

Minutes of the Public Trust Board Meeting

Held on 9 May 2017

Conference Room, The Reservation, Sleaford.

Present

Voting Members

Professor Dean Fathers, Chair
Mrs Sarah Dunnett, Non- Executive
Director
Dr Paul Grassby, Non-Executive Director
Ms Karen Brown, Interim Director of
Finance and Corporate Affairs
Dr Neill Hepburn, Interim Medical Director
Mrs Gill Ponder, Non-Executive Director
Mrs Michelle Rhodes, Director of Nursing
Mr Jan Sobieraj, Chief Executive

Non-Voting Members

Mr Mark Brassington, Chief Operating
Officer
Mr Martin Rayson, Director of Human
Resources and Organisational Development

In Attendance

Mrs Anna Richards, Communications and
Engagement Manager
Mrs Jayne Warner, Trust Secretary
(minutes)
Mrs Jennie Negus, Deputy Chief Nurse
(item 9.1)

Apologies

Mr Paul Boocock, Director of Estates and
Facilities
Mr Geoff Hayward, Non-Executive Director
Mrs Penny Owston, Non-Executive Director
Professor Mala Rao, Non-Executive Director
Mrs Kate Truscott, Non-Executive Director
Mr Kevin Turner, Deputy Chief Executive

341/17 **ITEM 1. INTRODUCTION**

The Chair welcomed the members of the public to the meeting and Ms Brown and Dr Hepburn to their first meeting as members of the Board. The Chair reported that the Trust had successfully recruited a new Non-Executive Director and Professor Mala Rao had joined the Board from 1 May 2017. The Chair also congratulated Mrs Ponder on the extension of her term of office.

342/17 The Chair highlighted to the Board the events which he had attended since the last meeting. The Chair informed the Board that the NHSI Chairs Partnership Forum had discussed a new initiative to develop a talent pool for future non-executive vacancies which was to include those from a scientific background, the BAME community and the 50:50 Programme for gender

balance on boards.

343/17 The Chair thanked the Communications team for their hard work on organising a superb staff awards event.

344/17 The Chair informed the Board that he had visited the scene of the fire at the Pilgrim hospital and congratulated the team at Pilgrim on their special award at the staff awards event.

345/17 **ITEM 2. QUESTIONS**

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

346/17 **ITEM 3. APOLOGIES FOR ABSENCE RECEIVED**

Apologies were received from Mr Paul Boocock, Director of Estates and Facilities, Mr Geoff Hayward, Non-Executive Director, Mrs Penny Owston, Non-Executive Director, Professor Mala Rao, Non-Executive Director, Mrs Kate Truscott, Non-Executive Director and Mr Kevin Turner, Deputy Chief Executive.

347/17 **ITEM 4. DECLARATIONS OF INTEREST**

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

348/17 **ITEM 5. MINUTES OF THE MEETING HELD ON 4 APRIL 2017**

The minutes of the meeting held on 4 April 2017 were approved as a true and accurate record.

349/17 **ITEM 6. MATTERS ARISING/ACTION LOG**

335/17 Falls Prevention Project – Mrs Dunnett requested that feedback on the project be brought to a future Board meeting.

Action: Director of Nursing 4 July 2017

350/17 662/16 Pilgrim Outliers with Pressure Ulcers to be considered in detail at Quality Governance Assurance Committee. The Director of Nursing confirmed that this had been considered and that a follow up report was being taken this month.

351/17 **ITEM 7. CHIEF EXECUTIVE'S UPDATE AND ENVIRONMENTAL SCAN**

Survey of NHS Providers The Chief Executive advised the Board that a survey of NHS providers had shown that 70% of providers had noted an increase in regulatory demands. A Lords Select Committee considering the future of the NHS had reported that staff shortages were causing quality and capacity issues.

Medical School Consultation was now out.

Operational Pressures The Chief Executive reflected that the Trust had experienced a really difficult Easter period. Trust staffing had been impacted by the IR35 legislation. The Trust continued to rely heavily on locums and A&E staff had been placed under great pressure. The Chief Executive added that he wanted to publicly thank operational staff for their efforts during this difficult period. The Chair added his thanks to the other organisations in the East Midlands who had provided support with staff during the difficulties. Mrs Dunnett asked for assurance that the Trust was planning for the May bank holiday period this was confirmed by the Chief Operating Officer.

