UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 8 JANUARY 2015 AT 9AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

Voting Members Present:
Mr K Singh – Trust Chairman
Col (Ret'd) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Dr K Harris – Medical Director
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director (from Minute 4/15)
Mr M Traynor – Non-Executive Director (from Minute 4/15)
Mr P Traynor – Director of Finance
Mr M Williams – Non-Executive Director
Ms J Wilson – Non-Executive Director

In attendance:
Ms D Baker – Service Equality Manager (for Minute 7/15/2)
Mr P Gowdridge – Head of Strategic Finance (for Minute 6/15/2)
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 10/15)
Mr R Kinnersley – Major Projects Technical Director (for Minute 6/15/2)
Mr A Kulkarni – Orthopaedic Consultant (for Minute 6/15/1)
Ms H Leatham – Assistant Chief Nurse (for Minute 6/15/1)
Ms A Lynds – Deputy Sister, Ward 14, LGH (for Minute 6/15/1)
Mrs K Rayns – Acting Senior Trust Administrator
Ms C Rix – Sister, Ward 14, LGH (for Minute 6/15/1)
Mr W Rose – Staff Nurse, Ward 14, LGH (for Minute 6/15/1)
Ms K Shields – Director of Strategy
Mr M Slow – Physiotherapist, Ward 14, LGH (for Minute 6/15/1)
Ms E Stevens – Acting Director of Human Resources
Ms M Thompson – Patient Experience Sister (for Minute 6/15/1)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications (from part of Minute 6/15/1)

ACTION

1/15 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive, Dr A Bentley, Leicester City CCG representative, and Professor D Wynford-Thomas, Non-Executive Director.

2/15 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

There were no declarations of interests relating to the public items being discussed.

3/15 MINUTES

Resolved – that the Minutes of the 22 December 2014 Trust Board (paper A) be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR**

4/15 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for

resolution. The Board received updated information on the following items:-

(a) item 3 (Minute 320/14/1(c) of 22 December 2014) – a risk summit had been held on 23 December 2014 to explore an urgent local resolution to improve the quality of care and patient experience at UHL during periods of unprecedented emergency demand and an update on this matter would be provided during the substantive agenda item on Emergency Care Performance (Minute 6/15/3 below refers);

(b) item 7 (Minute 324/14/2 of 22 December 2014) – the Chairman had written to the 3 CCG Chairs to consult them on the arrangements for joint CCG representation at UHL's Trust Board and QAC meetings. Responses had been received and a formal meeting had been arranged for the third week in January 2015 to confirm these arrangements, and

(c) item 9 (Minute 298/14 of 27 November 2014) – it was confirmed that an analysis of UHL's myNHS data (relating to Consultant level outcomes) had been circulated to Board members on 5 January 2015. In response to a query, the Medical Director confirmed that this Consultant level outcomes data was now in the public domain and a link to the data was available on the Trust's external website.

Resolved – that the update on outstanding matters arising and the timescales for resolution be noted.

5/15 CHAIRMAN'S ANNOUNCEMENTS

The Chairman wished everyone a happy New Year and welcomed Ms E Stevens, Acting Director of Human Resources to the meeting. He congratulated Dr B Collett, recently retired UHL Pain Management Consultant and Professor N Samani, Professor of Cardiology and Consultant Cardiologist on their awards in the Queen's New Year Honours (OBE and Knighthood, respectively).

The Chief Executive was absent from this meeting due to his attendance at a TDA event in London to explore a potential partnership between the NHS and the Virginia Mason Institute. The Board noted that UHL was one of a small number of UK Trusts (nationally) that had been invited to participate in this event.

Resolved – that the position be noted.

6/15 KEY ISSUES FOR DECISION/DISCUSSION

6/15/1 Patient Story – Ward 14 LGH

A UHL patient and Mr A Kulkarni, Orthopaedic Consultant attended the meeting, together with members of the patient experience team and staff from Ward 14 LGH (as indicated above) to present oral feedback on this patient's personal experiences of the care he had received during his admission for hip surgery on Ward 14 at the LGH. Paper C provided a brief summary of the issues highlighted during the presentation.

