

Trust Board paper J3

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 March 2020

COMMITTEE: People, Process and Performance Committee

CHAIR: Mr A Johnson, Non-Executive Director

DATE OF COMMITTEE MEETING: 30 January 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 06/20/1 – Streamlined Emergency Care Report, Month 9 (for noting), and
- Minute 11/20/2 – Cancer Performance Monthly report (for noting)

DATE OF NEXT COMMITTEE MEETING: 27 February 2020

**Mr A Johnson
Non-Executive Director and PPPC Chair**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC) MEETING HELD
ON THURSDAY 30 JANUARY 2020 AT 11.15AM IN THE BOARD ROOM, VICTORIA BUILDING,
LEICESTER ROYAL INFIRMARY**

Present:

Mr A Johnson – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director
Ms R Brown – Chief Operating Officer
Col. (Ret'd) I Crowe – Non-Executive Director (Chair for the joint session with members of QOC)
Mr A Furlong – Medical Director (from Minute 6/20/1 (part) onwards)
Ms N Green – Deputy Chief Nurse (deputising for Ms C Fox, Chief Nurse)
Ms K Jenkins – Non-Executive Director
Mr S Lazarus – Interim Chief Financial Officer
Mr B Patel – Non-Executive Director
Mr K Singh - Non-Executive Director (ex-officio member)
Mr M Traynor – Non-Executive Director
Ms H Wyton – Director of People and Organisational Development

In Attendance:

Mr M Caple – Patient Partner, QOC (from Minute 11/20)
Miss M Durbridge – Director of Safety and Risk (from Minute 11/20)
Ms C Ellwood – Chief Pharmacist (for Minute 11/20/3 only)
Mr D Kerr – Director of Estates and Facilities (from Minute 11/20)
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 10/20)
Ms S Leak – Director of Operational Improvement (from Minute 11/20)
Ms F Lennon – Deputy Chief Operating Officer
Mr C Moorhouse – Head of Quality Improvement (up to and including Minute 5/20/1)
Ms B O'Brien – Deputy Director of Quality Assurance (from Minute 11/20)
Ms J Smith – Patient Partner, QOC (from Minute 11/20)
Ms G Supra – Workforce Development Manager (from Minute 6/20/1 (part) up to and including Minute 10/20)
Ms J Tyler-Fantom – Deputy Director of Human Resources (from Minute 6/20/1 (part) up to and including Minute 10/20)

RESOLVED ITEMS

01/20 APOLOGIES

Apologies for absence were received from Ms C Fox, Chief Nurse and Ms D Mitchell, Deputy Chief Operating Officer and the Non-Executive Director Chair welcomed Ms F Lennon, newly appointed Deputy Chief Operating Officer to her first meeting of the People, Process and Performance Committee.

02/20 DECLARATIONS OF INTERESTS

Mr A Johnson, Non-Executive Director (PPPC Chair) and Mr S Lazarus, Interim Chief Financial Officer, declared their respective interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd . As this was judged by the Committee to be non-prejudicial interests, both remained present at the meeting.

Resolved – that the declarations of interest be noted.

03/20 MINUTES

Resolved – that the Minutes of the 19 December 2019 (papers A and A1 refers) be confirmed as a correct record.

04/20 MATTERS ARISING

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

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

05/20 KEY ISSUES FOR DISCUSSION/DECISION

05/20/1 Becoming the Best Update

The Deputy Director of Learning and the Head of Quality Improvement presented an update (paper C refers) on progress with the cultural, leadership and Quality Improvement (QI) elements of the Trust's Quality Strategy – Becoming the Best. There was a need to continue to ensure leadership support in implementing design ideas and dedicated Organisational Development Specialists were continuing to focus efforts on supporting Improvement Agents with progressing design / quality improvement initiatives. This team would also support the Discharge QI Collaborative work planned for January 2020 and would operate until May. There was a need to raise awareness of the approach being taken to design and implement a collective culture, leadership and QI approach with staff and stakeholders, via increased visibility / walkabouts. Work was also underway in ensuring that QI training was incorporated within all existing leadership development programmes and that the monitoring of training completion was strengthened through use of the HELM system. Co-ordination work was underway in preparation for the Design Consolidation Event scheduled for 4 February 2020; the output of which would be reported at the Trust Board Thinking Day on 13 February 2020. The OD and QI team were engaged in scheduled meetings to strengthen alignment of activity and sharing of best practice. The LLR Culture and Organisational Development team had now taken on the role of leading the LLR Academy, which would report into both the LLR Local Workforce Action Board and LLR Clinical Leadership Group and feedback was requested on the proposals detailed on page 3 of the report (defining the purpose of the LLR Academy and how work would be undertaken within the Academy and across the system with partners).

