Date	8th February 2022
Location	MS Teams

Attendees

The following Board attendance was noted:

Attendees		**Present**	**Apologies**
Amanda Cheesley	Chair	✓	
Paul May	Non-Executive Director	✓	
Lorna Harrison	Non- Executive Director	✓	
Simon MacSorley	Non-Executive Director	✓	
Barbara Brown	Non-Executive Director	✓	
Nura Aabe	Associate Non-Executive Director	✓	
Janet Rowse	Chief Executive		✓
Julie Sharma	Deputy Chief Executive	✓	
Clive Bassett	Finance Director		
Ceridwen Massey	Acting Director of Operations	✓	
Sarah Margetts	Director of People and Development	✓	
Mary Lewis	Director of Nursing	✓	
Mike Richards	Director or Therapies		✓
Jenny Theed	Executive Director	✓	

In attendance

Wendy Best	Head of Communications
Mike Owen	Associate Director Governance, Planning & Programme Management
Donna Cairns	Head of Corporate Governance (Minute Taker)
Presenters:	
Gayle Bryant (Sirona) supporting Richard Walker (Service User)	

Chair	Amanda Cheesley

Item	Notes	Action
1.	**Welcome, Introductions & Apologies**: Welcome extended by Amanda and introductions were made from the attending Board members. Apologies noted for Janet Rowse and Mike Richards.	

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2. **Service User Story**

Wendy introduced Richard Walker to the Board to share his experiences of Sirona services he had received.

Richard talked about his background working in the public sector and his appreciation of the opportunity to speak to the Board. He explained that he had caught Covid-19 early in the pandemic in 2020 and had been quite unwell. Richard had used his continuous positive airway pressure (CPAP) machine to help ease his symptoms. Initially Richard thought he had recovered well but had continued to feel fatigue. In May 2021, he had experienced a reaction to his second Covid vaccination which he described as devastating, including elevated heart rate, chest pain and headache. If he had not previously had Covid, he might have thought he was having a heart attack.

His GP had referred him to Sirona's Long Covid team. He was originally sceptical about what help he would receive but he was blown away. He had felt very low and confused about what was happening to his health and had struggled to see his GP after being advised to by Southmead Hospital.

Richard commented on the excellent professional staff he encountered at Sirona. The empathy and kindness shown by Sirona staff had been outstanding and the team was very knowledgeable. During a dark and difficult time, the care and support offered was excellent. Whilst they made clear there was no cure they could offer, the team offered practical support to help manage the situation, considering the whole picture of emotional, mental and physical aspects.

Richard described the self-help guidance as very helpful, as well as feeling re-assured to know he was not alone.

Richard talked about the communication from the service and commented that the level of information supplied for him to read or refer to was considerable. He found this quite difficult to get through and suggested a more targeted approach would be better to send the most relevant information and key resources to people. A more structured way of sharing information would make it easier to digest.

Gayle informed the Board that the service had been open since December 2020 but really up and running since January 2021. 1250 referrals have been received and the vast majority of those had been seen. It was recognised that Long Covid was not a straightforward pathway. Initially the approach was to signpost people to appropriate services and support which is why a lot of information has been sent out quite quickly.

Due to the feedback received, the service has started to co-ordinate the approach to provide information more gradually, focusing on highest priority key areas first. A new co-ordinator had just started to help with this.

It was noted that Sirona's service was a part of the pathway and was working alongside services offered by other partners.

Sharing experiences between people with long Covid was also something the service was looking to introduce so it would be hearing from people other than clinicians.

Jenny commented that it was really good to hear Richard's account of how he had been learning with us and experimenting in self-care.

In response to being asked how he is feeling now, Richard said he was still struggling and although able to return to work part time, it was difficult. He stated due to over 1.2m people having long Covid which may continue to rise, this could impact on our labour force. However there was very little understanding of the condition. He suggested Sirona consider the role it could play in increasing awareness of the condition and the support available.

Amanda noted that more could be done to work with employers. Julie talked about the need to consider our own position as an employer to support colleagues with long Covid and other long term conditions.

