Date	Tuesday 12th March 2024, 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	✓	
Mary Lewis	Chief Nursing Officer	✓	
Julian Fleming	Chief Digital & Information Officer	✓	
Sonya Wallbank	Chief People Officer	✓	
Penny Agent	Chief Therapy and Allied Health Professions Officer	✓	
Kathryn Bateman	Chief Medical Officer	✓	
Laks Khangura	Interim Chief Finance Officer	✓	
Rob Smith	Interim Chief Operating Officer	✓	
Ben Westmancott	Interim Director of Integrated Governance	✓	
Phil Dunn	Interim Director of Strategy & Transformation	✓	

In attendance

Donna Cairns	Head of Corporate Governance (Minute Taker)
Claire Valsler	Chair of People's Voice
Presenters:	
Karen Taylor	Head of Experience & Engagement

Chair	Amanda Cheesley

Item	Notes	ACTIONS

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1.	**Apologies:** Kathryn Bateman, Chief Medical Officer joined the meeting during Item 6.	
2.	**Our People Story** Penny Agent, Chief Allied Health Professionals Officer, introduced the report that set out a new approach to use digital stories to present an experience from a service user or from staff to the Board. This would be part of a range of methods for sharing lessons from lived experience. The approach would provide a balance of good news stories and more negative experience from which we can learn a lot of lessons. Karen Taylor, Head of Experience & Engagement, was welcomed to the Board. Karen explained that part of the work to bring lived experience to the forefront of our decision-making is to improve the knowledge and data sources we have to build this up. A new Experience & Engagement Strategy was soon to be launched. A digital story was presented that showed the experience of a staff member dealing with challenging behaviours, and the measures that have been put in place to support our staff to reduce violence and aggression at work. Penny noted there has been an increase in incidents of violence and aggression being experienced in the NHS, and that it was important to show how the changes in policies and support provided to staff at Sirona was making a positive change. Mary Lewis, Chief Nursing Officer, reflected that there had been investment in programmes of work to address violence and aggression and it was good to see the outcomes of this coming to fruition. The Board queried how the stories are shared and how we will monitor the impact of the stories. Penny and Karen explained that this is dependent on the consent of participants, as to whether they are used internally or publicly; they can be used internally for staff reflections and for aiding improvement programmes, design and delivery. The evaluation process looks at where the stories have been shown, number of views etc. As this is a new tool being pioneered, how we use the stories and measure their impact will be developed over time. The sourcing of stories was queried, and Karen explained that colleagues within Sirona across all our services will be asked to identify possible stories. The opportunity for stories to be shared with the Board without needing to attend in person was welcomed as it was recognised that this can be intimidating. The Board thanked Penny and Karen for the report.	
3.	**Declarations of Interest** Amanda Cheesley declared a personal interest in agenda item 7 – Re-election of the Chair – therefore she left the meeting for that item and did not participate in the discussion or the vote. Paul May declared that he is a Cabinet Member at Bath & North East Somerset Council, as well as the Chair of the Health & Wellbeing Board.	
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. Overwhelmingly the feedback was that people are working really hard in some difficult circumstances and doing a good job and staying positive. Staffing levels remained a concern, as well as IT and digital tools not being optimised. The Non-Executive Directors were impressed with the care and compassion shown by our staff. Amanda outlined the system meetings she had attended, as a member of the Integrated Care Partnership (ICP) and the Integrated Care Board's (ICB) Primary Care	

