

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 28 August 2014

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 30 July 2014

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:

- Fractured Neck of Femur Performance Report and Action Plan (Minute 55/14/1), and
- Quality and Performance Report – Proposed New Format, specifically action (iii) – Minute reference 55/14/7.

DATE OF NEXT COMMITTEE MEETING: 27 August 2014

**Dr S Dauncey, Non-Executive Director
Acting QAC Chairman for 30 July 2014 meeting
20 August 2014**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY
30 JULY 2014 AT 12:30PM IN SEMINAR ROOMS A&B, CLINICAL EDUCATION CENTRE,
LEICESTER GENERAL HOSPITAL**

Present:

Dr S Dauncey – Non-Executive Director (Acting Chair)
Mr J Adler – Chief Executive (from Minute 54/14/2 onwards)
Mr M Caple – Patient Adviser (non-voting member)
Dr K Harris – Medical Director (from Minute 54/14 onwards)
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director

In Attendance:

Mrs G Belton – Trust Administrator
Mr A Chatten – Managing Director, NHS Horizons (for Minute 56/14/1 only)
Dr B Collett – Associate Medical Director (Clinical Effectiveness) – from Minute 54/14/1(part)
Mr I Crowe – Non-Executive Director
Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson – Director of Clinical Quality
Mr B Lambden – Management Trainee
Dr N Moore – Clinical Director, RRC CMG (for Minute 54/14/1)
Mr R Power – Clinical Director, MSS CMG (for Minute 55/14/2)
Ms E Tebbutt – Performance and QA Manager, NHS Horizons (for Minute 56/14/1 only)

RESOLVED ITEMS

ACTION

51/14 APOLOGIES

Apologies for absence were received from Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG; Mrs C Ribbins, Director of Nursing; Ms J Wilson, Chair of QAC and Non-Executive Director and Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School.

52/14 MINUTES

Resolved – that the Minutes of the previous meeting held on 25 June 2014 (papers A and A1) be confirmed as a correct record.

53/14 MATTERS ARISING REPORT

Members received and noted the contents of paper 'B', noting that those actions now reported as complete (level 5) would be removed from future iterations of this report. Members specifically reported on progress in respect of the following actions:-

TA

- (a) Minute 41/14 (regarding the potential implementation of deputising arrangements for Patient Advisers) – Mr Caple, Patient Adviser, agreed that this would be helpful, and undertook to discuss this proposal with the other Patient Advisers;
- (b) Minute 43/14d – it was noted that the revised format Quality and Performance report was now available and had been included on the agenda as paper 'M1';
- (c) Minute 43/14h (regarding submission of the completed proforma templates in respect of the quality impact assessment of CIP schemes) – the Chief Nurse noted that it would be October or November 2014 before details regarding all schemes would be available, and it was agreed to amend the timescale in relation to this item from August 2014 to October / November 2014;
- (d) Minute 43/14j (regarding the five KPIs to be monitored by the Health and Safety Committee) – it was noted that information in relation to monitoring against the specified KPIs would be detailed within the quarterly Health and Safety reports;