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	Claire commented that a lot of people who had previously not had any health conditions were now experiencing one or more conditions following having Covid and they now need to access health services with no prior experience. Claire also extended an invitation to Richard to join the People's Council if he was interested to continue to play a part in improving services and patient experiences. Richard shared a final observation that whilst the pandemic had moved a lot of communications online, he advised the Board to acknowledge the significant advantages of seeing people face to face and to try not to lose this, particularly when seeing patients for the first time. Amanda agreed that it was important to make communication as effective and accessible as possible and to be sensitive to people's needs. On behalf of the Board, Amanda thanked Richard for sharing his experiences with them and wished him well. She also thanked Gayle for attending and representing the service.	
3.	**Declarations of Interest** Standing declaration from Paul May as a Councillor for BaNES.	
4.	**Chief Executive's Briefing** In Janet's absence, Julie Sharma, Deputy Chief Executive, gave the following updates: <u>Executive Visits</u> Members of the Senior Leadership were continuing with their series of visits to teams across Sirona to ensure there is greater visibility of leaders across all areas and to hear directly from colleagues. These are being well received and key themes are being identified and actions are being developed, including investment in digital and workforce recruitment initiatives <u>Twelve Week Plan</u> During the height of the latest pandemic surge, the Senior Leadership Team (SLT) had agreed to adopt the 12 week plan approach to ensure we retained a focus on our more immediate and short term priorities. This had been essential to meet the day to day demands and challenges being faced. Despite needing to revisit our plans regularly as the unpredictability of the situation unfolded, we have nonetheless achieved what we set out to achieve most particularly robust plans to deal with the pandemic and winter surge; key elements of longer-term planning such as delegations and governance arrangements review, progression of the 3-5 year strategy development; focus on embedding quality and risk management; and commencing Board recruitment. Some areas were slightly delayed due to surges over winter. These areas continue to be addressed included demand and capacity modelling, Admin Development Programme and Leadership and Professional Development Strategies. <u>#OneSirona Week</u> Sirona had taken part in a system wide initiative often referred to as a "reset week" where all organisations considered the challenges being faced in order to identify potential new ways of working to help address these and what it would take to implement them. In Sirona this week was called #OneSironaWeek. The initiative focused on ensuring flow from acute hospitals and therefore predominantly involved adult services, there was great support from all colleagues across Sirona. A number of improvements in processes were identified and implemented immediately, other may take longer. The outputs from the week were still being considered within Sirona and across the system.	

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	South Bristol Community Rehabilitation Centre (Bristol City Council) Discussions are continuing with Bristol City Council on the proposal. Integrated Care System (ICS) Update: System Operational Team Urgent care services across Bristol, North Somerset and South Gloucestershire (BNSSG) continued to operate under extreme pressure. In response a System Operational Team has been established from senior personnel already within the system who will report to System Gold, which is made up of all the CEOs of the Healthier Together partners. Julie noted that Jenny Theed, as the Sirona representative, is on this Operational Team. Internal service pressures Significant internal pressures continued to be experienced as a consequence of rising demand, compromised flow in the system and staffing gaps due to sickness absence, high turnover rates and a limited labour market. Further update was given under the Operations and Performance Report. Care Quality Commission (CQC) Core Service and Well Led Inspection Sirona had been inspected by the CQC in November and December 2021 and the report and findings would be formally published once finalised. Equality & Diversity A more detailed updated on recent equality, diversity and inclusion activities was provided by the Director of People and Development under a later agenda item. The Equality & Diversity Steering Group has not met since September 2021 due to the cancellation of non-essential meetings due to Covid pressures. Julie noted the statutory deadline for publication of the Gender Pay Gap on data from 2020 had not been met. This has been rectified and arrangements put in place to ensure the issue does not recur. Medical Appraisal and Revalidation Julie shared an update, provided by Sirona's Responsible Officer, Roy Sharma, on the status of revalidation recommendations and the status of appraisals of doctors working for or connected to Sirona. All 26 doctors had now either had their appraisal or had one scheduled. It was noted that Sirona was now required to conduct mini appraisals with doctors not employed but connected with Sirona. Arrangements were being put in place to ensure this would be carried out, including working with service leads and HR to ensure that a robust process is in place Other Updates Julie informed the Board that the new Chief Executive for University Hospital Bristol and UHBW had been appointed – Eugene Yafele, currently CEO of Dorset Healthcare University NHS Foundation Trust. Board Members were encouraged to look at the UHBW press release as it was an impressive appointment for the System. Robert Woolley, current CEO is due to leave at the end of this month. Julie also confirmed that the new Chief Executive of the Integrated Care Board (ICB), Shane Devlin was due to start in his role on Monday and arrangements would be made to make introductions in due course. This report was received for information and Amanda added that there was likely to be a lot of updates with appointments to the ICB and changes to personnel and she would ensure the Board were kept up to date.	
5.	**Chair and Non-Executive Directors' Report** Amanda reported that NEDs had been involved in a wide range of visits to staff and service bases, to receive feedback and better understand issues and concerns being experienced.	

