University Hospitals of Leicester NHS
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 March 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 29 January 2015

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

- **Confidential Minute 1/15 – report by the Chief Executive**

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

- **none**

DATE OF NEXT COMMITTEE MEETING: 26 February 2015

Ms J Wilson
27 February 2015

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE INAUGURAL MEETING OF THE INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE (IFPIC), HELD ON THURSDAY 29 JANUARY 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
Dr S Dauncey – Non-Executive Director
Mr P Panchal – Non-Executive Director (from Minute 5/15/1)
Mr P Traynor – Director of Finance
Mr M Traynor – Non-Executive Director (from part of Minute 5/15/1)

In Attendance:
Ms L Bentley – Head of Financial Management and Planning
Ms J Fawcus – Head of Operations, CHUGGS (for Minute 5/15/1)
Ms L Gallagher – Workforce Development Manager (for Minute 5/15/2)
Ms J Gilmore – Imaging Service Manager, CSI (for Minute 1/15)
Mr M Hotson – Business Manager, LLR Facilities Management Consortium (for Minute 5/15/5)
Ms G Kenney – Head of Nursing, CHUGGS (for Minute 5/15/1)
Ms E MacLellan-Smith – Programme Director, CIP and Future Operating Model (for Minutes 5/15/4, 6/15/1 and 6/15/2)
Mr T Maton – Finance Lead, CSI (for Minute 1/15)
Mr W Monaghan – Director of Performance and Information
Mrs K Rayns – Acting Senior Trust Administrator
Mr D Rose – IM&T Infrastructure and Support Manager (for Minute 1/15)
Ms K Shields – Director of Strategy (excluding Minute 5/15/5 and part of Minute 1/15)
Mr K Singh – Trust Chairman (from part of Minute 5/15/1)
Mr G Smith – Patient Adviser
Ms S Taylor – Head of Operations, MSS (for Minute 7/15/2)
Dr M VanWattingen – Consultant Radiologist, CSI (for Minute 1/15)
Ms E Wilkes – Programme Director, 5 Year Strategy (for Minute 5/15/4)
Mr M Williams – Non-Executive Director

RECOMMENDED ITEM **ACTION**

1/15 REPORT BY THE CHIEF EXECUTIVE

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

RESOLVED ITEMS

2/15 APOLOGIES AND WELCOME

Apologies were received from Mr R Mitchell, Chief Operating Officer and Mr J Jameson, Clinical Director, CHUGGS. The Chair welcomed Mr W Monaghan, Director of Performance and Information to the meeting, noting that he would be attending future meetings in a non-voting capacity.

3/15 MINUTES

Papers A and A1 provided the Minutes of the final Finance and Performance Committee meeting held on 18 December 2014.

Resolved – that the Minutes of the 18 December 2014 Finance and Performance

Committee meeting be confirmed as correct records.

4/15 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 Finance and Performance Committee meetings and that the Integrated Finance, Performance and Investment Committee would continue to monitor their progress. Members received updated information in respect of the following items:-

(a) Minute 140/14(a) of 18 December 2014 – the Director of Finance confirmed that the additional resources agreed with IBM to support data warehouse performance were still in place and that the position was being monitored on a monthly basis. Assurance would be provided to the IFPIC through the quarterly IBM contract performance reports; **CIO**

(b) Minute 140/14/3 of 18 December 2014 – the Chief Executive had not yet received feedback from the Director of Estates and Facilities following his review of hospital reception opening hours and how these aligned with visiting times and clinic attendances. Noting the non-urgent nature of this action, it was agreed that an update would be provided to the March 2015 IFPIC meeting via the matters arising log and that this should include the interface with hospital volunteers; **CE/DEF**

(c) Minute 140/14/4(b) of 18 December 2014 – a briefing from the Trust's solicitors was expected to be received on 30 January 2015 and this would be shared with Board members as appropriate; **DF**

(d) Minute 122/14(a) of 26 November 2014 – the agreed actions relating to the Electronic Patient Record (EPR) business case were progressing according to plan;

