


University Hospitals of Leicester 
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 26 September 2013

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 28 August 2013

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:

- Liverpool Care Pathway – review of end of life arrangements (Minute 77/13/5 refers);
- Independent Review of Never Events (Minute 77/13/7);
- #NOF performance (discussion under Quality and Performance report - Minute 78/13/1 refers), and
- Report on Commissioner visits (Minute 78/13/4).

DATE OF NEXT COMMITTEE MEETING: 25 September 2013

Ms J Wilson
20 September 2013

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY
28 AUGUST 2013 AT 9:30AM IN THE BOARD ROOM, VICTORIA BUILDING,
LEICESTER ROYAL INFIRMARY**

Present:

Ms J Wilson – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Dr K Harris – Medical Director
Ms C O'Brien – Chief Nurse and Quality Officer East Leicestershire and Rutland CCG
Mr P Panchal – Non-Executive Director
Ms C Ribbins – Acting Chief Nurse

In Attendance:

Mrs S Hotson – Director of Clinical Quality
Ms R Broughton – Head of Outcomes and Effectiveness (for Minute 76/13/1)

RESOLVED ITEMS

ACTION

73/13 APOLOGIES

Apologies for absence were received from Mr M Caple, Patient Adviser (non-voting member), Dr B Collett, Associate Medical Director, Miss M Durbridge, Director of Safety and Risk, Dr R Palin, General Practitioner (non-voting member), and Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School.

74/13 ANNOUNCEMENTS

Ms J Wilson, Non-Executive Director/Committee Chair advised that Dr R Palin, General Practitioner had stood down, however, Ms C O'Brien, Chief Nurse and Quality Officer would continue to attend UHL's Quality Assurance Committee meetings to represent the East Leicestershire and Rutland CCG. Ms J Wilson noted her thanks to Dr Palin for his contribution to the Committee.

The update on Perinatal Mortality (paper C refers) had been deferred to the QAC meeting in September 2013.

Resolved – that the position be noted.

75/13 MINUTES

Resolved – that the Minutes of the meeting held on 23 July 2013 (papers A & A1 refer) be confirmed as a correct record.

76/13 MATTERS ARISING REPORT

In respect of Minute 66/13/1 of 23 July 2013, although the trajectory for achieving the standard for Ophthalmology outpatient letters had already been circulated by the Planned Care Division – the Chief Operating Officer had discussed with the Committee Chair in respect of the need for the plan to be updated. He would be working with the management team and an updated plan with detailed dates and targets would be circulated prior to the QAC meeting in September 2013.

COO

Minute 66/13/4 (Interserve Transformation Director to forward all Interserve communication messages that had been previously been sent to staff to the UHL Chief Executive) – it was noted that this had been actioned.

Minute 68/13/1 (inclusion of trend data in respect of falls within the Quality and

Performance report dashboard) – the Committee Chair commented that although the pressure ulcers trend data had been included, the falls data was still not available. The Acting Chief Nurse agreed to check with the Assistant Director of Information.

ACN

Minute 68/13/6 of 23 July 2013 – the Committee Chair suggested that a deep dive of the Critical Safety Actions be presented to the QAC in October 2013.

AMD

Minute 68/13/7 of 23 July 2013 – The Medical Director highlighted that although there were still some challenges in respect of EPMA, the feedback from staff was broadly positive as the previous issues had now been resolved.

Minute 58/13/3 of 18 June 2013 (Associate Medical Director, Clinical Education be requested to attend the QAC meeting in September 2013 to provide an update on the deanery visit feedback to the Emergency Department.) – it was suggested that this update be included as a part of the Emergency Department report to the Trust Board in September 2013. ***Post meeting note:*** The Medical Director had suggested that a report on this matter needed to be presented to the November 2013 QAC meeting as the Deanery visit was not scheduled to take place until 1 October 2013.

AMD, CE

Resolved – that the matters arising report (paper B) and the actions above, be noted.

