

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 January 2016

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Dr S Dauncey, QAC Chair

DATE OF COMMITTEE MEETING: 17 December 2015

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

- None

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR THE INFORMATION OF THE TRUST BOARD:

- CQC Unannounced visit – action and progress, both short and long term (Minute 132/15/1 refers).

DATE OF NEXT COMMITTEE MEETING: 28 January 2016

**Dr S Dauncey
QAC Chairman
30 December 2015**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY, 17 DECEMBER 2015 AT 1:00PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Present:

Dr S Dauncey – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Mr M Caple – Patient Adviser (non-voting member)
Colonel Ret'd I Crowe – Non-Executive Director
Mr A Furlong – Acting Medical Director
Ms D Leese – Director of Nursing and Quality, Leicester City CCG (non-voting member)
Ms J Smith – Chief Nurse
Ms J Wilson – Non-Executive Director

In Attendance:

Miss M Durbridge – Director of Safety and Risk
Ms S Hotson – Director of Clinical Quality
Mr A Johnson – Non-Executive Director
Ms E Maclellan-Smith – EY Consultant (for Minute 132/15/1)
Mrs H Majeed – Trust Administrator
Mr R Moore – Non-Executive Director
Ms C Ribbins – Deputy Chief Nurse
Mr K Singh – Trust Chairman
Ms L Tibbert – Director of Workforce and Organisational Development (for Minute 132/15/1)
Mr M Traynor – Non-Executive Director
Mr S Ward – Director of Corporate and Legal Affairs (for Minute 132/15/1)

RESOLVED ITEMS

129/15 APOLOGIES AND WELCOME

Apologies for absence were received from Dr A Doshani, Associate Medical Director and Professor A Goodall, Non-Executive Director.

130/15 MINUTES

Resolved – that the Minutes of the meeting held on 26 November 2015 (paper A refer) be confirmed as a correct record subject to the amendment to the job title of Ms D Leese, Director of Nursing and Quality, Leicester City CCG.

TA

131/15 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:-

- (i) Minute 120/15/5 – responding to a query from the Committee Chair regarding whether an extension had been requested from the Health and Safety Executive (HSE) in relation to the realistic deadline by which compliance could be achieved in respect of the Sharps Improvement notice, the Director of Safety and Risk advised that the UHL Sharps Safety Group was working on the actions following the HSE improvement notice. Discussions were on-going with colleagues in the Procurement department and if an extension to the deadline was required then HSE would be contacted. An update on this matter was scheduled for EQB in January 2016, and
- (ii) Minute 121/15/1 – in response to a query, the Director of Clinical Quality confirmed that the retrieval of case notes (of all emergency admissions to see if

they met the criteria for sepsis screening) was not the barrier for improving sepsis performance. There had been a change in the audit scope and the Trust was now required to include 50 cases where screening was required rather than review 50 sets of emergency admission patients' case notes and only audit those where screening was required.

Resolved – that the matters arising report (paper B refers) be confirmed as a correct record and the above updates be noted.

132/15 QUALITY

132/15/1 CQC Unannounced Visit – Action and Progress, both short and long term

The Committee Chair introduced discussion on this item highlighting that the Committee was supportive of the Executive Directors and the Senior Management Team in their actions to date following the CQC findings, from the unannounced inspection of the Emergency Department (ED) at the LRI on 30 November 2015, after which an urgent notice of decision to impose conditions on UHL's registration as a service provider in respect of certain regulated activities under section 31 of the Health and Social Care Act 2008 had been served. However, the Committee Chair also noted that the role of the Quality Assurance Committee (QAC) was to be assured on the quality of services provided by the Trust and therefore it was important that the Committee understood both the short term action plan to address the quality issues raised as well as the long term plans on processes and procedures required to assure the Committee that quality controls on clinical services and patient safety were in place across the Trust.

In response, the Chief Executive advised that some issues raised by the CQC were specific to ED whilst some issues were Trust-wide. He highlighted that the main area of immediate challenge was to achieve the national standard in respect of 'patients to receive an appropriate initial assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED'. It was noted that one of the issues in relation to achieving this standard was due to inefficient electronic reporting systems and improvements were being made to resolve this issue.

