

Board of Directors

Thursday 28 January 2021, 9.30am

Virtual – via Microsoft Teams

Minutes

Chair	Dennis Dunn, Chairman (DD)
Members	James Sumner, Chief Executive (JS) Heather Barnett, Director of Workforce and OD (HB) Oliver Bennett, Chief Operating Officer (OB) Trevor Brocklebank, Non-Executive Director (TB) Lorraine Butcher, Non-Executive Director (LB) John Church, Deputy Chair (JC) Russ Favager, Deputy Chief Executive & Director of Finance (RF) Murray Luckas, Medical Director (ML) Les Philpott, Non-Executive Director (LP) Julie Tunney, Director of Nursing and Quality (JT) Andy Vernon, Non-Executive Director (AV)
In Attendance	Amy Freeman, Chief Information Officer (AF) Denise Frodsham, Director of Strategic Partnerships (DF) Caroline Keating, Company Secretary (CK) Katherine Birch, Lead Governor (KB) Katharine Dowson, Head of Corporate Governance (KD) Jenny Butters, Head of Midwifery, Nursing Paediatrics & Gynaecology (JB) Dr Richard Lowsby, Consultant in Critical Care and Emergency Medicine <i>(to item 3 only)</i> (RL) Dr David Holden, GP and Board Member of Cheshire East Integrated Care Partnership Board <i>(item 15 only)</i> (DH) Sian Axon, Freedom to Speak up Guardian <i>(item 16 only)</i> (SA)
Observers	Caroline Nyakundi, Training Paediatric Doctor Janet Ollier, Public Governor (Congleton) Judith Wright, Public Governor (Congleton) Glynda Alasadi, Public Governor (Crewe & Nantwich) Barbara Beadle, Public Governor (Crewe & Nantwich) Bob Pugh, Public Governor (Crewe & Nantwich) Gary McCourty, Public Governor (Vale Royal) Maureen Leverington, Patient and Carer Governor Valerie Pickford, Patient and Carer Governor
Apologies	Lesley Massey, Non-Executive Director

No	Item
----	------

PRELIMINARY BUSINESS

1 Apologies

As noted above.

No	Item
2	Declarations of Interests
2.1	<p>AV advised that he was now an advisory group member to the School of Finance, Accounting and Business Services at Sheffield Hallam University on a pro bono basis. He had also released his assets in PA Consulting Ltd and no longer had any interests in this company. The register of interests had been amended.</p> <p>Resolved: The changes in interests were noted.</p>
3	MCHFT Covid-19 Mortality Review - Sharing Lessons (p)
3.1	<p>RL presented the findings from the audit of Covid-19 mortality of Wave 1 between March to May 2020, focusing on the lessons learnt and decisions to escalate. These findings were previously presented to the Trust Quality improvement meeting in October 2020 and Quality and Safety Committee (QSC) in December.</p>
3.2	<p>Only four of the 153 deaths were flagged as causes for concern but the balance of probability was that these four deaths could not have been avoided. These four were subject to a deep dive and, while areas for improvement were identified, no concerns were raised in regard to the decision-making and were not felt to be potentially avoidable. The quality of care was rated as at least satisfactory across all 153 patients. Many areas of good practice were identified with some lessons learnt built into future practice e.g., documentation of escalation, communication with families and timing of referrals and escalations.</p>
3.3	<p>RL reported that the findings were in line with other units across the country. Since the review, work had continued to embed research into practice, improve infection prevention and control measures and better communication with families which was a challenge when limited visiting was allowed. As a result, in the most recent wave of Covid there had been improved infection control processes, a clearer pathway for escalation, an expanded Critical Care Unit (CCU), multidisciplinary team meetings (MDT) and mutual aid across the CCU network.</p>
3.4	<p>RL advised that more data was expected in the coming weeks from recent cases to review. ML commented that each case in this audit had been subject to the equivalent of a Structured Judgement Review (SJR) which was a significant undertaking that not many other Trusts had managed to complete in such depth.</p>
3.5	<p>DD asked if it was capacity or clinical judgement which had resulted in 22 of these cases not being referred to the Critical Care Unit (CCU). RL replied that the evidence showed that all decisions had been based on clinical judgement, not on capacity. The more difficult decisions were always made</p>

No	Item
----	------

with at least three consultants. The audit had shown that in the first wave patients could have been admitted to CCU more quickly, but this was due to a lack of experience with Covid-19.

