Board of Directors - Public

UNCONFIRMED Minutes of the 150th Public Board of Directors held from 9:30am on Wednesday 25 January 2023. Members accessed via MS Teams and the meeting was livestreamed for the public.

Present: (voting)	Sharon Mays, Chair (SM) Jan Ditheridge, Chief Executive (JD) Anne Dray, Non-Executive Director, Chair of Audit and Risk Committee Phillip Easthope, Executive Director of Finance (PE) Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee (OFO) Heather Smith, Non-Executive Director, Chair of People Committee and Quality Assurance Committee (HS) Dr Mike Hunter, Executive Medical Director (MH) Caroline Parry, Executive Director of People (CP) Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee (RM) Salli Midgley, Director of Nursing, Professions (SMi)
In Attendance: (non-voting)	Pat Keeling, Director of Strategy (PK) Deborah Lawrenson, Director of Corporate Governance (Board Secretary) (DL) Neil Robertson, Director of Operations (NR) Jenny Hall, PCREF Lead (Service User story) (JH)
Other attendees:	Parya Rostami, Head of Continuous Improvement (PR) item 12 Jamie Wylam, Public Health Registrar and Medical Education (observing morning session) JW Amber Wild, Corporate Assurance Manager- Minutes (AW) Holly Cubitt, Head of Communications (HC)
Apologies:	Prof. Brendan Stone, Associate Non-Executive Director (BS) Owen McLellan, Non-Executive Director (OM)

Min Ref:	Item	Action
PBoD 25/01/23 Item 00	**Experience Story** The board were joined by an inspirational carer who has a family member in our services. He talked about the term 'carer' being broader than those traditionally perceived as direct care givers as he viewed himself as providing support - and shared with the board the challenges of supporting a family member who initially rejected his support and engagement and talked about the power of relationships in promoting recovery. It was noted it can be hard for carers and family members when there is push back from the person they are trying to help and he stressed the importance of making sure we support them. It was positive to hear about the empathetic support he was both providing to his family member, who did now welcome and benefit from his support, and the support that he was receiving himself from the SHSC team working with his family member in keeping him updated on progress and issues.	
PBoD 25/01/23	**Sheffield Place Framework Proposals** Emma Latimer, Executive Place Director for Sheffield outlined detail on the proposed framework, vision, strategic aims and principles we will be following and working on with others in the sector to reduce inequalities, involve our communities and deliver improved services for the people of Sheffield.	

	Reference was made to potential opportunities to engage and the board suggested it would be helpful for Non-Executive Directors and governor representatives to be invited to be involved if an engagement session were to be put in place. Emma Latimer to be invited back for a further discussion at one of the board workshops –timing to be agreed for reflecting on the planner **Action: JD/SM/DL**	JD/SM/DL
PBoD25/01/23 Item 01	**Welcome and Apologies:** The Chair welcomed members of the Board to the meeting, and in particular interim executive directors Salli Midgley, Executive Director of Nursing and Professions and Neil Robertson, Executive Director of Operations, together with members of the public and staff observing the meeting. The Chair acknowledged the contribution to SHSC from Beverley Murphy in her role as Executive Director of Nursing, Professions and Operations. Apologies were received from Owen McLellan, Non-Executive Director and Brendan Stone, Associate Non-Executive Director.	
PBoD23/11/22	**Learning and Reflections from the Experience Story** The Board agreed that it was timely to hear about this story alongside the new carer Strategy which was on the agenda to be presented to board for approval. The board reflected that the purpose of the strategy is about supporting carers and acknowledged the importance of the carer role in contributing to service user recovery. The carer experience story underlined the important work going on in the organisation around person-centred and strength-based care and recognised the value in maintaining hope which will be considered in future work with the engagement team. The board agreed to take feedback into the quality programme to consider how best to support individuals who do not have their own support networks in place and to consider the learning from this story in a planned board development session with the lived experience co-production group.	
PBoD 25/01/23 Item 02	**Declarations of Interest** None declared.	
PBoD 25/01/23 Item 03	**Minutes of the Public Board of Directors meeting held on 23 November 2022.** The minutes of the Public Board of Directors meeting held 23 November 2022 were **approved** as a true and accurate record.	
PBoD 25/01/23 Item 04	**Matters Arising and Actions Log** The action log was reviewed and actions marked for closure agreed with the additional updates provided: • Action1: to remain open until finalisation of the new Board visits programme. • Action 4: it was agreed further clarity will be provided in future reports on relationships with VCSE and that an update would be provided on waiting lists report to include the approach to risk assessment and interventions for those on waiting lists. • Action 19: to remain open – until receipt of the Lessons Learned (Ockenden Report and Paterson review) report at the March Quality Assurance Committee and the board • Action 20: to remain open – links with action 1. Will be closed when the new board visits programme is shared. • Action 24: to remain open until receipt of Safe Staffing report at the March Quality Assurance Committee and the board.	
PBoD 25/01/23 Item 05	**Chairs Report** The Chair provided an update on her work since the last board meeting with the following key issues and activities noted: Board of Directors: • The CEO recruitment is continuing following the decision not to appoint in November. A new recruitment schedule is underway with interviews and engagement opportunities for the board, governors, service users and stakeholders planned for March 2023. Jan Ditheridge has agreed to continue as CEO beyond her planned leaving date to support continuity in leadership • The Non-Executive Director recruitment has concluded with an appointment imminent subject to successful completion of the due diligence process.	

