

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 APRIL 2022 FROM 2.30PM IN THE CUMULUS ROOM, DIABETES CENTRE, LEICESTER GENERAL HOSPITAL AND VIA MS TEAMS****Voting Members present:**

Mr J MacDonald – Trust Chairman
 Ms V Bailey – Non-Executive Director and Quality Committee (QC) Non-Executive Director Chair
 Mr A Furlong – Medical Director
 Mr S Harris – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair
 Ms L Hooper – Chief Financial Officer
 Mr J Melbourne – Chief Operating Officer
 Ms E Meldrum – Acting Chief Nurse
 Mr R Mitchell – Chief Executive
 Mr B Patel – Non-Executive Director and People and Culture Committee (PCC) Non-Executive Director Chair
 Mr M Williams – Non-Executive Director and Audit Committee Non-Executive Director Chair

In attendance:

Professor N Brunskill – Director of Research and Innovation (for Minute 72/22/1 only)
 Mr A Carruthers – Chief Information Officer
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Ms G Collins-Punter – Associate Non-Executive Director
 Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
 Mrs K Rayns – Corporate and Committee Services Officer
 Ms J Tyler-Fantom – Acting Chief People Officer
 Mr J Worrall – Associate Non-Executive Director (attended virtually via MS Teams)

ACTION**66/22 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting, noting that this was the first face-to-face meeting since the start of the Covid-19 pandemic. Apologies for absence were received from Dr A Haynes, Non-Executive Director, Professor T Robinson, Non-Executive Director, Dr G Sharma, Associate Non-Executive Director and Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair.

67/22 DECLARATIONS OF INTERESTS

Resolved – that no declaration of interests were noted.

68/22 MINUTES

Resolved – that the Minutes from the public Trust Board meetings held on 3 February 2022 and 31 March 2022 (papers A and A1) be confirmed as correct records.

69/22 MATTERS ARISING

Paper B provided progress updates for the matters arising from the 3 February 2022 Trust Board meeting and any still-outstanding items from previous meetings.

In respect of item 16 (Minute 183/21/6 of 3 June 2022 refers), the Chairman observed that the updated Terms of Reference for each of the Board Committees were now due to be presented to the June 2022 Trust Board meeting (at the latest).

Resolved – that the matters arising report be received and noted as paper B.

70/22 STANDING ITEMS

70/22/1 Chairman's Report – April 2022

The Chairman introduced his monthly update report provided at paper C, highlighting the continued impact of Covid-19 activity and recognising the strain that these operational pressures were having upon NHS staff. Dr G Sharma had recently been appointed as the System Non-Executive Director at UHL. At a national level, the 2021 NHS staff survey results had indicated a disappointing lack of progress with improving equality and diversity and recent publications had highlighted issues with differential access to care and outcomes for patients from different backgrounds. UHL had made a commitment to address these concerns and had identified a range of areas for the very senior leadership to focus upon with the aim of becoming an exemplar organisation in the next two to three years. The 2019/20 Annual Report and Accounts had been formally signed-off at the public Trust Board meeting on 31 March 2022 and the 2020/21 Accounts were now being worked through by the External Auditors. The Trust Board had received a detailed maternity assurance report on 31 March 2022 and regular progress updates on the Ockenden Review would be presented to UHL's Quality Committee going forwards.

Resolved – that the Chairman's April 2022 briefing report be received and noted as paper C.

70/22/2 Chief Executive's update – April 2022

The Chief Executive introduced paper D, particularly highlighting the recent sad death of Mr S Cole, former Leicestershire Chief Constable; the continued impact of Covid-19 and emergency pressures and the need to continue to wear face masks, sanitise hands and maintain social distancing in order to protect patients and staff and increase service levels; forthcoming religious festivals and opportunities to engage with local communities as a provider of services and as an employer. Interviews had been held on 6 April 2022 for the Biomedical Research Centre themes and the results were expected in May 2022. The embargo on the 2021 NHS staff survey results had been lifted during the last week and the Trust Board would soon start receiving quarterly updates on the actions planned to address improvements in the following 12 priority areas, with representatives from the various staff networks being invited to attend the meetings:-

- Car parking;
- On-call rooms;
- Catering facilities;
- Space utilisation and allocation;
- Wi-fi and IT;
- Calling out poor behaviour;
- Health and wellbeing;
- Improve recruitment processes;
- Recognise staff long service;
- Supporting staff networks and increasing diversity of leadership teams;
- Strengthening the voice of administrative and clerical staff, and
- Visibility of the senior leadership team.

