Date	Tuesday 12th December 2023, 2:00 – 5:00pm
Location	Virtual via 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	✓	
Anil Patil	Non-Executive Director	✓	
Sue Porto	Chief Executive Officer	✓	
Clive Bassett	Chief Finance Officer	✓	
Ceridwen Massey	Chief Operating Officer	✓	
Julian Fleming	Chief Digital & Information Officer		✓
Sonya Wallbank	Chief People & Culture Officer		✓
Mary Lewis	Chief Nursing Officer	✓	
Penny Agent	Chief Therapy and Allied Health Professions Officer	✓	
Kathryn Bateman	Chief Medical Officer	✓	
Ben Westmancott	Interim Director of Integrated Governance	✓	
Philip Dunn	Interim Director of Transformation	✓	

In attendance

Wendy Best	Head of Communications, Media and Public Relations
Donna Cairns	Head of Corporate Governance
Claire Valsler	Chair of People's Voice
Presenters:	
Sarah Jones, Sarah Taylor, Hannah Gordon, Nell Ellison	Our People Story – Lifetime Service

Chair	Amanda Cheesley

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Item	Notes	ACTIONS
1.	**Apologies:** Paul May, Lorna Harrison, Sonya Wallbank, and Julian Fleming	
2.	**Our People Story** Penny Agent, Chief Therapy and Allied Health Professions Officer, introduced the report and presentation. She explained that, as the lead executive for experience and engagement, she would be working closely with Sonya Wallbank, Chief People & Culture Officer, and Wendy Best, Head of Communications to bring the People Stories to the Board. She noted in the future there would be some stories that are learning from complaints and not always positive experiences. Penny was delighted to present a spotlight on the Lifetime Community Children's Nursing and Psychology service that has been running for 30 years. Mary Lewis, Chief Nursing Officer, gave a short introduction on the history of the development of the Lifetime Service, which had been co-designed with families of children with life-threatening and life-limiting illnesses. Representatives of the Lifetime Service, were welcomed to present to Board, including Sarah Jones, Head of Nursing, Sarah Taylor, Team lead for Children's Continuing Care, Hannah Gordon, Team Lead for the core service, and Nell Ellison, Head of Lifetime Psychology. A summary of the lifetime service was given, outlining how the service is split into three teams: the core service, continuing care service and the clinical psychology service. The core service provides community nursing services to approximately 130 children and young people across Bristol, North Somerset and South Gloucestershire (BNSSG). The CCN role is to enable the child or young person to have their health needs met and ensure inclusion in their community. The Continuing Care Team provides care packages provided to children and young people assessed by the Integrated Care Board to meet the continuing care national framework. The team comprises 6 nurses, an associate practitioner, who they were proud to have supported through their training, and approx. 50 support workers. By being able to provide their care at home, significant savings were being made by the service keeping the children out of hospital - £1979 per day. Predominantly the care provided by the service is overnight, although some support is provided during the day to enable to child to attend school, as well as supporting attending school trips and being able to engage in activities alongside their peers. The complexity of the support services available to families was illustrated in a mind map, demonstrating the challenges parents and carers face in navigating this, which the Lifetime team can help to support and act as an advocate for the family. Two case studies were given to illustrate the impact of the service. • CCN support for a child with Dravet Syndrome, fully dependent on his parents and carers to meet all of his healthcare requirements - the Continuing Care team supported the child and his family with care planning, training to the education providers at his school, regular home visits to review clinical needs and supporting the family at appointments and referrals to additional professional teams. • CCT support for a child eligible for receiving care at home following assessment by the Integrated Care Board – A request was made to Sirona's Lifetime service to provide the care, as the ICB's preferred service provider. The impact of the service ensured the child's holistic care needs are met, his attendance has	

