


University Hospitals of Leicester 
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 2 April 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 26 February 2015

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

- **Draft Interim Annual Operational Plan 2015-16 (Minute 12/15)**

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

- none

DATE OF NEXT COMMITTEE MEETING: 26 March 2015

Ms J Wilson

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE (IFPIC), HELD ON THURSDAY 26 FEBRUARY 2015 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Voting Members Present:

Ms J Wilson – Non-Executive Director (Committee Chair)
Mr J Adler – Chief Executive
Colonel (Retired) I Crowe – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Dr S Dauncey – Non-Executive Director
Mr P Traynor – Director of Finance
Mr M Traynor – Non-Executive Director

In Attendance:

Mr M Allen – Director, Ernst Young (for Minutes 18/15/1 and 18/15/2 only)
Mr M Archer – Head of Operations, Clinical Support and Imaging CMG (for Minute 16/15/1 only)
Ms L Bentley – Head of Financial Management and Planning
Ms J Clarke – Chief Information Officer (for Minute 16/15/2 only)
Ms S Khalid – Clinical Director, Clinical Support and Imaging CMG (for Minute 16/15/1 only)
Mr W Monaghan – Director of Performance and Information
Mr R Moore – Non-Executive Director Designate
Mrs K Rayns – Acting Senior Trust Administrator
Ms K Shields – Director of Strategy (excluding Minute 12/15 and Minutes 16/15/4 to 18/15/1 inclusive)
Mr K Singh – Trust Chairman (from Minute 13/15 to Minute 16/15/1 inclusive)
Mr G Smith – Patient Adviser
Mr M Williams – Non-Executive Director

RECOMMENDED ITEM

ACTION

12/15 DRAFT INTERIM ANNUAL OPERATIONAL PLAN 2015-16

The Chief Executive introduced the second interim draft of the narrative Annual Operational Plan for 2015-16 (paper F refers), particularly noting the impact of the interim 2015-16 tariff proposal upon the planning timetable. The next full draft submission to the Trust Development Authority (TDA) would now be due in early April 2015 and the final submission would follow in May 2015, with the deadline for this submission yet to be confirmed by the TDA.

Noting the requirement for providers to decide whether to opt for the enhanced tariff option or the default tariff rollover (by 4 March 2015), the Committee provided delegated authority to the Director of Finance and the Chief Executive to determine the best option for UHL following a meeting to be held on Monday 2 March 2015. A briefing note would then be circulated to Trust Board members explaining the rationale behind the Trust's decision and the Trust Board would be invited to ratify the decision on 5 March 2015. The Director of Finance advised that the enhanced tariff model appeared to be the best and most likely option at the current time, but he was keeping an open mind until after the meeting on 2 March 2015.

Recommended – that (A) the second draft Interim Annual Operational Plan for 2015-16 be received and noted;

(B) delegated authority be provided to the Director of Finance and the Chief Executive to select the optimum 2015-16 tariff option for UHL by 4 March 2015, and

DF/CE

(C) a briefing note on the preferred tariff be circulated to Board members for information.

DF

RESOLVED ITEMS

13/15 APOLOGIES AND WELCOME

There were no apologies for absence. The Chair welcomed Mr R Moore, Non-Executive Director Designate to his first IFPIC meeting.

14/15 MINUTES

Papers A and A1 provided the Minutes of the inaugural Integrated Finance, Performance and Investment Committee meeting held on 26 January 2015.

Resolved – that the Minutes of the 26 January 2015 Integrated Finance, Performance and Investment Committee meeting (papers A and A1) be confirmed as correct records.