COO/ACN
/AMD/
AMD, CE

76/13/1 CQUIN and Quality Schedule Overview and Exception Report

Ms R Broughton, Head of Outcomes and Effectiveness attended the meeting to present paper D, a summary of performance for quarter 1 (2013-14) against the quality schedule and CQUIN scheme indicators. There were 87 indicators (29 CQUINs and 58 Quality Schedule) in total for quarter 1. Appendix 1 summarised the provisional RAG status for these indicators.

In discussion, the following points were made in particular:-

- (a) Eliminating “avoidable” grade 2, 3 and 4 hospital acquired pressure ulcers – the Commissioners had issued a contract query due to the deteriorating position during quarter 1, therefore this had been rated ‘red’. The Trust had responded to the contract query and provided a remedial action plan;
- (b) Outpatient letters – this had now been rated ‘green’;
- (c) Maternity Dashboard – ‘red’ rated for C section rates and blood loss. The Division were undertaking a case notes’ review and the view was that the dashboard thresholds were very challenging – the Committee Chair requested that an update on the maternity dashboard – blood loss indicator be presented to the QAC meeting in September 2013 (noting that the Divisional Director, Women’s and Children’s was already scheduled to attend the September 2013 QAC meeting to provide an update re. ‘Maternity outlier alert for puerperal sepsis and other puerperal infections at UHL – actions to date’);
- (d) Medicines Management Dashboard – overall rated ‘amber’, however controlled drugs (storage) was still ‘red’ rated. This issue was being monitored by the QPMG and Medicines Management Board, and
- (e) 95% threshold for VTE risk assessment within 24 hours of admission had not been achieved in quarter 1 – it appeared that the issues were in relation to data recording. However, the threshold had been achieved in July 2013.

DD,
W&C

The Chief Nurse and Quality Officer East Leicestershire and Rutland CCG commented on the pace of change, traction and poor compliance in-year and noted the need to make the process more meaningful and suggested that some contract variations would be required, however she highlighted this would need to be formally signed-off when the new Chief Nurse was in post.

The Committee Chair noted that the Corporate self assessment with CQC outcome 9

(management of medicines) had declared non-compliance (paper Q refers) – in response, the Director of Clinical Quality made members aware that there was disparity between Corporate and Divisional self assessments (with the exception of Women’s and Children’s Division) particularly in respect of CQC Outcome 9.

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

(B) the Divisional Director, Women’s and Children’s be invited to attend the QAC meeting in September 2013 to provide a report on maternity dashboard – blood loss indicator.

DD,
W&C

77/13 SAFETY

77/13/1 Nursing Healthcheck

Paper E provided the July 2013 status of individual ward positions relating to key monthly indicators and highlighted those wards where the indicators required greater focus. The Acting Chief Nurse highlighted that 6 clinical areas were noted to have lower metrics results. Some of these 6 areas which were in the lower performance category were subject to additional measures including weekly ward visits by the Corporate Nursing Team and had additional managerial support. Further to a query from Mr P Panchal, Non-Executive Director, members were advised that some of the ward data was not in a downloadable format and therefore information on those wards could not be included.

The Acting Chief Nurse noted the need for the various processes (i.e. Nursing Healthcheck, Wards on Special Support, triangulation between nurse to bed ratio/vacancy rates, complaints, SUIs etc.) to be integrated and suggested that she would discuss this with the new Chief Nurse and an update would be presented to the QAC in October 2013. The Chief Executive noted the need for a robust review and integrated process to be in place. He suggested that a description of the various processes would prove useful.

ACN

Responding to a query, it was reiterated that this report could be sent to the Commissioners prior to it being discussed at the QAC.

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

(B) the Acting Chief Nurse to liaise with Ms R Overfield, Chief Nurse when she was in post regarding the integration of the various processes (i.e. Nursing Healthcheck, Wards on Special Support, Vacancy data etc.) and an update on this be provided to the QAC, CCG Board and UHL Trust Board in October 2013.

ACN/TA

77/13/2 Nursing Workforce Report

Paper F provided an overview of the nursing workforce position for UHL. A full ward staffing review has been undertaken and presented to Executive Team on 13 August 2013. The budgeted nurse to bed ratios for this report would be amended for future papers once agreement of budgets had been made by the Executive Team in September 2013. For June 2013, actual nurse to bed ratio when reviewing the staffing levels for wards were all above the agreed minimum ratio and therefore no action plans were required for this report.

