

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 1 NOVEMBER 2018 AT 9AM IN ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICSTER GENERAL HOSPITAL

Voting Members present:

Mr K Singh – Trust Chairman (Chair)
Mr J Adler – Chief Executive
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director (up to and including Minute 318/18, and for part of Minute 321/18)
Mrs R Brown – Chief Operating Officer and Acting Chief Executive
Col (Ret'd) I Crowe – Non-Executive Director
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
Mr M Traynor – Non-Executive Director

In attendance:

Mr C Benham – Director of Operational Finance (in the absence of the Chief Financial Officer)
Mr J Currington – Head of Business and Partnerships (for Minute 319/18)
Ms L Gallagher – Workforce Development Manager (for Minute 307/18/1)
Ms T Jones – Deputy Director of Communications and Engagement (in the absence of the Director of Strategy and Communications)
Mr M Kathrada - Service Manager, Ophthalmology (for Minute 307/18/1)
Ms B Kotecha – Deputy Director of Learning and OD (in the absence of the Director of People and OD)
Ms H Kotecha – Leicester and Leicestershire Healthwatch representative (up to and including Minute 315/18)
Ms A Patel - Graduate Management Trainee (for Minute 307/18/1)
Ms J Pickard – Macmillan Lead Cancer Nurse (for Minute 319/18)
Mr J Pringle - Graduate Management Trainee (for Minute 307/18/1)
Ms H Stokes – Corporate and Committee Services Manager
Mr S Ward – Director of Corporate and Legal Affairs

ACTION

301/18 APOLOGIES AND WELCOME

Apologies for absence were received from Mr R Moore Non-Executive Director, Mr P Traynor Chief Financial Officer, Mr M Wightman Director of Strategy and Communications, and Ms H Wyton Director of People and OD.

302/18 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Director of Operational Finance and Mr A Johnson Non-Executive Director declared their respective roles as Company Secretary and Non-Executive Chair of Trust Group Holdings Ltd.

303/18 MINUTES

Resolved – that the Minutes of the 4 October 2018 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN

304/18 MATTERS ARISING FROM THE MINUTES

The Medical Director advised that action 3c on the matters arising log could be closed, as work continued with the University of Leicester on the patient safety project and a re-visit to UHL was planned for early 2019. The Director of Safety and Risk would ensure that the Quality and Outcomes Committee was kept appropriately updated.

Resolved – that the Trust Board matters arising log be noted as per paper B.

305/18 CHAIRMAN'S MONTHLY REPORT – NOVEMBER 2018

In introducing his monthly report, the Chairman specifically highlighted:-

(a) the contribution made to the Trust by its overseas staff, reflected in his comments at the recent

Trust Board Paper A

- Annual Dinner of the Leicester Asian Doctors' Association. The Medical Director advised that UHL had contacted that association to work with them on overseas recruitment;
- (b) his thanks to Mr R Moore Non-Executive Director for his contribution to UHL, both as a Non-Executive Director and as Chair of the Audit Committee. The Chairman wished Mr Moore well for the future, and noted that recruitment was now in progress for a replacement Non-Executive Director, and
 - (c) the Trust Board's wish to pay its respects to Mr Vichai Srivaddhanaprabha, the late Chairman of Leicester City Football Club, and its recognition of Mr Srivaddhanaprabha's close relationship with the Trust.

Resolved – that the Chairman's November 2018 report be noted.

306/18 CHIEF EXECUTIVE'S MONTHLY REPORT – NOVEMBER 2018

The Chief Executive's November 2018 monthly update followed (by exception) the framework of the Trust's strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was no longer taken at Trust Board meetings but was accessible on the Trust's external website (also hyperlinked within paper D). Taking the report as read, the Chief Executive specifically highlighted the following issues:-

- (a) a further reduction in mortality rates, which meant that UHL's SHMI was now below the 'expected' range;
- (b) confirmation received from the 3 Leicester/Leicestershire Clinical Commissioning Groups of their decision that the consolidation of level 3 intensive care and related service moves should progress without public consultation. Although welcoming this decision, the Chief Executive recognised that it had not been taken lightly, and his report set out a planned series of public and staff engagement events to talk about the wider LLR Better Care Together and reconfiguration plans, which could also be used to answer questions about the plans for the intensive care facilities;
- (c) headlines from the recently-issued NHS England/NHS Improvement outline timetable for 2019-20 operational and strategic planning, including a reduction in the CQUIN scheme from 1 April 2019 with an offsetting increase in core prices, and
- (d) headlines for the NHS from the recent Budget announcement.