Resolved – that (A) the Chief Executive's April 2022 briefing report be received and noted as paper D, and

(B) the Acting Chief People Officer be requested to present quarterly updates on the 12 priority areas arising from the Staff Survey results and invite representatives from a variety of staff networks to attend for these items.

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70/22/3 Integrated Performance Report (IPR) – Month 11 2021/22

The Chief Executive introduced paper E, providing the Integrated Performance Report (IPR) for February 2022. Each of the Executive Director leads were invited to provide an overview of the key aspects of the report relating to their portfolios and the Non-Executive Director Chairs of Board Committees presented their escalation reports, as follows:-

- (a) the Acting Chief Nurse drew members' attention to an MRSA bacteraemia which was being further investigated; a slight increase in hospital acquired pressure ulcers which had been considered at the last Quality Committee in the light of increased patient acuity and frailty, and a deterioration in the 'friends and family' test scores in ED which appeared to be linked with the increased waiting times;

- (b) the Medical Director reported on two Never Events which had been reported in March 2022 and were currently being investigated. The Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI) both remained within the expected range and continued to reduce this month. It was widely recognised that patients were waiting too long in the ED and for ambulance handovers for emergency care as well as for planned operations and this was creating additional risk within the organisation;
- (c) the Quality Committee Non-Executive Director Chair introduced papers E3 and E4, providing summaries of that Committee's meetings held on 24 February 2022 and 31 March 2022. She commended the work undertaken by the Acting Chief Nurse in respect of improving the care pathways for 'looked after' children attending the ED. She also confirmed that the Committee continued to focus on aspects of patient harm (physical as well as psychological) and that the action plans were being clinically led. Some of the indicators for patient safety incidents had risen and this was partly due to national changes in the way that they were measured. The Committee would continue to monitor the impact of long patient waits until an improved position was achieved. Particular discussion took place regarding the contributing factors behind the increase in hospital acquired pressure ulcers as the reporting definitions had not changed, but the number of cases had increased due to the number of frailty admissions with a longer length of stay and a degree of 'deconditioning' whilst patients were waiting for discharge;
- (d) the Acting Chief People Officer briefed the Trust Board on a deterioration in staff appraisal performance and an increase in staff sickness. Both of these indicators were being closely monitored with additional support being provided in any hot spot areas. Staff health and wellbeing support continued to be progressed. Significant numbers of staff had retired during March 2022, but approximately 50% of these were planning to 'retire and return'. The Acting Chief Nurse added that international nurse recruitment was performing in line with the trajectory and there had been no deterioration in domestic nurse recruitment. Healthcare support working recruitment remained challenged and a renewed focus was being implemented to focus upon promoting this role as a career within the NHS. The Chief Executive commented upon the strong link between how staff felt about their role and their ability to undertake the work required, noting the need to find a collective way of reporting on these 'softer' metrics. A discussion took place regarding staff appraisals for staff who were leaving the Trust and whether it was more appropriate to hold an 'exit interview' instead. The Acting Chief People Officer confirmed that exit interviews were undertaken for all staff and she offered to share the key themes with Board members once the analysis work had been completed;
- (e) the People and Culture Committee Non-Executive Director Chair presented paper E5, providing a summary of the items discussed by that Committee on 24 February 2022. It was noted that the Junior Doctors Guardian of Safe Working report was due to be presented to the public Trust Board meeting on 5 May 2022;
- (f) the Chief Operating Officer provided a briefing on the challenging position in respect of emergency care, patient flow and ambulance handover delays. Risk mitigation strategies were being enacted internally and with healthcare partners to optimise patient flow and reduce the number of inappropriate ED attendances. A key focus area was also the outflow of patients who had been medically optimised for discharge but were awaiting a transfer to their next care setting – at any one time UHL was caring for approximately 200 patients in this position. In respect of planned care, the position remained challenging due to Covid-19 and other infection prevention reasons, but the numbers of 104 week and 52 week waits continued to reduce and a number of new interventions were being put in place to increase capacity. Specialty level plans were in place to address the imbalance between demand and capacity for both cancer services and planned care – with the emphasis being on sustainable long term plans;
- (g) the Operations and Performance Committee (OPC) Chair introduced papers E1 and E2, providing an overview of the key issues considered at the OPC meetings held on 23 February 2022 and 30 March 2022. Discussion took place regarding the Committee's significant focus on current performance and the improvement trajectories. The Trust Chairman noted the importance for the Trust Board in maintaining a line of sight relating to ambulance handover delays and Mr J Worrall, Associate Non-Executive Director requested that the absolute numbers be presented alongside the percentage of ambulance handovers that had been delayed. Mr B Patel, Non-Executive Director provided his view that GP capacity might deteriorate in April 2022 which could further increase ED attendances and he queried whether a new approach might be required to manage the ED 'front door'. A short discussion ensued regarding opportunities to

