

Trust Board paper I2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 January 2021

COMMITTEE: People, Process And Performance Committee (PPPC)

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

DATE OF COMMITTEE MEETING: 26 November 2020

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

- None.

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR THE INFORMATION OF THE TRUST BOARD:

- The excellent work being undertaken in relation to education and training (Minute 73/20/1 refers) and the risk for students completing their training and education owing to the ongoing pandemic;
- salient points from the discussion held on the Performance Briefing (Minute 73/20/4 refers) – specifically the impact of the second wave of COVID-19, particularly if this wave plateaued over an extended period of time;
- the agreed priorities for the People Directorate (as outlined in the Workforce Briefing – Minute 73/20/5 refers), and
- the excellent work being undertaken in relation to the Health and Well-Being of staff (as outlined in Minute 73/20/6).

DATE OF NEXT COMMITTEE MEETING: 17 December 2020

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC)
MEETING HELD ON THURSDAY 26 NOVEMBER 2020 AT 11.00AM, VIRTUAL MEETING VIA
MICROSOFT TEAMS

Present:

Col (Ret'd) I Crowe - PPPC Non-Executive Director Chair
Ms V Bailey - Non-Executive Director
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:

Ms G Belton – Corporate and Committee Services Officer
Mr B Collins – EPRR Manager (for Minute 73/20/2)
Ms B Kotecha - Deputy Director of Learning and Organisational Development (for Minute 73/20/6)
Ms F Lennon - Deputy Chief Operating Officer
Mr M McCarthy – Director of Medical Education (for Minute 73/20/1)
Ms E Meldrum – Deputy Chief Nurse (for Minute 73/20/1)
Mr M Patel – Emergency and Planning Business Continuity Officer

RESOLVED ITEMS

69/20 APOLOGIES

There were no apologies for absence.

70/20 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.

71/20 MINUTES & SUMMARIES

Resolved – that the Minutes and Summaries of the 29 October 2020 PPPC Meeting (papers A1 – A4 inclusive) be confirmed as a correct record.

72/20 MATTERS ARISING

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

In respect of action 4b (Minute 38/20/6 of 27 August 2020), the Chief People Officer advised that the date for PPPC submission of this report could not yet be confirmed, as sign off on the structure continued to be awaited.

Resolved – that the discussion on the matters arising log and any associated actions be noted and the PPPC Matters Arising log be updated accordingly.

CCSO

73/20 KEY ISSUES FOR ASSURANCE

73/20/1 Quarterly Multi-Professional Education and Training Update

Mr M McCarthy, Director of Medical Education and Ms E Meldrum, Deputy Chief Nurse, attended to present the quarterly update on Multi-Professional Education and Training (paper C refers).

Provision of high quality education and training was an essential part of promoting UHL as an excellent training organisation and supported recruitment and retention of students and all

healthcare staff. This report was aligned with the Medical Education Strategy and described the activity underway during the COVID-19 pandemic.

In presenting this report, the Director of Medical Education particularly highlighted the following:

- (1) the advent of virtual platforms had facilitated the delivery of 'on-line / virtual' inductions, education webinars and also virtual 'Grand Rounds', which were working well, albeit it was noted that MS Teams did not yet feature some of the facilities required (e.g. break-out rooms) - it was agreed that the Chief Information Officer would review the latest position in this respect and contact the Director of Medical Education outwith the meeting to identify a solution to the issue described;
- (2) the current use of Education Centre Space;
- (3) developments relating to the Facilities Reconfiguration;
- (4) the outcome of recent GMC and UHL surveys undertaken and the impact of COVID-19, particularly on Specialty Trainees due to the reduced activity within their operative logbooks, which would ultimately lead to workforce difficulties when there were insufficient numbers of trainees available at the time required – there was a real need to maximise training, with the training opportunities made in the Independent Sector soon likely to be lost when the current contract came to an end. In relation to this matter, Ms Bailey, Non-Executive Director noted implications for under-graduate trainees too, in terms of them being able to sufficiently demonstrate their competencies by the end of their course. In response, the Director of Medical Education advised that Leicester Medical School had been able to return its undergraduates to training at an early stage within the pandemic and it was considered that the majority of fifth year medical students would be able to graduate within the original timescale;
- (5) redeployment plans during the second COVID-19 wave;
- (6) plans in relation to Medical Student COVID-19 responders. Specific note was made of a payment issue experienced by medical students during the first COVID-19 wave and the Chief People Officer indicated that she was aware of this matter; it having arisen as a result of forms not having been completed correctly. Work was being undertaken to address this matter, with it now having been resolved for the majority of those affected and
- (7) the training challenges within Cardiology, with the plans to address these having been adversely impacted by COVID-19; however other changes had been implemented which it was considered had led to an improved position.

