

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD – RECONFIGURATION PROGRAMME  
HELD ON THURSDAY 4 FEBRUARY 2021 AT 2.00PM**

**Voting Members Present:**

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

**In Attendance:**

Ms G Belton – Corporate and Committee Services Officer  
Mr A Carruthers – Chief Information Officer  
Ms K Gillatt – Associate Non-Executive Director  
Mr J Hammond – Head of UHL Reconfiguration PMO (for Minute 58/21/3 – part)  
Mr D Kerr – Director of Estates and Facilities  
Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 62/21)  
Ms A Onyemah – Head of EDI (for Minute 58/21/2)  
Ms N Topham – Reconfiguration Programme Director  
Mr S Ward – Director of Corporate and Legal Affairs  
Mr M Wightman – Director of Strategy and Communications  
Ms H Wyton – Chief People Officer

**ACTION**

**54/21 APOLOGIES**

The Chairman welcomed Ms Kathy Gillatt, newly appointed Associate Non-Executive Director to her first meeting. There were no apologies for absence at today's meeting.

**Resolved – that there were no apologies for absence.**

**55/21 DECLARATIONS OF INTEREST**

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

**Resolved – that the above declarations of interest be noted.**

**56/21 MINUTES**

**Resolved – that the Minutes of the public Trust Board Reconfiguration Programme meeting held on 7 January 2021 (paper A refers) be confirmed as a correct record and signed by the Chairman accordingly.**

Chair

**57/21 MATTERS ARISING**

Paper B detailed progress in respect of actions agreed at previous meetings of the Trust Board Reconfiguration Programme, the contents of which were received and noted. In respect of Minute 215/20/3 of 1 October 2020 relating to Reconfiguration Programme Governance, the Director of

Estates and Facilities confirmed that he had asked to see the reconfiguration governance structures of the other NHS Hospital Trusts comprising the New Hospital Programme and had referred to the arrangements in place at UHL; the latter having been seen as an example of good practice. The Trust Chairman noted his intention to contact his counterparts in the other Schemes to supplement the work being undertaken by the Director of Estates and Facilities and undertook to report further at the next Reconfiguration Programme Trust Board meeting to be held on 4 March 2021.

Chair

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

**(B) the Trust Chairman be requested to contact his counterparts at other relevant Trusts to determine their governance arrangements and to report further on this at the next Reconfiguration Programme Trust Board meeting to be held on 4 March 2021.**

Chair

## 58/21 KEY ISSUES FOR DISCUSSION/DECISION

### 58/21/1 Chairman's Briefing Note on the Reconfiguration Programme – February 2021

The Chairman presented his briefing note (paper C refers), which made note of the specific matters for discussion on today's agenda. Particular note was made of the planned discussion on ensuring equality and diversity considerations were embedding into the framework for decision-making in relation to the Reconfiguration Programme.

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

### 58/21/2 Embedding Equality, Diversity and Inclusion into Reconfiguration

Ms A Onyemah, Head of Equality, Diversity and Inclusion (EDI), attended to present paper D, which noted that the UHL Inclusive Decision-Making Framework (IDMF) aimed to enhance decision-making processes and ensure that they were not influenced by biases and thoroughly considered the diverse needs of the Trust's patients, workforce and wider community. Inclusive decision-making involved consideration of equality, diversity and inclusion when developing strategy, plans, programmes, projects or commissioning and procuring services. The framework had been created to support the embedding of equality, diversity and inclusion into the Trust's culture so that it could enable transformation and innovation across the Leicester, Leicestershire and Rutland (LLR) system. This involved promoting inclusive and compassionate leadership so that a diverse workforce could be created which was able to deliver 21<sup>st</sup> century care to all of the communities in LLR. The successful application of the framework ensured that the Trust could integrate equality analyses into its decision-making to reduce health inequalities and attract, retain and develop diverse talent. The Framework took into account the Trust's role as an anchor institution whose long-term sustainability was tied to the health and well-being of the local community it served.