Specific discussion took place regarding the Discharge QI work currently underway in terms of how empowered staff felt in order to make process changes. It was noted that this was untested, as yet, given that this work was only in its initial stages. The Chief Executive acknowledged an issue currently in terms of how Improvement Agents were positioned and viewed by line managers, and of the consequent cultural changes required, noting the importance of empowerment and the value in Trust Board level engagement in this issue, via ward visits or other such means. Ms Bailey, Non-Executive Director, queried when the Committee could expect to see some outputs from the work described within the monthly update reports presented, noting that it would be helpful for future iterations of the report to describe the traction / progress made around this work, with more emphasis on defining outcomes and less emphasis on describing the processes to be employed. In response, it was noted that the Design Consolidation Event due to be held the following week would be the forum in which the outcome of initiatives trialled over the last six months would be consolidated, the outputs of which would then be reported at the Trust Board Thinking Day scheduled for 13 February 2020. The Chief Executive also made reference to the Internal Audit Review to be undertaken into Quality Improvement and recognised the need to strengthen reporting lines.

The Committee was assured that the Becoming the Best programme was on track and well controlled. The contents of this report were welcomed, received and noted.

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

06/20 ITEMS FOR ASSURANCE

06/20/1 Streamlined Emergency Care Report – Month 9

The Chief Operating Officer presented papers D (the Streamlined Emergency Care report for Month 9) and D1 (Review of Solutions to support Urgent Care Flow Agreed Actions) highlighting

that December 2019 had proven to be the most challenging month to-date in performance-terms, with continued growth in both attendance and admission rates. Disappointingly, there had been a number of twelve hour breaches, which was reflective of a system under pressure and the experience in UHL was also being reflected nationally. Despite the pressures, the Trust's national ranking against the 4 hour ED target had shown week on week improvement and no patient harm had been identified. This was evidence that the Trust was continuing to be relatively resilient compared to other Trusts and improving relative to them. Ambulance demand had continued to increase and this situation continued to require more solutions, with UHL an outlier nationally for ambulance handovers, the reason for which was explored during discussion and related to the lack of a cohorting area. The Committee supported the view that arrival cohorting was not appropriate, but emphasised that arrivals and release of EMAS personnel needed an alternative solution (albeit note was made that the creation of the ambulance escalation unit ('pod') had ameliorated the situation by providing a buffer and a way of releasing 50% of waiting EMAS crews). Ambulance handover remained a key priority for the Trust with actions continuing to be implemented to address this issue.

There continued to be an imbalance between capacity and demand for Medicine within LRI which was being addressed through the 'Increasing Effective Medical Bed Action Plan'. Progress was being made against plan (with note made that the Trust had now opened 80 additional beds, which was above the 56 additional beds originally planned) and further actions were being developed. A system-wide approach had been escalated as agreed with the Trust's Regulators. Specific discussion took place regarding the need to anticipate and plan for such pressures during the next year (e.g. the anticipated twice-yearly 'spikes' in activity due to respiratory illness, which were predictable) and the Chief Operating Officer undertook to raise this specific issue at a future A&E Delivery Board. Note was made of the need to create more capacity within the Trust to accept the patients awaiting beds in ED. Also emphasised was the need for recognition that these matters represented system issues and sustained assistance from other providers within the community was required (with use of community hospital beds and nursing home beds, where appropriate for a patient's needs and the need for a 'system-wide' bed strategy). Ms Bailey, Non-Executive Director, commented on the helpfulness of data contained within the pack relating to long-stay by reason and the opportunities this identified in terms of the 'whole system bed base'. The Chief Executive made reference to the short-term, medium-term and long-term bed capacity planning work being undertaken and of the increased engagement from system partners.