(e) Minute 126/14 /4(a) of 26 November 2014 – in discussion on the delayed development of the Empath business case, the Chief Executive highlighted the delayed opportunity to realise the associated financial benefits of this scheme. The Director of Finance confirmed that the business case and the Governance "road map" were expected to be presented to the March 2015 IFPIC meeting; **DF**

(f) Minute 128/14/3(b) of 26 November 2014 – the Committee Chair confirmed that a financial awareness session was being factored later into the programme of Trust Board thinking days, but a date was yet to be agreed; **DCLA**

(g) Minutes TBC(1) and (11) of 29 October 2014 – a Trust Board thinking day was planned to be held in the first quarter of 2015-16 to discuss the wider issues surrounding the 5 year workforce plan and education matters. These actions would therefore be removed from the matters arising log for this Committee, and **TA**

(h) Minute 103/14/4 of 24 September 2014 – the Trust's arrangements for monitoring small clinical teams were being monitored by the Quality Assurance Committee and could be removed from the matters arising log for this Committee. **TA**

<u>Resolved</u> – that the matters arising report and any associated actions above, be noted. **NAMED LEADS**

5/15 STRATEGIC MATTERS

5/15/1 <u>CMG Presentation – Cancer, Haematology, Urology, Gastroenterology and General Surgery (CHUGGS)</u>

The Head of Operations and the Head of Nursing from the CHUGGS Clinical Management

Group attended the meeting to present a summary of the CMG-level operational and financial performance. The presentation slides had been circulated in advance of the meeting (paper C refers) and these were taken as read. The CMG team was invited to focus on any key issues or particular concerns on the basis of exception and they responded by highlighting the following points:-

(a) ***Infection Prevention*** – following an increased incidence of Clostridium Difficile within the 2 Gastroenterology wards, a priority bid for ward refurbishment work was being developed in order to improve the environment on these wards. The CMG had also experienced 2 MRSA bacteraemias (1 avoidable and 1 non-avoidable) within the 2014-15 year to date;

(b) ***Referral to Treatment (RTT)*** – the RTT backlog within General Surgery was reducing well, but the increasing trend in referrals and activity levels was restricting the ability to reduce the backlog within Urology Services;

(c) ***Cancer Target Compliance*** – the Urology service remained an outlier which was attributed (in part) to the rise in referrals and some individual performance issues;

(d) ***Achievements*** – the robotic surgical programme and a Lithotripsy service for patients with kidney stones had been successfully implemented. Palliative care services had been expanded and length of stay within Oncology had reduced following the implementation of daily Consultant led ward rounds. The target radiotherapy IMRT rate had also been achieved;

(e) ***Risk Register*** – key risks included (1) the loss of JAG accreditation for the LGH Endoscopy unit, (2) a programme of investment required for radiotherapy, and (3) staffing levels on the Surgical Assessment Unit (SAU);

(f) ***Workforce*** – sickness absence rates and appraisal rates were steadily improving and international nurse recruitment had been successful. Significant progress had been made in respect of statutory and mandatory training and work was taking place with the Deanery to increase the focus on junior doctors' compliance;

(g) ***Finance*** – the CMG was likely to deliver their year end control total. CIP performance had been strong in 2014-15, but work continued to identify sufficient schemes to deliver the 2015-16 target, with the support of good clinical engagement, and

(h) ***Anti-Coagulation Service*** – the CMG had expressed an interest in disinvestment, but Commissioners had been unable to source an alternative provider and UHL had been requested to continue delivery of this service.

