

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 6 AUGUST 2020
AT 8AM****Voting Members present:**

Mr K Singh – Trust Chairman
 Ms V Bailey – Non-Executive Director and Quality and Outcomes Committee (QOC) Non-Executive Director Chair
 Professor P Baker – Non-Executive Director
 Ms R Brown – Acting Chief Executive
 Col (Ret'd) I Crowe – Non-Executive Director and People, Process and Performance Committee (PPPC) Non-Executive Director Chair
 Ms C Fox – Chief Nurse
 Mr A Furlong – Medical Director
 Mr A Johnson – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair
 Mr S Lazarus – Interim Chief Financial Officer
 Mr B Patel – Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair
 Mr M Traynor – Non-Executive Director

In attendance:

Mr A Carruthers – Chief Information Officer
 Ms L Davies – Director of Leicester Hospitals Charity (for Minute 148/20/1 only)
 Mr D Kerr – Director of Estates and Facilities
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 141/20)
 Ms F Lennon – Deputy Chief Operating Officer (on behalf of Ms D Mitchell, Acting Chief Operating Officer)
 Mrs K Rayns – Corporate and Committee Services Officer
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications
 Ms H Wyton – Director of People and Organisational Development

ACTION**134/20 APOLOGIES AND ANNOUNCEMENTS**

Apologies for absence were received from Mr J Adler, Chief Executive and Ms D Mitchell, Acting Chief Operating Officer. The Chairman welcomed Ms F Lennon, Deputy Chief Operating Officer to the meeting, noting that she was attending on behalf of the Acting Chief Operating Officer.

135/20 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Mr A Johnson Non-Executive Director and the Interim Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively). Mr M Traynor, Non-Executive Director declared his interest as Small Business Crown Representative with the Cabinet Office and the Trust Chairman declared his interest as a Board member with NHS Providers. With the agreement of the Trust Board, these individuals remained present.

136/20 MINUTES

Resolved – that the Minutes of the 2 July 2020 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN**137/20 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the matters arising log from the 2 July 2020 Trust Board meeting and any outstanding matters arising from previous meetings. Particular discussion took place regarding the following entries:-

- item 3 (Minute 122/20/2 of 2 July 2020 refers) – a report on Winter Planning was scheduled for consideration at the People, Process and Performance Committee (PPPC) Assurance Call on 27 August 2020 and monthly updates would be provided to PPPC thereafter;

- item 10 (Minute 125/20 of 2 July 2020 refers) – a report on the LLR System Expectations to support Covid-19 recovery and restoration would be presented to the public Trust Board meeting on 3 September 2020;
- item 12 (Minute 106/20/1 of 4 June 2020) – the Trust Chairman confirmed that the Leicester and Leicestershire Healthwatch Chair had been invited to join the informal Trust Board discussion relating to health inequalities on 14 August 2020 and this action could now be closed on the log, and
- item 16a (Minute 195/19/3 of 3 October 2020 refers) – reports on the Reconfiguration Programme continued to be submitted to the Trust Board and appropriate governance arrangements were being developed to ensure that transparency was maintained through public consideration of any reports not likely to be affected by commercial interests or prejudicial to the effective conduct of public affairs.

Resolved – that the Trust Board matters arising log be received as paper B.

138/20 KEY ISSUES FOR DISCUSSION/DECISION

138/20/1 Chairman's Monthly Report – August 2020

In presenting his monthly report at paper C, the Trust Chairman highlighted a number of key considerations in respect of delivering healthcare services over the next decade to meet the needs of patients and communities as the Trust emerged from the Covid-19 pandemic and responded to the financial challenges, in parallel with maintaining patient quality and safety. He suggested that a fundamental rethink would be required in the way that health services operated in future and he noted the importance of engaging with other healthcare partners, patients and communities to agree the way forward. A letter outlining the third phase of the NHS response to Covid-19 was appended to the Acting Chief Executive's report which featured later in today's agenda at paper D. The Chairman highlighted that approximately one third of UHL's workforce was from a Black Asian and Minority Ethnic (BAME) background and he drew members' attention to the briefing note from NHS Providers on addressing racial inequalities in the NHS which was appended to paper C.