The contents of this report were received and noted. In view of the circumstances described, the Committee was not assured that the Trust is able to meet its targets for Emergency Care and was very concerned that the situation is not improving and about the rising number of patients visiting ED / UCC.

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

(B) the Chief Operating Officer be requested to schedule an item for discussion at a future A&E Delivery Board re anticipating and planning for predictable spikes in activity (e.g. the twice yearly spike in respiratory illness).

COO

06/20/2 E-Hospital High Level Plan & Update

Further to presentation and approval of the IM&T strategy 2019-22 at the Trust Board meeting in December 2019, paper E, as presented by the Acting Chief Information Officer, documented the first quarterly update report to PPPC, the purpose of which was to provide an update on the detailed plan that had been developed to deliver the Trust's electronic patient record (EPR) objectives via the eHospital programme. This included the current state of progress and the implementation plan to replace legacy IT systems and implement new capabilities, including those supporting interoperating with the Trust's partners in LLR. Key risks to the programme delivery were around lack of sufficient resources from the IM&T perspective to scale up project delivery, requirements gathering and technical / configuration capabilities and challenges with regards to obtaining sufficient engagement from front-line clinical services to ensure input into the design phases of the programme.

In discussion on this item, Col (Ret'd) I Crowe, Non-Executive Director, emphasised the need for

adequate resourcing given the importance of successful EPR implementation. Also noted in discussion were potential challenges in terms of interoperability and in the phased nature of the roll-out. Ms K Jenkins, Non-Executive Director, sought assurance that the key gateways were in place and that the appropriate staff members would be undertaking the assessment at these key gateways, as this information was not currently contained within the report presented. The Chief Executive suggested that additional helpful information for the Committee to see would be confirmation of the governance process in place and further information relating to the risks. In view of time constraints at today's meeting, it was agreed that Ms Jenkins, Non-Executive Director and Mr A Johnson, Non-Executive Director Chair of PPPC, would discuss further, outwith the meeting, the additional information the Committee would wish to see in order to receive the assurance it required.

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

(B) Mr Johnson, Non-Executive Director Chair and Ms Jenkins, Non-Executive Director, be requested to discuss, outwith the meeting, the additional information the Committee wishes to see in future such reports in order to receive the assurance it requires (e.g. the governance process – confirming key gateways and decision-makers at those gateways – and further information relating to risks).

**NEDC/
NED**

06/20/3 Staff Influenza Vaccination Campaign 2019/20

The Director of People and Organisational Development presented paper F, highlighting that excellent progress had been made in the year to-date, with performance (against the take-up rate of staff receiving the flu vaccine) already having exceeded the previous year's total update. The vaccine remained available for staff until March 2020. Staff uptake of the flu vaccine now exceeded the minimum target of 80% and the Trust's related CQUIN target had therefore been achieved. The Director of People and Organisational Development noted the pivotal role played by the Peer Vaccinators in this achievement, of whom the Trust had 200 this year (an increase from 137 in the previous year). The Chief Operating Officer and Director of People and Organisational Development noted the positive achievement this represented, in respect of which they expressed their thanks to all involved. The Medical Director noted that he had received a communication regarding good practice in relation to staff flu vaccination, which he had forwarded onto the Occupational Health Team, in order that they could identify if there were any further ideas they may wish to adopt in future years' campaigns. Mr A Johnson, Non-Executive Director Chair of PPPC, suggested the value in a communication to staff explaining the importance of receiving the vaccine, which the Director of People and Organisational Development undertook to consider. The contents of this report were received and noted and the positive achievement it represented was acknowledged.

In response to a query raised by Mr A Johnson, Non-Executive Director Chair of PPPC, in relation to the Trust's preparedness with regard to coronavirus, the Chief Operating Officer provided assurance to the Committee in terms of the process being employed, which was a system-wide approach being led by UHL and supported by Public Health England. It was noted that this work was being progressed through the Trust Infection Prevention Assurance Committee and that further updates would be submitted to the Trust's Quality and Outcomes Committee.

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

(B) the Director of People and Organisational Development to consider the value in a communication to all staff explaining the importance of receiving the flu vaccine, and

DPOD

(C) preparedness in relation to coronavirus be addressed through the Trust Infection Prevention Assurance Committee, with updates submitted to the Quality Outcomes Committee, as appropriate.

