

Trust Board paper J2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 September 2020

COMMITTEE: People, Process and Performance Committee

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

DATE OF COMMITTEE MEETING: 30 July 2020

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

- None

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- Minute 29/20/5 – Medical Education and Training Update (for noting);
- Minute 29/20/6 – Recovery and Restoration for Nursing, Midwifery and AHP Clinical Education and Training (for noting), and
- Minute 29/20/7 – IM&T Briefing Report – specifically the IT Infographic appendix which was attached to the PPPC Summary submitted to the 6 August 2020 Trust Board meeting for Board members' information.

DATE OF NEXT COMMITTEE MEETING: 27 August 2020

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC)
CONFERENCE CALL MEETING HELD ON THURSDAY 30 JULY 2020 AT 11.00AM, VIRTUAL
MEETING VIA MICROSOFT TEAMS**

**** this is not a formally constituted virtual Board Committee meeting. This conference call is confined to any time-critical items/governance must-dos only, and its purpose is to provide information on, and assurance of, progress.*

Present:

Col (Ret'd) I Crowe – PPPC Non-Executive Director Chair
Mr A Carruthers – Chief Information Officer
Ms D Mitchell – Acting Chief Operating Officer
Mr B Patel – Non-Executive Director
Ms H Wyton – Director of People and Organisational Development

In Attendance:

Mrs G Belton – Corporate and Committee Services Officer
Mr M McCarthy – Director of Clinical Education (for Minute 29/20/5)
Ms E Meldrum – Deputy Chief Nurse (for Minute 29/20/6)

RESOLVED ITEMS

25/20 APOLOGIES

There were no apologies for absence received.

26/20 DECLARATIONS OF INTERESTS

Resolved – that it be noted that no declarations of interest were made at this meeting of the People, Process and Performance Committee.

27/20 SUMMARY OF JUNE 2020 PPPC ASSURANCE CONFERENCE CALL

Resolved – that the Summary of the 25 June 2020 PPPC Conference Call (paper A refers) be confirmed as a correct record.

28/20 MATTERS ARISING

Paper B detailed the actions from previous conference call meetings of the People, Process and Performance Committee (PPPC), the contents of which were received and noted.

The following specific updates were provided:-

- (i) action 2 of 25 June 2020 PPPC meeting (Waiting List Management – Administrative Process) – it was agreed that an update on this item would be presented at the PPPC meeting in September 2020;
- (ii) action 5 of 25 June 2020 PPPC meeting (Workforce Briefing – review of the People Strategy and reprioritisation of work in light of staff capacity) – the Director of People and Organisational Development reported verbally to advise that the national People Plan had now been received and work was underway within the Trust to appoint to the systems roles required. It was agreed to report back on this item at the PPPC meeting in October 2020 in order to allow sufficient time to progress this work;
- (iii) action 6 of 25 June 2020 PPPC meeting (to report on the IM&T workplan reflecting on the resource implications and capacity required) – the Chief Information Officer reported verbally to confirm that information relating to the IM&T Plan was included in the IM&T briefing as scheduled on today's agenda. It was agreed to report specifically on the resource implications and capacity required at the September 2020 PPPC meeting;
- (iv) action 8 of the 28 May 2020 PPPC meeting (NHS Staff Survey 2020) – the Director of People and Organisational Development reported verbally to confirm that advice had

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- now been received that the national survey would be the same as in previous years, with the addition of new questions relating to Covid-19. The survey would be circulated to all UHL staff, as per usual practice, in September 2020. It was expected that the results would be available in January / February 2021, at which time these would be reported to PPPC;
- (v) action 9 of the 27 February 2020 PPPC meeting (Becoming the Best) – it was agreed that the PPPC NED Chair would refer this item to the QOC NED Chair to take forward within the Quality Outcomes Committee. This item would now be removed from the PPPC MA Log accordingly; DPOD
PPPC Chair
 - (vi) action 10 of 27 February 2020 PPPC meeting (Streamlined Emergency Care) – the Acting Chief Operating Officer reported verbally to advise that she expected to be in a position to report on this item at the October 2020 PPPC meeting; ACOO
 - (vii) action 11 of 27 February 2020 PPPC meeting (Medical Workforce – specifically the Leicestershire Academic Health Partnership document) – it was agreed that the PPPC NED Chair would refer this item to the QOC NED Chair to take forward within QOC (given that the Medical Director was a member of QOC and would report back within that forum). This item would now be removed from the PPPC MA Log accordingly; PPPC Chair
 - (viii) action 12 of 27 February 2020 PPPC meeting (Q & P report, specifically re Fractured Neck of Femur) – it was agreed that the PPPC NED Chair would refer this item to the QOC NED Chair to take forward within QOC. This item would now be removed from the PPPC MA Log accordingly; PPPC Chair
 - (ix) action 13 of the 19 December 2020 Joint PPPC / QOC session (re CMG performance review data) – the PPPC NED Chair explained the requirement for a monthly overview of all CMG performance against specific indicators (as previously provided, but with enhanced information to that previously provided). The Acting Chief Operating Officer undertook to discuss this matter with the Acting Chief Executive and report back at the next (August 2020) meeting of the PPPC, and ACOO
 - (x) action 14 of the 28 November 2019 PPPC meeting (Culture, Leadership and QI Elements of Becoming the Best) – in view of the recent appointment of a Director of Quality Improvement and the need for a refresh and a re-launch, it was agreed to schedule an update on this item at the PPPC meeting in October 2020 (with a report to EPCB ahead of this time). DoQI