The IDMF six steps and principles had been practically applied to the key stages of the Reconfiguration Programme project management lifecycle through collaborative working, knowledge exchange and drawing on collective intelligence. This work would be further embedded into subsequent stages of the lifecycle to achieve full integration. In order to share and build upon the learning from the first six months of integration, there would be an extension of the Action Learning Set (ALS) approach to other teams and services. It was suggested that the creation of a best practice repository of case studies, which illustrated practical application of the IDMF, would also foster a culture of learning across the LLR system. In order to make the application of the six steps of the IDMF to the Reconfiguration Programme sustainable, there would be alignment to the work currently underway to reduce health inequalities and develop new models of care with the outputs of the integration of the IDMF to the Reconfiguration Programme.

In discussion on this item:-

- (i) the Director of Estates and Facilities made note of how rich conversations had been across the domains as part of the Pre-Consultation Business Case consultation and he considered this a fantastic opportunity to create an inclusive engagement process. He also made reference to social values and how these were integrated and kept live given that they comprised a critical part of the Reconfiguration Programme;

- (ii) the Medical Director noted that the Executive Strategy Board had been very supportive of this work when discussed at its most recent meeting, and was expecting to receive further updates at appropriate time intervals;
- (iii) Ms V Bailey, Non-Executive Director, noted that the provision of examples within the document was particularly helpful and, as well as relating to UHL as an organisation, also concerned people at an individual level in the sense of determining the best place of care for the patient. She considered it very important to keep forward thinking in progressing this work;
- (iv) Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair, made note of the opportunity to link with the BAME Connect Project at Healthwatch and commented that she was pleased to see this item on the agenda from a system perspective and not just a provider perspective;
- (v) the Chief People Officer expressed thanks to Ms Onyemah, Head of EDI, for the work she was progressing, which was growing both within and outwith the organisation and presented exciting opportunities;
- (vi) Mr A Johnson, Non-Executive Director, highlighted the need for awareness of other inequalities, e.g. disability and vulnerability etc. and the need to take these elements into account when providing and developing services. In particular he noted that it was not sufficient for the Trust, for example, to adopt national recommendations for car park facilities in towns, but to tailor the Trust car parks specifically for use by hospital patients;
- (vii) Mr B Patel, Non-Executive Director, noted the need to also consider other communities, such as the blind and partially sighted community. He noted that he would like to see targets in terms of (1) the build process (what was being planned for and communicated to contractors) (2) the workforce (what targets were being set and how were these being addressed) and (3) patients and carers accessing the Trust's services (what targets were being set in relation to these). He further commented that equality and diversity made good business sense rather than simply representing a 'feel good' factor;
- (viii) the Trust Chairman highlighted the need for the Trust to be outcomes-focussed and the fact that equality and diversity considerations did not only apply to the BAME community in the City, but also factors like rural deprivation in the County. Col (Ret'd) I Crowe, Non-Executive Director, supported this comment, noting that rural deprivation was often hidden by affluence and access for those patients required consideration as part of the transport plan. Other communities to consider included, but were not limited to, Travelling Communities and Armed Forces veterans. He noted the potential for a degree of City / urban centricity, noting the importance of the needs of all LLR patients being taken into account. The Trust Chairman noted that LLR represented a microcosm of the Country and the issue would be how to provide a personalised service to communities, which was not focussed solely on the City, but reflected across all of LLR, and
- (ix) Ms V Bailey Non-Executive Director, noted a particularly rich element of the report concerned bias and natural bias and suggested the value in following a patient through their journey, recognising that everyone brought their own personal experience with them and should broaden their perspective. The Trust Chairman also made note of the benefit in following a patient across, as well as within, organisational boundaries – it was agreed to leave these elements with the Head of EDI to consider further.

In response to the comments provided, the Head of EDI thanked everyone for their contributions, noting that the framework was intended to look at any form of inequality and covered the full spectrum of diversity, not just ethnicity. She made note of the significant barriers faced by patients and staff and expressed her understanding of the urban / rural issues touched upon during the discussion, undertaking to further consider all the points made in the continued progression of this work. The Reconfiguration Programme Director undertook to work with the Head of EDI to look at embedding measurable KPIs and benefits.