As set out in the Chairman's monthly report, Ms K Jenkins, Non-Executive Director and Audit Committee Chair had resigned from her position with the Trust during July 2020. On behalf of the Trust Board, the Trust Chairman recorded his appreciation of Ms Jenkins's significant contributions to the Trust during both of her tenures with UHL (covering the period 2010 to 2014 and more recently over the last 20 months) and he wished her well for the future.

In discussion on paper C, the Director of People and Organisational Development highlighted the recent publication of the NHS People Plan, advising that regular reports focusing upon BAME issues, health inequalities and workforce equality diversity and inclusion matters would now be coming forwards for consideration by the People, Process and Performance Committee (PPPC) and the Trust Board, once the expected workstreams and deliverables had been mapped out and embedded within the organisation. Mr B Patel, Non-Executive Director commented upon the need to also review the wider impact of Covid-19 upon BAME staff (beyond their areas of work), noting for example that public transport was more widely used by staff from a BAME background.

DPOD

Resolved – that (A) the Trust Chairman's monthly report for August 2020 be noted, and

(B) the Director of People and Organisational Development be requested to present an initial report on the UHL People Strategy to the August 2020 PPPC meeting.

DPOD

138/20/2 Acting Chief Executive Monthly Update – August 2020

The Acting Chief Executive introduced paper D, briefing the Trust Board on the restoration and recovery of services following the Covid-19 pandemic, including the arrangements for stepping back up the key reporting and management functions. The report also covered key aspects of UHL's quality and operational performance, progress of the Reconfiguration Programme, re-accreditation of the endoscopy unit at Glenfield Hospital and the 2019/20 Annual Report for Leicester and Leicestershire Healthwatch – a full version of this latter publication was provided at appendix 3. A copy of a joint letter from the NHS Chief Executive and the NHS Chief Operating Officer dated 31 July 2020 setting out the arrangements for the third phase of the NHS response to Covid-19 was provided at appendix 1a. It was noted that a summary of the actions being taken by UHL in response to the Phase Three letter would be presented to Trust Board in September 2020.

ACE

At the request of the Acting Chief Executive, the Chief Nurse and the Medical Director briefed Trust Board members on the following aspects of UHL's quality and operational performance, advising that:-

- (a) the un-validated number of patient falls per 1000 bed days in May 2020 had stood at 5.5, but the validated position for June 2020 had improved and now stood at 3.8;
- (b) the data collection process for friends and family testing (which had been paused to reduce the burden upon staff during the pandemic) had been re-started and this section of the quality and performance report would start to be populated once more;
- (c) fractured neck of femur performance had begun to demonstrate an improvement now that the service had been repatriated back to the LRI site;
- (d) the percentage of stroke patients being seen in the TIA clinic within 24 hours had dipped during June 2020, but measures had been put in place to address this and normal performance was expected to be delivered for July 2020, and
- (e) in respect of cancer performance and 52-week waits, a robust process had been agreed to undertake patient harm reviews alongside the usual clinical patient prioritisation processes.

In discussion on the Acting Chief Executive's briefing, the Trust Chairman thanked the Leicester and Leicestershire Healthwatch Chair for the significant achievements outlined in the Healthwatch Annual Report for 2019/20. In response, the Leicester and Leicestershire Healthwatch Chair recorded her appreciation of the opportunities provided for Healthwatch to work collaboratively with UHL. Whilst it was good to hear of the reducing numbers of Covid-19 patients, she noted the need for clear communications to manage patients' expectations surrounding the arrangements for attending clinical appointments. The Director of Strategy and Communications advised that the communications process surrounding Covid-19 was being managed centrally by LLR System colleagues and by Public Health England, supported by social media and patient letters. The general message for patients to take away was that infection rates were low and that they should not be afraid to come into hospital for face-to-face appointments when required and that patients should seek urgent care whenever this became necessary. A comprehensive report on Winter Planning for 2020/21 was scheduled for consideration at the PPPC meeting in August 2020.

