University Hospitals of Leicester NHS
NHS Trust

Trust Board paper V

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 June 2017

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Mr M Traynor, IFPIC Chair

DATE OF COMMITTEE MEETING: 27 April 2017

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

- **Minute 38/17 – Final Operational Plan 2017-19, and**
- **Minute 39/17 – 2017-18 Financial Plan.**

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

- **none**

DATE OF NEXT COMMITTEE MEETING: 25 May 2017

Mr M Traynor
IFPIC Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE (IFPIC), HELD ON THURSDAY 27 APRIL 2017 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Voting Members Present:
Mr M Traynor – Non-Executive Director (Committee Chair)
Mr J Adler – Chief Executive
Colonel (Retired) I Crowe – Non-Executive Director
Dr S Crawshaw – Non-Executive Director
Mr A Johnson – Non-Executive Director
Mr R Mitchell – Chief Operating Officer (excluding part of Minute 39/17)
Mr R Moore – Non-Executive Director
Mr B Patel – Non-Executive Director
Mr K Singh – Trust Chairman
Mr P Traynor – Chief Financial Officer

In Attendance:
Mr C Benham – Director of Operational Finance
Mr A Carruthers – Head of Design Authority, IM&T (for Minute 40/17)
Mr G Distefano – Head of Strategic Development (for Minute 38/17)
Ms M Gordon – Patient Adviser (for Minutes 38/17, 39/17, 40/17, 44/17/2 to 44/17/6, and 45/17/1 only)
Mr D Kerr – Director of Estates and Facilities
Ms H Mather – Alliance Director (for Minute 46/17/1)
Mr W Monaghan – Director of Performance and Information
Mrs K Rayns – Trust Administrator
Mr N Sone – Financial Controller (up to and including Minute 44/17/2)
Ms L Tibbert – Director of Workforce and Organisational Development

RECOMMENDED ITEMS **ACTION**

38/17 FINAL OPERATIONAL PLAN 2017-19

Further to Minute 24/17 of 30 March 2017, the Head of Strategic Development attended the meeting to present paper E, advising that the Trust's January 2017 and March 2017 Operational Plan submissions had not been accepted by NHS Improvement, due to non-compliance with the rules associated with the refresh process, ie no deterioration was permitted in the bottom line financial position. Consequently, the Trust had resubmitted the 2017-19 Operational Plan in line with the original December 2016 plans (£26.7m deficit for 2017-18 and £21.7m deficit for 2018-19).

In addition, new nationally mandated performance requirements had been reflected in the local performance trajectories and these did not align with the demand and capacity assumptions which created risks within the delivery plan. The Chief Operating Officer commented upon the movement in the ED trajectory and the cost pressures associated with a forthcoming Oncology business case to support compliance with the 62 day cancer performance target. It was agreed that a refreshed narrative on the Operational Plan 2017-19 would be presented to the Trust Board for approval on 4 May 2017. **CFO/ HSD**

Recommended – that (A) the proposed changes to UHL's Operational Plan for 2017-19 be supported for Trust Board approval on 4 May 2017, and **CFO**

(B) a refreshed narrative on the Operational Plan 2017-19 be presented to the Trust Board on 4 May 2017 to inform the Board's approval. **HSD**

39/17 2017-18 FINANCIAL PLAN

Paper F updated the Committee on the development of the 2017-18 Financial Plan, particularly highlighting the methodology, financial run-rate, cost pressures, and key risks associated with the plan. A detailed (one hour) discussion took place regarding the financial challenges faced by the Trust and the Unitary Board responsibility to identify and mitigate the key issues for the short, medium and longer term (including the implications for the Trust's Strategic Reconfiguration Programme). The Chief Financial Officer briefed IFPIC members on the current runrate and pressure points within the Financial Plan, inviting members to particularly focus upon table 1, highlighting the recurrent and non-recurrent outturn for 2016-17 and table 2 identifying the impact of not accepting the proposed control total and non-recognition of STF for 2017-18.

