

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 29 May 2014

COMMITTEE: Audit Committee

CHAIRMAN: Ms K Jenkins, Non-Executive Director

DATE OF COMMITTEE MEETING: 15 April 2014

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

- None

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- None

DATE OF NEXT COMMITTEE MEETING: 27 May 2014

**Ms K Jenkins
7 May 2014**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE AUDIT COMMITTEE HELD ON
TUESDAY 15 APRIL 2014 FROM 10.30AM IN THE ASH ROOM, KNIGHTON STREET OFFICES
LEICESTER ROYAL INFIRMARY**

Present:

Ms K Jenkins – Non-Executive Director (Chair)
Mr I Crowe – Non-Executive Director
Mr P Panchal – Non-Executive Director (until part 28/14/3)

In Attendance:

Mr J Clarke – Chief Information Officer (for Minute 27/14)
Mr P Cleaver – Risk and Assurance Manager (for Minute 26/14 only)
Mr P Hollinshead – Interim Director of Financial Strategy
Mrs S Hotson – Director of Clinical Quality (for Minute 25/14 only)
Mrs H Majeed – Trust Administrator
Mr R Manton – Risk and Safety Manager (for Minute 26/14 only)
Mr N Sone – Financial Controller (from Minute 28/14)
Dr P Rabey – Deputy Medical Director (for Minute 24/14 only)

Ms J Clarke – Local Counter Fraud Specialist (360 Assurance) – until Minute 27/14
Mr I Morris – Local Counter Fraud Team (360 Assurance) – until Minute 27/14
Mr D Hayward – Manager, KPMG (the Trust's External Auditor)
Mr D Sharif – Senior Manager, KPMG (the Trust's External Auditor)
Ms C Wood – Internal Audit Manager, PwC (the Trust's Internal Auditor)

RESOLVED ITEMS

ACTION

19/14 PRIVATE DISCUSSIONS WITH BOTH SETS OF AUDITORS

In line with the guidance detailed within paper A, private discussions took place between the Chair and members of the Audit Committee and External and Internal Audit representatives ahead of the start of the formal meeting.

Resolved – that the position be noted.

20/14 WELCOME AND APOLOGIES

Apologies for absence were received from Mr A Bostock, KPMG; Ms A Breadon, PwC; Ms R Overfield, Chief Nurse and Ms J Watson, PwC.

21/14 MINUTES

Resolved – that the Minutes of the meeting held on 7 March 2014 (papers B and B1 refer) be confirmed as a correct record.

22/14 MATTERS ARISING FROM THE MINUTES

The Committee Chair selected the following key actions from paper C and members reported on progress:-

22/14/1 Minute 4/14/(ii) of 7 March 2014 – responding to a query from the Committee Chair in respect of the measures that had been implemented to prevent staff from working

