

## Cover Sheet

Trust Board Meeting in Public: Wednesday 10 May 2023

TB2023.52

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**Title:** Integrated Assurance Committee Report

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**Status:** For Information  
**History:** Regular Reporting

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**Board Lead:** Trust Chair  
**Author:** Neil Scotchmer, Head of Corporate Governance  
**Confidential:** No  
**Key Purpose:** Assurance

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## Integrated Assurance Committee Report

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### 1. Purpose

- 1.1. As a Committee of the Trust Board, the Integrated Assurance Committee provides a regular report to the Board on the main issues raised and discussed at its meetings.
- 1.2. Since the last report to the Board held in public, the Integrated Assurance Committee has met on 12 April 2023.
- 1.3. Due to anticipated operational pressures associated with the industrial action taking place, this meeting was shortened to allow discussion of key items only, with regular reporting items taken for information only.
- 1.4. Under its terms of reference, the Integrated Assurance Committee is responsible for reporting to the Board items discussed, actions agreed and issues to be referred to the Board, indicating the extent to which the Committee was able to take assurance from the evidence provided and where additional information was required.
- 1.5. On this occasion the Committee also received its Annual Report which was intended to demonstrate to the Board the extent to which the Integrated Assurance Committee had met its Terms of Reference during its third year in operation, financial year 2022/23. The final report is attached as Appendix 1.

### 2. Key Areas of Discussion

#### Updates and Follow Ups

##### Board Site Visits

- 2.1. The Committee noted that the opportunity for non-executives to recommence site visits had been welcomed. It was agreed that a mechanism would be developed for non-executives to highlight any issues that they had identified via these so that they could be reviewed by executive directors and actioned as appropriate.

##### Industrial Action

- 2.2. The Committee was briefed on preparations for and the initial impact of the industrial action by Junior doctors that was then underway. The Chief Executive Officer emphasised that the situation in relation to industrial action by junior doctors was very challenging and that both sides were being urged to negotiate.
- 2.3. The Committee heard that a dynamic process to assess safety and monitor harm was in place and that safety huddles were occurring three times each day to escalate issues of concern and assess any incidents

- 2.4. The assurance provided regarding the management of safety was noted and the Committee heard that any further elective cancellations would be based on prioritisation. Updates would be provided regarding the overall impact of the industrial action in due course.

### **Assurance over Annual Plan for 2023/24**

- 2.5. The Committee received additional detail on the plan for 2023/24 further to that shared at the Committee's February meeting and the March Board.
- 2.6. The Committee noted that this continued to indicate that key operational planning requirements would be met. However the level of risk in relation to operational targets had increased with a further planning session scheduled to assess the activity that could be delivered. The plan included no substantial increase in headcount and flagged a potential cash risk which would be an area of focus for the Audit Committee.
- 2.7. It was noted that this plan was being presented in the context of a large national deficit in current aggregated plans and that NHSE would be starting a process of challenge through ICBs with a new planning submission required by 4 May.
- 2.8. The need to focus on productivity and the identification of savings was recognised. The Committee heard that an analysis of cost and activity had been undertaken and indicated that the Trust was delivering 21% more bed days but that this was mainly related to increased non-elective demand.
- 2.9. Work was underway to analyse where additional staffing had been directed and to ensure that this matched the greatest need.
- 2.10. The Integrated Assurance Committee noted the requirement for a third planning submission on 4 May and the summaries of the Trust's second planning submissions that were provided.
- 2.11. It was noted that the Board would need to be suitably briefed in advance of the 4 May submission and that suitable arrangements for this would be agreed.

### **Draft Quality Account**

- 2.12. The Committee was reminded that a Quality Account was a published report about the quality of services and improvements offered by an NHS healthcare provider. The Quality Account specifically aimed to improve public accountability for the quality of care.
- 2.13. The Committee received an early draft of the 2022/23 Quality Account and the Audit Assurance Summary which had also been reviewed by the governors' Patient Experience, Membership and Quality Committee.
- 2.14. It was noted that Committee members had found the colour coding of the information in the Audit Assurance Summary Appendix very helpful. It was agreed that the Committee would welcome a focussed review of the issues revealed by the National Hip Fracture Database Audit at a future meeting.

- 2.15. Committee members were asked to feed in any additional comments to support the further development of the document via the Interim Chief Medical Officer.