PA

CN/TA

- | | |
|--|----------|
| (e) Minute 44/14/1 (regarding aspects relating to audit following the SUI report into the retained vaginal swab) – it was agreed that a date required insertion into the relevant column, and this was agreed as September 2014; | TA |
| (f) Minute 44/14/6a (regarding action planning arising from the Trent Neonatal Survey Report) – it was noted that this was not an action for QAC to monitor, and it was agreed that this required removal from future iterations of the Matters Arising log; | TA |
| (g) Minute 44/14/7c (regarding receipt of the RCA report in respect of the SUI in ED) – the Director of Safety and Risk anticipated that this should be available for receipt at the QAC meeting in September 2014; | DSR/TA |
| (h) Minute 44/14/7d (regarding reviewing the out-puts of the ED Risk Review at the Trust Board) – it was agreed that given the operational nature of this task, it was not appropriate for this work to be undertaken at Trust Board level, and that the Executive Quality Board would monitor the progression of this work; | CN |
| (i) Minute 45/14/3 (regarding proposed discussion between the Chief Nurse and the Chief Operating Officer in respect of the fact that the Discharge Lounge was not under the responsibility of a Matron or Head of Nursing) – the Chief Nurse updated members of the subsequent agreement that Operations would continue to manage the Discharge lounge, but there would be reinstatement of the Head of Nursing overseeing this area; | |
| (j) Minute 40/14/3 (regarding the Thrombosis Committee giving consideration to reporting avoidable hospital acquired VTEs as incidents) – it was noted that this was not an action for QAC to monitor, and it was agreed that this required removal from future iterations of the Matters Arising log; | TA |
| (k) Minute 40/14/7 (regarding determining an appropriate Chair for the Organ and Tissue Donation Committee when Mr Panchal, Non-Executive Director and current Chair of the OTD Committee, left the Trust) – in discussion, members considered it most appropriate that a Clinical Lead was identified to chair this Committee (as per the arrangements for the other EQB Sub-Committees); | MD |
| (l) Minute 40/14/9 (regarding the lack of assurance in respect of the Resuscitation Committee Annual Report) – it was noted that the Deputy Medical Director had now been appointed Chair of the Resuscitation Committee; | |
| (m) Minute 22/14/3(c) (regarding the medical staffing review comprising part of the workforce item scheduled for discussion at a future Trust Board Development session) – it was noted that this action had now been completed, and could be RAG-rated '5' in the next iteration of the Matters Arising log. It was agreed that Dr Daucey, as Acting QAC Chair, would query the date of this Trust Board Development Session at the Trust Board meeting due to be held the following day, and | TA
SD |
| (n) Minute 13/14/3 (regarding the QAC work plan requiring updating on the basis of the outputs of the EWB work plan which was currently under revision) – the Chief Nurse highlighted the recently agreed proposed changes to the EQB in terms of its membership and meeting dates which would be applicable from September 2014 (as also detailed in paper S). | |

Resolved – that the matters arising report (paper B) and the actions above, be noted and undertaken by those staff members identified.

Relevant staff

54/14 SAFETY

54/14/1 Report from the Clinical Director, RRC

Resolved – that this Minute be classed as confidential and reported in private accordingly.

54/14/2 Report from the Director of Safety and Risk

Resolved – that this Minute be classed as confidential and reported in private accordingly.

54/14/3 Patient Safety Report

The Director of Safety and Risk presented paper 'E', which provided the Committee with an update on a range of initiatives and measures in relation to patient safety (as outlined on the cover sheet to the report).

In respect of the information detailed under point 6 of the report, the Director of Safety and Risk noted that the next iteration of this report would include a line within the graph presented indicating the numbers of incidents. She further noted, in respect of RCA 45 day performance, that 8 cases had been closed in the last month.

Particular discussion took place regarding the following:

- (i) the need for improvements in achieving the relevant deadlines (table 1 of the report refers) albeit note was made of the number of alerts having increased significantly in the last quarter which, in conjunction with the introduction of a new system, had led to the CMGs performing well in light of these extenuating circumstances;
- (ii) the lack of concerns raised through the staff '3636' reporting line (this was the first month when none had been reported via this mechanism) and the potential reasons for this, noting the other mechanisms available to staff to raise and escalate issues through the normal course of their duties – it was suggested that this could be cross-checked against the results of the Staff Survey. It was also noted that a report on mechanisms by which staff could raise issues was due to be received at the EQB meeting on 6 August 2014, and
- (iii) specific feedback reported to Mr Panchal, Non-Executive Director regarding the e-rostering system.

Resolved – that the contents of this report, and the additional verbal feedback provided, be received and noted.

54/14/4 "Sign Up to Safety" Report

The Director of Safety and Risk presented paper 'F', which provided an overview of the national 'Sign Up to Safety' campaign and also detailed organisational improvements / recommendations for inclusion in the Sign Up to Safety campaign.