	• Non-Executive Director and Deputy Chair Richard Mills will be retiring at the end of February. He was thanked for his significant contribution and support to the organisation over almost 8 years. Governors: • Following a by-election in November 22, new staff and carer governors are due to formally join the Council of Governors in February. A getting-to-know you lunch, and governor induction will be held on 2nd February. • Governor drop-in sessions with the Chair continue and governors are actively involved in carer and service users experience work. Internal Visits: • The Chair attended the Lived-experience and Co-production assurance group and a joint development session with the board is planned. • A volunteer thank-you event was held in December which provided an opportunity for the Chair to meet and hear about the work of support workers and volunteers. • The Chair has been undertaking annual observations of the board sub-committees as part of the governance and reporting process. • The Chair continues to attend the Associate Managers forum with Dr Mike Hunter, and this has provided opportunity to engage with the associate hospital managers. External Meetings: • The Chair has continued to attend ICS, Mental Health Learning Disability Autism Provider collaborative and Sheffield Place meetings. The governance processes are developing, and some are expected to be presented to the March board. • The Chair attended the Health and Wellbeing board where the Primary Care Transformation evaluation was presented by SHSC and Primary Care Sheffield. • Meetings have recently taken place with the newly appointed Chairs for Primary Care Sheffield and RDASH	
PBoD 25/01/23 Item 06	**Chief Executive Briefing** The Chief Executive drew attention to: Operational Planning Guidance 2023/24: this was published on 23rd December 2022 by NHS England and sets out the annual priorities for the NHS and guidance to NHS organisations to respond and plan for the coming year. Urgent & Emergency Care Recovery Plan: The Autumn Statement 2022 set out the commitment that the NHS will publish full recovery plans for Urgent & Emergency Care (UEC) by early 2023 and has been reinforced as a key priority in the Operational Planning Guidance. The National Learning Disability & Autism Programme: Transformation of our crisis and inpatient pathway is developing and the board will consider progress in the confidential section of the board agenda Implementing the Patient & Carer Race Equality Framework (PCREF): Sheffield Health & Social Care NHS FT are a pilot/early adopter site for the framework and the board will have a further workshop on this in February 2023. Executive Changes: Dr. Mike Hunter has been confirmed as deputy Chief Executive for the remaining tenure of the current CEO and following approval at the Remuneration committee. Salli Midgely and Neil Robertson have joined the board as Executive Director of Nursing and Professions, and Executive Director of Operations respectively whilst recruitment to the substantive roles takes place.	
PBoD 25/01/23 Item 07	**Board Committee Alert, Advise, Assure (AAA) Committee reports and minutes** The board received the AAA reports and minutes from the sub-committee chairs and noted the updates provided it was confirmed these will continue to be refined in terms of approach with a view to keeping them succinct and accessible.	
PBoD 25/01/23 Item 08	**Operational Resilience and Business Continuity** Neil Robertson (NR) talked through the report drawing attention to the following key points and assurances: • Demand levels across most services are in line with pre-covid levels over the medium to longer term. Increased demand is being managed within Memory Services and Sheffield Autism and Neurodevelopmental Services and Recovery Plans are in place. • The Winter Plan is focussed on key risk areas and increased community support and addressing long lengths of stay and delayed discharges. • The staff vaccination programme began well, but performance has plateaued over the Christmas period. A recovery plan has been put in place to address this. • Services have been resilient through Quarter 3 and the changes in demand through winter have not been significant and have not impacted upon service continuity • Potential impacts from industrial action have been managed well and to date there	