15/15 MATTERS ARISING PROGRESS REPORT

The Committee Chair confirmed that the matters arising report provided at paper B detailed the status of all outstanding matters arising from previous Finance and Performance Committee and Integrated Finance, Performance and Investment Committee meetings. Members received updated information in respect of the following items:-

- (a) Minute 5/15/1(b) of 29 January 2015 – a verbal update on the EMRAD governance review would be provided later in the agenda (Minute 16/15/5 below refers);
- (b) Minute 7/15/1 of 29 January 2015 – a discussion on the mechanism for monitoring any patient harm arising from delays in cancer treatment or cancelled surgery was scheduled for that afternoon's Quality Assurance Committee meeting. This item could therefore be removed from the progress log; TA
- (c) Minute 134/14(c) and 134/14(d) of 18 December 2014 – the Emergency Floor outline business case was due to be considered by the TDA Capital Investment Group on 26 February 2015. Any feedback would be captured and incorporated into the full business case which was now due to be presented to the Trust Board on 2 April 2015. This item could therefore be removed from the progress log; TA
- (d) Minute 140/14/2 of 18 December 2014 – updates on the issues regarding University of Leicester embedded space and the apportionment of clinical academic funding would be provided to the IFPIC meetings on 26 March 2015 and 30 April 2015 (respectively); DF
- (e) Minute 140/14/3 of 18 December 2014 – an update on the scope to improve the alignment of hospital reception hours with peak visiting times and clinical demands would be incorporated into the 30 April 2015 Facilities Management contract review; DEF
- (f) Minute 122/14(a) and 122/14(d) of 26 November 2014 – the agreed actions relating to the Electronic Patient Record business case had been completed and the Gateway Review was scheduled to be completed in March 2015. These items could therefore be removed from the progress log; TA
- (g) Minute 126/14/4(a) of 26 November 2014 – the next quarterly review of Empath was scheduled to be undertaken on 26 March 2015. The Chief Executive noted a number of concerns relating to ongoing delays with the Empath business case and he agreed to liaise with the Director of Finance outside the meeting to review the Trust's position in this respect; CE/DF

- (h) Minute 128/14/3 of 26 November 2015 – discussion took place regarding the scope to hold a financial awareness training session for Non-Executive Directors after the IFPIC and QAC meetings on 26 March 2015 or 30 April 2015. The Acting Senior Trust Administrator agreed to seek a view from the Director of Corporate and Legal Affairs on this point, and
- (i) Minute 78/14(a) of 30 July 2015 – the post-implementation review of the Da Vinci Robot had been rescheduled for 26 March 2015.

TA

DF

Resolved – that the matters arising report and any associated actions above, be noted.

NAMED
LEADS

16/15 STRATEGIC MATTERS

16/15/1 CMG Presentation – Clinical Support and Imaging

Paper C provided an overview of the Clinical Support and Imaging CMG's operational and financial performance. Before the CMG representatives attended the meeting, IFPIC members considered the following key points:-

- this well-performing CMG broadly divided into 2 halves (Empath pathology services and the remaining services) and the remaining services were currently noted to be supporting Empath performance. Empath performance was scheduled to be reviewed separately by the Committee on a quarterly basis;
- slight concerns had been raised regarding increasing pay expenditure trends;
- the CMG had good cost controls in place and there was felt to be some scope for them to over-deliver against their income and expenditure forecast for 2015-16;
- assurance was required regarding the components in place to achieve compliance with diagnostic performance targets, and
- the significant contributions that CSI made to support UHL's emergency care performance (eg expanded pharmacy dispensing hours).

Ms S Khalid, Clinical Director, CSI and Mr M Archer, Head of Operations, CSI attended the meeting at this point and they were invited to summarise the CMG's current position and highlight any areas where additional Trust Board support would be helpful. In response, they provided assurance that the CMG was on track to deliver the financial control total for 2014-15, including a forecast 5% over-delivery of the current CIP target.

In respect of the CMG's 2015-16 CIP plans, there was currently a shortfall of £120,000 which was expected to be addressed during a confirm and challenge session to be held in the next 7 days. Confirmation was provided that opportunities to over-deliver the 2015-16 CIP target were being fully explored. The CMG representatives highlighted some innovative workstreams within pharmacy and forensic imaging and briefed the Committee on the risks surrounding increased imaging activity, diagnostic capacity, demand management issues, workforce management of change processes and the volume of projects contributing to the Trust's 5 Year Strategy.