- 3.6 ML thanked RL and his colleagues for the work undertaken for this review which was a significant achievement alongside the clinical pressures being faced.

Resolved: The Board noted the findings

4 Draft Minutes of the Last Meeting - 7 December 2020

- 4.1 DD confirmed that the open action 346 had been formally reported to Board and could now be closed.

- 4.2 ML advised that five Serious Incidents (SI) had been reported in the minutes at 7.5, but only four had been described; the fifth was a nosocomial outbreak of Covid resulting in patient harm. A sixth SI had since been identified which was a failure to diagnose a rare complication of diabetes. This had occurred in November but had not been reported before the last Board meeting. ML asked that this was added as a post meeting note.

Resolved: The minutes were approved as a true and accurate record with the addition of the narrative of the additional SIs and a post-meeting note.

5 Chair's Opening Remarks

5.1 Council of Governors

DD reported that the Council of Governors had met in extra ordinary session on 21 December 2020 to approve a two-year extension to the term of office of the Chairman. A regular meeting had taken place on 14 January when a substantive item on proposed constitutional changes had been discussed in order to widen the pool of candidates for Non-Executive Director (NED) posts and potentially increase diversity.

- 5.2 DD acknowledged that these proposals would impact on membership eligibility criteria and constituencies but, as it was a legal requirement for NEDs to be members, membership boundaries would need to be extended so that NED candidates could come from a wider area. Not all Governors supported the approach, but discussions were continuing and a follow-up paper would be brought back to the Council.

5.3 Cheshire East Place

DD reported that he had met with Steven Michael, Cheshire East Place Chair and agreed that the Memorandum of Understanding agreed last year would be reviewed as so much had changed since last year.

Resolved: The Chair's report was noted.

No	Item
6	Chief Executive's Report
6.1	Roof Planks JS advised that he had met with the four other Trusts who had identified the same roof plank safety risk and had not had a new rebuilding programme approved. The five Trusts were working together to make a case for a national solution for the investment required to mitigate the risk from NHSE&I and the Treasury.
6.2	Covid-19 Update JS advised that there were currently 170 Covid patients in the Trust, which was a declining figure although CCU was likely to remain under pressure for at least two weeks. The Trust had received some mutual aid support for a small number of cancer cases while the ward was utilised for Covid, but this had now been restored and the cancer work restarted.
6.3	Infection Prevention and Control (IPC) remained key and significant assurance had been sought through, for example, external review and benchmarking. The Trust was not an outlier and had taken robust action to reduce infection spread with aspects being considered as good practice for other Trusts.
6.4	Vaccination JS advised that the programme was going well with over 10,000 people vaccinated in four weeks, thanks to strong leadership from DF and AF and their work over Christmas to get this set up. The Trust was now awaiting guidance on vaccinations for the next cohort.
6.5	DF reported that each Place system was being asked to set up a mass vaccination site - Alderley Park, just outside Macclesfield, had been identified as it had good access and staff available to marshal. This would be under the governance of East Cheshire NHS Trust (ECT) but they would be working closely with the Trust to get the site live by 15 February. 2,000 people per day would be vaccinated here which would help significantly with second vaccines and the roll out to under-60s. DD commented that the public transport links were limited - DF agreed but advised that local sites would still be operating for those without access to a car.
6.6	LP asked if there was an issue with vaccine supply at the Trust. DF replied that the Trust had enough supplies for the next 10 days and was always looking to order the next batch. Supplies were expected to improve in two weeks and there would be less sites using the Pfizer vaccine in the future which would reduce pressure on these supplies.
6.7	Restoration JS confirmed that, although elective work had been stepped back at the Trust in line with most other Trusts, MCHFT was still maintaining a good proportion of outpatient, diagnostic and day case appointments. The theatre benchmarking figures for last year had demonstrated a good level of