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	improved at school, there has been a reduction in hospital admissions and outpatient appointments. There had also been a positive impact on the family. The Board was informed of the work of the Psychology Team and the range of services they provide to children and young people. The types of therapy included clinical psychotherapy, art psychotherapy, family therapy and Eye Movement Desensitisation and Reprocessing (EMDR). Therapeutic groups are also offered and psychological case consultation to other service providers as well. Psychological skills training is offered to the Lifetime team nurses and support workers. The team also provides staff support, recognising the emotional impact on staff in this service area. A psychology service case study was outlined, illustrating a case of a parent struggling after the death of their son, unable to stop replaying the medical events and decisions, and feeling stuck. The therapy interventions including developing self-compassion, EMDR to process the events and continuing bonds and imagery to merge with the child who has died. The use of EMDR was explained as essentially recreating a state of rapid eye movement (REM) processes in the present, to allow the person to process traumatic events. <u>Discussion</u> The Board welcomed the presentation and praised the service and the hard-working staff. The following comments were made: • Mary commented that when the service was originally designed, the families consulted ~~spoken to~~ said what they wanted was support to live whilst also preparing for and managing really difficult situations. • The psychological aspects ~~in~~ of the support provided to families and staff within the service was recognised by the Board as a key part of the service. • Sue Porto, Chief Executive, praised the team, commenting on having had the privilege to visit to the service to hear about the service first hand. • The Board agreed with Sue's reflection that parallels could be drawn from the development of the Lifetime service with current programmes of work, e.g. the development of the NHS@Home service, where the focus is on prevention of admissions to hospital, through provision of services in the community. Mary agreed that safe risk taking is the underpinning principle; training and developing competencies, and innovative use of medical equipment are essential to support this. • The Board heard about the Lifetime service individualised care plan that covers health care needs, social care and other voluntary care, as well as communication preferences etc. for the child that is taken into school and into other appointments to save repetition of their story. Amanda Cheesley, Chair of the Board, thanked the team for coming to present and commended the extremely important work of the service in supporting children, young people and their families.	
3.	**Declarations of Interest** No declarations of interest were made at the meeting.	
4.	**Chair & Non-Executive Directors Report** Amanda Cheesley, Chair of the Board of Directors, presented the highlights of the report, commenting on the service visits that she and other Non-Executive Directors had undertaken recently. She recognised the compassionate care that is provided and the willingness and honesty of the staff, acknowledging some of the challenges, such as the need address digital issues in some of the services.	

	Amanda also outlined the system meetings she had attended recently, as a member of the Integrated Care Partnership and the Integrated Care Board's (ICB) Primary Care Commissioning Committee. She observed that these meetings enable her to keep abreast of challenges and opportunities within the system. She noted the challenges in the commissioning of dental services. Amanda has also attended a number of national meetings to stay connected with national issues, sharing ideas etc. The Non-Executive Directors had also attended ICB Committees including the Audit Committee, People Committee and the Outcomes, Quality & Performance Committee. Amanda gave thanks to Sue for the impact she had made within Sirona and within the system since her appointment. The Board noted the report.	
5.	**Chief Executive's Report** Sue Porto, Chief Executive Officer, directed the Board to items of significance within her report, which included: CEO reflections from first 6 months • Playing our part as a key provider in the Integrated Care System • Meeting teams and colleagues, recognising the dedication and commitment of staff across the organisation. • To look at the future, it is essential to optimise our operating model and deliver recurrent savings to make sure we maximise the use of our resources and provide the best possible services to our community. Executive Colleagues • Sue thanked Ceridwen Massey for her service in her role as Chief Operating Officer, noting that she would be leaving at the end of December. The Board wished her well for the future. • An appointment ~~for~~ of an interim Chief Operating Officer had been identified and they would be starting in the first week of January, with handover meetings taking place in December before Ceridwen finishes to ensure there is a smooth transition. The induction would also include introduction to the system to support winter pressures. Winter Planning • The system winter plan is being ~~was to be~~ led by Dr Jo Medhurst, the ICB's Chief Medical Officer. Regular updates were to be shared with the system executive group, which Sue sits on. This would be in addition to our own internal escalation processes. • The ACE-F system programme had received additional funding, to help keep frail elderly people out of hospital and to prevent unnecessary admissions. This programme would be running again from January. Children's services • There are significant pressures in children's services, particularly around waiting lists and the ASD pathway. There is a big programme of improvement work looking at how we deal with these challenges and other themes brought up through Freedom To Speak Up. • In a recent cultural services audit of our children's services, our Lifetime service came out very highly, recognising they have an incredible culture of being inclusive and supporting each other. Social Enterprise Exchange Visits	