### **Newborn Care Development Programme**

- 2.16. This item provided an update for assurance to the Committee on the activities that had been undertaken as part of the Newborn Care Development Programme (NCDP).
- 2.17. The Committee heard that a stakeholder engagement process had been undertaken to agree workstreams and governance arrangements for the programme.
- 2.18. The Committee noted this assurance that a programme had been developed with input from staff and agreed that the Committee would be further updated on progress in due course.

### **Integrated Performance Report**

- 2.19. The Committee received this regular report on performance across operational, quality, workforce, digital and financial metrics. On this occasion both the current IPR and the proposed new format were provided.
- 2.20. The increase in unwitnessed falls was noted. The Committee heard that a review of these had been requested to understand the timing and causes. The Interim Chief Nursing Officer explained that the pilot of an alert system was being planned.
- 2.21. The Committee was updated on the status of cancer standards and heard that substantial work had been undertaken on the front end of pathways relating to diagnosis. This had increased numbers on the 62-day treatment pathway but with the overall waiting list reduced.
- 2.22. The Chief Operating Officer reported that the number of patients waiting over 78 weeks at the end of March had reduced to 60 patients. It was noted that the region had the lowest number of patients over 78 weeks nationally. Divisions were thanked for the hard work that had delivered this position.
- 2.23. The Committee recognised the need to assess the overall impact of the industrial action at an appropriate point and then to consider a realistic recovery plan at that stage.
- 2.24. In developing the IPR's supporting narrative, the Committee agreed that this should ideally provide assurance that an issue had been identified, understood and acted upon.
- 2.25. The Committee agreed that the new format IPR should replace the existing one at the Trust Board from the following month. Thanks were expressed to the Director of Data and Analytics for his work in developing this new format.

## Committee Annual Report and Review of Effectiveness

2.26. The Committee received its Annual Report which was intended to demonstrate to the Board the extent to which the Integrated Assurance Committee had met its Terms of Reference during its third year in operation. The final report is attached as Appendix 1.

2.27. The Integrated Assurance Committee recommended the report and renewal of the Terms of Reference to the Trust Board and approved the proposal that the Committee review how it can best support the Trust Board during the 2023/24 Committee year, with a view to reporting findings in the 2023/24 effectiveness review.

## Emerging Risks

2.28. The Committee noted the risks in relation to the development of the financial plan, particularly in relation to cash.

## Other Regular Reporting

2.29. The Committee reviewed the Board Assurance Framework and Corporate Risk Register.

2.30. Regular update reports on the CQUIN Programme, Seven Day Services Framework, Integrated Quality Improvement Programme, Maternity Performance Dashboard and Corporate Performance Reviews were received. The Committee also received regular reporting on infection prevention and control matters and SIRIs and Never Events were received.

## 3. Recommendations

3.1. The Trust Board is asked to **note**:

- the Integrated Assurance Committee's report to the Board from its meeting held on 12 April 2023; and
- the Integrated Assurance Committee's Annual Report and Review of Effectiveness.

# Annual Review of Committee Effectiveness and Annual Report for 2022/23

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## 1. Purpose

- 1.1. The purpose of this Annual Report is to demonstrate to the Board the extent to which the Integrated Assurance Committee has met its Terms of Reference during the financial year 2022/23.

## 2. Background

- 2.1. The final terms of reference of the Integrated Assurance Committee were approved by the Board in March 2020. This is the Committee's third full year of meetings.
- 2.2. Good practice states that the Trust Board should review the performance of its Committees annually to determine if they have been effective, and whether further development work is required.
- 2.3. This Annual Report summarises the activities of the Trust's Integrated Assurance Committee for the financial year 2022/23, setting out how it has met its Terms of Reference.
- 2.4. The purpose of the Committee is laid down in its Terms of Reference (Appendix 1). In summary this is to provide a structured forum for receiving, scrutinising and triangulating the main sources of evidence across the Trust to enable the Board to assess its level of confidence in the assurances provided regarding:
  - the Trust's values and culture;
  - the organisation's financial and operational performance;
  - the quality of services (including clinical effectiveness, patient experience and safety) across the organisation; and
  - the appropriate identification, assessment and management of risks.

## 3. Review of Committee Activities against Terms of Reference

- 3.1. The sections below review the activities that the Committee undertook under the key areas of its terms of reference.