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	Commissioning Committee. Funding for the voluntary sector had been discussed a lot at the ICP and commissioning of dental services continues to be a challenge. Other groups that Amanda has been a part of included the NHS Confederation Chairs group. She noted that the focus has been on potential impact of the anticipated general election later this year and on-going pay negotiations. The Non-Executive Directors had also attended ICB Committees including the Audit Committee, People Committee and the Outcomes, Quality & Performance Committee. Amanda concluded with the update that Barbara Brown would be standing down as a Non-Executive Director at the end of her term of office at the end of March. Amanda thanked Barbara for her tireless support as Vice-Chair and as an effective Board member. Barbara has been an influential advocate for the people of Bristol, particularly minority populations and for equality, diversity and inclusion. Board members paid compliment to Barbara's talents and contributions to the Board, particularly in service of championing the most vulnerable and disadvantaged. The Board wished Barbara all the best for the future. 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: Executive team changes • Laks Khangura has joined the Board as interim CFO • Rob Smith also joined the Board earlier in the year as interim Chief Operating Officer. • The Executive Team restructure consultation has concluded and further details of the outcomes of this will be shared in due course. System context • Focus on achievement of the 4 hour 76% target for emergency departments. • An action plan has been developed across the system. • The number of no criteria to reside in our rehab beds has a knock-on effect on the flow of patients within the hospitals, so a target to reduce these numbers by 50% has been set. Children's Services • A collaborative planning day took place early in March to co-create a shared vision and road map for the future. Sue noted the passion and commitment shown by staff at the event. • The report set out next steps in developing the Children's Services Delivery and Improvement Plan and further details would be shared at future meetings. Paul May, Non-Executive Director, commented that he represents Sirona on the ICB's Outcomes, Quality & Performance Committee and noted that the Committee had requested a deep dive into children's services. Business cases that Sirona has submitted to the ICB have been well received. The Board noted the report.	
6.	**Board Composition Report** Amanda Cheesley, Chair of the Board, introduced the report which set out a number of matters for the Board approval relating to its composition: Interim director appointments of Rob Smith as Interim Chief Operating Officer and Laks Khangura as Interim Chief Finance Officer had been made in January and February. The Board agreed to ratify these appointments.	

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Amanda noted that the interim director roles were for fixed terms and any extensions to their terms must be agreed by the Board as there are cost implications and we need to be clear on expectations. Lorna Harrison, Non-Executive Director, commented that a recent internal audit on non-standard recruitment identified some issues with our processes and in response. Sonya Wallbank, Chief People Officer, confirmed that the actions to address these issues would be applied to these interim roles.

Executive appointments as registered directors on the Board were agreed, to include the Chief Medical Officer and Chief People Officer. This was to create a balance of the number of Executives and Non-Executives (not including the Chair), who are voting members of the Board as required by our Articles.

Due to the capacity requirements for our Non-Executive Directors, it was agreed that an additional Non-Executive Director role be created. It was agreed that the role of Non-Executive Directors need to be considered to ensure that the sharing of information and distribution of responsibilities is managed well.

Work was already taking place to review the skills of the Board to support the recruitment to the vacant posts. Sonya Wallbank, Chief People Officer, has developed a skills matrix and is preparing a paper to be shared with the Board outlining our strengths and gaps to be taken into account in the NED recruitment process to clarify the skills being sought.

Lorna suggested that our Articles of Association should be reviewed to ensure they are fit for purpose for an organisation of our size as they have not been updated since 2019.

Action

Interim Director of Integrated Governance to propose a timetable for the review of the Articles. **BW**

The Board discussed timing for the recruitment exercises for the Non-Executive Director and Executive Director posts and that there was awareness of the impact on time commitment for people involved in the process. As much notice as possible would be given to participants in the selection processes.

It was noted that the Associate Non-Executive Director role is currently vacant; the Chair informed the Board that it was still the intention to have this role on the Board once the Board's substantive appointments have been made.

In relation to the revised Board Terms of Reference set out in the papers, further amendments were identified in the meeting to the section on the Committee Structure changes:

- Current Committee structure needs to be updated to include the Performance Committee and Finance, Estates, Environment & Digital Committee
- Clarification is needed to separate formal sub-committees and other groups that are advisory or steering groups.
- Add links to the full Terms of References for each sub-committee.

Action

Ben Westmancott, Interim Director of Integrated Governance, to make the identified amendments to the Committee Structure section of the Terms of Reference. **BW**

The Board agreed to delegate to the Chair the approval of the final revised version of the Terms of Reference, implementing the changes as outlined above.

Decisions

The Board approved:

1. the ratification of the appointments of Rob Smith as interim Chief Operating Officer (COO), from 3rd January 2024 and Laks Khangura as interim Chief Finance Officer (CFO) from 19th February 2024, both for a period of 6 months.

