Board Meeting Papers

PACK B

CONSENT AGENDA

Meeting Date:

13th September 2022

Board Cover Report

Date	13th September 2022	**Agenda item**	13 - Consent Agenda Covering Items 14 - 19
Title	**Consent Agenda Cover Paper**		
Author	Donna Cairns, Head of Corporate Governance		
Presented by	Barbara Brown	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

To set out the items on the Consent Agenda including:

- The recommendations for the Board to approve or ratify from the enclosed reports
- To present summary reports detailed within the Consent Agenda, received for information and/or assurance that are also attached.

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

To ensure the effective use of the Board's time, matters which require Board's ratification or updates for Board to note have been brought together under the Consent Agenda. Any matters which do require discussion in reaching a decision will be listed separately on the agenda for consideration.

Related Risk No. (If applicable)	N/A

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

The papers brought under this item for ratification/approval and the papers to note have been agreed with the Chair and the Chief Executive and provided electronically in advance for comment or question to Members of the Board

What is the process the report has been through internally

i.e. which teams or groups have reviewed the report or the information that informs it

The individual papers have been provided electronically in advance for comment or query to Members of the Board.

If there are any matters Board members wish to query or comment on, please send your comments to the Chair in advance of the meeting. If there are any matters of escalation these will be outlined and brought to a future meeting for further consideration.

Summary and Key Issues Highlighted by these teams, including mitigations

Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them

Not Applicable

Actions for the Board (including any decisions required and options for consideration)

Are there any matters that require a Board decision or discussion to address issues of concern?

14. The Board is asked to approve as a correct record the Minutes as follows:

Decisions in Writing:

- Ratification of the Policy on Policies and the EPRR Policy – 15th August 2022

The Board is asked to approve the following recommendations from each report:

15. Finance & Performance Committee Update Report

Board is asked to:

1. approve the extension to the rolled over budget for the remainder of this financial year, recommended by the Finance & Performance Committee.
2. note the update provided from the meeting on 22nd August 2022

16. Members Group

The Board is asked to ratify the appointment of Sheila Ogilvie as a Member (Staff Member class) for a 1 year term from 1st August 2022.

17. Annual Health & Safety Report

The Board is asked to approve the report.

The Board is asked to note the following papers provided for assurance:

18. Summary Report from Audit & Assurance Committee

To receive the report for assurance.

19. Professional Council Summary

To receive the report for assurance.

Minute of Decisions by Written Procedure – Sirona Board

Date of Decisions	Monday 15th August 2022
Recipient of Directors' Responses	Donna Cairns, Head of Corporate Governance

Confirmation of votes (Policy on Policies)

VOTING COMPANY DIRECTORS		IN FAVOUR	AGAINST
Amanda Cheesley	Chair	✓	
Barbara Brown	Non-Executive Director	✓	
Lorna Harrison	Non-Executive Director	✓	
Simon MacSorley	Non-Executive Director	✓	
Paul May	Non-Executive Director	✓	
Anil Patil	Non-Executive Director		
Julie Sharma	Acting Chief Executive	✓	
Clive Bassett	Finance Director	✓	
Mary Lewis	Director of Nursing & Quaity		
Ceridwen Massey	Director of Operations		
Sarah Margetts	Director of People and Development		
OTHER BOARD MEMBERS			
Julian Fleming	Directorof Digital Strategy and Delivery	✓	
Alison Wint	Interim Medical Director	✓	

Item	Decision
1.	**Ratification of the Policy Development and Management of Policies** **DECISION**: The Board ratified the revised Policy Development and Management of Policies (Version 3). **REASONS FOR DECISION** The Board was satisfied with the review of the policy and that it ensured a unified corporate approach to the development, management and approval of policies. The review had been supported by the Audit and Assurance Committee and further consultation with relevant Directors also confirmed their support.

Company Reg. No: 07585003 | Sirona care & health, 2nd Floor, Kingswood Civic Centre High Street, Kingswood, Bristol, BS15 9TR

Confirmation of votes (EPRR Policy)

VOTING COMPANY DIRECTORS		IN FAVOUR	AGAINST
Amanda Cheesley	Chair	✓	
Barbara Brown	Non-Executive Director	✓	
Lorna Harrison	Non-Executive Director	✓	
Simon MacSorley	Non-Executive Director	✓	
Paul May	Non-Executive Director	✓	
Anil Patil	Non-Executive Director		
Julie Sharma	Acting Chief Executive	✓	
Clive Bassett	Finance Director	✓	
Mary Lewis	Director of Nursing & Quaity		
Ceridwen Massey	Director of Operations		
Sarah Margetts	Director of People and Development		
OTHER BOARD MEMBERS			
Julian Fleming	Directorof Digital Strategy and Delivery	✓	
Alison Wint	Interim Medical Director	✓	

Item	Decision
2.	**Ratification of the Emergency Preparedness, Resilience and Response Policy** **DECISION**: The Board ratified the revised Emergency Preparedness, Resilience and Response Policy (Version 5). **REASONS FOR DECISION** The Board was satisfied with the review of the policy, which had been updated in line with NHS England EPRR Core Standards requirements. The policy provides a framework within which Emergency Preparedness, Resilience and Response (EPRR) plans are created and monitored. The review had been supported by the EPRR Strategic Steering Group.

Board Report

Date	13th September 2022	**Agenda item**	Consent Agenda Item 15
Title	**Quarterly Summary Report from the Finance & Performance Committee (Inc. Recommendations for Approval)**		
Author	Rachel Corrigan, Corporate Governance Manager		
Presented by	Simon MacSorley	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

To inform the Board of the key items discussed at the Finance & Performance Committee meeting on 22nd August 2022 and to give assurance on the matters within the Committee's remit.