**Attendance and Quorum**

- 3.2. Six meetings of the Committee have taken place during the 2022/23 financial year.
- 3.3. The Committee has been fully quorate on each occasion and a table of attendance is included at Appendix 2.

**Integrated Performance**

- 3.4. The Committee considers the Integrated Performance Report (IPR) as a key item of business at every meeting. Areas regularly tracked by the Committee included: staff sickness and turnover, operational performance (Emergency Department, waiting lists, cancer), harm reduction and financial performance.
- 3.5. During the year, the Committee has been actively involved in developing the IPR which now includes SPC charts. A shorter, more focused report based on agreed indicators is planned. A draft of the new format was reviewed at its February 2023 meeting.
- 3.6. Discussions in the Committee during 2021/22 spurred the development of a separate integrated maternity reporting dashboard. The Committee was briefed about its development during 2022/23; at the December 2022 meeting, a draft was reviewed and recommended to the Trust Board for approval.
- 3.7. The Committee received regular summaries of Divisional and Corporate Performance reviews. The Committee noted the reviews, which provided cross-cutting assurance to the Committee on areas of interdependence, challenge, and identified gaps in assurance.
- 3.8. The Committee approved the Integrated Quality Improvement Plan for 2022/23, the review of improvement programmes forming a specific element of its terms of reference.
- 3.9. Through its review of the above, the Committee has discharged its responsibility to monitor the effectiveness of the Trust's integrated performance systems.

**Annual Planning and Finance**

- 3.10. Delayed central guidance meant that scrutiny of the Trust's Annual Plan submission 2022/23 did not align with the Committee's schedule, but the Committee was able to scrutinise the resubmission of the Trust's 2022/23 Annual Plan; efficiency assumptions were considered to be appropriate and risks to delivery considered. The Committee received regular updates on the Plan, including a progress report on elective and cancer, and actions taken to improve productivity and quality.

- 3.11. The Committee received a detailed briefing on work to develop a baseline model to support the development of the 2023/24 Annual Plan.
- 3.12. The Committee has a long association with the Financial Governance Review (FGR), having reviewed its terms of reference in 2020/21 and monitoring progress since approval of the action plan. From 2023/24, monitoring of the FGR action plan would be undertaken by the Audit Committee.

### **Quality**

- 3.13. The Draft Quality Account was considered by the Committee in advance of its submission to NHS Improvement.
- 3.14. Two updates on the Trust's Quality Priorities were received.
- 3.15. The Committee reviewed the annual Patient Experience Report and additional reporting which summarised the learning from the previous year and improvements made in response.
- 3.16. Following its approval by the Committee, the Committee had an update on the Integrated Quality Improvement Plan for 2022/23, which focused on integration and alignment with Trust priorities.
- 3.17. Regular reporting is received on infection prevention and control matters to ensure that the Committee is able to take positive assurance in relation to the systems and processes in place.
- 3.18. The Committee also receives regular reports on Serious Incidents Requiring Investigation (SIRIs) and Never Events to enable it to assure itself that these are appropriately managed.
- 3.19. Six-monthly reports from the Trust Clinical Governance Committee are provided to the Committee to provide assurance regarding its work.
- 3.20. The Committee has been actively monitoring and receiving regular written and verbal briefings on waiting lists, medicines reconciliation, urgent and emergency care, and harm areas.
- 3.21. These activities appear to be appropriate in undertaking the Committee's duties in relation to Quality under its terms of reference, particularly in focussing on the systems in place to maintain safety, a high-quality patient experience and good clinical outcomes.

### **Values and Culture**

- 3.22. The Committee reviewed the results of the NHS 2021 Staff Survey; staff wellbeing remained a focus of Committee discussions throughout the year. The 2021 Medical Engagement Scale Survey was received and a progress update was requested for 2023/24.



- 3.23. Following an external review of the Trust's maternity service, the Committee was briefed on the cultural transformation work of the Maternity Development Programme.
- 3.24. Through its regular review of the workforce elements of the IPR and additional reporting throughout the year, the Committee continues to monitor work on culture and engagement.