ACOO

Mr B Patel, Non-Executive Director commented upon the need for clear guidance about the process for friends and family to visit hospital inpatients (particularly for elderly patients and visitors). The Acting Chief Executive supported this point, noting that Covid-19 was still circulating widely amongst the general population and it was crucial to protect patients and staff from infections. Detailed discussions on hospital visiting arrangements were being held with Regional Teams and the advice on the Trust's external website would be refreshed accordingly. Special arrangements were in place to support the relatives of any patients who were receiving end of life care in hospital.

Col (Ret'd) I Crowe, Non-Executive Director and PPPC Chair commented upon the number of 52-week waits (1,495) and the total number of incomplete pathways (in excess of 66,000), noting the absolute need to reduce the size of the waiting lists using a combination of measures. Clear messaging to patients about the hospitals being open for business as usual was a key part of reducing the numbers of patients booked for clinic appointments or treatments, but not attending.

Resolved – that (A) the Acting Chief Executive's monthly report be received and noted as paper D;

(B) a comprehensive report on 2020/21 Winter Planning be presented to the August 2020 PPPC meeting, and

ACOO

(C) a consolidated summary of the actions being taken by UHL in response to the third phase of the NHS response to Covid-19 be presented to the Trust Board in September 2020.

ACE

138/20/3

Integrated Risk and Assurance Report (incorporating the Board Assurance Framework and Organisational Risk Register as at 30 June 2020)

The Director of Corporate and Legal Affairs introduced paper E, providing the Trust Board with assurance on the current position with progress of the risk control and assurance environment, including the risks contained within the Board Assurance Framework (BAF) and the organisational risk register. Noting that this was the first occasion that the Trust Board had seen the finalised 2020/21 BAF (provided at appendix 1), he reminded members that this document had been

developed by the Executive Team following the risk workshop held at the 12 March 2020 Trust Board thinking day. Under the Trust's established governance arrangements, all Principal Risks were reviewed and updated on a monthly basis by the respective Senior Responsible Officers and the individual entries were then scrutinised at the relevant Executive Board meeting.

The Director of Corporate and Legal Affairs particularly highlighted the addition of Principal Risk (PR) 8 relating to the Trust's ability to efficiently return to operating as an acute specialist teaching Trust whilst maintaining the response to Covid-19. The current risk rating for PR8 was 16 (high) and this was being monitored closely by the Executive Strategy Board and the Strategic Recovery Group. A further review of PR8 was due to be undertaken following receipt of the 31 July 2020 letter outlining the requirements for Phase Three of the NHS Response to Covid-19 (Minute 138/20/2 above refers). In further discussion on the Integrated Risk Report, the following comments and queries were noted:-

ACE

- (a) the Trust Chairman sought and received additional information regarding the risk assurance and governance process, noting that feedback from the monthly Executive Boards' scrutiny was documented within the subsequent iteration of the BAF which was then presented to the Trust Board on a quarterly basis. In addition, 'deep dive' reviews of key risks were undertaken by the Audit Committee with the relevant Executive leads being invited to attend the Audit Committee meeting for that item;
- (b) Professor P Baker, Non-Executive Director commended the format and candour of the integrated risk report, noting that the BAF provided an excellent stimulus for debate on key risks. He particularly highlighted the current likelihood ratings attached PR2 (failure to meet operational performance targets) and PR3 (failure to provide adequate staffing capacity) which both stood at 5 – meaning that these risks were almost certain to happen. The likelihood ratings for PR4 (failure to create and maintain a financially sustainable model) and PR6 (failure of the Trust's critical infrastructure) stood at 4 – meaning that they were likely to happen. The Trust Chairman noted that Professor Baker's comments supported the point he had made earlier in his briefing note about the requirement for a fundamental review of the current model of service provision (Minute 138/20/1 above refers), and
- (c) Mr A Johnson, Non-Executive Director commented upon the serious nature of PR8 (relating to Covid-19 recovering and restoration), suggesting that the current risk template was not appropriate or sufficient for recording risks of such magnitude. The column headed 'key current focus' appeared to provide statements of the existing status, rather than the current and future mitigation measures and he queried the scope to develop a subset of the PR8 mitigation plans for inclusion in the next iteration of the BAF. In response, the Acting Chief Executive advised that as the BAF was presented to the Trust Board on a quarterly basis, aspects of the key risks were also included within other Trust Board reports with clear focus on the actions being taken to mitigate these risks.