In discussion on the presentation and the issues raised, the Committee:-

- (a) sought and received additional information regarding (i) the development of a business case for an insourced pharmacy subsidiary for homecare and medicines supply and (ii) the OPTIMED pilot within pharmacy services;
- (b) commented upon opportunities to seek additional marketing expertise from the Director of Marketing and Communications (in response to the CMG's request for access to commercial/marketing expertise to support innovation);
- (c) considered the scope for UHL to develop a Commercial Strategy to support the formulation of commercial aspects of innovation and entrepreneurial activity, suggesting that this might become a priority for the Trust within 2016-17, but noting

CD, CSI

CE

- that other competing priorities would prevent a significant focus on this currently;
- (d) sought a view from the CMG regarding the optimum timing for an update on the key risks surrounding the OPTIMED pilot to be presented to a future QAC meeting; **CD, CSI**
 - (e) queried how the Trust could support the CMG to deliver an improved financial outturn for 2015-16, noting in response that a framework approach to managing demand for diagnostics and greater clinical engagement in efficient patient pathways would be key areas for increased focus;
 - (f) considered the risks surrounding workforce issues in pharmacy, ultrasound and therapies, including the short term incentives being pursued to reduce premium pay expenditure and the longer term solutions for increasing access to training, continued professional development and strengthening recruitment plans;
 - (g) commented upon the significant improvement in diagnostic performance between January 2015 and February 2015 and received assurance regarding the level of resilience built into the recovery plans;
 - (h) noted the challenges associated with benchmarking between Trusts on the basis of the differing service provision between Trusts, and
 - (i) received a briefing on the positive interaction between the CMG and their embedded EY resource and the arrangements for transferring these skills across to the CMG's newly appointed transformation lead.

The Committee Chair thanked the CMG team for their presentation and they left the meeting. Following their departure, IFPIC members commented positively on the particular strengths of this CMG management team, noting the scope for additional contributions to the Trust's year end position for 2015-16 and the potential impact of future reconfiguration schemes. The Chief Operating Officer commented upon the significant contribution made by the recently appointed CSI Head of Operations and invited members to consider the performance of the other CMG Heads of Operations.

Resolved – that (A) the Clinical Support and Imaging CMG presentation and subsequent discussion be noted;

(B) the Clinical Director, CSI to liaise with the Director of Marketing and Communications regarding any additional commercial or marketing expertise required to support innovation; **CD, CSI**

(C) the Chief Executive to consider longer term opportunities (eg in 2016-17) for developing proposals for a UHL Commercial Strategy, and **CE**

(D) the Clinical Director, CSI to confirm the optimum timescale for rescheduling an update to the Quality Assurance Committee on the key risks relating to the OPTIMED business case. **CD, CSI**

16/15/2 IM&T Contract with IBM – Quarterly Review

The Chief Information Officer attended the meeting to introduce the quarterly briefing report on the IBM contract (paper D refers). The report was taken as read and discussion focused (by exception) upon the following key delivery risks, issues and major programmes of work:-

- (a) data warehouse arrangements – a revised plan was expected to be signed off by the end of the week to radically improve the service and achieve an optimal and sustainable position. No single cause had been identified for the current issues, but some new equipment had been ordered which was expected to help (to some extent). IBM specialists were overseeing this workstream and a revised service level agreement was being implemented to ensure that data was available by 9am (instead of the current 4pm). The Committee Chair requested that representatives from the Operations and Finance Directorates be included in the sign-off process; **CIO**
- (b) some key IBM individuals had recently taken voluntary redundancy and there had been

- some slippage in project timescales due to the handover process to the refreshed teams. The level of accountability for key projects was being reviewed and a minimum notice period was being implemented;
- (c) further UHL staff communications were being arranged to strengthen organisational understanding of the scope of the IBM work in order to manage staff expectations more appropriately;
 - (d) some additional investment in the Trust's current hardware and software (eg PAS, HISS and Clinicom) was likely to be required prior to the implementation of the Electronic Patient Record (EPR), but opportunities to mitigate this expenditure were being explored (eg purchasing of decommissioned hardware from other Trusts);
 - (e) the DoH had recently announced that the free SMS text delivery would be ceased for NHS Trusts and urgent work was underway to understand the impact of this change. A cost pressure had been identified which was estimated to be in the region of £24,000 per annum. The Chief Operating Officer highlighted the potential impact upon UHL's Outpatient appointment reminder system;
 - (f) opportunities were being explored to review the contractual KPIs and seek independent assurance that the Trust was still gaining appropriate value for money during the third year of the contract. In addition, the Chief Executive commented upon the scope to amend the IM&T governance structure and the mechanism for interaction with the wider organisation – he undertook to discuss this further outside the meeting;
 - (g) the current arrangements for monitoring quality and customer satisfaction were delivering a low response rate and opportunities were being explored to learn from other Trusts in respect of gathering feedback on the service;
 - (h) the "go live" date for Electronic Document Record Management (EDRM) in Paediatrics would be 27 April 2015, and
 - (i) responding to a query regarding opportunities to utilise IBM's resources to better effect (in terms of driving innovation and use of social media), the Chief Operating Officer briefed the Committee on some examples of clinical innovation which were due to be showcased in the next 7 days at the Clinical Advisory Group.