In further discussion on the engagement events, the Leicester and Leicestershire Healthwatch representative requested that Healthwatch organisations be appropriately included in communications about those events. Mr B Patel Non-Executive Director queried whether feedback would be available from the wider engagement events in (b) above, and it was agreed to circulate that for information to Trust Board members. With regard to other aspects of the Chief Executive's November 2018 report the Trust Board:-

DDCE

DDCE

- (1) welcomed the positive progress being made on cancer performance, with UHL looking broadly on track to deliver the 31 and 62-day standards in December 2018, and
- (2) received further detail from the Chief Operating Officer regarding UHL's winter plan 2018-19. The LLR winter plan would be discussed at the A&E Delivery Board prior to reporting to the December 21018 Trust Board (via the People, Process and Performance Committee [PPPC] as appropriate). In response to a query from the Chairman, the Chief Operating Officer provided assurance that UHL had done a significant amount of planning and preparatory modelling work in respect of winter elective activity. No patients were currently waiting longer than 52 weeks, and the Trust wished to maintain that position. The PPC Non-Executive Director Chair noted his increased level of confidence in the 2018-19 winter plan.

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Resolved – that (A) Healthwatch organisations be appropriately included in communications about the wider reconfiguration engagement events;

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(B) a summary of the points raised at the wider reconfiguration engagement events be circulated to Trust Board members (after each such event), and

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(C) the LLR winter plan be reported to the December 2018 Trust Board (via PPC).

COO

307/18 KEY ISSUES FOR DISCUSSION/DECISION

307/18/1 Staff Story: UHL Graduate Management Trainee Programme

Paper E focused on 3 of UHL’s internal graduate management trainees, 2 of whom had started in the programme’s 2nd cohort in 2017, and the 3rd of whom had been in the 1st cohort and now worked in a UHL service manager role. Cohort 3 of the programme would run from 2019. The graduates attending the Trust Board meeting outlined their backgrounds and skillsets, their reasons for choosing the NHS and specifically UHL’s graduate management scheme, and the benefits they had gained/were gaining from their involvement. Ms L Gallagher, Workforce Development Manager also attended for this item, noting that the scheme provided a valuable talent management pipeline (8 of the intake from 2015 were now in management roles within UHL). She also described how the Trust had changed the 2nd cohort programme to reflect feedback from the 1st cohort, including the introduction of a Masters opportunity.

In discussion on the UHL graduate management programme, the Trust Board noted:-

- (a) queries from Professor P Baker Non-Executive Director on how the UHL programme varied from the national NHS graduate training scheme, whether it was in demand amongst graduates, and what the UHL scheme entry requirements were – it was agreed to pursue that discussion further outside the meeting;
- (b) queries from the Medical Director on ‘next steps’ once the scheme finished, including whether any further active career management/learning was provided by the Trust. In response, the Workforce Development Manager confirmed that mentoring continued to be available to the trainees, and it was noted that a buddying system had also been developed for new graduate trainees. The Medical Director emphasised the importance of active management, to ensure an appropriately transformative and strategic perspective on career pathways;
- (c) a query re: the scope to expand the UHL scheme to be LLR-wide – this was being considered for cohort 3. It was noted that cohort 2 were already doing 3 different 8-month placements;
- (d) the good retention rate for UHL’s graduate management trainee programme (close to 100% for cohort 1);
- (e) the level of commitment from CMGs, with RRCV, Clinical Support and Imaging, and Women’s and Children’s being particularly engaged. In response to a further query from the PPPC Non-Executive Director Chair, the Workforce Development Manager outlined the various costs associated with the programme;
- (f) the importance of advance preparation by CMGs, so that the graduate management trainees had clarity on what they would be doing during the programme. The trainees attending for this item also considered that longer-term career planning discussions would be helpful, and
- (g) its support for continuing the UHL graduate management trainee programme, recognising its benefits including provision of a talent pipeline.

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Resolved – that (A) the continuation of the programme be supported, and

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(B) contact be made with the Workforce Development Manager outside the meeting, to discuss the specifics of the UHL programme further.

