Date	Tuesday 10th May 2022, 2 – 4:45pm – Meeting in Public
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		✓
Julie Sharma	Acting Chief Executive	✓	
Clive Bassett	Finance Director	✓	
Jenny Theed	Director of Operations	✓	
Ceridwen Massey	Director of Operations (Acting)	✓	
Sarah Margetts	Director of People and Development	✓	
Mary Lewis	Director of Nursing	✓	
Mike Richards	Director or Therapies		✓

In attendance

Donna Cairns	Head of Corporate Governance
Wendy Best	Head of Communications
Mike Owen	Associate Director Governance, Planning & Programme Management
Claire Valsler	Chair of Peoples' Council
Rachel Corrigan	Corporate Governance Manager (Minute Taker)
Presenters:	
Ticki Toogood	Head of OD – For item 14, Staff Survey Report

Chair	Amanda Cheesley

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Item	Notes	Action
1.	**Apologies: Lorna Harrison, Anil Patil, Mike Richards**	
2.	**Declaration of Interest** None stated outside of those previously recorded.	
3.	**Minutes of Decisions in Writing** **3.1 CEO Sabbatical & Interim Arrangements (25.03.22)** Minutes were considered and formally approved as an accurate record **3.2 Appointments of the Director of Operations, the new Non-Executive Director & Interim Arrangement of the Transformation Directorate (20.04.22)** Minutes were considered and formally approved as an accurate record **DECISION:** Formal approval of the arrangements outlined was given by the Board	
4.	**Chief Executives Briefing** Julie was introduced and invited to provide Board members with the key points of her formal report. These were noted as follows: • System Pressures – NHS target in place to eliminate all 2yr + waits for treatment by the end of July 2022. This will require good flow through our hospitals and Sirona is leading on the Discharge to Assess (D2A) programme for the system. The key aim of the programme is to ensure we have support in place for people to leave hospital as soon as they are medically fit to continue their onward rehabilitation or reablement at home or in a community setting. The system has allocated an additional £12m to support this which will mean an extra 100+ staff for Sirona. The challenge of finding this workforce is significant and a new approach to recruitment is being developed with support from system partners. Julie confirmed that there was strong programme and project management arrangements in place with Ceridwen as the Executive Lead. Rosanna James, Deputy COO from NBT was being seconded into Sirona as the Programme Director. When queried, Julie confirmed that there is no care hotel in the BNSSG region. • Royal assent for the Health & Care Bill and initial discussions locally has confirmed that Sirona will be full voting partners on the local Integrated Care System. The experience of CICs nationally has not been as positive demonstrating the strong and important role that Sirona is seen to have across BNSSG. There will be a workshop held for Board once the details have been confirmed – date to be determined. • Health Education England - Julie provided an overview from the HEE annual review of Sirona in relation to training and placements for students within the organisation. We have not yet had the formal report, but HEE members did commend Sirona for some excellent examples of how we are supporting students. It was recognised that we need to extend our offer to include medical students and our Medical Director will pursue this further with HEE. • Okenden Report – Whilst focussed on Maternity Services, the report highlighted issues across healthcare provision as a whole and Mary added that there is a	

