

**UNIVERSITY HOSPITALS OF LEICESTER (UHL) NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 12 JUNE 2025 FROM 3.43PM IN THE CUMULUS ROOM, LEICESTER DIABETES CENTRE, LEICESTER GENERAL HOSPITAL****Voting Members present:**

Dr A Haynes MBE - Non-Executive Director & Trust Board Vice Chair (in the Chair)  
 Mr S Adams – Non-Executive Director and Operations and Performance Committee Non-Executive Director Chair  
 Mr L Bond – Chief Financial Officer  
 Professor I Browne – Non-Executive Director and People and Culture Committee Non-Executive Director Chair  
 Mr A Furlong – Medical Director  
 Ms J Hogg – Chief Nurse  
 Ms J Houghton – Non-Executive Director  
 Mr A Inchley – Non-Executive Director and Finance and Investment Committee Non-Executive Director Chair  
 Mr J Melbourne – Chief Operating Officer / Deputy Chief Executive  
 Mr R Mitchell – Chief Executive  
 Mr D Moon – Non-Executive Director and Audit Committee Non-Executive Director Chair  
 Professor T Robinson – Non-Executive Director and Charitable Funds Committee Non-Executive Director Chair

**In attendance:**

Dr R Abeyratne – Director of Health Equality and Inclusion  
 Mr S Barton – Deputy Chief Executive  
 Ms D Burnett – Director of Midwifery  
 Ms B Cassidy – Director of Corporate and Legal Affairs  
 Dr S Kaur – Associate Non-Executive Director  
 Ms H Kotecha – Chair, Healthwatch  
 Mr W Monaghan – Group Chief Digital Information Officer  
 Mr M Reeves – Corporate and Committee Services Officer  
 Ms M Smith – Director of Communications and Engagement  
 Dr R Singh - Guardian of Safe Working (for minute 146/25/1)  
 Ms C Teeney – Chief People Officer

		<b><u>ACTION</u></b>
<b>138/25</b>	<b>APOLOGIES AND WELCOME</b>	
	Apologies for absence were received from Mr A Moore, Trust Board Chair, and Mr S Harris, Associate Non-Executive Director.	
<b>139/25</b>	<b>CONFIRMATION OF QUORACY</b>	
	<b><u>Resolved</u> – the meeting was confirmed as quorate (i.e. at least one-third of the whole number of Directors were present, including at least one Executive Director and one Non-Executive Director).</b>	
<b>140/25</b>	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interest.	
<b>141/25</b>	<b>MINUTES</b>	
	<b><u>Resolved</u> – that the Minutes of the public Trust Board meeting held on 8 May 2025 be confirmed as a correct record.</b>	
<b>142/25</b>	<b>MATTERS ARISING: BOARD ACTION LOG</b>	
	Paper B provided progress updates for the matters arising from the 8 May 2025 Trust Board meeting and any outstanding items from previous meetings, the contents of which were received and noted.	

