

Trust Board paper P3

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 October 2017

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Mr M Traynor, IFPIC Chair

DATE OF COMMITTEE MEETING: 31 August 2017

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

- none

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

- Minute 87/17/1 – Month 4 Financial Performance, and
- Minute 88/17/1 – Organisation of Care Update.

DATE OF NEXT COMMITTEE MEETING: 28 September 2017

Mr M Traynor, Non-Executive Director and IFPIC Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE (IFPIC), HELD ON THURSDAY 31 AUGUST 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
Mr A Johnson – Non-Executive Director
Mr T Lynch – Interim Chief Operating Officer
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 D Kerr – Director of Estates and Facilities
Mr W Monaghan – Director of Performance and Information
Mrs K Rayns – Corporate and Committee Services Officer
Mr N Sone – Financial Controller (up to and including Minute 87/17/4)
Ms L Tibbert – Director of Workforce and Organisational Development
Ms L Wall – Head of Contracts and Commissioning (for Minute 87/17/5)

RESOLVED ITEMS

ACTION

84/17 APOLOGIES

An apology for absence was received from Ms M Gordon, Patient Adviser.

Resolved – that the apology for absence be noted.

85/17 MINUTES

Resolved – that the Minutes of the 27 July 2017 IFPIC meeting (papers A1 and A2) be confirmed as correct records.

86/17 MATTERS ARISING

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 1 (Minute 75/17(c) of 27 July 2017)*** – work was taking place to refresh the Estates Development Control Plans in the light of the £30m additional funding for the Trust's Reconfiguration Programme. It was likely that £1.6m would be ring-fenced for infrastructure improvements to meet the minimum electricity consumption requirements on the Glenfield Hospital site, but some internally-generated capital would also be invested in infrastructure improvements to support future projects on this site. A further update on this issue would be provided to the IFPIC meeting on 28 September 2017;
- (b) ***Item 14 (Minute 83/17/1(c) of 27 July 2017)*** – the Chief Nurse provided a verbal report on the thematic review of reportable Clostridium Difficile (CDT) results during the joint session with QAC members (Minute 94/17/1 below refers). Members noted that there had been no evidence of cross-infection, but higher numbers of tests had been conducted due to the presence of Norovirus during June 2017;

DEF

- (c) **Item 17 (Minute 83/17/1(f) of 27 July 2017)** – the Chief Nurse provided a verbal report on the triangulation of level 3 pressure ulcer data during the joint session with QAC members (Minute 94/17/1 below refers), noting that no direct correlation had been found with staffing levels;
- (d) **Item 19 (Minute 61/17(b) of 29 June 2017)** – the Chief Financial Officer advised that the Medical Equipment Executive Chair was preparing a report on the strategic use of Managed Equipment Services to strengthen the medical equipment replacement programme. This report was expected to be available for the 28 September 2017 IFPIC meeting;
- (e) **Item 29 (Minute 17/17/3 of 23 February 2017)** – further modelling of the Strategic Infrastructure Review was taking place in the context of the additional £30m capital allocation and this would be kept under review as the outcome of future capital bids were confirmed;
- (f) **Item 30 (Minute 140/16(f) of 22 December 2016)** – the Trust Chairman advised that a Trust Board thinking day on Lean Techniques was provisionally being scheduled for either November or December 2017;
- (g) **Item 31 (Minute 41/16/3(a) of 28 April 2016)** – the Trust Chairman advised that a follow up Trust Board thinking day IM&T event was provisionally being scheduled for either November or December 2017 at IBM's headquarters in London.

DEF

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

87/17 FINANCE AND PLANNING

87/17/1 2017-18 Month 4 Financial Performance

The Chief Financial Officer introduced paper C1, 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 to date income and expenditure deficit of £20.9m, which was in line with plan at the end of July 2017. The Trust's Cost Improvement Plan (CIP) target had recently been increased from £33m to £44.2m and CIP performance to date stood at £10.8m. Agency staffing expenditure was within the NHS Improvement agency cap, reflecting a 30% reduction on the 2015-16 financial year. The month 4 detailed forecasts were currently indicating a year-end deficit of £37m (£10.3m adverse to the planned £26.7m deficit) and a range of mitigating recovery actions had been agreed in order to bring the forecast 2017-18 outturn back in line with plan. The key risk mitigation strategies were set out on page 22 of paper C1.

In respect of patient care income, all 2016-17 contractual challenges had now been resolved and closer monitoring was taking place in respect of over-performance against the 2017-18 contract to avoid a similar level of challenge at the end of the current financial year. The Chief Financial Officer highlighted the risks in relation to Commissioner-led demand management plans and QIPP assumptions, providing assurance that meetings were already being scheduled to seek an early resolution to any issues as they arose.