Appendix 1 set out the proposals for delivering the required financial improvement between the 2016-17 outturn and the 2017-18 financial plan without creating a further Cost Improvement Programme (CIP) burden for the Trust. In response to a Non-Executive Director comment, assurance was provided that appropriate actions were underway to improve the effectiveness and efficiency of services (eg CIP delivery, Corporate cost improvements, continued delivery of performance trajectories, and review of back office functions) without increasing the scale and target for the Trust's Cost Improvement Programme. In addition, assurance was provided that patient safety, quality of care and statutory compliance would continue to be the paramount priorities.

Appendix 2 provided a summary of the discretionary investments identified for 2017-18, but not included in the budget setting process and which now required Executive level review and approval. These created potential cost pressures which would be managed via the Revenue Investment Committee (with additional senior level resource) and/or a separate 'Star Chamber' approvals process. Regular updates on the progress of these discretionary investment approvals would be provided to the Executive Performance Board and IFPIC. **CFO**

In further discussion on paper F:-

(a) the Chief Executive briefed the Committee on the Trust's financial outlook, providing assurance that the 2017-18 budget-setting process had been realistic and advising that the way in which the cost pressures were managed going forwards would be key to successful delivery of the financial plan. He noted the positive aspects of the increase in bank nursing fill rates, but expressed concern that the corresponding reduction in agency nursing expenditure appeared to have reached a plateau;

(b) Mr A Johnson, Non-Executive Director highlighted the scale of the challenge and the need to invest in cost reduction resources. He suggested that it would be helpful to agree a selection of target areas for cost reductions and changes in staff behaviours. In addition, he made reference to a standard checklist of metrics which was used in private businesses to benchmark and assess the effectiveness of services when considering cost reduction exercises. He recognised that not all of the metrics would be applicable to NHS services, but he agreed to provide a copy of this checklist to the Committee Chair (outside the meeting). **AJ, NED**

(c) Mr A Johnson, Non-Executive Director re-iterated his previous request for an analysis report showing the breakdown of workforce expenditure for staff involved in front-line patient care. In response, the Director of Workforce and Organisational Development explained some of the reasons why it would be challenging to extract a meaningful data set from some 5 different NHS systems, but she agreed to arrange for some high level data to be circulated for the relevant staff groups (eg medical, nursing, allied health professionals and health care assistants); **DWOD**

(d) Ms M Gordon, Patient Adviser commented upon the scope for improved Information Technology solutions to deliver significant efficiency savings, although she recognised

that this would not be a short term fix and not all of the savings generated would be cash-releasing. She also highlighted opportunities to develop staff in respect of programme management and change management skills, noting also that that some staff groups were reluctant to embrace changes in their working practice;

(e) Colonel (Retired) I Crowe, Non-Executive Director noted the need to focus on the safety culture and reducing errors within the organisation, advising that the cost of correcting failures could drive inefficiencies within services. He also commented upon the opportunity to centralise the outpatients booking service and streamline the waiting list management processes to improve efficiency and reduce waste;

(f) Dr S Crawshaw, Non-Executive Director drew members' attention to the House of Lords Select Committee report on the Long Term Sustainability of the NHS and Adult Social Care (as published on 5 April 2017), which might generate further ideas for transforming UHL's services, developing sustainable workforce models and changing models of care, eg prevention and early intervention to reduce demand for hospital services;

(g) Mr B Patel, Non-Executive Director noted that the Executive Team was mainly focussed upon delivering the 2017-18 financial control total, whilst the Non-Executive Directors were more inclined to focus upon the Trust's future financial sustainability. He noted the significant reliance upon budget holders and Clinical Management Group teams to deliver their financial plans and he received assurance that UHL's staff were signed up to their plans and were fully cognisant of the UHL and wider NHS financial positions, and

(h) the Trust Chairman provided assurance that the ethos of the Trust would not be changing in respect of delivering high quality acute patient care, but it would be crucial to harness some private sector disciplines in order to plan UHL's use of resources in an efficient and effective manner to address the forecast funding shortfalls. He noted that it might be necessary to consider future disinvestment in some non-core activities and review the existing approvals process for appointment of Consultant medical staff.