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

The Committee is delegated by the Board to provide independent scrutiny and objective challenge on Sirona's financial and operational performance and to provide this report to the Board for assurance.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

The presentations to the Committee on the adults, specialist service and children's services were prepared by the Director of Operations and Deputy Director of Operations (Acting), with input from business intelligence, and adults and children's performance leads.
The finance report and Budget Project Update were prepared by the Finance Director, with the support of dedicated project resource and the Finance Team.

What is the process the report has been through internally

i.e. which teams or groups have reviewed the report or the information that informs it

The Finance & Performance Committee reviewed the reports provided to the meeting on 22nd August 2022. It should be noted however that the papers had only been provided to the Committee at short notice and an offer was extended by Directors, to Committee members, to submit any further comments once the papers had been read more fully.

Summary and Key Issues Highlighted by these teams, including mitigations

Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them

Further work is still required on the development of clear dashboards. A small Task & Finish Subgroup of the Committee will be convened with specific focus on data, and specifically Trend Analysis. This would also be the subject of a Deep Dive planned for November's meeting.

The Committee received reports on Finance, the progress of the Budget Project, Adults and Specialist Services performance, Children's Services performance, and arrangements and progress of the Reset Programme.

Finance

The Committee received assurance regarding the RAG status for our accounts, which including pay, are all green.

The Committee noted that the anticipated deficit of £33k for June had not been realised and that we are now £1.6m ahead of budget and that the balance sheet up to the end of June (Quarter 1), shows a healthy financial position.

Cost pressures on forthcoming estates service charges, utility and fuel increases, was acknowledged but Committee noted that there is no certainty in relation to the level of increase likely to be passed on to us as tenants.

Further to the recently announced salary advance initiative, as part of the new staff reward package, Committee understood that whilst this had been an unknown cost pressure at the time of preparing the report, the uptake and impact to the budget would be monitored as part of our regular financial oversight.

The level of vacancies savings continues to be an area of concern as significant budget was spent on agency workers and this was considered at length by the Committee, with agreement being reached that Bank and Agency be the subject of the next Deep Dive session in September. This would cover the financial implications as well as the impact to workforce and services.

Budget Project Update (See Appendix 1)

The rollover of the budget was approved by the Board for the first half of the year in March 2022 and due for review in September. However, following the approval of the Reset Programme by the Board at their meeting in July the Finance & Performance Committee were presented with a summary of the key activities, plans and next steps for the project and were fully supportive of the proposal to further rollover the current Budget until the end of this financial year and recommend to the Board that this rollover is approved.

Adult's and Specialist Service Performance

The Committee noted that generally demand and capacity remain an issue across our services. The key issues highlighted in terms of performance are:

Community Nursing – Currently awaiting sign off on revised annual targets by Commissioners following a review of the data. Assurance provided surrounding adjustments to how data is captured, and that Commissioners are supportive of our current trajectory projections.

Planned Rehab

Assurance provided relating to tackling therapy waiting lists and staffing resources needed to achieve targets.

Prevention of Admissions Outcome Measures

Concerns shared relating to the capture of our 2-hour targets and assurance provided regarding the measures taken to address this.

Discharge to Assess programme

Committee understood that there remains some complexity in achieving target and that there remains a high volume of patients sitting on the P1 caseload. A 100-day programme has been launched across our local system to review and address.

Integrated Nursing Teams

An 8-week programme has been launched with focus in this area of our services.

Specialist Services

Waiting lists remain a key area of concern across several specialist services and following a recent in-depth or Deep Dive into Waiting Lists in general across our services, will stay in focus for the committee and be monitored through the regular performance reporting.

Children's Services

Performance was highlighted in respect of Children in Care health assessments, and the autism service.

A pause in commissioner reporting has been approved and will resume in October, which is enabling sharper focus on our data and reporting. Committee were alerted to the issues created because of revised templates within the EMIS patient record system and assured that measures have been put in place to avoid this going forward.
Detailed reporting was provided for both Initial Health Assessments and Review Health Assessments, along with information surrounding the collaboration with our local authorities to address issues and concerns.

In response to demand outstripping capacity within our Autism Service, a specific team is now scrutinising the data and identifying trends.

Detailed action plans were shared with the committee to provide further assurance on the issues and concerns identified when reviewing data and preparing reports.

Reset Programme

Committee received a presentation outlining the structure and next steps for the newly established Reset Programme and would, as the approved scrutiny group for this programme, continue to receive progress reports as part of the committee's standing agenda for the duration of the programme.
Committee understood that there are a number of strands still being established and that work by Sirona in this area would be aligned with that of the wider ICB programme.

Future Agenda Items

The Committee requested that the meeting in September is focussed on all aspects relating to Bank & Agency Staffing to better understand staffing concerns and financial impact.

Actions for the Board (including any decisions required and options for consideration)

Are there any matters that require a Board decision or discussion to address issues of concern?

Board is asked to:

- Approve the extension to the Rollover Budget for the remainder of this financial year
- To note the update provided from the meeting on 22nd August 2022.

Board Report

Date	13th September 2022	**Agenda item**	Consent Agenda Item 15 App 1
Title	**Update on the Budget Project & Financial Plan**		
Author	Linda Frankland, Deputy Director of Finance		
Presented by	Linda Frankland	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

The purpose of this report is to support the update by the Finance & Perofrmance Committee to the Board on the progress on the Budget Setting Review to establish the financial plan for 2022/23 and 2023/24

Why is this report coming to the Board

E.g., is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

This report is to provide further information to the Board on the progress in identifying a balanced budget, following consideration by the Finance & Performance Committee.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

This report has been produced with the Director of Finance (Executive Sponsor) and the Programme Director, Naj Ali.

What is the process the report has been through internally

i.e. which teams or groups have reviewed the report or the information that informs it

This report has been reviewed by the Strategic Financial Planning project team and a summary of the key activities has been presented to the Finance & Performance Committee on 22nd August 2022.