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

(i) commented upon the staffing levels on SAU (following a recent walkaround visit) and noted that the CMG was currently progressing a bid for additional nurse acuity funding. The Corporate Nursing Directorate had supported this bid which reflected a genuine change in case mix over the last 18 months, with increasing numbers of intensive care discharges and elderly patients with complex co-morbidities;

(ii) queried whether any additional Corporate support was required to address cancer performance within Urology. In response, the Head of Operations commented on improved Consultant engagement and team working in respect of the robotics programme. Some additional Urology capacity had been created but this had not kept pace with the increasing trend in referrals. Dr S Dauncey, Non-Executive Director and Chair of the Quality Assurance Committee (QAC), commented on the scope for QAC to review Urology activity and capacity plans in light of recent health awareness campaigns and an increase in "worried well" patients coming forward for screening. In **QAC Chair**

addition, members noted that a wider post-investment review on the implementation of the DaVinci Robot was due to be undertaken at the 26 February 2015 IFPIC meeting;

(iii) sought and received additional information relating to friends and family test feedback and queried whether there was any correlation with complaints trends and telephone response rates. In response, it was noted that the Clinical Director, Head of Operations and Head of Nursing reviewed all patient complaints and that the telephone system on the LGH site had recently been upgraded. Some additional customer service and communications training had been arranged for administrative staff and additional appointment slots had been made available (which included some Saturday working).

(iv) received an update on the work planned to address the gap in identified CIP schemes for 2015-16. A CIP workshop had been held in the last week with good clinical engagement and weekly planning meetings were being held with Ernst Young support, and

(v) received assurance that the transfer of Endoscopy activity from the LGH site would not impact upon patient experience, privacy and dignity at the LRI and GH sites, noting that some activity would also be transferred to the Alliance premises (once these had been JAG accredited) and that additional evening and weekend sessions would be provided.

The Committee Chair thanked the CMG team for their presentation and suggested that a separate discussion be held outside the meeting to ascertain whether those performance issues highlighted which also had associated quality and safety implications would be monitored via the IFPIC or QAC agendas going forwards. **QAC & IFPIC Chairs**

<u>Resolved</u> – that (A) the CMG presentation and subsequent discussion be noted, and

(B) the IFPIC Chair and the QAC Chair be requested to liaise outside the meeting to determine whether the quality and safety aspects of the CMG's presentation would be monitored through the IFPIC or QAC agendas going forwards. **QAC & IFPIC Chairs**

5/15/2 <u>Workforce Plan Update</u>

Paper D provided an update on the development of the 2015-16 workforce plan (year 2 of the Trust's 5 year workforce plan) and described the role and purpose of the workforce cross-cutting CIP theme, which was being led by the Director of Finance (in the absence of a substantive Director of Human Resources). The Workforce Development Manager attended the meeting to introduce this item, noting the impact of technical operational planning guidance published by the NTDA on 23 December 2014. Under the new guidance, the Trust was required to provide greater transparency of workforce changes by occupational group and by the categories outlined in section 2.2 of paper D.

Appendix A set out the workforce project charter which detailed the key workstream activities surrounding (a) reconfiguration, (b) medical, (c) nursing, and (d) premium pay. Section 4 of the report focused upon the Medical Workforce Strategy and section 5 highlighted the supporting transformational activity (eg new role developments).

The Committee considered the wider implications of UHL's position as a major local employer in the context of falling unemployment, external market pressures and opportunities to influence training commissioning plans. The Trust Chairman highlighted a strategic requirement to plan workforce models in more innovative ways, noting that some self-funded nurse training courses were being offered in Lancashire.

Responding to a Non-Executive Director query, the Director of Finance advised that no provision had yet been made for any revised overhead costs (eg uniforms and back office

services) in line with proposed changes in the shape and size of UHL's workforce. However, any large scale savings would be linked to the relevant CMGs' cost improvement programme and captured accordingly on the programme management tracker.

The Committee Chair suggested that any strategic workforce issues be debated further at the Trust Board thinking day session planned for that purpose. Members noted that the Integrated Finance, Performance and Investment Committee would continue to monitor progress against all 4 of the cross-cutting CIP themes and that the next substantive update on the workforce plan would be presented to the 30 April 2015 meeting.