The Chief Nurse and Quality Officer ELR CCG queried re. whether more wards would be rated ‘red’ if the establishment was increased because it would not be possible to recruit to vacancies immediately – in response, the Chief Executive advised that he would expect a few more wards to be ‘red’ rated for a period of time but there would not be a significant increase because some wards have already been staffed over budget. The Chief Nurse and Quality Officer ELR CCG highlighted that some members of the

CCG Boards might not be up to speed with the different processes and it was suggested that a narrative of the different processes be provided to both the CCG Board and UHL Trust Board (Minute 77/13/1 above refers).

The Chief Executive requested the Acting Chief Nurse to update the Emergency Department – vacancies graph provided in paper F as the data in respect of the actual and predicted vacancies was not aligned.

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

77/13/3 Update on data reported in the NHS Safety Thermometer (ST) regarding ‘harms’

The Acting Chief Nurse presented paper G, an update on the NHS Safety Thermometer prevalence results for July 2013. The remedial action plan which had been developed following the contract query notice for pressure ulcers had been signed off by the Clinical Quality Review Group on 22 August 2013. The Committee Chair requested that progress updates (particularly for actions 2 and 3 in the action plan) be appropriately completed and be appended to this report when presented to QAC on a monthly basis.

ACN

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

(B) the pressure ulcer remedial action plan be appropriately updated and appended to the NHS ST report when presented to QAC on a monthly basis.

ACN

77/13/4 Report by the Acting Chief Nurse

Resolved – that this item be classed as confidential and taken in private accordingly.

77/13/5 Interim Arrangements for delivering high quality end of life care within UHL

The Acting Chief Nurse introduced paper I, advising that the report had been prepared by Dr R Bronnert, Palliative Medicine Consultant and UHL End of Life Care Lead. UHL had utilised the Liverpool Care Pathway (LCP) in a structured way, however there had been a significant tailing off of the use of LCP since October 2012 (particularly since the media criticism of the pathway).

A report following the independent review of the LCP was issued in July 2013 - 44 specific recommendations were made (appendix D of paper I refers). The Acting Chief Nurse highlighted that a review of the recommendations had indicated the need for specific action within UHL. Further to a lengthy discussion on the way forward, it was agreed that the LCP should not be discontinued and the Trust’s current practice should continue. However, in the meantime (until national guidance becomes available), locally derived interim guidance be developed, consulted with staff and patients and a robust implementation plan be presented to the QAC in October 2013. An update to this effect be issued to relevant staff by the Medical Director. The Committee Chair agreed to highlight this matter to the Trust Board.

ACN/MD

MD

Chair

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

(B) interim guidance (to care for patients who were dying and not being cared for with the support of LCP) be developed, consulted with staff and patients and a robust implementation plan be presented to the QAC in October 2013;

ACN/MD

(C) the Medical Director to email relevant staff to inform them of the above position, and

MD

(D) the Committee Chair to highlight this matter to the Trust Board.

Chair

The Medical Director presented paper J, patient safety report on behalf of the Director of Safety and Risk. The following was highlighted in particular:-

- (i) Professor Don Berwick’s ten recommendations following his report ‘A Promise to Learn – a Commitment to Act; Improving the Safety of Patients in England’. The proposal was to use an integrated approach in respect of progressing recommendations from this report and the Keogh report;
- (ii) increase in complaints and concerns related to Ophthalmology services, and
- (iii) failure to identify sepsis early and to act upon sepsis had been features of a number of recent incidents and inquests. Therefore, the 5 Critical Safety Actions (CSA) had been reviewed and the Medical Director reported that one of the CSA would be replaced with ‘Management of Sepsis’.

Mr P Panchal, Non-Executive Director highlighted that he had spoken to ward staff who had expressed concern that the new meal service did not provide flexibility as the former meal service (i.e. food on trolley) – in response, the Acting Chief Nurse acknowledged that these concerns had been captured and although challenging, were being dealt with appropriately.

The Committee Chair queried the reason for the sudden increase in the number of open CAS alerts – the Medical Director agreed to liaise with the Director of Safety and Risk and provide a verbal update at QAC in September 2013.