PBNE

308/18

RISK MANAGEMENT AND GOVERNANCE – INTEGRATED RISK AND ASSURANCE REPORT

Paper F comprised the new format 2018-19 integrated risk and assurance report including the Board Assurance Framework (BAF), as at 30 September 2018. As detailed in paper F, 6 new organisational risks scoring 15 or above had been entered onto the risk register in September 2018, 1 risk had increased to a score of 16, and 1 had reduced its rating to 15. A thematic analysis of the organisational risk register showed the key risk causation themes as being staffing shortages, and the imbalance between capacity and demand. Managing financial pressures was also recognised on the risk register as a key enabler. With regard to the 3 highest rated risks, although winter planning and finance featured on the November 2018 Trust Board agenda, the Medical Director considered that people elements were less prominently reflected. The Medical Director also queried whether the current risk score of 20 for BAF principal risk 3 (finance) remained appropriate – in response, the Director of Operational Finance considered that this was still appropriate, but noted the potential to review this once NHS Improvement’s response to UHL’s quarter 2 reforecast was received.

In respect of nurse staffing, the Chief Nurse outlined 2 large-scale recruitment events in November 2018, for theatre assistants and Healthcare Assistants, and for nurses. The Chief Nurse described the significant preparatory work by CMGs for the nursing recruitment event in particular, and advised that she had begun to work with the Director of People and OD and the Director of Strategy and Communications to develop a unique ‘UHL Nurse’ brand, building on positives such as the Nursing

Associate programme.

In discussion on the new high risks opened in September 2018, the Quality and Outcomes Committee [QOC] Non-Executive Director Chair queried how the CRO outbreak would be managed, and what steps were being taken to lessen the impact of any future outbreak. In response, the Medical Director advised that once completed, the outbreak closedown report would be discussed by the Trust's Executive Quality Board and QOC, learning appropriate lessons from practice elsewhere and focusing on patient benefit. The Chief Nurse confirmed that a task and finish group (with appropriate input from Public Health England) was exploring practical solutions for targeted screening, and the Chief Operating Officer noted that Public Health England had commended UHL on its handling of the CRO outbreak.

As part of wider discussion on the integrated risk and assurance report, Ms V Bailey Non-Executive Director noted the need for all risk ratings and any required escalation to be based on the bubble chart at appendix 1 of paper F. The PPPC Non-Executive Director Chair noted his view that all risks must have an appropriate mitigation plan within the Trust's control – in response, the Medical Director advised that all new risks rated as 15 or above were presented to the Executive Team, where their inclusion was robustly challenged. In response to a further comment by the PPPC Non-Executive Director Chair on looking forward, the Medical Director confirmed that CMGs were asked to identify their emerging risks. In further discussion on risk, Ms V Bailey Non-Executive Director also queried how best to reflect system-wide risks, noting her previous comments at QOC re: wider winter planning issues.

Resolved – that the integrated risk and assurance report for September 2018 be noted.

309/18

LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION – MONTHLY UPDATE

Paper G updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme, focusing this month on:-

- (a) the wider engagement work referred to in Minute 306/18 above. Two engagement events had been held to date (in Loughborough and Leicester), with queries raised at the latter re: ICU (as expected). The next event was scheduled for later on 1 November 2018 in Melton Mowbray, with attention expected on St Mary's Birthing Centre plans. The Deputy Director of Communications and Engagement noted the need for a clear and consistent narrative at all events, and she queried how to ensure that as wide an audience was reached as possible. Non-Executive Directors welcomed the programme of engagement events (which they were also attending), and noted the importance of good responses to any questions;
- (b) the pre-consultation business case [PCBC] approvals programme (various stages as set out in paper G). The 10 October 2018 Regional NHS England Assurance Panel had gone very well, and responses to any queries raised were being submitted to NHSE by 6 November 2018. The PCBC would now enter the national phase, with 18 December 2018 being the next most significant milestone, and
- (c) progress with the full business case approval for the interim ICU and associated clinical services move – that business case had been approved by the National Resource Committee on 16 October 2018, and approval by the Department of Health and Social Care was now awaited.

Resolved – that the position be noted.

310/18

QUALITY, PERFORMANCE AND FINANCE

310/18/1

Quality and Outcomes Committee (QOC)

Paper H summarised the issues discussed at the 25 October 2018 QOC, drawing the Trust Board's attention to the radiation safety incident – although no patient/staff/public harm was involved, disposal requirements had been breached. Information was being submitted to the Environment Agency at the start of November 2018, and a further update would be provided to the November 2018 QOC. The Chief Nurse also noted the October 2018 QOC discussion on the nursing and midwifery quality and safe staffing report, including how that report might be further developed going forward.

