

Trust Board paper M2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 6 February 2020

COMMITTEE: People, Process and Performance Committee

CHAIR: Mr A Johnson, Non-Executive Director

DATE OF COMMITTEE MEETING: 19 December 2019

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

- Minute 123/19 – Junior Doctors Guardian of Safe Working – Quarterly Update (as appended to the PPPC Summary of 19.12.19 submitted to the 9 January 2020 Trust Board meeting).

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR NOTING BY THE TRUST BOARD:

- Minute 128/19/1 – Becoming the Best;
- Minute 129/19/1 – Streamlined Emergency Care Report – Month 8;
- Minute 129/19/2 – Bed Capacity and Bridge Report;
- Minute 129/19/5 – ICU Workforce Planning, and
- Minute 129/19/7 – UHL Security Management Report

DATE OF NEXT COMMITTEE MEETING: 30 January 2020

**Mr A Johnson
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 19 DECEMBER 2019 AT 11.15AM IN THE BOARD ROOM, VICTORIA BUILDING,
LEICESTER ROYAL INFIRMARY**

Present:

Mr A Johnson – Non-Executive Director (Chair)
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director
Col. (Ret'd) I Crowe – Non-Executive Director (Chair for the joint session with members of QOC)
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Ms K Jenkins – Non-Executive Director (via conference telephone)
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 P Aldwinckle – Patient Partner, QOC (from Minute 134/19)
Mr M Caple – Patient Partner (from Minute 134/19)
Miss M Durbridge – Director of Safety and Risk (from Minute 129/19/7)
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 133/19)
Ms S Leak – Director of Operational Improvement
Mrs H Majeed – Corporate and Committee Services Officer
Ms D Mitchell – Deputy Chief Operating Officer
Mr C Moorhouse – Head of Quality Improvement (up to and including Minute 129/19/6)
Ms M O'Brien – Head of Communications (up to and including Minute 129/19/6)
Ms J Smith – Patient Partner, QOC (from Minute 134/19)
Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 133/19)

RECOMMENDED ITEMS

123/19 JUNIOR DOCTORS GUARDIAN OF SAFE WORKING – QUARTERLY UPDATE

Paper J advised that 170 exception reports had been recorded in 1 September 2019-29 November 2019, which was an increase on the previous quarter. Members noted that NHS Employers and the BMA had agreed the implementation of a revised Junior Doctors Contract, which had been introduced in August 2019 and the implementation would be phased over a period of 14 months. Further significant changes to the contract provisions had recently been published. The Deputy Director of Human Resources advised that an assessment of the rota templates at UHL had indicated that over 70% of the rota templates would need to be revised in line with the new rota rules. Meetings were taking place with Junior Doctors, Consultants and CMG Managers to produce compliant rota templates and resolve any queries. In response to a query on the upward trend in exception reporting, the Deputy Director of HR advised that the Trust's culture of encouraging reporting had played a part. The Medical Director provided assurance that the number of exception reports were in line with UHL's size. A high-level update on progress with the implementation of the revised Junior Doctors contract would be provided to Executive People and Culture Board (EPCB) in February 2020 and subsequent PPPC.

**PPPC
Chair**

DDHR

Recommended – (A) that the junior doctors contract Guardian of Safe Working quarterly update be endorsed and recommended for Trust Board approval, and

**PPPC
Chair**

(B) the Deputy Director of Human Resources be requested to provide a high-level update on progress with the implementation of the revised Junior Doctors contract to EPCB in February 2020 and subsequent PPPC.

DDHR

RESOLVED ITEMS

124/19 APOLOGIES

Apologies for absence were received from Mr C Benham, Director of Operational Finance.

125/19 DECLARATIONS OF INTERESTS

Mr A Johnson, Non-Executive Director (PPPC Chair) declared his role as Non-Executive Chair of Trust Group Holdings Ltd. As this was judged by the Committee to be a non-prejudicial interest, Mr Johnson remained present at the meeting.