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	• Mary Lewis, Chief Nursing Officer, had taken part in an exchange visit with Suara Cooperative, in Spain, organised through E3M, a body that supports bringing social enterprises together. Colleagues from Suara had visited Sirona as well as other UK social enterprises and Mary had participated in a return visit to Spain in November. Sue remarked on the benefits of continuing to develop these links, nationally and internationally to learn from best practice and look at how we can continue to learn and develop our own models. KPI Dashboard Development • The importance of effectively measuring and monitoring our progress in terms of our performance and our statutory and contractual requirements was emphasised. To this end, executives have been working to identify KPIs and develop dashboards, drawing information sources together to produce information in a way that is accessible and can be triangulated. This was to allow the identification of issues and risk. SPC charts were to be introduced to support this. Sue anticipated that this reporting would be introduced to the Board and Committees over the coming months and updates would be provided as this develops. The Chair welcomed the update on the development of dashboards and the feedback from the exchange programme that Mary had been involved in. Mary would be writing up her learning in a briefing to be shared with the Board. **Action** Mary Lewis to share her learning from the exchange visit with Suara Cooperative with the Board (Date to be determined)	**ML**
6.	**People's Voice Report** Claire Valsler, Chair of the People's Voice, was welcomed to the meeting to brief the Board on activities of the group within the last quarter. The recent activities from the meeting in October were outlined in the report. Claire was looking forward to meeting with the newly appointing Experience and Engagement leads who were to start in the new year. She was also working with the Communications team to improve the links to the People's Voice through the website. The Board discussed the following points: • Whether any additional support is needed from Executives. Claire highlighted to the Board the need for clarity on the role and expectations of volunteers. • Whether there were any observations arising from the People's Council's work. Claire noted the positives of there being a lot of desire to engage with the People's Voice within Sirona, however, there needs to be a recognition of the workload and limited availability of group members. • Claire also commented that the People's Voice are keen to hear not just positive stories but also hear about issues as well. She had also been challenged by the working group to maintain her independence as she had been very involved in Sirona and the Board. • Support needed from Sirona to promote recruitment to the group. Claire was hopeful that a plan was to be developed in January and that the improvements in communications and promotions would start to be effective in the new year. Penny Agent, Chief Therapy and Allied Health Professions Officer, confirmed that promotion of the People's Voice and recruitment was a top priority, including increasing the diversity of the group. • The Chair requested that consideration be given to people who do not have computers or cannot join meetings online. Claire confirmed the next People's Voice meeting is in person. The Board welcomed the report.	

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	Claire also thanked the Board for their support, recognising that having a seat on the Board for the Chair of the People's Voice is really positive.	
7.	**Quarterly Assurance Report from Audit, Assurance & Risk Committee** Amanda Cheesley, Chair of the Board, introduced the report on behalf of Lorna Harrison, NED and Chair of the Committee. She explained the new assurance report template. The Board discussed that the report focused on process and agreed that future reports should contain more details of the level of risk and areas of concern e.g. numbers of overdue policies and the areas where this presents a risk. More details also need to be provided on the actions to increase assurance, who is responsible and when they will come back to the committee. **7.1 Appointment of Internal Auditors** Following ~~to~~ a formal tender process, it was noted that the Committee had approved the recommendation to award the internal audit services contract to ASW Assurance for 3 years starting with the forthcoming financial year. Clive Bassett, Chief Finance Officer, commented that ASW Assurance provided focus on patient safety and experience and they outlined how their offer could cover pathways internally and across the system, to have more impact on service user experience, rather than having narrow focus on financial controls and procedures.	
8.	**8.1 Board Assurance Framework** Ben Westmancott, Interim Director of Integrated Governance, provided the Board with an update on proposed arrangements and plans for review of the Board Assurance Framework (BAF) arrangements in the last quarter of the financial year. The BAF had been reviewed at the last Executive Committee meeting when it was observed that it was too detailed to enable a strategic focus on future risks. Ben advised the Board that the BAF should be looking to the future and identifying what opportunities and obstacles there may be that impact on where we want to get to; identify the controls in place and detail the assurances we have at Committee and Board level. The areas of strategic risks have been retained and were set out in the report. Ben set out the proposed timeline: • December 2023 – Approach to the BAF to be looked at with the Executives • January 2024 – first draft of the document to be looked at by Executives • February 2024 – draft framework to be shared with the Board at the Board seminar • March 2024 – Full BAF to be brought to the Board. The principles for the design of the revised BAF were to: • build on the progress made so far, • take account of Internal Audit's review of the BAF, • ensure a strategic focus, and • strengthen the overall governance and assurance framework as an enabler for success. The Board agreed that the BAF should be part of the overall strategic picture, flowing down from the vision, mission and strategic objectives to the phased implementation plan to achieve our objectives, and the business plan. This integrates the BAF into the strategic approach, rather than it being a standalone document, and enables it to be understood by our staff, to see what part they play. The risk score for the EDI and Health Inequalities strategic risk was discussed, which was set at 12. It was felt that the score of the strategic risk needed to be higher. This	