Resolved – that (A) the Integrated Risk and Assurance Report be received and noted as paper E, and

(B) a detailed review of Principal Risk 8 be undertaken to embed the mitigating actions set out in the third phase of the NHS response to Covid-19.

ACE

139/20 ITEMS FOR ASSURANCE

139/20/1 Reports from Virtual Board Committee Assurance Conference Calls

Papers F1 – F3 comprised summaries of the Board Committee assurance conference calls being held between April – September 2020 in lieu of full formally-constituted Board Committee meetings.

Resolved – that the position be noted.

139/20/1.1 Quality and Outcomes Committee (QOC)

Paper F1 summarised the issues covered during the 30 July 2020 QOC assurance conference call. In presenting the summary, the QOC Non-Executive Director Chair particularly highlighted the Premises Assurance Model Annual Report 2019/20 which was appended to paper F1 for members' information. On the basis of the limited scope of the completed self-assessment using the national template, the Committee had not been assured and further work was required to embed the outcomes within UHL's assurance processes. The Committee had also received an update on the

patient harm reviews being undertaken in respect of delays in patient care (particularly cancer patients) to ensure that no physical harm was being caused by the extended waiting times (aside from the increased level of anxiety). In respect of the Emergency Department CQC Action Plan (which had been produced following the January 2020 CQC inspection) the Committee had noted the significant impact of Covid-19 upon the way that services were delivered. The NHS England Infection Prevention and Control Framework had provided positive assurance in terms of hospital acquired infection rates. Finally the QOC Non-Executive Director Chair reported on the ongoing review of the approach that QOC would be taking in respect of monitoring quality processes, transformation, learning from Covid-19 and the need to triangulate the approach with patient feedback.

In discussion on the QOC summary, the following additional comments were raised:-

- (a) the Trust Chairman highlighted the importance of effective quality governance arrangements to support UHL's ambition to maintain its 'good' CQC rating, (at the very least) and work towards achieving an 'outstanding' CQC rating in the future;
- (b) the Director of Estates and Facilities urged Trust Board members not to take the Premises Assurance Model data in isolation, as this data needed to be triangulated with other controls and investment plans;
- (c) Mr B Patel, Non-Executive Director commented upon the PPI Strategy discussions and he queried whether the Trust might be inadvertently creating a 'gap' in patient engagement by not addressing the needs of individuals who were not digitally enabled. He highlighted an opportunity to monitor UHL's data (eg DNAs) more effectively to identify any challenges or barriers in respect of access to digital services;
- (d) the QOC Non-Executive Director Chair supported Mr Patel's point above, noting the need to explore relationships with members of the local population outside the traditional approach to patient engagement;
- (e) the Director of Strategy and Communications echoed the comments made in points (c) and (d) above, noting the need to increase community engagement and re-visit the approach to consultations following the Covid-19 pandemic to avoid potentially disenfranchising any sectors of the population who were not digitally enabled;
- (f) in response to the above points, the Leicester and Leicestershire Healthwatch Chair advised that the Clinical Commissioning Groups (CCGs) were already exploring issues relating to the 'digital divide' through the weekly LLR System meetings, which were also attended by Mr K Mayes, UHL's Head of Patient and Community Engagement;
- (g) the Trust Chairman cautioned against over-reliance upon the LLR System workstream to address any potential 'digital divide' recognising that there might be additional issues relating to acute care which the LLR System might not choose to focus upon, and
- (h) the QOC Non-Executive Director Chair advised that she would be meeting with UHL's Head of Patient and Community Engagement in the next week to consider the arrangements for using patient feedback from a wide variety of sources including the Patient Involvement, Patient Experience Assurance Committee (PIPEAC).