### **Risk Management**

- 3.25. The Committee has undertaken regular reviews of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and noted the work being undertaken to map controls and identify gaps.
- 3.26. Plans to address Trust performance in medicines reconciliation and a backlog in Radiology reporting were considered by the Committee.
- 3.27. The Committee has appropriately reviewed current and emerging risks both through the review of the BAF and CRR but also through the IPR and items on its agenda, including confidential briefings when appropriate. A separate standing agenda item on Emerging Risks has been added to facilitate consideration.
- 3.28. It was intended that deep dives into specific cross-cutting issues would be undertaken at each meeting; each would be linked to the Board Assurance Framework and provide an opportunity to understand assurance processes and identify gaps in assurance.
- 3.29. Four deep dives were undertaken: Finance IPR, Integrated Quality Improvement Programme, Data and Analytics, and Theatres Build.

### **Governance and Regulation**

- 3.30. The Committee received an update on the revised NHS Code of Governance for Provider Trusts.
- 3.31. Reporting from the Guardian of Safe Working Hours has been received by the Committee which has been able to assure itself that improvements had been seen as a result of the exception reporting process.
- 3.32. The Committee considers both regular and ad hoc items when discharging its duties in relation to ensuring compliance with legislative, regulatory and professional requirements.

### **Other**

- 3.33. The Committee was briefed on Trust command and control structures to mitigate risk resulting from industrial action.

### **Reporting to the Board**

3.34. In line with its terms of reference the Committee has taken a summary report of its activities to the Trust Board after each of its meetings to highlight to the Board the assurance that it has been able to take from the reporting provided to it.

## **4. Actions for 2023/24**

- 4.1. The Committee will continue to influence the regular reporting that it receives, particularly through the development of the Integrated Performance Report, to ensure that this supports appropriate triangulation and benchmarking.
- 4.2. Through its deep dives, the Committee will gain further understanding of assurance on the detail of the indicators in the IPR and Trust risks.
- 4.3. The Committee will identify and recommend to the Board for approval, assurance activities in relation to developing Provider Collaboratives or initiatives arising from the new Integrated Care Board.
- 4.4. The Committee will review how, in the developing governance environment (4.3 above), it can best support the Trust Board in obtaining assurance.

## **5. Recommendations**

- 5.1. The Trust Board is asked to:
  - **note** the report; and
  - **approve** renewal of the Terms of Reference to the Trust Board.

**Appendix 1****Integrated Assurance Committee  
Terms of Reference****1. Authority**

- 1.1. The Integrated Assurance Committee (the Committee) is constituted as a standing committee of the Trust Board. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Trust Board.
- 1.2. The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 1.3. The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.

**2. Purpose of Committee**

- 2.1. To provide a structured forum for receiving, scrutinising and triangulating the main sources of evidence across the Trust to enable the Board to assess its level of confidence in the assurances provided regarding:
  - the Trust's values and culture;
  - the organisation's financial and operational performance;
  - the quality of services (including clinical effectiveness, patient experience and safety) across the organisation; and
  - the appropriate identification, assessment and management of risks.

**3. Membership**

- 3.1. The membership of the committee shall be composed of the following core members:
  - All Non-Executive Directors (one of whom will be the Chair of the Committee)
  - Chief Executive
  - Chief Medical Officer
  - Chief Nursing Officer
  - Chief Finance Officer
  - Chief Operating Officer
  - Chief Assurance Officer

- Chief Digital and Partnerships Officer
- Chief People Officer

3.2. The following are normally expected to be in attendance:

- Divisional Director, Clinical Support Services
- Divisional Director, Medicine, Rehabilitation & Cardiac
- Divisional Director, Neurosciences, Orthopaedics, Trauma, Specialist Surgery, Children's & Neonates
- Divisional Director, Surgery, Women's & Oncology

#### 4. Attendance and Quorum

4.1. The quorum for any meeting of the Committee shall be attendance of a minimum of 50% of members of which two will be Non-executive Directors and two Executive Directors.

4.2. It is expected that all members will attend at least 4 out of 6 committee meetings per financial year. An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of the committee to the Board.

4.3. If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to agreement with the Chief Executive and consultation with the Committee Chair. Deputies will be counted for the purpose of the quorum.

4.4. If Divisional Directors are unable to attend a meeting, they may exceptionally nominate a deputy from within the divisional senior management team (Divisional Chief Operating Officer, Divisional Chief Nurse and Divisional Medical Director) subject to the agreement of the Committee Chair.

4.5. The Chair may request attendance by relevant staff at any meeting.

#### 5. Frequency of meetings

5.1. Meetings of the Integrated Assurance Committee shall be held six times per year, scheduled to support the business cycle of the Trust and at such other times as the Chairman of the Committee shall identify, subject to agreement with the Chairman of the Trust and the Chief Executive.