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	was in line with the fact that there were higher scoring EDI corporate risks, which reflects that there is a higher level of EDI risk for the organisation. It was further agreed that the target score for the EDI and Health Inequalities strategic risk needs to be lowered. It was set at 12, the same as the current score, implying that we are happy with where it is now, which is not the case. The risk appetite for this risk also needs to be factored in as this sets the level of risk we are comfortable holding. **Decision** The Board agreed to: • Note the timeline for the work being undertaken to strengthen assurances to the board including the control of risks. • Approve the principles by which the revised BAF will be designed; and • Note the summary of the key risk areas to the success of our strategic objectives. **8.2 Risk Appetite** Ben explained the purpose of setting our risk appetite levels. They would be translated into ranges of scores that would be used to consider the target scores for the risks we have defined. The Board session in October included a detailed discussion on considering the risk appetite levels and statements. **Decision** The Board approved the Risk Appetite Statements as set out in the report. Mary Lewis, Chief Nursing Officer, advised the Board that following agreement of the risk appetite statements, an implementation plan was to be developed to socialise them and explain to staff within the organisation what they mean in relation to their risk management responsibilities. It was agreed that as part of this plan, consideration will be given to whether the risk appetites are published on the website. *Barbara Brown, Non-Executive Director, left the meeting at this point.*	
9.	**Risk Register Report** Mary Lewis, Chief Nursing Officer presenting the report, directing the Board to those risks with a score of 15 or more, along with emerging risks to be considered in more detail. The extracts of the risk register included in the report were taken on 15th and 29th November. Some of the risks had been updated since those dates. 22 risks were included in the report that were scoring 15 or above which represents 10% of the overall risks on the risk register. This is a reduction from the previous meeting. 4 new risks had been added at this level and 6 had been closed. The Board received updates on the some of the risks that had been updated since the report was generated: • Risk 740 related to Adastra issues - Penny Agent, Chief Therapy and Allied Health Professions Officer, updated the Board that Risk 740 relating to issues with Adastra in the MIUs could be closed, as the concerns had not been realised. • Risk 754 related to the use of agency staffing in the South Glos INT - Mary reported this risk has reduced as agency reduction has been achieved • Risk 737 related to the long covid service – Mary reported that this been reviewed and was to be reduced to a score of 12 as the senior leadership team had identified that there was an opportunity to review and adapt the service model. • Risk 213 had been revised as the risk related particularly to INTs and daily operational processes had been put in place to manage the risk. This had been reduced to 12 since the report was prepared. • Risk 486 related to children in care. This risk was to be updated and could be closed. The original risk was about the service as a whole, however the nursing and administration teams have been fully recruited to and a better level of performance has been seen over the last 2 months. A new risk was to be added specifically on	

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	the completion of health assessments, the availability of paediatricians and the timeliness of referrals from social care, which had also improved. A slight change in our overall risk profile was reported; for risks scoring over 15, capacity & demand and digital risk were the highest categories of risk, with business & finance, equality & diversity, and patient safety & clinical quality the next highest categories. The Board was asked to approve the content of the report as the current position; however it was agreed that this be changed to noting the report due to the updates required and not all risks having been reviewed. The Board was also asked to receive partial assurance that the risk register is being managed in line with the Risk Management Policy and to support the actions identified to improve the assurance rating. The actions included: • Executives and their direct reports, supported by the risk team, continue to improve compliance with risk reviews • That controls and actions are fully recorded and made smarter within timescales so that there are updates particularly on those risks showing no or limited progress or have been high scoring for a long time. Sue Porto, Chief Executive, advised that she agreed with the medium/partial assurance rating and that a further action to strengthen this area of assurance was that the Executive were looking at the rhythm of how the they review risks in a focused way and not just in a 10 minute slot on the agenda, as part of the flow of assurance from floor to Board and link to our risk appetite statements as well. Mary advised the Board that risk maturity was being developed within Sirona, for example a risk management session had been held with the leadership team. The Chair raised concerns with the significant number of risks that have been on the register for over a year or two years, which had not moved, and no date had been provided for when the target scores would be achieved; the Chair commented that risk management processes had become too passive. The cyber risk was highlighted as an example as patching was due to take place in February and no update had been provided since on the progress. Sue advised the Board that she had asked for issues management to be looked at, as some risks on the register had become issues. In relation to the cyber risk, Sue had queried this with Julian Fleming, Chief Digital and Information Officer, who had advised that he felt the risk had reduced however he was waiting on evidence of the assurance to be satisfied that this is the case before amending the risk. The Board noted the report.	
10.	**Quarterly Summary Report from the Finance, Estates, Environment & Digital (FEED) Committee** Simon MacSorley, NED and Chair of the Committee presented the report and invited questions from Board members in relation to the key topics covered at the committee's meeting in November. The Committee had looked at the financial position, noting that at company level the forecast looked positive, however there is a substantial deficit at an operational level. One of the primary drivers behind this was the very high agency costs. The Committee heard about the workforce efficiency group that is working to drive down the agency usage and spend.	