	2. the addition of the Chief Medical Officer and Chief People Officer as registered Directors to our governance framework and that Kathryn Bateman and Sonya Wallbank as the respective post holders to become voting members of the Board with immediate effect and be registered with Companies House within 14 days. 3. the establishment of an additional Non-Executive Director role to increase the number to 6 (not including the Chair), noting that an additional Executive Director will need to be registered once the role has been appointed to. 4. the principle and process for appointing independent advisors to the board. 5. the delegation to the Chair to approve the final version of the revised Board Terms of Reference, once amendments to the Committee Structure section have been made. **Action** **Ben Westmancott to ensure the registration of Kathryn Bateman and Sonya Wallbank with Companies House is completed within 14 days of the meeting.**	**BW**
7.	**Re-election of Chair** ***Amanda Cheesley left the meeting for this item. Barbara Brown, as Vice-Chair of the Board, assumed the role as Chair for this item.*** Ben Westmancott, interim Director of Integrated Governance explained that Amanda is coming to the end of her term of office as Chair of the Board. He outlined the process followed through the Nominations Committee. The proposed dates for the term of office was explained; as Amanda had served as a Non-Executive Director before being appointed as Chair. **Decision** The Board approved the re-election of Amanda Cheesley for a second term of office as Chair of the Board, a final term as a Non-Executive Director, from 1st April 2024 to 3rd December 2026.	
8.	**People's Voice Report** ***Amanda Cheesley returned to the meeting and resumed the Chair.*** 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 since the last Board meeting in December were outlined in the report. Meetings had taken place in December and in February. The February meeting was face to face which was well received. A mixture of in person and online meetings were proposed to take place in the future, however the members of People's Voice were being consulted. Claire was looking forward to working with Karen Taylor, Head of Experience & Engagement, in developing and implementing the new Experience & Engagement Strategy. People's Voice volunteers were working on developing a clearer vision and structure for the group, setting out what the group hopes to achieve. Ongoing promotion of the group continued to grow the membership, including asking staff to share invites. Attendance at the meetings is fairly low; at the February meeting there were 6 lay members present. The Board was pleased to see that the group's charter is to be translated into the most common languages across BNSSG. The Board welcomed the report and thanked Claire for her tireless effort and investment in developing People's Voice.	
9.	**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 February. Simon confirmed to the Board that the Committee had scrutinised the Business Plan and the Budget/Financial Plan for 2024/25 and both were commended to the Board for approval, noting that Quality Impact Assessments and Equality Impact Assessments still need to be completed on the savings proposals. The Committee had received an update on the signing of the lease for the new HQ however a further update was sought on progress since the meeting. Sue Porto, Chief Executive, confirmed that negotiations were on-going and were proceeding to resolve the obstacles that were in place. A plan B was being considered should the lease not be signed in the near future. Overall the assurance levels for most of the agenda items was medium/partial. The Board noted the report.	
10.	**Business Plan 2024/25** Phil Dunn, Interim Director of Strategy & Transformation introduced the report. He outlined the structure and content of the plan, flowing from the Strategic Objectives and defining the operating plans for the year. It was noted the plan would be a living document for a while as further development would continue particularly on the children's service programme and as a result of the national planning guidance coming out so late. Sue Porto, Chief Executive, offered her thanks to all Executives for their contributions to the development of the Business Plan and to Phil for pulling it all together. As this is a public facing document, Sue explained that a great level of financial detail has not been included. The Executive team will be ensuring robust delivery plans are in place to implement the plan. The design and style of the plan was commended as it was easy to read and follow. **Decision** The Board approved the Integrated Business Plan for 2024/25. The Board also noted that the Integrated Business Plan for 2024/25 will remain a dynamic and responsive document considering national and regional wide uncertainties in the absence of final planning guidance.	
11.	**Budget & Financial Plan 2024/25** Laks Khangura, Interim Chief Financial Officer, introduced the report, drawing out the following key points. The Budget process started back in November/December and was approved by the Executive in December before it was put forward to Finance, Estates, Environment and Digital Committee in February. The aims of the plan were: • To ensure recurrent savings are identified as well as non-recurrent savings. There is a good mix in the plan for 2024/25 • To achieve a balanced budget, implementing the national costing uplift factor of 1.9% and the efficiency savings requirement of 1.1% within the plan. • Ensuring we have sufficient reserves for the future	