**CN/
DIPAC**

06/20/4 Workforce and Organisational Development Plan Update

The Committee took the opportunity to consider the Workforce and OD Plan Update (paper G refers) in detail at this meeting (it was usually an item for noting). The format of the data pack, as

presented, remained under review and would be finalised upon receipt of the People Plan from the NHSE to ensure that reporting appropriately reflected the national agenda. A review of the summary KPIs documented that most indicators were moving in the right direction, for example, those relating to overall figures for Statutory and Mandatory training, staff turnover rate, adherence to the agency cap rate etc.

Particular note was made that the following day (31 January 2020) was the day that the UK officially left the EU and, whilst national communications would be issued to affected staff, the Director of People and Organisational Development undertook to send a personal communication to such staff expressing how valued they were by the Trust. In response to the number of 'red' RAG-ratings flagging against data relating to apprenticeships (on page 99 of the report), as highlighted by Ms K Jenkins, Non-Executive Director, the Chief Executive requested that a simplified version of the table was circulated to PPPC members which more clearly articulated the position (albeit note was made that, in future, more of the data would be presented as SPC charts, which would assist members). The Non-Executive Director Chair of the PPPC requested that future iterations of this report monitored progress against the resource needed by HR in order to recruit effectively and efficiently and Ms V Bailey, Non-Executive Director, requested further consideration was given as to how to present data on recruitment, in order to assist the understanding of the Committee.

In a subsequent discussion clarifying which aspects of data were submitted to which Trust Board sub-committees, it was confirmed that information relating to recruitment and retention campaigns would be submitted to the People, Process and Performance Committee, whilst the Quality and Outcomes Committee would receive data relating to matters of safety and quality. The Non-Executive Director Chair of the PPPC made note of the lighter PPPC agenda in months where the EPCB (Executive People and Culture Board) did not meet (EPCB being a bi-monthly meeting) and of the opportunity, therefore, to focus on particular areas of interest to members at these meetings. He undertook to issue a communication to PPPC members inviting them to contact him, the Director of People and Organisational Development and the Chief Operating Officer to suggest possible areas of focused discussion at future PPPC meetings, when time allowed.

The contents of this report were received and noted.

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

(B) the Director of People and Organisational Development be requested to issue a personal communication to staff affected by the UK's departure from the EU on 31 January 2020 expressing how valued they are by the Trust,

DPOD

(C) the Director of People and Organisational Development be requested to arrange for a simplified version of the table on page 99 of the report (flagging red' RAG-ratings against data relating to apprenticeships) to be circulated to PPPC members which more clearly articulated the position,

DPOD

(D) the Director of People and Organisational Development to arrange for future iterations of this report to:-

- (i) monitor progress against the resource needed by HR in order to recruit effectively and efficiently, and**
- (ii) be updated following consideration of how best to present data on recruitment in order to assist the understanding of the Committee, and**

DPOD

(E) the Non-Executive Director Chair be requested to issue a communication to PPPC members inviting them to contact him, the Director of People and OD and the Chief Operating Officer to suggest possible areas of focused discussion at future PPPC meetings, when time allowed.

NEDC

07/20 ITEMS FOR NOTING

07/20/1 Executive Performance Board

Resolved – that the action notes from the Executive Performance Board meeting held on 17 December 2019 (paper H refers) be received and noted.

07/20/2 Executive People and Culture Board

Resolved – that the action notes from the Executive People and Culture Board meeting held on 10 December 2019 (paper I refers) be received and noted.

08/20 **ANY OTHER BUSINESS**

Resolved – that there were no further items of business.

09/20 **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:-

- Minute 06/20/1 – Streamlined Emergency Care Report – Month 9 (for noting), and
- Minute 11/20/2 – Cancer Performance Monthly report (for noting).

10/20 **DATE OF THE NEXT MEETING**

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 27 February 2020 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

JOINT SESSION WITH MEMBERS OF QOC

11/20 **ITEMS FOR ASSURANCE**

11/20/1 Minutes and Matters Arising Log from Joint PPPC / QOC session held on 19 December 2019

The Committee considered the Minutes of the Joint PPPC / QOC session held on 19 December 2019 (Joint Paper 1 refers) and the associated Matters Arising Log (Joint Paper 1a refers). In respect of Joint Paper 1a, the Corporate and Committee Services Officer was requested to contact the Chief Nurse to seek confirmation of a date by when item number 9 from the Joint PPPC / QOC session held on 24 October 2019 would be completed.