Norovirus The Trust had been dealing with a community outbreak of norovirus on the Lincoln site. This had increased the pressure on the site and affected performance.

Staff Awards The Chief Executive repeated the Chair's comments about the staff awards and added that this was a really positive event bringing together staff at all levels and across all sites as part of a wider Trust strategy to increase staff engagement.

352/17 **ITEM 8. Emergency Care Update**

The Interim Medical Director presented a report asking the Trust Board to support the continued overnight closure of the Grantham A&E department continuing with its current opening hours of 0800h to 1830h which had been in place since March 2017. The position would be reviewed again in three months' time.

353/17 The Interim Medical Director advised that the Lincoln A&E department had four substantive consultants. Currently one was absent through sickness and one was working reduced hours. The Trust depended on locum staff and the Lincoln site had been disproportionately hit by the IR35 legislation. Agency hours had been significantly reduced.

354/17 The Board were advised that the Trust had declared a critical incident between the 5th and 9th of April. The Trust had transferred consultants from other departments to support the A&E.

355/17 The Board were advised that a comparison of attendances in 2016 to 2017 didn't demonstrate a great increase in numbers at the Lincoln and Pilgrim departments. Grantham had seen a reduction in attendances of about 30 patients each day. Analysis of patient postcodes at the Lincoln and Pilgrim sites showed that about 4 extra patients a day were being seen at Lincoln and 1 extra patient a day at Pilgrim. The ambulance service reported that they had transported 1 additional patient to Lincoln and none to Pilgrim.

356/17 The reported impact on other local organisations was included within the report.

357/17 The Interim Medical Director advised that the pressures on the departments continued and that significant pressure was being placed on the substantive staff.

Mrs Dunnett commented that the impact of the IR35 regulations were stark in

358/17 the report and noted with concern that there appeared to be a reduction in the number of trainees and junior medical staff coming in to the Trust. Mrs Dunnnett questioned why this was the case. The Interim Medical Director advised that this was simply a reflection of the national reductions being seen in trainee posts. A smaller pool meaning a smaller allocation for the Trust. Mrs Dunnnett stated that the Trust should continue to lobby to increase numbers given the issues being faced. The Interim Director of Finance confirmed that the Trust remained active in achieving the highest number of trainees it could.

359/17 Mrs Dunnnett asked for assurance that levels of nursing staff were still being achieved. The Director of Nursing advised that the Trust didn't struggle to recruit nursing staff in A&E.

360/17 Mrs Ponder noted that the CCG had advised that they had incurred extra costs by putting the Out of Hours service on the Kingfisher Unit specifically escorting patients around the site. The Chief Operating Officer responded that the Trust continued to work with the CCG to resolve any issues highlighted.

361/17 Mrs Dunnnett requested that the Quality Governance Committee conduct a deep dive review into any quality impact of the overnight closure.

Action: Mrs Owston 30 May 2017

362/17 The Chair asked whether there was any indication that the consequence of IR35 would be that locums considered looking for substantive posts. The Director of Human Resources and OD advised that this was being discussed with locums but there had been no movement.

363/17 Dr Grassby commented that A&E staff had reported to him that unnecessary referrals from NHS111 was a problem and asked whether the Trust was managing this issue. The Chief Operating Officer responded that the CCGs were aware of issues and had established a clinical assessment service to change the destination for some of those patients, however attendances remained high. The Board noted that the national primary care streaming scheme was to be rolled out by September which was aimed at preventing patients reaching A&E departments.

RESOLVED

364/17 The Board agreed the recommendation that the A&E department at Grantham would remain closed overnight and would be subject to a review in a further three months.

365/17 **ITEM 9. Patient Experience**

Item 9.1 Patient Experience at Trust Board

The Deputy Chief Nurse introduced the patient experience report.

366/17 The Board were advised that the Trust had seen a further rise in the number of complaints received in March. There had also been an increase in the

number of overdue complaints. The number of overdue complaints was confirmed as 4. This data would be included in the report.