	The plan reflects the investment programmes agreed in 2023/24 that roll into 2024/25. Based on learning from last year, the division of investment between front line and corporate services has been re-aligned, also addressing overspends and underspends. Laks gave assurance that the current year's financial performance is going in the right direction for meeting our forecast. In terms of the stretch within the budget, the level is comparable with last year so is expected to be achievable. A savings target of £5.8m had been set. Investment of £1.7m of capital would be looked at during the year. Any future investments would be looked at based on savings from within the budget or looking for external sources of funding. Given the system's challenges over the first two quarters it would be key to ensure we consider how we can work together to support our system partners. Sue Porto, Chief Executive, provided assurance to the Board in stating her confidence in the work done to develop the budget and the process it has been through with the Executives including appropriate monitoring and oversight. The Board made the following comments: • Savings arising from service restructures and redesigns were likely to be achieved and were not yet reflected within the budget. Therefore, reinvestment decisions would be needed as a result of operational model review that is planned for this year. • Mary Lewis, Chief Nursing Officer, gave assurance to the Board that the QIA and EIA processes are very robust and although not completed prior to this meeting, they are progressing well. • It was queried whether an estimate could be provided on the potential savings or funding requirements for any proposals arising from the business. Laks advised that there are separate business cases covering these, for example PSIRF and DrDoctor which were both elsewhere on the agenda. **Decisions** The Board agreed: 1. To approve the budget and savings proposals subject to completion of formal Quality Impact Assessments and Equality Impact Assessments as appropriate. 2. To note that any requests for investments that arise as a result of the business planning process can only be approved if offsetting funding or savings are identified.	
12.	**Patient Safety Incident Reporting Framework (PSIRF) Business Case** Mary Lewis, Chief Nursing Officer, presented the Business Case, noting the rigorous process it has been through internally and that it requires Board approval due to the value of the spend. As a provider of an NHS contract, implementation of PSIRF is a contractual requirement and we must follow the national framework. We have benefitted from the learning of system partners who have been early implementers. Further mandatory requirements have been brought out by NHS England as a result of the learning from the early implementers. These requirements covered specific posts, and national training. Preparations for getting ready for the new way of working in patient safety have been taking place for the last year. It was recognised that as a maturing organisation, significant investment within patient safety is needed to ensure we meet the aims of the programme. The recommendation is initially to have a centralised model for responding to patient safety incidents, to provide robust governance and assurance that we have specialists in place who are responding, overseeing and supporting our front line clinical services to	

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	learn about the new ways to do things, and ensure we meet the patient safety incident response standards set by NHS England. It was anticipated that the centralised model would release time and capacity to allow a greater focus on learning from patient safety incidents, which the Board has always been supportive of. Rather than continuous investigations with a one size fits all approach, under PSIRF there will be enhanced and bespoke patient safety investigations around key themes. We are also required to involve and engage patients as well as our staff and to take a multidisciplinary approach. The Executive team's view in recommending the business case to the Board is that upfront investment is necessary to ensure we get this right and that we have the staff in place to deliver a robust plan and working arrangements. As our implementation of PSIRF matures over the first few years, we may be able to develop a devolved model. The Chair queried whether the target launch date for June is achievable. Mary confirmed that there is already a lot of activity happening to prepare for the launch, and we do not need to have all new posts recruited to by June. Training is underway across the organisation, and there are several task and finish groups to ensure the design work is progressing well. Mary thanked operational staff for their active engagement in the development work and noted that really positive feedback had been received from external trainers on the engagement of our staff. It was noted that the Board would receive further training on PSIRF from our solicitors at the seminar in April. The Chair commented that the online training had been really helpful. An issue for the future, raised by People's Voice, was that Patient Safety Partners are being paid by system partners, not just covering expenses. Payment for volunteers needs to be handled carefully as there can be unintended consequences. Expectations and logistics to support volunteers also needs to be considered. Mary explained that opportunities to share training costs as well as potential joint roles of Patient Safety Partners across the system were being explored. This would also help with the sharing of learning between partner organisations. **Decision** The Board approved the PSIRF business case.	
13.	**Quarterly Assurance Report from Audit, Assurance & Risk Committee** Lorna Harrison, 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 February. The following areas were discussed: Risk Report • Concern was expressed that several risks had not moved for many months. When risk scores are not moving, target scores and dates to reach these need to be reviewed. Executive meeting arrangements have now introduced a regular risk focused meeting; recommendations would be made from this meeting for actions that need to be taken and any changes in the scoring/target dates, which will be reported into the Board committees. • Training and development for senior leaders is needed to improve capability in managing and reducing risks. Information Governance • The Board was alerted to the risk due to a lack of technical solution for auditing and monitoring inappropriate access to patient records. Policies	