CE

Resolved – that (A) the quarterly update on the IBM contract be received and noted as paper D, and

(B) the Chief Executive be requested to consider future developments for improving the IM&T governance structure and the mechanism for interacting with the wider organisation (outside the meeting).

CE

16/15/3

Update on the Transfer of UHL's Clinical Services to the Alliance

The Director of Strategy introduced paper E, providing an update on progress of the Alliance Contract and the proposed clinical service transfers. She also provided a briefing on the development of the Alliance contract and the aims of the contract going forward. Members noted that Ms T Hooton had been appointed as the substantive Alliance Director through the East Leicestershire and Rutland CCG and that she was expected to commence in post mid-April 2015.

In discussion on the report, the Chief Operating Officer queried whether any financial contribution had been agreed for the proposed 2015-16 activity estimates. He also highlighted the complex nature of the pain service, noting that some elements had already transferred to Oakham and that UHL Consultants' job plans required an urgent amendment to reflect the increased travel time. The Chief Executive confirmed that these issues represented a sub-set of the wider cost pressures associated with service reconfiguration, for which there was currently no financial provision. He provided assurance that he would be progressing this issue as a priority within the wider health economy.

CE

The Director of Strategy and the Director of Finance confirmed that each service transfer to the Alliance would be supported by a business case and all such business cases would be managed through UHL's Revenue Investment Committee.

Resolved – that (A) the update on progress of the Alliance Contract be received and noted as paper E;

(B) a further update be provided to the Committee in July 2015, and

(C) the Chief Executive be requested to progress the issue of financial provision for reconfiguration of services outside the meeting.

CE

16/15/4 Report by the Director of Finance

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

16/15/5 EMRAD Governance Review

Further to Minute 1/15 of 29 January 2015, the Director of Finance reported verbally on the outcome of his review of the proposed governance arrangements for the procurement, deployment and ongoing operation of the replacement Picture Archiving and Communications System (PACS) and the accompanying Radiology Information System (RICS). He provided assurance that the clearly defined governance model was cost effective and fit for purpose and that this would be monitored on an ongoing basis throughout the next phases of the scheme.

Resolved – that the verbal report on the EMRAD governance review be received and noted.

17/15 **INVESTMENT BUSINESS CASES**

17/15/1 Forward Schedule of Business Cases for 2015-16

Paper G provided an update on the existing and proposed major reconfiguration business cases for consideration in 2015-16. Appendix 1 detailed the anticipated expenditure profile and outlined the provisional timings for development of the outline and full business cases. Further work was taking place to define the shape of the business cases through the Executive Team, Executive Strategy Board and the Executive Performance Board and arrangements were being made to incorporate the key dates into the IFPIC calendar of business. In response to a query from Mr R Moore, Non-Executive Director Designate, members noted that a Reconfiguration Project Director role was being developed and that a Trust Board thinking day on reconfiguration had been provisionally scheduled for 9 April 2015.

Resolved – that (A) the forward schedule of major reconfiguration business cases for 2015-16 be received and noted, and

(B) the Trust Administrator be requested to incorporate the key dates into the Committee's calendar of business.