	elsewhere whilst on sick leave, the Local Counter Fraud Specialist advised that each CMG used a variety of 'return to work from sickness' documentation. In discussion on this matter, the Interim Director of Financial Strategy undertook to liaise with the Director of Human Resources to check whether the return to work documentation used by the Trust explicitly asked staff to confirm whether they have not been working elsewhere whilst absent. The Committee Chair requested that if the documentation did not have this question then it needed to be amended to ensure that this question was included. She also noted the need for a timetable to be in place for this documentation to be rolled out across CMGs. An update on this matter be scheduled on the agenda for the Audit Committee in July 2014.	IDFS DHR DHR/TA
22/14/2	Minute 06/14/1 of 7 March 2014 – the Local Counter Fraud Specialist advised that a meeting had been held with NHS Horizons and Interserve colleagues and Interserve had agreed to cooperate in terms of training all staff on fraud awareness and sharing information on fraud and theft incidents with the Counter Fraud Specialists. The training would be provided through e-learning and dissemination of workbooks. The Committee Chair requested that a further update on progress be provided via the matters arising log for the May 2014 Audit Committee meeting.	LCFS
22/14/3	Minute 10/14 of 7 March 2014 – an update on clinical coding had been provisionally scheduled to be presented to the Audit Committee in May 2014. The Committee Chair suggested that this item be deferred to the July 2014 (if required) highlighting that the agenda for the May 2014 might be busy due to the discussion of the Trust's annual accounts.	TA
22/14/4	Minute 11/14/2 of 7 March 2014 – the Interim Director of Financial Strategy advised that the outstanding internal audit recommendations was discussed at the Executive Performance Board (EPB) in March 2014 and the EPB had suggested that the future versions of this report included a column indicating the 'Responsible Director' for each action. The Committee Chair queried whether the EPB discussed the overall risk in terms of the high level of outstanding overdue actions – it was noted that this matter was not covered in the March 2014 EPB discussion, however the Interim Director of Financial Strategy undertook to raise this matter at the EPB on 22 April 2014.	IDFS
22/14/5	Minute 13/4/2 (i) of 7 March 2014 – the Committee Chair agreed to liaise with the Chair of the Finance and Performance (F&P) Committee to ensure that relevant elements of the private patients and overseas visitors report were considered and addressed by the F&P Committee.	Chair
22/14/6	Minute 53/13/2 (ii) of 10 September 2013 – the Local Counter Fraud Specialist advised that national fraud trends information had not been released by NHS Protect , therefore she would try to seek regional information and provide an update to a future meeting of the Audit Committee.	LCFS
	<u>Resolved</u> – that the matters arising report (paper C) and the actions now required, as detailed above, be noted.	IDFS/ DHR/ LCFS/ Chair/TA
23/14	ITEMS FROM THE LOCAL COUNTER FRAUD SPECIALIST	
23/14/1	<u>Local Counter Fraud Specialist Annual Report 2013-14</u> Paper D detailed a summary of the annual report of counter fraud work for 2013-14. Responding to a query, Ms J Clarke, Local Counter Fraud Specialist (LCFS) undertook to check whether the counter fraud e-learning package was now available on the e-UHL system (noting that there had been some technical difficulties in synchronising the software with the UHL system) and inform the Trust Administrator who would then	LCFS

email Audit Committee members to provide confirmation. She advised that the counter fraud training was a part of mandatory training (provided at induction with a requirement to undertake a refresher training every 3 years). TA

In particular discussion about an overseas visitor debt, the Local Counter Fraud Specialist provided background information and made members aware of the processes in place to inform a number of agencies (i.e. DoH, UKBA etc.) in respect of such cases.

In respect of the preventing and deterring fraud activities by the LCFS, Mr P Panchal, Non-Executive Director cited an example re. members of the public who were not allowed free NHS treatment might not report an outbreak which might be dangerous for the Community. In discussion on this matter, the Committee Chair suggested that discussion be held with appropriate colleagues (i.e. Health Protection Agency) to understand the policies in place in terms of outbreaks in the local population. CN

Resolved – that (A) the annual report of counter fraud work for 2013-14 (paper D) be noted;

(B) the Local Counter Fraud Specialist be requested to email the Trust Administrator to confirm whether the counter fraud training package was now available on e-UHL. Further to this, the Trust Administrator to email members of the Audit Committee, and LCFS/
TA

(C) the Chief Nurse to liaise with appropriate colleagues to ascertain the policies in place in terms of outbreaks in the local population. CN

23/14/2 Report noting the actions that had been implemented as a result of two previous cases

Ms J Clarke, Local Counter Fraud Specialist tabled a report (paper E) which the Committee Chair requested be included on the agenda for discussion at the July 2014 Audit Committee meeting. LCFS/
TA

Resolved – that the tabled report be scheduled on the agenda for the Audit Committee in July 2014. LCFS/
TA

23/14/3 Staff Survey Report

Paper F provided the results of an independent survey undertaken by LCFS on behalf of the Trust which had been designed to evaluate staff perception of where risks of fraud, bribery and/or corruption were highest and gain an insight into staff understanding of Trust Fraud, Bribery and Corruption policy.