	• The Board was given assurance that there had been a significant reduction in policies overdue for review. This would continue to be monitored by the Committee but reducing the frequency to 6 monthly. • The Delegated Authority Policy Review is covered separately on the agenda; it is recommended that the policy be extended for a year. Internal Audit Reports • The Committee was concerned about the dates for actions following internal audits being moved on and the Board agreed that we need to ensure we set realistic timescales and ensure sufficient focus is given to delivering against them. The actions also need to be linked in to the business plan. • Two of the audits that had been completed gave us an amber warning, they covered non-standard recruitment and contract management. The Board received the report.	
14.	**Board Assurance Framework** Ben Westmancott, Interim Director of Integrated Governance, introduced the Board Assurance Framework (BAF). He explained that following on from the content of the Business Plan, the BAF outlines the risks to achieving the plan, how these risks will be controlled, and what assurances the Board and committees will get that these risks are being managed. Target risk scores within the BAF have been set based on the Board's approved risk appetite statements. Ben described the purpose of the BAF to inform the agendas of the Board and the Board's committees. The revised BAF has been built from the existing BAF, conversations with Executive Directors and alignment with the Business Plan development. The risks were considered at a Board seminar in February. It is a living document, and it will be updated each year. The Executive meeting structure included a monthly assurance meeting at which the BAF would be reviewed; the Board would receive the BAF quarterly, following review by the assigned Board Committee. The Board were advised that demand and capacity was the highest scoring risk within the BAF. Sue Porto, Chief Executive, expressed her support for the new BAF arrangements. It was noted that the risk score for cyber attacks should be shown as 15 within the chart. **Decision** The Board agreed to approve the BAF for 2024/25 as a tool to strengthen assurances for the Board and its committees.	
15.	**Risk Register Report** Mary Lewis, Chief Nursing Officer presented the report, directing the Board to those risks with a score of 15 or more. The extracts of the risk register included in the report were taken on 12th and 26th February. Some of the risks had been updated since those dates following Executive review at the end of February. The top areas of risks were around capacity and demand, and patient safety and quality linked to the capacity and demand risks. 22 risks were included in the report that were scoring 15. It was noted that since the data was extracted 4 of these risks have been closed and 3 have reduced to a score below 15. Details of these changes were included within the report. Many of the updates	

	showed a reduction in the risk scores or further actions being taken in order to reduce the risks, for example a significant amount of work is underway in respect of digital risks. Risk 781 – compliance with a patient safety bed rail alert - was highlighted, as Mary explained there had been a very short timeframe in which to implement the actions required and advice had been sought from our insurers on the risk of not achieving full compliance. A robust action plan is in place and we are currently reporting partial compliance. The Board discussed if the drivers of the risks could be captured within the report, e.g. where there are regional or national pressures or policy issues. Providing the context for these risks can aid the Board in understanding where we can take actions within our control. Detailed work was taking place with the ICB to identify which of our risks are shared as system risks. Mary would explore where these risks will be reported in to Committees or the Board. **Action** **Mary to identify how system risks should be reported and to which Committee within Sirona, following consultation with executive colleagues.** It was agreed that actions arising from the Executive review of the risks need to have due dates. The Board noted the report.	**ML**
16.	**Quarterly Summary Report from the Quality & Outcomes Committee** Paul May, 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 February. Paul noted that this was the first time that a patient safety alert had not been signed off as fully compliant. Many other providers were in the same position because of the substantial amount of work needed to complete and conduct new risk assessments. It was stressed that when deep dives have occurred on serious incidents, actions need to be identified and monitored proactively. Emphasis across the Committee had been on learning and ensuring we are a learning organisation, and working effectively with our system partners. 12 Quality Priorities were proposed by the Committee on behalf of the Board, to be included in the Quality Account. These included 2 carried over from the last year where it had been identified that we could do even more. Paul commented that we need to ensure the plans are achievable. A positive report from children's service was highlighted, as progress was being made in tackling issues with initial health assessments. It was clarified that the clinical compliance report was assessed as signification assurance as the Committee had confidence in the plans in place. This was uprated from the partial assurance rating given in the report. There had been in increase in adverse events relating to information governance. This related to an audit in central services; an action plan is in place to address these issues. Paul commented that there were too many areas of partial assurance and he expected to see the identified actions being completed to increase the assurance level over time.	
17.	**Performance Assurance Report**	