Particular discussion took place regarding the need for this to connect to the Urgent Care work, and the links to the Learning Lessons to Improve Care work streams. Note was made of the need for this work to link into on-going work rather than form a separate work stream and action plan, and it was therefore agreed that this report would be discussed first at the EQB meeting due to be held on 6 August 2014, after which an update would be provided to QAC in three month's time (i.e. November 2014).

DSR/TA

Resolved – that (A) the contents of this report be received and noted, and its recommendations supported, and

(B) this report be submitted to the EQB meeting due to be held on 6 August 2014, and thereafter an update report be provided to QAC in three month's time (November 2014).

DSR/TA

54/14/5 Report from the Director of Nursing

Resolved – that this Minute be classed as confidential and reported in private accordingly.

54/14/6 Report from the Medical Director

Resolved – that this Minute be classed as confidential and reported in private

accordingly.

55/14 QUALITY

55/14/1 Fractured Neck of Femur Performance Report and Action Plan

Mr R Power, Clinical Director, MSS attended to present paper 'H', which detailed performance for April and May 2014 in respect of fractured neck of femur indicators. He noted verbally that he was now in receipt of the unvalidated data for June 2014, which was showing significant improvement and he noted that the main issues related to (a) getting patients to theatre on time and (b) orthogeriatric input. In respect of the latter issue, an additional session had been arranged for Orthogeriatrician input.

Particular discussion took place regarding the following points:

- (i) the means by which the action plan was addressing the non-clinical reasons for delays in getting patients to theatre – there was now a new Head of Service for Trauma who was providing significant input in this respect. The service were also moving towards the establishment of a new post of Chief Resident for Trauma;
- (ii) the issues arising from split-site working for trauma, in terms of both the positive and negative effects of this;
- (iii) the shorter term solutions being implemented (actions to ensure the system was working properly) and on-going work and developments which would benefit spinal surgery;
- (iv) in response to a query raised, confirmation was provided that the dedicated wards and dedicated bay within another ward implemented to increase capacity continued to work well, and
- (v) it was agreed that Dr Dauncey (as Acting QAC Chair) would provide a verbal update on this matter at the Trust Board meeting due to be held the following day.

SD

In conclusion, the Committee thanked Mr Power for attending the meeting and requested that he return to the QAC meeting in October 2014 to provide an update on progress.

CD,MSS

Resolved – that (A) the contents of this report be received and noted,

(B) Dr Dauncey (as Acting QAC Chair) be requested to provide a verbal update on this matter at the Trust Board meeting due to be held the following day, and

SD

(C) Mr Power, Clinical Director MSS, be requested to attend the QAC meeting in October 2014 to provide an update on progress.

CD,MSS

55/14/2 Learning Lessons to Improve Care

The Medical Director presented paper 'I', which provided a summary of the actions being undertaken by the Trust in response to the themes identified by the LLR Quality Review, noting that this item was scheduled for discussion at the public Trust Board meeting due to be held the following day.

Specific discussion took place regarding the following points:

- (i) the letters sent to the families of deceased patients whose medical notes had been included within the audit, and of the Call Centre established to respond to any queries arising from these;
- (ii) the methodology utilised for the review and the reasons for this;
- (iii) the view taken that over-treatment could be as inappropriate as under-treatment;

- (iv) the similar findings arising from a national review undertaken by Sir Liam Donaldson and Mr A Darzi;
- (v) the fact that the outcome of this review offered lessons to be learnt across the whole health community (this review was not specific to one organisation) as a result of which there was a health community-wide action plan in addition to an action plan specific to each organisation involved in the review, and
- (vi) note was made of the need for clarity as to the structural mechanism to progress the health community-wide action plan, and the Chief Executive undertook to seek clarification in this respect.

CEO

Resolved – that (A) the contents of this report, and the additional verbal information provided, be received and noted, and

(B) the Chief Executive be requested to ascertain the structural mechanism for taking forward the health community-wide action plan.

CEO

55/14/3 CQC Intelligent Monitoring Report

The Director of Clinical Quality presented paper 'J', which informed the Committee of the findings from the latest CQC Intelligent Monitoring Report (IMR) published in the week commencing 28th July 2014. Appendix 1 to the report detailed the Trust response.