DSR

In respect of the 10 X medication errors in Children’s CBU, the Committee Chair requested that an overview, root causes and actions put in place be presented to the QAC in September 2013. It was noted that the Division had reinstated their local Medicine Management Board.

Children’s
CBU

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

(B) the Director of Safety and Risk to provide a verbal update at the QAC meeting in September 2013 in respect of the increase in the number of open CAS alerts, and

DSR/TA

(C) the Children’s CBU to attend the QAC in September 2013 to present an overview, root causes and actions put in place in respect of the 10 x medication errors in this CBU.

Children
’s CBU

Paper K detailed the findings of the external review commissioned by NHS England into UHL’s never event investigation reports. Overall, the opinion of MD Consulting (who undertook the review) was that UHL did undertake a reasonable investigation of facts in all of its never event investigations. The Chief Nurse, West Leicestershire CCG commented that the findings report attached to paper K was a draft version (highlighting that a finalised version was already available) – however, the recommendations in both the versions were the same.

Brief discussion took place on a never event contract query which was received in 2013 and an action plan had been outstanding – this matter had also been discussed at the CQRG meeting in July 2013 and Contract Performance meeting in August 2013.

An action plan (appendix 2 to the report) had been circulated to the Divisional Quality and Safety Teams and the Corporate Patient Safety Team for them to consider and respond to the individual case recommendations and the six specific recommendations arising from the review. The Committee Chair requested that the action plan needed to be more specific (i.e. include the actions that needed to be put in place in light of the review) – she suggested that this information be included within the Patient Safety

DSR

Report for the QAC meeting in September 2013.

Resolved – that the contents of paper K be received and noted and the above action be included within the Patient Safety report to the QAC in September 2013.

DSR/TA

77/13/8 Quarter 1 (2013-14) Health and Safety Report

Paper L outlined the quarter 1 (2013-14) health and safety report. The Committee Chair requested that future such reports included trends (i.e. quarter to quarter comparison) in order that an inference could be made. Further to a query from Mr P Panchal, Non-Executive Director, it was suggested that the Director of Safety and risk provided a verbal update at the September 2013 QAC meeting in respect of recommendation 7.2 of paper L - legal requirement to report RIDDOR incidents to the HSE.

DSR

DSR

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

(B) future quarterly health and safety reports to include trends, and

DSR

(C) the Director of Safety and Risk to provide a verbal update at the September 2013 QAC meeting in respect of recommendation 7.2 outlined in paper L - legal requirement to report RIDDOR incidents to the HSE.

DSR

78/13 **QUALITY**

78/13/1 Month 4 – Quality and Performance Update

Paper M provided an overview of the July 2013 quality and performance report highlighting key metrics and areas of escalation or further development where required.

The following were highlighted in particular:-

- (a) performance for time to surgery within 36 hours for fractured neck of femur patients was below the target of 75% - the reasons for this was unprecedented demand and inadequate capacity. An exception report would be included within the next Q&P report;
- (b) 95% threshold for VTE risk assessment within 24 hours of admission had been achieved for July 2013;
- (c) the LLR Mortality review had been completed and the preliminary findings would be reported to the LLR Mortality Group by end of September 2013;
- (d) overall friends and family test score 66.0 – the Chief Executive requested that league tables be published and benchmarking against some large Trusts be incorporated within the Q&P report, and
- (e) 'doctor to patient' ratio and 'doctor to bed' ratio would now be reported within the Q&P reports.

MD

ACN

It was requested that the Quality Commitment Dashboard be included in future Quality and Performance reports.

DCQ

Resolved – that (A) the contents of paper M be received and noted and exception reports for any areas rated 'red' on the dashboard be included within the subsequent Q&P report;

MD

(B) league tables and benchmarking against some large Trusts in respect of the friends and family test be included within the Q&P reports, and

ACN

(C) the Quality Commitment Dashboard be included in future Quality and Performance reports.