Following this discussion, the 2017-18 Financial Plan was recommended for Trust Board approval on 4 May 2017 via this meeting summary. The Trust Chairman also commented upon the opportunity to review the refreshed Financial Strategy and Long Term Financial Model at the 11 May 2017 Trust Board thinking day, alongside the planned discussion on the Trust's draft Commercial Strategy. In addition, the detailed Capital Programme for 2017-18 would be submitted to the Executive Performance Board and IFPIC on 23 May 2017 and 25 May 2017 (respectively). **CFO** **Trust Chairman /DCLA**

<u>Recommended</u> – that (A) the 2017-18 Financial Plan be recommended for Trust Board approval on 4 May 2017; **CFO**

(B) an update on progress of discretionary investment approvals be presented to IFPIC on 25 May 2017; **CFO**

(C) the detailed Capital Programme for 2017-18 be presented to the Executive Performance Board and IFPIC on 23 May 2017 and 25 May 2017 (respectively); **CFO**

(D) the Director of Workforce and Organisational Development be requested to arrange for a high level workforce expenditure report to be provided to a future IFPIC meeting showing the breakdown between clinical and non-clinical posts; **DWOD**

(E) a discussion on UHL's Commercial Strategy be scheduled on the agenda for the 11 May 2017 Trust Board thinking day, and **Trust Chairman / DCLA**

(F) the Chief Financial Officer be requested to update the Trust's Financial Strategy and Long Term Financial Model for 2017-18, aligned with the Estates Strategy and **CFO**

the IT Strategy.

40/17 CONFIDENTIAL REPORT BY THE CHIEF INFORMATION OFFICER

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

RESOLVED ITEMS

41/17 APOLOGIES

Resolved – that an apology for absence be noted from Mr S Barton, Director of CIP and Future Operating Model.

42/17 MINUTES

Resolved – that the Minutes of the 30 March 2017 IFPIC meeting (papers A1 and A2) be confirmed as correct records.

43/17 MATTERS ARISING

43/17/1 Matters Arising Progress Report

Paper B detailed the status of all outstanding matters arising from previous Integrated Finance, Performance and Investment Committee (IFPIC) meetings. The Committee particularly noted progress in respect of the following items:-

(a) ***Item 9 (Minute 30/17/2(a) of 30 March 2017)*** – the Chief Financial Officer advised that the next meeting of the Empath Strategic Board had been re-scheduled for 28 June 2017, but opportunities to bring this date forward were being explored. In the meantime, he would brief the Chairman on progress of staff engagement within the Pathology Department outside the meeting; **CFO** **CFO**

(b) ***Item 12 (Minute 31/17/2 of 30 March 2017)*** – a briefing meeting had been held earlier on 27 April 2017 to update the Non-Executive Directors who were not present at the 30 March 2017 IFPIC meeting on the key issues arising from the April 2017 IFPIC discussion on the cash update. This action would now be marked as complete and removed from future iterations of the progress report; **TA**

(c) ***Item 21 (Minute 17/17/3 of 23 February 2017)*** – the Director of Estates and Facilities advised that there had been no further progress of the scenario modelling for the Strategic Infrastructure Review, pending confirmation of funding for the Trust's Reconfiguration Programme, and

(d) ***Item 22 (Minute 20/17 of 23 February 2017)*** – an update on the appointment of the EMRAD Clinical Responsible Owner featured on today's IFPIC agenda (Minute 43/17/2 below refers).

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

43/17/2 EMRAD Executive-level Clinical Responsible Owner

Further to Minute 20/17 of 23 February 2017, the Chief Executive briefed IFPIC on a potential nomination for the role of Clinical Responsible Owner, which would be confirmed following discussion with the Chief Information Officer and the Clinical Director of the Clinical Support and Imaging Clinical Management Group. **CIO/ CD, CSI**

Resolved – that the Chief Information Officer and the Clinical Director, Clinical Support and Imaging be requested to consider and agree the proposed nomination **CIO/**

for the role of EMRAD Clinical Responsible Owner and provide an update to IFPIC on 25 May 2017, via the matters arising progress report. **CD, CSI**

44/17 FINANCE AND PLANNING

44/17/1 2016-17 Month 12 and Year End Financial Performance

The Chief Financial Officer and the Director of Operational Finance introduced paper C, providing the monthly summary of performance against the Trust's statutory duties, financial performance, cash flow and capital expenditure, and advising of the Trust's year end delivery of the revised forecast deficit of £38.6m (£6.9m adverse to plan) excluding Sustainability and Transformation Funding (STF).