The Trust Chairman, on behalf of the Trust Board, thanked the Head of EDI for presenting this report at today's meeting.

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

**(B) the Head of EDI and Reconfiguration Programme Director be requested to progress work relating to the implementation of measurable KPIs, and**

**H, EDI/RPD**

**(C) the Head of EDI be requested to consider following a patient journey, potentially across boundaries, as well as within boundaries where achievable, in taking forward this work.**

58/21/3 Reconfiguration Programme Update (including EMCHC Update and Finance Update, Travel Update and Risk Update)

The Reconfiguration Programme Director presented paper E1, which provided the Trust Board with an update on progress since the last meeting held on 7 January 2021 and covered information in respect of the following: (1) Public Consultation (2) New Hospital Programme (NHP) Regulator Engagement (3) progress with approvals of the submitted Business Cases (4) Capital Update (5) Programme Level Risk (6) Programme Update (7) Children's Hospital Phase 1 (EMCHC co-location) Update and (8) Governance and Reporting.

As previously reported, the public consultation had drawn to a close on 21 December 2020 having run for three months and having resulted in over 5000 responses to the survey. The Commissioning Support Unit (CSU) had nearly completed collation of all 22,000 narrative responses into similar subjects (code frames) and themes in order to begin producing the report of findings. The Decision Making Business Case (DMBC) would be drafted over the next two months ready for discussion and consideration of approval at the CCG public Board on 13 April 2021. During the consultation, specific feedback from three different clinical areas was received recommending a change in the location the service was delivered from as compared to the proposals in the PCBC; these related to Ophthalmology, Ear, Nose and Throat (ENT) and the Brain Injury Unit / Neuro Rehabilitation Unit. This was a clinical recommendation and whilst it would be described in detail in the DMBC, the consequence of the changes would need to be considered and reported through the Reconfiguration Programme Committee and Executive Strategy Board (ESB) for agreement.

The Trust had returned a signed NHSE/I draft collaboration agreement on 23 January 2021, which would provide the basis for an operating model where information was shared on concepts, guidance and project detail that would enable individual projects and the programme as a whole to be delivered successfully with high levels of transparency and early sight of work outputs. Eight early projects had been asked to sign the collaboration agreement (the term Hospital Improvement Programme [HIP] was no longer being used) and there would be two further review sessions of the UHL programme. In presenting this aspect of the report, the Reconfiguration Programme Director noted that the UHL Reconfiguration Scheme had full system buy-in, which was not currently the case for all national schemes.

The Programme Management Office case (£1.5m) had not been approved by the Joint Sub Investment Committee on 15 December 2020, and further clarifications were now being provided by the Trust. The Decontamination Case (£8.9m) was due to be approved at the Joint Sub Investment Committee following receipt of full planning permission, however notification had been received that the Decontamination planning application had now been deferred to 16 February 2021 following a delayed response from the Local Authority's Ecologist. Based upon a nominal approval date of 3 March 2021, the scheme would be completed in February 2022.

The approved financial envelope of the Reconfiguration Programme was £460m, including Public Dividend Capital (PDC) of £450m, Donations of £3m and CDEL of £7m. As at the end of the November 2020, year to date spend for the programme was £13.6m which was £23.1m underspent against the original budget allocated for the year. This was due to slippage in the Reconfiguration Programme where the plan assumed that the Outline Business Case (OBC) full design would start in August OBC; when in reality the consultation process was delayed to Autumn so the OBC had yet to start. This, together with an underspend within the EMCHC and Interim ICU schemes, represented an underspend. A full report (appendix 1 refers) was appended to paper E1.

Recognising the uncertainty from NHS E/I as to how the New Hospital Programme (NHP) would be managed and what the impact of the collaboration agreement would be, and also in light of the second wave of the pandemic with limited clinical engagement, it was now proposed to start commencement of the OBC design process in March 2021.

Since the Decision Making Business Case would be presented to the April 2021 CCG Board, in March 2021 it was proposed to start design at a principle and block planning level, which was

dependent on the drawdown of capital.