	The Committee also reviewed the draft Medium Term Financial Plan; further work was required on digital, estates and people that would feed into the plan. The reserves policy was also to be further reviewed. Benchmarking data had been considered, noting higher levels in corporate costs areas that was a concern to be addressed. On the Estates report, the Committee noted the delay in the HQ move. Since the last meeting, Simon informed the Board that he had the draft lease for review which he would feed back to the estates team on. The Committee was also informed of the decision not to progress with Rowan Ward. The draft Estates Strategy was due to come to the next FEED Committee meeting in February. The Committee had also received a digital report, noting substantial issues with EMIS being used for NHS@Home. Penny Agent, Chief Therapy and Allied Health Professions Officer, updated the Board that since the FEED Committee meeting that the issue with EMIS being used for virtual wards has made progress towards a resolution, due to EMIS now allowing third party access to our version as the host service. The Committee had agreed to move the risk report higher up future agendas to ensure sufficient focus is put on the management of risks. Draft KPIs had been agreed which the Committee would look at on a regular basis; the KPIs are to be developed into a dashboard to make monitoring easier moving forwards. The Board noted the report.	
11.	**2024-2025 Budget Planning** Clive Bassett, Chief Finance Officer, gave a presentation on the budget planning process. Clive began with a summary of the financial position as at Month 7, noting that in this month, we were better than budget at the operating level however in the full year forecast remained that at an operating level, we were to be £1m overspent. This was down to agency spend. Some improvements in reducing agency expenditure were noted but this was not expected to fully mitigate the deficit by the end of the year. At an organisational level, it had been budgeted that we would spend from reserves, nearly £3m out of the £4m that had been allocated. Because of the reserves and other unallocated funding and interest, we will be under the deficit by around £2.3m. Clive advised the Board that there is a low level of assurance for our operating position, however a high level of assurance can be given that we will meet the organisation budget. The interest level will not be repeatable at the same level, as money held by Sirona will have been spent, therefore this cannot be relied upon in future years to balance the budget. Sue Porto, Chief Executive, advised the Board that as we are operating at a deficit, our focus needs to be on the cost improvement plans and the transformation programme for the coming year. Clive reported on progress against the 2023/24 cost improvement plan, advising that £9m of savings needed to be achieved this year. £2.8m of this was identified as non-recurrent (exceptional vacancies particularly in children's and specialist services where posts had not been recruited to, but in future years this would not be expected to continue. £6.2m of recurrent savings were identified which did not come from transformational savings. Some of the savings were from review of budgets from when the contract was awarded, review of non-pay budgets and estates savings. In terms of delivery, Clive reported that most of the agreed savings were expected to be achieved, except for INT staffing. £500k savings had been identified however agency spend had overspent on this budget.	

The workforce efficiency delivery group was driving changes in systems, processes and culture to reduce excess agency spend. The group comprised a number of deputy director roles. The trajectory for agency spend is coming down and it was expected that the target would be achieved, to reduce agency spend to 5% of total payroll by 31st March 2024. This would result in the run rate at the end of the year being on budget.

The Business Plan and Budget Timeline was shown to the Board and Clive advised that this was on target. Activity still to take place was listed in the presentation. The challenge would be to ensure we are not overcommitting to too many priorities and that interdependencies are known and there are no conflicts.

The assurance rating for the budget and business planning process was given as Medium/Partial assurance, as although the timeline is proceeding to plan, finalising the priorities and plans and ensuring we do not over commit will be a significant piece of work still to be delivered.

In relation to the budget development, Clive shared an extract from the draft Medium Term Financial Plan, which showed the savings needing to be made each year. For 2024/25, £5.3m savings need to be identified on a recurrent basis.

Budget meetings were taking place with operational budget holders and executive meetings to discuss efficiencies that could be built into the budget. Quality and Equality Impact Assessment meetings have been scheduled to ensure the proposed efficiency savings are safe.

The operating level gap to achieve a balanced budget for 2024/25 is around £1m. Around £4m of savings have been identified, of the £5.3m that is required; however this is not based on transformation savings. This is based on trimming budgets, team restructuring. Transformational savings need to be built into the business plan next year.

To close the gap, in specialist services they were making good progress in reviewing and identifying possible savings. In corporate services, a 6% target for savings had been set to address the imbalance that was revealed by benchmarking data on corporate costs. After this work, we would still be approx. £500k away from a balanced budget. Further work was continuing to quantify savings from potential proposals.

Clive advised the Board that he rated the assurance level for the budget preparation at a medium level; we are meeting the timetable however there is considerable work still to be done to close the gap and the impact assessments are still to take place.

The Board discussed the following points:

- Identified savings were mostly short term and we need to build transformational savings into the medium-term financial plan. Looking at the longer-term structures would provide more stability as constant piecemeal cuts and cost reductions causes a lot of pressure. This could be our opportunity to look at our delivery models and identify ways of doing things differently.
- QIA and EQIAs would need to be done robustly to support decision-making on the proposals.
- Mary Lewis, Chief Nursing Officer, advised the Board that safer staffing numbers need to be reviewed before any changes to skills mixing and staffing structures in the INTs can be looked at. Transformation of workforce models and structures needs to be done in a safe and efficient way.
- Clarity is needed in the medium-term financial plan on what level of contribution is needed at an operating level in order to have a financially sustainable model, on top of which the cost improvement programme can be built on. This should be done with a 5-year view of an invest to save model.
- Sue Porto, Chief Executive requested a process of budget challenge peer review amongst executives be added into the process, once the first draft has been done before it is reported to FEED Committee.