In response to a query from Mr I Crowe, Non-Executive Director re. staff perception about counter fraud, it was noted that the 2013-14 survey had generated some negative comments and some staff groups were not aware of the counter fraud work undertaken in the Trust. The Committee Chair suggested that in future surveys consideration be given to collecting the staff groups or at least the CMGs in which the staff were working. Mr I Morris, Local Counter Fraud Specialist advised that his team would be working with the Trust's Communications team to ensure that the newsletters and other briefings were circulated to a wider group (noting that some staff had raised concerns that they were no longer receiving the 'Fraudulent Times' newsletter). The Committee Chair suggested that the Chief Executive's briefing be used as a means to raise the profile of counter fraud work, an update on the survey and case outcomes. LCFS

The Committee Chair requested the action plan in section 4 of the report included LCFS

timescales and was cross-referenced with the work plan.

Mr I Crowe, Non-Executive Director noted the need for IBM staff also to be made aware of the counter fraud work within the Trust.

LCFS

Resolved – that (A) the contents of paper F be received and noted, and

(B) the Local Counter Fraud Specialist to:-

- give consideration to collecting the staff groups or at least the CMGs in which the staff were working in future counter fraud surveys;
- work with the Trust's Communications team to ensure that the newsletters and other briefings were circulated to a wider staff group, as appropriate;
- consider if an update on the counter fraud work, survey and case outcomes was included in the Chief Executive's briefings, and
- update the action plan in section 4 of the report to include timescales and cross-reference it with the work plan.

LCFS

23/14/4 Report from the Local Counter Fraud Specialist

Resolved – that this Minute be classed as confidential and taken in private accordingly.

24/14 **CONSULTANT JOB PLANNING FRAMEWORK**

Paper H provided an update on the steps being taken to improve medical job planning, including monitoring of fulfilment of job plans. Dr P Rabey, Deputy Medical Director attended for this item. Responding to a query, it was noted that an update on this matter had already been presented to the Finance and Performance (F&P) Committee. The Audit Committee Chair undertook to check with the F&P Committee Chairman re. whether future updates on this matter would be discussed at F&P Committee accordingly.

Chair

Members noted that there was inconsistency between specialties and CMGs in respect of job planning. In response, the Deputy Medical Director advised that the Medical Job Planning Consistency Committee was being established to resolve this issue. The Job Planning framework had been re-submitted to the Local Negotiating Committee, however agreement to the framework had not yet been obtained. Therefore, a subgroup had been set up to resolve the issues and it was expected that the framework would be signed-off by May 2014. The first 10% of the job plans was expected to be in place by end of June 2014 and the rest by December 2014. Medical Productivity had been badged as one of the cross cutting workstreams and support from EY colleagues had been sought to take this forward. A Medical Productivity Board had also been established. It was suggested that metrics be put in place in order that this could be monitored appropriately.

DMD

Resolved – that (A) the contents of paper H be received and noted;

(B) the Deputy Medical Director be requested to develop metrics to ensure that the job planning framework was appropriately monitored, and

DMD

(C) the Committee Chair to liaise with the F&P Committee Chair to ensure that updates on job planning were discussed at F&P Committee accordingly.

Chair

25/14 **QUALITY ACCOUNTS TIMETABLE**

The Audit Committee noted paper I - the letter from NHS England to NHS Trusts' Chief Executives on reporting requirements of the 2013-14 Quality Accounts and the project plan for UHL's 2013-14 Quality Account (appendix A refers).

Members noted that Annex 2 listed the indicators that NHS Trusts and non-NHS bodies were required to report in their Quality Accounts. In respect of the Trust's patient reported outcome measures scores for (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery – members advised that this did not routinely feature in the Trust's Quality and Performance report. The Committee Chair undertook to liaise with the Quality Assurance Committee (QAC) Chair re. whether this matter needed to be discussed at the QAC meeting.

Chair

In discussion, it was noted that the final draft of the quality accounts would be available in May 2014 (i.e. after the submission of the Trust's annual report and annual accounts) and therefore the Committee Chair noted the need for the Annual Governance Statement to make reference to the sources of assurance that management have relied upon in respect of outcomes relating to quality aspects. The Interim Director of Financial Strategy undertook to feedback this to the Director of Corporate and Legal Affairs.

IDFS/
DCLA

Resolved – that (A) the contents of paper H be received and noted;

(B) the Committee Chair to take forward the action listed above, and

Chair

(C) the Interim Director of Financial Strategy to feedback comments to the Director of Corporate and Legal Affairs in respect of the quality assurance sources that needed to be referenced in the Annual Governance Statement.