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	This had been very informative and enjoyable for herself and all the NEDs. She extended thanks from herself and the NEDs to all staff for their welcomes, and for their dedication and hard work in what she recognised were very difficult circumstances. Sarah commented that feedback from staff captured by NEDs and at other events be fed into the organisational development team, so that it can be included in the colleague experience report to Quality and Outcomes Committee. Paul reported that he and Mary were invited to meetings of the ICS on the quality agenda. He noted that the meeting was called Quality and Performance. Other NEDs in attendance agreed with his suggestion that Quality and Outcomes would be a better name, and this was to be taken forward by system partners for consideration. Amanda thanked Paul for the update and noted that increasingly reports from system meetings would be provided. Amanda also informed the Board that due to postponement of establishment of the Integrated Care Boards (ICB) to July 2022, Healthier Together partners were asked to approve a 3-month extension to the partnership's Memorandum of Understanding (MOU). There were no substantive changes to the MOU, but amendments were required to the effective dates of the agreement, including any further extensions as may be required should the July date change. **DECISION:** Board Members agreed to delegate authority to the Chair and the Chief Executive to sign the revised Healthier Together MOU, containing the amended dates (these being the only changes from the original version) **Action**: Amanda and Janet to sign the revised Memorandum of Understanding.	**Amanda/ Janet**
6.	**People's Council Update** The Board welcomed Claire Valsler, recently appointed Chair of the People's Council to the meeting. Julie commented on how positive it was to have the voice of our service users and carers fed into everything we do. She noted how the Group had been developing, changing the name away from Service User Forum and using the term pioneers rather than members, and introducing a charter to supplement their terms of reference. Claire introduced herself and explained the role of the People's Council and its vision. Claire noted that she would provide updates to the Board on the People's Council's work but due to recent absence, Janet Rowse, CEO, had chaired the last People's meeting. Julie outlined that the report to the Board provided an update on recent activities of the People's Council which included work to support Sirona becoming Dementia Friendly and assisting in environmental audits in inpatient units and the urgent treatment centre and minor injury units. The People's Council had also held detailed discussions about the Single Point of Access (SPA) and patient experience. Pioneers from the People's Council had worked with the service to improve the recorded telephone messages. It was noted that this experience was an excellent model for future collaborations. Claire shared further experience of the SPA engagement activity as the issue was initially raised by a person as a complaint and their poor experience of the service; however, the engagement activity had really turned the situation around and was really positive. Claire talked about the aspirations of the People's Council to ensure it was truly representative of our communities and build a really strong network; however, she noted that the group's membership is between 15 to 20 people. Of the group, there are 6 pioneers who have volunteered to provide further support to the People's Council through a working group, many of whom in addition to health conditions, also work full or part time. In this vein, she asked the Board to consider the current capacity of the People's Council. Claire described her background, mentioning that she has multiple long-term conditions and therefore experience of dealing with lots of different health services. Amanda shared her appreciation for Claire taking up the role and recognised the benefits in involving people with lived experience, hearing about poor experiences as well as good in	