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	meeting today around common themes and ways to address them. This would lead to a seminar and Mary will bring back a proposal to Board once the details on requirements are confirmed. **ACTION:** Mary to advise date for seminar • South Bristol Rehab Unit – staff not TUPE transferring but will be given the opportunity to apply for any positions available. • Clean Air Zone – Being considered currently in regard to the impact on both Sirona and their staff. Julie confirmed Clive as Sirona's Net Zero Director and that the Net Carbon initiative is being tackled directly by the Sirona Sustainability Group. • Gender Pay Gap Report submitted • EDI – Julie taking on role as Chair of the Steering Committee and will be looking for Board champion in this area. • SLT – looking at more formal establishment of a more formal Executive Committee – more to follow in July. • Retirement of Operations Director – Acknowledgement of the contribution of Jenny Theed not only in Sirona, but also in the wider healthcare system. As a key member of the team that led to the establishment of Sirona and has worked tirelessly on its development as a leading-edge provider of community services across the Southwest. In addition to this, Jenny has given over 42 years' service as a registered nurse to our NHS. This is the last public Board meeting that she will be attending, and the Board formally acknowledged the huge contribution that Jenny has made to Sirona and the wider NHS and care community and wanted to put on record its thanks and best wishes to Jenny for her retirement. Board received this report for information and assurance.	**ML**
5.	**Interim Medical Director Appointment** Julie reported that, due to not being able to recruit to the substantive post, that this interim arrangement had been set in place to provide resilience to the clinical and medical teams whilst ensuring that those areas covered exclusively by the Medical Director role are addressed temporarily. Board were assured that support had been provided by Alison Wint, Roy Sharma and Carol Naughton as Medical Advisors during the period of Medical Director absence. Mary added that there are aspects of the Medical Director Role – Caldicott Guardian and Controlled Drugs Officer that will remain under the remit of the Director of Nursing until a substantive appointment has been made. **DECISION:** Board approved the proposed Interim Appointment of Alison Wint and thanked Mary for her continued efforts to support the key areas of this role.	
6.	**Ratification of urgent decision on Companies House Director registrations** Amanda provided Board members with the rationale for this change in registration, implemented by the exercising of the emergency powers of the Chair, CEO and Non-Executive Directors to make the decision to add Mary Lewis as a registered Director. Board were advised that both Ceridwen Massey and Sarah Margetts are also in the process of being registered. **DECISION:** The Board ratified the decision to register Mary Lewis, Director of Nursing and Quality, as a Director at Companies House in March rather than waiting for the appointment of the Non-Executive Director.	

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7.	**Chair and Non-Executive Directors' Report** Amanda reported that Sirona Non-Execs have been involved in many of the recruitment activities surrounding the appointment of senior posts within the Integrated Care System. Amanda added she had also been involved in the recruitment of new Non-Executives and Associate NED positions at UHBW. Adding how encouraged she was by the level and quality of applicants to our own vacancy, and that with our own recruitment now completed, a review of NED roles will be undertaken. With International Nurses Day on 12th May, Amanda encouraged Board to support and celebrate our nurses' achievements. Paul added that the recent recruitment experiences, along with individual appraisals had helped to identify training and development needs. Board received this verbal update for information.	
8.	**Quality & Outcomes Committee Q4 Summary** Mary presented her report, advising that whilst meetings had been suspended for February and March, due to capacity, monitoring and reporting had progressed during this period. Patient Safety – Good level of reporting and high awareness of themes, especially given the issues around staff capacity and gaps in resource. Board were informed of our high reliance on bank or agency staff. 14 Serious Incidents, with the majority surrounding pressure injuries. 2 Integrated nursing teams remain in Incident Co-ordination Control 14 Complaints were received during Q4, a symptom of resource and capacity issues. Duty of Candour compliance dipped during the last quarter and is an area of focus in Q1. Mary provided detailed information in relation to safeguarding and IPC training to ensure we achieve required compliance levels. In terms of the recent CQC inspection report published on 9th February, Mary reported that Sirona had responded to the action plans within the inspector's report on the actions taken to address by Sirona. This year's CQUIN's have been set, with 4 relevant to community services, namely: • CCG1: Flu Vaccinations for frontline healthcare workers. • CCG13: Malnutrition Screening in the community (M.U.S.T). • CCG14: Assessment, diagnosis and treatment of lower leg wounds. • CCG15: Assessment and documentation of pressure ulcer risk Annual audit programme in development to support the evidencing of requirements within the Quality Contract for 2022/23. Learning From Patient Safety Incidents reporting tool has been successfully implemented on 4th April 2022. Sirona is an early adopter of this new system which NHS England require all providers to use by end of March 2023 Mary provided detail on the changes to IPC guidance in relation to Covid, citing the return to pre-pandemic protocols in many areas. Mask wearing will remain a requirement in all patient areas for clinical settings. Board noted the key changes to IPC guidance in response to the stepping down of some COVID measures.	

