

Minutes of the Public Trust Board Meeting

Held on 6 June 2017

Auditorium, New Life Centre, Sleaford.

Present

Voting Members

Professor Dean Fathers, Chair
Ms Karen Brown, Interim Director of
Finance and Corporate Affairs
Mrs Sarah Dunnett, Non- Executive
Director
Dr Paul Grassby, Non-Executive Director
Mr Geoff Hayward, Non-Executive Director
Dr Neill Hepburn, Interim 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
Mr Kevin Turner, Deputy Chief Executive

Non-Voting Members

Mr Mark Brassington, Chief Operating
Officer
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)
Mrs Jennie Negus, Deputy Chief Nurse
(item 8.1)
Mrs Linda Keddie, Head of Nursing (Item
8.2)
Mrs Kelly Harwood, Matron Surgery (Item
8.2)

Apologies

Mr Paul Boocock, Director of Estates and
Facilities
Mrs Kate Truscott, Non-Executive Director

460/17 **ITEM 1. INTRODUCTION**

The Chair welcomed the members of the public to the meeting and Professor Rao to her first meeting as a member of the Board.

461/17 The Chair highlighted to the Board the events which he had attended since the last meeting. The Chair informed the Board that interviews had been held

for the Director of Finance post and that these were ongoing.

462/17 **ITEM 2. QUESTIONS**

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

463/17 **ITEM 3. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Mr Paul Boocock, Director of Estates and Facilities and Mrs Kate Truscott, Non-Executive Director.

464/17 **ITEM 4. DECLARATIONS OF INTEREST**

There were no interests declared in respect of the agenda items.

465/17 **ITEM 5. MINUTES OF THE MEETING HELD ON 9 MAY 2017**

The minutes of the meeting held on 9 May 2017 were approved as a true and accurate record.

466/17 **ITEM 6. MATTERS ARISING/ACTION LOG**

Minute 879/16 - Detail on caring for carers was included within the patient experience paper. This action was complete.

Minute 256/17 – Mrs Owston agreed to pick up the catering standards outside the meeting.

Minute 315/17 – simplified representation of attendance figures had been picked up in the additional reporting to the Finance, Service Improvement and Delivery Assurance Committee. This action was complete.

Minute 335/17 – Falls prevention project would feed back to Quality Governance Committee in June not to Trust Board. Mrs Dunnett asked if consideration could be given to a patient story linked to falls at a future Trust Board.

Action: Deputy Chief Nurse 5 September 2017

Minute 366/17 – Increase in complaints and numbers of overdue complaints were included in the patient experience report. Action complete.

Minute 422/17 – The decrease in the levels of NHS invoices paid during March had been investigated and considered in report to the Finance Service Improvement and Delivery Committee. Action complete.

467/17 **ITEM 7. CHIEF EXECUTIVE'S UPDATE AND ENVIRONMENTAL SCAN**

The Chief Executive acknowledged the purdah period ahead of the General Election.

Care Quality Commission The Chief Executive advised the Board that the

latest published data from the CQC showed a 33% increase in enforcement action. The CQC self assessment reported that the perceived quality of understanding had fallen.

Well Led Framework The Board were advised that NHSI were reviewing the well led framework which would come out later this year. The development strategy was also being revised. A retention programme for nurses was expected to be launched at the end of purdah.

IR35 Guidance The Trust had received further guidance in the application of IR35 this was in line with the way that the Trust had been handling. So no significant change.

Cyber Attack The Chief Executive asked the Board to recognise the work of the ICT and Operational teams in response to the cyber attack. The swift action had contained the effect of the attack and the Trust had quickly reverted to manual systems. Appointments had been cancelled as a result.

Norovirus The Board were advised that norovirus had impacted on admissions to the Trust.

A&E The Trust had seen high A&E attendances particularly at the Pilgrim site and the Trust had seen performance fall against the A&E 4 hour standard. Mrs Dunnett questioned whether the Trust was getting the appropriate support from partner organisations in respect of demand management and if this was not the case what else could be done to influence this. The Chief Executive advised that the Trust was being supported by partners, however the impact of the actions had not been less than expected.