CIO

Ms E Meldrum, Deputy Chief Nurse presented the Nurse Education Update, which covered the following issues:

- (1) review of Nurse Education and Practice Development across the System;
- (2) NHSI Financial Incentive Scheme to support International Recruitment and Return to Practice;
- (3) Clinical Placements for Student Nurses and Midwives, with recovery plans underway to reinstate existing student nurse placements and create new opportunities through the use of virtual clinics, simulated learning to replace placement hours and
- (4) the UHL School of Nursing and Midwifery Practice.

In presenting this report, the Deputy Chief Nurse advised the Committee that, whilst challenges had been anticipated around those due to graduate in September 2020 having undertaken sufficient training hours, in the event, alternative means of ensuring the required number of hours had been undertaken were achieved. The work undertaken in this area had identified a general issue with sickness absence in student nurses and midwives during the period of their university course (outside of COVID-19). Whilst some challenges remained around placements, there was good partnership working with Leicestershire Partnership NHS Trust which assisted in this respect. In discussing the contents of this report, Ms Bailey, Non-Executive Director acknowledged the continued high level of training and education on-going which was intensive and required significant resource, and she considered that a message of appreciation from the Trust Board in this respect to those involved was warranted. Mr Patel, Non-Executive Director, acknowledged the importance of training, both in the future as well as at the current time, noting the need to work creatively if required. Particular discussion also took place regarding options to alleviate any potential bottlenecks in international recruitment. The PPC Non-Executive Director Chair sought confirmation from the Director of Medical Education and the Deputy Chief Nurse as to their contentment with the progression of the reconfiguration plans from an education and training point of view, noting that the PPC was able to support them with any

issues, if required, and both confirmed that good progress was being made, with no issues of concern. In concluding discussion on this item, the PPPC Non-Executive Director Chair thanked the Director of Medical Education and the Deputy Chief Nurse for their report and looked forward to the Committee receiving a further update in due course.

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

(B) the Chief Information Officer be requested to review the latest position in terms of the functions available for use within MS Teams and contact the Director of Medical Education outside of the meeting to determine a solution to their need for use of ‘break out’ rooms and other such functions.

CIO

73/20/2 EPRR Quarterly Report

NHS England’s Emergency Preparedness Resilience and Response (EPRR) Framework required that the Trust Board was updated at least annually on the Trust’s EPRR arrangements. Between the annual update, usually provided in September 2020, quarterly reports had been requested by the People, Process and Performance Committee for additional assurance and this report (paper D refers), as presented by Ms Lennon, Deputy Chief Operating Officer, Mr Patel, Emergency Planning and Business Continuity Officer and Mr Collins, EPRR Manager, fulfilled that requirement.

The Trust had undertaken a significant amount of work between August and November 2020 including the development of plans for a pandemic, cold weather and severe weather, as well as completing one of two statutory communication exercises for the current year. The pressures faced from COVID-19, EU Exit and Winter Pressures were acknowledged and some of the planned work for quarter 4 of 2020 had therefore been deferred until early 2021. The Trust maintained its ambition to become fully compliant with NHS England’s core standards for EPRR at the time of the next self-assessment, which would likely be required in the Summer of 2021. In presenting this report, the Emergency Planning and Business Continuity Officer noted that, following publication of UHL’s Business Continuity Plan in September 2020, the Emergency Planning Team had finalised the Business Continuity Toolkit and had begun piloting the Toolkit across Intensive Care and the East Midlands Congenital Heart Centre (EMCHC). The feedback to-date had been positive and the toolkit would be rolled out once the pressures relating to COVID-19 had subsided. In addition to the existing EPRR work programme, the Emergency Planning Team were also reviewing and updating the Capacity, Flow and Escalation Plan. This work included a new UHL Operational Pressures and Escalation Level (OPEL) Calculator to support the Operations Team in illustrating the daily pressures. In response to a request from the PPPC Non-Executive Director Chairman for sight of the OPEL calculator, the Deputy Chief Operating Officer undertook to share this. Also specifically noted was the fact that the remit of UHL’s COVID-19 Incident Coordination Centre had been broadened to include EU Exit and Winter Pressures.