Action: Deputy Chief Nurse 6 June 2017

- 367/17 There had been a meeting of the lessons learned forum which had been well attended. The Deputy Chief Nurse advised that the staffing challenges with the QSO roles had created some issues in sharing lessons learned.
- 368/17 The Quality Governance Committee had discussed in detail the Friends and Family Test results. Following this, directorates would be invited to present at the committee. The Chief Operating Officer noted that the Trust benchmarked low for inpatients and maternity. The Deputy Chief Nurse stated that the Trust continued to look for ways to improve this. The Chair asked if this was an area that could be driven by using volunteers. The Deputy Chief Nurse advised that the rules for administering the survey did not allow for the use of volunteers.
- 369/17 Mrs Ponder asked whether with the increasing numbers of volunteers the Trust could identify specific skills. The Deputy Chief Nurse explained that a volunteer forum was in place but the Trust had to ensure that it did not exploit the role of the volunteer for tasks that should be substantive posts.
- 370/17 Mrs Dunnett questioned whether the discharge information was feeding in to the red to green process. The Chief Operating Officer advised that this didn't happen as the red to green information was more current, but that it would hopefully lead to a reduction in complaints.
- 371/17 Mrs Dunnett asked for assurance that the Trust was compliant with the Lampard report. The Deputy Chief Nurse confirmed this.
- 372/17 Mr David Knight and Mrs Ruth Birkenshaw presented patients stories relating to Dying Matters Awareness Week. The Board shared three stories of bereavement care given to patient families.
- 373/17 The Board heard that the Trust continued to pursue the possibility of a registrar being based on site and were aiming to standardise the systems in place across the Trust.

The Chair thanked the Bereavement Service for their outstanding work.

374/17 **RESOLVED**

The Board noted the patient experience report.

375/17 **ITEM 10. STRATEGIC ITEMS**

Item 10.1 Sustainability and Transformation Plan

The Chief Executive advised that Mr John Turner was now the accountable officer leading the project. Mr Turner had stated that it was his intention to produce a monthly update report which could be presented at the board meetings for all involved organisations. The board were advised that the

System Executive Team were still meeting weekly. The Board were advised that the plan was holding together but there was a struggle to implement with capacity being the main constraint. Mr Turner was working to establish clinical cabinets across the system to improve engagement.

376/17 A set of objectives had been agreed which included supporting patients better in the community, urgent care, planned care and consultation on configuration of services.

377/17 The Board noted the impact on the delivery of the financial plan created by delays in the STP.

378/17 **RESOLVED**

The Board noted the STP update.

379/17 **Item 10.2 People Strategy**

The Director of Human Resources and OD introduced the People Strategy which brought together the two workstreams relating to workforce from the 2021 programme. The strategy had been considered by the Workforce and OD Assurance Committee before presentation to the Board.

380/17 The Board were advised of the key priorities within the strategy developing a staff charter, embedding consistent safety culture. The key performance indicators in the strategy would be considered at the Workforce and OD Assurance Committee. Mrs Ponder confirmed that this had been considered in detail at the Workforce and OD Assurance Committee.

381/17 Mrs Ponder stated that the strategy seemed to be lacking in measures around the quality of leadership and management. The Director of Human resources and OD responded that this was an area that was hard to measure but there was an element of the staff survey which could be included. This would be considered by the Committee.

382/17 Mrs Ponder noted that developing careers support for staff was highlighted in year 2-3 of the strategy and questioned whether this needed to be brought through earlier. The Director of Human Resources and OD responded that the strategy had to manage the priorities within the capacity available and find a balance within this. The Chief Executive added that whilst the Trust was keen to continue to retain staff overall retention was already good. The balance of capacity needed to be focussed on other areas initially.

383/17 The Chair suggested that some of the indicators ought to be subject to debate in terms of what would be the Trust level of tolerance. The Director of Human Resources and OD confirmed that the target for the end of the financial year was to get the Trust to achieve the national average.

384/17 **RESOLVED**

The Board approved the People Strategy.

385/17

Item 10.3 Trust Integrated Operational Plan 2017/18

386/17 The Interim Director of Finance and Corporate Affairs presented the Integrated Operational Plan to the Board for approval. The original plan had been considered by the board in December 2016 with subsequent updates to reflect the contracting process.

387/17 The Interim Director of Finance and Corporate Affairs advised of the key risks to the delivery of the plan. This included the impact of the CQC actions, the fact that the efficiency savings targets were not fully planned. Contracting disputes were not resolved and the previously agreed contract had been declared void.