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	Claire asked which teams were involved in the learning from patient safety, Mary confirmed that this is for all teams across services. Mary confirmed that there is a central team pulling this information together and providing the analytical reporting. Paul commended the quality team's efforts in providing the necessary reporting. He reported on the benchmarking of medicines and advised on the temporary secondment to the safeguarding team to provide greater resilience, along with Children's services activities in relation to refugee activities. Barbara asked about the changes IPC guidance and what process is in place if we identify adverse trends. Mary responded that there is a system cell that review guidance and trends to develop consistent approaches locally before sharing more widely nationally. Board received this report for assurance.	
9.	**Peoples Council Summary** Claire, as Chair of the Peoples Council was welcomed to the meeting to provide a verbal update on their activities. Claire advised that the aim is to share the Peoples Council activity workplan with the Board at the next Board meeting. Claire reported that the original pioneer group was established two years ago, early in 2020 and since that time have spent time developing a strong foundation of governance for the group and now have a working group of 4-5 members to support Claire, as the Chair, on the development of the workplan. Peoples Council received a complainant at one of their meetings to hear first-hand on their experience of the Single Point of Access service. The group were instrumental in effecting change to the SPA telephony system and ensuring that answerphone messages made call handling more streamlined. Representatives from the council have also participated in focus groups and Board appointment recruitment panels. Claire reported how well supported she had been in terms of administration and working with our People & Communities Team. Claire advised that a poster is under development to promote the Peoples Council to service users and help ensure that the group is accessible to all and that their output is accessible also to staff and promoted on the Workplace platform. Broadening council participation/membership and Health Inequalities agenda was cited as particular areas of interest for the group. Claire reported that as part the recent NED interviews, she had identified that there is a role for NEDs in linking the two groups and extended an invitation to them to attend future meetings. An activity planner for the Council has been developed detailing ideas or requests for the Peoples' Council agenda and to be submitted to sirona.peoplescouncil@nhs.net Paul commended Claire on leading the group and taking it forward and extended an invitation to Claire to join the next Quality & Outcomes Committee. Sarah suggested that our Transformation programmes are linked with those people that use our services Board received the report for information.	
10.	**Finance Report**	

	Clive advised that the report covers M11 as the M12 period is the lengthiest to complete due to the closing of ledgers for the year end and that M12 will be brought to the next meeting. Covid contributions and pressures on recruitment, resulting in vacancies along with savings in training due to being delivered online, have realised significant savings. These savings have been offset by the significant investment both in SPA and informatics. Expectation on year end is to realise surplus of £7.5 million before adjustments. Investment spend on equipment – Agreement received from Board at the end of February to invest just over £1.2 million on replacement equipment and realise the added benefit of offsetting corporation tax liabilities. Donna, on behalf of Lorna, asked about the impact on delaying the end of year reporting and added that this would likely be addressed by the establishment of the Finance & Performance Committee, Clive agreed that the timing of this Committee's meetings would be key. Simon added that Terms of Reference is to be reviewed later this month by a dedicated group and commended the purchase process and investment in equipment. In regard to any items not yet received, Clive reported that these would be added to the new year's balance sheet and therefore depreciated a couple of months thereafter. Board received this report for assurance.	
11.	**Operational and Performance Report** Ceridwen presented the report, providing a summary on areas of particular issue or concern as detailed within the bulleted actions. • In Integrated Network Teams - The complexity of patients on the caseload, issues recording activity by agency staff and significant staffing vacancies and sickness across the localities. Incident Co-ordination Control arrangements remain in place for Weston, Worle and villages and overarching demand remains a challenge for this area. • Same day urgent care remains above daily capacity and funding has been secured to assist with staff capacity for this service and now reviewing how this is implemented. • D2A (discharge to assess) – significant shift in resourcing to address all of the issues identified by the end of May. • Waiting Times – Increase across MSK (Muscular Skeletal Service) due to increased demand, impact of Covid sickness and current level of vacancies. • Staff Therapy Teams – Ceridwen advised on the impact of staff absences due to Covid and the impact to delivery of services. Board was assured that this was being closely monitored through our risk assessment process. • Children's Services – recruited into consultant positions to improve capacity • Children in care health assessments – under performance is a long-standing issue and is a system issue to be resolved collaboratively. Update for July Board to advise on progress to improve the situation. • Lifetime Service – continuing to hold vacancies in this service and support workers business case approved for uplift of role from Band 2 to Band 3 by commissioners. Amanda asked about confidence in meeting the demands of North Somerset & Worle and our confidence in being able to meet the needs of patients across all localities. Ceridwen advised that working with system partners to address some process issues and to get	