	has not been any impact on service provision and continuity.	
	The board acknowledged progress on the repurposing of the health-based place of safety and noted that it would be helpful to highlight the demographics of those service users who are being sent out of area. It was agreed that future reporting should include information on the link between the resilience of services with safer staffing as the use of the safer nursing care tool is developed.	
	Discussion took place on the importance of partnership working with VSCE and this being key to the impact of emerging waiting lists. It was agreed that clarity on the VCSE relationships and learning in relation from services to waiting lists would be included in future reports	
	Actions: Future reports to include • link of the resilience of services with safer staffing data as the use of the safer nursing care tool is developed and further clarity on relationships with VCSE. **Action:** NR to take forward and confirm timing for receipt.	NR
	• A suggestion was made that a message be included in the vaccination email reminders about the importance of participation to try to encourage further uptake. **Action:** NR to consider as part of ongoing communication approach	NR
PBoD 25/01/23 Item 09	**Back to Good Board Programme - Progress and Exceptions** Dr Mike Hunter (MH) provided an update on the Back to Good programme noting requirements currently in exception: • Ensure that statutory and delegated safeguarding functions are carried out effectively • Ensure that care is provided in estates which are suitable, safe, clean, private and dignified • Ensure engagement with patients and carers and involvement in their care is strengthened • Achievement of training targets per course • Achievement of training targets per acute ward • Achievement of supervision target • Ensure that staff assess and monitor patient's physical health throughout admission as required and following the use of intramuscular medication • Ensure that staff carry out and document capacity assessments and subsequent best interest's decisions in line with the principles of the Mental Health Act • Ensure leaders have oversight of and act upon issues relating to risk and performance Use, and document the use of, de-escalation prior to physical restraint It was clarified, in relation to work ongoing around the S29 notices that the Back to Good programme will revisit the old section 29 warning notice areas to ensure that improvements made are well established which is expected to highlight wicked problems in relation staffing, training and supervision. Changes in nursing and ward leadership will support this work and will also promote initiatives for reflecting in 'time to shine' celebration for services which have embedded change and good practice. The board asked how assurance will be provided that the actions highlighted in the Back to Good report will be truly embedded and whether these will be included in the culture and quality visits. It was confirmed that there are two mechanisms for understanding this – through culture and quality visits to non-inpatient areas and the use of the fundamental standards visits for inpatient areas, and a significant piece of work was undertaken in October to December 2022. Key themes from the culture and quality visits will be reported to the Quality Assurance Committee and the reporting of the fundamental standards visits of four wards will be reported through the Back to Good Programme board. **Action:** the board asked that progress since the last CQC visit and confidence levels around embeddedness of actions taken be included in future reports. SMi	SMi
PBoD 25/01/23 Item 10	**Transformation Portfolio Report** Pat Keeling (PK) provided an update on three key areas of progress and risk to the Transformation board work programme: • Health Roster Project: reported an overall amber rating with 98% of staff now on e-roster. Training will continue in January 2023 and focus is now being placed on	