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explore different ways of working with primary care colleagues and it was noted that 3 GP colleagues had now joined UHL's Executive Team;

- (h) the Chief Financial Officer provided a high-level summary of the Trust's financial performance as at month 11, advising of a year to date surplus of £6.2m, which was an improvement against plan due to some additional non-recurrent income. The forecast year end outturn was currently being validated but it was likely to be a surplus of around £5.1m. Some non-recurrent expenditure was being incurred in key areas to assist future years' business planning. UHL's cost improvement programme had delivered savings in the region of £15.3m (exceeding the planned £11.6m). Capital expenditure stood at £47.2m against the plan of £50.8m with plans in place for the balance to be spent during March 2022. The cash position remained strong with a current balance of £127m. Planning for the 2022/23 financial year would continue until the middle or end of April 2022 with an emphasis on understanding activity assumptions and the significant impact of inflationary increases, and
- (i) the Finance and Investment Committee (FIC) Non-Executive Director Chair introduced papers E6 and E7, providing the summaries from the FIC meetings held on 24 February 2022 and 31 March 2022. He commented on the significant volume of work undertaken on the 2019/20 Accounts and he thanked the Chief Financial Officer and her team for their efforts in this respect. The Chairman provided his view that the Trust appeared to be heading towards a more normalised financial regime.

Resolved – that (A) the month 11 Integrated Performance Report be received and noted as paper E;

(B) the escalation reports from the Quality Committee, People and Culture Committee, Operations and Performance Committee and Finance Committee meetings held during February and March 2022 be received and noted as papers E1 to E7;

(C) the Acting Chief People Officer be requested to:

- (1) share a thematic summary of staff exit interview data with Trust Board members, and**
- (2) present the Junior Doctor Guardian of Safe Working report to the public Trust Board meeting in May 2022, and**

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(D) the Chief Operating Officer be requested to include the absolute numbers of ambulance handover delays within future iterations of the IPR (alongside the percentage of breaches).

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71/22 DECISIONS FOR THE TRUST BOARD

71/22/1 Gender Pay Gap report

Ms J Tyler-Fantom, Acting Chief People Officer introduced paper F, detailing the key findings following the Trust's recent analysis of gender pay equality. UHL's gender pay gap stood at 27% which represented a decrease of 2% compared to the previous year. There continued to be over-representation of male staff at a Consultant level and the bonus gender pay gap had been calculated on the Clinical Excellence Awards which had been allocated equally to all eligible Consultants due to the Covid-19 pandemic. The report also highlighted areas of progress, such as the development of a Women's Network at UHL and the re-formed Equality, Diversity and Inclusion Board. As required under the Gender Pay Gap legislation introduced in April 2017, the Trust's performance against the 7 standard calculations was being published annually and a copy of the 2022 publication was appended to paper F.