In discussion on the report, IFPIC members sought and received additional information regarding the phased use of contingency sums, peer-group screening of GP referrals, workforce costs (including the proportion of temporary staffing costs which related to additional patient care activity), and depreciation: extending asset lives and pausing charges for those assets not in use. In respect of depreciation, the Director of Operational Finance provided an illustrative example of Mansion House on the Glenfield Hospital site, which had recently been transferred back into UHL's estates portfolio but was not yet occupied by UHL staff. The Committee received assurance that the treatment of depreciation was fully aligned with the latest NHS and Government accounting standards.

In addition, the Trust's Audit Committee received an annual report on any changes to UHL accounting policies and the 2016-17 External Audit ISA260 provided further relevant assurance in this regard.

In response to a query regarding revaluations of the Trust's estate within the annual accounts, the Chief Financial Officer provided assurance that the Trust used appropriate professional services and compliant methodology to calculate these figures. However, he agreed to ensure that appropriate additional clarity was provided to the External Auditors and the Audit Committee in respect of the 2017-18 year-end estates valuation process.

CFO

As requested at the 27 July 2017 IFPIC meeting, paper C2 provided a supplementary financial analysis between 2016-17 and 2017-18 in terms of income, pay, non-pay and the net deficit position. Members commented that this analysis was helpful, but they had expected more emphasis to be placed upon technical financial adjustments, key risks and run-rates. Following discussion, the Chief Financial Officer agreed to arrange for the month 4 financial performance report to be re-issued to include some additional detail on the income assumptions and to clarify the relationship with the forecast outturn position.

CFO

Resolved – that (A) the 2017-18 month 4 Financial Performance report and the supplementary financial analysis (papers C1 and C2) and the subsequent discussion on this item be received and noted;

(B) the Chief Financial Officer be requested to arrange for additional clarity to be provided to External Auditors and the Audit Committee regarding the process for year-end estates valuations, and

CFO

(C) the Chief Financial Officer be requested to arrange for the month 4 financial report to be re-issued to include additional detail on income assumptions and the relationship with the forecast outturn position.

CFO

87/17/2 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.

87/17/3 Cost Improvement Programme (CIP)

In the absence of the Director of Efficiency and CIP, the Director of Operational Finance introduced paper E, providing the monthly update on CIP progress (against the increased £44.2m CIP target) as at the end of July 2017. Year to date savings stood at £10.834m, which was £0.643m favourable to the planned £10.191m. The forecast outturn stood at £40.081m, reflecting a gap of £4.071m where appropriate schemes had not yet been identified. Clarity was provided that the Trust would continue to be measured externally against the original £33m CIP target, but IFPIC would be tracking performance against the revised target which included a supplementary CIP target of £3.5m to fund additional bed capacity and a 're-badging' of certain elements of the Finance Improvement and Technical (FIT) schemes which totalled £7.7m.

A breakdown of the month 4 CIP position by CMGs and Corporate Directorates was provided on slide 5 of the report. Escalation processes continued to be operated for the ESM, ITAPS and W&C Clinical Management Groups. The majority of the Corporate CIP schemes were currently delivering their targets, with the exception of Estates and Facilities where some re-phasing and additional focused work was being undertaken. Discussion took place regarding UHL's exposure to fluctuations in the energy markets, the national arrangements for securing best value energy contracts and opportunities for appropriate recovery of VAT charges. Members also noted an apparent error in the RAG-rating of the first line on slide 2, suggesting that the 19% in-month positive variance to plan should be rated as green.

DECIP

Resolved – that (A) the report on CIP progress be received and noted as paper E, and

(B) the Director of Efficiency and CIP be requested to re-check the RAG-ratings on slide 2 of the report and update them if necessary.

DECIP

87/17/4 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.

87/17/5 Quarterly Contract Update

Ms L Wall, Head of Contracts and Commissioning attended the meeting to introduce paper G, briefing IFPIC on contractual performance against the NHS Standard Contracts for Acute and Specialised Services for 2017-19. The report identified over-performance of £6.0m against plan for LLR Clinical Commissioning Groups and over-performance of £3.4m against plan for NHS England. Local arrangements were in place to remove all financial penalties for the first year of the contract and in return QIPP to the value of £7.6m would be deducted in 12 equal amounts throughout the year. A further £10m of transactable QIPP had been removed from the contract value, subject to appropriate QIPP delivery, however the Commissioners would pay for any activity provided.