	embedding use of the system and on benefits realisation • Partnerships: the Primary and Community Mental Health Transformation Programme, and the Learning Disabilities Programme link into the Sheffield Place arrangements around integration • Capital challenges: significant affordability concerns for the 23/24 capital or revenue plan and the impacts of this on the widening scope of the therapeutic environments programme which is being discussed at Finance and Performance Committee. Discussion took place on benefits realisation and on demonstrating achievement and learning. It was confirmed that post-project evaluation work will commence 3 month following completion of each project and will include quantifying the cash releasing and non-cash releasing benefits. The project initiation documents will be used to identify the benefits that are going to be measured. The board noted concerns around delays with some aspects of the programmes and requested further assurance on the Quality Equality Impact Assessments (QEIA) which will support mitigating actions. Progress made with the transformation programmes was acknowledged and it was agreed that board needed to build time into its work programme to have a focused view on the five-year capital plan following presentation to the Finance and Performance Committee. **Actions:** • Additional QEIA's be added to the process where there are delays to look at impact – **PK** to reflect into the work programmes working with MH and SMi – from April 2023 • Focussed discussion on the 5-year capital plan linked to discussion on strategic priorities to be planned **- PK** to work with DL, JD and SM to advise on timing.	 PK PK
PBoD 25/01/23 Item 11	**Integrated Performance and Quality Report (IPQR)** Phillip Easthope (PE) talked through the IPQR monthly report up to and including September 2022 following detailed discussion at board sub committees. The board noted key issues already highlighted in the AAA reports (item 7) in relation to out of area, waiting lists, the recovery plans, restrictive practice, CIP finances and the development of People Committee KPIs. Triangulation with the Back to Good report was also noted in relation to supervision and mandatory training. Improvement in data reporting was acknowledged and it was suggested operations and performance work closely together to elevate the KPI information to an organisational level, and for reporting to keep referring back to the Performance Framework to highlight trajectories against recovery plans. It was confirmed that a workshop is planned on 30th January to identify and develop the KPI's and the Performance Framework for the coming year which is due for presentation at committees in March/ April 2023. **Actions:** • Consideration to be given to using a simplified approach with use of prompts on the front of the dashboard to signpost analysis to support discussion – **PE** • Future reports to identify where all recovery plans are being seen and where they are on and off trajectory – **PE** with colleagues as part of the work to refresh approach March 2023 • Discussion to take place with the chair of Finance and Performance committee regarding planning for CQUINs reporting in 2023/24– **PE** – March 2023	 PE PE PE
PBoD 25/11/23 Item 12	**Quality Improvement Biannual Progress Report** Dr Mike Hunter (MH) provided an update on progress with the Quality Improvement (QI) programme following presentation at the board Development session in December and to Quality Assurance Committee in January: • The QI Team have joined the Quality Directorate, supporting closer working with teams focussing on Quality Planning, Quality Assurance and Quality Control and continue to work closely with the Medical Directorate • The QI team continues to support engagement work • Building QI Capability to ensure that there are robust and visible systems for QI	

