

Trust Board paper Q1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 September 2019

COMMITTEE: Quality and Outcomes Committee (QOC)

CHAIR: Col (Ret'd) I Crowe, Non-Executive Director and QOC Chair

DATE OF COMMITTEE MEETING: 25 July 2019

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

- Clinical Negligence Scheme for Trusts – maternity incentive year 2 (Minute 85/19), and
- Freedom to Speak Up annual report 2018/19 (Minute 86/19).

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR NOTING BY THE PUBLIC TRUST BOARD:

- the final report on Oral and Maxillofacial Surgery Services (Minute 91/19/1);
- patient experience annual report 2018/19 (Minute 92/19/5);
- infection prevention annual report 2018/19 (Minute 92/19/6);
- dementia annual report 2018/19 (Minute 92/19/7);
- safeguarding annual report 2018/19 (Minute 92/19/8), and
- learning disability annual report 2018 (Minute 92/19/9).

DATE OF NEXT COMMITTEE MEETING: 29 August 2019

Col (Ret'd) I Crowe, Non-Executive Director and QOC Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE QUALITY AND OUTCOMES COMMITTEE HELD ON THURSDAY 25 JULY 2019 AT 1.15PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Voting Members Present:

Col (Ret'd) I Crowe – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director (up to and including Minute 92/19/4)
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Mr B Patel – Non-Executive Director

In Attendance:

Mr P Aldwinckle – Patient Partner
Mr M Caple – Patient Partner
Miss M Durbridge – Director of Safety and Risk
Ms L Frith – Lead Nurse for Quality and Contracts, Leicester City CCG
Mr R Harding – Deputy Head of Operations, ESM (for Minutes 92/19/1 and 92/19/2)
Ms G Harris – Head of Operations, ESM (for Minutes 92/19/1 and 92/19/2)
Mr J Jameson – Deputy Medical Director (for Minute 92/19/3)
Mr D Kerr – Director of Estates and Facilities
Mr I Scudamore – Clinical Director, Women's and Children's (for Minute 85/19)
Ms H Stokes – Corporate and Committee Services Manager

ACTION

RECOMMENDED ITEMS

85/19 CLINICAL NEGLIGENCE SCHEME FOR TRUSTS – MATERNITY INCENTIVE SCHEME YEAR 2

The Clinical Director Women's and Children's attended to present the evidence being submitted that UHL's maternity service had achieved all of the 10 safety standards described in the Clinical Negligence Scheme for Trusts (CNST) requirement for year 2 (paper C). All of the embedded evidence documents in the main covering report had been circulated to QOC members ahead of this meeting, and had also been reviewed in depth by the Trust's Maternity Champions (Ms V Bailey Non-Executive Director and the Chief Nurse), both of whom were also QOC members. The main covering report had also been discussed at UHL's 23 July 2019 Executive Quality and Performance Board. QOC also received assurance that the declaration was consistent with the findings of the latest CQC review of UHL maternity services.

Upon receipt of the safety standards earlier in 2019, Maternity had adopted a robust approach for providing assurance of compliance with those standards, informed by a detailed review of the CNST technical guidance on each one. In presenting the covering report and the detailed accompanying evidence for the CNST maternity incentive scheme year 2, the Clinical Director Women's and Children's particularly drew QOC's attention to:

- (a) safety action 1 (use of the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard), confirming that this tool was now being used to review all UHL perinatal mortality cases. Further discussion was planned outside the meeting between the Medical Director, the Clinical Director Women's and Children's, and the Head of Midwifery to agree the most appropriate Committee to receive the detail of those individual reviews (e.g. potentially the Mortality Review Committee);
- (b) safety action 4 (demonstration of an effective system of workforce planning to the required standard). QOC received assurance that the requirements of the CNST technical guidance were met, and noted the existence of a plan for the LGH site as required. In response to Non-Executive Director queries on whether the existence of an LGH elective pathway plan was sufficient, the Medical Director expressed his view that UHL was compliant with this standard – this was endorsed by QOC, and
- (c) safety action 8 (90% of each maternity unit staff have attended an in-house multi-professional maternity emergencies training session within the last training year). This was the standard which UHL had not achieved in the previous year's submission;

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following very significant efforts within maternity services the Clinical Director Women's and Children's confirmed that the service was now compliant with this requirement.