5.2. The Chairman may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

5.3. Meetings of the Integrated Assurance Committee shall be set at the start of the calendar year.

#### 6. Specific Duties

6.1. The Integrated Assurance Committee shall:

##### **Annual Planning**

6.2. Monitor the development of the annual plan and the setting of the annual budget, ensuring that plans are appropriate in the context the Trust's strategic objectives and the Trust's risk profile.

### **Integrated Performance**

- 6.3.** Review the integrated performance of the Trust, assessing:
- the Trust's performance against its annual financial plan and budgets;
  - the Trust's performance indicators relevant to workforce and organisational development (including culture);
  - the performance of the Trust's corporate and non-clinical services;
  - the performance indicators relevant to the remit of the Committee; and
  - any other areas of performance referred to the Integrated Assurance Committee by the Trust Board.
- 6.4.** Monitor the effectiveness of the Trust's integrated performance reporting systems ensuring a clear alignment of strategy and performance and the provision of high quality information regarding organisational performance, in the quality, effectiveness and safety of services across the organisation.
- 6.5.** Review improvement programmes, ensuring they relate to priorities emerging from the integrated performance reporting, support sustainable change and create a culture that continuously improves and delivers quality care for our patients.

### **Quality**

- 6.6.** Monitor and review the effectiveness of
- clinical systems developed and implemented by the Clinical Governance Committee to ensure they maintain compliance with the Care Quality Commission's Fundamental Standards of quality & safety.
  - systems for safety within the Trust, with a particular focus on patient safety, staff safety and wider health & safety requirements, including a consideration of quality impact assessments of financial improvements and other change processes.
  - systems for delivering a high quality experience for all its patients and service users, including carers, with particular focus on involvement and engagement for the purposes of learning and making improvement.
  - systems for the monitoring of clinical outcomes and clinical effectiveness; with particular focus on ensuring patients receive the best possible outcomes of care across the full range of Trust activities.

### **Finance**

- 6.7.** Monitor the development and delivery of the Trust's annual financial plan, including the annual efficiency savings programme.
- 6.8.** Monitor the development and delivery of the Trust's strategy for medium term financial sustainability.

- 6.9. Ensure that appropriate clinical advice and involvement in the medium and long term financial models is provided.
- 6.10. Monitor the effectiveness of the Trust's financial and operational performance reporting systems, ensuring that the Board is assured of continued compliance through its regular reporting, reporting by exception where required.

#### **Risk Management**

- 6.11. Consider any relevant risks within the Board Assurance Framework and Corporate Risk Register and the extent to which these are being appropriately managed and mitigated, reporting any areas of significant concern to the Audit Committee.
- 6.12. Identify any new or emerging corporate risks or opportunities.
- 6.13. Undertake deep dives on specific risk areas for more detailed scrutiny of issues of significance than is permitted by standard reporting.

#### **Governance and Regulation**

- 6.14. Ensure the Trust's compliance with all legislative, regulatory and professional requirements.
- 6.15. Ensure the Trust's compliance with its Care Quality Commission registration by maintaining suitable systems of internal control, risk management and quality management, with particular emphasis on the Fundamental Standards of quality and safety.
- 6.16. Monitor and review the system for Quality Governance, Information Governance, Workforce Governance, Research & Development Governance ensuring that the Board is assured of continued compliance through its annual report, reporting by exception where required.

#### **Other**

- 6.17. Undertake any other responsibilities as delegated by the Trust Board.
- 6.18. Identify annual objectives of the Committee, produce an annual work plan in the agreed Trust format, measure performance at the end of the year and produce an annual report. This will also include an assessment of compliance with the Committee's terms of reference and a review of the effectiveness of the committee.

### **7. Sub-Committees**

- 7.1. The Integrated Assurance Committee has no established sub-committees, but will draw insight and intelligence from a variety of mechanisms, including the Trust's internal performance review processes and meetings.

### **8. Administrative Support**

- 8.1. The Chief Executive is the nominated lead Executive Director for the Committee. Other Executive members will have roles in supporting the Committee in their respective areas.
- 8.2. The Integrated Assurance Committee will be supported administratively by the Head of Corporate Governance, who will ensure:

- Agreement of the agenda with the Chief Executive and the Committee Chair.
- Collation and distribution of papers at least five working days before each meeting.
- Minutes are taken and records are maintained of matters arising and issues to be carried forward.
- Support to the Chair and members as required.