The draft Annual Accounts had been submitted to the External Auditors on 26 April 2017 as planned and they were scheduled for consideration by the Audit Committee in May 2017 and the Trust Board in June 2017. For 2016-17, there was a new requirement to notify NHS Improvement of any movement over the value of £10,000 which was well below the usual level of materiality. The Audit Committee Chair sought and received assurance that robust communications processes were in place between UHL and the External Auditors to avoid any short notice clarification requests which might delay the audit process. An additional step had also been built into the process for sense-checking Trust Board and Senior Managers' remuneration data, prior to publication.

Resolved – that (A) the month 12 and Financial Year End Financial Performance report (paper C) and the subsequent discussion on this item be received and noted, and

(B) the 2016-17 Annual Report and Accounts be presented to the May 2017 Audit Committee and the 1 June 2017 Trust Board meeting. **CFO**

44/17/2 Confidential Report by the Chief Financial Officer

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

44/17/3 Carter Efficiency Programme

The Director of Operational Finance introduced paper G, providing an overview of progress with the 25 actions identified for UHL in response to Lord Carter's Review of Operational Efficiency in NHS Providers. IFPIC members particularly noted that the Pathology, Pharmacy and Procurement workstreams were progressing well, but some additional focus was required with the Model Hospital workstream. The Director of Estates and Facilities also briefed the Committee on the work taking place to address some of the data anomalies within the Estates and Facilities Dashboard (as appended to paper G) and the impact of vacant buildings which had recently transferred back to UHL's estate.

Resolved – that the update on progress of the Carter recommendations be received and noted as paper G.

44/17/4 Cost Improvement Programme (CIP)

In the absence of the Director of CIP and Future Operating Model, the Chief Operating Officer introduced paper H1, providing the monthly update on delivery of £36.2m of savings in 2016-17 (reflecting a favourable variance against plan of £1.1m) and a summary of progress against the 2017-18 CIP target. In terms of 2017-18 CIP scheme development, the Trust had identified £27.4m towards delivery of the £33.0m target and the table on page 13 of paper H set out the actions that were underway to address the gap of £5.891m. In response to a query from the Chief Financial Officer, the Chief Operating

Officer provided assurance regarding the mechanism for counting of CIP savings and the level of transparency surrounding this.

Mr A Johnson, Non-Executive Director, queried whether it would be prudent for the Trust to define an additional CIP target and agree a process within the CIP framework for delivering the additional efficiency savings required to ensure future sustainability of services. The Chief Executive and the Chief Financial Officer responded to this query, noting that the Corporate actions already underway to address the cost pressures for 2017-18 should be completed in the first instance, before the Trust considered making any changes in the scope and scale of the Trust's CIP target going forwards.

The Director of Workforce and Organisational Development introduced paper H2 providing an overview of the cross-cutting Workforce CIP theme, particularly highlighting the increased focus upon medical staffing expenditure, linkages between service developments and recruitment controls, robust job planning processes, agency staffing costs, overtime, waiting list initiative payments, recruitment processes, new roles, apprenticeships and new ways of working (agile workforce). She also noted a change of focus to support an overall paybill reduction of 699 whole time equivalent posts and a further review of the workforce implications associated with the Electronic Patient Record business case, now that an alternative solution was being pursued.

Resolved – that the reports on CIP progress and the Workforce cross-cutting CIP theme be received and noted as papers H1 and H2 (respectively).