DCOO

In discussion on the contents of this report, Ms Bailey, Non-Executive Director, commented on the impressive programme of work presented and noted that it would be helpful, at an appropriate future point, to understand more in terms of whether any parts of the Trust’s estate had been liable to flooding in the past (in order to determine the future risk) and also queried whether it would be possible to use a different name or use different words to describe the Business Continuity Toolkit to avoid confusion for staff with other similarly worded documents and processes. In response, the EPRR Manager confirmed that a review of flooding had been undertaken with a risk assessment completed for each site. Further work was now required to determine which parts (if any) of the Trust’s estate were most at risk. The Acting Chief Operating Officer commended the Deputy Chief Operating Officer, EPRR Manager and Emergency Planning and Business Continuity Officer for their excellent work, noting that they were a credit to the Trust, and this echoed by the PPPC Non-Executive Director Chair.

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

(B) the Deputy Chief Operating Officer be requested to provide a copy of the OPEL

73/20/3 Quality and Performance Report – Month 8

The Acting Chief Operating Officer presented the Quality and Performance report for Month 7 (paper E refers), which provided a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate. 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. The contents of this report were received and noted, with specific note made of good performance on many of the quality indicators – more detailed discussion would take place at the Quality Outcomes Committee meeting.

Resolved – that the contents of this report be received and noted.

73/20/4 Performance Briefing

The Acting Chief Operating Officer presented the monthly performance briefing (paper F refers), which provided updates and assurances on actions taken in relation to the following areas: Phase 3 Restoration and Recovery, UHL COVID-19, winter planning, elective inpatient and day case surgery (focusing on the 52 plus week waits), theatre utilisation, diagnostics, cancer, out-patients, emergency care and long length of stay ambition. The report specifically focused on performance, progress on the last month (with activity levels high in October 2020), key actions, lessons learned and planned actions for the next 30 days.

The Trust continued to face significant challenges in relation to the impact of COVID-19 on its urgent and routine activity, with the need to monitor the impact of wave 2 COVID-19 on the Trust's restoration levels (COVID-19 activity in the second wave was higher than the first wave peak, albeit use of ICU was lower). Significant progress had been made in relation to winter planning, particularly in relation to opening additional capacity. Robust processes had been implemented in order to monitor and track the waiting list, specifically in relation to 52 week waits. Whilst the Trust had delivered more activity than planned, due to the higher numbers of both urgent and cancer patients, less work in relation to 52 week waits had been undertaken than planned. The Trust's Waiting List Policy had recently been reviewed and was to be considered at the next Policy and Guideline Committee meeting. Eight of the cancer-related performance targets had been achieved in September 2020, which was an improvement on previous performance and better performance had also been achieved in emergency care than in the previous year, with the exception of one month's data. Particular discussion took place regarding length of stay (LOS) and the work underway in reducing long LOS, albeit note was made that patients, once declared medically fit, were being discharged more quickly than previously. Closer partnership working was proving particularly beneficial in this respect, with Leicestershire County Council having revised their pathways to support the Trust with patient flow.

The Chief People Officer made reference to the pressure under which the Acting Chief Operating Officer and Deputy Chief Operating Officer were currently working due to the higher than expected numbers within the COVID-19 second wave and noted the impact of this, expressing thanks to them and their team for their work in this respect. In recognition of this point, Ms Bailey, Non-Executive Director, highlighted that continued working in this way would not be tenable for individuals within the Leadership Team, who were frequently the last to stand down, and she formally requested that an appropriate process facilitating the ability to step down periodically was further discussed and progressed accordingly.