	order to identify what can be done better. Jenny asked if the People's Council's work plan could be shared with the Board. Claire agreed to discuss this with the Working Group as it is a living document, and she would look at what updates would be given to Board in future. **Action:** Will be added to the next People's Council agenda for consideration. Mary noted that the People's Council was already proving a valuable link between the experiences of service user and incremental changes in quality improvement that have an impact on people's experiences. Paul raised the issue of inclusion and asked Claire if she would include the People's Council as part of the conversation for ensuring we are more inclusive in engaging with our community, which she welcomed. Amanda thanked Claire and Julie for the report and said how happy she was to welcome Claire, noting how important it is for the Board to include feedback from people with lived experience in all we do.	**Claire**
7.	**Quality Reporting & Quality & Outcomes Committee Summary Report** Mary Lewis, Director of Nursing, gave a presentation to the Board on quality data and issues, providing assurance that the Quality and Outcomes Committee were receiving in-depth reports on those areas of most concern. Mary asked the Board to note that Quality and Outcomes Committee had met in November and January, but the December meeting had been stood down due to service pressures at that time. The papers were deferred to the January meeting. Mary advised that the detailed Quality Report was available to the Board within Glasscubes. Mary advised that for Patient Safety: • reporting levels remained high which was positive for a good reporting culture. • Trends and themes remained broadly the same, including pressure injuries, medication, falls and incidents associated with discharge from hospital. • The trend of low levels of harm was continuing. Mary commented that a lot of reports are near misses. • Serious Incidents levels remained consistent. When Serious Incidents are particularly significant, a 72-hour investigation is conducted. The themes from these recent reports were patient safety and delivery of care attributed to capacity and demand. The numbers of incidents concerning staffing levels missed or delayed visits continued to be closely monitored during this continued period of system escalation. • There was a notable increase in incidents not attributable to Sirona relating to discharge from hospitals which was reflective of the system pressures. Mary advised that unfortunately, our Duty of Candour obligations had not been met in 5 out of 9 cases. The delays were due to not being able to contact family members. The process was being reviewed to support improvement in compliance. In relation to safeguarding, Sirona continued to follow statutory processes, working closely with our local authorities. An area of continued focus was safeguarding training compliance for level 3 core and specialist roles which was below target but there had been a notable increase in compliance this quarter: now at 76%. This was due to a review of how the information was recorded against job role in the Learning Management System. Additional training was in place and delivered in a variety of ways to support staff to achieve compliance and meet the target of 90%.	

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The Infection Prevention and Control update was relatively brief, but Mary noted this did not reflect the significant amount of work being done in this area. She reported that there have been no Covid-19 outbreaks during Q3. The IPC team continued to make significant contribution to the system response to the Covid-19 pandemic. This has been evident with the Omicron variant surge.

Patient Experience - There had been an increase in complaints from the previous quarter. The themes of these complaints related to poor communication, behaviour and access to services and quality, care delivery. Deadlines to respond to complaints had been missed in a couple of cases due to workloads but this had been rectified. Learning from these has been shared.

Mary commented that an increasing number of incidents reported related to staffing – capacity (in North Bristol and Weston in particular) and demand, morale, resilience. Further information about this was provided under the Operational Performance Report.

During the last quarter, the CQC unannounced inspection had taken place of two of our core services (Urgent care services and In-patient Community Rehabilitation Units) and the overall leadership of the organisation (under Well Led domain).

Sirona was contributing to work underway within BNSSG to monitor closely and fully understand the impact of increased demand and staffing capacity on quality of care delivered during this unprecedented and sustained period of escalation.

Paul May, Quality & Outcomes Committee Chair, added some further points on the activities of the Committee, which included an update to the Terms of Reference of the Committee which was revised to include Associate Directors as members of the Committee. Paul added that the Committee had noted that there was little reference in the Terms of Reference to Quality Improvement explicitly which would also be addressed in due course

Paul informed the Board that the Committee had considered their risk report in detail, with 21 risks identified as within the remit of the Committee to be reported in detail. He praised the risk team for their work on redesigning the report to provide thorough and detailed updates on the risks. He stated that this now enabled the Committee to see themes and track the progress being made on mitigations.

Paul described a children's services report the Committee recently considered and noted that the Committee would closely monitor performance issues around children in care on a quarterly basis. He also mentioned the deep dive analysis that had been undertaken in Medicines Management.

Amanda commented that Paul's point on quality improvement was really important, noting the need to be clear on our baseline KPI's and metrics in order to measure the impact of quality improvements.

Julie alerted Board to consider the capacity of Associate Directors being Members of the Committee and suggested this should be considered further.

Julie stated the report and presentation were set out in a helpful and informative way. She queried how regular trends and issues are responded to, not accepting that the "normal" issues continue to re-occur, but progress is being made.

Mary explained that issues are looked at in details and that longer term plans were in place to make improvements, but it may take some time for there to be an impact in the level of incidents. Paul informed the Board that where a significant issue or patterns in certain areas are identified, the Committee does undertake deep dives to look into the issue in detail which provides further assurance

Regarding the Terms of Reference, Paul stated that Associate Directors are not required to attend but he also noted that the last meeting was struggling to be quorate.