Summary and Key Issues Highlighted by these teams, including mitigations
Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks, and actions to address them
This report sets out the progress on the Strategic Financial Plan Program and summarises the progress to date and planned actions over the next few months. Appendices to support the report are available via the Finance & Performance Committee glasscubes folder: • The Project Initiation Document • The Work Plan Summary • The Cost Pressures
Actions for the Board (including any decisions required and options for consideration)
Are there any matters that require a Board decision or discussion to address issues of concern?
The Board is asked to: - Support the Recommendation of the Finance & Performance Committee to rollover the current budget until the end of the current financial year in response of the newly established Reset Programme - note the update on the Strategic Financial Plan Program.

1. Project Structure

The project group was established on 7th June 2022. The key roles within the project are as follows:

- Executive Sponsor – Finance Director
- Senior Responsible Officer – Deputy Operational Director/Associate Director Children
- Program Director – Naj Ali – Senior Finance Member

The Project Group which includes the SRO, Program Director and members of the senior finance team have been meeting every two weeks to manage the program. A detailed Project Initiated Document has been prepared.

In addition, a senior finance manager from the Integrated Care System (ICS) has been seconded two days a week (from 1 August 2022) to specifically support the review of the children's services budgets.

2. Planned Program

The workplan for Phase 1 has been completed, and Phase 2 and 3 is currently in progress with some milestones to date completed and remainder milestones due are on track for completion.

The key tasks completed include a review of projects and strategic priorities and triangulate against the financial plan to ensure that there were no gaps within the financial plan.

Following this work the Project Team identified gaps in mapping the strategic priorities to projects and also gap in dependency mapping which both need to be undertaken to ensure the Financial Plan is aligned to strategic priorities and reflects all projects which has financial implications.

Briefing sessions were held with senior operational managers and cost pressures across the organisation were identified. A draft governance structure for agreeing the financial plan has been developed and we are now awaiting this to be linked and finalised with the newly established Reset Programme governance structure. Templates have been designed for detailing savings identification, savings development, and reporting of savings. Also, a proposed structure for monitoring delivery of savings and development of savings schemes has been produced. Following the Governance arrangements established by the Reset Programme Board, it is envisaged that the roles of Finance and Project Management Office will be defined and will determine the process for savings development, monitoring and reporting.

The Program Director has been producing a library of resources with examples of savings schemes developed by other organisations (e.g. NICE, HFMA, NHS Providers) that will be made available to budget managers to support them in generating ideas and developing savings schemes. The Finance Team are also identifying savings opportunities from review of budgets and discussing these with budget holder in their ongoing detailed budget meetings.

3. Latest Financial Plan

Each financial year the NHS settlement assumes a level of savings that are normally called 'cash Releasing Efficiency Savings' (CRES). These CRES savings have been 1.1% of contract value in the last two financial years and assumptions that this will continue in 2022/23 have been made. The board will be aware that due to the impact of the pandemic on services and capacity the normal annual savings programme has not been completed and so there is a requirement to identify recurrent plans. In the current year, the first four months financial performance is showing a forecast underspend. This means that the savings requirements built into the current budget are being delivered non-recurrently.

In preparing the Indicative Financial Plan this had to consider the following:

- Savings targets within the baseline budget 2022/23
- Cost Pressures identified
- Expected CRES targets for 2023/24
- Contingency for unknown additional cost pressures in 2023/24

A summary of the financial challenge is set out in the below table:

2021/22 and 2022/23 CRES Savings in Baseline Budget - *see note 1 below*	£3.8m
Cost Pressures Identified	£2.6m
Total Potential Budget Shortfall 2022/23	*£6.4m*
Expected CRES @ 1.1% for 2023/24	£1.8m
Contingency	£1.5m
Overall Potential Budget Shortfall	**£9.7m**

Note 1: Currently this level of savings is included within the Management Accounts as an expenditure budget reduction (negative budget) but is being covered by current unplanned non-recurring underspend.

This equates to 3.9% of Gross budgets in 2022/23 and a further 2% from 2023/34.

4. Next Steps

The management accountants are meeting with budget managers during August and the start of September to identify any areas of budget that have been underspending and identify which can be released to support the financial plan. Budget Managers will also be asked to identify further savings and proposals to meet the overall financial gap by the end of September.

The first Indicative Financial Plan for 2022/23 and 2023/24 is planned for discussion with the Executive Sponsor on 7th October. At this stage we are expecting that there will still be ongoing savings plans that need to be formalised and developed during the Autumn/Winter period and t the Financial Plan is expected to be finalised in the new year January/February 2023. This will also link with the Rest Programme that will be reviewing services and making proposals on future structures.

Board Report

Date	12th August 2022	**Agenda item**	Consent Agenda Item 16
Title	**Ratification of New Member**		
Author	Rachel Corrigan, Corporate Governance Manager		
Presented by	Julie Sharma	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☐		

Purpose of the report

The purpose of this report is to request that the Board ratify the appointment of the new Member for the Staff Member class as detailed and to assure the Board that the selection and recruitment process has been conducted with the appropriate amount of due diligence and rigour.

Why is this report coming to the Board

This report is coming to Board for formal approval and ratification of our new Member in accordance with the Corporate Governance arrangements set out within both the Members Agreement and Governance Framework.

Related Risk No. (If applicable)	Impact to group Quoracy if not recruited

How has this report been developed

This report has been developed as part of our obligation to report on Member recruitment activities and is in line with those previously brought to the Board in regards to Member ratification.
Members have received a recommendations paper in relation to this appointment and have fully supported the recruitment of the new Staff Member to the group.
This report has been reviewed by the Chief Executive and Members Group Chair to agree its accuracy and content.

What is the process the report has been through internally

The candidate submitted a detailed Expression of Interest which met the required criteria for this class of membership and was therefore put forward for an interview with the Chair to ascertain her suitability to recommend for appointment. A recommendation was considered by the Members Group, who support the recommendation to appoint Sheila as a Staff Member

As a group with direct reporting into the Board, and in accordance with our governance arrangements, this report is brought directly to the Board for sign off and ratification.