In discussing the contents of this report, Mr Patel, Non-Executive Director, noted that less virtual contact (i.e. non-face-to-face) was being reported for out-patients and queried the reasons for this. In response, the Acting Chief Operating Officer confirmed that as hospital services had been restored following the first wave of the COVID-19 pandemic, patients were now able to travel to the hospital for their appointments and these were being held face to face where appropriate, such as in the case of new patients. Where appropriate, CMGs continued to make use of non-face-to-face means of communication. Mr Patel, Non-Executive Director, noted the

need to re-design relevant aspects of out-patient services to make use of benefits realised from the need to work differently during the pandemic and the benefit in having patients help the Trust think through relevant aspects of such redesign, such as how patients could easily communicate with the Trust following their consultations and avoid situations whereby patients ultimately presented at the Emergency Department – the Acting Chief Operating Officer undertook to raise this issue at a future meeting of the Out-Patient Optimisation Board, noting also that the Trust often offered open appointments and that all patients on surgical waiting lists were under clinical review. An audit of ED attendances was also to be undertaken to review whether patients were presenting to the Trust through the appropriate channels.

ACOO

Ms Bailey, Non-Executive Director and QOC Chair made reference to a group referenced within the QOC reports (entitled Transforming Care Safely Group) and she requested that work was undertaken to ensure that Trust groups (and their titles and reporting structures) were appropriately aligned – the Deputy Chief Operating Officer undertook to pursue this matter accordingly.

DCOO

The PPPC Non-Executive Director Chair thanked the Acting Chief Operating Officer for her report and requested the following (1) submission to a future PPPC meeting (when available) of the new IS contract (2) early sight of progress with the Think 111 Project via submission of this information (either as part of the Performance Briefing or as a separate report) to the December 2020 PPPC meeting and (3) time to be made for discussion at the next public Trust Board meeting in December 2020 about the impact of the second wave of COVID-19, particularly if this wave plateaued over an extended period of time.

ACOO/
DCOO

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

(B) the Acting Chief Operating Officer be requested to raise, at a future meeting of the Out-Patient Optimisation Board, the issue of building upon the technological benefits facilitated through the COVID-19 pandemic and having patients assist the Trust in thinking through particular aspects of Out-Patient re-design (such to avoid future presentation at ED),

ACOO

(C) the Deputy Chief Operating Officer be requested to ensure that Trust Groups (and their titles and reporting structures) appropriately aligned (specifically reviewing the Transforming Care Safely Group, as referenced within the Patient Safety Report submitted to the November 2020 meeting of the Quality Outcomes Committee),

DCOO

(D) the Acting Chief Operating Officer be requested to submit the new IS contract to a future PPPC meeting (when available),

ACOO

(E) the Acting Chief Operating Officer be requested to provide a progress update on the Think 111 Project at the December 2020 PPPC meeting (via submission as a separate report or as part of the monthly Performance Briefing), and

ACOO

(F) time be made available at the next public Trust Board meeting on 3 December 2020 for discussion on the impact of the second wave of COVID-19, particularly if this wave plateaued over an extended time period.

PPPC
Chair /
CCSO

73/20/5 Workforce Briefing

The Chief People Officer presented the monthly workforce briefing (paper G refers) which reflected 'People Services' activity within the slide set against each key work stream. All People Services 'business as usual' activities had been aligned to meet operational and strategic needs for both the Trust and wider system in response to changing demands during the COVID-19 response periods. Whilst normal activities had resumed in line with recovery and restoration planning, the last few weeks had seen a further need for COVID wave 2 prioritisation of people activity to meet urgent needs. Emphasis had been maintained in Health and Well-being support and activities and EDI in light of disproportional impact on BAME groups. In summary, top priorities over and above existing people strategy deliverables / 'business as usual' activities had focused on: (1) workforce and workforce supply (2) financial grip (3) Health and Well-Being

(HWB) support / interventions (4) specific HWB work including staff testing, Flu Plan and asymptomatic testing etc. and (5) Equality, Diversity and Inclusion considerations as part of all of the above.