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	Rob Smith, Interim Chief Operating Officer, presented the report, noting that this had been submitted directly to the Board as the Performance Committee meeting in February had to be rescheduled and has not yet taken place. Rob explained that governance and reporting arrangements on performance management were being improved and would be completed in time for the next Board. The new framework will provide focus on the delivery of agreed performance targets, whether the targets are set externally or by ourselves, what we need to do and by when, with the development of improvement trajectories and recovering plans as required. Since the report was prepared, waiting lists have improved, including waiting times for children in care. A patient tracking list system is being implemented to provide robust regular monitoring of the waiting lists on a weekly basis. It was also hoped that waiting times would be impacted by the implementation of the DrDoctor business case, which was considered in the private session. Barbara Brown, Non-Executive Director and Chair of Performance Committee thanked Rob for his report and work in improving our performance management framework. It was really positive to see the improvements in tackling our waiting lists and ensuring harms are reduced whilst on the waiting list. The Board noted the report.	
18.	**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 January. The Committee had looked at workforce priorities and activities; people plan transformation; EDI taskforce update, and the gender pay gap report. Anil highlighted key points as outlined in the report. Using an invest to save model, it is the intention to substantively change the organisation to embed a modernised operating model and focus on a workforce plan for 1 year initially, leading on to a 5 year plan. Due to the requirement to make year on year cost savings, there is a need to look at how our resources are deployed and how digital systems can support our modernisation. Work has already begun within the People, Development and Communications team. Anil highlighted a concern with the level of support needed to help our staff through this period of change. The Committee had received an update on the EDI taskforce and were encouraged by the leadership of this group and amount of activity taking place. In respect of the Gender Pay Gap, Anil reported that the Committee had no significant concerns with the report. He noted the need for staff to be encouraged to share and record their diversity data. Sonya Wallbank, Chief People Officer, commented that education and encouragement is being offered to staff from minority backgrounds to give them confidence in pay negotiations. The Board noted the report.	
19.	**Gender Pay Gap Report** Sonya Wallbank, Chief People Officer, presented the report for approval of the Gender Pay Gap. Our mean gender pay gap is 8.9% which has increased marginally from the previous year's 8.4% (0.5%). The 0.5% increase is a relatively small increase which may be attributed to legacy pay awards and the different methods used for processing nationally agreed pay awards over the last two years.	

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	The focus of the People, Development and Communications team has been on career development, improving data and analysis and aligning to our new approach on EDI and recruitment. **Decision** The Board approved the report.	
20.	**Approval of the Delegated Authority Policy** Ben Westmancott, Interim Director of Integrated Governance, explained the proposal to extend the current Delegated Authority Policy to April 2025, noting that a detailed review will take place during 2024/25 to take into account wider governance changes. **Decision** The Board approved the extension of the Delegated Authority Policy to April 2025.	
21.	**Previous Minutes – Meeting in Public** The Board approved the following minutes as true and correct records: • Minutes of the meeting in public held on 12th December 2023 • Minutes of decisions made by written procedure dated 8th January 2024 (confirmation of consent agenda papers).	
22.	**Public Questions** No public questions were received for this meeting.	
23.	**Chair's Summing Up** • Amanda thanked everyone for their input to the meeting, noting that there had been a lot of business for approval: • Amanda thanked the Board for their support with her re-election and generally in her role as Chair.	
	Close of the meeting in public	

Next meeting date	Tuesday 11th June 2024

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