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In further detailed discussion on the standards, Ms V Bailey Non-Executive Director and Maternity Champion noted that some of the evidence comprised minutes of meetings held some months previously. In finalising the evidence upload, she suggested exploring whether more recent information was available, or supplementing those notes with an update on the action progress made since that time, particularly in respect of any red RAG-rated actions. QOC also noted the scale of the CNST premium discount associated with full compliance (circa £1.2m).

QOC was assured by its consideration of the report and the individual evidence documents, and agreed to endorse the declaration of compliance with all 10 safety standards and recommend that declaration for approval by the Trust Board. QOC also thanked the Head of Midwifery for her work on this key project.

QOC
CHAIR

Recommended – that (A) the declaration of compliance with all 10 safety standards be endorsed, and recommended for approval by the Trust Board;

QOC
CHAIR

(B) prior to final submission of the supporting evidence, it be checked that the most recent version of documentation was being used, and

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(C) discussions take place outside the meeting, to agree the appropriate reporting route for the detailed reports on perinatal mortality cases.

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86/19

FREEDOM TO SPEAK UP ANNUAL REPORT 2018/19

Paper D presented the Freedom to Speak Up (F2SU) activity for 2018/19, the work plan for 2019/20, and the outcome of the self-review tool. With regard to 2018/19 activity, 232 staff concerns had been raised via either the 3636 staff reporting line (39), the UHL Freedom to Speak Up Guardian (93), or the Junior Doctor Gripe Tool (100), and it was anticipated that the number of staff using these routes to raise concern would continue to increase in the 2019/20 year. An updated version of the F2SU annual report 2018/19 would be presented to the Trust Board on 1 August 2019 via this QOC summary, particularly providing more detail on how the Trust had responded to the concerns raised, and linking to Becoming the Best, Quality Improvement, and culture and leadership work. This reflected feedback from the 23 July 2019 Executive Quality and Performance Board, which had also queried how to provide feedback to anonymously-raised concerns. The QOC Patient Partners welcomed the report, and considered that UHL's F2SU Guardian was clearly having a beneficial impact – they also received assurance that the expanded section on responses to concerns would include staff attitude (as a key theme in the concerns raised).

In further discussion, Mr B Patel Non-Executive Director sought (and received) assurance that the Trust was appropriately resourced to respond to the number of concerns being raised, and it was confirmed that resolution of issues was appropriately escalated by the UHL F2SU Guardian where needed, including via discussions with the Chief Executive. The Chief Executive considered that UHL's Freedom to Speak Up Guardian was well supported by the Trust.

Ms V Bailey Non-Executive Director suggested it would be helpful to include any relevant benchmarking in future reports, and information on any CMG trends, and she also emphasised the need for appropriate internal triangulation of the F2SU concerns with other sources of intelligence about services. The QOC Non-Executive Director Chair noted the shared work elements planned for 2019/20 with the LPT NHS Trust's F2SU Guardian. In response to a query from the QOC Non-Executive Director Chair, the Director of Safety and Risk advised that the 6-monthly staff survey by the Freedom to Speak Up Guardian indicated a high level of satisfaction with the F2SU work.

DSR

DSR

QOC was assured by the report, commended the work of the UHL F2SU Guardian, and recommended the F2SU annual report 2018/19 for approval by the Trust Board.

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| Recommended – that (A) the F2SU Annual Report 2018/19 be endorsed, and the intended updated iteration be recommended for approval by the Trust Board together with the annual F2SU workplan; | QOC
CHAIR |
| (B) any available relevant benchmarking be included in future F2SU reports, and | DSR |
| (C) action be taken to ensure that the F2SU concerns were appropriately internally triangulated with other sources of intelligence about services. | DSR |

RESOLVED ITEMS

87/19 APOLOGIES AND WELCOME

Apologies for absence were received from Mr K Singh Trust Chairman, and Ms J Smith Patient Partner. The QOC Non-Executive Director Chair welcomed Mr P Aldwinckle Patient Partner, and Ms L Frith, Lead Nurse for Quality and Contracts, Leicester City CCG, to the meeting.