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	alignment from acute providers and streamline across localities. Still reservations about achievement by the end of May. Amanda expressed her satisfaction that commissioners have recognised Children's Services and the financial support necessary for the lifetime service staff and asked that consideration be given surrounding management of violence and aggression for this particular service. For clarity, Ceridwen advised that Pathway programmes were: P1 – Discharge from hospital to home P2 – Discharge from hospital into the rehab facility P3 – Discharge from hospital into a nursing facility In response to the uplifting of bandings in Lifetime Services, Jenny reported that phycologists spread their time supporting both staff and service users. Sarah advised that there is currently a national review being undertaken around what constitutes the previously mentioned bandings. Recognition of the skills and roles that are being undertaken by staff. Julie added the need to overlay service trajectory with staffing trajectory to ensure they match up. Sarah responded that workforce planning expertise is currently lacking and an area for greater consideration within Sirona when reviewing our priorities when developing our workforce strategy. Jenny advised that there has been system agreement to consider hybrid roles where staff are multi-skilled and can be accessed for rotation between acute and community care. Board noted the current position of operational performance and the actions that are being taken forward to mitigate key service pressures across Sirona.	
12.	**Risk Register** As the designated monitoring group for risks scoring 15 and above, Mary presented the Board with those risks with a score of 15 and above as at 21st April: **Full Risk Register** • 230 risks are currently open on the Risk Register (increase of 12 since the last report to the Board). • Of the 230 risks there are 54 risks on the Register with a risk score of 12 or more (increase of 4 since the last report to the Board). • 11 of the 54 risks with a current score of 12 or more are overdue for review. **Risks with a score of 15 or more** • There are currently 13 risks with a risk score of 15 and above (2 more than in the previous report to the Board). • One new risk has been added to the Register with a score of 15 or more since the last report to the Board. **Equality and Diversity Risks:** • There are two Equality and Diversity risks on the Register for the Board to review as the Monitoring Committee for this risk category. Both of which were included in the last report to the Board. **Risk 49** – Heart Failure Service and difficulty in recruitment – still scoring above 15 and past it's review date.	

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	Risk 218 – Staff Resilience at UTC – worsening due to increased pressures on staff in that area. **Risk 459 –** Relates to recruitment issues and national shortage of health professionals - Number of actions marked as completed but still marked highly. Is there some review planned to address the scores? Sarah responded now working with system partners and will review the risk to provide the Board with assurance on this particular risk. Staffing at SBRU risk has been reduced to a score of 12 following a recent review. **NEW - Risk 488** – Relates to patients presenting at UTC/MIU and their assessment that they need to be transferred to acute. SWAST conveyancing patients to acute ED – due to system pressures, this has led to delays at busy times and Professional Council have reviewed process and transfers are arranged by alternative means, such as taxi or relatives, when safe to do so. Mary reported that risk reviews have improved with increased focus on review at all levels but especially at the SLT. Donna raised on behalf of Lorna raised that Risk 459 has many actions marked as completed but those actions have not impacted the score. Jenny added that the CCG have now signed off on the business case to implement development roles. **ACTION:** Sarah advised that Risk 459 would be reviewed by her team and updated to provide the Board with assurance. **For Appendix 2 – Equality & Diversity Risks** Julie advised that there is now a project on the Accessible Information Standard, although renewed focus is now needed on this. Accessibility to Church House for wheelchair users is needed to be followed up by the Estates Team. Julie supported the suggestion that the EDI Steering Committee review EDI risks but escalated as with others if scores worsen, that the Chair of the Peoples' Council attend for appropriately identified agenda items and that the Risk Management Policy is updated to reflect the change in reporting. **ACTION**: Change in Monitoring arrangements to be addressed in the Risk Management Policy Amanda expressed concerns that due to the recent lack of meetings of the EDI Steering Committee, that these risks were not being regularly reviewed. Board received this report as the position of the Risk Register as of 21st April 2022. **DECISION:** Noted the Equality and Diversity Risks for which the Board is the Monitoring Committee and supported the transfer of these risks to the EDI Steering Committee for onward review.	**SM** **ML**
13.	**Annual Digital Report** Clive presented the key points of the report and advised that the Healthier Together Group are developing their Digital Strategy, to which Sirona will feed into**.** The final draft is expected imminently. Clive advised that monitoring on the effectiveness of our digital service is ongoing and service levels were impacted by the recent roll out of Office 365.	