Resolved – that the contents of this report be received and noted.

55/14/4 CQC Action Plan

The Director of Clinical Quality presented paper 'K', which provided an update on progress against compliance actions detailed in the CQC action plan, noting that progress was closely monitored by the Executive Quality Board. She also noted that this report, and a further report regarding the 'should do' actions arising from the CQC review were scheduled on the agenda for the EQB meeting being held on 6 August 2014.

Particular discussion took place regarding specific actions which were being progressed by the Resuscitation Committee (a sub-committee of the EQB) which was now under the leadership of Dr Rabey, Deputy Medical Director.

Resolved – that the contents of this report be received and noted.

55/14/5 Keogh, Berwick and Francis – Integrated Action Plan Update

The Director of Clinical Quality presented paper 'L', which detailed the final report on the integrated action plan for themes from the Keogh, Berwick, Francis Reports and the Government's final response to the Francis Report – Hard Truths, and she noted in particular that the report presented did not comprise the full action plan, but an update on those actions RAG-rated 'amber' when the report was last submitted to the Committee.

In discussion, the Committee noted that the majority of actions had now all been completed and agreed that any work which remained in progress was for inclusion within existing practice (and not for monitoring as a separate work stream). Consequently, it was agreed that this specific work would be closed down as completed, with no further reports submitted to QAC.

Resolved – that (A) the contents of this report be received and noted, and

(B) it be agreed that this work stream be closed down as completed, with any work remaining in progress included within existing practice.

55/14/6 Quality and Performance Update – Month 3

Members received and noted the contents of paper 'M', which detailed the Month 3 (June 2014) update on quality and performance. The Chief Nurse noted that this was the last time this report would be submitted to the Committee in this particular format (Minute 55/14/7 below also refers).

Resolved – that the contents of this report be received and noted.

55/14/7 Quality and Performance Report – Proposed New Format

The Chief Nurse presented paper 'M1' which detailed a proposed new format for future iterations of the Quality and Performance report which was produced on a monthly basis and highlighted the references made within the covering report as to what was currently included / excluded in the revised format, in respect of which views were requested from QAC.

The following points were raised in the discussion on this item:

- (i) members made the following comments in terms of what they considered should be included / excluded from the report:
 - (a) the WHO Safety Checklist required incorporation into the report, in the dashboard section;
 - (b) the need for tracking of progress against the Critical Safety Actions was noted with one RAG rating given to each individual action (it was noted that this was addressed through the Quality Commitment, but was referenced with a different title);
 - (c) it was not considered that the 'block' graphics at the front of the report added any additional value;
 - (d) the need to focus on 'exception' reporting where applicable was highlighted;
 - (e) it was considered that Whistleblowing could be removed from the Q & P report as it was covered in the Intelligence Monitoring Report and elsewhere, as could C Section Rates and also information relating to the Nursing Workforce, as this was received in a separate report by QAC (which it was also requested include ward performance reviews). Also agreed for removing from the report was the IM&T Service information as this was monitored through the Joint Governance Board, and also the removal of the 10 times medication errors and incidents relating to staffing levels on pages 5 and 6 of the report;
 - (f) QAC members were requested to highlight any further items for addition or removing to the Chief Nurse outwith the meeting (if any);
- (ii) the Chief Nurse was requested to discuss, with the Director of Human Resources, the need for any quality and safety issues arising from the Executive Work Board's review of the clinical workforce to be submitted to QAC, as and when required, and
- (iii) the Chief Nurse and Medical Director, in conjunction with relevant others, were requested to consider scheduling the Q & P report as the focus of a future Trust Board Development session (particularly in light of the fact that a number of new Non-Executive Directors would shortly be joining the Trust).

Resolved – that (A) the contents of this report be received and noted,

(B) the Chief Nurse be requested to amend the suggested format for future iterations of the Q & P report as per the suggestions of QAC members (point (i) above),

(C) the Chief Nurse be requested to undertake the action outlined under point (ii) above, and

(D) the Chief Nurse and Medical Director be requested to give consideration to the suggestion outlined in point (iii) above.