	In relation to action 5 regarding the Neighbourhood Health Programme data request, the Chief Financial Officer confirmed that he had received a response from the Integrated Care Board (ICB) Chief Operating Officer who provided details of the pre-clinical initiative, which was proposed to increase its activity with the anticipation of 5,000 fewer admissions to UHL as a result, but there were some risks around recruitment and cost reduction. The Chief Financial Officer confirmed he would respond further seeking detail about wider neighbourhood programmes. The Chief Executive noted that ICB representatives had been invited to the forthcoming Trust Board Development Session where this could be discussed further. The Deputy Chief Executive confirmed he would circulate the report on the Neighbourhood Health Programme considered at the ICB Board held in the morning prior to the Trust Board.	
	<b><u>Resolved</u> – that the matters arising report be received and noted as paper B.</b>	
<b>143/25</b>	<b>FUNDAMENTALS OF CARE: UPDATE ON STRATEGIC IMPROVEMENTS AND IMPLEMENTATION PLAN</b>	
	<p>The Chief Nurse presented a report, arising from the Patient Story at the previous Trust Board, which provided assurance and an update regarding the Fundamentals of Care programme across UHL. Details were provided of a meeting which took place with the patient's family, where their views were heard and commitments were made to work with them further and share their story. Details of improvements made within UHL were also shared at the meeting.</p> <p>The report presented to the Board outlined details of the Fundamentals of Care programme such as developing a promise for fundamental care, developing an education programme and improving workplace relationships. Other elements included a review of nursing documentation in order to digitalise or reduce where possible. There would also be a review of complaints regarding the fundamentals of care and a pilot scheme would be implemented in Specialist Medicine to reduce complaints.</p> <p>Professor T Robinson, Non-Executive Director queried whether there would be a clear understanding of Fundamentals of Care for those staff who were bank, agency or students. The Chief Nurse confirmed that there were no agency staff in adult services at UHL, and confirmed that there was close working with universities to include fundamentals of care in their training.</p> <p>Ms J Houghton, Non-Executive Director enquired about the role of the Patient Relationship Manager. The Chief Nurse confirmed this was a new role within the Complaints Team who would work proactively with the families to address concerns at an early stage.</p>	
	<b><u>Resolved</u> – that the report be noted.</b>	
<b>144/25</b>	<b>STANDING ITEMS</b>	
144/25/1	<u>Chair's Report</u>	
	<p>Reporting verbally, Dr A Haynes, Trust Board Deputy Chair highlighted the following item:</p> <p>a) Comprehensive Spending Review – noting the recent government announcement regarding the comprehensive spending review, positive aspects such as a general increase in NHS funding, digital developments and support for the wider determinants of health were welcomed. However, disappointment was noted in respect of a lack of funding announced for capital projects.</p>	
	<b><u>Resolved</u> – that the report be noted.</b>	
144/25/2	<u>CEO Update</u>	
	<p>The Chief Executive presented paper D, and particularly highlighted the following:</p> <p>a) 'Change and Balance – this was an ongoing theme which reflected the requirement to focus on the Trust's financial position, whilst continuing to provide safe care and become a better employer. It was acknowledged that there had been a positive start in addressing the financial position, but there were further challenges to address.</p>	

	b) CQC inspection of Glenfield Hospital – The Medical Director reported on the ongoing CQC inspection of medicine and surgery taking place over five days. In terms of Medicine, initial feedback was provided regarding areas for improvement which focused on governance and clinical decision making, and some inconsistencies on risk governance. There was also a focus on the number of Health Care Support Workers and nurse to patient ratios. Positive feedback was received in relation to policies, staff empowerment and multi-disciplinary team (MDT) working. Initial feedback in relation to surgery raised some concern issues with hygiene, estate standards and use of Physical Therapy assessments, as well as known issues in relation to Cardiac Surgery culture. Positive feedback was received in relation to good examples of caring staff in all areas, collaborative approaches and MDT working.	
	<b>Resolved – that the report be noted.</b>	
144/25/3	<u>Integrated Performance Report and Executive Summary (Month 1)</u>	
	<p>The Chief Executive introduced paper E, noting that the format of the report continued to evolve, where consideration was being given to utilising the Federated Data Platform to develop the report and a forecast approach in future reports.</p> <p>The Chief Operating Officer reported improved performance in Urgent and Emergency Care (UEC) in April 2025 with further improvements being seen for May 2025, which was thought to be due to leaving the winter period and positive developments from initiatives such as the Same Day Emergency Care frailty service. Areas of focus for further improvement were productivity, length of stay as a focus for UHL, with transport and volume of care a focus for ICB colleagues. There had recently been positive discussions with ICB partners, but there needed to be a delivery on actions going forward.</p> <p>In terms of planned care, the Chief Operating Officer reported a worsening position for 65 week waits, with particular challenges in paediatric services, partly as a result of increased demand arising from emergency pressures. The forthcoming Patient Administration System (PAS) transition was also expected to create increased waiting lists arising from the impact of adapting to the new system, but create greater long-term benefits. Positive news was noted in terms of theatre utilisation being above 80% which contributed to the Leicester, Leicestershire and Rutland (LLR) ICB being the best performing System in the country for April for theatre utilisation. Positive performance was also noted in respect of NHSE validation sprints which helped reduce waiting lists.</p> <p>Ms S Kaur, Associate Non-Executive Director, highlighting the challenges in Paediatric Ear Nose &amp; Throat (ENT) and the utilisation of other capacity to reduce the waits in this area, enquired whether this would create challenges in other areas. The Chief Operating Officer acknowledged that there were challenges across Paediatric services due to capacity, but this initiative would be monitored for impact. The Medical Director provided assurance that despite some potential additional challenges from the holiday period, prioritising Paediatric ENT was the right thing to do and no major impacts were anticipated.</p> <p>Dr A Haynes, Trust Board Vice Chair, raised queries regarding central assessment and whether this would impact on cancellations, and also noting the new Hinckley Community Diagnostic Centre (CDC), enquired when positive impacts would be seen from this facility. The Chief Operating Officer confirmed that a report regarding on the day cancellations would be presented to the Operations and Performance Committee. In respect of the Hinckley CDC, this facility would enable a reduction in the use of insourcing, and it was also noted that it would be imminently receiving patients.</p> <p>Each of the Executive Director IPR leads were invited to provide an overview of the key aspects of paper E relating to their portfolios as follows:-</p> <p><b>(1) Quality</b> – The Chief Nurse reported that the overall position with regard to Quality remained positive. There did however remain a concern with regard to Methicillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia infections, and therefore a multiprofessional summit would be convened to consider any possible learning particularly from 2 recent cases. Dr A Haynes, Trust Board Vice Chair requested that an update on MRSA be provided to the Quality Committee. The Chief Nurse confirmed that this could be provided once the summit had taken place.</p>	<p><b>COO</b></p> <p><b>CN</b></p>