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	• Clive clarified for the Board that the savings required by the contract and the annual savings requirements are the same thing. • The systems financial pressures means that there is unlikely to be any addition funding being available from the ICB in future years. • Business and financial planning process must not be seen as just the responsibility of the finance team; everyone needs to play their part as service leads know their services best. The Chair concluded the discussion, thanking Clive for the presentation and recognising the interdependence of various workstreams and that finance is an enabler but is not the entire raison d'être of the organisation.	
12.	**Quarterly Summary Report from the Performance Committee** Ceridwen Massey, Chief Operating Officer, presented the report on behalf of Barbara Brown, NED and Chair of the Committee. The Committee had agreed that a further review of the Reset Programme lessons learned exercise would be taking place at the next Committee meeting on 15th January however Sue Porto, Chief Executive, advised the Board that she had agreed with Barbara, that a structured set of questions would be shared with Executives and Non-Executives individually instead of the additional meeting. This which would be fed into the on-going work to strengthen governance and assurance through the organisation. Ceridwen highlighted community paediatrics and the autism waiting list situation, particularly due to the level of demand. As a system it has been recognised that there is significant demand that is continuing to outstrip our capacity; this reflected a trend seen nationally. We have started working with Healios, an independent contractor, and triaged around 785 children to date. One of the challenges was in contacting the parents to obtain consent for transferring the child to Healios. A discussion was due to take place within the system around the transformation of the autism pathway. Harm panel reviews had been taking place, supported by Kathryn Bateman, Chief Medical Officer, in relation to the autism waiting list and a briefing will be shared on the outcomes of the initial reviews. **Action** Ceridwen/Kathryn to share a briefing with the Board on the outcomes of the Harm Panel reviews. In relation to community paediatrics, Ceridwen informed the Board that we have been continuing to work with NHS England on the validation of the waiting list; we now have clear processes in place and we now have clarity on who should be on our waiting lists. Kathryn has been working with the teams looking at the capacity side however demand continues to outstrip our capacity. A system wide group is looking at options to address demand management. A visit from the intensive support team had taken place recently. A series of recommendations were made that would be built into the children's service plan. The Board discussed the need to focus on the needs of the child, moving away from the necessity for a diagnostic label. Kathryn advised that are working with our partners in education, local authorities and social care to develop a system approach. **12.1 Operational Performance Update** Ceridwen provided an update on the development on the children's services plan; this included the need to have a clear road map on where we want to get to and to ensure we have appropriate governance in place and the required resources. The Executives had considered a resourcing proposal and a recommendation would be coming to the full Board. Ceridwen had been working closely with Phil Dunn, Interim Director of Transformation and Strategy, on the proposal. **Action**	

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Report on children's services plan resourcing to be submitted to the Board for approval. (Ceridwen)

From the cultural audit perspective, we had received a good response rate (71%) and the initial results had been shared with the whole of children's services at a meeting attended by Ceridwen and the clinical executives. The teams were to develop action plans to address the findings, through facilitated sessions. A session had been held with the senior leaders on quality improvement. On the FTSU review, a draft report was expected within a few days of the meeting.

On the winter plan, Ceridwen advised that we were managing the plan within business as usual, with escalations as needed. We were continuing to support the system escalation and had seen a significant period of escalation at the time of the meeting. The main area of focus for Sirona is on discharge to assess, within which we have increased our capacity.

We have signed off our 4x4 vehicles MOU and cold weather plan in time for the winter period.

Regarding the vaccination programme, Ceridwen reported that uptake from staff was 70% for flu and 63% for covid. No significant IP&C outbreaks had been seen, although significant sickness levels were being seen across our teams, averaging 15%.

Our key pressure points, e.g. Single Point of Access and Place based urgent care were seeing increases in demand.

Industrial Action planning was underway to prepare for the junior doctor strikes that were to be taking place on 20th and 22nd December and 3rd to 8th January, key pressure periods of winter. A tactical planning group was in place and the risk and action logs had been reviewed. A positive was that a frailty ACE was due to recommence in January 2024.

The Board recognised how challenging operational pressures are for Sirona and the system particularly at this time of year. The Chair noted it was positive that the discharge to assess capacity had been increased, and that the frailty ACE would be restarting in January.

13. **Quarterly Summary Report from the People Committee**

Anil Patil, NED and Chair of the Committee, presented the report and invited questions from Board members in relation to the key topics covered at the committee's meeting in November. The Committee had looked at the development of the People Strategy, Workforce performance indicators and dashboard development, employee relations casework and risk management.