Summary and Key Issues Highlighted by these teams, including mitigations

Appointment to fully constitute the Members Group remains an issue and we would like to assure the Board that:

- We continue to review our promotional material in order to support the rolling recruitment programme
- We will retain immediate focus on the Service User class, which remains our most under recruited class of Membership
- We are working with contacts within the BNSSG system to publicise the opportunities
- That by ratifying the appointment outlined in this report will mean that we remain with the following vacancies:
    - Executives – no vacancies – total membership of 2
    - Staff – currently carrying 1 vacancy – total membership of 7
    - Service Users – currently carrying 4 vacancies - total membership of 7
    - Strategic Partners – 1 vacancy - total membership of 5
    - Independent Partners – 3 vacancies - total membership of 5
- That following this appointment we will have a total Membership to 17/26

Further to the detail set out within the Members report brought to the Board at the November 2021 Board meeting, Member recruitment activities have continued, with available positions within classes periodically promoted on established communication platforms, both internally and externally.

Membership Renewals

We would also like to advise at this time that we have secured the following current Members for a second term of office:

Sean Hegarty (Staff Class) – Renewed 01.07.22 until 30.06.25

Ron Hardie (Service User Class) – Renewed 01.09.22 until 31.08.25

Future Appointments

We will continue to reinvigorate our recruitment efforts and are confident that there will be further appointments to announce later this year/early in 2023.

Actions for the Board (including any decisions required and options for consideration)

At this time, we would like to recommend the appointment of Sheila Ogilvie to our Staff Member Class.

Having been interviewed by the Chair and been approved as suitable to recommend for appointment, the successful candidate information was shared with current Members and the candidate was notified and appointed with effect from 1st August 2022.

In line with our Members Agreement, each Member can be appointed for an initial term of up to 3 years. To ensure that we have a rolling turnover of Members we propose that the terms of office

are staggered for these appointments and have asked our new Members to indicate their preferred term of office, for which we are now able to confirm in the following table.

All Members will be able to put themselves forward for further terms if they so wish, to a maximum of 3 terms.

Sheila has chosen to join for an initial term of 1 year.

The Board is requested to formally ratify the appointment of:

Recommendations

In accordance with the requirements set out within the Sirona Governance Framework, we are seeking the Board's ratification of the Member as detailed.

Proposed Member	Joining Date	Membership Class
Sheila Ogilvie	1st August 2022	Staff

Resource implications (financial/staffing/other resources)

The resources associated with the phased programme of selection and appointment of our new Members is included within the Corporate Governance function of the PMO.

Quality considerations

To ensure that our Members are appointed because they have an appropriate combination of expertise, experience and capacity to contribute to this key governance role.

1. Background

We have previously reported to Board in November 2021 on the agreement in March 2020 by former Members and Board members to reconstitute the Members Group. Since that time we have embarked on a rolling implementation plan for the recruitment of new members across all classes.

The new constitution is as detailed below as a reminder:

Classes of Membership	% Vote	No. of Members
Staff	24%	7
Service Users	24%	7
Strategic Partners	21%	5
Independent Partners	20%	5
Directors	11%	2

MEMBERS LIST AS AT 01.08.22

Current Members	Joined	Tenure	Term	Membership Class
Janet Rowse	Oct 2011	Ongoing	Suspended whilst on sabbatical 01.04.22 - 31.03.23	Director
Julie Sharma	Apr 2021	31 Mar 2023	Current	Director
Amanda Cheesley	April 2021	31 Mar 2024	1st Term	Director
Ron Hardie ron.hardie@blueyonder.co.uk	Sept 2020	31 Aug 2022	1st Term (agreed 2nd Term until 31 Aug 25)	Service User – South Glos.
Nalin Parmar nalin.parmar@ymail.com	Sept 2020	31 Aug 2023	1st Term	Service User – South Glos.
Lloyd Williams Lloyd.williams3@nhs.net	Oct 2021	30 Sept 2023	1st Term	Service User – South Glos.
VACANCY				Service User - Bristol
VACANCY				Service User - Bristol
VACANCY				Service User – Bristol
VACANCY				Service User – North Somerset
VACANCY				Staff
Sheila Ogilvie Sheila.ogilvie1@nhs.net	1st Aug 2022	31 July 2023	1st Term	Staff (Locality Lead 0-19 yrs North)
Andrew Hunt andrew.hunt@nhs.net	1st July 2020	31 Dec 2024	3rd Term	Staff (IT Lead)
Sean Hegarty sean.hegarty2@nhs.net	1st July 2020	30 June 2025	2nd Term	Staff (SPA Case Manager)
Neil Gokani neil.gokani@nhs.net	1st July 2020	30 June 2023	1st Term	Staff (Children's Specialist Physio)
Lauren Deadman lauren.deadman2@nhs.net	1st July 2020	30 June 2023	1st Term	Staff (Clinical Systems Facilitator)
Carole Pugh Carole.pugh@nhs.net	1st Oct 2021	30 Sept 2024	1st Term	Staff (SPA Nurse)
Hayley Verrico Hayley.Verrico@n-somerset.gov.uk	1st Oct 2021	30 Sept 2023	1st Term	Strategic Partner
Jo Watson Jo.Watson@weston.ac.uk	1st Oct 2021	30 Sept 2022	1st Term	Strategic Partner
Emma-Louise Doney emma@adornocompanions.co.uk	1st June 2022	31 May 2023	1st Term	Strategic Partner
Robert Griffin Robert.Griffin@southglos.gov.uk	Oct 2017	30 May 2023	3rd Term	Strategic Partner (South Glos Council)
VACANCY			Current	Strategic Partner

Board Report

Date	13th September 2022	**Agenda item**	Consent Agenda Item 17
Title	**Annual Health, Safety & Security Report 2021/22**		
Author	Andrew Smith, Head of Health & Safety and Security		
Presented by	Mary Lewis, Director of Nursing	**Version**	1.0
For	Approval/decision ☒ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

This report summarises progress made in managing Health, Safety and Security (HS&S) Risks in Sirona during 2021/22. Providing assurance that actions are identified and progressed against indicators and reviews, many of which are overseen by Sirona's HS&S Committee and regularly reported to the Quality and Outcomes Committee.