	<p>The Medical Director reported that medical metrics remained stable, with further discussion in relation to mortality later in the meeting.</p> <p>Ms J Houghton, Non-Executive Director noted that Infection Prevention and Control was a challenge across the East Midlands region, but queried whether there was any learning from elsewhere or whether adherence to existing standards was the way forward. The Chief Nurse noted that UHL compared well within the regional benchmark and there was close working across the LLR System. Further UHL's Infection Prevention Board Assurance Framework was recognised nationally as an exemplar. It was felt that the way forward was about maintaining high standards and to implement the Fundamentals of Care initiative.</p> <p><b>(2) People</b> – The Chief People Officer outlined the current position with regard to workforce, noting that the Whole Time Equivalent (WTE) position was below plan, therefore in a favourable position, there was compliance with NHSE requirements for the use of agency staff, the turnover rate had reduced and there had been a slight reduction in sickness absence levels.</p> <p>Dr A Haynes, Trust Board Vice Chair, noting a reduction in performance regarding appraisal levels sought details of proposed actions to improve the position. The Chief People Officer confirmed that work was ongoing to review relevant data and processes, noting that the position often deteriorated when operational pressures increased. Updates on performance would be provided to the People and Culture Committee and subsequently to Trust Board.</p> <p><b>(3) Finance</b> – The Chief Financial Officer provided an overview of the financial position, noting a positive position with regard to pay which was below plan, compared with an adverse position in relation to monthly deficit, largely as a result of lower than expected income generation, partly arising from the delay to the opening of the Hinckley CDC and lower catering income at the Leicester Royal Infirmary following the restaurant fire. Assurance was provided that plans were being developed to recover the position. A small amount of slippage was noted in capital spending and the cash position was lower than forecast, but these were not felt to be of concern.</p>	
	<p><b><u>Resolved</u> – that (A) details of the position regarding on the day cancellations be reported to Operations and Performance Committee; and</b></p> <p><b>(B) an update be provided to the Quality Committee regarding actions to address MRSA bacteraemia following the multi-professional summit which is looking into this issue.</b></p>	<p><b>COO</b></p> <p><b>CN</b></p>
144/25/4	<u>Board Committee Escalation Reports and Board Committee Annual Reports (where available)</u>	
	<p>The Annual Committee reports for Finance and Investment Committee and People and Culture Committee were taken as read and approved (including any recommendations).</p> <p><u>Operations and Performance Committee – 29 May 2025</u> Dr A Haynes, Operations and Performance Committee member highlighted discussions regarding waiting list reduction initiatives, noting that the Committee would receive a further report on the impact of these in the East Midlands Planned Care Centre (EMPCC). Also, a further report had been requested in relation to mental health patients attending the Emergency Department (ED) and delayed discharges to care homes. Challenges regarding Radiotherapy waits were also noted, but this was being addressed following the implementation of the fifth linear accelerator and mutual support.</p> <p><u>Quality Committee – 29 May 2025</u> Dr A Haynes, Quality Committee Non-Executive Director Chair reported details of discussions regarding 104+ day harm reviews for cancer patients where strong processes were noted as being in place, but actions in response to patient delays for breast and prostate cancer patients meant monitoring would be undertaken for 5 years to review any harms. A positive report regarding the Audit Quality and Improvement Programme was noted. Further, the recognition by NHSE of UHL's Infection Prevention BAF was noted and welcomed.</p> <p><u>Finance and Investment Committee – 28 May 2025</u> Mr D Moon, Finance and Investment Committee Non-Executive Director Chair noted that the committee had approved its committee annual report and amendments to terms of reference. Further, there had been positive discussions in relation to the Board Assurance Framework (BAF)</p>	