Particular discussion took place regarding the value of contractual challenges at the end of month 3 (£2.2m) and the Chief Financial Officer re-iterated his assurance that contractual queries would not be allowed to build up until the financial year-end. A formal process for responding to and resolving in-year contractual challenges was expected to be signed off within the next week. NHS England had issued a contract performance notice in respect of a series of Never Events and these were being managed appropriately through the CQRG. The Committee Chair sought and received an explanation of the 'movement in frozen months' figures provided in table 2 on page 2 of paper G, noting that this related to the agreed 'flex and freeze' process to close down contractual queries without backdating them to previous months.

The Head of Contracts and Commissioning also briefed IFPIC on the tariff arrangements and modelling assumptions for emergency activity since the opening of the new Emergency Department on 26 April 2017. A block payment had been agreed for quarters 1 and 2, but these arrangements would be reviewed after 6 months to assess the clinical outcomes and the impact upon operational and financial performance. A general discussion also took place regarding the positive but appropriately challenging nature of UHL's relationships with Commissioners and the expected impact of the Sustainability and Transformation Partnership upon the wider LLR health economy. Mr A Johnson, Non-Executive Director sought and received assurance that UHL had access to the same performance management tools as the Commissioners and that appropriate 'horizon scanning' was taking place.

Resolved – that the Quarterly Contract Update (paper G) and the related discussion on this item be noted.

87/17/6 5 Year Financial Strategy

Further to Minute 91/16/1 of 25 August 2016, the Chief Financial Officer introduced paper H, providing an interim update on the refreshed Financial Strategy taking into account the 2016-17 final accounts, 2017-18 Annual Operating Plan and the August 2017 STP refresh. He particularly highlighted the alignment between this document and the refreshed STP, including the QIPP assumptions (and associated bed reductions), consistency with capital funding applications and the site rationalisation plans for 2021-22. EPR savings had also been assumed as part of the CIP target. The Director of Operational Finance advised that

the balance of revenue support loans was assumed to be converted into permanent PDC funding in 2021-22 (in the absence of a more viable option), although it was not yet clear how realistic that assumption would prove to be.

In respect of the estate rationalisation assumptions detailed in section 4.1.4 on page 7 of paper H, the Committee Chair requested a short summary report to be presented to the September 2017 IFPIC meeting to identify which land was expected to be impaired at the end of March 2020 as it transferred into 'assets held for sale'. The Committee Chair also highlighted a presentational issue in table 9 on page 10 of the report (relating to the total assets employed figure for 2020-21) and the Chief Financial Officer agreed to arrange for this to be corrected in the next iteration of the report.

DEF

CFO

Mr A Johnson, Non-Executive Director voiced concern that not all elements of the financial strategy assumptions were within the Trust's gift to deliver. He requested that additional caveats be set out within the relevant sections and it was agreed that an additional section on key risks would be added to the report. Finally, members noted that the information provided in table 7 (setting out the structural and operational surplus/deficit) was currently being re-analysed and the updated figures would be provided where appropriate. Subject to the amendments noted above, IFPIC requested that the updated 5 Year Financial Strategy be presented to the 5 October 2017 Trust Board meeting for formal approval.

CFO
CFO

CFO

CFO

Resolved – that (A) the 5 Year Financial Strategy be received and noted as paper H;

(B) the Director of Estates and Facilities be requested to present a summary of the land which was expected to transfer into 'assets held for sale' at the end of March 2020 to the 28 September 2017 IFPIC meeting;

DEF

(C) the Chief Financial Officer be requested to:-

(1) correct a presentational issue in table 9 (the total assets employed figure for 2020-21);

CFO

(2) include some caveats within the report about the assumptions which were not considered to be within UHL's gift to deliver;

CFO

(3) add a section to the report covering the key risks to delivering the plan, and

CFO

(4) refresh the data in table 7 (setting out the structural and operational surplus/deficit) following completion of the further analysis work;

CFO

(D) subject to the amendments noted above, the updated 5 Year Financial Strategy be presented to the 5 October 2017 Trust Board meeting for formal approval.

CFO

88/17 STRATEGIC ISSUES

88/17/1 Organisation of Care Update

Further to Minute 77/17/1 of 27 July 2017, the Interim Chief Operating Officer introduced paper I, briefing IFPIC on progress of the Organisation of Care Programme towards achieving balanced demand and capacity for 2017-18. IFPIC members noted that the reporting arrangements for the Organisation of Care workstream and Emergency Department performance would be re-set in September 2017 to strengthen the arrangements for recording and monitoring performance against the improvement plan. In discussion on the report, IFPIC members sought and received additional information regarding media reporting of internal staff bulletins, continued levels of high occupancy, attendances and medical admissions, outlying patients, monitoring of Consultant-level performance and harnessing the Carter metrics to reduce clinical variation.