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

With both collective and individual responsibility for health and safety, company directors receive this annual report as assurance on activity and management in all areas within the remit of Health, Safety and Security within Sirona.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

This report has been developed with the information and reporting provided the organisations incident management system, Ulysses, reviews by the HS&S Committee and scrutiny by the Quality & Outcomes Committee.

What is the process the report has been through internally

i.e. which teams or groups have reviewed the report or the information that informs it

Reviewed and supported for approval by the Board of Directors by the Quality & Outcomes Committee in July 2022.

Summary and Key Issues Highlighted by these teams, including mitigations

Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them

Some of the key issues emerging from this report which form part of the Action Plan moving forward include:

- The need to further reinforce a culture of safety and adverse event reporting so that staff feel safe and supported. This is particularly pertinent to the outcomes of the staff survey and the increased levels of violence and aggression we are seeing towards our staff
- A greater emphasis on Fire Safety and Fire Safety Training
- Increase the level of Health and Safety audits to provide even greater assurance

Actions for the Board (including any decisions required and options for consideration)

Are there any matters that require a Board decision or discussion to address issues of concern?

Board is requested to review and approve this report.

Annual Health, Safety & Security Report 2021/22

1. Aim / Purpose

To provide an update to the Corporate Health, Safety and Security Committee on key headlines from events and activities from April 2021 to March 2022. Please note this paper will then be submitted to the June 2022 Quality & Outcomes Committee and will be accompanied with the HS&S Quarter 4 report.

The year was the first in which trends could be captured and compared to the previous year for the enlarged Sirona, and the effects of COVID began to recede and have less of an impact.

This has enabled a clearer picture of performance in a year which has seen a steady and healthy level of adverse event reporting on Ulysses.

2. Key Risks

Violence and Aggression and Lone Working

The HS&S Committee continues to monitor incidents of V&A and consider risk reduction initiatives. The year has seen rising levels of violence (349 events up by 117) and they now make up approximately 40% of adverse events listed on Ulysses.

A violence and aggression reduction work streams plan has been developed for 2021/22 and this provided direction and focus to work activities in this area. Next year will see a similar approach (see appendix C for draft work streams) and it is hoped we can find an operational co-chair for a new committee or working group who will oversee work in this area.

In 2021/22 work has also taken place on introducing a new lone working / violence and aggression e-learning module. This has also been supported through a train the trainer programme with Suzy Lamplugh. We now have trainers ready to commence a face-to-face training programme to equip staff to diffuse conflict and stay safe when lone working.

Covid-19

In 2021/22 the HS&S Team have continued to support the organisation through undertaking Covid-19 risk assessments and interpreting national guidance into local protocols to ensure controls are maintained to reduce the likelihood of transmission.

The Team have also been involved in reviewing Covid-19 cases to ensure that external RIDDOR takes place where there is likelihood that transmission has taken place in the workplace. In 2021/22 there were 3 reportable cases.

Staff Wellbeing/Stress

The HS&S Team continues to work closely with the Wellbeing Group to monitor performance, activities and implement initiatives in the area of wellbeing. This area is less easy to quantify as a result of wellbeing and stress events not always being reported or reported as a contributory factor and not the main cause.

This area of work is split: The Wellbeing Group and HR Head of transformation lead on wellbeing, and HS&S on stress assessments and legislative compliance.

Joint work in 2021/22 has focused on providing support for those in need particularly those who have faced violence and aggression adverse events.

Slips, Trips and Falls

Employee and non-patient slips, trips and falls are monitored by the HS&S Committee. Various actions are underway to reduce risk in this area including quarterly building compliance checks which will check compliance around housekeeping and building trip hazards. Sessional space H&S audits were introduced in 2021/22 and this will be expanded to other sites in 2022/23. This includes checks for slip, trip and fall hazards at site.

Manual Handling

Manual Handling incidents are monitored by the Health and Safety team and the L&D Lead for MH. Adverse Events are monitored by the HS&S Committee. There were 53 in 2021/22 (-4 from the previous year).

The L&D Lead actively monitors / investigates incidents and ensures key learning outcomes are integrated into training content. Work has continued with a particular focus on MH in Children's services and aligning risk assessment processes across the organisation.

Needlestick / Sharps

Both the Infection Prevention and Control Committee and the HS&S Committee oversee performance and action in this area.

A gradual move toward safer sharps continued in 2021/22 and a risk assessment for the continued use of other needle types has been introduced.

Security

Security adverse events are overseen by the HS&S Committee and reviewed as they are reported through Ulysses. There were 43 Security incidents and 47 Estates related security events in 2021/22. This was down 9 from the previous year.

Some of the physical environment security events are the responsibility of the Landlord and where this is the case we will notify the landlord and request action is taken. Separate security assessments will be undertaken where there are repeated cases. Many of the security related incidents overlap with V&A or lone working events and are therefore captured in that category.

3. Risk Register 2021-2022

Risk Number	Risk title:	Risk Score	Responsible manager:	Next review
13	Documentation of Fire Compliance	10	Andrew Smith	24.05.2022
121	Bespoke fire safety training at individual sites	10	Andrew Smith	24.05.2022
446	Violence and Aggression whilst providing healthcare services	9	Andrew Smith	02.06.2022

120	Lack of assurance concerning Landlords local procedures regarding Legionella, Asbestos, Fixed wire testing etc.	9	Andrew Smith	21.06.2022
122	Lack of Fire Wardens at bases	8	Andrew Smith	24.05.2022
297	Lone working	8	Andrew Smith	21.06.2022

Actions

Fire Safety and Training. Activity is underway to address this (tabletop exercises for bedded units and fire drills which are ongoing across other sites). A job vacancy exists for a 'Fire safety training and support coordinator' to tackle this risk head on. Recommend leave risk rating.