It was noted that the Trust's response had been sent to the CQC in respect of their letters received on 2 and 4 December 2015, however, an acknowledgement/further response had not yet been received from the CQC. In the CQC letter dated 4 December 2015, UHL were required to report to the CQC every Friday commencing from 11 December 2015 on the following issues (for the previous week's data):-

- (a) time to assessment (15 minute standard);
- (b) sepsis management audit, and
- (c) staffing levels and skill mix.

The Trust had sent a response to the CQC on the above matters on 11 December 2015, however, a response had not been received. It was noted that the CQC 'Risk Summit' was scheduled to take place on 18 December 2015 and it might be that a response would be received after this date.

The Chief Nurse advised that the quality metrics in ED had been revised and were reported to the CQC. A core response team had been put in place by the Trust to lead the improvement actions that were being implemented. It was also noted that the staff at the shop floor were very responsive to making the needed improvements. The Acting Medical Director highlighted that the basic issues were being resolved and a unified adult sepsis pathway had now been put in place. A Childrens' sepsis pathway was also being finalised and would be rolled out by 18 December 2015.

In discussion on the preparation for the next, programmed CQC visit, it was noted that the CQC Steering Group meetings were being held fortnightly (previously monthly). An

overarching action plan was in place in preparation for the visit. Mock CQC inspections (comprising internal colleagues) of all wards and departments were being scheduled. A response team would be required to action the findings from these internal inspections and discussion on this matter was scheduled to take place at the next CQC Steering Group meeting on 18 December 2015. Further to this, consideration would also be given to visits from peer Trusts to undertake mock CQC style inspections. The Chief Nurse also noted that discussion would take place at the CQC Steering Group on whether the quality assurance processes currently in place within the Trust were appropriate.

Further to the above discussion , the following queries/points were discussed in particular:-

- (a) although the immediate response to the CQC had been robust, a query was raised regarding actions that had been taken in respect of leadership and cultural aspects - in response, it was noted that a measured approach on ED leadership had been taken and expectations had been made clear. In relation to the issue raised by the CQC in respect of induction for agency staff not being undertaken, the Chief Nurse and Acting Medical Director would be writing to all senior staff reminding them of the Trust's induction policy and also notifying them of consequences if the policy was not adhered to;
- (b) the Committee Chair noted that appropriate actions were being taken now, however, she stated that assurance was required that staff were adhering to policies and undertaking appropriate processes on a consistent basis – in response, it was noted that this matter would be discussed at CMG Quality and Safety Performance meetings and CMG colleagues would be requested to provide evidence to support this;
- (c) in discussion on the ownership and visibility of the current Leicester, Leicestershire and Rutland (LLR) winter plan, the Chief Executive undertook to request that the Chief Operating Officer circulate the LLR winter plan to QAC members before the end of December 2015. It was agreed that the LLR winter plan and Emergency Department dashboard should be included for discussion on the agenda for the QAC meeting in January 2016;
- (d) whether there was a possibility to increase community 'stepdown' capacity, in response, it was noted that the key was to maximise utilisation of the available capacity because it would prove challenging to resource any additional capacity in the short term;
- (e) a query regarding the timescale for introduction of team training for ED staff – in response, it was noted that appropriate training was in place, however, this needed to be further evaluated. In response to a query, Colonel Ret'd I Crowe, Non-Executive Director undertook to identify an appropriate contact within the Armed Forces regarding team training and to liaise with the Acting Medical Director and Chief Nurse on the possibility of this person being invited to visit ED;
- (f) a query was raised regarding the reason for not deploying 'scribes' to support Resus and Majors – in response, the Chief Nurse confirmed that full review of the deployment of more administrative and support roles was being undertaken;
- (g) a number of technological suggestions (i.e. bedside diagnostics) to reduce diagnostic times were discussed. It was noted that this would be taken into consideration when the new Emergency Floor was in place;
- (h) in response to a query, the Chief Nurse confirmed that the flu vaccination rate at UHL was currently 50.33%. It was highlighted that the uptake was low overall, but about average across the Trust's peer group;
- (i) responding to a query on whether ED attendance on 30 November 2015 (the date when the CQC inspection took place) was particularly exceptional, it was noted that at one point there had been 104 patients in ED on that night. Although this was not unusual, it was noted then when there were more than 55 patients in ED at any given time, it did have an impact on flow and, potentially, patient safety and the quality of patient experience;
- (j) it was noted that the action plan focussed on areas that UHL would be taking