Resolved – that the apologies for absence be noted.

88/19 DECLARATIONS OF INTERESTS

Resolved – that it be noted that no declarations of interest were made at this meeting of the Quality and Outcomes Committee.

89/19 MINUTES

Resolved – that the Minutes of the meeting held on 27 June 2019 be confirmed as a correct record.

90/19 MATTERS ARISING

With regard to the QOC action log at paper B, the QOC Non-Executive Director Chair confirmed that actions 22 and 23 (neurology) could be closed in light of the update at Minute 92/19/1 below.

CCSM

Resolved – that the matters arising log be noted, and any actions taken forward by the relevant lead(s).

CCSM

91/19 KEY ISSUES FOR DISCUSSION/DECISION

91/19/1 Oral and Maxillo-Facial Surgery Services

Further to discussions at the January 2019 public Trust Board and the May 2019 QOC (Minute 61/19 refers), the Medical Director presented a final update on this issue, confirming that all of the Royal College of Surgeons recommendations had now been implemented (with the exception of training as the department did not have any trainees. However, in a positive development, Health Education England – East Midlands now planned to reintroduce OMFS higher surgical trainees back into Leicester in September 2019, due to its confidence in the progress made). The report also set out the patient contact exercises undertaken by the Trust – of the 101 patients involved, 56 had had face to face meetings with either the Trust or the review team. There were a small number of patients who had not responded to the contact offers made, and the Trust had now closed the face to face external review process. As a result of the two patient contact exercises undertaken, harm had been identified in 24 patients. The Trust had made a full apology to those patients. QOC was further advised of the position re: recruitment of a third Consultant, noting that peripheral units continued to support UHL and that discussions were now underway re: a potential network approach with Northamptonshire.

The Medical Director provided assurance to QOC that significant improvements had been made to the OMFS service quality and outcomes, which was welcomed by the Committee. In response to queries from the QOC Non-Executive Director Chair, the Medical Director advised that the patient contact efforts were kept on a detailed separate database rather than in patients' notes, and he also provided assurance that the MDT was working appropriately and that UHL was in a position to offer the September 2019 trainees a good training experience. QOC was also advised by the Medical Director that the Director of Corporate and Legal Affairs was

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reviewing how the Trust could learn appropriate transferable lessons from its response to the OMFS service issues and develop a model approach. The Medical Director noted that the results of the latest national training survey would also be discussed at the forthcoming CMG Performance Review Meetings. QOC thanked the Medical Director for his work on this issue, and agreed that this would be the final report required on the OMFS service.

Resolved – that (A) the final report on the OMFS service be endorsed, and highlighted to the Trust Board, and

**QOC
CHAIR**

(B) contact be made with the Director of Corporate and Legal Affairs to discuss how to capture transferable learning from the OMFS process and develop a model approach.

MD

92/19 ITEMS FOR ASSURANCE

92/19/1 Neurology Service Update

The Head (and incoming Deputy Head) of Operations, Emergency and Specialist Medicine (ESM) attended to update QOC on the challenges facing UHL’s neurology service, and on the mitigating actions being taken in response. The detailed service action plan appended to paper F was updated on a regular basis. Despite continued efforts to recruit to Consultant posts, medical staffing shortages remained a key factor, in addition to rising demand for neurology services. This was impacting adversely on referral to treatment performance and on patient waiting times, leading to a related rise in complaints, and QOC noted the continuing risks within the service even with the current mitigating actions. In response to a query, the Head of Operations ESM agreed to confirm outside the meeting whether any patient had suffered harm as a result of delays in being seen. The Director of Safety and Risk commented that she was not aware of any significant related patient safety or complaints issues. QOC noted that delays could have an adverse impact on patients even if there was no physical harm involved. In response to a comment from the Director of Safety and Risk about complaint themes, the Head of Operations ESM confirmed that although the CMG was regularly discussing the recognised pressure on administrative staff and processes, this was not an easy issue to address.