468/17 **ITEM 8. Patient Experience**

Item 8.1 Patient Experience at Trust Board

The Deputy Chief Nurse introduced the patient experience report.

469/17 The Board were advised that site level complaints data was now included in the report. The number of overdue complaints remained low. In April the Trust had achieved the response rates target.

470/17 The report highlighted the Caring for Carers work and the Deputy Chief Nurse commented on the work with Carers First in Lincolnshire.

471/17 Mrs Dunnett commented that whilst it was pleasing that overdue complaints remained low the target was to see no overdue complaints and this must continue to be pushed.

472/17 Mrs Dunnett commented that it was hard to compare data on the friends and family test and it would be helpful to see more "you said, we did" evidence to get a sense of what the clinical areas had done to respond to patient comments. The Deputy Chief Nurse responded that the Trust did drill down in to the overdue complaints and advised that the Board would receive more information on the friends and family data after this had been shared with the

Executive Team.

Action: Deputy Chief Nurse 4 July 2017

- 473/17 The Chairman noted that the trend line for complaints was improving and agreed to share with the Deputy Chief Nurse comments from his meeting with the Parliamentary and Health Service Ombudsman around complaints.
- 474/17 The Deputy Chief Executive commented that the friends and family data for emergency care seemed to show that the department were off the national average. The Deputy Chief Nurse advised that she had reviewed the data in response to a challenge from the Director of Nursing and the performance could be tracked to the Trust performance against the A&E 4 hour standard. Details of this could be presented in the next report. This had been discussed at the Quality Governance Committee and confirmed that pressures on the service could be triangulated to the friends and family results.
- 475/17 Mrs Ponder noted that whilst the number of applicants for volunteer roles was high they were not being processed promptly. The Deputy Chief Nurse acknowledged that this was an issue and stated that they were trying to focus on resolving the issue in those areas that were most in need.
- 476/17 The Director of Human Resources and OD observed that communication was a consistent theme in complaints and questioned what action was being taken. The Deputy Chief Nurse explained that staff were being signposted to the communication first training. The Board agreed to consider using a Board Development session to run the communication first training.
- 477/17 Dr Grassby asked how complaints about the Trust made to other organisations were picked up. The Deputy Chief Nurse advised that these were flagged with the organisation. Professor Rao questioned whether themes within clinical complaints could be extracted and examined. The Deputy Chief Nurse advised that lessons learned were considered but this area was something that still wasn't fully established.

478/17 **RESOLVED**

The Board noted the patient experience report.

Item 8.2 Golden Hour Ward Assurance

- 479/17 Mrs Debrah Bates Deputy Chief Nurse, Mrs Linda Keddie Head of Nursing and Mrs Kelly Harwood Matron joined the meeting for this item.
- 480/17 The Board were advised of a corporate nursing initiative known as the golden hour which introduced a daily assurance visit undertaken by the senior nurse or midwife to the wards. This initiative had been piloted within the Trust and the Board were asked to support a trust wide implementation.
- 481/17 The paper supported freeing up matrons to spend one dedicated hour each day on the wards and assess safety and where necessary put in place actions to address issues identified.

482/17 The Board heard the findings from the pilot scheme and the difference this had made to the ward. The initiative gave support to ward leaders and allowed concerns to be raised whilst giving greater assurance to senior leaders.

The Board were advised that the scheme had the support of the Director of Nursing and the Chief Operating Officer.

483/17 Mrs Ponder asked how the impact could be measured. Mrs Keddie responded that there were many metrics, patient experience data, safety and quality dashboard, ward healthcheck and ward accreditation. Mrs Keddie explained that it was hoped that the introduction would create an atmosphere of healthy competition with wards wanting to get the best results.

484/17 The Director of Nursing added that it was important that actions and training were identified when issues were picked up and the Board may want to consider the role that they play in the assurance process. The Director of Nursing pointed out that there were some difficulties with some matrons having responsibility for a number of wards and also providing senior staff for weekends.

485/17 Mrs Dunnett expressed her support for the scheme and added that it was essential to reinforce and embed a safety culture.