IDFS/
DCLA

26/14

UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF) FOR THE PERIOD 1 FEBRUARY – 31 MARCH 2014

The Risk Assurance Manager and Risk and Safety Manager attended to present paper J, which provided an overview of significant risks impacting upon the Trust and also detailed information in relation to the effectiveness of risk management processes within the Trust.

In respect of the new high risk on UHL's risk register relating to 'The Forensic Toxicology service will fail resulting in a substantial loss of income and prestige for the Department/Empath', Mr I Crowe, Non-Executive Director queried whether this was a significant financial loss for the Trust – in response, the Interim Director of Financial Strategy undertook to find out the details.

IDFS

Mr I Crowe, Non-Executive Director queried whether appropriate escalation processes were in place to flag risks from the UHL risk register. In response, members were advised that all risks with a score of 15 or more were escalated to the Executive Team each month and new risks scoring 15 or above were reported to the Trust Board every month. The Risk and Assurance Manager advised that a rolling programme was being established for CMGs to attend future meetings of the Audit Committee to report on operational risks. Appendix 6 provided a list of suggested areas of scrutiny in respect of CMG risk register – it was suggested that the CMG's objectives be included to this list.

In order to address any weaknesses in the risk escalation process, the Audit Committee noted the need to identify lessons to be learned from the two week pause of the Renal Transplant service. The Interim Director of Financial Strategy noted that the Quality Assurance Committee was reviewing lessons learned from the above

referenced matter and (any other recent examples) and suggested that an update on that learning be presented to Audit Committee, as appropriate.

**QAC
Chair**

In respect of the refreshed UHL strategic objectives and the BAF 2014-15, it was noted that a discussion was scheduled to be held with the Executive Team in the afternoon on 15 April 2014 regarding the principal risk themes and the process for developing of the 2014-15 BAF ahead of the Trust Board development session in June 2014 which had been set aside for that purpose. PwC would be facilitating the session to update the BAF and the Committee Chair suggested that lessons be learned from last year's session. The Internal Audit Manager agreed to feedback this to her colleagues.

IA

Attendance at UHL risk awareness training continued to be low and a training needs analysis had been undertaken and an action plan had been developed to ensure that the correct level of risk management training was focussed on the appropriate staff groups. An update on attendance of risk training would be provided in the next risk report to the Audit Committee.

Resolved – that (A) the contents of this paper be received and noted, and the recommendations contained therein endorsed;

(B) the Interim Director of Financial Strategy to find out the details of the financial loss in respect of the forensic toxicology service;

IDFS

(B) the Quality Assurance Committee be requested to consider and report to the Audit Committee its review of the two week pause of the Renal Transplant Service including any weaknesses identified relating to risk management and escalation processes, and

**QAC
Chair**

(C) the Internal Audit Manager to feedback comments from the Audit Committee to her colleagues in respect of the session to update the BAF.

IA

27/14 IT INFORMATION SECURITY MANAGEMENT

Paper K provided an update on IM&T - business continuity/disaster recovery and information security arrangements. Responding to a query from Mr P Panchal, Non-Executive Director in respect of hacking systems, the Chief Information Officer advised that appropriate testing processes were in place. Discussion on this matter was held regularly at the Operational Security Group and exception reports were presented to the Joint (UHL/IBM) Governance Board. In response to a suggestion, the Chief Information Officer undertook to provide six monthly reports to the Joint Governance Board, as appropriate.

Resolved – that the contents of paper K and verbal update be noted.

28/14 ITEMS FROM INTERNAL AUDIT

28/14/1 Internal Audit Reviews

(a) IBM Contract Review

The Internal Audit Manager advised that this report was currently in 'draft' highlighting that it was a low risk report with some minor areas for improvement. The final report would be available for the Audit Committee in May 2014.

IA

Resolved – that the IBM contract review report be presented to the Audit Committee in May 2014.

IA

(b) Data Security

It was noted that this review report was also in 'draft' currently and had some medium risk issues but no high risk recommendations. In respect of data privacy, it was noted that no privacy breach software was used in the Trust. The final report would be available for the Audit Committee in May 2014.

