganised agenda for the Trust Board.

747/17 Mrs Dunnett stated that it was essential that the strategic Risk Register/ BAF aligned with the 2021 programme. The Deputy Chief Executive advised that this had been discussed at the Finance Service Improvement and Delivery Committee and would be considered at a Board Development session later in the year.

748/17 **RESOLVED**

The Board considered the latest strategic risk register and BAF and confirmed that this was reflective of the Boards position with risk.

749/17 **Item 12.1 Chief Executive Horizon Scan**

The Board were advised that NHS Improvement were consulting on how the single oversight framework was measured and its thresholds.

Winter Planning was underway with the first submission required later in the week.

The Board were informed that the nursing levels for paediatrics were now a high risk for the Trust . This would be brought for more detailed discussion.

The Board were advised that an additional 500 doctors training places had been secured for under doctored areas.

750/17 **Item 12.2 2021 Programme and STP Update**

The Deputy Chief executive advised that the lead for the Lincolnshire STP had met with NHS England and NHS Improvement. There was recognition of the complex and challenged environment of Lincolnshire but disappointment at the pace and focus.

751/17 There had been particular focus on the governance arrangements and they would be streamlined and simplified.

752/17 The Board were advised that 4 of the 12 planned neighbourhood teams should be in place by March 2018.

753/17 The Chair commented that the implication of the surrounding areas were really important for the STP. The Deputy Chief Executive responded that Lincolnshire needed to learn from what others had done. The Chief Executive added that the Lincolnshire Commissioning Board had agreed principles but that these were not finalised.

754/17 **Item 12.3 Trust Innovation**

The Associate Director Communications and Engagement shared some of the creative solutions that the trust had been using to address the recruitment problems such as nurse cadets, nurse associates.

755/17 Mrs Truscott commented that it would be good for the Workforce and OD Committee to have the numbers for these to assure the Trust Board.

Mrs Ponder welcomed the career development opportunities being offered.

**RESOLVED**

The Board noted the excellent work.

756/17 **Item 13. Future Agenda Items**

There were no further agenda items.

757/17 **ITEM 14. ANY OTHER BUSINESS**

Mrs Owston highlighted organ donation week.

758/17 **ITEM 13. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place at 9.15am on Tuesday 3 October in The Conference Room, The Reservation, Sleaford.

759/17 **EXCLUSION OF THE PUBLIC**

In accordance with Standing Order 3:1 and Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960: To resolve that representatives of the press and other members of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

760/17 **Signed as a true record \_\_\_\_\_ Chairman**

**Date** \_\_\_\_\_

**Attendance**

<b>Voting Members</b>	<b>4 Oct 2016</b>	<b>1 Nov 2016</b>	<b>6 Dec 2016</b>	<b>7 Feb 2017</b>	<b>7 Mar 2017</b>	<b>4 Apr 2017</b>	<b>9 May 2017</b>	<b>6 Jun 2017</b>	<b>4 July 2017</b>	<b>1 Aug 2017</b>	<b>5 Sept 2017</b>
Prof Dean Fathers	X	X	A	X	X	X	X	X	X	X	X
Dr Paul Grassby	X	X	X	X	X	X	X	X	A	A	X
Geoff Hayward	X	X	X	X	A	X	A	X	X	X	X
Penny Owston	X	X	X	X	X	A	A	X	X	X	X
Gill Ponder	X	X	X	X	X	A	X	X	X	X	X
Kate Truscott	X	X	X	X	X	X	A	A	X	X	X
Tim Staniland	X	X	X	X							
Jan Sobieraj	X	X	X	X	X	X	X	X	X	X	X
Suneil Kapadia/ Neill Hepburn	X	X	X	X	X	X	X	X	X	X	X
Interim Director of Finance	X	X	X	X	X	X	X	X			
Karen Brown									X	X	X
Michelle Rhodes	X	X	X	X	X	A	X	X	X	X	X
Kevin Turner	X	X	X	X	X	X	A	X	A	X	X
Sarah Dunnett,	X	X	X	X	X	A	X	X	X	X	X
Mala Rao							X	X	X	X	X

X In attendance

A Apologies given