Resolved – that (A) the workforce plan update be received and noted as paper D, and

(B) the next iteration of the report be presented to the IFPIC in April 2015. **DHR/ WDM**

5/15/3 Update on the Transfer of UHL's Clinical Services to the Alliance

Paper E provided an update on progress of the Alliance Contract and the proposed clinical service transfers. In view of time pressures at this meeting, discussion on this item was deferred to the 26 February 2015 meeting.

Resolved – that a refreshed report on the transfer of UHL's clinical services to the Alliance be presented to the 26 February 2015 IFPIC meeting. **DS**

5/15/4 5 Year Strategy Enabling Workstreams

Ms E MacLellan-Smith and Ms E Wilkes, Programme Directors attended the meeting to brief the Committee on the programme of work underway to support the delivery of UHL's 5 year strategy, as detailed in paper F. The appended slides provided an overview of the governance structure and enabling workstreams. During discussion on this item, IFPIC members particularly noted:-

(a) the crucial nature of the ITU strategy and the LPT shift workstreams;
(b) that substantive appointments had been made to 6 of the 7 CIP posts. The Committee Chair sought and received additional assurance on the arrangements for building capability and transfer of skills within the CMGs and she requested that this detail be incorporated into future iterations of the supporting slides;
(c) Mr P Panchal, Non-Executive Director supported the programme of work but queried whether there was likely to be any duplication of effort between the various meetings and governance structures. In response, the Chief Executive confirmed that this framework had been structured in a coherent way so as to avoid such duplication. However, he noted the scope for further discussion on the finalised title/branding of this collective programme to emphasise the quality improvement aspects as well as the cross cutting CIP themes;
(d) Mr Panchal also suggested that it would be helpful to see the 5 year strategy governance structure in the context of the overall UHL governance structure. The Chief Executive advised that this information had been circulated previously as part of the supporting papers for the 22 December 2014 Trust Board meeting and the 15 January 2015 Trust Board development session. Further copies of these documents were available from Trust Administration upon request;
(e) Mr M Williams, Non-Executive Director sought additional information regarding the staff engagement and communications workstreams and where the biggest challenges lay. In response, it was noted that an advertisement had been placed for an additional communications and engagement resource to support this workstream. Once this post had been recruited to, the communications strategy would be developed further. The Director of Strategy suggested that the biggest challenge would be associated with the Trust's transition from planning phases to delivery phases;
(f) Colonel (Retired) I Crowe, Non-Executive Director commented upon the scope to use

IBM predictive analysis data more effectively within the enabling schemes, and

(g) finally members noted the importance of the patient and public involvement strategy and the need to dovetail UHL's engagement opportunities with those of the Better Care Together Programme.

Resolved – that update on the 5 year strategy enabling workstreams be received and noted as paper F.

5/15/5 Report by the Interim Director of Estates and Facilities

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

6/15 FINANCE

6/15/1 2014-15 Financial Position to Month 9

The Director of Finance introduced papers I and I1 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 27 January 2015 Executive Performance Board and the 5 February 2015 Trust Board meetings. He advised that agreement had been reached with the local Clinical Commissioning Groups (CCGs) regarding the final 2014-15 income position and that the Trust was close to reaching a similar agreement with Specialised Commissioners. Clinical Management Groups and Corporate Directorates were being held to account to deliver their control totals to support delivery of the Trust's year-end forecast deficit of £40.7m.

In discussion on the Trust's financial performance, IFPIC members:-

(a) sought and received assurance regarding progress of the 2014-15 Capital Plan provided at appendix 5, noting that the Director of Finance chaired the Capital Monitoring and Investment Committee and that appropriate oversight was maintained in respect of the estates, medical equipment, IM&T and procurement elements of this plan and that there was a high degree of confidence that the forecast expenditure would be met;
(b) noted that a technical correction was required in respect of teaching and R&D income;
(c) queried whether there would be any scope to build in a larger financial contingency for 2015-16, noting the need to follow established guidance on this point;
(d) received assurance that the CMGs were appropriately sighted to the issues affecting UHL's financial performance, and
(e) requested the Director of Finance to present a report to the March 2015 IFPIC meeting outlining any lessons learned from the financial management and forecasting process in 2014-15. **DF**