Mr A Johnson, Non-Executive Director requested that the relevant statutory targets be set out within the performance dashboard for ease of reference in future reports. He also advocated the use of more visible performance data within the workplace as an enabler to changing staff behaviours and suggested that a whiteboard would be helpful for capturing the real-time outputs of performance 'huddles' to improve consistency between current and

ICOO

previous shifts. Finally, he noted the need to change staff behaviours and empower staff to resolve their own issues (such as exit block). In response, the Interim Chief Operating Officer briefed the Committee on the processes already in place and provided his view that the required improvements could be achieved within the capabilities of the existing teams in place. He commented that 5% of the ED breaches occurred between 4 hours and 4 hours 10 minutes and this was one of the key areas which would be addressed.

The Chief Executive also highlighted the additional on-going focus in respect of Assessment Unit processes and the benefits of drawing all of the performance data into a single substantive report to be considered on a monthly basis by either IFPIC or the new People and Performance Committee (which was due to be established in September 2017). The Trust Chairman advised that the reporting Committee for the Organisation of Care and ED Performance would be confirmed following consideration of the proposed new Committee Structure at the 7 September 2017 Trust Board meeting.

Trust
Chair/
DCLA

Resolved – that (A) the Organisation of Care Update (paper I) be received and noted;

(B) the Interim Chief Operating Officer be requested to include the statutory targets for key performance metrics within future iterations of the Organisation of Care Dashboard, and

ICOO

(C) confirmation of which Committee would be responsible for monitoring performance against the Organisation of Care and ED Performance workstreams to be confirmed by the Trust Board on 7 September 2017.

Trust
Chair/
DCLA

88/17/2

Workforce and Organisational Development Plan Update

The Director of Workforce and Organisational Development introduced paper J, providing the monthly update on UHL's Workforce and Organisational Development Plan and key workforce metrics. In future months, it was intended that these Workforce and Organisational Development slides would be presented to the new People and Performance Committee and the content would be adapted accordingly. In the meantime, progress with the regional work on reducing agency staffing expenditure continued and the Trust would be hosting a regional providers' engagement event, which all agency suppliers had been invited to attend.

Due to the limited time available at this meeting, the report was taken as read and the Director of Workforce and Organisational Development invited any questions. In response, IFPIC members :-

- (a) commended the helpful format of the slides, particularly the commentary sections on what the data was telling us and summarising the key actions;
- (b) noted opportunities to monitor some of the data trends on a quarterly basis (instead of monthly);
- (c) sought and received additional information regarding the recent change in payroll providers, noting that the overall transition had gone smoothly, despite an isolated adverse news story featured in the local media in respect of a junior doctor's experience;
- (d) commented on opportunities to strengthen the alignment between the 5 Year Workforce Strategy and the 5 Year Financial Strategy, and
- (e) noted good progress with the appointment of new apprentices but expressed concern about the continued delays in receipt of income to support UHL's Apprenticeship Programme.

DWOD

DWOD

DWOD

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

(B) the Director of Workforce and Organisational Development be requested to consider the Committee's comments outlined above when restructuring this report for presentation to the new People and Performance Committee.

DWOD

88/17/3 Confidential Report by the Director of Workforce and Organisational Development

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.

88/17/4 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.

89/17 PERFORMANCE

89/17/1 East Midlands Pathology Service (Empath) Quarterly Update

Further to Minute 55/17/2 of 25 May 2017, paper L provided an update on progress with the blueprint for the development of a fully integrated regional pathology service. IFPIC noted that the key performance indicators for finance, workforce, performance and quality for UHL's pathology service were now reported and managed through the standard governance processes for the Clinical Support and Imaging CMG. The proposed network pathology model would include UHL, Nottingham University Hospitals, Kettering General Hospital, Northampton General Hospital and Sherwood Forest Hospitals and a Full Business Case for establishing the Network operating model, governance and support services was scheduled for submission to the 28 September 2017 IFPIC meeting.

In discussion on the report, the Committee Chair provided some positive feedback from his recent meeting with the Empath management team and Colonel (Retired) I Crowe, Non-Executive Director requested that some additional assurance relating to staff engagement be provided to the Committee in September 2017, alongside the business case.

CFO

Resolved – that (A) the Empath Quarterly Update (paper L) and the subsequent discussion be received and noted, and

(B) the Full Business Case for establishing a Network operating model, governance and support services be scheduled on the agenda for the 28 September 2017 IFPIC meeting.

CFO

90/17 SCRUTINY AND INFORMATION

90/17/1 Timetable for UHL Business Case Approvals

Resolved – that the updated timetable for Strategic Business Case approvals be received and noted as paper M.