	<p>where a number of recommendations were made. Further, there was a detailed review of the 2024/25 year end financial position.</p> <p><u>Our Future Hospitals and Transformation Committee – 30 May 2025</u> Dr A Haynes, Our Future Hospitals Committee Non-Executive Director Chair raised no matters for escalation.</p> <p><u>People and Culture Committee – 29 May 2025</u> Ms J Houghton, People and Culture Committee Non-Executive Director member noted discussions on the Resident Doctors Guardian of Safe Working and the Bi-Annual Establishment Review reports. The Violence, Aggression and Security Report was considered and noted as being a key priority area. Detailed discussion took place on the Workforce Race Equality Standard &amp; Workforce Disability Equality Standard report, where positive action and an improving position were noted. The Trust Board confirmed their support for the Nursing and Midwifery Bi-Annual Establishment Review paper, March / April 2025.</p>	
	<p><b><u>Resolved</u> – that (A) the escalation reports from the Operations and Performance Committee on 29 May 2025, the Quality Committee on 29 May 2025, the Finance and Investment Committee on 28 May 2025, the Our Future Hospitals and Transformation Committee on 30 May 2025, and the People and Culture Committee on 29 May 2025 be noted, and any recommendations be endorsed;</b></p> <p><b>(B) the Annual Committee reports for Finance and Investment Committee and People and Culture Committee be approved; and</b></p> <p><b>(C) the Nursing and Midwifery Bi-Annual Establishment Review Paper, March/ April 2025 be supported and endorsed regarding the work underway for continued safer staffing involvement at UHL.</b></p>	CN
145/25	<b>HIGH QUALITY CARE FOR ALL</b>	
145/25/1	<u>Quality Account</u>	
	The Chief Nurse presented the UHL Quality Account for 2024/25.	
	<b><u>Resolved</u> – that the Quality Account for 2024/25 be approved.</b>	
145/25/2	<u>Perinatal Quality Surveillance Scorecard April 2025</u>	
	<p>The Director of Midwifery presented the Perinatal Quality Surveillance Scorecard. Details were provided of the challenges which arose following an increase in activity during April, and whilst there were some impacts on negative acuity with some internal diversions and delays to induction of labour, assurance was provided that no harms occurred and one to one care was maintained. Other matters highlighted included actions to increase breast feeding, details of 2 external incidents, improvements to the Friends and Family test, hot topics within the report, actions in relation to vaccination levels and future changes to data presentation.</p> <p>Mr D Moon, Non-Executive Director and Maternity Champion asked the Director a general query regarding any concerns or worries she may have about the service. The Director of Midwifery provided assurance that she had no significant concerns. She noted however that the past year had seen significant change improvements and there were some signs of change fatigue. Positive improvements were noted through working more closely with communities through the Maternity and Neonatal Voices Partnership.</p> <p>Ms J Houghton, Non-Executive Director raised queries regarding positive effects from using the UHL video about induction of labour; whether any of the 6.4% of maternity cases which were treated by the Neonatal Unit could have been avoided; and seeking Baby Friendly Initiative accreditation for breastfeeding. The Director of Midwifery confirmed that details on these points would be covered in future reports, however, there had been a positive response regarding the induction of labour video, particularly from staff and it was thought useful that it could be shown to the Trust Board members. There would be a review of maternity cases treated in the Neonatal Unit by the Perinatal Assurance Committee. With regard to the Baby Friendly Initiative, it was acknowledged that progress was not at</p>	