The project to move the Children's Congenital Heart Service from the Glenfield to the LRI continued to progress. There had been a slight delay caused by supply chain issues arising from Covid-19, and it was now planned that the service would move in early May 2021. The Capital Projects Team continued to ensure that Covid-19 regulations were adhered to on the construction site. Despite supply chain issues, all areas of construction were progressing well, and some of the enhancements that were being funded by Leicester Hospitals Charity were currently being installed within the new Cardiac Ward and Outpatient Department.

The project team were developing detailed plans for the weekend of the move – this would be a complex logistical task, involving careful planning of patient care in the lead up to the move, and the transfer of patients for the weekend of the move. Equipment schedules were being validated to ensure that everyone was clear which items were being transferred to the LRI, and which needed to remain at the Glenfield Hospital to support the Adult Congenital Heart service. New items of furniture and equipment were being ordered, and any additional requirements were being subjected to a robust confirm and challenge process.

The Trust Board were specifically requested to note the following: (1) the current position with the development of the NHP and the uncertainty on timings for defining the requirements for the priority areas (2) the delay to approval of both the PMO Office Business Case and the Decontamination Case and (3) that the Outline Business Case development was now planned to start in March 2021.

In discussion on paper E1:-

- (i) Col (Ret'd) I Crowe, Non-Executive Director, noted that he wished to see more detail regarding the proposed clinical location changes, specifically what was going to be changed and why – in response, the Reconfiguration Programme Director noted that, to-date, the proposed change had not been formally approved and would require discussion firstly at the Reconfiguration Programme Committee and ESB. In response to a query raised by the Medical Director, note was made that, if agreed internally, UHL would be making a recommendation on clinical grounds with which the CCG Governing Body would then agree or disagree. The Medical Director noted the need to share the rationale for the change with Trust Board members. Ms K Gillatt, Associate Non-Executive Director, noted that it would be helpful if the impact of these changes could be identified and communicated;
- (ii) Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair, queried what was meant by the NHP and standardisation and sought assurance of involvement and co-production – in response, the Director of Estates and Facilities confirmed that UHL had sought further clarification on this point, which related to the use of repeatable rooms, with not all elements of the scheme of bespoke design. UHL had requested co-production on this element and this had been added to the agreement. He further noted the balancing act to be achieved between standardisation and bespoke elements. Ms Kotecha noted that it would be useful to see the detail of this and noted her wish for Healthwatch to be involved. In terms of co-production, the Acting Chief Executive confirmed that the Trust wished to involve the public in the transformation of services at UHL and how work would be undertaken differently as both a hospital and as a system;
- (iii) in reference to use of £7m CDEL monies as part of the financial envelope for the Reconfiguration Programme (as reported under point 12 within paper E1), Mr A Johnson, Non-Executive Director, queried whether this was from the usual allocation, in response to which the Reconfiguration Programme Director confirmed that it was and would leave £1m a year for use elsewhere. Given the scarcity of capital monies, Mr Johnson queried this decision and it was agreed that this matter would be referred to the Finance and Investment Committee for discussion, following which a further update would be provided at the Trust Board.

**DEF/CFO/  
FIC Chair**

Mr J Hammond, Head of UHL Reconfiguration PMO, presented paper E2 which provided a progress update on work undertaken in relation to travel planning support and development. Since the last report to the Board, the Travel Action Plan (TAP) for Phase 2 had been completed and work was progressing at pace on Phase 3 of the project which involved providing a priority list of alternatives. Go Travel Solutions and the Travelwise Manager had met directly with various

council representatives (Leicester City Council, Rutland County Council, and Leicestershire County Council). In addition to overarching meetings, specific meetings had been held around bus, cycle developments in the city and partnership working e.g. with Leicestershire County Council in respect of County Hall and Glenfield Hospital. The partnerships were maturing and had the potential to facilitate significant benefits to the Trust in the coming years. The Trust would be required to provide strategic level support to prioritising sustainable travel for staff, visitors, and patients (where appropriate). The Trust needed to consider a clear route for submission of proposals (both policy and monetary) to ensure partnerships could be given a very clear message i.e. that the Trust were in support of sustainable travel options. The Trust would benefit from promoting and providing a range of travel choices for strategic reasons relating to carbon emissions, well-being and equality, diversity and inclusion. Prioritising and providing for just car travel was not sustainable and did not support these strategic ambitions. In addition to this support, there would be a requirement for finances to facilitate changes in travel options and help maximise support from partners. In presenting this report, the Head of UHL Reconfiguration PMO noted the intention to review the proposals at next month's meeting and translate these into a priority list.