No	Item
	performance, with lower rates of cancellations than Trust peers and good comparative performance across most metrics. The Trust had performed well on elective restoration and was in the top two in the North West.
6.8	TB commented that there was a risk to staff if elective work was restarted immediately as recovery time was needed. HB advised that the Trust was developing a People Recovery Plan, aligned with the clinical plan, to address this issue which would include planned breaks in pressured areas.
6.9	AV asked what the uptake of staff wellbeing services was. HB replied that immediate support uptake was good with some individuals accessing more tailored support. There was an expectation that demand would grow when staff started to reflect and the Trust was working to prepare for this demand.
6.10	Finance JS reported that the month 9 position was marginally better than the forecast submitted to NHS Improvement (NHSI). No official guidance had been received for 2021/22 when a new financial regime was expected.
6.11	Hospital Redevelopment Programme Board Chair's Assurance Report (HRPB) JS presented the reports for the first two meetings held on 17 December 2020 and 14 January 2021. Good progress, including clinical engagement, was being made on the Strategic Outline Case (SOC). LB asked if this engagement had been compromised due to operational pressures. JS agreed that this had been a concern but the workshops had taken place, albeit in a different form for some areas. Staff had commented that the workshops had provided a welcome break.
	Resolved: The Chief Executive's report was noted.

CONTEXT / OVERVIEW

7	Board Assurance Framework (BAF) Q3 2020/21
7.1	JS advised that this was the first full iteration of the revised BAF and included a summary of the key principal risks with the key operational risks. JS was pleased to report that, even during times of operational pressure, there had been good attendance at the Executive Risk & Assurance Group, enabling focus to be maintained on key risks.
7.2	JS advised that the Board was asked to approve that BAF Risk 2 (business continuity) was closed and BAF 19 rescored from a 12 to a 9 now that the new risk management process was in use. This revised process now included risk scoring within three levels as opposed to the previous five.
7.3	LP commented that the transformation in the way the Trust managed its

No	Item
	risks was significant and all the more impressive for being delivered at the same time as managing a pandemic. The Trust was starting to embed risk management through the organisation and this document provided a good level of assurance.
7.4	AV asked what progress had been made on cleaning up the operational risks before potentially moving them to the new risk system. CK replied that the Risk Sub-Group continued with deep dives into long-standing risks and updates to the risk register. The new risk system was being piloted within IT and this would be evaluated in March to enable Executives to decide whether operational risks should be migrated.
7.5	CK advised that, in future, the BAF would be submitted to Board Committees for scrutiny prior to the Board but this had not been possible for this quarter's report, due to the operational pressures.
7.6	JS commented that good progress had been made with the review of the Risk Management Framework and that this reflected a change in culture and behaviour towards risk. JS thanked CK and her team for their work. He considered that, although there remained work to do to ensure Committees were sufficiently sighted, if this progress could be made through a pandemic, the Trust would be able to make rapid progress to embed this in the future.
	Resolved: The Q3 Board Assurance Report was noted and the changes to BAF risks 2 and 19 were approved.
8	Integrated Performance Report (Month 9 - December 2020)
8.1	DD reminded the Board that the Integrated Performance Report (IPR) was here to provide context and would be referred back to through the Committee Chair's assurance reports.

QUALITY - Patient Safety, Clinical Effectiveness & Patient Experience

9.1	Quality & Safety Committee (QSC) Chair's Assurance Reports
9.1.1	JC reported on the meetings held on 23 December 2020 and 20 January 2021. There had been sustained focus on nosocomial infection and the scope of implementation at the Trust had been noted. Maintaining levels of safe staffing had been in the media recently but the Committee had been assured that CCU staff were being augmented with additional helper roles to support nationally agreed reduced ratios of nursing.
9.1.2	JC noted that there were three areas of work which had only received partial assurance and JC explained that this was because these were in