The Director of Human Resources and OD commented that the initiative promoted culture change and visibility and accountability and questioned how it would fit with the ward accreditation framework. The Director of Nursing responded that all elements of the initiative fit with the ward accreditation. The Director of Nursing agreed to share the framework with the Quality Governance Committee

Action: Director of Nursing 27 June 2017

Mr Hayward commented that as the initiative was developed it would be good to see consideration of a similar process for wards during the night shifts.

486/17 **ITEM 9. STRATEGIC ITEMS**

Item 9.1 Sustainability and Transformation Plan

487/17 The Chief Executive informed the Board that work continued to populate the STP delivery unit. This was not being achieved as fast as had been planned and the lack of capacity was impairing the ability to move the STP forward.

488/17 The Board noted the impact on the delivery of the financial plan created by delays in the STP. The pre consultation business case had been stalled during the purdah period ahead of the election but the Trust continued to look for additional short term actions which could be taken ahead of further progress.

489/17 **RESOLVED**

The Board noted the STP update.

490/17 **Item 9.2 Safeguarding Strategy**

491/17 The Director of Nursing introduced the Safeguarding Strategy which is currently out to consultation. The Strategy had been developed following the local government work and the Trust external review. The Strategy details the statutory requirements for the Trust and how safeguarding for the Trust will be structured.

492/17 The Board were advised that the Trust did not have a lead doctor for safeguarding but it was hoped that this could be achieved.

493/17 The Director of Nursing explained that the work programme within the strategy would need to be updated to link it more clearly to the CQC work plan. The Trust had also started to work with the Lincolnshire CCGs on a Lincolnshire approach to safeguarding and the Board were advised that the strategy may need to be updated as this work progresses. The Director of Nursing requested that the Quality Governance Committee be given delegated authority to sign off further versions.

494/17 Mrs Ponder questioned whether the Trust had engaged with the local mental health community. The Director of Nursing confirmed that there had been lots of involvement with the development of the strategy.

495/17 Mrs Dunnett questioned whether the Trust was required to make an annual safeguarding declaration. The Director of Nursing advised that this was good practice.

496/17 The Chair stated that it was important that the Chair of the Quality Governance Committee met with the Chair of the Lincolnshire Safeguarding Boards.

Action: Mrs Owston 1 August 2017

RESOLVED

497/17 The Board approved the Safeguarding Strategy and delegated authority for further updates to the Quality Governance Committee.

ITEM 10 Governance

Item 10.1 Draft Quality and Safety Improvement Plan

498/17 The Director of Nursing introduced the draft of the quality and safety improvement plan. The plan had been submitted in draft to NHS Improvement and NHS England and was being monitored weekly. The final version would be presented for sign off by the Trust Board at its meeting in July.

499/17 Mrs Dunnett questioned whether the Board was assured that the organisation had the capacity to deliver the plan. The Chief Executive confirmed that the

financial plan includes additional resource of around £1.6m and the Trust had made a bid for national funding, the result of which was still awaited. Mrs Dunnett stated that when the plan came back for sign off in July the Board would need to be confident that the resource in place was adequate to deliver. The Chair added that the Deputy Chief Executive needed to ensure that the associated risks and mitigations were reflected.

500/17 The plan will be monitored through Quality Governance Committee and the Trust Board.

501/17 Dr Grassby questioned whether diabetes and DKA were highlighted because of the issues within the CQC report. The Director of Nursing responded that there had been serious incidents in these areas and variation and inconsistencies had been picked up as part of the CQC visit. These areas were highlighted because they had the biggest impact on patient safety.

The Board were advised that the final version of the plan would be brought to the Board meeting in July.

Action: Director of Nursing 4 July 2017

502/17 **Item 10.2 Integrated Performance Report**

The Board received the Integrated Performance Report to the Board for the period to 30 April 2017.

503/17 The Interim Medical Director reported that the SHMI data for the Trust showed the Lincoln site as an outlier. A deep dive was being completed on intestinal hernia without obstruction as this had been alerting.

504/17 A Charlson Comorbidity Audit had been completed. This was being considered at the Patient Safety Committee.