## **9. Accountability and Reporting arrangements**

- 9.1.** The Committee shall be directly accountable to the Trust Board.
- 9.2.** The Committee shall refer to the Board any issues of concern it has with regard to any lack of assurance in respect of any aspect regarding the quality, safety, performance and effectiveness of services across the organisation.
- 9.3.** The Chair of the Committee shall prepare a summary report to the Board detailing items discussed, actions agreed and issues to be referred to the Board, indicating the extent to which the Committee was able to take assurance from the evidence provided and where additional information was required.
- 9.4.** The Chair of the Committee is required to inform the Board on any exceptions to the annual work plan or strategy.
- 9.5.** The Chairman will report any specific issues on the risk register to the Audit Committee.

## **10. Monitoring Effectiveness and Compliance with Terms of Reference**

- 10.1.** The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.

## **11. Review of Terms of Reference**

- 11.1.** The Terms of Reference of the Committee shall be reviewed at least annually by the Integrated Assurance Committee and approved by the Trust Board.

**Date approved: May 2023**  
**Approved by: Trust Board**  
**Next review date: May 2024**

**Appendix 2: Register of Attendance**

<b>Members</b>		<b>13/04/2022</b>	<b>08/06/2022</b>	<b>10/08/2022</b>	<b>12/10/2022</b>	<b>14/12/2022</b>	<b>08/02/2023</b>
Jonathan Montgomery	Trust Chair [Chair]	Present	Present	Present	Present	Apologies	Present
Bruno Holthof	Chief Executive Officer	Present	Present	N/A	N/A	N/A	N/A
Jason Dorsett	Chief Finance Officer	Present	Present	Present	Present	Present	Present
Claire Flint	Non-Executive Director	Apologies	Present	Present	Apologies	Apologies	Present
Sam Foster	Chief Nursing Officer	Apologies	Present	Apologies	Present	Present	Present
Paula Hay-Plumb	Non-Executive Director	Present	Present	Present	Present	Present	Present
Sarah Hordern	Non-Executive Director	Present	Present	Present	Present	Present	Present
Katie Kapernaros	Non-Executive Director	Present	Present	Present	Present	Present	Present
Ash Soni	Non-Executive Director	Present	Present	Apologies	Present	Apologies	Present
Meghana Pandit	Chief Medical Officer	Present	Present	N/A	N/A	N/A	N/A
Meghana Pandit	Chief Executive Officer	N/A	N/A	Present	Present	Apologies	Present
Anny Sykes	Interim Chief Medical Officer	N/A	N/A	Present	Present	Present	Present
Sara Randall	Chief Operating Officer	Present	Apologies	Present	Present	Present	Present
Terry Roberts	Chief People Officer	Present	Present	Apologies	Apologies	Present	Present
Rachel Stanfield	Joint Chief People Officer	N/A	N/A	Present	Present	Apologies	Apologies
Tony Schapira	Non-Executive Director	Present	Apologies	Present	Present	Present [Chair]	Present
Gavin Sreaton	Non-Executive Director	Present	Present	Apologies	Present	Present	Present
Anne Tutt	Trust Vice Chair / SID	Apologies	Present	Present	Present	Present	Present
David Walliker	Chief Digital and Partnership Officer	Present	Apologies	Present	Present	Present	Present
Eileen Walsh	Chief Assurance Officer	Apologies	N/A	N/A	Present	Present	Present
Joy Warmington	Non-Executive Director	Present	Present	Apologies	Apologies	Present	Present
Clare Winch	Acting Chief Assurance Officer	N/A	Apologies	Present	Apologies	N/A	N/A
<b>Attendees: Divisions</b>		<b>13/04/2022</b>	<b>08/06/2022</b>	<b>10/08/2022</b>	<b>12/10/2022</b>	<b>14/12/2022</b>	<b>08/02/2023</b>
Ben Attwood	Divisional Director, CSS	Present	Present	Apologies	Present	Present	Present
Chris Cunningham	Divisional Director, SuWOn	Present	Present	Present	Present	Present	Present
Larry Fitton	Divisional Director, MRC	Present	Present	Present	Present	Present	Present
Jonathan Young	Divisional Director, NOTSSCaN	Present	Present	Present	Present	Present	Present