TA

18/15 **FINANCE**

18/15/1 2014-15 Financial Position to Month 10

The Director of Finance introduced papers H and H1 providing an update on UHL's performance against the key financial duties surrounding delivery of the planned deficit, achievement of the External Financing Limit (EFL) and achievement of the Capital Resource Limit (CRL), as submitted for consideration by the 24 February 2015 Executive Performance Board and the 5 March 2015 Trust Board meetings. He expressed a high level of confidence that the Trust would deliver its forecast control total for the 2014-15

financial year.

In discussion on the Trust's financial performance, IFPIC members expressed concern regarding the current run-rate for pay expenditure and queried an apparent overspend on printing and postage charges. It was agreed that updated information on these aspects would be provided to the 26 March 2015 meeting (including any short term mitigation measures for reducing premium payments for medical staffing).

Resolved – that (A) the briefings on UHL's Month 10 financial performance (papers H and H1) and the subsequent discussion be noted, and

(B) the Director of Finance be requested to include proposals for reducing the current run-rate for pay expenditure and an update on the apparent overspend for printing and postage in the next iteration of this report.

DF

18/15/2 Cost Improvement Programmes for 2014-15 and 2015-16

Mr M Allen, Director, Ernst Young, attended the meeting to present paper I, providing the monthly update on CIP performance for 2014-15 and the development of CIP plans for 2015-16. The total value of schemes on the Programme Management Tracking Tool (PMTT) at month 10 was £47.96m with the value of schemes RAG rated as green standing at £47.48m. The Trust was now forecast to over-deliver against the £45m CIP target by between £2.5m and £3m.

In respect of the £41m 2015-16 CIP target, the Trust had already identified almost £33m and work was continuing to identify the current £7.6m shortfall. Areas identified for increased focus included energy efficiency, procurement, blood product usage, cross cutting themes and a significant income opportunity relating to market share. Any quality or safety impact assessments attributed to CIP schemes were scheduled for review at the quarterly CMG extended quality and safety performance meetings. A report articulating the key actions to be undertaken in respect of the 2015-16 CIP programme would be presented to the Executive Team in the next 2 weeks. It was noted that a review of the Outpatients cross-cutting theme was scheduled to be presented to the IFPIC on 30 April 2015.

Resolved – that (A) the Cost Improvement Programme update (paper I) and the subsequent discussion be noted, and

(B) a review of the Outpatients cross-cutting CIP scheme be presented to the IFPIC meeting on 30 April 2015.

COO

18/15/3 Capital Expenditure 2014-15 and Draft Capital Programme for 2015-16

The Director of Finance introduced paper J, providing an update on the 2014-15 capital expenditure position (as at the end of January 2015) and the draft capital programme for 2015-16.

In respect of the 2014-15 programme, some assurance had been provided that the Trust would deliver the forecast expenditure position by the end of March 2015, although there remained a significant amount of work to be completed in respect of the estates, IM&T and medical equipment workstreams. The Committee requested a further report be provided to the 26 March 2015 IFPIC meeting to include an update on the plans for estates backlog expenditure. Consideration would be given to inviting the Interim Director of Estates and Facilities to attend future IFPIC meetings. The draft capital plan for 2015-16 was due to be finalised and presented to the 26 March 2015 meeting.

Resolved – that an update on capital expenditure for 2014-15 and the finalised 2015-16 capital programme be presented to the IFPIC meeting on 26 March 2015.

18/15/4 Draft Financial Plan 2015-16

Paper K detailed the process undertaken in deriving the draft financial plan for 2015-16 and briefed the Committee on the current status of contractual discussions and key financial proposals for the next financial year. Particular discussion took place regarding the proposed development of an alternative contract model for 2015-16 and how such a model might be flexed to manage any areas of contractual over-performance, variations in activity, demographic growth, marginal rate emergency tariff and readmissions.

It was agreed that a further iteration of the report would be presented to the 26 March 2015 IFPIC meeting (prior to seeking Trust Board approval on 2 April 2015). Mr M Traynor, Non-Executive Director suggested that consideration be given to inclusion of any risks surrounding the Interserve contract.

Resolved – that an updated 2015-16 Draft Financial Plan be presented to the IFPIC meeting on 26 March 2015.