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ESM**

QOC was further briefed on the various discussions in place with primary care, including demand management and involvement of GPs with a special interest in neurology in reviewing and appropriately filtering referrals. In response to QOC Patient Partner queries, the Head of Operations ESM advised that neurology services were challenged regionally, and she also outlined the rationale for holding some appointment slots back from the Choose and Book system. QOC also queried what work was underway to assess the discharge information provided to GPs in cases where UHL follow-up was not proposed – this was linked to the need for UHL clinicians to validate their follow-up lists. QOC requested a further update on the neurology service at its September 2019 meeting, to cover PRISM work, harms, complaints and validation of follow-up requirements.

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ESM**

Resolved – that (A) confirm be provided outside the meeting of whether any patient had suffered harm as a result of delays in being seen, and

**HO
ESM**

(B) a further update on the neurology service be provided to the September 2019 QOC, covering PRISM work, harms, complaints and validation of follow-up requirements.

**CD/HO
ESM**

92/19/2 TIA Clinic Service Update

Further to Minute 198/18 of 29 November 2018, the Head (and incoming Deputy Head) of Operations ESM attended to update members on the significant progress made in the TIA clinic service over the last 3 months, including a reduction in patient waiting times. The target waiting times for low risk and high risk patients had both been achieved in May and June 2019, and the service was confident of July 2019 delivery. The Chief Executive welcomed this good recovery, and queried what transferable lessons could be learned. In response, the Head of Operations ESM emphasised the positive impact of dedicated, passionate clinical leads working closely both with other related internal specialties and GP colleagues. QOC welcomed the progress made on this service and thanked the staff involved, noting that if maintained in July 2019, this example of recovery would also be highlighted in the next Chief Executive’s briefing.

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Resolved – that the TIA clinic performance recovery be included in the next Chief Executive’s briefing (if achieved in July 2019).

CE

92/19/3

Deteriorating Adult Patient Board Update (including EWS and Sepsis)

Mr J Jameson Deputy Medical Director attended to provide the quarterly update on the work of the Deteriorating Adult Patient Board, including performance against the sepsis metrics and EWS guidelines (paper H). The paper also contained a separate report on insulin safety performance. QOC was advised that although sepsis performance was being broadly maintained on the wards, performance in ED (antibiotics within 1 hour of arrival) had deteriorated. Detailed work was underway to understand the reasons for this disappointing deterioration (e.g. rise in the number and acuity of ED attendances), and the steps which could be taken to address it, including the impact of introducing National EWS2 ('new confusion' scoring), strengthening of the UHL DART team and future introduction of sepsis rules in ED. QOC Non-Executive Directors emphasised the need for clarity on the reasons for the deterioration, particularly given that sepsis actions had previously been implemented in ED. QOC received assurance, however, from the Deputy Medical Director and the Chief Nurse that the deterioration related to process outcomes rather than quality outcomes, and the Medical Director confirmed that UHL monitored every patient.

QOC Non-Executive Directors requested that the next quarterly update include an appropriate trend analysis and an assessment of what actions had/had not been beneficial, and it was noted that 'human factors' issues were being looked at as part of the Quality Strategy work. The deteriorating adult patient workstream was itself also being refocused in light of the Trust's Quality Strategy, and the Deputy Medical Director was keen to focus on preventing deterioration. In discussion on the wider report, the QOC Non-Executive Director Chair queried what steps were being taken to address the red indicator re: insulin safety training for medical staff – in response, the Medical Director emphasised the Trust's focus on this issue and also noted that the metric was being refined so that it appropriately captured only those medical staff who were required to do that training, rather than being measured as 95% of all medical staff. Training numbers were increasing, although issues remained with junior doctors on rotation. QOC was also advised that UHL's Lead Clinician for Diabetes had produced an excellent e-handbook on managing insulin safety, which had attracted regional attention.

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Resolved – that the next quarterly update include information on trends, sustainability, and an assessment of which actions were successful/unsuccessful.