CE/COO

**COO/
AMD/CN**

NED (IC)

- forward and a query was raised in respect of the actions that would be taken forward by other organisations (i.e. Ambulance Services, CCGs etc.) to assist in improving the situation – in response, the Chief Executive advised that the LLR action plan would be discussed at the CQC Risk Summit on 18 December 2015;
- (k) the Patient Adviser queried whether ‘staffing levels’ or ‘skill mix’ was the issue – in response, the Chief Nurse advised that in respect of nurse staffing, skill mix was the issue. There was a national shortage of nurses with ED skills and Paediatric ED nurses, therefore, the Trust was now recruiting general nurses and training them on Childrens’ wards. In respect of ED medical staffing, the Acting Medical Director highlighted that there were vacancies at SHO, Registrar and Consultant level. There was a need for a cohort of additional ED trained Consultants and therefore Locum Consultants were currently being used. Consideration was being given to appointing a Stroke Physician who would be based in ED but would also be working across CMGs;
- (l) the need to reduce clinical variation and to improve adherence to policies and protocols were noted and it was queried whether discussion on quality and safety issues within CMGs needed to take place at QAC – in response, it was noted that QAC, IFPIC and Audit Committee Chairs would discuss and consider how best these Board Committees could interact with CMGs to obtain additional assurance on the Trust’s performance with regard to quality and safety issues. It was suggested that consideration should also be given to discussion of the ‘wider governance’ issues at QAC particularly in respect of the quality and safety issues listed on the Trust’s risk register;
- (m) the Audit Committee Chair noted the need for a report to be presented to the Audit Committee in January 2016 identifying the root causes of why the issues that were raised following the CQC inspection had not first been identified via the Trust’s own clinical quality assurance processes and updating the Committee on next steps to avoid the possibility of recurrence. The report was also to include an update on whether external assurance was thought to be necessary to provide assurance that lessons had been learned and that there was a sound basis for ensuring compliance with the CQC registration requirements/fundamental standards across the Trust going forward;
- (n) Mr A Johnson, Non-Executive Director noted the need for clarity in guiding the organisation on how to improve. He highlighted that a defined ‘Quality System’ was required and that, once established, this organisational tool would provide the basis for rigorous ‘quality assurance’ processes. The need for regular audits (internal and external) was also suggested. The Chief Nurse highlighted that, at the EQB meeting on 15 December 2015, she and the Acting Medical Director had been requested to liaise with Mr Johnson to seek his input in respect of quality management as further thought was given to strengthening the Trust’s clinical quality system and processes, and
- (o) in response to a suggestion, the Acting Medical Director undertook to check/confirm the process for recording any unplanned training (i.e. undertaken during quieter periods of patient activity);

**QAC,
IFPIC
and AC
Chairs**

AMD/CN

AMD/CN

AMD

In discussion on the questions posed in paper C, the following was noted:-

- (i) the Committee was satisfied with the “immediate” CQC action plan to ensure safe quality care was provided to patients;
- (ii) the Committee was satisfied that the governance framework outlined in section 2 of paper C provided a robust framework for improvement to deliver the required actions. However, the Chief Executive reiterated that achieving the national standard of ‘patients to receive an appropriate initial assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED’ was challenging but the Trust was working on this, and
- (iii) the responses to the questions from the Non-Executive Directors provided a framework to support wider discussion. In discussion on the reporting arrangements, the following was agreed:-
- the CQC action plan be included on the agenda for Executive Team meetings on a weekly basis and this report to be also circulated to Non-

AMD/CN

- Executive Directors on a weekly basis;
- the CQC action plan be included on the agenda for the monthly QAC meetings until further notice, and AMD/CN
- an update on the CQC inspection be included on the agenda for the public section of the January 2016 Trust Board. AMD/CN