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	He also thought it was important that the Committee be more closely linked to operational services. Lorna asked about how the Pulse Survey results are reported and whether these could be considered by the Board. She also asked about what is being done to tackle increases in violence and aggression against staff. Mary talked about the work programmes of the Health, Safety and Security team and explained that some of the issues related to frustrations with waiting and queueing at the urgent treatment centre. This had been addressed by now providing more waiting area space by agreement with UHBW. Sarah explained that she is developing an improved dashboard on workforce data and a further conversation would be needed on what would be important to include in the update for Board. Lorna asked that the Pulse Survey results be contained in the dashboard. Amanda thanked Mary and Paul for the report and noted that it was important to ensure updates on actions around violence and aggression were reported to Board. **Action**: Mary to ensure updates on violence and aggression are included in Board updates. Further consideration on Workforce Data Reporting to be undertaken.	**Mary**
8.	**Professional Council Summary Report** Mary Lewis presented the report with an update on the recent activities of the Professional Council and explained the review of the group's remit and functions. A revised Terms of Reference reflecting these changes was recommended for approval, which Mary summarised. She described an amendment proposed to the version provided in the papers as follows: • 4th Bullet Point: To identify new risks relating to clinical service/ delivery and to provide feedback or make recommendations to risk responsible managers in support of the management of new or known risks relevant to the work of Professional Council. In addition, Professional Council will escalate concerns relating to any risks within its scope of concern to the Board. In order to have a wider breadth of clinical voice, it was proposed to include in the membership to offer developmental roles through yearly rotations for staff from a variety of professional backgrounds, along with how outcomes and decisions from the meetings would be communicated to the wider staff group. The Professional Council was set up to provide clinical leadership, advice and guidance. When it was first established, the group focused particularly on the response to the pandemic. Mary informed the Board that the summary report will regularly be reported to Board outlining the key activities and any matters of escalation to the Board. The Professional Council had met 3 times during January to be available to respond to issues during the period of peak demand and changes of practice that might be needed. The meetings had now been returned to fortnightly. Amanda thanked Mary for the update and agreed the summary papers were helpful and the new Terms of Reference were much clearer. Julie said that the role of the Professional Council should be considered in wider decision-making processes to ensure that Professional Council's view was sought and considered in the process. Amanda supported that this would provide assurance around the governance of the decision-making process. **DECISION**: Board considered and approved the revised Terms of Reference for Professional Council.	

	Mary also gave assurance to the Board that arrangements were currently in place to ensure there was input from medical advisers during the absence of the Medical Director. **Action:** Amanda requested that advice from a medical adviser be noted on the papers. Mary agreed this could be clearly indicated on the papers.	**Mary**
9.	**Change to the Order of the Agenda** After the break, Amanda proposed that the agenda be changed to take the Workforce Update and the EDI report at the end of the public agenda as Sarah Margetts had to temporarily step out of the meeting.	
10	**Finance Report** Clive introduced his report, ensuring Board Members located it within the papers. Clive reported that the financial position continued along the same theme as previous reports in the year. We are in a comfortable position in that we are generating a surplus at the end of each month which had not been budgeted for. The uncomfortable position was that the reason for the surplus was largely due to vacancies and the difficulty in recruiting to and filling positions. As staffing is a big proportion of our costs, this generates a saving that goes straight through to our bottom line. Clive gave a summary of the financial performance KPIs set out within the paper. These showed: • underspend on pay. • overachieving on surplus both within the month and cumulatively; • working capital continued to be better than expected partly because other entities in the system had paid us more promptly than expected; The forecast shows that we were likely to achieve a surplus of just over £4m. The Board had previously agreed that surplus from last year of approx. £1m that would be invested in services and back-office functions. A lot of that investment was taking place where it could, however the savings that were materialising through staff vacancies meant there was still likely to be a surplus of over £4m. As a community interest company, the level of surplus at the end of the financial presented an issue as corporation tax would be due on the surplus. Clive explained that if there was a loss next year, corporation tax paid this year could be recovered, however discussions were underway to consider whether the purchase of equipment used in services could be accelerated to take place before the end of March to allow for greater capital allowances and reduce our tax bill. Clive also explained that he was meeting the External Auditors to discuss the plans to make sure they would be acceptable in terms of the financial statements as well. Amanda welcomed the proposal to invest in services to reduce our surplus. Jenny suggested it might be helpful for Professional Council to have a meeting to consider what equipment investment would be the most effective to prepare for the future, rather than just routine replacements. This would take into account horizon scanning and strategic planning for changes coming forward. Clive welcomed the suggestion. He also advised the Board that the finance team had been in contact with services to discuss replacement of equipment and a schedule had been prepared for initial discussions with SLT in the next week or two. This would need Board approval as it would be approx. £1m of expenditure. Mary commented that the Medical Devices Group had good clinical representation and had been compiling a list of requests already that could be used and discussed at Professional Council if this would be helpful. She was concerned about raising expectations if there was more on the list than could be afforded.	