Resolved – that the discussion on the matters arising log and any associated actions be implemented by the PPPC member indicated and the PPPC Matters Arising Log be updated accordingly. CCSO

29/20 KEY ISSUES FOR DISCUSSION / ASSURANCE

29/20/1 Quality and Performance Report – Month 3

The Month 3 Quality and Performance report (paper C, as presented by the Acting Chief Operating Officer) provided a high-level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where relevant. This complemented the full Quality and Performance Report and the exception reports within that which were triggered automatically when identified thresholds were met. The exception reports contained the full detail of recovery actions and trajectories, where applicable. Members received and noted the contents of this report.

Col (Ret'd) Crowe, PPPC Non-Executive Director Chair, expressed concern in respect of the ED 4-hour performance (UHL-only performance of 72.8% for June 2020, with system-wide performance at 84.5%), albeit noted that new metrics were due to be released. He also expressed concern in relation to the metrics associated with cancer pathways and it was agreed to explore this matter further in the discussion on the performance briefing, which was scheduled later in the agenda. Also noted by the PPPC Non-Executive Director Chair was the fact that the undertaking of staff appraisals had been placed on hold whilst resources were diverted to management of the Covid-19 pandemic and he queried when a 'catch-up' exercise would be undertaken in this respect. In response, the Director of People and Organisational Development confirmed that Clinical Management Groups (CMGs) would be requested to resume appraisals during the CMG Performance Review Meetings (PRMs) scheduled this week. Also queried by the PPPC Non-Executive Director Chair was the delayed transfers of care metric (DTCO), in response to which

the Acting Chief Operating Officer advised that whilst this metric had been paused due to Covid-19, work in relation to delayed transfers of care continued within the Trust. The Acting Chief Operating Officer also briefed members with regard to the appointment of a Medical Lead to assist in the Trust's ambitions with regard to driving down long-stays. The PPPC Non-Executive Director Chair noted the value of such ambitions, albeit emphasised the need to ensure appropriate safeguarding measures to prevent unsafe discharges. Also discussed was the decrease in the TIA-related performance measure, due to the smaller number of clinics for Covid-19 related reasons. Mr Patel, PPPC Non-Executive Director Deputy Chair, specifically queried why there had been an apparent rise in patient falls at a time of lower bed occupancy. The Acting Chief Operating Officer undertook to discuss this particular metric with the Chief Nurse and request that she fed directly back to Mr Patel.

ACOO

During discussion on the Q & P report, Committee members expressed the view that matters relating to cancer service provision should be discussed in one forum only (noting that it had previously been discussed during the Joint QOC / PPPC session which had been disbanded due to Covid-19). Committee members considered that the Quality Outcomes Committee (QOC) was the relevant forum for such discussion and the PPPC Non-Executive Director Chair agreed to discuss this matter with the QOC Non-Executive Director Chair to seek an appropriate resolution and avoid duplication.

PPPC
Chair

Mr Patel, PPPC Non-Executive Director Deputy Chair, whilst noting the value of the exception reports, also noted that it would be useful to have further interpretation of these to determine any underlying issues likely to become more prevalent.