Resolved – that (A) the contents of paper C be received and noted;

(B) the Chief Executive be requested to inform the Chief Operating Officer to circulate the current Leicester, Leicestershire and Rutland (LLR) winter plan to QAC members before end of December 2015; CE/COO

(C) the LLR winter plan and Emergency Department dashboard be included for discussion on the agenda for the QAC meeting in January 2016. COO/
AMD/CN

(D) Colonel Ret'd I Crowe, Non-Executive Director be requested to identify an appropriate contact within the Armed Forces regarding team training and to liaise with the Acting Medical Director and Chief Nurse on the possibility of this person being invited to visit ED; NED (IC)

(E) QAC, IFPIC and Audit Committee Non-Executive Director Chairs be requested to discuss and consider how best these Board Committees could interact with CMGs in order to obtain additional assurance on the Trust's performance with regard to quality and safety issues; QAC/
IFPIC/
AC
Chairs

(F) a report be presented to the Audit Committee in January 2016 identifying the root causes of why the issues that were raised following the CQC inspection were not first identified via the Trust's own clinical quality assurance processes and updating the Committee on next steps to avoid the possibility of recurrence, with the report to also include an update on whether external assurance is thought to be necessary to provide assurance that lessons have been learned and that there is a sound basis for ensuring compliance with the CQC registration requirements/fundamental standards across the Trust going forward; AMD/CN

(G) the Acting Medical Director and Chief Nurse be requested to liaise with Mr A Johnson, Non-Executive Director to seek his input in respect of quality management as further thought was given to strengthening the Trust's clinical quality system and processes; AMD/CN

(H) the process for recording any unplanned training (i.e. undertaken during quieter periods of patient activity) be checked/confirmed; AMD

(I) the CQC action plan be included on the agenda for Executive Team meetings on a weekly basis and this report to be also circulated to Non-Executive Directors on a weekly basis; AMD/CN

(J) the CQC action plan be included on the agenda for the monthly QAC meetings until further notice, and AMD/CN

(K) an update on the CQC inspection be included on the agenda for the public section of the January 2016 Trust Board. AMD/CN

132/15/2 Monitoring Safety during winter through the Emergency Process

The Director of Safety and Risk advised that the Corporate Safety Team would highlight any clinical risks identified due to poor flow of patients through ED and escalate these through the usual risk reporting processes. Over winter, the team would specifically monitor and report any incidents, complaints and other intelligence (i.e. from 3636 calls) relating to the following:-

- ED overcrowding;
- unsafe discharge;
- critical staffing;
- EMAS handovers;
- multiple patient moves;
- outliers;
- extra capacity areas, and
- elective cancellations.

A narrative on this would be included within the patient safety report to EQB and QAC from January 2016.

Resolved – that the verbal update be noted.

132/15/3 Patient Safety Report

The Director of Safety and Risk presented paper D, patient safety data report for November 2015. She highlighted that this report was mainly a data report and undertook to include some narrative on safety issues in future iterations of this report. This report was also provided on a monthly basis to Clinical Management Groups (CMGs). She noted the need for assurance to be sought on safety issues at CMG Performance Review meetings. She would be attending CMG Quality and Safety Board meetings to reiterate to CMG colleagues that they needed to seek assurance on the quality and safety issues within their CMG, particularly those that were identified through the patient safety report. In discussion on this subject, the Committee Chair highlighted that it was previously agreed that the detail on CMG quality and safety issues would be discussed at EQB and any areas of exception would be reported to QAC, however, QAC had not been sighted to this. In response, the Acting Medical Director suggested that a narrative from EQB meetings be submitted to the subsequent QAC meeting. It was also agreed that this narrative be included on the top of the QAC agenda from the January 2016 meeting, in order that it was given appropriate focus.