	Simon noted that the cost implications for the hybrid working programme and zero carbon environmental agenda would be coming up and he queried whether they were budgeted for. He also suggested the Finance and Performance Committee, if agreed by the Board, should consider the proposals for investments. Amanda agreed this was an important point. Paul queried the issue of corporation tax being applied as a community interest company and asked whether there was a possibility of investing in improvements to our estate and facilities, noting that we had inherited a lot of sites that needed improvements. Clive responded that a programme for looking at the issue of dilapidations was in place. Bigger improvements would need permission from the landlord and consideration needed to be given to the longer-term intentions with the leases. This would not be possible to complete during this financial year. Regarding hybrid working, Clive advised that if expenditure for building changes or furniture could be accelerated this year that would be looked at. Clive explained that if investments could not be made within this financial year, another option was for Board to agree to the surplus this year and run at deficit next year in order to reclaim the corporation tax to address liabilities. Paul queried whether reclaiming corporation tax could only be carried over for one year. Clive said he would consult the external auditors and tax advisers. **Action**: Amanda also requested that Clive seek advice on all options within the law from External Auditors, for what can be done to reduce our tax burden and report back to Board **Action:** Proposal on investment in services/equipment to be circulated for Board consideration following this meeting. Clive advised that the level of reserves would also be considered in terms of a strategic position around finance. This report was received for assurance and information.	**Clive** **Clive**
11	**Operational and Performance Report** Ceridwen introduced the report and highlighted the following key points: • In terms of Integrated Nursing Teams, vacancies and patient complexities have led to two of our teams, namely Weston & Worle and NW Bristol being placed into ICC to ensure that focussed support is provided in these areas. • Entire review of INT visits undertaken to ensure that we achieve visits and see those with the most urgent and complex requirements, and this is currently being audited. • SPA situation has improved, and a new operational lead is due to start later this month to support service improvement. • UCC/MIU – still seeing increases in activities and remote assessment at UCC is working well and a full evaluation of this change is being undertaken. Being built into forward action plans around admission avoidance. • D2A – key pressure area and national attention with a trajectory agreed on how we can achieve the individual pathways. Took the opportunity through #onesironaweek to review in more detail and development of single bed management process. A number of actions now in place to support system requirements. Good progress being made but still some challenges to address as the situation in hospitals has worsened. Weekly internal review underway on the trajectory. • Waiting times continue to be of concern, especially following the re-deployment of MSK staff as a result of the impact of Omicron. Some staff moved back into MSK and focus on supporting return of elective treatments.	