Resolved – that (A) the contents of this report be received and noted, and

(B) (on behalf of Mr Patel, PPPC NED Deputy Chair), the Acting Chief Operating Officer be requested to raise a query with the Chief Nurse as to why there had been a rise in patient falls at a time of lower bed occupancy and to request that the Chief Nurse fed directly back to Mr Patel on this matter outwith the meeting, and

ACOO

(C) the PPPC NED Chair be requested to seek agreement with the QOC NED Chair that, going forward, matters relating to cancer service provision be considered by QOC, and not PPPC, in order to avoid duplication (this item having been considered previously during the now disbanded Joint PPPC / QOC sessions).

PPPC
Chair

29/20/2 Performance Briefing

The Acting Chief Operating Officer provided a performance briefing to the Committee (paper D refers). The Trust had created significant surge capacity to treat and care for patients with confirmed Covid-19 infection. The challenge now facing the Trust as it commenced the second phase of its response to the outbreak was to maintain the capacity to provide high quality services for patients with Covid-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery. A specific update was provided within the report re current performance relating to waiting lists, elective activity, cancer pathways and emergency care. A key piece of work currently being undertaken across the organisation was to reevaluate the activity plans for the rest of the year modelling through three scenarios (best case, worst case and likely case) and once the modelling was complete, the future impact this would have on performance would be better understood and facilitate the development of plans to mitigate the impact, which would form part of the Trust's winter planning. Winter planning for 2020/21 involved increased complexity and challenge and work was underway within the Trust and with partners as part of the Urgent Care Cell to develop the Plan.

The most significant impact currently affecting the Trust's performance position was its theatre capacity and there was now an outline plan for theatre sessions increasing for the remainder of the year, along with a proposed new theatre pathway, which would be implemented next week. Nationally recommended changes to guidance around pre-elective screening would also improve theatre utilisation. In response to a query raised by Mr Patel, PPPC Non-Executive Director Deputy Chair, in relation to access to theatres by paediatric services, the Acting Chief Operating Officer advised that theatre sessions were being allocated based upon clinical priority. Routine surgery was very challenged including Orthopaedics, General Surgery, ENT and paediatric ENT.

Note was made of a significant backlog of 52 week waiters, as a result of Covid-19, and this number was likely to increase further before improvements would be seen given the continuing need to prioritise cancer and emergency patients. Clinicians would be reviewing all their 52-week patients and holding discussions with them to re-assess the urgency and necessity of their previously agreed treatments.

LLR had set an ambitious target of delivering 70% of outpatients through non face-to-face appointments (current performance was 47.8%). Changing the way in which out-patients was delivered would also help the Trust improve the RTT position for non-admitted patients. Mr Patel, PPPC Non-Executive Director Deputy Chair, queried the figures relating to non-face-to-face appointments, noting that these appeared to be decreasing, rather than increasing. In response, the Acting Chief Operating Officer confirmed that traditionally the appointments were booked far in advance as face to face appointments and as the approaching weeks appointments were reviewed to convert to non-face-to-face appointments, so the figure would continue to rise as the bookings were changed.

Diagnostics still remained challenged, but the position was improving and a solution had now been identified for the undertaking of DEXA scans. Page 7 of the report provided a detailed update with regard to cancer performance, with positive news in respect of both the 62 day and 104 day backlogs which were reducing and against which the Trust was currently tracking above its predicted trajectory. Particular challenges were noted within ED, as a result of Covid-19, and also specifically in relation to bed flow, particularly due to large numbers of majors patients (non-covid related) being admitted currently. Specific work was being undertaken in relation to the improvement of flow, including a workshop scheduled for the following day. Particular note was made of the improving position in terms of ambulance handover times, which was welcomed, along with improving performance in terms of fractured neck of femur. Members received and noted the contents of this report.

The PPPC Non-Executive Director Chair requested that the Acting Chief Operating Officer emailed himself and Mr Patel a copy of the current draft Winter Plan and submitted the most up-to-date version for consideration at the next PPPC meeting in August 2020. It was also noted that it would be useful to determine the alignment between any system-wide plans, alongside UHL's plan, and to determine the likely available capacity of social care and primary care colleagues to support the Winter Plans.

ACOO /
CCSO

Resolved – that (A) the contents of this report be received and noted, and

(B) the Acting Chief Operating Officer be requested to email the PPPC Chair and Deputy Chair a copy of the current draft Winter Plan, and

ACOO

(C) the Acting Chief Operating Officer be requested to present the latest iteration of the Winter Plan for consideration at the August 2020 PPPC meeting.