DCQ

78/13/2 Assessment of UHL's Compliance Against the Recommendations Arising from the

Keogh Report and a Summary of any actions required

The Medical Director presented paper N which provided an initial gap analysis against the key findings from the Keogh review (section 2 of the report refers). Appendix 1 listed the actions identified in the Keogh report together with the Trust's response and identification of future work required. This report had been initially discussed at the Cross Divisional Executive meeting and leads would be identified for gaps that were not part of existing work streams. A further report would be presented to the September 2013 Trust Board with an aim of merging the Keogh and Berwick themes. However, consideration would be given to whether separate or integrated action plans for the Keogh and Berwick recommendations would be appropriate.

MD

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

(B) a report on Keogh and Berwick reviews be presented to the Trust Board in September 2013.

MD

78/13/3 Clinical Audit Quarterly Report and Dashboard

The Director of Clinical Quality presented paper O, a progress update against delivering UHL's clinical audit programme. The clinical audit dashboard had been updated for 2013-14 in terms of the indicators monitored and the revised Divisional structure. Improvements had been noticed in terms of completion of audits and Divisional ownership of the clinical audit agenda. She highlighted that for every SUI report, the action plan was now reviewed to identify if audit was a requirement and this was then progressed accordingly. The Clinical Audit Manager was also a member of the Learning from Experience Group.

In respect of appendix 1.3 (2013-14 Clinical Audit Dashboard), the Chief Nurse and Quality Officer ELR CCG raised a query on the criteria for the scores – in response, the Director of Clinical Quality advised that in order to get a score of 100, an ideal clinical audit programme would need to reflect audits both registered and completed, running to schedule and actions implemented in line with agreed deadlines. She agreed to brief the Chief Nurse and Quality Officer ELR CCG outside the meeting, as required.

In response to a query from the Committee Chair, the Director of Clinical Quality advised that annual audit prize events were held to celebrate clinical audit successes noting that individual clinical leadership played a major role in the success of the clinical audit programme.

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

78/13/4 Report on Commissioner Visits to LGH and LRI on 2 July 2013 and UHL's response

The Director of Clinical Quality advised that the Commissioners had conducted quality visits to the LGH and LRI on 2 July 2013. The outcome of these visits was detailed in paper P. The report had been shared with those areas and their responses/actions had also been included. It was suggested that the review work to be undertaken by the Acting Chief Nurse (Minute 77/13/1 refers) also included an update on the cross analysis of CCG feedback with Executive and Non-Executive Director walkabout feedback. The Chief Executive suggested that Commissioner visits out of hours and inclusion of UHL Non-Executive Directors on those visits would prove useful. Paper P be circulated to Trust Board, for information.

ACN

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

(B) the Acting Chief Nurse to include an update on the cross analysis of CCG feedback with Executive and Non-Executive Director walkabout feedback in the review work, and

ACN

(C) Paper P be circulated to Trust Board, for information.

78/13/5 CQC Quarter 2 Self Assessment

The Director of Clinical Quality presented paper Q, a report on details of the results of the self assessments completed at the end of July 2013 against the CQC essential standards of quality and safety. The current self assessments of the 16 quality and safety outcomes were undertaken quarterly by Corporate and Divisional teams. The results of the latest self assessments were presented to the August 2013 QPMG following which some assessments had been revised/updated.

The Acute Care Division declared non-compliance on seven outcomes on the basis of continuing challenge in the Acute Care pathway. Women's and Children's Division declared non-compliance against outcome 9 (management of medicines).

The CQC had published their proposals for future inspections and they would be piloting their approach in some organisations. As soon as the guidance was confirmed, the Director of Clinical Quality advised that the Trust would amend its self assessment processes to reflect that.

Discussion took place regarding the disparity between Corporate and Divisional self assessment particularly in relation to outcome 9. In further discussion on whether the Trust should routinely self assess against the existing standards until the new framework was available or should the Trust await further guidance from the CQC – it was suggested that the Director of Clinical Quality should seek advice from the Executive Team and feedback be provided to the QAC in September 2013.

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

(B) the Director of Clinical Quality to seek advice from the Executive Team on whether the Trust should routinely self assess against the existing CQC standards until the new framework was available or should the Trust await further guidance from the CQC and the outcome of this discussion be feedback to the QAC in September 2013.