Fire Safety Compliance. The Head of Health, Safety & Security has commenced a programme of fire risk assessments across the Estate. The above potential appointment if approved will also help considerably. Recommend leave risk rating as is.

Landlord and Site Compliance. This is an improving picture but one which is ongoing. The Estate report provides the latest picture. Recommend leave risk rating as is.

Lone Working. A train the trainer's course (Suzy Lamplugh) has now been undertaken and a training needs analysis is being undertaken. Both the e-learning and face to face training will be rolled out in the near future. Recommend leave risk rating as is.

4. HS&S Activity in 2021-2022

HS&S Team

2021/22 has seen stability in the team with internal development activities underway. This resulted in CJ Hopkinson completing a NEBOSH qualification and the other two members of the team being trained in PAT testing.
An additional Fire safety and Support Co-ordinator is being advertised to provide additional support in the area of Fire Safety. If appointed this will expand the team from 2.6 FTE to 3.4 FTEs for 18 months.

Policy/Standards

The process of consolidating policies from the previous organisations has been completed and this has resulted in 11 HS&S Standards and two policies. Approved Standards and Policies can be found on the HS&S Intranet page. The process of reviewing these documents will commence in late 2023 or earlier if changes or incidents trigger a review.

Meeting activity

The HS&S Committee was established in August 2020 and has since met each three months. This Committee reports to the Quality and Outcomes Committee.
In 2022/23 it is hoped a Violence and Aggression working group or committee can be introduced to bring specific focus to this area. An objective of this group would be to significantly increase operational involvement in the management of this subject.

Other meetings the H&S team are involved in are:

- IPC
- Estates
- Medical Devices
- Hybrid
- Health & Wellbeing
- Ulysses Governance

Building Compliance
The HS&S Team monitor health and safety related compliance across the Estate. Work continues in this area and reports go to each HS&S Committee providing an update. A quarterly compliance checklist was introduced in Q3 which helps provide supporting information. A small number of sites continue to prove problematic and fail to provide assurance information when requested. This risk remains on the risk register and measures are underway to address this.

Lone Working Task and Finish Group
Lone working received additional focus in 2021/22 with a Task and Finish Working Group overseeing a number of changes / improvements to systems of work and assessments (see Stop, Think, Act Workplace pages).

Further work around training (updated e-learning and Suzy Lamplugh training) as well as the potential introduction of a lone working APP will complete the main focus of work in this area.

Workplace and Comms
Workplace was rolled out in early 2022, and the H&S team worked with the Comms teams to develop the Health & Safety pages on the Knowledge library. This involved creating and mapping content to ensure staff had continued access to necessary health & Safety information as well as updating links in H&S policies, standards, and factsheets.

Risk Assessor Training
The H&S team have created training for Health & Safety risk assessors and delivered this live via Microsoft teams to small groups of staff. The aim of this training is to equip delegates with the knowledge and skills to carry out suitable and sufficient health and safety risk assessments.
Whilst this has had a slow start due to organisational pressures it is hoped more significant numbers can complete this course in 2022/23.

5. Monitoring Of Sirona's Health, Safety and Security Performance

Adverse Event Data

The second year of the adult's contract allows better comparison of health and safety data and understanding of trends in adverse events.

This year there were 963 HS&S adverse events reported on Ulysses an increase of 12% on the 585 reported in 2020-21. App A, Graph 1. As with 2020-21 there was a steady upwards trend in reporting throughout the year.

HS&S adverse events made up 11.4% of the total 8153 reported on Ulysses. App A - Graph 2.

Proportionate to the number of staff employed, Bristol – North & West reported the most HS&S Adverse events per quarter in 2021-22, 21.7 per 100 staff. And South Glos reported 17.3 per 100 staff. The average across Adults Services was 13.7 per 100 staff per quarter, In comparison, lower numbers of HS&S adverse events were reported in SASS 4.3 per 100 staff and in Children's services 2.5 per 100 staff per quarter. Reviewing the adverse data in this way gives a picture of reporting culture and risk profile in different parts of the organisation. Some difference in reporting of H&S matters may be due to the different ways that services are delivered, also taking account of the ongoing impact of Covid 19 on how some services were delivered throughout the year, as well as the differing service user cohorts in relation for Violence and aggression for example.

Due to changes in how data was captured at the start of 2021, only some themes are comparable to the previous year. See Appendix A, Graph 2.

Violence and Aggression is notable as 349 incidents in this category were reported in 2021-22, an increase of 117 from 2020-21. There are several potential reasons for this increase, including the restoration of services meaning more direct contact with patients, system wide pressures impacting on service delivery and potential delays in receiving care/treatment, service user (including family/carers) expectations on services and frustrations from the public with ongoing covid safety measures in healthcare settings.
There is much written about the increase in violence and aggression experienced by public facing services over the past two years and it is therefore understood that some aspects of this rise are not within the scope of Sirona. Still the Violence reduction and prevention workstreams and focused attention in the area in 2021-22 has provided much opportunity to learn and develop how this risk to staff is managed in Sirona.

RIDDOR

During 2021-22 there were 10 RIDDOR's made to the HSE. See Appendix B – RIDDOR data. Of these 3 were reported as a case of disease as Covid-19 related. This compares with 25 of the same reported in the previous year. A review of the reporting requirements in consultation with the regional Health & Safety group ensured greater scrutiny of the reporting criteria as well as the guidance from the HSE that extensive investigation into the liklihood fo workplace transmission is not necessary. A guidance ducument outlining these requirements and how Sirona manages reporting RIDDOR was produced and published on the Intranet.