The patient particularly commented upon the efficiency of the pre-operative assessment at Glenfield Hospital, the compassionate treatment during surgery (which was performed under a local anaesthetic) and the care provided during his recovery period. Within 3 weeks of the operation, he had been able to walk unaided. In general, the whole period of his treatment had been a pleasurable experience and he had not found any grounds to criticise the care received. Staff attitudes had been very positive, kind and considerate.

In response, the Ward Sister thanked the patient for his kind comments and provided the Trust Board with background information on recent Friends and Family feedback results for Ward 14, which had risen from 46.2 in November 2013 to 77.4 in November 2014. She

reported on the positive impact of increased support to improve team working and staff communications (including a staff newsletter and regular staff meetings), through team building exercises and the Nursing into Action Programme.

Mr Kulkarni, Orthopaedic Consultant thanked the patient for taking the time to provide his feedback. He updated the Trust Board on the key factors which he felt had contributed to this positive patient experience, noting his true belief that the service was delivering "Caring at its Best", that the excellent communications between staff and between staff and patients ensured that consistent messaging was provided, and that the various elements of the service were working well together as one team: from initial outpatient assessment through to theatres, ward based care and physiotherapy/rehabilitation.

In discussion on the patient story, the Board considered ways in which this excellent example of patient experience might be replicated across the Trust, noting that:-

(a) improved team working was generally more effective for this type of elective inpatient ward;
(b) embedded clinical teams and integrated clinical leadership were working well together;
(c) the majority of training opportunities for ward teams were provided "on the job" through exposure to different situations and the development of link roles;
(d) patient stories (both positive and negative) were shared through CMG Board meetings, a shared patient experience network drive, a booklet called "Sharing Success", and the Nursing into Action Programme, and
(e) there was a potential opportunity for the ward to apply for charitable funding to purchase the additional patient radios and televisions for use in the side rooms (as referenced on page 2 of paper C).

Finally, the Chairman thanked the patient for his valuable feedback and invited any further comments from him, noting that patients were at the centre of UHL's core activities. In response, the patient reiterated the efficient and pleasant treatment he had received and commented upon his preference for a longer length of stay and some additional support he had received post-discharge in relation to use of compression stockings. Members highlighted some similarities between hospitals and hotels and the available feedback mechanisms (such as Trip Advisor and NHS Choices).

<u>Resolved</u> – that (A) the patient story and the related discussion be noted, and

(B) opportunities be explored to purchase additional patient radios and televisions for use in the side rooms from charitable funds (if appropriate). **CN**

6/15/2 <u>Draft Emergency Floor Full Business Case</u>

The Director of Strategy introduced paper D, seeking Trust Board approval of the draft Emergency Floor full business case for submission to the TDA, recognising that the final business case would be submitted for the Board's approval in February 2015, following receipt of feedback from the TDA. The Major Projects Technical Director and the Head of Strategic Finance attended the meeting for this item. During the discussion on this item, the Trust Board:-

(a) noted the potential impact of the General Election and the period of purdah (which was due to commence on 20 March 2015) upon the business case, if the TDA did not support the business case at their meeting on 19 March 2015;
(b) received additional assurance from the Major Projects Technical Director in respect of the proposed design and construction and confidence in UHL's ability to manage and control the arrangements to deliver the scheme;
(c) considered the responses to the issues raised by the Finance and Performance Committee on 18 December 2015 (as set out in paragraphs 7 to 11 on pages 3 and 4 of

paper D), with a particular focus on the activity modelling and the flexibility of the design if future growth surpassed the Better Care Together activity modelling;

(d) queried whether the activity modelling and flexibility of the design had been tested to determine the upper range of this flexibility (eg whether the new department would be able to cope with a 20% increase in emergency activity). In response, the Director of Strategy and the Medical Director confirmed that the design of the infrastucture and the patient flow arrangements were built into the operational model and that this would strengthen the links with assessment units and base wards. In addition, there was scope to build an additional floor at a later stage (if required);

(e) noted the importance of obtaining a green rating for the Gateway 3 review of the full business case and the need to ensure that any residual issues arising from the Gateway 2 review were fully resolved, and

(f) expressed concern regarding the short timescale for incorporating any TDA feedback on the draft FBC and obtaining TDA approval of the final FBC.