	training and oversight in place by March 2023 • The QI team continue to support the Trust's major change programmes including Primary Care Mental Health, Community Mental Health Teams, Learning Disabilities & Restrictive Practice Programmes and QI projects across the organisation. • The QI team have supported the Clinical Director for Learning Disability Service to lead on a session at the Institute of Healthcare Improvement (IHI) International Virtual Forum on the topic 'Empathy is needed for equity – putting yourself in the shoes of patients from ethnic minorities' The board noted the involvement of the QI team in the leadership course and acknowledged the range of activities presented from across the organisation in relation to QI interventions, clinical effectiveness activity and research activity. It was noted that it would be helpful for this to come to life in a picture or a slide. It was confirmed that Quality Improvement have a stand at the Research and Innovation event, and detail on connectivity between QI interventions and Research will be woven into the agenda for the next R & I event. It was noted QI is evident in our major change programmes including Primary Care Mental Health, Community Mental Health Teams and the Learning Disabilities and Restrictive practice programmes, and through our work in collaboration with external partners such as the 'Huddle up for Safer Healthcare (HUSH)' work which has led to significant reduction in falls in inpatient settings. The board has asked that future reports include reference to connectivity between the QI interventions and our research activity. **Action: MH**	 MH
PBoD 25/01/23 Item 13	**Financial Performance Report** Phillip Easthope (PE) provided an update on the Month 8 report and noted: • The financial position remains challenging with a current deficit of £2.260m and a forecast deficit of £3.940m (within a range of £2.8 m and £4.9m) • The deficits are predominantly driven by pressures from agency spend, a funding gap with the pay award and out of area purchase of healthcare beds with a worse case position potentially of £4.9 m dependent upon progress with delivery of savings. • The current forecast shows a Cost Improvement Programme (CIP) gap/ under delivery of £2m. This and the reliance on £1m non-recurrent savings in 2022/23 results in a carry forward efficiency requirement of £3m for 2023/24. The Finance and Performance Committee are continuing to look at a recovery plans in detail. In relation to the impact of the debt owed to SHSC remaining higher than expected at £7.4m, it was confirmed that the debt is a combination of NHS, Trade and employee overpayment and there is no trend of concern in terms of debt recovery. Discussion is taking place with organisations and individuals to resolve the issues around payment. It was noted £4m of this has been received at the time of reporting and it was noted that additional assurance is requested and received through the Finance and Performance Committee. The board noted the updates provided and challenged the Finance and Performance Committee to consider the risks to patient safety and impacts on quality in relation to the CIP programme in its discussions. **Action:** The board asked for confirmation to be provided on when the first cut of the budget for 2023/24 will be received at board. **PE**	 PE
PBoD 25/01/23 Item 14	**Operational Plan Report: Quarter 2 2022/23** Pat Keeling (PK) drew attention to two key highlights from the report: Perinatal Mental Health: • The plan for 2022-23 did not support delivery of the national milestones for increasing the number of people entering treatment in Perinatal Mental Health and	

	IAPT services due to the lack of available funds from the Mental Health Investment Standard growth allocations to Sheffield. SY ICS have agreed its Recovery Plan to meet the national KPI's with an expectation that recovery will be achieved into 2023-24 for most areas. <u>Mental Health Investment Standard workforce expansion trajectory:</u> • 88% of planned workforce expansion for 2022-23 has been recruited to at the end of Q2. • Planned recruitment towards the end of 2021/22 resulted in c38% of recruitment being completed before the end of the 2021/22 increasing to 81% by June 2022 • Memory Service expansion has not been as successful to date, with plans in place; this is impacting on service capacity to address access challenges • Planned recruitment for Liaison Services later in the year was completed during September The board noted the updates provided for assurance.	
PBoD 25/01/23 Item 15	**PLACE (Patient Led Assessment of the Care Environment) Assessment 2022** Pat Keeling (PK) talked through the report following the PLACE assessments that took place in October 2022 and drew attention to the following recommendations: • Putting in place a robust Planned Preventive Maintenance program (PPM) for the cleaning elements that are within the Estate teams' responsibility, as detailed in the National Standard of Cleanliness needs to be reviewed. • The estates team will need to review and confirm a clear proactive plan regarding building repairs and redecoration. • There is a need to put in place a review of building users seating arrangements to ensure these are adequate for a range of service user needs • An access audit is required involving people who have a disability or via an access group to ensure that there are reasonable adjustments for ward (and other areas) to comply with the Equalities Act • Ensure the Trust has a Travel Plan which includes accessibility and an action in place to regularly review the plan The report was welcomed after the hiatus due to Covid 19 and it was recommended that it would be helpful to support teams to work most effectively that recommendations are shared across a range of groups for engagement and discussion. It was suggested that the greatest risks across operational groups should be identified to provide board with the appropriate oversight. It was confirmed that responsibility for actions will be overseen by the Facilities Directorate and that triangulation around backlog, the priorities and the risks will outlined in a report which will be received at Quality Assurance Committee. **Actions:** • Work to take place to quantify the risks and priorities – **PK and SMi** to discuss and agree way forward and to confirm plans for this – to be taken back to QAC • Triangulation to be provided in the next PLACE report on links with the backlog maintenance work – **PK**	 PK/SMi PK
PBoD 25/01/23 Item 16	**People Strategy Annual Review** Caroline Parry (CP) provided an update on progress made against the People Strategy over the last 12 months drawing attention to the following points: • Turnover is above the target of 10% although progress has been made with turnover reducing from 16.7% to 14.3%. • Overall time to hire improved in the second half of 2022 following significant improvements to recruitment processes. • Workforce headcount has increased from 2558 to 2665 an increase of 4% from 2021. • The wellbeing offer to staff has been increased and significant assurance was received from the health and wellbeing audit conducted earlier in the year • Sickness absence levels are above target of 5.1% with a 12 month average of 6.4% and 7.99% in month average for December. Sickness remains a critical issue which contributes to increased pressure on services, costs and overall wellbeing. • Actions to mitigate risks will be addressed in the new 2023 – 2026 People Plan and a focussed project is planned to commence in January. • The leadership development offer continues to expand and Team SHSC: Developing as Leaders cohort 1 and 2 (60 leaders), and the Agile Mindsets and	