No	Item
	<p>progress and not all actions had been completed; there was an appropriate plan in place in all cases.</p> <p>Resolved: The reports of the Committee Chair were noted.</p>
9.2	CQC Action Plan Update
9.2.1	<p>JT advised that the Action Plan had been developed in response to the CQC report received in April 2020. All 13 'must-dos' had now been signed off at Quality Summit, with the 23 'should-dos' mostly complete, with only six remaining open. The most challenging area was the Digital Clinical Record implementation which was in progress but would take some time to complete. LB commented that the actions against staff mandatory training had been discussed at Workforce and Digital Transformation (WDT) Committee on several occasions. AV observed that he had attended a Quality Summit and had been encouraged by the discussion on follow-up work to address the outstanding actions.</p> <p>Resolved: The update of the CQC Action Plan was noted.</p>
10	Serious Incidents
10.1	<p>ML reported five Serious Incidents in December:</p> <ul style="list-style-type: none"> • inpatient fall sustaining a fracture to the neck of femur • pressure ulcer under the care of Central Cheshire Integrated Care Partnership (CCICP) • delay in treatment of a pulmonary embolism • incorrect risk assessment of a pregnant woman • delay in identifying a Covid patient with HIV+ status on CCU <p>Resolved: The report on Serious Incidents was noted.</p>
11	Infection Control and Prevention Board Assurance Framework Update (IPCBAF)
11.1	<p>JT advised that the Board had signed off the first IPCBAF in July 2020 and this was an updated version which also incorporated monitoring against the IPB 10-point plan. This was used on a daily basis as an action plan for nosocomial infection. QSC had reviewed this and noted two areas of partial assurance; one area was linked to national reporting of Commissioning for Quality and Innovation (CQuIN) targets which had been stood down during Covid but the Trust would be compliant when this was restarted.</p>
11.2	<p>The second area of partial compliance was a recommendation in the 10 point plan that every inpatient should be tested every day which the Trust did not consider could be achieved. JT added that nosocomial transmission had increased since December which was due to</p>

No	Item
	a wide range of reasons linked to a higher community rate of cases.
11.3	DD commented on the level of work evidenced in the framework. LB queried the decrease in the number of staff swabbing tests. DF confirmed that this was due to staff moving to voluntary lateral flow testing twice a week; only those testing positive would then have a PCR test. This had reduced the numbers, allowing more capacity for patients which was resulting in faster turnaround times. The Board agreed that this chart was no longer relevant and would be removed from the Integrated Performance Report from next month.
	Resolved: The response submitted against the IPCBAF was noted.
12	Transforming Perinatal Safety - Interim Response to the Ockenden Review
12.1	JB presented the overview of a gap analysis against the Maternity Services Assessment and Assurance Tool which had followed from the Ockenden Report interim report into maternity services at The Shrewsbury and Telford Hospital NHS Trust. JB explained that MCHFT was completing an evaluation against the actions identified in the Ockenden review and the framework. This included seven Immediate and Essential Actions (IEAs) plus three further actions on leadership, new guidance and workforce planning. The final submission was due on 15 February 2021.
12.2	JB advised that, of the seven IEAs, the Trust was compliant against four and partially compliant against three. The Trust had structured reporting processes for SIs in place but processes for reporting this via Local Maternity Transformation (LMS) were not finalised as the Trust was waiting for national guidance. An independent senior advocate role was also required, to comply with ensuring women and families were listened to, but again further guidance from NHS England and NHS Improvement (NHSIE) was awaited.
12.3	The final partially compliant action was evidencing multidisciplinary staff training and working. This required further guidance on the method of reporting. In addition, there were not currently two consultant ward rounds in place over seven days as recommended, only Monday to Friday. An evening weekend ward round is registrar led. Plans were in place to address this, dependent on further investment. JB advised that further updates would be provided to the Executive Quality Governance Group (EQGG) and QSC on a monthly basis to monitor the compliance position. was ready.
12.4	DD commented that this was a good position with further compliance waiting on other parties. JC observed that one of the actions was for a NED Champion and asked if this was to be decided as the new NED started. DD

No	Item
----	------

commented that there was a growing number of requirements for NED champions and these needed to be looked at together. LB confirmed that she had been asked to be the maternity NED in the short term until the final position could be confirmed.

Resolved: The response to the action plan was noted.