Resolved – that the declarations of interest be noted.

126/19 MINUTES

Resolved – that the Minutes of the 28 November 2019 (paper A refers) be confirmed as a correct record.

127/19 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.

The Head of Quality Improvement reported verbally to confirm that an update on action number 1a (related Minute reference 116/19/1) would be available to PPPC in February/March 2020 and the log could be updated accordingly.

The Deputy Chief Operating Officer advised that action 5b (Minute reference 117/19/1) would be addressed starting from the reports presented to PPPC in January 2020.

The Deputy Chief Operating Officer reported orally to confirm that action number 5c (Minute reference 117/19/2) had now been completed and could therefore be marked as 'closed' on the matters arising log.

The Medical Director advised that a report on action 13 (Minute reference 71/19/4) would be presented to the Executive People and Culture Board and PPPC in February 2020.

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

128/19 KEY ISSUES FOR DISCUSSION/DECISION

128/19/1 Becoming the Best Update (including consideration of the Communications Strategy)

Paper C, as presented jointly by the Deputy Director of Learning and OD, Head of Quality Improvement and the Head of Communications, provided an update on progress with the cultural, leadership and QI elements of the Trust's Quality Strategy – Becoming the Best.

The design mapping had been completed and interventions worked through with the Improvement Agents and Subject Matter Leads. A design consolidation event had been scheduled on 4 February 2020. Work had been undertaken in clarifying the role of Improvement Agents, as there was a need to make real and relevant improvements in everyday work in order to grow awareness of the programme and adoption of the methodology. Dedicated Organisational Development Specialists had been appointed and were initially focusing efforts on supporting Improvement Agents with progressing design/service improvement initiatives. In discussion, the PPPC noted that the Trust Board Thinking Day to be held in February 2020 would focus on outcome of the design consolidation event and implementation plans of the Trust's culture and leadership approach. The Head of QI advised that a Quality Strategy Operational Group had now been convened, which would operationalise the implementation of the Quality Strategy. The QI Team would also support the Discharge QI Collaborative work planned for January 2020.

The Head of Communications advised that the Communications department had engaged colleagues across the Trust through the development of BtB brand. The Communications team had also supported new initiatives such as “Perfect Day” and “Schwartz Rounds”, provided regular updates through Chief Executive briefings and continued to support the development of BtB initiatives and its alignment to the reconfiguration plans. The Chief Executive highlighted that attendance at the Chief Executive briefings would be mandatory for line managers and Improvement Agents with effect from January 2020. Specific discussion took place regarding the fact that existing UHL staff who had volunteered to act as Improvement Agents were undertaking this responsibility in addition to their own full-time jobs and of the need to provide autonomy and support for them in order to drive the change required. The Chief Executive commented on the opportunities of increasing visibility of UHL’s BtB.

HoC/
DDHR

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

(B the Head of Communications and the Deputy Director of Human Resources be requested to increase the visibility of ‘Becoming the Best’ and ‘Reconfiguration Schemes’ within UHL’s branding/recruitment campaigns.

HoC/
DDHR

129/19 ITEMS FOR ASSURANCE

129/19/1 Streamlined Emergency Care Report – Month 8

The Chief Operating Officer highlighted that urgent and emergency care continued to be extremely challenging and the continued increase in demand and lack of capacity had had a negative impact on ambulance handovers. Despite this, the focus was on ensuring that patients were being kept safe. The Chief Executive summarised the issues which were discussed at the recent A&E Delivery Board highlighting that the focus was now on a system-wide approach to safety and sharing of risks/ownership. The Director of Safety and Risk and her team were undertaking regular walkabouts to ensure that safety of patients was being maintained. In response to a comment from the Trust Chairman regarding GP surgeries being closed at mid-day on Christmas eve, the Chief Operating Officer advised that a plan had been sent to the Trust and it might be that alternative urgent care services would be available to reduce the pressure on ED, however, she agreed to double-check with relevant CCG colleagues. The PPPC Chair particularly noted that the LLR national ranking for the 4 hour access standard had fluctuated over a period of 4 weeks (4 November - 1 December) within a fairly tight range of 95-111 including November 2019 performance at 63.5%.