Resolved – that (A) the Trust Board endorse the draft Emergency Floor full business case for onward submission to the TDA, and **DS**

(B) the finalised Emergency Floor full business case be submitted to the next available Trust Board meeting (upon receipt of TDA feedback). **DS**

6/15/3 Emergency Care Performance Report

Further to Minute 320/14/1 of 22 December 2014, the Chief Operating Officer updated the Trust Board on the outputs of the 23 December 2014 risk summit held with LLR healthcare partners to progress an urgent local resolution to improve the quality of patient care and patient experience during periods of unprecedented level of emergency activity. Paper E provided the monthly Trust Board briefing on recent emergency care performance and progress against the LLR action plan.

Following the risk summit, the Chairman had written to each of the CCG Chairs and the LPT Chair, outlining the 5 actions agreed at that meeting and detailed below. In addition, all parties had agreed to a joint statement being issued before Christmas drawing attention to the available advice from primary care and pharmacists as an alternative to attending ED for non-emergencies.

The Chief Operating Officer highlighted the short interval between this meeting and the 22 December 2014 Trust Board meeting, and he commented upon the impact of the 3 recent bank holidays and challenging levels of weekend activity. He acknowledged that collective concerns had been escalated in respect of the UHL and health economy risk assessments but expressed concern that attendances and admissions had continued to increase, despite the agreed response actions and record numbers of acutely unwell patients were still being admitted to UHL. In general, his concerns were noted to be more of a more serious nature now than they had been on 22 December 2014.

In respect of the 5 actions agreed on 23 December 2014, the Chief Operating Officer provided the following updated information:-

(1) communications regarding non-emergency care – the Director of Marketing and Communications continued to work on the "choose wisely" messaging and commented upon the NHS England campaign to seek help for elderly frail patients before their condition deteriorated further;

(2) delayed transfers of care – the Chief Nurse and Deputy Chief Nurse were working with nursing colleagues across the health economy to improve discharge processes;

(3) nursing home and care home bed capacity – no additional capacity had yet been identified and there was an understandable reluctance to place any additional pressure on the existing facilities;

(4) surge capacity across LLR – no additional capacity had been identified in the community and all available UHL capacity was open. Any key decisions made now in respect of increasing capacity were likely to have a 3-month lead in time attached to them, and
(5) a collective risk assessment across LLR – this had been undertaken and it had been agreed that all 5 key risks currently resided with UHL although GP referral patterns had not been changed to take this into account.

The Chief Nurse recorded her concerns regarding UHL's nurse staffing levels in view of the additional capacity beds now open and the underlying vacancy level. She drew the Board's attention to deteriorating trends in respect of pressure ulcer damage, infection rates and staff sickness absence and commented upon the lack of supervisory elements of nursing roles which (in turn) hampered the ability to plan patient discharges earlier in the day.

The Medical Director supported the Chief Nurse's comments, advising that patient outcomes were known to deteriorate as hospitals became more overcrowded and medical and nursing staff were stretched to capacity. He drew members' attention to the graph on page 3 of paper E showing the forecast adult emergency admissions for January to March 2015. The national media attention on emergency care performance was seen as a positive factor and the causes of this trend were almost certainly multi-factorial based upon patient expectations of service delivery and access to primary care services. No single solution was likely to resolve the challenges, but the NHS 111 service was noted to have helped to increase access to services.