Resolved – that (A) the Minutes from the Joint PPPC/QOC session held on 19 December 2020 (Joint Paper 1 refers) be confirmed as a correct record,

(B) the contents of the Matters Arising Log from the Joint PPPC/QOC session held on 19 December 2019 (Joint Paper 1a refers) be received and noted, and

(C) the Corporate and Committee Services Officer be requested to contact the Chief Nurse to seek confirmation of a date by when item number 9 from the Joint PPPC / QOC session held on 24 October 2019 would be completed.

CCSO

11/20/2 Cancer Performance Monthly Report

The Director of Operational Improvement presented Joint paper 2, noting that the cancer referral rate remained higher than in the previous year and continued to increase and performance remained relatively stable despite the growing demand. In November 2019, the Trust achieved 3 standards against the national targets and 3 standards against UHL's trajectory (or where the national target was achieved). The 62 day standard remained the Trust's most significant challenge. The report presented detailed a breakdown of performance against all targets and performance by tumour site for the 62 day target. A detailed action plan was also included which showed the actions being undertaken by CMGs in order to improve performance (including the deep dive being undertaken into one tumour site per month).

The Director of Operational Improvement, when presenting this report, also notified members of the agreement to review the Strategy for Cancer at the LLR Board. Ms V Bailey, Non-Executive Director, emphasised the value in looking at the likely population growth and advances in technology when considering future years (within the strategy) which was acknowledged. Particular

discussion took place regarding potential reasons for delayed biopsies, as queried by Ms Smith, Patient Partner, in response to which the Director of Operational Improvement gave examples of possible reasons for such. Also discussed was the contents of page 8 of the report (62 Day Breach Themes by Tumour site), as also queried by Ms Smith, Patient Partner. The Director of Operational Improvement undertook to make this data more readable in future iterations of the report. The contents of this report were received and noted.

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

11/20/3 UHL Pharmacy Performance / Medicines Management

Ms C Ellwood, Chief Pharmacist, attended to present Joint Paper 3, which had been written in response to a request made at the November 2019 Trust Board meeting for an update on pharmacy service performance and medicines management. It focused on five key areas: pharmacy workforce, activity, system working, medicines governance and other workstreams. The report sought to provide assurance on current pharmacy and medicines optimisation activity and information on future plans. The report concluded that the view of the Pharmacy Leadership Team and Chief Pharmacist was that the service was able to provide the required assurance, noting significant challenges and associated risks due to activity growth and a challenged workforce position. Risks were fully articulated in the Trust Risk Register and were reviewed monthly. The service had clear priorities for future service delivery that fully aligned with system working.

In response to a query raised by Ms V Bailey, Non-Executive Director, regarding a unified (system-wide) medicines management approach, the Chief Pharmacist described the two different ways in which the service worked across the system. Further specific discussion took place regarding system working and the opportunities within this in the future (e.g. in terms of electronic ordering). Also discussed was the delivery of drugs on a timely basis as part of the Safe and Timely Discharge workstream. Particular queries were raised by Mr Caple, Patient Partner, regarding the governance arrangements in respect of TrustMed Pharmacy, which were explained verbally in response, including the involvement of a Patient Partner in the contract meetings, and assurance was provided by the Chief Pharmacist regarding the Homecare Service, following previous issues experienced which had now been addressed. Note was also made, in discussion, of the large number of apprenticeships within Pharmacy and of the plans to increase this number further. Discussion also took place regarding some of the recruitment challenges within Pharmacy, particularly with respect to certain posts (e.g. Band 7 Pharmacists). The Non-Executive Director Chair of PPPC made particular note of the graph detailing pharmacy performance in respect of TTO medicines, where a consistent decline in responsive performance had been seen and asked what was being done to turn this measure around. The Chief Pharmacist explained the national move towards making pharmacy time more patient facing, a positive outcome of which would be resolving issues relating to TTO prescriptions on the ward before they reached the Pharmacy. Members thanked the Chief Pharmacist for this informative and useful report, the contents of which were received and noted. It was agreed that further update reports would be submitted to the PPPC on a six-monthly basis.