COO

The Deputy Chief Operating Officer advised that a revised approach to the Trust’s Quality Priorities relating to Streamlined Emergency Care and Safe and Timely Discharge was being taken. These were being combined into one Quality Priority called Streamlined Emergency Care but split into two main work streams ‘Safe and Timely Discharge’ and ‘Safe and Timely Assessment’. In response to a query from the PPPC Chair in respect of the difference on the shop floor due to this revised approach, it was noted that this streamlined approach would co-ordinate operational, nursing, medical and QI work streams into one. The Chief Nurse reiterated that the ward assessment and accreditation framework, which currently had a suite of nurse-sensitive indicators, would now incorporate the discharge elements as part of the streamlined approach described above. Due to this revised approach being taken, the Deputy Chief Operating Officer advised that the current Urgent and Emergency Action plan would be closed and any outstanding actions would be aligned into appropriate work streams. Ms V Bailey, Non-Executive Director took assurance from the governance structure detailed in the report in respect of the Streamlined Emergency Care work stream.

The highlights from Month 8 (paper D refers) were as follows: (1) overall demand into ED had continued (with a continued increase in ED attendances and a 5.4% increase in emergency admissions in November 2019 compared to November 2018), (2) ambulance handovers greater than 60 minutes increased to 19.8% (the Trust had seen 8 consecutive months of ambulance conveyances higher than the mean), (3) increase in Children’s ED attendance had impacted on Children’s ED performance against the 4 hour standard, (4) decline in injuries performance as a consequence of high ED attendance levels and resources being diverted to Majors, (5) increase in non-admitted ambulance conveyances – attributed to Same Day Emergency Care and pathway

changes, and (6) significant increase in CDU activity and members were advised that there was an opportunity to redesign/reconfigure CDU.

A new Ambulance Escalation Unit (“the Pod”) went ‘live’ on 17 December 2019. This unit would be jointly managed by UHL and EMAS and could take a maximum of 8 patients. Paramedics (EMAS to provide 2:1 cohorting) would staff the unit with regular oversight from the ED team. This unit would accept patients who did not require an immediate bed and had been assessed as being suitable for the unit. This initiative would allow the release of 50% of the waiting ambulance crews to be able to respond to other patients and improve response timescales.

The Deputy Chief Operating Officer provided a verbal update listing the ‘snap-shot’ figures of the different reasons patients were designated as ‘super-stranded’. She undertook to include this detail in future emergency care reports to improve assurance.

Col (Ret’d) I Crowe, Non-Executive sought assurance on whether all the sub-projects were being coordinated into the Streamlined Emergency Care work stream. In response, it was noted that two Palliative Care Nurses funded by Macmillan would be part of the ED team. In addition, the Chief Nurse advised that as a result of discussions at the A&E Delivery Board, LPT would be diverting some of their Advanced Nurse Practitioners to Nursing homes in order to divert relevant ED admissions. The Chief Executive confirmed that a work stream was already in place to resolve the ‘Frequent Attenders’ issue. Some mental health winter funding had been made available and it was anticipated that the Core 24 model (24/7 mental health cover in ED) would be in place earlier than anticipated. In response to a query from Mr B Patel, Non-Executive Director, the Chief Nurse advised that the Trust had a good working relationship with Public Health England (PHE) and the Consultant in Health Protection, PHE was a member of the Trust’s Infection Prevention Committee. Responding to a further query, the Chief Executive advised that there was a lengthy discussion on the effectiveness of the ‘111’ service at the A&E Delivery Board.

In response to a suggestion from the Trust Chairman, the Chief Executive confirmed that the Trust was open to ideas/ innovative thinking that had worked at EDs in other Trusts. The Trust Chairman also suggested that consideration be given to sharing ‘softer intelligence’ (i.e. On-Call Directors feeding back additional qualitative information during handover).