During discussion on this item, Trust Board members:-

(a) noted the context of national emergency care pressures and that no single NHS Trust had delivered the 4 hour ED target in the last week;
(b) commented on the continued pressure upon staff working within the ED, assessment units and those wards where additional bed capacity had been opened;
(c) received updated information on the 3 main factors affecting UHL's performance (inflow, internal UHL processes and outflow). As the inflow continued to increase, UHL had been able to increase the rate of discharges home, but discharges to care homes and nursing homes were being hampered by capacity issues;
(d) noted that (in respect of internal processes), work continued to deliver the actions in response to the Sturgess report, eg strengthening the arrangements for weekend working, ward rounds and timing of discharge processes earlier in the day;
(e) commented upon the challenges surrounding ward rounds for outlying patients and the impact upon cancelled elective activity;
(f) queried the assurance provided by the LLR metrics (dashboard) appended to paper E, noting its excessive length (37 pages) and that the majority of the metrics appeared to relate to UHL's performance;
(g) noted that high volumes of additional bank and agency staff were being sought, but the fill rate was significantly lower than the Trust's requirements;
(h) considered the impact of GP admissions from care home providers late in the evening and the quality of care subsequently provided whilst the ED was full to capacity and commented upon the scope to change GP behaviours in this respect;
(i) queried whether the Urgent Care Board had considered all the key issues at their last meeting, noting (in response) that an update on the 5 health economy actions would be sought at the subsequent meeting to be held on 8 January 2015;
(j) noted opportunities to change the messaging provided by some GP surgeries, where their answer phones and receptionists were automatically referring patients to the ED when the surgery was closed or when no GP appointments were available. The Director of Marketing and Communications undertook to discuss with the Chairman and the Chief Executive outside the meeting whether any additional communications workstreams were required to ensure that appropriate "signposting advice" was provided by GP surgeries and pharmacies in respect of attending ED; **DMC**

(k) queried what action was being taken to address the clinical efficacy issue in respect of over-referring GP practices and whether there was any scope to introduce systems or processes to disincentivise inappropriate referrals. The Chairman requested the Executive Team to consider this point further if it was agreed that sufficient robust data was available to evidence such referral patterns; **CE**

(l) commented upon the apparent lack of urgency within the LLR health economy response following the crisis summit held on 23 December 2014, and

(m) sought assurance regarding the monitoring arrangements for any patient harm arising from increased activity pressures and cancelled procedures. In response, the Chief Nurse confirmed that a specific set of patient metrics was being compiled to support an assessment of any additional patient harm arising from the high level of patient activity.

In summary, the Chairman proposed to write to the Urgent Care Board with a view to seeking:-

(i) an urgent update on the further work proposed to be undertaken in respect of each of the 5 actions agreed at the summit on 23 December 2014;
(ii) a review of the LLR weekly urgent care dashboard to develop a more meaningful concise version capable of differentiation between UHL and wider health economy outputs, and
(iii) assurance that the issues raised at today's meeting were being noted and acted upon with the appropriate sense of urgency.

Members requested that a response be provided by the Urgent Care Board within the next 10 working days, rather than waiting to receive an update at the 5 February 2015 Trust Board meeting. In addition, the Chairman advised that he would be meeting with the 3 CCG Chairs and the LPT Chair on a monthly basis going forwards and that he continued to liaise with them regarding CCG representation at UHL's Board meetings. **Chair**

Responding to a suggestion to seek additional input from social care services, the Chairman confirmed that representatives from the City and County Council had already been invited to attend the Trust Board thinking day on 12 February 2015.

<u>Resolved</u> – that (A) the update on emergency care performance and implementation of the recommendations arising from the Sturgess report be received and noted,

(B) the Chairman be requested to write to the Urgent Care Board seeking assurance on the issues identified in points (i) to (iii) above, **Chair**

(C) the Executive Team be requested to consider whether robust evidence was available regarding over-referrals and whether any processes could be implemented to disincentivise such behaviours, and **CE**

(D) the Director of Marketing and Communications be requested to meet with the Chairman and the Chief Executive outside the meeting to determine the extent of any additional communications workstreams required in relation to ED attendances. **DMC**

6/15/4 <u>UHL Initial Draft Annual Operational Plan for 2015-16</u>

The Director of Strategy presented paper F, providing the first draft of the Trust's Operational Plan for 2015-16 prior to submission to the NTDA on 13 January 2015. She particularly encouraged members to review the areas of risk which would be the subject of further discussion at a future Trust Board thinking day, ie the scale and pace of bed reduction plans, workforce reduction plans, the impact of the new tariff guidance and the national contract for 2015-16.