505/17 Reviews continued to establish that comorbidities were being properly recorded and coded. This impacts on the mortality data and has been identified as an issue in the past.

506/17 Mrs Dunnett questioned whether the detail which was coming back from the mortality reviews was giving assurance whether the issue was recording or whether the clinicians even had an awareness of them. The Medical Director stated that assurance could not be given at this stage. The Chair asked how this would be addressed. The Medical Director advised that once the review was completed there would be work with individuals to address issues highlighted.

507/17 The Director of Nursing advised that some of the patient safety data was missing from this months report due to issues experienced with NHS digital following the cyber attack. The Board were advised that the Quality Governance Committee had considered a presentation on the falls data looking at themes. This had highlighted a particular issue with stroke and dementia patients.

- 508/17 The Trust was seeing an increase in pressure ulcers and an action plan had been requested by the Quality Governance Committee. The Director of Nursing advised that whilst the Trust did try to compare data nationally it had been identified that the comparison was not always like for like. The grading required by NHSI had just been changed but the Trust method was already in line with what was required. The Director of Nursing explained that the Trust was trying to get beneath the differences in the PUNT and Datix data.
- 509/17 The Director of Nursing advised that the learning beyond registration funding was being focussed on CAUTI, infection prevention and control and falls.
- 510/17 Mrs Owston highlighted the success in the improved sepsis data and questioned whether the risk should be downgraded. The Medical Director acknowledged that whilst the improvements were good the Board should exercise caution as the data was only collected in EAU and therefore it was still too soon to reduce the risk rating across the organisation.
- 511/17 The Deputy Chief Executive noted that the whilst the target for clostridium difficile had been delivered there had been 7 incidents in month 1 and the Trust were off trajectory. The Deputy Chief Executive asked whether there was a root cause analysis to identify any issues. The Director of Nursing explained that the RCA was almost complete and that specific concern had been raised about the stroke unit at Lincoln County Hospital. The Trust would be having an assurance visit from colleagues at the CCG there was significant work to be done with environmental cleaning issues.
- 512/17 The new lead nurse for infection prevention and control had just been employed and would be considering whether retraining was needed.
- 513/17 Mrs Dunnett questioned whether the Quality Governance Committee could seek assurance on cleaning standards across all of the sites and whether a piece of work could be done to identify correlation between safety issues and patients who were outliers.

Action: Mrs Owston 27 June 2017

- 514/17 The Interim Director of Finance and Corporate Affairs presented the financial performance. The Trust year to date deficit position was £8.8m against a planned deficit of £4.7m. The Interim Director of Finance and Corporate Affairs advised that an element of this related to a technical issue around the number of working days in the month which would be recovered by the end of the quarter. The Board were advised that the Trust was £1m over budget against planned expenditure.
- 515/17 The Board were advised that there would be continued financial pressure in the following month resulting from the effects of the norovirus outbreak and the cyber attack. The full costs of these were still being calculated.
- 516/17 The Board were advised that the Trust had delivered £0 cost improvements

against a plan of £1.2m and work continued with the directorates to identify delivery of savings.

517/17 Mrs Ponder added that the Finance, Service Improvement and Delivery Assurance Committee had considered in detail the financial position and the actions being taken.

518/17 Mrs Dunnett asked whether the Board could be assured of controls over the use of agency staff. The Interim Director of Finance advised that this had been the subject of an Executive Team Time Out. The current arrangements were assured but consideration was being given to changing workforce modelling. The Director of Human Resources & OD advised the Board that further agency reduction plans were being presented to the Workforce and OD Committee in July.

519/17 Mrs Owston commented that the internal audit review of cost improvement plans in previous years had given a limited assurance and plans had not been achieved.

520/17 The Interim Director of Finance and Corporate Affairs advised that work was ongoing to draft a paper based on NHS Improvement best practice advice, a quality improvement model and post implementation impact assessment, but the rigour was not in place in the process at present. The Interim Director of Finance and Corporate Affairs agreed to circulate the paper to Non Executive Directors.

Action: Interim Director of Finance and Corporate Affairs 4 July 2017

521/17 The Director of Human Resources & OD presented the workforce element of the performance report. The Board were advised that the pulse survey was currently running for staff.