	Behaviours Programme (30 senior leaders over 3 cohorts) has been launched. • Casework has reduced by 45%, from 35 cases at the end of 2021 to 19 by the end of 2022. • The People Strategy is currently being refreshed and will be supported by a people plan for approval at board in March 2023 and delivery commencing April 2023. The board acknowledged positive work and progress achieved. It was noted that the biggest area of concern is sickness levels and it was recognised that a different approach will need to be considered, utilising agile mindsets and behaviours training. It was suggested and noted that consideration be given outside of the meeting to development of 'progress on a page' to support communication of this to the organisation.	
PBoD 25/01/23 Item 17	**NHS Equality Delivery System** Caroline Parry (CP) presented this new report against national guidance which is required to be presented to boards noting the following key points: • The organisation is responding to the requirement of the NHS Standard Contract SC13. • Governance is in place to support implementation of the NHS Equality Delivery system version 2022. • Progress is being made in implementing the new EDS in anticipation that this will be mandatory in its new form from 2023/2. It was confirmed that the aim will be to work collaboratively across the system with this new guidance. The focus for Domain 1 will be Perinatal Mental Health and Early intervention; and Workforce will the focus for Domain 2. These will be overseen by the Inclusion and Equality Assurance group with particular focus on engagement and co-production, and for onward reporting to People Committee. Discussion took place on the proposal to look at Domain 3 using 360 audit and the board queried whether the qualitative data from auditing Inclusive Leadership will be captured in this format and if this was the right approach. It was agreed that it would be helpful to consider diversifying the work across the organisation and in partnership with staff-side colleagues. The board asked for: • The risks associated with completed actions for domain 2 to be reviewed and strengthened to support understanding of issues given feedback received of poor staff experience of abuse and harassment in terms of diversity and inclusion despite measures being implemented • Dates and progress to be included in the report • Confirmation to be provided on the requirements and timing for annual presentation of this report at board. **CP** to take forward actions	 CP
PBoD 25/01/23 Item 18	**Carers Strategy** Salli Midgley (SMi) presented the final draft of the Carers and Young Carers Strategy which had been developed over the previous 6 months in consultation with a range of carers and carer led partners across Sheffield. The strategy has addressed how to make collaboration more accessible, ensuring language is inclusive for the priority themes on the strategy on a page around increasing diversity and inclusion of carer and young carer involvement throughout the organisation. It was confirmed the new strategy is clear about accountability and progress will be overseen closely with robust governance arrangements in place to monitor the delivery plan, evaluate the impact, and continue to make improvements and adjustments. It was noted the newly formed Carers Action Group will give further opportunity for carers to hold the trust to account on delivery and the Lived Experience Co-production assurance group will provide oversight and reports into the Quality Assurance Committee. The board **approved** the strategy and requested that the yearly review of the strategy is added to the board Work Programme. **Action:** Annual review of the approved Carers strategy to be added to the board planner for January 2024 – **DL**	 DL