PERFORMANCE

13 Performance and Finance Committee (PAF) Chair's Assurance Report

- 13.1 TB reported on the 16 December 2020 and 21 January 2021 meetings, noting the volume of activity in the Trust and the significant number of Estates projects and pressure on their capacity. Interim support had been brought in to support this work. JS added that Executives were also reviewing additional support requirements in Business Intelligence and IT due to the increased demands of reporting.
- 13.2 TB advised that PAF had noted that Covid expenditure continued at approximately £1.2m per month and a proportion of these costs was likely to continue into the foreseeable future. The Trust needed to consider how these costs would be budgeted for in 2021/22.
- 13.3 RF confirmed that the forecast deficit was £9.5m, including a £2.4m provision for annual leave which was likely to increase on review to £3m. A decision on how this would be treated at year end was pending from NHSI. Loss of non-NHS income i.e catering and parking accounted for a further £2m; the Treasury had provided money for this to the NHS which should be received at an organisational level in March. This would leave a deficit of circa. £5m which was mostly related to additional Covid costs and to put it in context for the organisation it below the materiality level from an auditors viewpoint. RF advised that PAF had reviewed Covid costs which were forecast to be £20m in total for 2020/21, average of £1.2m per month with 65% spent on pay.
- 13.4 RF reported that, as a system, Cheshire & Merseyside (C&M) was approximately £8m away from an accepted overspend financial position by NHSI, it was currently unclear how final positions would be treated by the regulators. NHSIE had confirmed that any 2021/22 financial planning requirements in the final quarter would be minimal and it was likely that quarter 1 2021/22 would carry on under the same financial regime as the second half of 20/21. NHSIE had recognised that staff needed to recover before efficiency saving work was restarted.
- 13.5 TB added that PAF had also received a first review of the impact of the NHS111 First service which had been positive. 189 patients had been diverted to other services and other patients had received an appointment

No	Item
	time for minor injuries rather than having to wait. TB advised that PAF had also approved a new Overseas Visitors Policy following EU Exit.
13.6	OB reported that the Trust was performing well on cancer standards despite the postponement of a small number of operations due to operational pressures. The Trust was working with other providers as part of 'mutual aid' to ensure patients whose cancer surgery had been postponed, would receive a re-arranged date as soon as possible. Cancer backlogs and Endoscopy waiting times at the Trust were one of the lowest in C&M and this performance was being sustained.
13.7	Performance against the Urgent and Emergency Care 4-hour standard in the Emergency Department had deteriorated in December but remained better than December 2020. The Trust had experienced no delays in ambulance handovers and no 12-hour decision to admit (DTA) waits.

Resolved: The reports from the Committee Chair were noted.

WELL LED

14	Workforce & Digital Transformation (WDT) Committee Chair's Assurance Report
14.1	<p>LB advised that the following key items were noted at the 21 December 2020 and 18 January 2021 meeting:</p> <ul style="list-style-type: none"> • Strong grip on improving mandatory and statutory training rates including data cleansing of systems resulting in a move from a red to an amber position in December • New focus on Equality, Diversity & Inclusion under a new lead • Gender Pay Gap Report • Support for workforce through Covid • More focus required to begin to plan for the cultural impact of the digital programme
14.2	<p>AV observed that the focus on training was positive a more mature discussion about the impact and focus on particular areas of training was now taking place. HB added that the international recruitment was moving forward well, with cohort 7 underway. Eleven new nurses had arrived in November and passed all tests, ten more were due this week. Twelve were also arriving at ECT this month as part of the Cheshire collaborative work being led by the Trust. The Trust had also had some success in recruiting Healthcare Assistants, bank capacity had been increased significantly and some of these roles were now being made permanent.</p>
14.3	<p>HB reported that sickness absence continued to be steady despite the challenges and NHSIE had asked the Trust for a research study on how this rate was maintained.</p>