CN/MD

55/14/8 RTT Update (including safety implications and clinical quality risk assessments)

In the absence of the Medical Director, who had been called out of the meeting on urgent business, it was agreed to defer this item until the next QAC meeting to be held on 26 August 2014.

MD/TA

Resolved – that this item be deferred until the QAC meeting in August 2014.

55/14/9 Current Position of Electronic Prescribing and the ePMA-ICE TTO Interface

In the absence of the Medical Director, the Chief Nurse presented paper 'N', which provided an update on the current position of electronic prescribing and the ePMA-ICE TTO interface.

The Chief Nurse noted that this work was being progressed through the emergency care work and noted that the ePMA-ICE interface was the most significant issue currently as this was not working as well as had been anticipated. She noted that this did not represent a risk issue, but a quality issue. Note was made that the relevant system was due to be running in time for the Junior Doctor Changeover at the start of August 2014, and the Committee requested that Dr Bourne / Dr Jackson / Mr Mistry were invited to attend the next QAC meeting in August 2014 to provide a further update on progress.

Resolved – that (A) the contents of this report be received and noted, and

(B) Dr Bourne / Dr Jackson / Mr Mistry be invited to attend the next QAC meeting in August 2014 to provide a further update on progress.

TA

55/14/10 Infection Prevention Annual Report

The Director of Nursing presented paper 'O', which detailed the Infection Prevention Annual Report for 2013/14 and highlighted key points (as per section 2 of the report).

Particular discussion took place regarding the following points:

- (i) the current outbreak of ebola in Africa and the implications of this for the Trust if patients travelled from Africa to the UK – note was made of the very effective communication from Public Health should a case be identified in the UK, and of the standard questions asked of patients seen in the Trust as to whether they had recently travelled abroad;
- (ii) congratulations were expressed to the Infection Prevention Team in respect of their work over the past year as detailed within the report – it was agreed that the Acting Chair would write to the team congratulating them on their report, and would also request at this time that future reports were accompanied by a front sheet highlighting key points to assist Committee members. Note was made that the content of the front sheet to be completed was currently under review following recommendations made by PwC, and a communication regarding this matter would be sent to EQB Sub-Committees accordingly in due course, and
- (iii) the resourcing of the IP Team, noting that they had taken on the responsibility for the Alliance (and its respective buildings).

Acting
QAC
Chair/
DCQ

Resolved – that (A) the contents of this report be received and noted, and

(B) the Acting QAC Chair be requested to undertake the action identified under point (ii) above.

Acting
QAC
Chair

55/14/11 Quarterly Claims and Inquests Report

Members received and noted the contents of paper 'P', which detailed the second in a series of quarterly reports to the EQB / QAC at the request of the Chief Nurse regarding Claims and Inquests.

In discussion, members noted the need to ensure issues relating to Regulation 28 letters were recorded when completed, with EQB monitoring and formally signing off action plans accordingly. It was agreed helpful for such reports to be submitted on a quarterly basis to QAC.

DSR

Resolved – that (A) the contents of this report be received and noted, and

(B) that reports regarding Regulation 28 issues be submitted to QAC on a quarterly basis, as appropriate.

DSR/TA

56/14 **PATIENT EXPERIENCE**

56/14/1 Results of PLACE Audits

Mr A Chatten, Managing Director NHS Horizons and Ms E Tebbutt, Performance and QA Manager, attended to present paper 'Q', which detailed the informal results of the 2014 Patient Led Assessment of the Care Environment carried out across a sample of wards and outpatient departments across all three sites. Mr Chatten made particular reference to the excellent work which Ms Tebbutt had undertaken with the Assessors this year, and noted that provision had been made within the backlog capital to make the changes required as a result of the assessments. Ms Tebbutt further noted the significant commitment invested in the process by the 19 assessors who had contributed and of the proposal to develop an over-arching trust action plan which highlighted the relevant priorities.