Anil highlighted the positive findings of the Committee:

- A root and branch approach was outlined by Sonya Wallbank, Chief People & Culture Officer, for the development of the People Strategy. It would be tethered to Sirona's values, guided by our vision and the NHS people plan, focusing on urgent priorities, whilst also being born of cocreation and collaboration with our workforce. It set out a clear timeline for change over the next 13 months and was separated into 5 key programme areas, for example – focusing on looking after and retaining all our people. 9 action areas were identified including working with the Executive to underpin the operating model to reflect our desired delivery ambitions.
- The first iteration of the workforce KPI dashboard has been published and is available to managers.
- Employee complaints have been taken seriously and robustly investigated.

In terms of specific areas of risk, Anil commented on:

- Lack of data analytical skills within our organisation to fully utilise the workforce dashboard effectively.

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	• There is concern at the higher level of long-term sickness absences and the higher than expected number of employee relations cases. However, there was also concern in the absence of probationary reviews, performance reviews or grievance investigations within children's services despite the known concerns in this area highlighted through Freedom To Speak Up. The Chair welcomed the People Strategy coming to fruition and the progress occurring in the areas reviewed by the Committee, appreciating that more work is needed to increase our assurance.	
14.	**Equality, Diversity & Inclusion Update** Sue Porto, Chief Executive, presented the report on behalf of Sonya Wallbank, Chief People & Culture Officer. The paper set out a clear pathway to run through out the whole organisation, owned by all of the executives, to make sure we are a truly inclusive and anti-racist organisation. A priority of this area of work is also to ensure our staff have the confidence and skills to address health inequalities and improve access for all the people in our population who use or should be using our services. Sue gave a presentation to outline the key points from the report. The approach that was proposed was to ensure we meet our public sector equality duties and go further to work as an anti-racist organisation, providing education to our staff to understand inclusion and diversity within the organisation and what they must do if they see something happening that does not align with our core values in our organisation. A core challenge that was recognised was that our staff do not always feel confident in this area and the first step was to align allyship. Sue commented that our staff are keen to understand and join this journey in the organisation. The presentation set out the steps to underpin the areas of work: • Understanding who works for us • Building a learning and allyship programme • Build on the work that has already taken place, e.g. the health links team, diversity staff networks etc. Progress was demonstrated by a team now being in place to begin reviewing the plans and developing the work. The team had been drawn from across the organisation with relevant experience. Sue talked about the relationship between what we do within Sirona and outside of Sirona, and with our patient groups to ensure that we have a confident and inclusive approach throughout the organisation. She explained that Sonya would be working closely with Penny Agent, Chief Therapy and Allied Health Professions Officer, who is the lead for health inequalities and access work, to develop the areas of focus. It was proposed that a group be established to meet quarterly to report directly to the Board that all Non-Executive Directors are invited to attend, to have a laser-sharp focus on equality, diversity and inclusion and to capitalise on the interest, experience and skills already on the Board. The draft Equality, Diversity and Inclusion Plan was set out in the report. Sue explained that some action areas had been left to be designed by the team who will be actively involved in drawing up the plan, building on their own experiences. Sue commented that a number of conversations had also been taking place with Sonya, Non-Executive Directors and others in support of this important area of work. Sue reiterated her support for the ambition for Sirona becoming a really inclusive organisation, able to attract and retain a diverse workforce reflecting the diversity of the community we serve. It is essential for people to feel able to access service by seeing people like them working in the delivery of those services.	