Resolved: The reports from the Committee Chair were noted

No	Item
15	Cheshire East Integrated Care Partnership Transformation Strategy & Development Plan
15.1	DH, GP and Associate Medical Director for the Cheshire East Integrated Care Partnership (ICP) outlined the challenge of bringing several different healthcare organisations together to deliver a transformational approach to four key areas of healthcare across the local Care Communities. The principal approach was to ensure that the totality of healthcare resources could be used together to maximise services and offer support to local populations. This system can be hard to navigate for patients and mapping their flow through would be essential.
15.2	DH explained that working groups were being established and a Board Development Day was planned to focus on integrating Cheshire East Place with the local ICP. There was a risk that as the Clinical Commissioning Group (CCG) moved to a C&M footprint, much of the local commissioning knowledge might be lost and it was important to ensure resource was kept locally. The CIP might also need to call on resource in some of the larger back office functions at the Trust for support. The partnership needed to be set up and governance and processes were being developed, including linking to a Quality Improvement approach.
15.3	DF thanked DH for his clinical leadership in the ICP and asked the Board to consider, as host of ICP, how it should continue to support the ICP in future. Although the ICP had good support from a range of organisations, it now needed to consider how to deliver changes for its population. DD commented that this was a crowded space with different entities and this was an opportunity to focus on the four identified areas to try and make some impact and generate some progress in a relatively short space of time. This was a two-year plan and the Trust needed to be prepared to respond to the ICP when required.
15.4	DF advised that this plan had been submitted to all partners who were signed up to the ICP including the Cheshire East Health and Wellbeing Board. As the host, the Trust holds the £900k of transformation money and each organisation would need to approve the cases for changes as they come through. The money was to support clinical leadership and development and pump prime some of the themes. LB commented that this paper reflected the next stage of maturity. AV added that starting with four areas provided a valuable focus for the vision and the messaging about why this was important.
15.5	DF suggested that a presentation should be made to the Board in due course on one of the themes, the progress being made and the difference it was making to people's lives.

No	Item
15.6	<p>TB asked how the private home care sector was being integrated as it was not specifically mentioned in the plan. DH replied that not every area was included as there were so many parties, but this sector was definitely within the scope of the plan.</p> <p>Resolved: The plans and strategy were noted.</p>
16	<p>Freedom to Speak up Guardian Q2 & Q3 2020/21 Report</p>
16.1	<p>SA, Freedom to Speak up (FTSU) Guardian presented the Q2 and Q3 reports, highlighting the comments submitted in each quarter. Themes were predominantly related to Covid-19 and were from a wider range of divisions and disciplines than in previous reports. SA outlined the actions being taken to highlight the role, including promotions during FTSU month in October 2020, team talks and a new web page. There was a new process in place for actively going out to encourage feedback. The Trust remained compliant with reporting to the National Guardian's Office.</p>
16.2	<p>JC commented that the promotion month in October had been good to raise awareness of the role and as the NED FTSU NED Champion he was having regular catch-ups with SA. DD asked how the Trust compared in its level of reporting to other Trusts; SA replied that the Trust was on par with other organisations but that further feedback from users was being sought to build on this. JT observed that staff were encouraged to speak out as referenced at a recent Patient Safety Summit. JS commented that broadening the reach beyond nursing was critical and feedback from those who had raised concerns was that they felt well supported.</p> <p>Resolved: The reports of the Freedom to Speak up Guardian were noted.</p>
17	<p>Remuneration Committee Chair's Assurance Report</p>
	<p>DD advised that this meeting on 7 December 2020 had been focused on one item to confirm the annual process of Executive appraisals which had been signed off by the Committee.</p> <p>Resolved: The report from the Committee Chair was noted.</p> <p>Some initial plans had been developed to address these issues but HB noted that much of this was long-term cultural issues around career choices.</p> <p>Resolved: The Board approved publication of the report.</p>