522/17 The Board were advised that there had been a sharp reduction in agency spend in April but this was followed with a peak in May. An overall plan for agency spend had been agreed but there was still significant work to be done.

523/17 The appraisal position for April was poor with significant improvement seen in May. Work continues to improve this.

524/17 The Chief Operating Officer presented the operational performance. The position with RTT 18 weeks continued to be challenging for the Trust in line with previous months. The Trust had experienced specific issues with the cyber attack in April and lost sessions. The attack had also impacted on the validating of data for the end of April. A fire at Pilgrim had meant that the Pilgrim Day Case Unit had been relocated and as a result the Trust was treating 30 less patients a week. The Trust had plans to bring performance back in line with trajectory in August. Without the impact of the cyber attack the Trust would have hit the trajectory.

- 525/17 The Chief Operating Officer reported that outpatients continued to be a challenge. The Trust was working with CCG colleagues to identify further actions which could be taken.
- 526/17 The Board were advised that the STP money for 2017/18 was only aligned to the A&E 4 hour standard. The Trust had achieved trajectory in April but had deteriorated in May and the Trust was in regional escalation.
- 527/17 Mrs Dunnett questioned whether partner organisations were doing enough to support with demand management. The Chief Operating Officer responded that the CCGs recognised that actions had been slow. The Chief Executive highlighted that the CCGs were putting additional new posts in to support work on urgent care pathways.
- 528/17 Mrs Dunnett asked for assurance on the split between majors and minors and the action plans in place. The Chief Operating Officer responded that action plans were in place. The Trust had been required to resubmit its trajectory plans as these were not compliant. The Trust had no allocated revenue or capital resource to invest in workforce model. There would be a further update at the next meeting.

The Trust had revised the cancer trajectory as it was not compliant with the national standard. The Trust continued to meet the 62 day standard.

529/17 **RESOLVED**

The Board noted the Trust Integrated Performance Report.

530/17 **Item 10.3 Nurse Staffing Monthly Report**

531/17 The Director of Nursing presented the nursing workforce report.

532/17 The report highlighted those wards over their fill rates. The Board were advised that the cyber attack had affected the provision of some data.

The Director of Nursing advised that the fill rate was down slightly on the previous month. The data includes midwives and enhanced care so therefore may not reflect an accurate picture of nursing.

The Board were informed that the Trust was receiving support from the Deputy Director of Nursing for NHS England. 70% of the vacancy spend related to vacancies.

533/17 Mrs Owston asked how many of the newly qualified cohort of nurses had accepted posts with the Trust. The Trust had secured 130 and had committed to make earlier offers to compete with other Trusts. The Trust had also introduced a rotational job offer for nurses.

534/17 Mrs Owston questioned what supervisory arrangements were in place with newly qualified nurses. The Director of Nursing explained that the Trust was

part of a nationally recognised preceptorship programme. Currently the newly qualified nurses continue as a cohort for a year but the Trust was considering an extension of this support.

Mrs Dunnett questioned whether the Trust had examined care hours per day. The Director of Nursing stated that whilst not convinced of the value of the metric this was being reviewed. Mrs Dunnett stated that the patient to staffing ratios would be interesting as an indicator. The Director of Nursing confirmed that this data was included in the twice yearly establishment review.

Mrs Ponder asked whether there were any further incentives that could be used to attract nurses. The Director of Nursing advised that different models were being considered.

535/17 **RESOLVED**

The Board noted the monthly nurse staffing report.

536/17 **Item 10.4 Workforce and OD Assurance Committee**

Mrs Ponder presented the Workforce and OD Assurance Committee Report from the meeting held on 26th May 2017.

537/17 The Board were advised that the Committee had supported the expediting of specialty reviews for medical vacancies and a medical recruitment plan was now in place.

538/17 The Committee had raised the ownership of mitigating actions in the risk register. The Director of Human Resources and OD agreed to review the register.

Action: Director of Human Resources and OD 4 July 2017

539/17 The Chair challenged the Committee to push back for further actions rather than escalate issues.

RESOLVED

The Trust Board noted the Workforce and OD Committee Assurance Report.