ACOO/
CCSO

29/20/3 Workforce Briefing

The Director of People and Organisational Development presented a briefing (paper E refers) which detailed the People Services' response to the COVID-19 pandemic, noting that all People Services 'business as usual' activities had been aligned to meet operational and strategic needs for both the Trust and the wider system in response to the changing demands during the Covid-19 response period. The PPPC Non-Executive Director Chair made note of the comprehensiveness of the document submitted to the Committee, which documented the significant volume of work being undertaken by People Services team, which was commended.

Particular points of note from this report included the swabbing of NHS staff across LLR for Covid-19, the completion of 93% of all risk assessments for BAME staff with an intention to shortly reach 100%, with a focus now also on undertaking risk assessments for staff with underlying health conditions. There was currently a lack of resource within the People Services reporting team, which had been raised as a risk by the Director of People and Organisational Development. Also of note was the fact that the Executive Team had recently participated in an AMICA support session, which had proven to be very valuable and was therefore suggested as potentially of

benefit for Non-Executive Director colleagues too. The PPPC Non-Executive Director Chair agreed to discuss holding such a facilitated session for Non-Executive Directors with the Trust Chairman. In further discussion on this matter, Mr Patel, PPPC Non-Executive Director Deputy Chair, noted the mental health benefits in arranging virtual 'drop-in' sessions for colleagues to have conversations with each other, noting that the opportunities for 'corridor conversations' and team-building were lessened when staff members were working remotely with little face to face interaction. Mr Patel also expressed the view that the BAME agenda ought to be progressed across the Trust, rather than be the sole responsibility of one or two individuals within the People and OD directorate who would have limited time. Also noted was the focus now on agile working to ensure that positive developments, which had arisen as a result of the challenges posed by Covid-19, continued to be built upon. The contents of this report were received and noted.

Resolved – that (A) the contents of this report be received and noted, and

(B) the PPPC NED Chair be requested to discuss with the Trust Chairman the possibility of holding an AMICA-facilitated session for the Non-Executive Directors (as had been held for the Executive Directors).

**PPPC
Chair**

29/20/4 UHL Staff Recognition and Awards Programme

The Director of People and Organisational Development presented a report (paper F refers) referencing the Trust's successful and comprehensive Caring at its Best Recognition Programme, which was in place reflecting Trust values and behaviours, in addition to recognising individuals who went 'above and beyond'. The report detailed a proposal as to how the Trust would be recognising all staff and recognising the extraordinary effort of nominated individuals during Covid-19. The Committee was requested to endorse the staff recognition and awards approach (reflecting covid-19) as set out within the report presented.

In presenting this report, the Director of People and Organisational Development noted that discussions were currently underway as to how the Trust would hold the proposed Staff Recognition event and further details would be provided at a future meeting, once available.

Also discussed was the nomination process for Honours and Awards and any relevant links to the Trusts internal process for recognising and rewarding staff. The PPPC Non-Executive Director Chair and the Director of People and Organisational Development agreed to discuss this further outwith the meeting, potentially establishing a small group (involving other relevant colleagues from, for example, the communications team) to progress this further. The PPPC Non-Executive Director expressed his particular thanks to the Director of People and Organisational Development, the Deputy Director of HR and the Deputy Director of Learning and OD for all their hard work.

Resolved – that (A) the contents of this report be received and noted,

(B) the Director of People and Organisational Development be requested to inform the Committee, at a future meeting, as to the agreed plan for holding a Staff Recognition Event being scheduled for October 2020, and

DPOD

(C) the PPPC NED Chair and the Director of People and Organisational Development be requested to discuss further, outwith the meeting, the nomination process for Honours and Awards and any relevant links to the Trust's internal process for recognising and rewarding staff, potentially establishing a small group for this purpose (to include other relevant Trust colleagues, e.g. Communications Team).

**PPPC
Chair /
DPOD**

29/20/5 Medical Education and Training Update

Mr McCarthy, Director of Clinical Education, presented a report (paper G refers) updating members on activity underway during the Covid-19 pandemic in relation to medical education and training. Highlighted developments included: (1) guidance had been written to promote safe training delivery (2) Education Centre capacity and configuration were under review, given the need to utilise the space differently in light of Covid-19 (3) the Facilities Reconfiguration Project Board were considering post-Covid requirements (4) there had been an online induction for

medical students when they returned to clinical placements in July 2020 (5) MS Teams had been used successfully for the induction of 67 interim FY doctors (6) an Education Webinar was planned for September 2020 (7) Covid surveys for consultants and junior doctors had been completed, with plans to evaluate the experiences of medical students and interim FY doctors. Responses received to date found PPE to have been the greatest challenge, with the opportunity for team-working having been the most positive element. Also highlighted was the development of an educational YouTube channel and the virtual hosting of the Grand Round.