Resolved – that the summary of issues discussed at the 25 October 2018 QOC be noted as per paper H (no recommended items) – Minutes to be submitted to the 6 December 2018 Trust Board.

CCSM

310/18/2 People Process and Performance Committee (PPPC)

Paper I summarised the issues considered at the 25 October 2018 PPPC. That meeting had recommended that the Trust Board approve the UHL performance management and accountability framework, as appended to paper I. As outlined in the October 2018 PPPC summary, the PPPC Non-Executive Director Chair was discussing the issue of a CMG performance management and accountability framework with the Chief Operating Officer outside the meeting. The Trust Chairman considered that it would be useful to continue to seek input from Trust Board members when developing the next iteration of the UHL performance management and accountability framework.

At its October 2018 meeting, PPPC had suggested that consideration be given to placing a pharmacist in ED. PPPC also considered that the measures being taken to improve urgent and emergency care performance were appropriate, although recognising that recovery would take time.

In discussion, the Deputy Director of Communications and Engagement queried the variable take-up of staff flu vaccinations between CMGs – in response, the Medical Director and the Chief Nurse confirmed that this had been discussed at both the CMG performance review meetings and at the Trust Infection Prevention and Assurance Committee, and the Occupational Health team had agreed to provide more detailed weekly tracking information. 44% of frontline staff had been vaccinated as at the week ending 26 October 2018 – this was an improvement on the same time in 2017-18 and levels were expected to increase significantly.

Resolved – that the summary of issues discussed at the 25 October 2018 PPPC be noted as per paper I, and the recommended item be approved (UHL performance management and accountability framework) – Minutes to be submitted to the 6 December 2018 Trust Board.

COO

310/18/3 Finance and Investment Committee (FIC) and 2018-19 Financial Performance (September 2018)

Paper J summarised the issues discussed at the 25 October 2018 FIC, particularly the Trust's financial position for 2018-19 including the impact of not proceeding with the Facilities Management LLP and the resulting quarter 2 reforecast position.

Paper J1 presented the Trust's 2018-19 month 6 financial position, which had been discussed in detail at the October 2018 Finance and Investment Committee meeting. UHL had achieved a year to date deficit of £42.3m (excluding Provider Sustainability Funding [PSF]), which was £17.2m adverse to plan driven by the impact of not proceeding with the FM LLP (£13m) and the crystallisation of the unmitigated Financial Recovery Board risk (£4.3m). Including PSF, the Trust had achieved a year to date deficit of £40m representing a £22.8m adverse to plan position due to non-recognition of PSF as a result of the impact of FM LLP from quarter 2. The report advised that from month 6, the financial position and forecast included the underlying impact of not proceeding with FM LLP (valued at a full-year adverse impact of £21.9m), as reflected in the quarter 2 reforecast deficit of £51.8m which was made up of that full year FM LLP impact plus a risk assessment of the underlying forecast (£8.7m). A further risk of £5-£8m was intended to be addressed through increased pay controls to reduce the current run rate.

With regard to the CMGs, the Director of Operational Finance advised that there was now a better understanding of the financial position of Women's and Children's and of Musculoskeletal and Specialist Surgery. Although the position of Renal Respiratory and Cardio Vascular had shifted slightly at half-year, the Trust was confident of that CMG's end of year position.

The Chief Executive advised that he had written to NHS Improvement to explain the basis of the Trust's 2018-19 reforecast. It was crucial that the Trust remain inside that reforecast, and the Chief Executive recognised that this could lead to potential operational challenges. The Trust had implemented more stringent centralised recruitment controls, although the Chief Executive clarified that certain staff categories were exempt (including nursing and junior medical staff). The Medical Director provided assurance that the Trust would remain appropriate sighted to any potential quality and safety impact of the recruitment controls, as he and a number of his Executive Director colleagues sat on the Enhanced Recruitment Controls Board. The Chairman noted the significant impact of not proceeding with the FM LLP, and commented on the need to progress with efficiency

Trust Board Paper A

initiatives such as GIRFT (Getting It Right First Time) and the Model Hospital. The Trust Board also commented on the need for appropriate planning of delivery over the remaining 6 months of the year.

Resolved – that (A) the summary of issues discussed at the 25 October 2018 FIC be noted as per paper J (no recommended items) – Minutes to be submitted to the 6 December 2018 Trust Board, and

CCSM

(B) the 2018-19 month 6 financial position be noted.

311/18 REPORTS FROM BOARD COMMITTEES

311/18/1 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair advised that the Deprivation of Liberty Safeguards authorisation issue had now been closed as a CQC action.