Resolved – that the summary of public issues discussed at the 30 July 2020 QOC assurance conference call and the Premises Assurance Model annual report (appended to the report) be received and noted as per paper F1.

139/20/1.2 People, Process and Performance Committee (PPPC)

Paper F2 summarised the issues covered during the 30 July 2020 PPPC assurance conference call. The PPPC Non-Executive Director Chair particularly drew members' attention to the 'infographic' (as appended to the summary) providing a concise overview of UHL's eHospital Programme. The Trust Chairman commended the format of this 'infographic' suggesting that it would be helpful to use this format in other future reports. PPPC had undertaken a detailed review of the impact of Covid-19 upon medical and clinical education and training, paying tribute to the student doctors and nurses who had taken on additional roles during the pandemic, and considering the current focus on restoration and recovery of training activity. Professor P Baker, Non-Executive Director commented upon current challenges (especially for Allied Health Professionals) with booking into training places where there was work to be done and he highlighted that not all nursing and midwifery student placements were within local control. Finally, the PPPC Non-Executive Director Chair advised that PPPC was due to review the first draft of the 2020/21 Winter Plan and the associated escalation framework at its next meeting.

Resolved – that the summary of public issues discussed at the 30 July 2020 PPPC assurance conference call (and the appended summary of the eHospital Programme) be received and noted as per paper F2.

139/20/1.3 Finance and Investment Committee (FIC)

Paper F3 provided a summary of the public issues covered during the 30 July 2020 FIC assurance conference call. The FIC Non-Executive Director Chair noted that the Interim Chief Financial Officer would be introducing the month 3 financial performance report in the next item on today's agenda. He particularly highlighted the lengthy discussion on the month 3 position and the need to plot the way forwards (recognising that the breakeven position had largely been a result of the Covid-19 top-up funding) and address the challenges surrounding implementation of greater financial controls in parallel with the recovery and restoration of services. Whilst a detailed update on the 2020/21 Capital Programme had not been submitted to this meeting, an adverse variance of approximately 50% was being reported for the first three months, meaning a potential reduction in the forecast efficiency gains for the relevant schemes.

In discussion on the FIC summary, the Trust Chairman noted that the arrangements for Covid-19 top-up funding were being phased out and that the Trust would be reliant upon its income for patient care activity which was not yet fully recovered from the pandemic. The Leicester and Leicestershire Healthwatch Chair queried whether the Trust had received a copy of the findings from the External Review of the financial deficit and whether there would be any impact upon patients within the plans to deliver financially sustainable services going forwards. In response, the Trust Chairman advised that the External Review had been commissioned by the Regulators and that UHL was working on the financial recovery programme with their assistance. As referenced within his monthly Trust Board briefing report (paper C refers), the Trust would be aiming to achieve financial sustainability without compromising on patient safety and quality, through re-developing its services within the financial envelope provided.

The Acting Chief Executive briefed the Trust Board on UHL's arrangements for protecting the quality of patient care, advising that a robust Quality Impact Assessment process was followed prior to implementing any cost improvement schemes or service delivery changes. She requested that the Medical Director and the Chief Nurse provide the Leicester and Leicestershire Healthwatch Chair with a copy of this policy (outside the meeting) for assurance purposes.

MD/CN

Resolved – that (A) the summary of public issues discussed at the 30 July 2020 FIC assurance conference call be received and noted as per paper F3, and

(B) the Medical Director and Chief Nurse be requested to provide the Leicester and Leicestershire Healthwatch Chair with a copy of the Trust's Policy for carrying out Quality Impact Assessments (outside the meeting).