DMD

92/19/4

Patient Safety Report

The Director of Safety and Risk presented paper I briefing QOC on the following topics:

- (a) the 2018/19 year-end review of harms – despite a slight increase in harms, 2018/19 had seen a reduction in the number of Serious Incidents, which was welcomed. There were no 'spikes' of any concern;
- (b) UHL's invitation to participate in an early dispute resolution pilot run by the Parliamentary and Health Service Ombudsman;
- (c) the review of notable themes from claims – these included consent issues [learning on this would be routed through UHL's Consent Committee], and ED;
- (d) progress on the 'Stop Before you Block' safety initiative, and
- (e) further work to understand the worsened 2018 staff survey result about staff feeling fairly treated if they were involved in an error, near miss or incident – this was a complex issue and would be reviewed through the new Safety Strategy, but the Medical Director noted his view that UHL was not a Trust with a punitive approach.

In response to Non-Executive Director queries, the Medical Director outlined how learning would be gathered and shared from GP concerns, and the Chief Nurse also agreed to discuss falls issues further outside the meeting. QOC Patient Partners voiced concern at the rise in ED attendances, and noted that this issue had been discussed in detail at the People Process and Performance Committee held earlier on 25 July 2019, as now outlined by the Chief Executive. QOC also noted that a report on the new national patient safety strategy would be brought to the Executive Quality and Performance Board and then QOC in August 2019.

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Resolved – that contact be made with Ms V Bailey Non-Executive Director to clarify UHL's definitions of falls.

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92/19/5	<u>Patient Experience Annual Report 2018/19</u>	The Chief Nurse outlined work to strengthen governance processes, learn from excellence, and enhance Patient and Public Involvement, as reflected in the report at paper J. UHL performed very well in terms of both the level of patient experience feedback gathered, and the positive nature of a significant majority of that feedback. QOC welcomed the report. In response to comments from the QOC Patient Partners about how to highlight the Carers' Charter, Mr B Patel Non-Executive Director requested that QOC receive a report on the UHL Carers' Strategy at a future meeting.	CN
	<u>Resolved</u> – that a report on the UHL Carers' Strategy be provided to a future EQPB and QOC.		CN
92/19/6	<u>Infection Prevention (IP) Annual Report 2018/19</u>	Paper K summarised the activity of the Trust's Infection Prevention team, and provided an overview of the mandatory microbiological data UHL was required to collect in order to be compliant with the Health and Social Care Act 2014. The report had been discussed in detail at the 23 July 2019 Executive Quality and Performance Board with the Trust's Lead Infection Prevention Doctor present. QOC noted that UHL had reported 3 MRSA bacteraemias in 2018/19, all of which were deemed to have been unavoidable. UHL's year-end position re: Clostridium difficile was 57 cases against the trajectory of 60, which was welcomed. UHL's Infection Prevention team worked closely with Facilities colleagues and with Public Health England. QOC Non-Executive Directors welcomed the Trust's infection prevention performance, and requested that future reports also include appropriate benchmarking (where available). The QOC Non-Executive Director Chair requested that the Trust Board receive an indepth briefing on infection prevention issues, at a future Trust Board thinking day, and the Chief Nurse suggested that this take place after further progress on workstreams re: CRO screening requirements in UHL.	CN
	<u>Resolved</u> – that (A) consideration be given to providing a detailed IP briefing (impact on quality and finance) at a future Trust Board thinking day, once outcomes from further CRO work were available, and		CN
	(B) appropriate benchmarking information re: other acute Trusts be included in future IP annual reports.		CN
92/19/7	<u>Dementia Annual Report 2018/19</u>	From its review of the 2018/19 dementia annual report at paper L, QOC was assured that all of the UHL dementia strategy priorities (7) were being progressed, and members particularly welcomed the Trust's partnership with Dementia UK to introduce the nationally-recognised specialist 'Admiral Nursing' role within the Trust. This was seen as an exemplar, and the nurses were in place for a 2-year period. QOC Patient Partners voiced concern at the outlying issues mentioned in the report – although recognising this point, the Chief Nurse advised that outlying decisions were taken on a clinical need basis. The Chief Executive commented on the wider constraints posed by the medical beds capacity gap. It was noted that dementia issues were also discussed in detail at the Trust's Patient Involvement and Patient Experience Assurance Committee.	
	<u>Resolved</u> – that the Dementia Annual Report 2018/19 be noted.		
92/19/8	<u>Safeguarding Annual Report 2018/19</u>	From its review of the 2018/19 safeguarding annual report at paper M, QOC was assured re: the significant improvements in level 3 PREVENT training, and welcomed the integrated approach to Child Protection information sharing now in place within ED. The number of referrals to the UHL Safeguarding team had increased, and the learning disability agenda was now integrated into the safeguarding agenda.	
	<u>Resolved</u> – that the Safeguarding Annual Report 2018/19 be noted.		