AMD/CN

TA

In respect of the lessons learned from root cause analysis of serious incidents, a query was raised on how assurance was sought that the learning from these incidents was being implemented – in response, the Director of Safety and Risk advised that all actions would be tracked to completion at the Adverse Events Committee. The Committee Chair noted that this action would also be taken into consideration when QAC, IFPIC and Audit Committee Chairs would discuss and consider how best these Board Committees could interact with CMGs in order to obtain additional assurance on the Trust performance with regard to quality and safety issues (Minute 132/15/1 point (I) above refers).

Resolved – that (A) the contents of paper D be received and noted, and

(B) the Acting Medical Director and Chief Nurse be requested to submit a narrative from EQB meetings to the subsequent QAC meeting. The narrative be included on the top of the QAC agenda from the January 2016 meeting.

AMD/CN

TA

132/15/4 Complaints Performance Report

The Director of Safety and Risk presented paper E, complaints performance and activity for November 2015. UHL's complaints performance was above 95% for 10, 25 and 45 day complaints. The number of reopened complaints in November 2015 had reduced in comparison to October 2015 figures.

The Patient Adviser expressed concern over the multiple cancellations of outpatient appointments and queried whether any checks were in place to ascertain if there were any clinical consequences due to this. He also highlighted that some patient groups

would not prefer to make a complaint and therefore such issues might not be identified through the complaints performance report. Mr R Moore, Non-Executive Director also raised a similar concern seeking a response to how often outpatient appointments of a patient were cancelled. In response, the Chief Executive advised that in some Specialties, hospital cancellations took place to give priority to patients who were on the RTT pathway. Ms D Leese, Director of Nursing and Quality, Leicester City CCG also reiterated that outpatients' cancellations were a significant issue for the Trust. In discussion on this issue, the Chief Executive undertook to request the Chief Operating Officer to investigate if there were any clinical consequences and what assurances were in place to ensure minimal clinical risks to patients following the cancellation of their outpatient appointment a number of times. He suggested that an update on this would be provided to QAC in January 2016.

CE/COO

Resolved – that (A) the contents of paper E be received and noted, and

(B) the Chief Executive be requested to request the Chief Operating Officer to investigate if there were any clinical consequences and what assurances were in place to ensure minimal clinical risks to patients following the cancellation of their outpatient appointment a number of times and an update be provided to QAC in January 2016.

CE/COO

132/15/5 Report from the Deputy Chief Nurse

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

133/15 **QUALITY**

133/15/1 Month 8 – Quality and Performance Update

Paper G provided an overview of the November 2015 Quality and Performance (Q&P) report. The following points were noted in particular:-

- ambulance handovers – there were significant delays and this indicator was being tracked as a key metric on the ED dashboard;
- Emergency Readmissions within 30 days – work was in progress to put a system in place to better identify patients at risk of readmission, in order to inform discharge planning and community follow-up and support, and
- Paediatric Cancellations – the IFPIC Chair advised that it was highlighted at the IFPIC meeting on 17 December 2015 that there had been some issues relating to cancellation of Childrens' elective procedures over the period of increased emergency activity. The Acting Medical Director advised that a priority scoring was in place – (P1 (do not cancel) through to P4 (no clinical harm if cancelled)). He undertook to contact colleagues in the Women's and Children's CMG to provide a report to QAC in January 2016 on the quality impact of cancellation of Childrens' elective procedures over the period of increased emergency activity.

CD/HOO
, W&C

Resolved – that (A) the contents of paper G be received and noted, and

(B) a report on the quality impact of cancellation of Childrens' elective procedures over the period of increased emergency activity be submitted to QAC in January 2016.

CD/HOO
, W&C

133/15/3 Nursing and Midwifery Safe Staffing Report

The Chief Nurse presented paper H, a report providing the current nursing and midwifery staffing position within UHL for October 2015. An update on the breakdown of vacancies in Women's and Children's CMG was also provided.

The Chief Nurse highlighted that the level of healthcare assistant vacancies in the Trust was higher than expected. A review of the recruitment process for registered nurses and healthcare assistants would be undertaken to scope if there could be a reduction in duration from interview to start date. She advised that the Director of Workforce and Organisational Development had established a Recruitment and Retention working group to resolve recruitment related issues in all staff groups and the Nursing and Midwifery staff group in particular.