CP

Resolved – that (A) the contents of Joint Paper 3 be received and noted and

(B) further updates on this item be submitted to the PPPC on a six monthly basis (therefore the next such report to be scheduled for July 2020, and six-monthly thereafter).

CP

11/20/4 Quality and Performance Report Month 9

Members received and noted the contents of the monthly Quality and Performance report (Joint Paper 4 refers). The report provided a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary. The Chief Operating Officer noted that the new format for this report had now been in place for the past three to four months and requested that, if PPPC members had any further feedback re the format of this report, they contact her outwith the meeting to provide this. The Chief Operating Officer noted that the data relating to statutory and mandatory training as detailed within the Q & P report did not reflect that presented in the Workforce and OD Data set received by the Committee and she would be taking this forward in conjunction with the Director of People and OD to understand the reasons for this. In presenting this

report, the Chief Operating Officer advised that, despite the challenges reported due to volume of activity, the Trust had maintained performance against its 52 week target. The Medical Director also noted that quality was being maintained as evidenced by the quality metrics. The performance of a number of CMGs had deteriorated recently in terms of their statutory and mandatory training and this was being addressed with them through the Performance Review meetings (PRMs). The Deputy Chief Nurse also noted that the nursing indicators did not reveal any specific issues of concern.

Particular discussion took place regarding the fact that the production of out-patient letters to GPs was off target, as raised by Ms Smith, Patient Partner, and the actions being implemented in response to this, including monitoring of this indicator at the CMG Performance Review Meetings (PRMs). The Non-Executive Director Chair of PPPC raised a specific query relating to data on page 198 of the report (nursing vacancies YTD recorded as 11.2%, which did not seem to correspond with the data in the accompanying graph) – it was agreed to address this query outside the meeting and rectify its presentation (if required) in future iterations of this report. Specific discussion also took place regarding diagnostic delays as relating to imaging, sleep and echo and of the significant work being undertaken to address these. Mr Patel, Non-Executive Director, raised a specific query relating to any analysis available behind the data relating to reasons for patients not attending their hospital appointments (DNA rate on page 214) which had consistently worsened – it was agreed that the Chief Operating Officer would investigate and respond to this query outwith the meeting. The contents of this report were received and noted.

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

(B) the Chief Operating Officer, in conjunction with the Director of People and Organisational Development, seek to understand the reasons why the data relating to statutory and mandatory training within the Q & P report did not reflect that presented within the Workforce and OD set,

**COO/
DPOD**

(C) the Director of People and OD (in conjunction with nursing colleagues as appropriate) be requested to address the query relating to nursing vacancies YTD (on page 198 of Joint Paper 4, which was recorded as 11.2% but which does not seem to correspond with the data in the accompanying graph) and rectify its presentation, if required, in future iterations of this report, and

DPOD

(D) the Chief Operating Officer be requested to investigate the query raised by Mr Patel, Non-Executive Director, relating to any analysis available behind the reasons why patients did not attend their hospital appointments (DNAs) and respond to this query outwith the meeting.

COO

11/20/5 CMG Performance Review Data

Joint Paper 4a summarised the outputs from the December 2019 performance review meetings (PRMs) with CMGs, the contents of which were received and noted.

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

The meeting closed at 2.04pm.

Gill Belton - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2019-20 to date):

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Johnson (Chair)	10	9	90	K Jenkins	10	6	60
J Adler	10	8	80	S Lazarus (from December 2019)	2	2	100
V Bailey	10	10	100	B Patel	10	9	90
P Baker	10	7	70	K Singh (ex-officio)	10	9	90
R Brown	10	8	80	M Traynor	10	8	80

<i>I Crowe</i>	10	10	100	<i>P Traynor (up to end Oct 2019)</i>	7	2	29
<i>C Fox</i>	10	7	70	<i>H Wyton</i>	10	9	90
<i>A Furlong</i>	10	8	78				

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>C Benham</i>	9	6	67	<i>D Mitchell</i>	10	8	80
<i>A Carruthers*</i>	1	1	100	<i>B Shaw</i>	10	5	50
<i>B Kotecha</i>	10	9	90	<i>J Tyler-Fantom</i>	10	8	80
<i>S Leak</i>	10	9	90				

* for IT items only