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	Work was also taking place to co-ordinate with other organisations across the system including in the voluntary sector; for example, Sue had met with the CEO of Caafi Health who was keen to support Sirona on this journey. *Amanda Cheesley, Chair of the Board, informed the Board that the meeting was no longer quorate as Simon MacSorley had also needed to leave the meeting. Therefore, there were insufficient Non-Executive Directors present for the meeting to be quorate and make decisions. It was confirmed that the EDI report was not seeking approval but was for the Board to note and provide comment on the approach that has been proposed.* The Board discussed the following points: • Claire Valsler commented that the term diversity was used in the paper in a number of places when what was meant was only diverse ethnicity and she felt it was important that other protected characteristics be taken into account. Sue agreed to pass this feedback back to Sonya. • A greater balance for both work with Sirona's staff and the work in our communities and addressing health inequalities should be reflected in communications. • The Board recognised two high scoring EDI risks, one relating to our workforce and one related to our communities. • The establishment of the group to design and support delivery of the action plan was welcomed; protected time for participants in the group was queried, and it was pointed out that the group may not feel representative to some people. • Anil Patil, Non-Executive Director, welcomed the recognition, as written by Sonya in the report, that the pace of our work to date has not demonstrated the appropriate urgency and confidence in our ability to deliver has been low. • Anil went on to ask for a senior role to be appointed to provide the leadership and presence, with both lived experience and professional expertise, to help us to ensure we deliver the EDI plan and make timely progress. Anil clarified that he felt the role should be at Director level, or immediately below Director level. **Action** Sue Porto to provide an update to the Board on protected time and backfill for those involved in the EDI work. **Action** Sonya to consider the proposal for a senior level role to provide leadership on the EDI agenda at Board level. Amanda noted that the paper requested that a Non-Executive Director be nominated by the Board to partner with the Chief People & Culture Officer to monitor delivery of the EDI plan. As many Non-Executives were absent from the meeting, Amanda advised this would be taken away and discussed with the Non-Executives at another meeting. **Action** Amanda to discuss with the Non-Executive Directors to agree a nominated lead to support the Chief People & Culture Officer in monitoring the EDI action plan.	
15.	**Quarterly Summary Report from the Quality & Outcomes Committee** Mary Lewis, Chief Nursing Officer, presented the report on behalf of Paul May, NED and Chair of the Committee. Mary drew the Board's attention to key topics covered at the committee's meetings in the last quarter, noting that additional details would be added to the summary papers in future, having heard the feedback on other committee reports. From the October meeting, a Medium/Partial assurance rating had been given on the quarterly quality report. This was based on the fact that we are meeting the quality schedule requirements for our contractual monitoring.	

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	In relation to looked after children, the committee's findings triangulated with other comments on children's services performance. From the November meeting, Mary noted that high levels of assurance were provided in a number of areas, backed up by audits and other appropriate methods. Commenting on the health and safety assurance rating, Mary noted that a significant assurance rating had been agreed because a robust action plan for addressing violence and aggression (the highest category of health and safety adverse events, which aligns to the system and nationwide trend) to mitigate the risk. Mary discussed the system and public health messages that we are engaged in, to set a zero-tolerance approach, for example a campaign was about to be launched to publicise a prosecution that had taken place. Ben Westmancott, Interim Director of Integrated Governance, informed the Board that he had discussed with Anil Patil, Non-Executive Director, prior to the Board meeting the report on the November committee meeting, which Anil had chaired in Paul May's absence. The specific query related to the assurance rating on health and safety and Ben reported Anil's response that awareness of the importance of health and safety and how and why to report incidents had been heightened. However, it was recognised that the rise in incidents in the quarter was a concern and this lessened the overall assurance rating. Amanda Cheesley, Chair of the Board, agreed that it was important to ensure that we are not complacent as the level of incidents reported on health and safety of our staff and patient safety incidents for service users have not been coming down. There needs to be a mechanism for the Board to see the impact of the work being undertaken and the trajectory of the reports and incidents, which Amanda requested to be included in future summary reports. Claire Valsler, Chair of the People's Voice, commented that at the meeting, through the testing and challenge at the meeting, the assurance rating was increased from the level it was assessed at the report. This was a positive example of the added value from an effective discussion. **15.1 Annual Safeguarding Report** The report had been presented to the Safeguarding Children and Adults at Risk Forum prior to submission to the Quality and Outcomes Committee where it was approved in October 2023. The Committee considered the report to be comprehensive and was satisfied that we were meeting the legislative requirements. It was accepted that we are on a trajectory for addressing challenges with safeguarding training. Amanda commented that progress with the safeguarding training was positive to see. Ben agreed that the report was comprehensive and a good level of assurance should be taken from the report. The Board accepted the annual safeguarding report.	
16.	**Consent Agenda Cover Paper** As the Board was no longer quorate at this point in the meeting, the consent agenda papers were to be circulated to the Board for approval by written procedure. **Action** Consent Agenda papers to be circulated to the Board to approve by written procedure (Corporate Governance/All Board members to respond)	
17.	**Public Questions** No public questions were received for this meeting.	

18.	Chair's Summing Up • Amanda thanked everyone for their input to the meeting. • In reflecting on the meeting, Amanda observed that it had been really positive to hear from the Lifetime service and there was a lot of learning from the service that could be applied in other areas. • Amanda was pleased to hear of the progress starting to be made in children's service and that waiting lists are starting to be tackled. • The proposed review of the BAF and setting of our risk appetite levels and statements had been helpful. • Clive was thanked for the budget plan update and Amanda noted the importance of ensuring transformation plans are factored into this alongside the financial planning in the next year. • The EDI presentation was also welcomed. Amanda thanked Ceridwen Massey, Chief Operating Officer, on her own behalf and on behalf of the Board for her service in Sirona and wishes Ceridwen all the best for the future.	
	Close of the meeting	

Next meeting date	Tuesday 12th March, virtual