<u>Resolved</u> – that (A) the initial Draft Annual Operational Plan for 2015-16 be supported **DS**

for submission to the TDA by the 13 January 2015 deadline, and

DCLA

(B) further discussion on the key issues and risks be held at a future Trust Board thinking day.

7/15 GOVERNANCE

7/15/1 Mutuals in Health Pathfinder Update

The Acting Director of Human Resources introduced paper G providing a update on progress with taking forward the Mutuals in Health Pathfinder Programme and the procurement process for UHL's technical, legal and consultancy support. In response to a Non-Executive Director query, it was confirmed that opportunities for part-Trust Mutuals would be explored, as part of the developmental work with pilot teams.

Resolved – that the progress update on the Mutuals in Health Pathfinder Programme be received and noted.

7/15/2 Workforce Equality and Diversity Monitoring Report 2013-14

Paper H provided the 2013-14 Annual Workforce Equality Monitoring Report, an update on progress against the Equality Workforce work programme, future changes to the monitoring arrangements and sought approval of the priorities for the 2015-16 work programme. Ms D Baker, Service Equality Manager attended for this item and drew members' attention to the requirement to publish the finalised monitoring report on the internal and external web sites. Appendix 2 highlighted the targeted interventions to address any underlying trends.

The Chairman particularly noted the importance of this document in relation to the Trust's activities and its bearing on UHL's organisational culture. He noted the intention to hold a Trust Board thinking day on the theme of equality in February 2015 and confirmed that Ms Baker would be invited to attend that session. In discussion on the report, the Board:- **DCLA**

(a) endorsed the report as presented for publication on the UHL web site;
(b) commented upon the need to ensure disabled access to all future public meetings, noting that the lift in the Jarvis Building was currently "out of order";
(c) noted the ageing profile of UHL's workforce and the impact upon succession planning, and
(d) considered opportunities to work with local Higher Education providers and expand the number of training places available to strengthen UHL's workforce in the longer term.

Resolved – that (A) the 2013-14 Workforce Equality and Diversity Monitoring Report be endorsed as presented in paper H;

(B) the Service Equality Manager be invited to attend a future Trust Board thinking day for the Equality session, and **DCLA**

(C) the issue regarding public access to meetings be highlighted to the Director of Estates and Facilities (through the Minutes of this meeting). **CN/TA**

7/15/3 Board Assurance Framework (BAF)

The Chief Nurse introduced paper I detailing UHL's Board Assurance Framework as at 30 November 2014 and notifying members of a new extreme organisational risk opened during that month (as noted in appendix 3 to the report). She particularly highlighted the following key points:-

(a) principal risk 2 *(failure to implement LLR emergency care improvement plan)* had been

refreshed significantly in the light of current levels of emergency demand;

(b) principal risk 1 *(lack of progress in implementing UHL Quality Commitment)* had reached its target score, but an opportunity had been highlighted for the Medical Director and the Chief Nurse to review the narrative relating to this risk and some revised wording would be incorporated in the next iteration of the BAF; **CN/MD**

(c) principal risk 11 *(failure to meet NIHR performance targets)* – the Medical Director confirmed that in his opinion, this risk could be retired on the basis that the lower risk level had been achieved and that this risk was being managed appropriately within the organisation;

(d) principal risk 24 *(failure to implement the IM&T strategy and key projects effectively)* had reached its target score. The Chief Operating Officer queried the rationale for the current risk score rating of 9 and Non-Executive Director members suggested that it felt too early for the Trust to retire this risk. In the absence of the Chief Executive at this meeting, it was agreed to defer discussion on risk 24 to the February 2015 Trust Board meeting. **CN**

Resolved – that (A) the November 2014 Board Assurance Framework be received and noted as presented in paper I;

(B) the Chief Nurse and the Medical Director be requested to refresh the narrative relating to risk 1 (UHL Quality Commitment) for the next iteration of the BAF, and **CN/MD**

(C) Trust Board discussion on risk 24 (IM&T Strategy) be deferred to the 5 February 2015 Trust Board meeting. **CN**

8/15 REPORTS FROM BOARD COMMITTEES

8/15/1 Quality Assurance Committee

Resolved – that the Minutes of the Quality Assurance Committee meeting held on 15 December 2014 be received and noted.