	OneSirona Network nearing completion. Mobile Phone contracts reviewed and secured. Tissue Viability and Diabetes and Nutrition Service will be added to the EMIS digital operating system platform. Clive advised that funding is available to support the financing of a home monitoring service. This was also being considered for the Wound Care service, which was being worked on in the background. Jenny commended the report as an excellent synopsis and suggested that it be shared more widely across the organisation to raise awareness of the digital programme and their far-reaching activities. **ACTION:** Clive to discuss with the IT team for sharing with operational colleagues Julie queried whether the work around EMIS has the appropriate level of clinical review, in the absence of Mike Richards, and whether there are any gaps in the development process. Clive advised on the programme underway around this piece of work and the planned review with teams to ensure that it is working as intended. Mary advised that there is an active clinical records management group, and Board should be assured that this group have a robust approach to this project, and comprehensive membership with representation from both corporate and clinical teams. Clive advised that there is a business case in development by the clinical records group surrounding video records, which will be brought back to the Senior Leadership Team or Board. Home monitoring – funds secured to procure a Home Monitoring Resource. A paper for this will come to the next Board meeting and this may also include a device to monitor Wound Care. The Board noted the content of this report for assurance.	**CB**
14.	**Staff Survey & Engagement** As the report Author, Ticki Toogood was in attendance to address any questions the Board might have on the report. Sarah provided the background to the development of the action plan based on the interpretations of the results of the survey conducted late in 2021. The detail of the results and analytical illustration had been previously shared with the Board at their private meeting in March and since then associate directors and heads of service had also received the results and focussed heat maps. The Board were reminded that that areas of focus for the organisation were as follows: Four key areas: • Compassionate Leadership & Culture • Engagement & Morale • Safe & Healthy (Burnout & Health & Safety) • Always Learning (Quality of Appraisals) Four focus groups set up with a Senior Executive Lead to establish KPI's and objectives on where we aim to be as an organisation. Sarah cautioned Board that there are a range of things contributing to how staff are feeling, and next steps are very much how we work together to address issues and concerns. The Organisation Development (OD) team are very much at the heart of developing the overarching programme to support the work of the focus groups.	