388/17 Mrs Dunnett recognised the significant risk in terms of the STP and the impact on activity and ability to deliver. She questioned whether there was a challenge in terms of the Trust capacity to deliver on the plans and suggested that the Board needed to consider how it would report against the objectives and how these would feed in to the Strategic Risk Register/Board Assurance Framework.

389/17 The Board were advised that the Trust had been subject to some challenge around the trajectories. The Trust had not planned to reach 95% in A&E in 2017/18. However the targets were all very challenging for the Trust.

390/17 Dr Grassby asked whether there was a confidence that the Trust could deliver the reduction in activity required by the STP. The Chief Executive responded that the Trust needed to drive the changes but this was less of a risk if it was part of an agreed model.

391/17 The Chair commented that there were some inconsistencies in the figures between the performance report and the plan.

Action: Interim Director of Finance and Corporate Affairs 6 June 2017

RESOLVED

392/17 The Board approved the plan acknowledging the significant risks to delivery and with continued transparency with NHSI about the concerns.

11. Governance

Item 11.1 Care Quality Commission (CQC) Report

393/17 The Chief Executive confirmed that the CQC had published their report in to the review of the Trust. The review had been partial and had not covered all services. A number of concerns had been raised with the Trust at the time of the inspection and followed up with the reports.

The Chief Executive had advised that a quality summit was usually held to sign off the system action plan, however this was not being held and NHSI would have sign off of the plan. The Trust expected to be told shortly what would take place instead of the quality summit.

- 394/17 The Trust would be getting a package of support from NHSI which was still being agreed. The Trust had also made a capital bid based on the Trust's fragile infrastructure. The outcome of this was awaited.
- 395/17 Mrs Ponder asked how the Board would get assurance that they were embedding and sustaining the improvements that were needed whilst ensuring that other areas maintained standards. The Chief Executive responded that there was real tension in achieving this. The Trust plans would have quality and safety at the heart of its 2021 programme.
- 396/17 Mrs Dunnett observed that given the circumstances that the Trust may want to look at doing some things differently to ensure it was sighted on the risks to delivery. The Chairman responded that the Trust needed to take it as a learning opportunity and grasp it. He then thanked all those working on the Trust response.
- 397/17 **RESOLVED**
- The Trust noted the publication of the CQC inspection reports.
- 398/17 **Item 11.2 Integrated Performance Report**
- The Chief Operating Officer presented the Integrated Performance Report to the Board for the period to 31 March 2017.
- 399/17 The Board were advised that there had been a slight improvement in the RTT performance.
- 400/17 The Trust continued to work with commissioners to identify actions that can be taken to tackle the challenges in outpatients. The Trust had a trajectory in place to achieve the performance standard from July onwards.
- 401/17 The Trust had two principal challenges to the achievement of the breast cancer standard. The Trust had workforce challenges and a high volume of breast referrals
- The diagnostic pathway was improving.
- 402/17 The Trust had only achieved performance of 79.3% against the A&E 4hour standard. The impact of IR35 continued to be an issue for the Trust to manage.
- 403/17 The Trust had experienced a norovirus outbreak at Lincoln. This had affected 160 beds. The Trust expected to return to normal working within the week.
- 404/17 Mrs Ponder highlighted the issues around the partial booking waiting list. Actions were being taken to recover performance but Mrs Ponder questioned whether skill mix and pathway design had been considered given the difficulties with recruitment. Mrs Dunnett questioned whether the Trust was getting the necessary support from their partners around demand management and delayed transfers of care.

405/17 The Chief Operating Officer responded that partners had a will to support. The Trust was also submitting a case for capital support and were working closely with local authority colleagues. More patients were being taken through ambulatory care model, seven key measures were being tracked. The Board requested that these figures were included in the performance report.

Action: Interim Director of Finance and Corporate Affairs 6 June 2017

406/17 Dr Grassby noted that some of the Trust estate was not fit for purpose and questioned whether there were any quick fixes. The Chief Operating Officer confirmed that work was underway to provide a purpose built area for ambulance handover. This had commenced at Lincoln and options for Grantham and Pilgrim were being worked through.