Resolved – that (A) the briefings on UHL's Month 9 financial performance (papers I and I1) and the subsequent discussion be noted, and

(B) the Director of Finance be requested to report on any lessons learned from the 2014-15 forecasting process at the March 2015 IFPIC meeting. **DF**

6/15/2 Cost Improvement Programmes for 2014-15 and 2015-16

Ms E MacLellan-Smith, Programme Director, CIP and Future Operating Model attended the meeting to present paper J, providing the monthly update on CIP performance for 2014-15 and the development of CIP plans for 2015-16. She noted a continued strong position for 2014-15, despite the month 8 slippage of £300k in respect theatre productivity programme to manage additional 18 week RTT activity. Service reviews of the loss

making specialties continued and some good clinical engagement was being evidenced. 6 of the 7 CMG Transformation Manager posts had been appointed and some good NHS Management Team trainee candidates had been identified for the final post in ITAPS. A formal knowledge transfer and training programme was in place to support the transfer of skills into the CMGs.

In respect of the £41m CIP target for 2015-16, the CMGs continued to develop their high level plans into granular plans and convert the RAG-ratings to green and amber. The ITAPS and ESM CMGs were experiencing differing challenges with their CIP plans for 2015-16 but appropriate support was being provided as required.

In discussion on the report, IFPIC members noted the links between CIP planning and the future operational model and business structures. Assurance was provided that the CMGs were appropriately engaged in the development of the 4 cross cutting CIP themes, although the Outpatients theme was more advanced than the others and the Workforce scheme was yet to be fully embedded. A rolling process was in place for capturing any quality and safety implications arising from CIP schemes and an additional review stage by the Executive Quality Board had been included prior to submission to the Chief Nurse and the Medical Director for sign-off.

Resolved – that the Cost Improvement Programme update (paper J) and the subsequent discussion be noted.

6/15/3 Response to the National Contract and Tariff Guidance for 2015-16 and Next Steps

The Director of Finance introduced paper K, providing a briefing on the proposals relating to the NHS Standard Contract and Tariff Guidance. The report highlighted the key changes proposed and their potential impact upon the Trust's financial position. Formal objections had been raised with a particular focus on marginal rates for specialised services and the financial impact of the quality agenda not being properly reflected in the tariff uplift.

Resolved – that the briefing on the proposed National Contract and Tariff Guidance for 2015-16 (paper K) be received and noted.

6/15/4 Patient Level Information and Costing System (PLICS) and Service Level Reporting (SLR) Update

The Head of Financial Management and Planning introduced paper L, providing an update on the continued development of PLICS and SLR at UHL and taking the paper as read. She highlighted opportunities to further improve the availability of PLICS data and the need for further internal debate on the subjects of space utilisation, apportionment of overhead charges and nurse acuity/patient dependency data. An audited report on the Trust's reference cost position was expected in the next few weeks. In addition, the Director of Finance advised that UHL was due to participate in a Monitor pilot scheme in respect of costing information and technical engagement.

Resolved – that the briefing on PLICS and SLR (paper L) and the subsequent discussion be noted.

7/15 PERFORMANCE

7/15/1 Month 9 Quality and Performance Report

Paper M 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 December 2014. The Chief Executive introduced this item, noting the inclusion (with effect from this month) of his new accompanying highlight report. Particular discussion

took place regarding the following issues:-

(a) non-admitted RTT performance remained strong, but the trajectory for admitted performance was disappointing in the specialties of Urology and Orthopaedics. A form of special measures had been implemented for the Urology service and an update on the Orthopaedics service would be provided later in the agenda (Minute 7/15/2 below refers). In response to national RTT pressures, it had been agreed that the Trust would treat an additional 360 cases in February 2015 and this would be achieved using a combination of in-house and independent sector activity. Good progress had been evidenced in the Ophthalmology and ENT services where compliant RTT performance had now been achieved, and

(b) cancer performance continued to cause concern in a number of the key indicators and there had been a significant number of cancelled operations in December 2014. The Director of Performance and Information provided a detailed breakdown of cancer performance and the trajectory for improvement, noting the impact of JAG accreditation in Endoscopy services and 31 day breaches in Urology. Tumour site action plans had been agreed by all parties.