The Chief Executive recorded his support of the work that was taking place to support gender equality, noting the links with the staff survey data. He also recorded his support of the various staff networks that had been created to support all of the protected equality and diversity characteristics in a meaningful way. Mr M Williams, Non-Executive Director noted the need to encourage more female staff to actively participate in activities which contributed to their skills and career development to ensure appropriate placement within the 'talent' pipeline. The Acting Chief People Officer supported this point, noting the intention for UHL and the LLR System to undertake more work on developing the 'talent' agenda.

Resolved – that the Gender Pay Gap report (as appended to paper F) be approved for publication on UHL's external website.

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72/22 BE THE BEST PLACE TO WORK (PEOPLE)

72/22/1 Research and Innovation Update

Professor N Brunskill, Director of Research and Innovation attended the meeting to introduce paper G, providing the quarterly update on research and innovation activity at UHL. The Trust was now moving back towards business as usual research activity following the significant contributions to urgent local and national Covid-19 research studies and performance had almost returned to the 2019/20 levels with 998 active studies in 2021/22 (compared to 1024 in 2019/20). The bid for the NIHR Leicester Clinical Research Facility (CRF) had been successful and the outcome was awaited for UHL's application for the NIHR Leicester Biomedical Research Centre (BRC). The Leicestershire Academic Health Partners Board continued to meet on a quarterly basis and a new Memorandum of Understanding had recently been signed. Financial performance remained strong, supported by a year to date surplus position of £504,000. Other news and developments which were highlighted in the report included:-

- (a) the award of NIHR Senior Investigator Awards to Professor S Singh and Professor T Coats and an Emeritus Senior Investigator Award to Professor K Khunti;
- (b) the development of PhD opportunities for improving health inequalities in Leicester;
- (c) streamlined capacity and capability system to speed up research approvals;
- (d) partnership working with the University Hospitals of Northamptonshire NHS Group, and
- (e) LLR Data for Research platform launched through the Leicestershire Health Informatics Service.

Trust Board members expressed their thanks and congratulations for the successful CRF bid. Ms V Bailey, Non-Executive Director particularly welcomed the focus on PhD opportunities for non-medical professionals. Mr B Patel, Non-Executive Director sought additional information on UHL's position in respect of commercial studies and the globally competitive market, noting in response that the UK might lose its competitive edge in this area without a significant focus. The Trust Chairman advised that he would welcome further discussions on what else the Trust Board could be doing to support research and innovation in Leicester and it was noted that Professor Brunskill was leading the development of the research strategy for the LLR Integrated Care System.

Resolved – that the quarterly update on Research and Innovation be received and noted as paper G.

73/22 DEPLOY OUR RESOURCES IN THE BEST POSSIBLE WAY (FINANCE AND PERFORMANCE)

73/22/1 Month 11 Financial Performance and Roadmap to Sustainable Financial Improvement

The Chief Financial Officer introduced papers H and H1, providing the detailed financial performance report for February 2022 and setting out progress against the criteria for exiting the NHSE/I Recovery Support Programme (respectively). As the high level financial performance data had been discussed earlier under Minute 70/22/3 (above), paper H was taken as read. In respect of paper H1, the Chief Financial Officer advised that she chaired the Recovery Support Programme (RSP) Exit Steering Group which met regularly to oversee the arrangements for returning financial performance and governance to 'business as usual'. The RSP action plan had recently been reviewed and the 92 actions had been consolidated into 20 principal actions with a view to exiting the RSP by the end of the current calendar year. She highlighted the main areas of progress and the analysis of key risks as at March 2022, noting that the 2022/23 planning process remained the key risk at the current time.

The Trust Chairman sought and received confirmation that the Finance and Investment Committee would be seeking delegated Trust Board approval to sign-off the 2022/23 Financial Plan on 27 April 2022. Ms V Bailey, Non-Executive Director confirmed that she was content with this governance process but she was keen to understand the volatility within the financial plan and the ability to adapt it to comply with national requirements or changes in context. It was confirmed that the Trust Board would continue to review the Roadmap report between now and the eventual exit from the RSP in order to maintain visibility.

Resolved – that the Month 11 Financial Performance report and Roadmap to Sustainable Financial Performance report be received and noted as papers H and H1.