Particular discussion took place regarding the work planned in relation to financial governance, which would incorporate a whole-Trust approach and information relating to which would be shared with the PPPC in due course. Also noted was the high level of attention being given to staff health and well-being, including the current programme of flu vaccinations to staff, and specific acknowledgement was made of the toll on staff of the second wave of the pandemic. Mr Patel, Non-Executive Director, queried whether account was made of those staff members who received their flu vaccinations from another source (e.g. their GP), in response to which the Chief People Officer confirmed the existence of a process to capture and record this data. Also noted during discussion was the recently held successful Leadership Conference and a virtual celebration of staff who had achieved 25 years' NHS service this year. The PPPC Non-Executive Director Chair concluded discussion on this item noting the PPPC's support of the priorities identified by the People Directorate, as detailed within the report presented.

Resolved – that the contents of this report be received and noted.

73/20/6 Health and Well-Being Update

Ms B Kotecha, Deputy Director of Learning and Organisational Development, presented a report and corresponding presentation pack (paper H refers) which detailed the comprehensive Health and Well-Being support offer in place for staff which was enhanced by system, regional and national Health and Well-Being support.

This work was a significant priority area at the moment during this most challenging time, with staff needs now covering a broad range of physical, emotional and psychological areas, many of which needed to be met in different ways. Also detailed within the report was a summary of sickness absence levels reflecting COVID-19 absence and variations in the 'reason for absence'. In presenting this report, the Deputy Director of Learning and Organisational Development noted an absence during the second peak of the resilience and energy in staff felt during the first peak and of the increased need for more outreach work to be undertaken to assist staff. She also made reference to an initiative planned for December 2020 utilising the COVID Communicator app with the aim of lifting staffs' spirits. In response to a query raised by Mr Patel, Non-Executive Director, as to how many staff had access to the app, it was confirmed that there would be a multi-faceted approach to communication including promotion through the Leadership Huddle and wider Communications update issued through the Trust's Communications Huddle Team. The app had been launched as a means of being able to contact staff when they were not on site (as had become necessary due to increased home working as a result of the pandemic) and it was also anticipated that use of the app for well-being related matters would encourage its further uptake. Further work was being undertaken into developing the intranet and staff communication going forward, with note made of some staff members' preference to be able to access work-related items from their own phones / equipment.

Ms Bailey, Non-Executive Director, commended the value of the graphic describing staff responses in terms of the tools utilised for personal well-being, noting that it would be worthwhile repeating this exercise, if possible, and the PPPC Non-Executive Director Chair noted its value in planning services for the future. In response to a query raised by Mr Patel, Non-Executive Director relating to staff absence, the Deputy Director of Learning and Organisational Development advised of fluctuations being observed around staff absence, which was being monitored on a daily basis. The Chief People Officer queried whether the COVID-19 related elements were sufficiently captured within the data presented in the report and suggested the inclusion of narrative for future iterations. The PPPC Non-Executive Director Chair and the Chief People Officer thanked the Deputy Director of Learning and Organisational Development and her team for the significant work being undertaken in this respect.

Resolved – that the contents of this report be received and noted.

73/20/7 IM&T Briefing

The Chief Information Officer presented a briefing (paper I refers) which detailed key actions undertaken and included progress made relating to (1) the Electronic Patient Record (EPR) (2) Digital Workplace related workstreams (3) Project Portfolio Progress (4) Infrastructure Programme and (5) Reconfiguration-related work.

In presenting this report, the Chief Information Officer made particular note of the reach of the work relating to the digital workplace, which would affect all of the Trust's staff in how they used IT tools and would therefore involve a significant change. Also being progressed under this workstream was Bring Your Own Device (BYOD) testing. A range of work was involved in the infrastructure programme, and specific note was made of the telephony related work, with the Trust having an observed a marked increase in out-going landline calls since the start of the COVID-19 pandemic. Also of note was the significant undertaking in terms of the reconfiguration-related IT work.