DCQ

79/13 **PATIENT EXPERIENCE**

79/13/1 Quarter 1 (2013-14) – Patient Experience Report

Paper R provided an update on the Patient and Family Feedback for Quarter 1 (April-June 2013). Particular emphasis on the following was made:-

- friends and family test score;
- three positive and negative themes that appeared on both NHS Choices and Patient Opinions – the Chief Executive requested that a breakdown by hospital site in respect of these comments would be useful;
- implementation of dementia champions network;
- carers information and support programme;
- patient experience results – older people.

ACN

The Committee Chair sought assurance on how basic things like 'Nurse in Charge badges' and 'Hourly Ward Rounds' were adhered to – in response, the Acting Chief Nurse advised that this was routinely audited and followed-up under the Nursing Healthcheck regime.

The Committee Chair queried the support required from QAC in respect of 'Dementia Champions Network' – in response, the Acting Chief Nurse noted that this was linked with CQUIN and advised that a good framework was in place, however traction was

required and the Director of Marketing and Communications was taking forward this workstream and would be reporting to the Executive Team.

Mr P Panchal, Non-Executive Director highlighted that at a previous Trust Board meeting it was suggested that 'Dementia Awareness Training' session should be scheduled for Trust Board members – he agreed to check where this would fit in terms of the Trust Board Development sessions.

PP, NED

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

(B) a breakdown by hospital site in respect of the comments on NHS Choices and Patient Opinions be provided to the QAC, and

ACN

(C) Mr P Panchal, Non-Executive Director to check the scheduling of the 'Dementia Awareness Training session' for Trust Board members.

PP, NED

80/13 ITEMS FOR INFORMATION

80/13/1 Maternity Outlier Alert for Puerperal Sepsis and Other Puerperal Infections at UHL – CQC Letter

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

81/13 MINUTES FOR INFORMATION

81/13/1 Finance and Performance Committee

Resolved – that the public Minutes of the Finance and Performance Committee meeting held on 24 July 2013 (paper T refers) be received and noted.

81/13/2 Executive Performance Board

Resolved – that the action notes of the Executive Performance Board meeting held on 23 July 2013 (paper U refers) be received and noted.

82/13 ANY OTHER BUSINESS

82/13/1 HSE Complaint

The Medical Director reported that the Health and Safety Executive would be writing to the Chief Executive in relation to poor ventilation and management of fumes in the histopathology labs.

Resolved – that the position be noted.

83/13 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be brought to the attention of the Trust Board on 29 August 2013:-

- Liverpool Care Pathway – review of end of life arrangements (Minute 77/13/5 refers);
- Independent Review of Never Events (Minute 77/13/7);
- #NOF performance (discussion under Quality and Performance report - Minute 78/13/1 refers), and
- Report on Commissioner visits (Minute 78/13/4).

84/13 DATE OF NEXT MEETING

Resolved – that the next meeting be held on Wednesday, 25 September 2013 at 12:00noon in the Large Committee Room, Main Building, Leicester General Hospital.

The meeting closed at 2.45pm.

Cumulative Record of Members' Attendance (2013-14 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>	<i>5</i>	<i>3</i>	<i>60</i>	<i>R Palin*</i>	<i>4</i>	<i>3</i>	<i>75</i>
<i>M Caple*</i>	<i>5</i>	<i>4</i>	<i>80</i>	<i>P Panchal</i>	<i>5</i>	<i>4</i>	<i>80</i>
<i>S Dauncey</i>	<i>1</i>	<i>1</i>	<i>100</i>	<i>C Ribbins</i>	<i>4</i>	<i>3</i>	<i>75</i>
<i>K Harris</i>	<i>5</i>	<i>3</i>	<i>60</i>	<i>J Wilson</i>	<i>5</i>	<i>5</i>	<i>100</i>
<i>S Hinchliffe</i>	<i>1</i>	<i>1</i>	<i>100</i>	<i>D Wynford-Thomas</i>	<i>5</i>	<i>3</i>	<i>60</i>
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	<i>5</i>	<i>3</i>	<i>60</i>				

** non-voting members*

Hina Majeed, **Trust Administrator**