407/17 Mrs Dunnett asked for assurance on the Trust bed base. That the configuration of beds was right for the Trust. The Chief Operating Officer confirmed that this could be reviewed at the Finance, Service Improvement and Delivery Committee but the Trust was 99 beds short across the three sites.

408/17 Dr Hepburn presented the Quality performance. The Trust mortality continued to fall and remained within expected levels. Lincoln was still an outlier and was alerting on GI bleeds and liver disease. Investigations were ongoing to determine why the Trust was alerting. The Trust HSMR when compared to other peer groups was not an outlier. The Trust SHMI was within the control totals but above the mean.

409/17 The Trust was progressing reviews of data quality and learning from mistakes.

410/17 The Chair commented that the Trust HSMR had not improved relative to other Trusts since 2013 and it was important that the Trust looked further than Lincolnshire to benchmark. Mrs Dunnett commented that the Quality Governance Committee had identified that the HSMR for Grantham was low and had asked for this to be looked in to.

411/17 The Director of Nursing informed the Board that there had been an increase in category 4 pressure ulcers and a reduction in category 3 ulcers. The Trust was working to confirm the data quality. Further details from the tissue viability team were being considered at the Quality Governance Committee.

412/17 The level of falls had fallen in the year large numbers of staff had received training.

413/17 The CAUTI level was high but had halved during the year.
The Trust levels of infection had been within trajectory for the year. Hand

414/17 hygiene had increased. Mrs Ponder commented that there had been a spike in clostridium difficile cases in March 2017 and asked that these were reviewed and brought to the Quality Governance Committee

Action: Director of Nursing 30 May 2017

415/17 The Chair asked whether the Trust worked with the community in terms of pressure ulcers. The Director of Nursing confirmed that this relationship continued to build.

416/17 The Director of Nursing highlighted the significant improvement in the management of sepsis. The Trust had achieved 100% on all three sites in the last three weeks.

417/17 The Director of Human Resources and OD introduced the workforce performance. The Board were advised that the staff turnover in the report was incorrect and should read 9.77% Compliance with core learning continued to increase.

418/17 The level of appraisals had fallen. This was being followed up with Trust managers. Some recording issues had been identified and this was being addressed.

419/17 Mrs Ponder noted that the targets for vacancies had significant impact on the financial position given their impact on agency usage. Mrs Ponder did not feel that the data presented meant that the Board were sighted on the financial impact. The Director of Human Resources and OD acknowledged the contribution the vacancy targets made financially and agreed that the link between the workforce report and the finance report should be strengthened.

Action: Director of HR&OD 6 June 2017

420/17 The Interim Director of Finance and Corporate Affairs introduced the financial performance report. The Trust year end position was a financial deficit of £56.9m against a planned deficit of £47.9m. The Trust had not received the sustainability and transformation funding.

421/17 The Board were advised that the Trust remained in dispute with the CCG over contracts amounting to £2.75m and continued to work to try and resolve.

422/17 Mrs Ponder commented that Finance, Service Improvement and Delivery Committee had noted that the payment of NHS invoices had been down in March and questioned whether this had been enforced as a result of cash flow. The Interim Director of Finance and Corporate Affairs agreed to review this.

Action: Interim Director of Finance and Corporate Affairs 6 June 2017

423/17 Mrs Dunnett commented that with the level of efficiencies the Trust had to

achieve in 2017/18 the Trust needed to recognise that transformation would be needed and the capacity and skills that would be required.

424/17 **RESOLVED**

The Board noted the Trust Integrated Performance Report.

425/17 **Item 11.3 Nurse Staffing Monthly Report**

426/17 The Director of Nursing presented the nursing workforce report.

427/17 The report highlighted those wards over their fill rates.

The Director of Nursing advised that healthcare support worker vacancies had been looked at in detail. The vacancies were still too high but were improving. Registered nursing vacancies had not moved. The Trust focus had been on reducing the use of nursing agency and this was not all related to vacancies. The Director of Nursing advised that meetings had been held with all those wards using the most agency. Plans were being put in place with those wards not adequately managing agency. The Deputy Director of Nursing from NHSI was coming to work with the Trust.

428/17 Mrs Dunnett asked for assurance that the Trust had an understanding of the required care hours per day and the actual hours. The Director of Nursing advised that the Trust had an issue with required care hours and a business case had been submitted to request safe care plus.