There was a reduction in agency nursing usage and improvement in nurse bank utilisation. The Chief Nurse also commented that the removal of University bursary in 2017 might not have a positive impact for nursing students and discussions were on-going with De Montfort University in respect of other options that the Trust might be able to offer.

Appendix 4 detailed the clinical measures dashboard. Appendix 5 provided the action plan to support safe staffing across UHL and support its implementation. It was noted that the Deputy Chief Nurse would be updating the action plan.

Responding to a query on the high sickness absence rates in some wards, the Chief Nurse confirmed that appropriate focus was being given to this matter with support from Human Resources Directorate.

Resolved – that the contents of paper H be received and noted.

133/15/3 Friends and Family Test Scores – October 2015

Paper I detailed the friends and family test scores for October 2015. The Deputy Chief Nurse highlighted that Adults Inpatients had a coverage of 37.4% which was higher than the target coverage (30%) for the first time. The Alliance had achieved the required 20% coverage for the second month. Childrens' Services had provided very low coverage in September 2015 but had exceeded their target in October 2015. Childrens' Emergency Department had shown a significant improvement from 5.9% coverage in September 2015 to 17.8% coverage in October 2015. Progress was being made to improve outpatients' coverage.

UHL had scored fourth in the peer analysis for September 2015 FFT score in Inpatients and third for September 2015 FFT score in Emergency Department.

Resolved – that the contents of paper I be received and noted.

134/15 **ITEMS FOR INFORMATION**

134/15/1 Duty of Candour Update

The Director of Safety and Risk advised that paper J was submitted to EQB on 15 December 2015. The Trust was not currently meeting the full requirements of the Duty of Candour, however, a plan was in place to achieve compliance and the Trust was on-track to achieve this. Roadshows had been planned between January and March 2016 to raise staff awareness of the Duty of Candour requirements.

Resolved – that the contents of paper J be received and noted.

134/15/2 Ward Performance review Tool including an update on wards on special measures

The Chief Nurse advised that ward 14 at the LRI had been rated 'red' because data submission had not been made in time.

Resolved – that the contents of paper K be received and noted.

135/15 ITEMS FOR THE ATTENTION OF QAC FROM EXECUTIVE QUALITY BOARD (EQB)

135/15/1 EQB Meeting of 15 December 2015 – Items for the attention of QAC

Resolved – that there were no items for the attention of QAC.

136/15 MINUTES FOR INFORMATION

136/15/1 Executive Performance Board

Resolved – that the action notes of the 24 November 2015 Executive Performance Board meeting (paper L refers) be received and noted.

136/15/2 QAC Calendar of Business

Resolved – that the contents of paper M be received and noted.

137/15 ANY OTHER BUSINESS

137/15/1 Jane Wilson, Non-Executive Director

The Committee Chair thanked Ms J Wilson, Non-Executive Director for her contribution to the QAC noting that this would be her last meeting of the Committee. Mr M Caple, Patient Adviser also thanked Ms J Wilson on behalf of Patient Partners for her support.

Resolved – that the position be noted.

127/15 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that the following be brought to the attention of the Trust Board:-

- (i) CQC Unannounced visit – action and progress, both short and long term (Minute 132/15/1 refers).

128/15 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday, 28 January 2016 from 1.00pm until 4.00pm in the Board Room, Victoria Building, LRI.

The meeting closed at 3:59pm.

Cumulative Record of Members’ Attendance (2015-16 to date):

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	9	6	67	C Ribbins (Acting Chief Nurse capacity)	4	1	25
I Crowe	9	9	100	J Smith	5	4	80
S Dauncey (Chair)	9	7	78	J Wilson	9	9	100
A Furlong	9	6	67				

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance

<i>M Caple</i>	9	7	78	<i>K Singh</i>	9	9	100
<i>C O'Brien – East Leicestershire/Rutland CCG</i>	6	3	50	<i>M Traynor</i>	9	8	89
<i>A Johnson</i>	2	2	100	<i>R Moore</i>	9	9	100
<i>D Leese – Leicester City CCG</i>	3	3	100				

Hina Majeed, Trust **Administrator**