There were seven adverse events resulting in specific reportable injury to staff or where the injury resulted in over 7 days absence from work. This compares with 13 reported in 2020-21.
Five of these concerned staff slip trip or falls up from just one reported in 2020-21. Two of these happened in community health centres, where staff fell on stairs, in both instances, carrying items and potentially rushing were contributing factors. Three more adverse events happened in the community, on uneven or slippery surfaces, it is also noted that these happened during the winter months (October – March). Comms from the H&S team were produced and distributed through commmunications channels, reminding staff of the need to take care to avoid slip, trips and falls during the winter months. As a result of the incidents in the community, risk assessment took place and highlighted the provision of head torches for some staff working out of hours in the community.

Two injuries resulting in over 7 days absence from work concerned Manual Handling patients. One involved the transfer of a palatitive patient categorised as clinically obese using a RETURN patient turner. Contributing factors included the lack of immediate access to correct size belt for the patient, the varying ability of the patient to weightbear an hold onto the RETURN. Injury was caused by needing to twist and support the weight of the patient during this one off manouver. The issue was highlighted to the Manual Handling training lead and the Community Equipment coordinators and the need for teams to have stock of difference sized patient belts for the RETURN.

One further incidnet involved a member fo staff applying stockings to a patients leg, lifting and reaching resulting in extensive carpi ulnar tendon damage to the left arm/elbow. This was raised with the Community nursing team and learning shared locally. The Health & Safety team continue to monitor if there are further incidents of this nature requireing additional investigation.

Active Performance Managing

- Quarterly Building Compliance Checks continue to provide reassurance that Sirona workplaces are safe and healthy workplaces. A separate quarterly report goes to the CHSSC detailing compliance levels and actions being taken to provide this assurance in our leased sites.

- HS&S Audits of Sessional spaces took place in 2021/22 across many of Sirona's sessional spaces. This will be expanded to cover clinical spaces in 2022/23 with joint visits with IPC being trialled in May 2022. These audits will focus on the physical environment. A separate desktop audit of systems for Teams working in the community is being devised to introduce later in the year.

6. Looking ahead to 2022-2023

- Establish and roll out a new comms programme to address issues / opportunities (e.g. results from staff survey indicate work to be done to improve safety culture and adverse event reporting) and improve the organisations awareness of safety issues and requirements.

- Work with the potential new recruit (Fire Safety Trainer and Support Co-ordinator) to review and update / reinstate face to face Fire Safety training and to provide support on Fire risk assessments etc.

- Establish a hybrid working model for the H&S team and wider Q&S team, and support the organisation in establishing safe and healthy hybrid working.

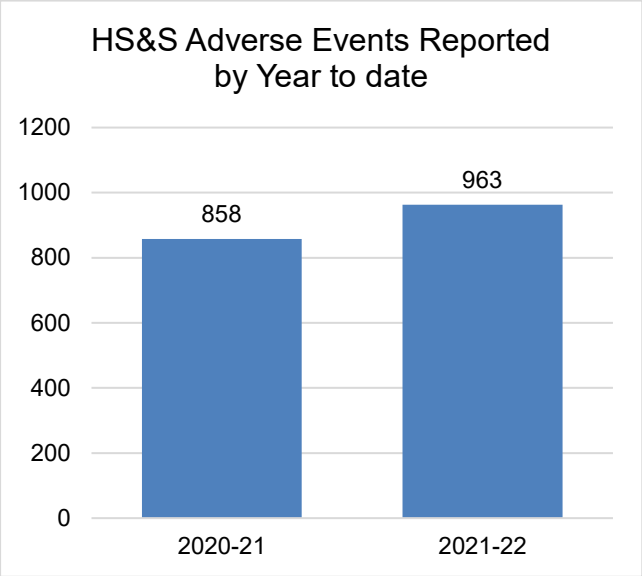
- Continue with Portable appliance testing and complete current phase and establish future requirements.

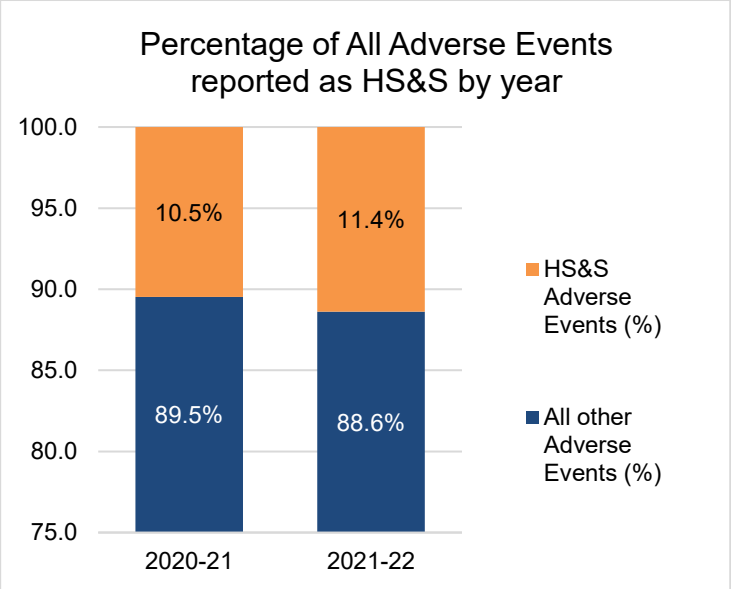
- Introduce H&S site audits (potentially joined with IPC) and desktop audits of teams as part of the assurance programme.

- Establish a Violence Reduction Strategy and working group for 2022/23 which has significant operational involvement.