In discussion on paper E2:-

- (i) Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair, noted that she could see no mention within this document regarding the issue of travel considerations for people living on the outskirts of LLR. She made note of the engagement undertaken with the Local Authorities, however queried when engagement would take place with the public – in response to this point, the Head of UHL Reconfiguration PMO noted that the report presented contained only highlights. He confirmed that there had been significant engagement with the public and that the full action plan would be submitted to the public Reconfirmation Programme Trust Board next month. In addition, the Director of Estates and Facilities noted that this represented a long-term programme which expanded beyond the Reconfiguration Programme;
- (ii) Ms V Bailey, Non-Executive Director, made reference to the impact of Covid-19 on public transport and the use of feedback from those who had already been consulted with on this issue, and
- (iii) Mr B Patel, Non-Executive Director, made reference to e-bikes, which he noted had tended to be sited around the City in less residential areas and he queried the logic of this in light of the wish to support the sustainable transport agenda – in response, the Head of UHL Reconfiguration PMO noted the receipt of information from the Santander bike roll-out, which was being undertaken in phases and would be expanded significantly to feature up to 50 sites in Leicester.

The Reconfiguration Programme Director presented paper E3, which detailed: (1) all programme level risks and (2) those programme level risks specifically for the attention of the Trust Board due to their risk score of >16 before mitigation; noting that there were no new risks to report. The Director of Estates and Facilities noted that the format of the report had been updated to take account of feedback received previously. Also noted was the fact that when the digital PMO was operational, Trust Board members would have access to comprehensive information in relation to risks.

In discussion on paper E3:-

- (i) Ms V Bailey, Non-Executive Director, noted that she would like to see a similar presentation as that utilised for the Trust Board with the target risk and mitigation and the Director of Estates and Facilities and Reconfiguration Programme Director were requested to give consideration to this, and
- (ii) Mr M Williams, Non-Executive Director raised a query in relation to risk 16 and the Reconfiguration Programme Director undertook to review the wider risk register to determine if the risk referenced by Mr Williams was included there.

**Resolved – that (A) the contents of papers E1 – E3 inclusive be received and noted,**

**(B) the Chief Financial Officer, Director of Estates and Facilities and FIC Chair be requested to discuss issues relating to the use of £7m CDEL monies at the next (February 2021) meeting of the Finance and Investment Committee and, thereafter, at the Reconfiguration Programme Trust Board, as appropriate,**

**DEF/CFO/  
FIC Chair**

(C) the Reconfiguration Programme Director be requested to submit the full Travel Action Plan (TAP) to the March 2021 public Reconfiguration Programme Trust Board meeting, noting that this would provide assurance regarding the level of extensive public involvement,

RPD

(D) the Director of Estates and Facilities and the Reconfiguration Programme Director be requested to give consideration to presenting the risk information in the same format as that utilised when considering wider organisational risks at Trust Board meetings, and

DEF/RPD

(E) the Reconfiguration Programme Director be requested to review the wider risk register (for those risks scoring below 16) to determine if the risk referenced by Mr Williams, Non-Executive Director, in relation to discussion on risk 16 was included there.