8/15/2 Finance and Performance Committee

Resolved – that the Minutes of the Finance and Performance Committee meeting held on 18 December 2014 be received and noted.

9/15 TRUST BOARD BULLETIN

Resolved – that the following Trust Board Bulletin items be noted:-

- **NHS Trust Over-Sight Self Certification return for the period ended 30 November 2014, and**
- **Quarterly update on Trust sealings.**

10/15 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions and comments were received:-

(1) a query regarding the amount of penalties levied for UHL's non-compliant ED performance – in response, the Director of Finance highlighted the discussion held earlier at the 22 December 2014 Trust Board meeting (Minute 6/15/3 above refers). He agreed to share information on the quantum of fines with the requester (outside the meeting) and he highlighted the context of these penalties within the year-end settlement process; **DF**

(2) a comment regarding the apparent lack of UHL representation at CCG Board meetings

and a similar lack of CCG representation at UHL's Board meetings. In response, the Chairman advised that he had met with the Chairs of each CCG and the LPT and a joint Board to Board meeting had been arranged for the 5 February 2015. In addition, he had written to the CCG Chairs requesting nominations for formal representation at UHL's Trust Board meetings;

(3) a query regarding discharge processes and whether there was any scope to set a suitable discharge limit which was acceptable to all local health economy partners. In response the Chief Operating Officer re-iterated the discussion earlier in the meeting regarding the arrangements for strengthening discharge processes and the challenges surrounding delayed discharges to community rehabilitation and care home beds;

(4) a query regarding emergency ambulance conveyance data and whether patients had tried alternative solutions to seek medical attention. In response, the Chief Operating Officer reported on the communications processes in place to advise people to only contact EMAS in the event that the patient was acutely unwell. The requester agreed to contact EMAS directly to request the conveyance data he was seeking; **Z Haq**

(5) a query regarding whether any additional bed capacity had been made available in the community since the 22 December 2014 Trust Board meeting. In response, the Chief Operating Officer advised that the CCGs had not been able to open any additional bed capacity, nor had they been able to offer any staffing resources to support ward 2 at the LGH, and

(6) a query regarding the effectiveness of the previous "Super Weekends" and whether they might help the current position. In response, the Chief Operating Officer advised that the key actions from the "Super Weekends" had been replicated already, but the position was different this year as there was no spare bed capacity in the community.

Resolved – that the questions and related responses, noted above, be recorded in the Minutes.

11/15 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 12/15 – 17/15), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

12/15 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

There were no declarations of interest in the confidential business being discussed.

13/15 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 22 December 2014 Trust Board be confirmed as a correct record and signed accordingly by the Trust Chairman. **CHAIR**

14/15 CONFIDENTIAL MATTERS ARISING REPORT

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

15/15 REPORTS FROM BOARD COMMITTEES

15/15/1 Quality Assurance Committee (QAC)

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

15/15/2 Finance and Performance Committee

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

16/15 ANY OTHER BUSINESS

Resolved – that no items of other business were raised.

17/15 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 5 February 2015 from 9am in Seminar rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 11.40am

Kate Rayns
Acting Senior Trust Administrator

Cumulative Record of Attendance (2014-15 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh (Chair from 1.10.14)	4	4	100	R Mitchell	11	10	91
R Kilner (Acting Chair from 26.9.13 to 30.9.14)	7	7	100	R Overfield	11	11	100
J Adler	11	9	82	P Panchal	11	11	100
T Bentley*	9	7	78	K Shields*	11	11	100
K Bradley*	9	9	100	M Traynor (from 1.10.14)	4	4	100
I Crowe	11	10	91	P Traynor (from 27.11.14)	3	3	100
S Dauncey	11	10	91	S Ward*	11	11	100
K Harris	11	10	91	M Wightman*	11	11	100
D Henson*	7	7	100	M Williams	4	4	100
K Jenkins (until 30.6.14)	3	3	100	J Wilson	11	9	82
				D Wynford-Thomas	11	4	36

* non-voting members