The Director of Clinical Education sought Trust support in advancing medical education training in the Independent Sector, in response to which the PPPC Non-Executive Director Chair undertook to discuss this matter with the Trust Chairman and Acting Chief Executive. In discussion on this item, it was noted that any second peak of Covid-19 would further impact upon medical training to the extent that medical trainees would need to undertake additional training time, which would impact upon the workforce at Consultant-level in the years to come. Specific discussion took place regarding the benefit in sharing solutions to issues with other training institutions facing similar training difficulties and also regarding the impact of Covid-19 on plans previously in place with regard to Cardiology trainees, which continued to be monitored.

Specific discussion took place regarding the involvement of medical education in the Trust's reconfiguration plans, in response to which the Director of Clinical Education confirmed that he was the Responsible Officer for the medical education element of the reconfiguration plans and he held regular meetings with the Reconfiguration Director and the Head of Reconfiguration. The PPPC Non-Executive Director Chair noted his desire to ensure that education and training was a component part of progression of the reconfiguration plans and made note of the need to learn the lessons of Covid-19 too in progressing this agenda. The PPPC Non-Executive Director Chair also emphasised his wish to see more transparency in the way in which educational funds were procured and utilised. In conclusion, the Committee received and noted the contents of this report and the PPPC Non-Executive Director Chair noted that he would be referring this report to the Trust Board for information.

Resolved – that (A) the contents of this report be received and noted,

(B) the PPPC NED Chair be requested to discuss with the Acting Chief Executive and the Trust Chairman any support which could be provided to the Director of Clinical Education in terms of advancing medical education training in the Independent Sector, and

**PPPC
Chair**

(C) this report be referred to the Trust Board for information.

CCSO

29/20/6 Recovery and Restoration for Nursing, Midwifery and AHP Clinical Education and Training

Ms E Meldrum, Deputy Chief Nurse, presented a report (paper H refers) describing the educational activity that had taken place during lockdown to support the Trust's non-medical workforce and described how the service was being restored, including reviewing new ways of delivering clinical education and training in a safe and sustainable way. The Corporate Nursing, Midwifery and AHP education team had continued to promote and practise the safe delivery of training during lockdown. Training capacity had reduced as a result of Covid-19 but programmes had been reviewed and new ways of 'virtual' working identified that addressed the issue for the short term. Opportunities to develop virtual learning platforms in the longer term had also been identified. The report acknowledged the challenges around bringing undergraduate students back into practice for NHS Providers across LLR; however work was underway across the system to support a gradual and safe return of students into placements to ensure they progressed and qualified as registrants 'on-time'. The PPPC Non-Executive Director Chair commended the Deputy Chief Nurse on the excellent work undertaken to maintain business as usual and undertook to refer this report to the Trust Board for information.

The PPPC Non-Executive Director Chair queried the extent of the involvement of the Nursing, Midwifery and AHP Clinical Education Team in the Trust's reconfiguration plans, in response to which the Deputy Chief Nurse confirmed that this had previously been medically-led, however she had joined the Reconfiguration Board two months previously. She further noted the need to ensure that the educational facilities would be appropriate for the future vision of educational provision,

with which the PPPC Non-Executive Director Chairman concurred, noting the need for the integration of training and education into any of the Trust's builds. The contents of this report were received and noted and thanks expressed to all involved for their hard work.

Resolved – that (A) the contents of this report be received and noted, and

(B) this report be referred to the Trust Board for information.

CCSO

29/20/7 IM&T Briefing

The Chief Information Officer (CIO) presented a briefing (paper I refers) which noted that the IM&T programme for 2020/21 comprised five key pillars of work including (1) the NerveCentre EPR programme (2) the 'eWorkplace' workplace digital programme (3) the IM&T infrastructure capital programme (4) support for the site reconfiguration programme and (5) the CMG and corporate initiated IM&T project portfolio. Cross cutting cyber security and information governance objectives were also a priority. This presented a challenge in terms of coordination and availability of IT resources with a number of contractual and mandatory deadlines to achieve as well as local STP objectives and funding to account for. The programme for 20/21 was extensive and would deliver significant benefits and new capabilities to the Trust and the STP. Risk to the programme was primarily around lack of resource and optimising the resources available would be crucial. Enhancing the IM&T portfolio management office would both enable this to take place and ensure strong links with the new central CIP programme and reconfiguration PMOs.