44/17/5 Outputs of the Reference Costs Assurance Programme Review

Further to Minute 4/17/4 of 26 January 2017, paper I briefed the Committee on the outputs of the 2015-16 costing assurance review findings and sought approval of the timetable for the 2016-17 reference costs submission. IFPIC received and noted the report and approved the timetable for the 2016-17 reference costing submission, noting that a report would be presented to the 29 June 2017 IFPIC meeting ahead of the 31 July 2017 submission date to NHS Improvement.

Resolved – that (A) the outputs of the 2015-16 Reference Costs Assurance Programme be received and noted as paper I, and

(B) the timetable for submission of the 2016-17 Reference Costs submission be approved as set out in paper I, and the draft Reference Costs submission be presented to the 29 June 2017 IFPIC meeting. **CFO**

44/17/6 Update on the Arrangements for Improving Clinical Engagement in PLICS Data

Further to Minute 4/17/5 of 26 January 2017, IFPIC received and noted paper J providing a progress report on the appointment of a clinical lead for the above project and the implementation of a Steering Group to oversee the key workstreams to facilitate better comparisons of clinical practice and identification of unwarranted variation.

Resolved – that the update on the arrangements for improving Clinical Engagement in PLICS data be received and noted as paper J.

45/17 STRATEGIC MATTERS

45/17/1 Update on Organisation of Care Quality Commitment Demand and Capacity Workstream

Further to Minute 32/17/1 of 30 March 2017, the Chief Operating Officer introduced paper L, providing a summary of the latest position in terms of demand and capacity in 2017-18, progress with plans to reduce the Trust's bed deficit, and the relationship between this workstream and the 2017-18 operational performance trajectories. Particular discussion took place regarding the impact of relocating the Vascular service to Glenfield Hospital,

key actions and next steps for the next 4 week period, and the proposed appointment of a Programme Director to support the demand and capacity workstream going forwards.

Resolved – that the update on Organisation of Care Quality Commitment Demand and Capacity Workstream be received and noted as paper L.

46/17 PERFORMANCE

46/17/1 Alliance Quarterly Update

Ms H Mather, Alliance Director attended the meeting to introduce paper M, providing an overview of the Alliance's financial and operational performance for 2016-17, progress made towards shifting elective care services into the Community Hospital setting, and the plans and priorities for the Alliance for 2017-19.

In discussion on the report, the Alliance Director confirmed that the Alliance had delivered the 2016-17 forecast year-end financial deficit of £251k. Contract negotiations for 2017-18 were almost complete and confirmation had recently been received that performance penalties would not be applied within the contract. However, a range of formal key performance indicators was being developed which would be monitored closely. Discussion took place regarding Referral to Treatment (RTT) performance for the whole health economy, cancelled operations performance, pre-assessment clinics, DNA rates, friends and family feedback, electronic staff appraisals, and workforce development.

The Chief Operating Officer sought and received additional information regarding Diagnostics performance and the impact of Coventry and Warwickshire pulling out of the Alliance contract. As a consequence, the Alliance was currently reviewing its diagnostics capacity and resources to ensure that they aligned with the forecast activity.

Resolved – that the Alliance Quarterly Update (paper M) and the subsequent discussion be received and noted.

46/17/2 Workforce Update

The Director of Workforce and Organisational Development introduced paper N, providing a comprehensive update on UHL's Workforce and Organisational Development Plan and key workforce metrics. IFPIC members particularly noted that the average time to hire stood at 61.9 days (against the 47 day target) and this performance had deteriorated as a result of some bulk recruitment exercises. The target to appoint 334 apprentices was on track to be delivered with 100 new posts and 245 existing staff, subject to resolution of any budget pressures. Following a recent tour of the Leicester College campus (adjacent to the Leicester Tigers ground), consideration was currently being given to holding a future UHL Trust Board thinking day at Leicester College. **Chairman /DCLA**

Further to Minute 26/17 of 30 March 2017, the Director of Workforce and Organisational Development confirmed that the new Payroll Contract had now been awarded to Equiniti following a competitive tendering exercise and completion of the 10 day standstill period.