IFPIC members requested additional clarity regarding the process for capturing any patient harm arising from delays in cancer treatments or cancellation of operations and it was agreed to escalate this matter for consideration at the next available Quality Assurance Committee meeting. **QAC Chair**

<u>Resolved</u> – that (A) the month 9 Quality and Performance report and the subsequent discussion be noted;

(B) the Quality Assurance Committee Chair be requested to schedule a discussion at the next available QAC meeting on the mechanism for monitoring any patient harm arising from delays in treatment or cancelled surgery. **QAC Chair**

7/15/2 <u>RTT Performance</u>

Further to Minute 7/15/1 point (a) above, Ms S Taylor, Head of Operations attended the meeting from the MSS CMG to provide an update on RTT performance within the Orthopaedics service (paper N refers).

Section 5 of the report detailed the range of additional actions and support being undertaken to deliver the revised action plan and achieve compliant RTT performance by the end of April 2015. Members noted that spinal surgery and recruitment of a replacement spinal surgeon remained the biggest challenge. Active discussions with a number of trainee spinal surgeons were underway but there remained a national shortage of surgeons in this sphere. In respect of independent sector and out of area referrals, a cautious approach was being adopted to management of patient expectations, given that not all of UHL's spinal patients would meet the criteria for being treated outside of UHL, nor would some patients be happy to travel a significant distance to other centres.

The Committee Chair queried whether there were any barriers to improving Orthopaedic RTT performance and noted in response that imaging reporting times had improved from 6 weeks to 4 weeks and that the MRI scanning van had been made available as required. The Director of Performance and Information noted the scope to implement a short term "fee for service" arrangement for additional spinal outpatient activity and he undertook to discuss this option with the Acting Director of Human Resources and the Director of Finance outside the meeting. **DPI**

<u>Resolved</u> – that (A) the update on RTT performance within the MSS CMG be received and noted, and

(B) the Director of Performance and Information be requested to liaise with the Acting Director of Human Resources and the Director of Finance outside the meeting regarding any opportunity to implement a "fee for service" arrangement for spinal surgeons. **DPI**

8/15 SCRUTINY AND INFORMATION

8/15/1 Executive Performance Board

Resolved – that the notes of the 16 December 2014 Executive Performance Board meeting (paper O) be received and noted.

8/15/2 Revenue Investment Committee

Resolved – that the notes of the 16 January 2015 Revenue Investment Committee meeting (paper P) be received and noted.

8/15/3 Capital Monitoring and Investment Committee

Resolved – that the notes of the 16 January 2015 Capital Monitoring and Investment Committee meeting (paper Q) be received and noted.

9/15 ANY OTHER BUSINESS

Resolved – that no other items of business were noted.

10/15 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 February 2015, and **TA/ Chair**

(B) the recommendation contained in confidential Minute 1/15 be particularly highlighted for the Board's attention.

11/15 DATE OF NEXT MEETING

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

The meeting closed at 12:08pm

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)	10	9	90%	R Mitchell	10	9	90%
R Kilner (Chair up to 24.9.14)	6	6	100%	P Panchal	3	1	33%
J Adler	10	9	90%	S Sheppard	4	4	100%
I Crowe	10	9	90%	M Traynor	3	3	100%
S Dauncey	3	2	66%	P Traynor (from 26.11.14)	3	3	100%
P Hollinshead	3	3	100%				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	3	3	100%	M Williams	3	1	33%
G Smith	10	10	100%	D Wynford-Thomas	3	0	0%
K Shields	3	2	66%				