RPD

59/21

#### **QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

There was one question raised by the Chair of Healthwatch Rutland. The specific question posed and the response provided are as detailed below:-

**Question from Dr J Underwood, Chair, Healthwatch Rutland (HWR):-**

**Paper E2 of the afternoon UHL board meeting on 4 February 2021 provides an update about the work of Go Travel Solutions, in collaboration with stakeholders, to provide sustainable travel options for patients, their families and staff to reach the three Leicester Hospitals.**

**We would like the board to consider the following:**

**Travel difficulties in accessing health care are consistently highlighted by Rutland residents in patient experience research. Healthwatch Rutland were therefore pleased to be invited to attend Building Better Hospitals Travel Planning Steering Group meetings, chaired by Go Travel Solutions (GTS). The monthly meetings from October 2020 to January 2021 concentrated on travel planning to provide sustainable travel within and around the city. HWR raised several times that the travel action planning offered little consideration of how access into the developing city travel network could be made easier, quicker and more sustainable for people living in outer rural areas. This is disappointing.**

**Healthwatch Rutland therefore asks:**

**Will the UHL Trust Board consider directing its Travelwise department, GTS and other stakeholders to better recognise and address the health inequalities experienced by Rutland and rural Leicestershire residents as they face (sometimes prohibitive) high costs and difficult journeys to access healthcare.**

In response, the Director of Estates and Facilities noted that this issue had been partly addressed under Minute 58/21/3 above (discussion around paper E2 refers). The Head of UHL Reconfiguration PMO specifically referenced plans to develop a new Park and Ride facility for a minimum of five years at the LGH site in partnership with Leicester City Council. This would enable those travelling by car from Rutland to park at LGH and then travel onto the LRI and Glenfield Hospital by Hospital Hopper. He also noted the introduction from the beginning of this month of PlusBus ticketing on the Hospital Hopper. This now made it possible to travel by rail (e.g. Oakham to Leicester) and then by bus to Glenfield Hospital, Leicester General Hospital and Leicester Royal Infirmary on a single ticket purchase. Another key action being progressed was the improved promotion of schemes to assist with patient travel from Rutland (e.g. volunteer car scheme) through partnership working with Rutland County Council and better promotion of these options via UHL communication channels. The Head of UHL Reconfiguration PMO noted the work underway to 'unpack' the issues relating to rural travel, including assembling local authorities around the table to understand the impact. He noted that the Trust could help networks to understand the needs of patients, however could not direct them to take action; a point further emphasised by the Trust Chairman.

**Resolved - that the above-referenced question and response be noted.**

60/21 ANY OTHER BUSINESS

**Resolved** – that there were no further items of business.

61/21 DATE OF NEXT MEETING

**Resolved** – that the next public Trust Board Reconfiguration Programme meeting be held virtually on Thursday 4 March 2021 from 2pm.

62/21 EXCLUSION OF THE PRESS AND PUBLIC

**Resolved** – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 63/21 – 68/21) having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

63/21 DECLARATIONS OF INTEREST IN THE CONFIDENTIAL BUSINESS

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

**Resolved** – that the above declarations of interest be noted.

64/21 CONFIDENTIAL MINUTES

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

65/21 CONFIDENTIAL MATTERS ARISING REPORT

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

66/21 KEY ISSUES FOR DISCUSSION/DECISION

66/21/1 Confidential Report by the Director of Estates and Facilities and the Reconfiguration Programme Director

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

66/21/2 Confidential Report by the Director of Estates and Facilities and the Reconfiguration Programme Director

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

67/21 ANY OTHER BUSINESS

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

68/21 DATE OF NEXT MEETING

**Resolved** – that the next private Trust Board Reconfiguration Programme meeting be held on Thursday 4 March 2021 from 2pm.

The meeting closed at 4.40pm.



Gill Belton  
**Corporate and Committee Services Officer**

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

**Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	19	19	100	K Jenkins (until 27.7.20)	3	2	67
J Adler (until 18.9.20)	7	0	0	A Johnson	19	19	100
V Bailey	19	18	95	S Lazarus	19	15	79
P Baker	19	19	100	D Mitchell	19	15	79
R Brown	19	18	95	B Patel	19	19	100
I Crowe	19	19	100	M Traynor (until 25.1.21)	17	15	82
C Fox	19	13	68	M Williams (from 2.9.20)	14	14	100
A Furlong	19	18	95				

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	19	18	95	V Karavadra (until 31.12.20)	15	11	73
K Gillatt (from 27.1.21)	2	1	50	S Ward	19	19	100
D Kerr	19	19	100	M Wightman	19	19	100
H Kotecha	16	15	94	H Wyton	19	18	95