429/17 Dr Grassby asked what impact the 130 new nurses from the University would have. The Director of Nursing advised that this would have a big impact for the Lincoln site but not the Pilgrim site. The Trust was putting in place rotational posts and incentives to try to get nurses to transfer.

430/17 **RESOLVED**

The Board noted the monthly nurse staffing report.

431/17 **Item 11.4 Workforce and OD Assurance Committee**

The Director of Workforce and OD presented the Workforce and OD Assurance Committee Report from the meeting held on 31st March 2017

432/17 The Board were advised that the Committee had recognised the significant challenges on workforce planning. Additional funding had been identified to allow recruitment plans to be progressed.

433/17 Concerns had been raised about job planning and the Committee had asked that this be escalated to the Board.

434/17 **RESOLVED**

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

435/17 **Item 11.5 Quality Governance Committee Assurance Report**

The Director of Nursing reported the Quality Governance Committee Assurance Report from the meeting held on 25 April 2017.

436/17 The Committee had considered the safeguarding plans, noting the additional training being put in place. A request had been made for safeguarding to be included as a Board development session in the future along with mortality and risk.

437/17 The Committee had noted that additional resource had been put in place to address the backlog of serious incidents.

438/17 The Committee noted that the introduction of the sepsis e-bundle was likely to see an initial drop off in sepsis performance initially.

439/17 **RESOLVED**

The Trust Board noted the Quality Governance Committee Assurance Report.

440/17 **Item 11.6 Finance, Service Improvement and Delivery Assurance Committee**

Mrs Ponder presented the Finance, Service Improvement and Delivery Committee Assurance Report from the meeting held on 25 April 2016.

441/17 The Committee escalated the risk of the failure of the Trust to agree contract and activity levels.

442/17 The Committee had asked that the risks to achieving the control total should be escalated to NHSI.

The Committee had noted the growing pressure on outpatients.

443/17 **RESOLVED**

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

444/17 **Item 11.7 Staff Engagement Report**

The Director of Human Resources and OD presented the Trust staff engagement report.

445/17 The Board were advised that the second cohort of the ULH Way had commenced.

446/17 The Board noted the introduction of Freedom to Speak Up Case reviews by the national guardians office.

447/17 **RESOLVED**

The Trust Board noted the engagement report.

448/17 **Item 11.8 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.

449/17 The Board noted that plans had been submitted to the fire service and these plans had been agreed for all three sites. The Finance, Service Improvement and Delivery Committee would continue to monitor.

450/17 The Board requested that the objectives on the Strategic Risk Register be linked clearly to an assurance Committee

Action: Deputy Chief Executive 6 June 2017

451/17 **RESOLVED**

The Board considered the latest strategic risk register and BAF.

452/17 **Item 12. Trust Innovation**

The Communications and Engagement Manager shared with the Board the Red to Green project. Describing the impact of a project to reenergise managing internal delays and increasing discipline.

453/17 **RESOLVED**

The Board placed on record support for the project.

454/17 **Item 12.1 Items for future Trust Board.**
Self-certification.

455/17 **Item 12.2 Self Certification – NHS Provider Condition**

The Board agreed the self-certification.

456/17 **ITEM 13. ANY OTHER BUSINESS**

There were no other items of business.

457/17 **ITEM 14. DATE, VENUE AND TIME OF NEXT MEETING**

The next meeting will take place at 9.15am on Tuesday 6 June in the New Life Centre, Sleaford.

458/17 **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.

459/17 Signed as a true record _____ Chairman

Date _____

Attendance

Voting Members	5 May 2016	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
Prof Dean Fathers	X	X	X	X	X	X	X	A	X	X	X
Dr Paul Grassby	X	X	X	A	X	X	X	X	X	X	X
Geoff Hayward	A	X	X	X	A	X	X	X	X	A	A
Penny Owston	X	X	X	A	X	X	X	X	X	X	A
Gill Ponder	X	X	X	X	X	X	X	X	X	X	X
Kate Truscott	X	A	X	X	X	X	X	X	X	X	A
Tim Staniland	X	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	X	A	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	X	A	X	X	X	X	X	X	X
Kevin Turner	X	X	X	A	X	X	X	X	X	X	A
Sarah Dunnett,				X	X	X	X	X	X	X	X

X In attendance
A Apologies given