	<p>the desired level, but there was now matron level leadership aiming for wider accreditation, but it was however confirmed that Leicester General Hospital had achieved accreditation.</p> <p>Professor I Browne, Non-Executive Director queried whether the reduction in outreach teams had impacted the level of vaccinations. The Director of Midwifery confirmed that outreach teams made minimal impact in relation to vaccination levels, therefore there had been no significant impact from the reduction.</p> <p>Dr A Haynes, Non-Executive Director requested that data in relation to smoking, where there had been cessation during a pregnancy and whether there had been any change if a second pregnancy occurred be included in a future report.</p>	DoM
	<b>Resolved – that details be provided in a future report, of data regarding smoking, where there had been cessation achieved during a pregnancy and whether cessation had remained for a subsequent pregnancy.</b>	DoM
145/25/3	<u>Mortality and Learning from Deaths</u>	
	<p>The Medical Director presented the Mortality and Learning from Deaths report. Summary details of the report were provided, where assurance was provided that crude and risk adjusted mortality levels were within the expected range, some improvements on clinical coding had been achieved and the challenges arising from the requirement for the medical examiner to scrutinise all deaths. Assurance was provided that the turnaround times for death certificates had been reduced to 3 days with further improvements expected. Further, it was noted that 4 deaths considered to have been more likely than not due to problems in care had been reviewed by the Mortality Review Committee.</p> <p>The Medical Director also provided summary details of the UHL Perinatal Mortality Quarterly report which focused on actions be taken in response to deaths where issues in care may have made a difference to the outcome. Further, details of the annual learning from child's death report processes were highlighted.</p> <p>The Chief Financial Officer raised queries about whether the move from Hospital Standardised Mortality Ratio (HSMR) Plus to HSMR was a retrograde step and what actions were being taken in relation to UHL being an outlier in co-morbidity data. The Medical Director did not feel using the HSMR was negative and highlighted that this move had exposed issues with UHL's depth of coding. He acknowledged that UHL being an outlier in co-morbidity data was an issue, but confirmed that initiatives to address this matter utilising the new Patient Administration System and AI were underway.</p>	
	<b>Resolved – that the report be received and noted.</b>	
146/25	<b>GREAT PLACE TO WORK</b>	
146/25/1	<u>Resident Doctor – Guardian of Safe Working</u>	
	<p>Dr R Singh, Resident Doctor Guardian of Safe Working presented a report, produced in line with the 2016 Resident Doctors' Contract and met the requirement for the Guardian of Safe Working to provide a quarterly report on exception reporting to the Trust Board. He outlined key points and trends arising from the exception reporting, noting an overall reduced number of concerns reported and areas where there were greater numbers of concerns such as Renal, Respiratory and Cardio Vascular (RRCV) FY1s, Clinical Decisions Unit (CDU) and Vascular Surgery, but he did not feel there were major concerns in any of these areas. Areas of further action were outlined such as exploring issues in Ophthalmology and considering a proactive approach to winter pressures. He noted that reforms to exception reporting were planned, but guidance had not yet been received from NHS Employers. A further point noted was a change to Resident Doctor Guardian of Safe Working reporting which would be on a 4 monthly basis in future, as this would provide more accurate data.</p> <p>Mr S Adams, Non-Executive Director, noting safety concerns highlighted in the report from Respiratory Medicine relating to staffing levels queried when this issue would be improved or resolved. Dr R Singh, Resident Doctor Guardian of Safe Working felt that the concerns were probably reflective of winter pressures, but he undertook to engage with resident doctors in the service and would provide a further update in the next report. In relation to wider Respiratory</p>	GOSW/ MD