Resolved – that the Minutes of the 27 September 2018 QOC be received and noted as per paper K1 (no recommended items).

311/18/2 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 27 September 2018 PPPC be received and noted as per paper K2 (no recommended items).

311/18/3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 27 September 2018 FIC be received and noted as per paper K3 (no recommended items).

312/18 CORPORATE TRUSTEE BUSINESS

312/18/1 Charitable Funds Committee (CFC)

Mr A Johnson Non-Executive Director (who had chaired the October 2018 Charitable Funds Committee meeting in the absence of that Committee's Non-Executive Director Chair Mr B Patel) highlighted (i) a good presentation on UHL's arts and heritage programme, and (ii) the 6 December 2018 Leicester Hospitals' Charity Annual General Meeting, which the Trust Chairman encouraged all Trust Board members to attend.

Resolved – that the Minutes of the 4 October 2018 Charitable Funds Committee be received and noted as per paper L, by the Trust Board as Corporate Trustee (no recommended items).

313/18 TRUST BOARD BULLETIN – NOVEMBER 2018

Resolved – the following paper circulated with the November 2018 Trust Board Bulletin be noted:-

(1) research and innovation 2018-19 quarterly update.

314/18 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions/comments were raised in respect of the business transacted at the meeting:-

- (1) a request for more information on UHL's national position on the ED 4-hour target. The Chief Executive advised that the comparative data belonged to NHS Improvement, but he verbally outlined where UHL broadly sat in relation to its neighbouring East Midlands Trusts, and
- (2) a query on the alignment of the performance management and accountability framework with the CQC domains – it was agreed to discuss the questioner's comment further outside the meeting. The Deputy Director of Communications and Engagement also commented on UHL's ongoing work to RAG rate CMGs in terms of patient and public involvement, which she was happy to discuss further with the questioner.

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Resolved – that any actions arising from the comments/queries above be progressed by the

LEADS

relevant named lead.

315/18 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 316/18 to 325/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

316/18 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, and the Director of Operational Finance declared their interests in Minute 320/18 below. It was agreed that they would not be required to absent themselves from the discussion on that item.

317/18 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 4 October 2018 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

318/18 CONFIDENTIAL MATTERS ARISING REPORT

Resolved – that the confidential matters arising log be noted.

319/18 REPORT FROM THE DIRECTOR OF STRATEGY AND COMMUNICATIONS

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.

320/18 REPORT FROM THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

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

321/18 REPORTS FROM BOARD COMMITTEES

321/18/1 Quality and Outcomes Committee (QOC)

Resolved – that the 27 September 2018 QOC confidential Minutes and the 25 October 2018 QOC confidential summary be noted as per papers R1 and R2 (no recommended items) – Minutes of 25 October 2018 to be submitted to the 6 December 2018 Trust Board.

CCSM

321/18/2 People Process and Performance Committee (PPPC)

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.

321/18/3 Finance and Investment Committee (FIC)

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

322/18 CORPORATE TRUSTEE BUSINESS

322/18/1 Charitable Funds Committee (CFC)

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of personal data.

323/18 CONFIDENTIAL TRUST BOARD BULLETIN

Trust Board Paper A

Resolved – that any papers circulated for the November 2018 confidential Trust Board Bulletin be received and noted.

324/18 ANY OTHER BUSINESS

324/18/1 Report from the Chief Executive

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

324/18/2 Report from the Chief Operating Officer

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

324/18/3 Report from the Chief Operating Officer

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

324/18/4 Report from the Chairman

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.

324/18/5 Report from the Medical Director

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.

325/18 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 6 December 2018 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 1.20pm

Helen Stokes – Corporate and Committee Services Manager

Cumulative Record of Attendance (2018-19 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	13	11	85	A Furlong	13	11	85
J Adler	13	12	92	A Johnson	13	12	92
V Bailey	13	10	77	E Meldrum	10	9	90
P Baker	13	10	77	R Moore	13	10	77
R Brown	8	8	100	B Patel	13	12	92
I Crowe	13	12	92	J Smith	1	1	100
E Doyle	5	5	100	M Traynor	13	12	92
C Fox	2	2	100	P Traynor	13	12	92

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
B Kotecha/J Tyler-Fantom	6	6	100	S Ward	13	12	92
H Kotecha	2	2	100	M Wightman	13	12	92
L Tibbert	1	1	100	H Wyton	6	4	67