In discussion, the Chief Information Officer noted that Digital Aspirant funding was expected to be made available, however the timeline to spend the capital had not changed which could present challenges – further planning work was scheduled for the following week in this respect. IT-related work was also feeding into new build developments. Particular challenges relating to recruitment were noted and the importance of local system interaction, and the timing of this, was emphasised. Also discussed were difficulties caused when IM&T support was required for developments to which IM&T had not been sighted through due process, due to them having been progressed in isolation from other developments – the need to engage staff at scale and ensure the capabilities were there to assist people were emphasised. Both the PPPC Non-Executive Director Chair and the PPPC Non-Executive Director Deputy Chair found the flow diagram outlining the eHospital Programme very beneficial and, at their request, the Chief Information Officer undertook to email them both a standalone copy of this diagram for their reference.

CIO

Resolved – that (A) the contents of this report be received and noted, and

(B) the Chief Information Officer be requested to email the PPPC NED Chair and Deputy Chair a standalone copy of the flow diagram outlining the eHospital Programme.

CIO

30/20 **ITEMS FOR NOTING**

30/20/1 Workforce and Organisational Development Data Set

Members received and noted the contents of the Workforce and Organisational Development Data Set (paper J refers). The Director of People and Organisational Development confirmed that analysis was underway to determine why agency spend was higher than expected and she undertook to brief the Committee of the outcome of this work.

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

(B) the Director of People and Organisational Development be requested to brief the Committee of the outcome of the analysis being undertaken into why agency spend was currently at a higher level than anticipated.

DPOD

30/20/2 Executive Performance Board (EPB)

Resolved – that the action notes of the Executive Performance Board meeting held on 23 June 2020 (paper K refers) be received and noted.

30/20/3 Executive People and Culture Board (EPCB)

Resolved – that the action notes of the Executive People and Culture Board meeting held on 16 June 2020 (paper L refers) be received and noted.

31/20 ANY OTHER BUSINESS

31/20/1 Reconfiguration

The PPPC NED Chair requested that the Director of People and Organisational Development and the Chief Information Officer included information within their briefing reports to the August 2020 PPPC meeting regarding how HR and IT, respectively, were involved and having an influence in respect of the progression of the Trust’s reconfiguration plans.

Resolved – that the Director of People and Organisational Development and the Chief Information Officer be requested to include information within their briefing reports to the August 2020 PPPC meeting regarding how HR and IT, respectively, were involved and having an influence in respect of the progression of the Trust’s reconfiguration plans.

DPOD /
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32/20 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:-

- IT Infographic – at the request of the Trust Chairman post the PPPC meeting (appendix to the IM&T Briefing report – paper I, Minute 29/20/7 refers – as subsequently attached to the PPPC Summary to the public Trust Board meeting of 6 August 2020);
- Medical Education and Training Update (paper G, Minute 29/20/5 refers – available to Trust Board members through the PPPC folder of the BI portal), and
- Recovery and Restoration for Nursing, Midwifery and AHP Clinical Education and Training (paper H, Minute 29/20/6 refers) - available to Trust Board members through the PPPC folder of the BI portal).

33/20 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 27 August 2020 from 11am until 12.45pm (virtual meeting via MS Teams).

The meeting closed at 1.26pm.

Gill Belton - Corporate and Committee Services Officer

Cumulative Record of Members’ Attendance (2020-21 to date):

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
<i>I Crowe (Chair)</i>	4	4	100	<i>K Jenkins</i>	0	0	N/A
<i>V Bailey</i>	0	0	N/A	<i>S Lazarus (from December 2019)</i>	0	0	N/A
<i>P Baker</i>	0	0	N/A	<i>D Mitchell</i>	4	4	100
<i>R Brown</i>	0	0	N/A	<i>B Patel</i>	4	3	75
<i>Mr A Carruthers</i>	4	3	75	<i>K Singh (ex-officio)</i>	0	0	N/A
<i>C Fox</i>	0	0	N/A	<i>M Traynor</i>	0	0	N/A
<i>A Furlong</i>	0	0	N/A	<i>H Wyton</i>	4	4	100

Non-Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>B Kotecha</i>	0	0	N/A	<i>B Shaw</i>	0	0	N/A
<i>S Leak</i>	0	0	N/A	<i>J Tyler-Fantom</i>	0	0	N/A
<i>F Lennon</i>	0	0	N/A				