	<p>services, the Medical Director referred to a piece of work undertaken by Kendall Bluck consultancy about the role of the Clinical Decisions Unit and whether its role would be focused on Cardiac and Respiratory care or have a broader role.</p> <p>The Chief Executive raised queries about the level of concerns raised at the Glenfield Hospital site and noting the Resident Doctor industrial action ballot, whether concerns were more local or national. Dr R Singh, Resident Doctor Guardian of Safe Working commented that at Glenfield, most of the FY1 resident doctors were from Emergency and Specialist Medicine (ESM), but could not be clear if this was a factor, but he felt that there had been few concerns from other Clinical Management Groups. He thought that it was more likely that the concerns were more issues for FY1 resident doctors and individual sites should not be the area of focus. In terms of the industrial action ballot, Dr R Singh commented that the general feedback appeared to be about long term structural issues which had not been resolved and were not specific to UHL, where issues could be reported and a response would be received.</p>	
	<b><u>Resolved</u> – that further details be provided in a future report regarding high levels of exception reports in Respiratory Medicine.</b>	<b>GOSW/ MD</b>
146/25/2	<u>Security Service Video Follow Up Assurance Report</u>	
	<p>The Chief Nurse presented a report which provided assurance in relation to measures the Trust had in place to ensure colleagues were safe, following concerns expressed at a previous Trust Board meeting. It was noted that staff safety challenges were not unique to UHL, but it was felt that there was a strong team in place who could provide support and ensure safety. The previous injunction approved by the Trust Board demonstrated clear positive leadership and the report outlined details of wide range of safety measures in place as well as the details of the Safezone application which helped keep staff safe.</p> <p>Ms S Kaur, Associate Non-Executive Director enquired about the use of body cameras. The Chief Nurse noted that there were used in some areas but noted that it was not always appropriate for all patient circumstances.</p> <p>Ms S Kaur, Associate Non-Executive Director further enquired about monitoring the outcomes of impacts from attacks. The Chief Nurse confirmed that the Health and Safety Committee received a monthly report on outcomes.</p> <p>The Chief Executive enquired whether the Safezone application had been evaluated. The Chief Nurse confirmed it had not, but this could be done.</p>	<b>CN</b>
	<b><u>Resolved</u> – that an evaluation of the Safezone application be undertaken.</b>	<b>CN</b>
147/25	<b>PARTNERSHIPS FOR IMPACT – no items</b>	
148/25	<b>RESEARCH AND EDUCATION EXCELLENCE – no items</b>	
149/25	<b>CORPORATE GOVERNANCE/REGULATORY COMPLIANCE – no items</b>	
150/25	<b>CORPORATE TRUSTEE BUSINESS – no items</b>	
151/25	<b>ANY OTHER BUSINESS</b>	
	<b>None.</b>	
152/25	<b>QUESTIONS FROM THE PRESS AND PUBLIC</b>	
	There were no questions from the press or public.	
153/25	<b>REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):</b>	

153/25/1	<b>Resolved – that it be noted that the following Minutes of meetings had been published on UHL’s website alongside the Trust Board papers:-</b> <ul style="list-style-type: none"> <li>• Quality Committee – Minutes of 24 April 2025</li> <li>• Operations and Performance Committee – Minutes of 24 April 2025</li> <li>• Finance and Investment Committee – Minutes of 30 April 2025</li> <li>• Our Future Hospitals and Transformation Committee – 25 April 2025</li> <li>• People and Culture Committee – Minutes of 24 April 2025</li> <li>• Charitable Funds Committee – Minutes of 21 February 2025</li> </ul>	
154/25	<b>REPORTS DEFERRED TO A FUTURE MEETING</b>	
	<b>None.</b>	
155/25	<b>DATE AND TIME OF NEXT MEETING</b>	
	<b>Resolved – that the next Public Trust Board meeting be held on Thursday 14 August 2025, at 3.00pm in Seminar Rooms 2/3, Clinical Education Centre, Glenfield Hospital</b>	

The meeting closed at 4.55pm

**Matthew Reeves – Committee and Corporate Services Officer**

**Cumulative Record of Attendance (205/26 to date):**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Moore	3	2	67	J Houghton	3	3	100
S Adams (from 1.5.25)	2	2	100	A Inchley	3	3	100
L Bond	3	3	100	J Melbourne	3	3	100
I Browne	3	2	67	R Mitchell	3	3	100
A Furlong	3	3	100	D Moon	3	2	67
A Haynes	3	3	100	T Robinson	3	2	67
J Hogg	3	3	100				

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	3	2	67	H Kotecha	3	1	33
S Barton	3	2	67	W Monaghan	3	3	100
B Cassidy	3	3	100	M Smith	3	3	100
S Harris	3	0	0	C Teeney	3	3	100
S Kaur	3	2	67				