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	• Paediatric services – looking at where consultant staff can be best utilised to address waiting times. • Children in care, initial health assessments – performance continues to remain a challenge and an action plan is in development with commissioners. Amanda asked if there was any opportunity to invest some of the surplus in meeting the current demands on D2A. Ceridwen responded that investment in moving people through the system is understood to have a minimal impact whilst we are implementing systems and processes to underpin the structure going forward. Essentially, staff shortage is the biggest impact. Jenny added additional information in relation to the remote assessments at the UCC and the benefit this has had on moving patients through the system more efficiently. Jenny also reiterated how our community teams are not monitored as part of the system currently, although there is now data to evidence the impact of our services. Ceridwen advised that the work undertaken as part of #OneSironaWeek had been invaluable in identifying areas of improvement. Paul highlighted the increase in wait times within Children's services and asked if there are any solutions available to buy in to address these wait times. Ceridwen reported on conversations underway with commissioners in regard to ongoing resource and capacity in this area. Paul stressed the importance of raising these wait times as a concern with the new ICS CEO. Julie advised that a meeting held earlier that day had focussed on the importance of addressing this particular issue at system level. This report was received for information and assurance.	
12	**Risk Register** Mary Lewis presented the report, detailing those areas of risk scoring 15 or above. These covered risks held by the Senior Leadership Team, Quality and Outcomes Committee and Audit and Assurance Committee. She stated that the report was a snapshot in time, extracted from the risk management system, Ulysses. Mary reported that there are 12 risks scoring 15 or above, no change from the previous report. 5 of those 12 related to a generic category of capacity and demand which reflected the issues reported under the Operational Performance Update. There had been no new risks added scoring 15 or above and there were no risks with escalated scores. The appendices to the report showed the actions being taken to tackle the risks. Mary noted there were still a lot of actions to be updated and work would be undertaken with the risk team and the Director of Operations to ensure that similar risks and actions were reviewed, updated or closed as appropriate. Amanda observed that there was still a lot of delay in actions in respect of their target dates. Mary gave assurance to the Board that SLT were monitoring risks on a weekly and monthly basis and also by the Quality and Outcomes Committee. Issue with date on action on page 5, where the dates appear to be incorrect. Lorna flagged up that Risk 372, initial risk rating 16 but despite a lot of controls the current risk rating is still 16. This is the around the urgent treatment centre. There have been some new actions to try to tackle the issues and this has been discussed with CQC colleagues as well. Access to the Atrium space had been made available but work was ongoing to see what impact this change had on the risk, concluding that whilst mitigations were underway the risk still remained. Jenny commented that remote assessment was also reducing crowding, however Mary noted this did not tackle the issue of walk ins that was the cause of the risk. Paul extended thanks to Mary for the new more detailed format and presentation of information to the Board. Paul also highlighted the delays in actions being completed, illustrated by an action around staff wellbeing dated 2020.	

	Mary explained that work was being undertaken but updates had not been entered in the risk register. Amanda also offered thanks and praise to the risk team in the improvement in the reporting format and content to provide the right level of information to the Board. The Board received this report as the position of the Corporate Risk Register as of 26 January 2022	
13	**Finance and Performance Committee** Julie presented a proposal to the Board to establish a Finance and Performance Committee. Julie reminded the Board of previous discussions about whether we should have a finance committee, a performance committee, or a combined finance and performance committee. Some options had been tried but it was identified as part of engagement with the ICS and review of our Governance Framework that there was a gap and therefore a need for a formal committee to focus on our strategic performance and financial performance links into our strategy. The principal functions would include: • receiving monthly overview reports on performance and provide assurance that appropriate measures are in place to address under and over-performance and, where appropriate any plans for corrective action • Receive one detailed 'deep dive' per meeting. The 'deep dive' will be a combined report covering one area of service including its operational performance, contractual performance, waiting lists, financial performance, staffing, transformation and Strategic development It was proposed that the Committee be a formal Committee of the Board to be Chaired by a Non-Executive Director who develops a scorecard for assurance reporting to the Board. Simon MacSorley was proposed as the Chair for the Committee. Proposing that the Committee initially meet monthly and develop the detailed Terms of Reference and support the development of the scorecard/dashboards. It could then move to bi-monthly if appropriate. **Action:** The Terms of Reference agreed by the Committee would come back to Board for approval **DATE TBA** Julie sought the Board's approval to progress with the establishment of this committee and drew the Board's attention to the administration requirements for a new Committee and noted that further discussions needed to take place to ensure the right resources were in place to ensure the Committee would be supported appropriately. This would be covered by the Budget paper coming to Board in March. Clive explained that it was not intended to go into detail on every issue across all services, but to develop dashboards and scorecards to cover high level performance data, highlighting any points of escalation. Deep dives would focus on individual services or themes. Paul expressed concerns about additional bureaucracy, not just in administration but pressure on those preparing reports as well. He also queried whether this altered the executive responsibility to deliver performance, adding a suggestion that this effectiveness of this committee be reviewed after a period of six months. Julie responded that this Committee was to draw together the strategic performance and financial implications, rather than the focus on operational performance which would remain the responsibility of the executive and not be transferred to this committee.	**Clive**