540/17 **Item 10.5 Quality Governance Committee Assurance Report**

Mrs Owston reported the Quality Governance Committee Assurance Report from the meeting held on 26 May 2017.

541/17 The Committee had requested that the risk register include the risk of a lack of deep dive cleaning programme.

The Committee had noted that some risks were across two committees and

asked for one committee to take the lead.

542/17 **RESOLVED**

The Trust Board noted the Quality Governance Committee Assurance Report.

543/17 **Item 10.6 Finance, Service Improvement and Delivery Assurance Committee**

Mrs Ponder presented the Finance, Service Improvement and Delivery Committee Assurance Report from the meeting held on 26 May 2017.

544/17 The Committee escalated the risk of potential enforcement notice and the need to reprioritise investment. The Committee escalated the ongoing uncertainty associated with the contract negotiation process.

545/17 The Committee asked the Board to consider whether urgent care performance should be prioritised over other standards.

The Committee had recorded a lack of assurance that the Trust was currently in a position to resolve the variance to the financial plan.

546/17 **RESOLVED**

The Trust Board noted the Finance, Service Improvement and Delivery Committee Assurance Report.

547/17 **Item 10.7 Audit Committee**

Mr Geoff Hayward presented the report from the Audit Committee meeting 26 May 2017.

The Board were advised that the Committee had signed off the annual accounts.

548/17 Mrs Dunnett requested that the accounts be signed off by the Trust Board in future.

RESOLVED

The Trust Board noted the report.

549/17 **Item 10.8 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.

550/17 The Board noted that the Trust now had 123 risks rated at 15 or above. All risks had now been reviewed and validated.

551/17 The Board noted that the workforce risks had increased as a result of the IR35 issues.

RESOLVED

The Board considered the latest strategic risk register and BAF.

552/17 **Item 12. Trust Innovation**

The Communications and Engagement Manager shared with the Board the Sepsis project. Describing the impact of a project to identify and treat sepsis earlier.

553/17 **RESOLVED**

The Board placed on record support for the project.

554/17 **Item 11.1 Items for future Trust Board.**

No new items

555/17 **Item 11.2 Self Certification – NHS Provider Condition**

The Board agreed the self-certification.

556/17 **ITEM 12. ANY OTHER BUSINESS**

There were no other items of business.

557/17 **ITEM 13. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place at 9.15am on Tuesday 4 July in the New Life Centre, Sleaford.

558/17 **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.

559/17 **Signed as a true record _____ Chairman**

Date _____

Attendance

| Voting Members | 7 June 2016 | 5 July 2016 | 2 Aug 2016 | 6 Sept 2016 | 4 Oct 2016 | 1 Nov 2016 | 6 Dec 2016 | 7 Feb 2017 | 7 Mar 2017 | 9 May 2017 | 6 Jun 2017 |
|---|----------------------------|----------------------------|---------------------------|----------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Prof Dean Fathers | X | X | X | X | X | X | A | X | X | X | X |
| Dr Paul Grassby | X | X | A | X | X | X | X | X | X | X | X |
| Geoff Hayward | X | X | X | A | X | X | X | X | A | A | X |
| Penny Owston | X | X | A | X | X | X | X | X | X | A | X |
| Gill Ponder | X | X | X | X | X | X | X | X | X | X | X |
| Kate Truscott | A | X | X | X | X | X | X | X | X | A | A |
| Tim Staniland | X | X | X | X | X | X | X | X | | | |
| Jan Sobieraj | X | X | X | X | X | X | X | X | X | X | X |
| Suneil Kapadia/ Neill Hepburn | X | X | X | A | X | X | X | X | X | X | X |
| Peter Hollinshead/ Jason Burn/ John Barber/Karen Brown (Interim Directors of Finance) | X | X | X | X | X | X | X | X | X | X | X |
| Michelle Rhodes | X | X | A | X | X | X | X | X | X | X | X |
| Kevin Turner | X | X | A | X | X | X | X | X | X | A | X |
| Sarah Dunnett, | | | X | X | X | X | X | X | X | X | X |

X In attendance

A Apologies given