74/22 CORPORATE GOVERNANCE/REGULATORY COMPLIANCE

74/22/1 Covid-19 Public Inquiry Update

Further to Minute 28/22/5 of 3 February 2022, paper I provided an overview of progress with the preparations for the National Covid-19 Public Inquiry. The Director of Corporate and Legal Affairs advised that the draft Terms of Reference (ToR) for the Inquiry were out for consultation, with the consultation process due to conclude at midnight on 7 April 2022. The final ToR were expected to be published in the late spring or summer of 2022. A number of actions on the project plan had been completed and further actions were due to be completed by the end of June 2022. In respect of the action to document and evidence the Trust's response to each of the 1,400 (plus) formal communications, letters and directives, it had been calculated that it would take a single person at least 37 weeks to complete this work and this had been deemed an ineffective use of resources. Instead, an alternative approach had been agreed to develop the existing Covid-19 Incident Coordination Centre log, supplemented by in-depth reports on the expected key lines of inquiry as set out in section 5 of the report.

In discussion on the report, Trust Board members noted that (i) clarity was still awaited regarding the recommended approach for Trusts to prepare for the Inquiry and whether this would be against a framework or an individualised plan; (ii) clinical and corporate engagement would be included to ensure factual accuracy; (iii) appropriate arrangements were being made with the IM&T Directorate to ensure that staff contact lists were kept updated; (iv) communications with staff was taking place, and (v) it was not yet clear whether a Trust response or a System-wide response would be required. It was agreed that the Audit Committee would undertake regular scrutiny of the Covid-19 Public Inquiry Project Plan.

Resolved – that (A) the update on preparations for the national Covid-19 Public Inquiry be received and noted as paper I, and

(B) the Director of Corporate and Legal Affairs and the Audit Committee Non-Executive Director Chair be requested to arrange for regular scrutiny of the Covid-19 Public Inquiry Project Plan to be undertaken at future meetings of the Audit Committee.

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74/22/2 Audit Committee Escalation Reports

The Audit Committee Non-Executive Director Chair introduced papers K and K1 providing the public summaries of the Audit Committee meetings held on 18 February 2022 and 25 March 2022. He commended the implementation of a 'No Purchase Order, No Payment' Policy which represented a positive step in improving the Trust's grip and control and exiting the NHSE/I Recovery Support Programme. The Chief Financial Officer advised that weekly Trust-wide communications were taking place regarding the implementation of this policy, providing assurance that members of the Procurement Team were embedded within this work stream and they were driving improvements in practice internally as well as liaising with suppliers.

Resolved – that the public summaries of the Audit Committee meetings held on 18 February 2022 and 25 March 2022 be received and noted as papers K and K1.

74/22/3 Charitable Funds Committee Escalation Report

Mr B Patel, CFC Non-Executive Director Chair introduced paper L providing a summary of the issues considered at the 11 February 2022 meeting of the Charitable Funds Committee. There were no items requiring Trust Board approval (as Corporate Trustee). It was noted that Professor T Robinson, Non-Executive Director would be chairing the CFC going forwards.

Resolved – that the summary of public issues considered by the CFC on 11 February 2022 be received and noted as paper L.

74/22/4 Reconfiguration and Transformation Committee Escalation Report

Paper M provided a summary of the issues considered at the 31 March 2022 meeting of the Reconfiguration and Transformation Committee.

Resolved – that the summary of issues considered by the RTC on 31 March 2022 be received and noted as paper M.

74/22/5 Quarterly Sealings Report

Paper N detailed the 2 occasions when the Trust's Seal had been used during the period 1 July 2021 to 31 March 2022 (quarters 2, 3 and 4 of 2021/22).

Resolved – that the quarterly sealing report be received and noted as paper N.

75/22 **ANY OTHER BUSINESS**

Resolved – that no additional items of business were raised.

76/22 **QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

Members of the press and public had been invited to submit any questions relating to the business on the agenda by typing them into the 'chat' function of the live-streamed meeting. The following questions were read out and responded to during the meeting:-

Question 1: In respect of the reply to question 1 at the TB meeting on 31 March (64/22) will the Board reconsider the practice of not publishing the annual report and annual accounts prior to the Board meeting? This could revert back to former practice and enable the public to consider the 2020-2021 accounts and report in advance of that meeting

In response to question 1, the Director of Corporate and Legal Affairs confirmed that the position would be reconsidered nearer the time, but there were sometimes tight deadlines to be aware of. She reconfirmed that the arrangements for the 31 March 2022 meeting had been in accordance with good practice.