In discussion on this item, members:

- (i) congratulated Ms Tebbutt on the results of the work undertaken;
- (ii) noted specific findings of the audit as highlighted by Ms Tebbutt during her presentation of the report;
- (iii) queried the process in terms of nominations from Healthwatch – it was noted that some of the Assessors had been members of Healthwatch, but had been involved in the process as individuals, rather than as nominated representatives of Healthwatch;
- (iv) queried any inputs into the process from an external perspective – it was noted that an external validator had been involved, and would continue to be involved in future audits;
- (v) noted the potential benefits by being able to benchmark UHL against other comparable Trusts nationally;
- (vi) noted the comments of the Director of Safety and Risk in terms of actions being undertaken to address specific points arising from the review (regarding information governance, waste segregation and cleanliness), and
- (vii) agreed that the action plans arising from this audit should be submitted to the EQB, and that this item should constitute an item on the QAC agenda on a quarterly basis.

PQAM/TA

Resolved – that (A) the contents of this report be received and noted,

(B) actions plans arising from this audit be submitted to the EQB, and this item constitute an item on the QAC agenda on a quarterly basis.

PQAM/TA

56/14/2 Length and Content of the Paper Inpatient Experience Survey

Members received and noted the contents of paper 'R', and supported that no changes were made to the Patient Survey at the current time in line with the outcome of the survey undertaken with patients with specific regard to the content of the current Patient Survey.

Resolved – that (A) the contents of this report be received and noted, and (B) the proposal that no change was made to the current Patient Survey be supported.

57/14 ITEMS FOR THE ATTENTION OF QAC

57/14/1 EQB Meeting of 2 July 2014 – Items for the attention of QAC

Members received and noted the contents of paper 'S', which detailed the notes of the EQB meeting held on 2 July 2014. It was noted that all of the items specifically recommended for the attention of QAC by the EQB had been covered during the course of the meeting, with the exception of the ED Risk Review, in respect of which the Chief Nurse briefed members (action note 5.2 of paper S specifically refers). It was agreed that QAC would be notified (via EQB) of any relevant issues relating to this work, as required.

CN/TA

Resolved – that (A) the contents of the EQB action notes arising from the meeting held on 2 July 2014 (paper S) be received and noted, and

(B) QAC be notified (via EQB) of any relevant issues in relation to the ED Risk Review as required.

CN/TA

58/14 MINUTES FOR INFORMATION

58/14/1 Finance and Performance Committee

Resolved – that the public Minutes of meeting of the Finance and Performance Committee held on 25 June 2014 (paper T) be received and noted.

58/14/2 Executive Performance Board

Resolved – that the Minutes of the Executive Performance Board meeting held on 24 June 2014 (paper U refers) be received and noted.

59/14 ANY OTHER BUSINESS

59/14/1 Report from the Consultant Cytopathologist (QAC Meeting 25 June 2014 – Paper D refers)

Resolved – that this Minute be classed as confidential and reported in private accordingly.

60/14 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the QAC Chair be requested to bring the following issues to the attention of the Trust Board at its meeting the following day:

- Report from the Clinical Director, RRC (Minute reference 54/14/1);
- Fractured Neck of Femur Performance Report and Action Plan (Minute reference 55/14/1), and
- Quality and Performance Report – Proposed New Format, specifically action (iii) – Minute reference 55/14/7).

61/14 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on **Wednesday 27 August 2014 from 12.30pm until 3.30pm in Seminar Rooms 1A and 1B, Clinical Education Centre, Leicester General Hospital.**

The meeting closed at 3.36pm.

Cumulative Record of Members' Attendance (2014-15 to date):

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>J Adler</i>	4	3	75	<i>R Overfield</i>	4	3	75
<i>M Caple*</i>	4	2	50	<i>P Panchal</i>	4	3	75
<i>S Dauncey</i>	4	3	75	<i>J Wilson (Chair)</i>	4	3	75
<i>K Harris</i>	4	3	75	<i>D Wynford-Thomas</i>	4	1	25
<i>K Jenkins</i>	1	0	0				
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	4	2	50				

- * non-voting members

Gill Belton
Trust Administrator