IA

Resolved – that the data security report be presented to the Audit Committee in May 2014.

IA

28/14/2 2013-14 Draft Annual Report and Head of Internal Audit Opinion

Paper L , the Internal Audit annual report set out the internal audit work that had been undertaken in 2013-14 and included the Head of Internal Audit's annual opinion on the adequacy and effectiveness of the Trust's framework of governance, risk management and control.

It was noted that during 2013-14, Internal Audit had not undertaken specific work in the following areas of principal risk that were recorded on the Trust's Board Assurance Framework:

- Risk 4 – failure to transform the emergency care system;
- Risk 5 – patient experience/ satisfaction, and
- Risk 7 – ineffective organisational transformation.

The Trust would therefore need to consider where other forms of assurance had been derived in these areas, as part of the development of its Annual Governance Statement.

DCLA

The delayed transfer of care and quality assurance framework reviews were still in progress and the final reports would be available for the May 2014 Audit Committee meeting.

In respect of the internal audit outstanding recommendations, the Internal Audit Manager advised that there had been an improvement in the Trust's processes to monitor the actions.

Resolved – that (A) the contents of this report be received and noted,

(B) the Director of Corporate and Legal Affairs be requested to take forward the actions listed above.

DCLA

28/14/3 2014-15 Internal Audit Plan

Paper M which set out the work that had been carried out in relation to assessing risk and the proposed internal audit work for 2014-15.

In respect of the testing on charitable funds transactions, Mr P Panchal, Non-Executive Director/ Chair of the Charitable Funds Committee suggested that Internal Auditors contacted him outside the meeting in respect of additional controls that could be put in place in respect of approval of charitable funds. It was also suggested that the timing of the charitable funds transaction audit be reviewed to check when it would be most appropriate to take it forward.

IA

In discussion on appendix 3 of paper M, members noted that the risks from the BAF had been considered when preparing the internal audit plan and the areas where no internal audit work was planned in 2014-5 had been highlighted in 'red'. The

IDFS

Committee Chair requested that the Executive Team considered the level of assurance obtained from other sources for areas not covered by the internal audit plan. In respect of appendix 4, the Committee Chair noted that no reviews had yet been undertaken for a number of 'Human Resources' areas apart from the Organisational Development plan review in 2013-14, the Interim Director of Financial Strategy undertook to discuss this with the Executive Team. The Internal Audit Manager requested that a report from the Executive Team re. where they had sought assurance for areas that had not been reviewed by Internal Audit would prove useful.

IDFS

The 2014-15 Internal Audit plan was approved subject to confirmation from the Executive Team in respect of the points raised above and a further discussion at the Trust Board Development session in May 2014.

In response to a query from Mr I Crowe, Non-Executive Director, it was noted that the audit regarding the CMG structure would ascertain whether the CMGS were following the Trust's governance policies and processes. The Committee Chair advised that she was due to attend one of the CMG Board meetings and suggested that it would be useful for other Non-Executive Directors to attend some CMG meetings to observe.

Resolved – that (A) the 2014-15 Internal Audit plan be approved subject to Executive Team consideration of the level of assurance obtained from other sources for areas not covered by the internal audit plan and in particular that no reviews had yet been undertaken for a number of 'Human Resources' areas apart from the Organisational Development plan review in 2013-14, and

IDFS

(B) Internal Audit to liaise with Mr P Panchal, Non-Executive Director/ Chair of the Charitable Funds Committee for a further discussion re. testing on charitable funds transactions.

IA

29/14 ITEMS FROM EXTERNAL AUDIT

29/14/1 External Audit Progress Report

Paper N provided an update on work undertaken since the last meeting in March 2014, forthcoming work ahead of the May 2014 Audit Committee and included technical updates for noting.

In discussion on the CQC inspection report, the Committee Chair noted the need for the Annual Governance Statement to include all the basis of assurance (i.e. CNST etc.).

External Auditors would be holding further meetings with the Trust to discuss emerging issues, as well as the Value for Money and Going Concern conclusions.

Resolved – that the contents of paper N, which detailed the progress report for External Audit at April 2014, be received and noted.