	Sarah asked Board members to reflect on their own personal pledge's around how they support making Sirona a great and inspiring place to work. Amanda reflected on the level of distress raised through the survey and agreed on the importance of ensuring staff feel supported in all aspects of their experience with Sirona. Julie supported this proposal and agreed on the need to set some clear targets, and to do this as soon as possible. Julie asked that we also consider our key commitments under the headline of 'Our People' strategy strand when reflecting and think about personal leads for particular strands. Paul expressed his support in taking forward the plan and ensuring that we focus on both improving the response rate and better outcomes. Lorna's comments were fed back by Donna and included making sure that our commitment and reflections are clearly set out within the action plan and with SMART in mind. Sarah agreed that Board need to continue to listen carefully to staff when carrying out visits and ensure that any feedback is given to Sarah and her team to establish how things are at a particular point in time rather than placing sole reliance on the annual survey. Ticki reported that the OD team were meeting later this week to review the actions from the Staff Survey alongside the Care Quality Commission action plan to triangulate and ensure that both shared the same narrative. Board received the report as assurance on the activities planned in response to the 2021 Staff Survey findings and agreed to: **ACTIONS:** • Continue to promote a listening approach and provide feedback information as part of our focus on Colleague Experience encounter during visits to teams • Provide a short update to the Organisation Development Team following team visits • Offer a Personal Promise & Pledge for improvement to make Sirona a Great Place to Work	**Board**
15.	**Professional Council Summary (Slides appended to minutes)** Mary provided a reminder on the three core functions of the Professional Council and advised that she will continue to Chair until a substantive Medical Director is appointed. Core functions were detailed as: • To be responsible for oversight of clinical matters, and the provision of assurance, advice and guidance relating to such matters to the Senior Leadership Team and Board • To ensure any changes to clinical practice are able to be delivered safely and in line with national and local guidance • To provide support on ethical issues relating to staff and clinical practice; particularly during times of escalation e.g., Winter Pressure, Covid 19 pandemic. Mary highlighted the key discussions and decisions undertaken by the Group in the last quarter, which included: • Reviewing membership of the group • Exploring professional relationships and research projects • Considered and approved a digital app proposal for Wound Care Management • Approval and support for a 4-week pilot of non-medical prescribers to the Heart Failure Team • Communications plan surrounding ReSPECT Plus • Approved key changes to the policy surrounding cannulas and resighting them	

	• SBAR for change in clinical practice of treatment at Minor Injuries and Urgent Treatment Centres • Approval on the Standard Operating Procedure surrounding ambulance transfers • Aligned the Personal Emergency Evacuation Plan for Rehab Units • Updated the Rehab Unit visiting Standard Operating Procedure • Approval on purchase of specimen boxes for transportation purposes • Approval of the research agreement between Sirona and the Clinical Commissioners, including sourcing a research co-ordinator • Standard Operating Procedure updated for the Mobile Clinic to include prep for vaccines Mary added that an urgent meeting had been held to review the management of staff capacity and demand in our Urgent Treatment Centre. **ACTION:** Share Slides and ToR with Peoples' Council Board received this report as assurance on the areas delegated to the Professional Council.	**RC**
16.	**Annual Quality Account** Mary presented Board with slides detailing the update on the progress of achievement for those priorities agreed for the 2021-22 Quality Account and it was noted that we are on track to deliver last year's priorities. The final draft of the Quality Account for 2022-23 is nearing completion and has been consulted on with a variety of stakeholders ahead general publication. We will follow the same criteria as last year, namely the CQC domains and also include a complete set for both Adults and Children's services. All priorities will be monitored by the Quality and Outcomes Committee. Paul extended an invitation to Board colleagues to attend the Quality and Outcomes at the end of May to receive the final draft. **ACTION:** Formal Board approval will be received by the Decisions by Written Procedure process. Board received this update as assurance of progress against this years' priorities and information on the preparation of this years' priorities.	**ML/DC**
17.	**Consent Agenda** **18.** NHSI Monitor Licence **19.** Annual EPRR Report Both papers were considered and approved by written consent in advance of the meeting, with any queries relating to specific content addressed outside of this meeting. **DECISION:** **For the NHSI Monitor Licence** • Board confirmed the list of directors and those performing equivalent functions to be accurate • Approved the information provided in relation to the compliance of licence conditions and Sirona's self-certification against licence conditions G4 and G6 • Noted the arrangements for reviewing and approving the financial data for submission	

	• Noted the timescales surrounding Sirona's compliance to submit signed G4 and G6, along with financial data by 31.05.22 **For the Annual EPRR Report** • Board approved the Annual Report	
20.	**Any Other Business and Close** There were no public questions received for this meeting and no other business, therefore the meeting was brought to a close.	

Next public meeting date	Tuesday 13th September 2.00 pm – 5.00 pm