	Mary raised the importance of triangulation of finance and performance with quality. Although we do not want to duplicate conversations, we must not fail to triangulate quality issues. Mary proposed that someone from her team attend the initial meetings to ensure sight of quality is not lost when developing scorecards or dashboards. Julie suggested that in order to ensure we have clinical leadership on the Committee, it may be more suitable to have the Medical Director, Director of Therapies, or Director of Nursing on the Committee rather than the Director of Digital Delivery & Strategy. Jenny said she struggled to understand the relationship with Audit and Assurance Committee and queried whether this Committee would replace the Resource Allocations Group, due to report into the Professional Council. She also had concerns about another large Committee that needs serving. Mary and Clive informed the Board that the Resource Allocation Group had not been established yet and discussions of the role of the group were on-going as the remit of this group had not yet been formally developed. He noted that a performance group and an informal finance group already existed so establishing the Committee should not significantly increase workloads but would bring more formal structure. Amanda commented that some criticisms from CQC were that Sirona have a lot of meetings, where decisions took place without being formally recorded, adding her support to review the effectiveness of this new committee. Simon supported the proposal, stating that it was important to avoid overlap with Quality and Outcomes Committee. He commented that it was better governance to ensure the Audit Committee was separated from financial performance, such as scrutinising the budget. He said the scoping meeting setting out the work plan would be really important, and the Committee was essential for the size of the organisation. He also agreed it was best practice to regularly review the effectiveness of all Committees. Julie proposed the Membership should initially include Simon MacSorley as Chair, Paul May and Lorna Harrison (as NEDs not specifically as Committee Chairs) and a Clinical Director rather than the Director of Digital. **DECISION:** Following consideration by members of the Board, Board supported the proposal and understood that the Terms of Reference would be brought back to Board to be formally approved	
14	**Workforce Report** Sarah presented the dashboard slides to inform the Board of those areas identified as hot spots in terms of absence and vacancies. Training compliance is generally on track and there is a significant amount of work gone into addressing Safeguarding training. Sarah reported on the work underway by the People & Development Team, highlighting the achievements and work planned or underway. This was provided in detail within Sarah's slides and Board were specifically directed to the areas of work around recruitment and retention activities. E-Rostering was also highlighted as a particular success, which had been demonstrated massive benefits in services such as the Urgent Treatment Centre. Sarah advised that work continues on developing these dashboards to provide more granular detail. Amanda expressed her concerns in relation to the level of absences attributed to stress and anxiety, acknowledging the impact on all teams and levels of support in place to address this.	

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	Jenny suggested considering the use of Service Users to assist with recruitment campaigns and Claire added that Service User stories should also be shared with staff.	
15	**Equality, Diversity and Inclusion Report and Update on Workforce Race Equality Standard (WRES)** Sarah understood that the report had been reviewed in advance and invited questions from the Board. Amanda stressed the importance of this group and encouraged the reconvening of meetings very soon. Paul commented that it felt like we are still not learning enough about the communities we serve and expressed concerns around the equality perceptions of recruitment processes. In relation to the WRES report, Lorna requested information in regard to disability, as this appeared to be lacking within the current report. Barbara expressed concerns regarding the absence of meeting dates for the EDI Steering Committee, especially in light of the agenda around Health Inequalities and also in relation to the WRES report, she also expressed a concern regarding staff perceptions around lack of promotion opportunities for BME colleagues. Sarah reported that the meeting had been stood down in response of the pressures from system escalation but assured Board that the work was still underway, despite the absence of recent meetings. Sarah acknowledged Barbara's point around promotion opportunities, and it was agreed this would be considered outside of the meeting.	
	Consent Agenda The following items were dealt with under the Consent Agenda. As the papers had been reviewed prior to the meeting, the following was agreed without need for discussion.	
16	**Governance Procedures and Terms of Reference Updates** 1. the Procedure for written decisions outside of Board and Committees meetings and Procedure for written decisions outside of Members meetings 2. the Consent Agenda Procedure 3. the revised Board Terms of Reference 4. the revised Peoples Council Charter/Terms of Reference **DECISION**: Board approved the items aforementioned within the consent agenda:	
17	**Updated Declarations of Interest Register** **DECISION:** Board agreed the current register of interests and agreed to continue to adopt the seven principles of public life (Nolan Principles).	
18	**Forward Board Planner 2022/23** Board noted the Board Planner for 2022/23.	
19	**AOB & Close** Chair thanked participants for their contribution and closed the public section of the meeting.	

Next meeting date	Next Meeting in Public – Tuesday 10th May 2022 – 2-5pm via MS Teams

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