MD/CN

139/20/1.4 2020/21 Month 3 Financial Position

As detailed in paper F4, the Trust was reporting a break-even position for month 3 inclusive of Covid-19 top-up funding of £24.2m. Excluding top-up funding, the underlying position was a deficit of £24.2m (which was favourable to plan by £6.1m). The underlying deficit reflected the impact of additional Covid-19 expenditure (£14.24m) and a reduction in patient care income of £5.04m, some of which was offset by reduced non-pay expenditure of £12.3m arising from reductions in clinical activity. Such non-pay benefits would be negated as the patient activity increased in line with the planned restoration and recovery of services. In respect of the cash position, the Trust had a closing balance of £127.9m. Compliance against the Better Payments Practice Code (BPPC) stood at 92.1% by number of invoices and 91.7% by value. Mr M Traynor, Non-Executive Director noted that UHL's performance for paying invoices for small and medium sized suppliers remained mid-range within the league table and he welcomed any interventions which might improve this position. Finally, the Trust Chairman recorded an appreciation of the significant work being undertaken by the Interim Chief Financial Officer and his team, reinforcing the need to remain mindful of expected fluctuations throughout the year in terms of income flows (and the associated financial modelling), and the significance of operational and financial performance by the Clinical Management Groups to support the delivery of UHL's financial control total.

Resolved – that the month 3 financial performance report be received and noted (as paper F4)

140/20 ITEMS FOR NOTING**140/20/1 Quarterly Sealings Reports**

Papers G1 and G2 provided the quarterly reports on the sealing of documents in accordance with the Trust's Standing Orders for quarter 4 of 2019/20 and quarter 1 of 2020/21 (respectively). There were no documents sealed during these periods.

Resolved – that the quarterly sealings reports be received and noted as papers G1 and G2.

141/20 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

Resolved – that no question or comments were raised.

142/20 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 143/20 to 149/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

143/20 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, and the Interim Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively) and, with the agreement of the Trust Board, they remained present.

144/20 CONFIDENTIAL MINUTES

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

145/20 CONFIDENTIAL MATTERS ARISING REPORT

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

146/20 KEY ISSUES FOR DISCUSSION/DECISION**146/20/1 Confidential Reports from the Director of Strategy and Communications**

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

146/20/2 Confidential Report from the Director of Corporate and Legal Affairs

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

147/20 ITEMS FOR ASSURANCE**147/20/1 Reports from Board Committees****147/20/1.1 Finance and Investment Committee (FIC)**

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective

conduct of public affairs, and on the grounds of commercial interests.

147/20/1.2 Remuneration Committee

Resolved – that the 26 June 2020 confidential Remuneration Committee minutes be received, and any recommendations endorsed.

148/20 CORPORATE TRUSTEE BUSINESS

148/20/1 Confidential report by the Director of Strategy and Communications

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

149/20 ANY OTHER BUSINESS

149/20/1 Confidential Verbal Report by the Interim Chief Financial Officer

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

150/20 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board virtual meeting be held on Thursday 3 September 2020 from 8am.

Post meeting note: the start time for the 3 September 2020 Trust Board meeting was subsequently changed to 9am.

The meeting closed at 10.52am

Kate Rayns – Corporate and Committee Services Officer

Cumulative Record of Attendance (2020/21 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	4	4	100	A Furlong	4	3	75
J Adler	4	0	0	K Jenkins (until 27.7.20)	3	2	67
V Bailey	4	4	100	A Johnson	4	4	100
P Baker	4	4	100	S Lazarus	4	3	75
R Brown	4	4	100	D Mitchell	4	3	75
I Crowe	4	4	100	B Patel	4	4	100
C Fox	4	4	100	M Traynor	4	3	75

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	4	4	100	S Ward	4	4	100
D Kerr	4	4	100	M Wightman	4	4	100
H Kotecha	4	4	100	H Wyton	4	3	75
V Karavadra	4	2	50				