30/14 FINANCE – STRATEGIC AND OPERATIONAL ISSUES

30/14/1 Discretionary Procurement Actions

Paper O detailed the discretionary procurement actions for the period March 2014 in line with the Trust's Standing Orders.

In discussion re.the single tender action for additional car parking places with a value of £550,000.00 needed to be approved by the Trust Board, the Interim Director of

Financial Strategy advised that this was a one-off/time critical requirement and an enabler for the Emergency Floor project.

Resolved – that the contents of paper O, which reported on the discretionary procurement actions for March 2014 in line with the Trust’s Standing Orders, be received and noted.

30/14/2 Losses and Special Payments

Paper P provided an update on losses and special payments for the year ending March 2014.

Responding to a query from Mr I Crowe, Non-Executive Director, the Financial Controller advised that the some of the overseas debts had been written off (previously provided for) further to instruction from debt collection agencies that the debts were uneconomical to pursue. The Interim Director of Financial Strategy suggested that the age of the debt and contextual information be included in future such reports.

FC

Discussion also took place regarding the reasons for outstanding debt in relation to private patients and overseas visitors, and members noted the need for a root cause analysis to be undertaken with a lessons learned report and an action plan to be developed. It was noted that progress in this regard was dependent upon the resource and capacity of the team, in respect of which work was in progress. It was agreed that the Financial Controller would reflect on this matter and report back to the Audit Committee in May 2014.

FC/TA

Resolved – that (A) the contents of this report be received and noted;

(B) the Financial Controller to include the age of the debt and contextual information in future losses and special payments reports, and

Chair

(B) the Financial Controller be requested to report to the May 2014 Audit Committee in respect of a root cause analysis of overseas visitors and private patients’ debts, lessons learned and an action plan to address the issues.

FC/TA

30/14/3 Report from the Interim Director of Financial Strategy

Resolved – that this Minute be classed as confidential and taken in private accordingly.

31/14 **DRAFT ANNUAL GOVERNANCE STATEMENT (AGS) 2013-14**

Paper R provided an update on the preparation of the draft annual governance statement 2013-14, the final version of the AGS would be presented to the Audit Committee in May 2014.

DCLA

Resolved – that the Annual Governance Statement 2013-14 be submitted to the Audit Committee in May 2014.

DCLA/
TA

32/14 **ASSURANCE GAINED FROM THE FINANCE AND PERFORMANCE COMMITTEE AND THE QUALITY AND ASSURANCE COMMITTEE ON KEY RISKS / ISSUES OF THE TRUST**

Resolved – that the Committee confirmed the assurance gained from the Finance and Performance Committee and the Quality and Assurance Committee on key risks / issues for the Trust.

33/14 ITEM FOR INFORMATION

33/14/1 Activation of Business Continuity Arrangements

Resolved – that the contents of paper S be received and noted.

34/14 MINUTES FOR INFORMATION AND DISCUSSION

34/14/1 Quality Assurance Committee

Resolved – that the Minutes of the Quality Assurance Committee meeting held on 26 February 2014 (paper T refers) be received and noted.

34/14/2 Finance and Performance Committee

Resolved – that the Minutes of the Finance and Performance Committee meeting held on 26 February 2014 (paper U refers) be received and noted.

35/14 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

36/14 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD

Resolved – that there were no specific issues, which the Committee wished to draw to the attention of the Trust Board.

37/14 DATE OF NEXT MEETING

Resolved – that (A) the next meeting of the Audit Committee be held on Tuesday 27 May 2014 at 10.30am in the Teaching Room 2, Clinical Education Centre, Leicester Royal Infirmary, and

(B) it be noted that this meeting would be preceded by a private meeting between the Audit Committee Chair and the Non-Executive Director members at 10:00am, with representatives from Internal and External Audit to attend from 10:15am in the Teaching Room 2, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 1:09pm.

Hina Majeed,
Trust Administrator

Cumulative Record of Members' Attendance (2013-14 to date):

Name	Possible	Actual	% attendance
K Jenkins (Chair)	1	1	100%
I Crowe	1	1	100%
P Panchal	1	1	100%

Attendees

Name	Possible	Actual	% attendance
P Hollinshead	1	1	100%
S Ward	1	0	0%
R Overfield	1	0	0%