COO

Members were advised that Ms F Lennon, Deputy Chief Operating Officer for Unplanned Care would be commencing in post in January 2020.

In discussion, the Chief Executive commented that consideration had been given to opening an additional ward, however, there was no merit in doing so because of the inability to safely staff it. Further to discussion with System Partners, a decision had been made to use Ward 22 in a different way (i.e. as a transfer bay) for a short period to reduce the pressure on ED. This area had been opened on 17 December 2019 and was expected to close at 5pm on 20 December 2019.

In response to a query from the PPPC Chair requesting assurance on behalf of the Non-Executive Directors regarding patient safety, the Medical Director and Chief Nurse briefed the PPPC on the following:- (a) patients on the back of an ambulance were having an initial assessment within 15 minutes; (b) regular conversations between the Operations team and Clinicians; (c) ED Consultants attending Command meetings, (d) regular discussion with CDU colleagues (e) silver nurse rota – providing an overview of the staffing and clinical care provided across all 3 sites, and (f) a harm review would be completed for any patients who were on an ambulance for over 2 hours. Ms V Bailey, Non-Executive Director expressed her belief that the above explanations provided assurance that patients continued to be safe.

The Committee could not be assured of the Trust’s ability to meet the 4-hour target and was concerned to understand the difference “the Pod” would make in practice to ambulance handover.

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

(B) the Chief Operating Officer be requested to double-check with relevant CCG colleagues regarding the alternative arrangements in place to reduce the pressure on ED given that

COO

GP surgeries were being closed at mid-day on Christmas eve, and

(C) the Chief Operating Officer be requested to arrange for On-Call Directors to provide feedback/'softer intelligence' (i.e. additional qualitative information) during handover.

COO

129/19/2 Bed Capacity and Bridge Report

The Director of Operational Improvement attended the meeting and advised that ED performance and ambulance handovers remained a challenge due to the gap between capacity and demand particularly in Medicine. She provided a presentation (paper E refers) describing the bed gap over winter in all the CMGs and how the beds could be used to the maximum. In discussion, the following conclusions were made.

Do we have enough beds for winter this year – No

Do we use all the outlying capacity at LGH – Yes

Do activity plans for CHUGGS and MSS increase the bed gap in Q4 – Not at present

Will we deliver efficiencies – continues to be a focus

Do we need to open another ward and when – Yes, but this aspiration was severely attenuated by low staff availability.

Despite the challenges linked to nurse staffing, the Chief Nurse highlighted that the Trust continued to maintain low numbers of patient harms (i.e. pressure ulcers, infection rates, falls), however, maintaining quality could not be guaranteed if the staffing resource had to be stretched further by opening an additional ward at the current time.

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

129/19/3 Report from the Chief Nurse

Resolved – that this Minute be classed as confidential and taken in private accordingly.

129/19/4 Staff Health and Well-being – Winter Support Plan

The Deputy Director of Learning and OD presented paper G, a report recommending the following initiatives to support staff health and wellbeing during the winter period (until March 2020):-

(a) staff working on the wards to have access to free tea, coffee and squash and able to access this whilst working,

(b) staff to be able to make themselves a slice of toast from the ward kitchen,

(c) work being undertaken to introduce naps at nights,

(d) Winter Wellbeing packs that could be delivered to areas that contained useful information and advice to help with wellbeing over the winter period, such as mental wellbeing, healthy recipes, and physical activity, and

(e) roadshows providing the facility for staff to check their blood pressure, pulse, weight and BMI.

The Director of People and OD expressed concern over the increase in referrals to the Trust's AMICA service and advised that a report would be presented to PPPC in due course regarding the increased demand to support staff health and well-being. The Health and Wellbeing Board had suggested the benefits of having a Non-Executive Director Sponsor on its Board and the Trust Chairman would be contacted to nominate a NED.