PBoD 25/01/23 Item 19	**Sustainability and Green Plan Strategy (2022-26) Quarterly report and annual review** Phillip Easthope (PE) presented the report which highlighted progress against the Sustainability Strategy plan to January 2023 drawing attention to the following key points: • Progress is behind plan in a number of areas, notably estates and facilities, supply chain and procurement. • Work is largely in progress and where this has not commenced in Estates and Facilities, this relates to policy work to be completed by June 2023. • Recruitment for the sustainability lead is underway. In response to discussion about accelerating progress to ensure targets are met by 2030, it was confirmed that partnership working and benchmarking within the system continues to take place to share good practice and training, and that this will be further supported by successful recruitment into the lead role. The board noted the strategy progress update.	
PBoD 25/01/23 Item 20	**Corporate Governance report** Deborah Lawrenson (DL) presented this report following discussion at the appropriate sub-committees and highlighted the following: Declaration of Interests: The final register for the declarations for 2021/22 was provided for endorsement following approval at the Audit and Risk Committee. **Approved.** The process is underway for calling in all declarations for 2022/23 for reporting to Audit and Risk Committee and board in Q1 of the new financial year. Modern Anti-Slavery Statement: The updated modern anti-slavery statement for the financial year 2021/22 was presented for approval following receipt at Safeguarding Committee via e governance and People Committee. It was confirmed it had been updated by the leads for corporate governance, safeguarding, equality diversity and inclusion, and procurement and contracts and that the statements are published retrospectively. It is presented for endorsement by the board and will then be shared on the website. board **approved** the statement for publishing on the website. It was noted the statement for 2022/23 is expected to go through approvals early in Q1 of the new financial year. Standing Orders, Standing Financial Instructions and Scheme of Delegation: Following receipt and approval at Finance and Performance Committee and Audit and Risk Committee the documents were presented to the board for endorsement. The board noted and **approved** the proposed changes.	
PBoD 25/01/23 Item 21	**Board Assurance Framework (BAF):** Deborah Lawrenson (DL) presented the BAF summary following receipt at its respective committees and drew attention to the following areas requiring board approval: BAF0023: risk description wording has been updated following approval by QAC, to reflect the move away from Covid 19 to a broader approach around management of infectious diseases. The board endorsed this change. BAF0021: work has taken place to separate this risk into one about digital security (to be overseen by FPC) and one about cyber security (to be overseen by ARC) which has been discussed at DIGG and approved at FPC and ARC. The board endorsed this change. The board noted and accepted the updated Board Assurance Framework.	

PBoD 25/01/23 Item 22	**Corporate Risk Register (CRR)** Deborah Lawrenson (DL) presented the Corporate Risk Register (CRR) and noted: There are currently 21 risk on the Corporate risk register. The register is being reviewed that the Risk Oversight Group before being received at board subcommittees which has helped to close off some risks. It was noted some risks remain unlinked to the BAF due to a system issue which is being addressed and the group is working through confirm and challenge on all risks on the CRR. The board noted the closed risks and new risks added to the register. In response to a discussion on risks with the highest scores on the CRR the board asked that confirm and challenge take place on these risks in advance of discussion at the March committees. **Action:** Risk Oversight Group to undertake confirm and challenge on all high risks for reporting through committees in March 2023 – **DL with Head of Corporate Assurance**	DL
PBoD 23/11/22 Item 23	**Board Work Programme** Deborah Lawrenson (DL) highlighted the updated board forward plan following input from the Executive team, Chair and Chief Executive. It was noted any changes required as a result of discussion at the meeting would be reflected.	
PBoD 25/01/23 Item 24	**Any Other Urgent Business** None	
PBoD 25/01/23 Item 25	**Reflections on the meeting effectiveness** The board were invited to reflect and consider any preferences or bias that could have influenced decisions/discussions. It was agreed that key issues would be reflected in the report to the Council of Governors (February 2023) and circulated to the board.	
	The Chair thanked board members and attendees for the contributions and closed the public meeting.	

Date and time of the Public Board of Directors meeting:
Wednesday 29 March 2023 at 9.30am
Questions to be shared in advance via amber.wild@shsc.nhs.uk

Format of meeting: MS Teams
Deborah Lawrenson, Director of Corporate Governance (Board Secretary)
deborah.lawrenson@shsc.nhs.uk
Apologies to: Amber Wild, Head of Corporate Assurance *amber.wild@shsc.nhs.uk*