Resolved – that (A) the Workforce Update report (paper N) and the subsequent discussion be received and noted,

(B) consideration be given to holding a future Trust Board thinking day session at Leicester College, who had offered to host such an event. **Chairman /DCLA**

46/17/3 Month 12 Quality and Performance Report

Paper O 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 March 2017. The Director of Performance and Information briefed the Committee on recent performance for the following key metrics:-

(a) cancer 2 week waits – the target was achieved in March 2017, but performance for April 2017 was expected to be 'tight' with a tolerance of up to 5 patients in either direction;
(b) 62 day cancer – progress was encouraging and the backlog had reduced to 40 patients. A focus on the patient 'next steps' process was being progressed to encourage patients to 'own' their treatment pathways. March 2017 performance was predicted to be compliant when it was reported on 5 May 2017;
(c) 52 week waits – there was now only 1 Orthodontic patient within the backlog. The remainder of patients in the backlog related to either ENT or Paediatric ENT activity. Assuming that none of these cases was cancelled, the 52 week backlog was expected to reduce to zero in May 2017;
(d) diagnostics performance had been achieved in March 2017, with 0.9% of patients waiting longer than 6 weeks. There was a risk that April 2017 performance might be non-compliant due to some Cystoscopy performance issues within the Alliance, and
(e) RTT performance stood at 91.8% for March 2017, but April 2017 was expected to deteriorate to 91.4% as a result of the Easter bank holiday period. The volume of referrals continued to cause concern as the waiting lists increased.

The Chief Executive expressed concern about the limited time available for discussion of the Quality and Performance report, noting that this had become a persistent issue over the last few months. He requested that the key performance aspects of this report be given a higher priority on the IFPIC agenda at future meetings, suggesting that this might be considered immediately following the monthly financial performance report. **IFPIC Chair**

Resolved – that (A) the Month 12 Quality and Performance report (paper O) and the subsequent discussion be noted, and

(B) the Committee Chair be requested to consider ways in which the Quality and Performance Report could be assigned a higher priority within the IFPIC agenda. **IFPIC Chair**

47/17 SCRUTINY AND INFORMATION

47/17/1 NHS Improvement Deep Dive Feedback

Resolved – that the draft NHSI feedback report and UHL's factual accuracy comments be received and noted as paper P.

47/17/2 Timetable for UHL Business Case Approvals

Resolved – that the update on the approvals process for Strategic Business Cases be received and noted as paper Q.

47/17/3 IFPIC Calendar of Business 2017-18

Resolved – that the IFPIC calendar of business for 2017-18 be approved as paper R.

44/17/4 Executive Performance Board

Resolved – that the notes of the 28 March 2017 Executive Performance Board meeting be received and noted as paper S.

44/17/5 Capital Monitoring and Investment Committee

Resolved – that the notes of the 10 March 2017 Capital Monitoring and Investment Committee meeting be received and noted as paper T.

44/17/6 Revenue Investment Committee

Resolved – that the notes of the 10 March 2017 Revenue Investment Committee meeting be received and noted as paper U.

45/17 ANY OTHER BUSINESS

Resolved – that no items of other business were noted.

46/17 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that (A) a summary of the business considered at this meeting be presented to the Trust Board meeting on 4 May 2017, and **TA/ Chair**

(B) the following items be particularly highlighted for the Trust Board's attention:-

- **Minute 38/17 – Final Operational Plan 2017-19, and**
- **Minute 39/17 – 2017-18 Financial Plan.**

47/17 DATE OF NEXT MEETING

Resolved – that the next meeting of the Integrated Finance, Performance and Investment Committee be held on Thursday 25 May 2017 from 9am to 1pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12:38pm

Kate Rayns
Trust Administrator

Attendance Record 2017-18

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Traynor (Chair)	1	1	100	R Mitchell	1	1	100
J Adler	1	1	100	R Moore	1	1	100
S Crawshaw	1	1	100	B Patel	1	1	100
I Crowe	1	1	100	K Singh	1	1	100
A Johnson	1	1	100	P Traynor	1	1	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Gordon	1	1	100	L Tibbert	1	1	100
D Kerr	1	1	100				