Question 2: How many of the 244(?) patients in UHL with Covid-19 are in hospital specifically for Covid-19 treatment? How much has this increased over the past month?

In response to question 2, the Chief Operating Officer advised that approximately 15% of the patients currently in hospital with Covid-19 were being treated for that condition as their primary diagnosis – this broadly equated to 37 of the 244 patients. This number had increased by 50 or 60 cases over the last month but the proportion of primary diagnoses was broadly similar. The Trust Chairman queried whether these patients were less well than had been the case during previous phases of the pandemic, but the Chief Operating Officer explained that this would depend upon the extent of their condition and whether they were suffering from other multiple comorbidities.

Due to the time delay with the live-streaming, two further questions were received after the Chairman had closed the meeting. These questions and the associated response were not read out during the meeting but they are provided below for completeness:-

Question 3: Please can you tell me what the anticipated £37m elective care project on the site of the General will consist of – eg how many theatres, recovery rooms, additional beds and does the funding cover running costs or just capital costs? For how long is the new elective care hub expected to be in use? Will the investment in the new elective care hub alter the plans set out in Building Better Hospitals for the Future? For example, a smaller Treatment Centre or a later phase-in of a Treatment Centre

Following the meeting, the LLR Director of Planned Care responded to question 3, advising that:-

- The number of theatres, recovery rooms etc will be established based on the type of activity that will use it. We are just working through the models of care with our clinicians which will feed into the final design and layout. We are working on the principle of at least 2 theatres, recovery and day case facilities, outpatient space and associated support services and administration;
- The national funding is for capital use only and will be subject to an outline business case and full business case process. The running costs will be picked up within the system revenue envelope;
- As the current plan for the elective hub is to refurbish an existing hospital building, the typical useful life is up to 40 years. There may be elements that have a shorter life such as the addition of modular theatres;
- The elective hub complements the wider reconfiguration programme supporting the separation of elective and emergency activity, and

Question 4: When will the Reconfiguration Communications and Engagement Strategy referred to in paper M be published to the public?

Following the meeting, the Reconfiguration Programme Director responded to question 4, advising that the above strategy was planned to be presented at a future Trust Board meeting (specific date to be confirmed).

Resolved – that the information be noted.

77/22 REPORTS AND MINUTES OF MEETINGS PUBLISHED ON UHL'S EXTERNAL WEBSITE

Resolved – that it be noted that the following reports and Minutes of meetings had been published on UHL's external website alongside the Trust Board papers:-

- Quality Committee – Minutes of 27.1.22 and 24.2.22;
- Finance and Investment Committee – Minutes of 27.1.22 and 24.2.22;
- Reconfiguration and Transformation Committee – Minutes of 27.1.22;
- Operations and Performance Committee – Minutes of 26.1.22 and 23.2.22;
- People Process and Performance Committee – Minutes of 24.2.22;
- Audit Committee – Minutes of 18.2.22, and
- Charitable Funds Committee – Minutes of 11.2.22.

78/22 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next virtual public Trust Board meeting be held on Thursday 5 May 2022 from 1.30pm.

The meeting closed at 3.54pm

Kate Rayns
Corporate and Committee Services Officer

Cumulative Record of Attendance (2022/23 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald	1	1	100	J Melbourne	1	1	100
V Bailey	1	1	100	E Meldrum	1	1	100
A Furlong	1	1	100	R Mitchell	1	1	100
S Harris	1	1	100	B Patel	1	1	100
A Haynes	1	0	0	T Robinson	1	0	0
L Hooper	1	1	100	M Williams	1	1	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	1	1	100	H Kotecha	1	0	0
B Cassidy	1	1	100	G Sharma	1	0	0
G Collins-Punter	1	1	100	J Tyler-Fantom	1	1	100
M Durbridge	1	1	100	J Worrall	1	1	100