No	Item
18	Gender Pay Gap Report 2020
18.1	<p>HB advised that this report required approval by the Board to be published on the Trust website. This was the fourth report and further improvement work would be picked up through the Workforce Strategy Group and the Executive Workforce Assurance Group. HB reported that there had been a slight deterioration this year after three years of gradual improvement. There had also been a slight move away from a gender balance position. Some initial plans had been developed to address these issues but HB noted that much of this was long-term cultural issues around career choices.</p> <p>Resolved: The Board approved publication of the report.</p>
GOVERNANCE	
19	Audit Committee Chair's Assurance Report
19.1	<p>LP reported on the meeting of the Audit Committee on 14 January 2021 and noted the following reports had been triangulated against the comments of senior executives to provide assurance:</p> <ul style="list-style-type: none"> Update on Cyber Security had received partial assurance - plans were acceptable and on track but they had not yet been fully implemented. The Committee had noted the difficulties in delivering some of the actions in the short-term Cyber Security governance update – high assurance from Internal Audit that the recommendations previously made had been completed.
19.2	<p>LP reported that the Audit Committee members would be meeting with Internal Auditors on 5 February as required annually.</p> <p>Resolved: The report from the Committee Chair was noted</p>
20	Digital Clinical System Governance Structure
20.1	<p>AF advised that this structure had been developed with the help of Corporate Governance leads both at the Trust and at ECT. The structure included a Clinical Advisory Group sitting alongside the Steering Group and Programme Board and underpinned by a Project Management Office. AF added that the structure might flex in the future, depending on which supplier was chosen. AV agreed that agility and flexibility was critical.</p>
20.2	<p>CK clarified that the Deputy Corporate Affairs Director at ECT would initially represent both Trusts at the Programme Board. DD confirmed that the structure was due to be submitted to the ECT Board in early February for approval.</p> <p>Resolved: The proposed governance structure with ECT was approved.</p>

No	Item
20.3	<p>Consent Agenda</p> <p>These items had been read by Board members and the Board had agreed to note the following items:</p> <ul style="list-style-type: none"> • Guardian of Safe Working Hours Q2 & Q3 2020/21, Director of Workforce & OD • Learning from Deaths Q2 2020/21, Medical Director
20.4	<p>DD reminded the Board that this was the first time the consent agenda had been used and that, if a Board member wished to discuss any consent item in detail, they would need to advise the Chair or the Company Secretary in advance of the meeting. No such requests had been received and therefore these items would be noted. DD advised that the items in today's consent agenda might not always appear in this section, for example Learning from Deaths which had been postponed from quarter 2 and was therefore later than it normally would be.</p> <p>Resolved: The consent agenda items were noted.</p>

CONCLUDING BUSINESS

21	<p>Any Other Business</p> <p>No further business was discussed.</p>
22	<p>Items for the Risk Register/Changes to the Board Assurance Framework (BAF)</p> <p>No items were identified from the discussions held.</p>
23	<p>Key Messages from the Board</p> <p>No messages were identified.</p>

Board of Directors Meeting in Private

Thursday 28 January 2021, 12.30pm

Virtual – via Microsoft Teams

Minutes

Chair	Dennis Dunn, Chairman (DD)
Members	James Sumner, Chief Executive (JS) Heather Barnett, Director of Workforce and OD (HB) Oliver Bennett, Chief Operating Officer (OB) Trevor Brocklebank, Non-Executive Director (TB) Lorraine Butcher, Non-Executive Director (LB) John Church, Deputy Chair (JC) Russ Favager, Deputy Chief Executive & Director of Finance (RF) Murray Luckas, Medical Director (ML) Les Philpott, Non-Executive Director (LP) Julie Tunney, Director of Nursing and Quality (JT) Andy Vernon, Non-Executive Director (AV)
In Attendance	Amy Freeman, Chief Information Officer (AF) Denise Frodsham, Director of Strategic Partnerships (DF) Caroline Keating, Company Secretary (CK) Katharine Dowson, Head of Corporate Governance (KD)
Apologies	Lesley Massey, Non-Executive Director (KB) Katherine Birch, Lead Governor

PRELIMINARY BUSINESS

- 24 Apologies**
Apologies noted in the above table.
- 25 Declarations of Interest**
No further declarations were made.
- 26 Draft Minutes of the Last Meeting - 7 December 2020**
- 26.1 DD confirmed that the open action 345 had been formally reported to Board and could now be closed.
- Resolved:** The minutes were approved as a true and accurate record.

No	Item
----	------

ITEMS FOR DISCUSSION

27 Chief Executive's Update

27.1 There was no further update.

CONCLUDING BUSINESS

28 Any Other Business

No further business was discussed.

29 Items for the Risk Register/Changes to the Board Assurance Framework

No items were identified.

30 Key Messages from the Board & Meeting Review

No items were identified.

31 Time, Date and Place of Next Meeting

Thursday, 25 March 2021, 9.30am via Microsoft Teams

Deadline for Submission of Papers: Tuesday 19 March 2021