DPOD

**Trust
Chair**

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

(B) the Director of People and OD be requested to present a report to PPPC in due-course on the increased demand to support staff health and well-being, and

DPOD

(C) the Trust Chairman be requested to follow-up and nominate a Non-Executive Director Sponsor on the Health and Wellbeing Board.

**Trust
Chair**

129/19/5 ICU Workforce Planning

The Deputy Director of HR presented paper H, a report to provide assurance on the work undertaken to develop a workforce plan for the interim ICU reconfiguration. This plan had been aligned to the Trust's People Strategy and was also part of the key changes outlined in the 2018-2023 UHL Strategic Workforce Strategy and Plan. Members were advised that CMGs had developed an initial draft of their narrative workforce plans, to provide 'bottom up' plans, however, further work was required in order to fully define the required workforce models, implications and timescales for delivery and alignment to new models of care and standard operating procedures. The Finance and HR teams would complete the operational workforce planning process, which would include details of the impact of the reconfiguration. Further to this, a "confirm and challenge" process would be undertaken in February 2020 to consider any additional funding required, including workforce issues.

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

129/19/6 Report from the Deputy Director of HR

Resolved – that this Minute be classed as confidential and taken in private accordingly.

129/19/7 UHL Security Management Report

The Director of Safety and Risk presented paper K, a report highlighting the ongoing work streams to support patients and staff noting the decrease in physical assaults against staff in 2019-20 so far. Following the success of a pilot scheme where Police officers were stationed within the Trust's Emergency Department during busy periods (i.e. Friday and Saturday nights) working alongside ED/Security staff, the scheme would now be continued between January-March 2020. Members commended the news that the Leicestershire Police had agreed to self-fund for this period.

In response to queries, the Director of Safety and Risk advised that work was on going with Estates and Facilities colleagues to resolve the CCTV infrastructure/software issues at the LRI. The rollout of body-worn cameras would commence imminently, these would be worn by Security Officers on all 3 hospital sites. In discussion, members requested that future security management reports also included feedback on the 'outcomes' following the physical/verbal assaults on staff. In response, the Director of Safety and Risk agreed to include this detail and also present a report to PPPC in April 2020 providing a breakdown of the patients' conditions that were deemed to be factors in the assault.

DSR

In discussion on this report, Ms V Bailey, Non-Executive Director suggested the need for the PPPC agenda to be re-balanced in order that there was appropriate attention on people matters, highlighting that the majority of time at today's meeting had been focussed on emergency care. The PPPC Chair responded by explaining that the meeting agenda was necessarily time restricted and needed to focus on the Trust's priorities.

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

(B) the Director of Safety and Risk be requested to ensure that future security management reports included feedback on the 'outcomes' following the physical/verbal assaults on staff and breakdown of the patients' conditions that were deemed to be factors in the assault.

DSR

130/19 ITEMS FOR NOTING

130/19/1 Staff Survey/Feedback Fortnight

Resolved – that the contents of this report (paper L refers) be received and noted.

130/19/2 Workforce and Organisational Development Plan Update

Resolved – that the contents of this report (paper M refers) be received and noted.

130/19/3 Executive Performance Board (EPB)

Resolved – that the 26 November 2019 Executive Performance Board action notes (paper N refers) be received and noted.

131/19 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

132/19 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 123/19 – Junior Doctors Contract Guardian of Safe Working – Quarterly Update (as a recommended item);
- Minute 128/19/1 – Becoming the Best Update (for noting);
- Minute 129/19/1 – Streamlined Emergency Care Report – Month 8 (for noting);
- Minute 129/19/2 – Bed Capacity and Bridge report (for noting);
- Minute 129/19/5 – ICU Workforce Planning (for noting), and
- Minute 129/19/7 – UHL Security Management Report (for noting).