DF

19/15 **PERFORMANCE**

19/15/1 Month 10 Quality and Performance Report

Paper L provided an overview of UHL's quality, patient experience, operational targets, and HR performance against national, regional and local indicators for the month ending 31 January 2015. Particular discussion took place regarding the Trust's improved RTT position, diagnostics performance and cancer 2 week wait and 31 day performance.

In respect of cancer 2 week wait performance, it had become apparent that (in some cases) it was actually the cancer clinic co-ordinators who were breaking the bad news to the patients regarding their cancer diagnoses. This concern was due to be escalated to primary care colleagues via a meeting of the cancer problem solving group on 3 March 2015. Cancer backlogs were reducing well and compliance with the most challenging (62 day) standard was expected to be achieved in July 2015. The policy for rebooking any cancelled operations within 28 days was now fully implemented and a compliant position was expected to be achieved in May 2015.

Resolved – that the month 10 Quality and Performance report (paper L) and the subsequent discussion be received and noted.

19/15/2 Clinical Letters Performance

Further to Minute 127/14/3 of 26 November 2014, the Chief Operating Officer reported verbally advising that the turnaround times for clinical letters production and the volumes of outstanding letters had reduced in all CMGs. There was still no automated process to capture the data, but work was continuing to address this. In addition, the Medical Information Officers were working with primary care with a view to developing a direct email mechanism for clinical letters.

Resolved – that the verbal update on clinical letters performance be received and noted.

19/15/3 Ambulance Handover Performance

Further to Minute 127/14/4 of 26 November 2014, the Chief information Officer advised that the East Midlands Ambulance Service was expected to implement the new RFID tagging equipment by 1 April 2015, at which point more accurate performance data on ambulance handover times would become available. However, he noted that Emergency Department occupancy levels and patient flows would remain the overriding factor in

reducing delays in ambulance handovers.

Resolved – that the verbal update on ambulance handover performance be received and noted.

20/15 SCRUTINY AND INFORMATION

20/15/1 Executive Performance Board

Resolved – that the notes of the 27 January 2015 Executive Performance Board meeting (paper M) be received and noted.

20/15/2 Revenue Investment Committee

Resolved – that the notes of the 13 February 2015 Revenue Investment Committee meeting be presented to the 26 March 2015 IFPIC meeting.

20/15/3 Capital Monitoring and Investment Committee

Resolved – that the notes of the 13 February 2015 Capital Monitoring and Investment Committee meeting be presented to the 26 March 2015 IFPIC meeting.

20/15/4 Draft Integrated Finance, Performance and Investment Committee Calendar of Business

Paper N provided the draft IFPIC calendar of business for the period 1 January 2015 to 31 March 2016. Subject to the addition of the major reconfiguration business cases summarised in paper G, the Committee approved the report.

Resolved – that (A) the Trust Administrator be requested to update the IFPIC Calendar of Business to reflect the major reconfiguration business cases set out in paper G (Minute 17/15/1 above refers), and

TA

(B) the IFPIC calendar of business be presented to the Committee as a standing agenda item.

TA

21/15 ANY OTHER BUSINESS

Resolved – that no other items of business were noted.

22/15 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that (A) a summary of the business considered at this meeting be provided to the Trust Board meeting on 5 March 2015, and

TA/
Chair

(B) the recommendation contained in Minute 12/15 be highlighted for the Board's approval.

23/15 DATE OF NEXT MEETING

Resolved – that the next meeting of the Integrated Finance, Performance and Investment Committee be held on Thursday 26 March 2015 from 9am – 12noon in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12:03pm

Kate Rayns,
Acting Senior Trust Administrator

Attendance Record 2014-15

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Wilson (Chair from 29.10.14)	11	10	91%	R Mitchell	11	10	91%
R Kilner (Chair up to 24.9.14)	6	6	100%	P Panchal	4	1	25%
J Adler	11	10	91%	S Sheppard	4	4	100%
I Crowe	11	10	91%	M Traynor	4	4	100%
S Dauncey	4	3	75%	P Traynor (from 26.11.14)	4	4	100%
P Hollinshead	3	3	100%				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	4	4	100%	M Williams	4	2	50%
G Smith	11	11	100%	D Wynford-Thomas (up to 28.2.15)	4	0	0%
K Shields	4	3	75%				