90/17/2 IFPIC Calendar of Business 2017-18

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

90/17/3 Executive Performance Board

Resolved – that the notes of the 25 July 2017 Executive Performance Board meeting be received and noted as paper O.

90/17/4 Capital Monitoring and Investment Committee

Resolved – that the notes of the 20 July 2017 Capital Monitoring and Investment Committee meeting be received and noted as paper P.

90/17/5 Revenue Investment Committee

Resolved – that the notes of the 20 July 2017 Revenue Investment Committee meeting be received and noted as paper Q.

91/17 **ANY OTHER BUSINESS**

Resolved – that no items of other business were noted.

92/17 **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 7 September 2017, and

TA/
Chair

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

- Minute 87/17/1 – Month 4 Financial Performance;
- Minute 87/17/2 – confidential report by the Chief Financial Officer, and
- Minute 88/17/1 – Organisation of Care Update.

93/17 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Integrated Finance, Performance and Investment Committee be held on Thursday 28 September 2017 from 9am to 1pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

94/17 **JOINT IFPIC/QAC MEETING TO DISCUSS QUALITY AND PERFORMANCE**

Members of the Integrated Finance, Performance and Investment Committee (IFPIC) and the Quality Assurance Committee (QAC) held their last joint monthly meeting – providing for joint discussion of the monthly quality and performance report and other matters of joint interest. This joint meeting will be replaced next month by a new Trust Board sub-committee called People, Process and Performance.

94/17/1 Month 4 Quality and Performance Report

Executive Directors particularly highlighted the following issues from the 2017-18 month 4 quality and performance report:-

- continued strong diagnostic 6 week wait performance in July 2017 for a tenth consecutive month. The RTT 92% in 18 weeks standard was narrowly missed (91.8%) due to high levels of referrals in March 2017 and cancelled operations due to disruption to two theatres at Glenfield Hospital for 12 weeks which will impact on elective work. The Director of Estates and Facilities outlined the three options available to remedy the issue;
- cancer performance for July 2017 continued to be encouraging, with 2 week wait (subject to validation) having remained compliant for 12 consecutive months. The 30-day standard was delivered for June 2017 and year to date which was an improvement from the previous year. The 62-day standard was not achieved in June 2017 and was again affected by late tertiary referrals from other centres. Oncology posts had been approved and were being recruited to but there remained a risk around delivery;
- there had been no cases of MRSA for 4 consecutive months and clostridium difficile performance remained within the threshold for July 2017 and the year to date. No correlation had been found between the last months increase in clostridium difficile and pressure ulcers when compared to staffing levels. A discussion took place around the use of swab maps;
- good progress on avoidable grade 4 pressure ulcers with none reported in this financial year and grade 2 and 3 pressure ulcers were within trajectory for the year to date;

- inpatient and daycase satisfaction (friends and family test) achieved the Quality Commitment of 97%;
- statutory and mandatory training performance was 85% against a target of 95%;
- there had been a disappointing increase in moderate harms and above which was being investigated;
- fractured neck of femur was achieved for the third consecutive month, and
- the latest published SHMI for the period January to December 2016 was 101, which remained within the expected range.

Resolved – that the contents of the Quality and Performance Report (circulated as Joint Report 1) be received and noted.

94/17/2 Update on Delayed Transfers of Care and the Role of the Integrated Discharge Team

In the absence of the Interim Chief Operating Officer, the report was received and noted. The report provided an update on the implementation of the Integrated Discharge Team and delayed transfers of care. It was noted that the team was now operational and had been covering 8 medical wards across the Leicester Royal Infirmary since 1 July 2017 as planned. The next stage would involve developing the team to provide a trusted assessor role. The committee was specifically asked to note the progress with implementation and to comment on and support the next steps, acknowledging that further work was required on evaluating the success and planning the roll out.

Resolved – that the update on Delayed Transfers of Care and the Role of the Integrated Discharge Team (circulated as Joint Report 2) be received and noted.

The meeting closed at 1:08pm

Kate Rayns,
Corporate and Committee Services Officer

Attendance Record 2017-18

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Traynor (Chair)	5	4	80	R Mitchell (to 30.6.17)	3	2	66
J Adler	5	5	100	R Moore	5	4	80
S Crawshaw (to 16.6.17)	2	2	100	B Patel	5	5	100
I Crowe	5	5	100	K Singh	5	4	80
A Johnson	5	4	80	P Traynor	5	4	80
T Lynch (from 3.7.17)	2	2	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Gordon	5	3	60	L Tibbert	5	5	100
D Kerr	5	5	100				