In discussion on this item, Ms Bailey, Non-Executive Director, noted that she may need to seek the assistance of the Chief Information Officer, on occasion, in relation to her role as Maternity Board Champion, and she thanked him for his response to a recent matter she had raised with him. She further noted the disparity between technological advances in some areas, whilst in other areas, handwritten notes continued to be utilised. In response, the Chief Information Officer noted that out-patients represented one of the largest areas of challenge, with the capability still being developed in this area. Where the capability existed, then the challenge was frequently the speed at which roll-out could take place in view of competing priorities to be taken forward within finite resource. He further noted that there was to be focus at a system-wide level on the move away from paper based systems. Ms Bailey, Non-Executive Director, noted the need not to revert backwards from the technological achievements made in response to the COVID-19 pandemic, emphasising the need to implement change processes. Mr Patel, Non-Executive Director, noted the need for the IT directorate to be the drivers, rather than the driven, in response to which the Chief Information Officer noted that implementation of the programme was greatly assisted due to it being led by clinicians, such as the Chief Medical Information Officers, which allowed clinician-to-clinician discussions when implementing and rolling out new technology etc. The Chief People Officer acknowledged the significant change in focus within IM&T which had been necessitated by the COVID-19 pandemic and in concluding discussion on this item, the PPPC Non-Executive Director Chair noted his appreciation of the work of the IT directorate which was of vital importance, noting that, for example, OrderComms would be the solution to failure to act on results. The contents of this report were received and noted.

Resolved – that the contents of this report be received and noted.

74/20 ITEMS FOR NOTING

74/20/1 Winter Plan 20/21 and Bed Modelling Update

Paper J detailed the latest iteration of the Winter Plan 2020/21 and Bed Modelling Update, with particular note made of the on-going successful partnership working across the system, and the need to understand any risks arising as relating to either COVID-19 or the EU-Exit. Note was also made of an increasing number of requests for mutual aid from other NHS Trusts (in terms of patient care requests) during the second wave of COVID-19, compared to the first wave. The Acting Chief Operating Officer confirmed that requests for mutual aid were monitored at regional level, in response to a question by the PPPC Non-Executive Director Chair.

Resolved – that the contents of this report be received and noted.

74/20/2 Workforce and OD Data Set

Paper K detailed the latest monthly iteration of the Workforce and OD Data Set.

Resolved – that the contents of this report be received and noted.

74/20/3 Executive Finance and Performance Board (EFPB)

Resolved – that the action notes from the EFPB meeting held on 27 October 2020 (paper L refers) be received and noted.

74/20/4 Executive People and Culture Board (EPCB)

Resolved – that the action notes from the EPCB meeting held on 20 October 2020 (paper M refers) be received and noted.

74/20/5 EIM&T Board

Resolved – that it be noted that the next EIM&T meeting will be held on 19 January 2021.

75/20 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

76/20 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 for the purpose of information only:- **PPPC Chair**

- the excellent work being undertaken in relation to education and training (Minute 73/20/1 above refers) and the risk for students completing their training and education owing to the ongoing pandemic;
- salient points from the discussion held on the Performance Briefing (Minute 73/20/4 above refers) – specifically the impact of the second wave of COVID-19, particularly if this wave plateaued over an extended period of time;
- the agreed priorities for the People Directorate (as outlined in the Workforce Briefing – Minute 73/20/5 above refers), and
- the excellent work being undertaken in relation to the Health and Well-being of staff (as outlined in Minute 73/20/6).

77/20 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 17 December 2020 from 11.30am until 1.30pm (virtual meeting via MS Teams).

The meeting closed at 1.46pm.

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>	8	8	100	<i>K Jenkins</i>	0	0	N/A
<i>V Bailey</i>	3	3	100	<i>S Lazarus (from December 2019)</i>	0	0	N/A
<i>P Baker</i>	0	0	N/A	<i>D Mitchell</i>	8	8	100
<i>R Brown</i>	0	0	N/A	<i>B Patel</i>	8	7	88
<i>Mr A Carruthers</i>	8	6	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>	8	8	100

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
<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>	3	3	100				