92/19/9 Learning Disability Annual Report 2018

QOC Non-Executive Directors particularly welcomed the learning disability annual report 2018 at paper N, noting that the new Learning Disability Steering Group now fed into the Trust's Safeguarding Assurance Committee. The report also covered the work done by the Trust with regard to the LeDeR programme (2017) and the NHSI standards.

Although recognising that the incidents had taken place some years previously, in discussion Ms V Bailey Non-Executive Director suggested that the next learning disability annual report could also include the learning from and service improvements made as a result of 2 previous Serious Incidents involving young children with Down's Syndrome (as reported separately to the Trust Board). In discussion, the Chief Nurse provided assurance that the Paediatric team had been asked to work closely with the Learning Disability team in respect of work on the autism agenda.

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Resolved – that consideration be given to including the learning from, and service improvements made as a result of, two previous Serious Incidents involving young children with Down's Syndrome, in the 2019 learning disability annual report.

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92/19/10 CQC Update

The Chief Nurse advised that UHL's Provider Information Request return had been submitted to the CQC on 10 July 2019, with no significant concerns arising from the subsequent data queries.

Resolved – that the position be noted.

93/19 **ITEMS FOR NOTING**

Resolved – that the following reports be received and noted:

- (A) schedule of external visits (paper O1), and**
- (B) Health and Safety 2018/19 quarter 4 update (paper O2).**

94/19 **ANY OTHER BUSINESS**

94/19/1 EHO Visit

Following an unannounced Environmental Health Officer (EHO) visit to the Glenfield Hospital, the Director of Estates and Facilities noted very positive scores received for both patient and retail catering. Separately, the Steamplicity system had also been positively audited.

Resolved – that the position be noted.

94/19/2 Patient and Public Involvement

Mr P Aldwinckle, Patient Partner, commented that patient and public involvement considerations were not reflected in many of the QOC papers.

Resolved – that the position be noted.

95/19 **IDENTIFICATION OF KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that via the summary of this Committee meeting the following issues be:-

- (1) recommended for Trust Board approval on 1 August 2019:-**
 - (i) CNST maternity incentive scheme year 2;**
 - (ii) Freedom to Speak Up Annual Report 2018/19, and**
- (2) highlighted for information to the Trust Board on 1 August 2019:-**
 - (i) oral and maxillo-facial surgery services;**
 - (ii) patient experience annual report 2018/19;**
 - (iii) infection prevention annual report 2018/19;**
 - (iv) dementia annual report 2018/19;**
 - (v) safeguarding annual report 2018/19, and**
 - (vi) learning disability annual report 2018.**

**QOC
CHAIR**

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday 29 August 2019 at 1.15pm (joint session) in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.35pm

Helen Stokes – Corporate and Committee Services Manager

Cumulative Record of Members' Attendance (2019-20 to date):

Voting Members

<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 Crowe (Chair)	4	4	100	A Furlong	4	3	75
J Adler	4	3	75	B Patel	4	4	100
V Bailey	4	4	100	K Singh (<i>ex officio</i>)	4	3	75
P Baker	4	4	100				
C Fox	4	3	75				

Non-voting members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
P Aldwinckle (PP)	1	1	100	M Durbridge	4	4	100
F Bayliss (CCG – up to end of June 2019)	3	0	0	L Frith (CCG – from July 2019)	1	1	100
M Caple (PP)	4	3	75	J Smith (PP)	1	0	0