133/19 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 30 January 2020 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

JOINT SESSION WITH MEMBERS OF QOC

134/19 ITEMS FOR ASSURANCE

134/19/1 Minutes and Matters Arising Log from Joint PPPC / QOC session held on 28 November 2019

Resolved – that (A) the Minutes from the Joint PPPC/QOC session held on 28 November 2019 Joint Paper 1 refers) be confirmed as a correct record, and

(B) the contents of the Matters Arising Log from the Joint PPPC/QOC session held on 28 November 2019 (Joint Paper 1a refers) be received and noted.

134/19/2 Cancer Performance Monthly Report

Joint paper 2, as presented by the Director of Operational Improvement, noted that the cancer referral rate remained higher than last year and continued to increase; performance remained relatively stable despite the growing demand. In October 2019, UHL had achieved 2 standards against the national targets and 3 standards against UHL's trajectory. The 62-day standard remained the Trust's biggest challenge. Recruitment plans were in place in a number of tumour sites. The paper showed a breakdown of performance against all targets and performance by tumour site for the 62-day target. A detailed action plan was included within the paper, which showed the actions that were being undertaken by the CMGs in order to improve performance. The areas of concern and challenge at UHL were also being seen nationally. The Chief Executive advised that the Trust had received positive feedback from the System Review meeting in terms of UHL's cancer performance. In response to a comment, the Director of Operational Improvement advised that a rolling programme with each tumour site was in place to discuss the transformational changes that needed to be made to support improved quality and performance.

Resolved – that the contents of Joint Paper 2 be received and noted.

134/19/3 Quality and Performance Report - Month 8

Members received and noted the contents of the monthly Quality and Performance report (Joint Paper 3 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 Nurse highlighted that the 'A&E Friends & Family Test' metric had significantly deteriorated in-month, due to pressures in ED, however, the year-to-date target was still being achieved. The Trust had not had any 52+

week waits for 17 consecutive months, however, the 18-week RTT performance was below the NHSE/NHSI target. In response to a query, the Medical Director advised that due to a glitch in the system, the percentage for the '7 day turnaround of OP clinic letters' was not available, however, this issue had been raised at the recent CMG Performance Review meetings and assurance had been provided to attendees that an improvement had been seen.

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

134/19/4 CMG Performance Review Data

Joint paper 3a summarised the outputs from the October 2019 performance review meetings (PRMs) with CMGs, the contents of which were received and noted. In summary, the Medical Director highlighted that there was strong performance in terms of quality and safety; improvement had been seen in workforce metrics; and CMG level performance against the revised financial control totals. A detailed discussion took place about the assurance provided by the level of detail and nuancing contained within the CMG performance review data, noting that the data presented to PRMs did include SPC charts but these were not included in joint paper 3a. The Chief Executive advised that there were no arrangements for cross-charging in respect of outlying patients between CMGs. Further to this discussion, the Chief Executive undertook to consider expanding the content of this report for the February 2020 joint PPPC/QOC meeting and to consider whether a TBTD discussion on this subject would be helpful. Ms V Bailey, Non-Executive Director sought and received additional information for the baseline measurement in terms of the workforce metrics.

CE

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

(B) the Chief Executive be requested to consider expanding the content of this report (i.e. level of detail and nuancing contained within the CMG performance review data) for the February 2020 joint PPPC/QOC meeting and to consider whether a TBTD discussion on this subject would be helpful

CE

The meeting closed at 2.05pm.

Hina Majeed - 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)	9	8	89	K Jenkins	9	5	56
J Adler	9	7	78	S Lazarus (from December 2019)	1	1	100
V Bailey	9	9	100	B Patel	9	8	89
P Baker	9	6	67	K Singh (ex-officio)	9	8	89
R Brown	9	7	78	M Traynor	9	7	78
I Crowe	9	9	100	P Traynor (up to end Oct 2019)	7	2	29
C Fox	9	7	78	H Wyton	9	8	89
A Furlong	9	7	78				

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
C Benham	9	6	67	D Mitchell	9	8	89
A Carruthers*	0	0	-	B Shaw	9	4	44
B Kotecha	9	8	89	J Tyler-Fantom	9	7	78
S Leak	9	8	89				

* for IT items only