Appendix A – Adverse Event Data

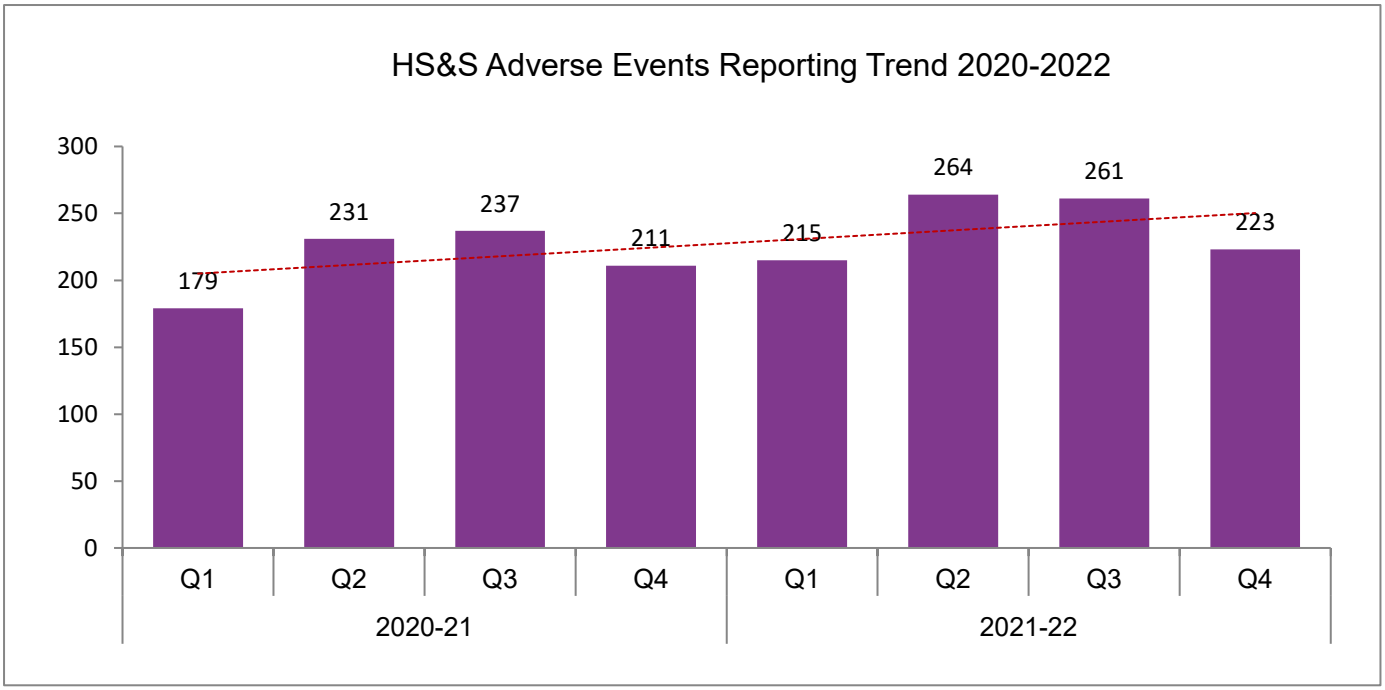
Graph 1



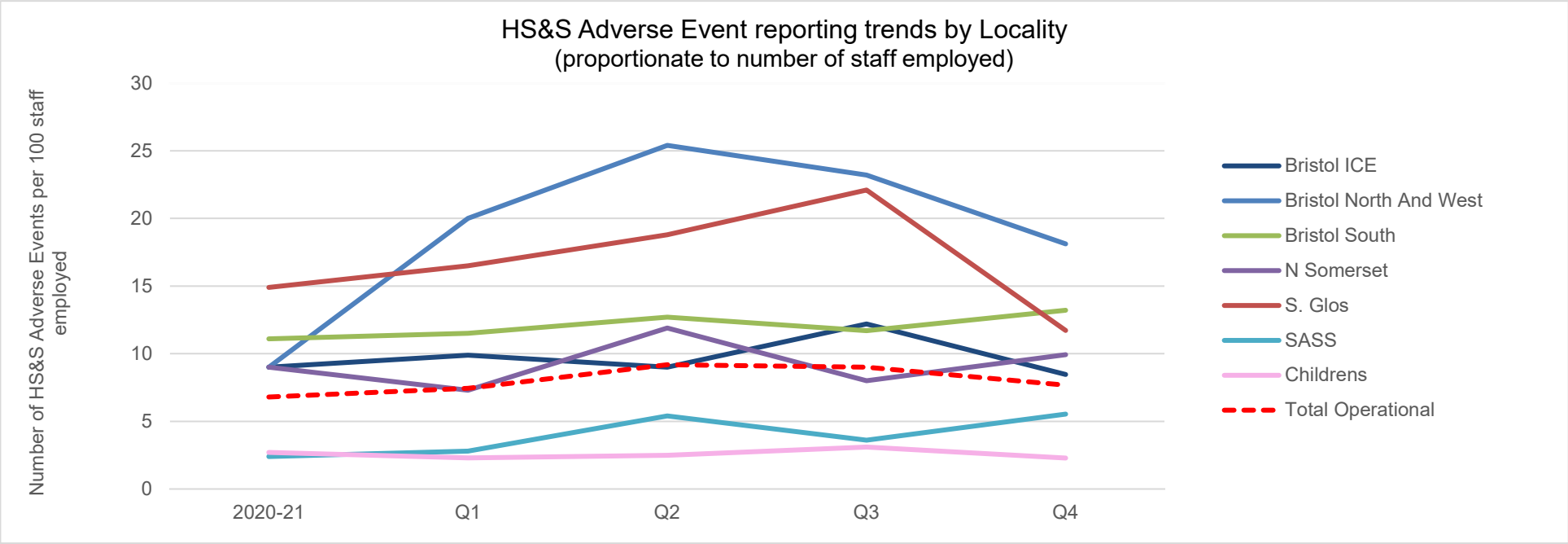


Graph 2

Graph 3



Graph 4



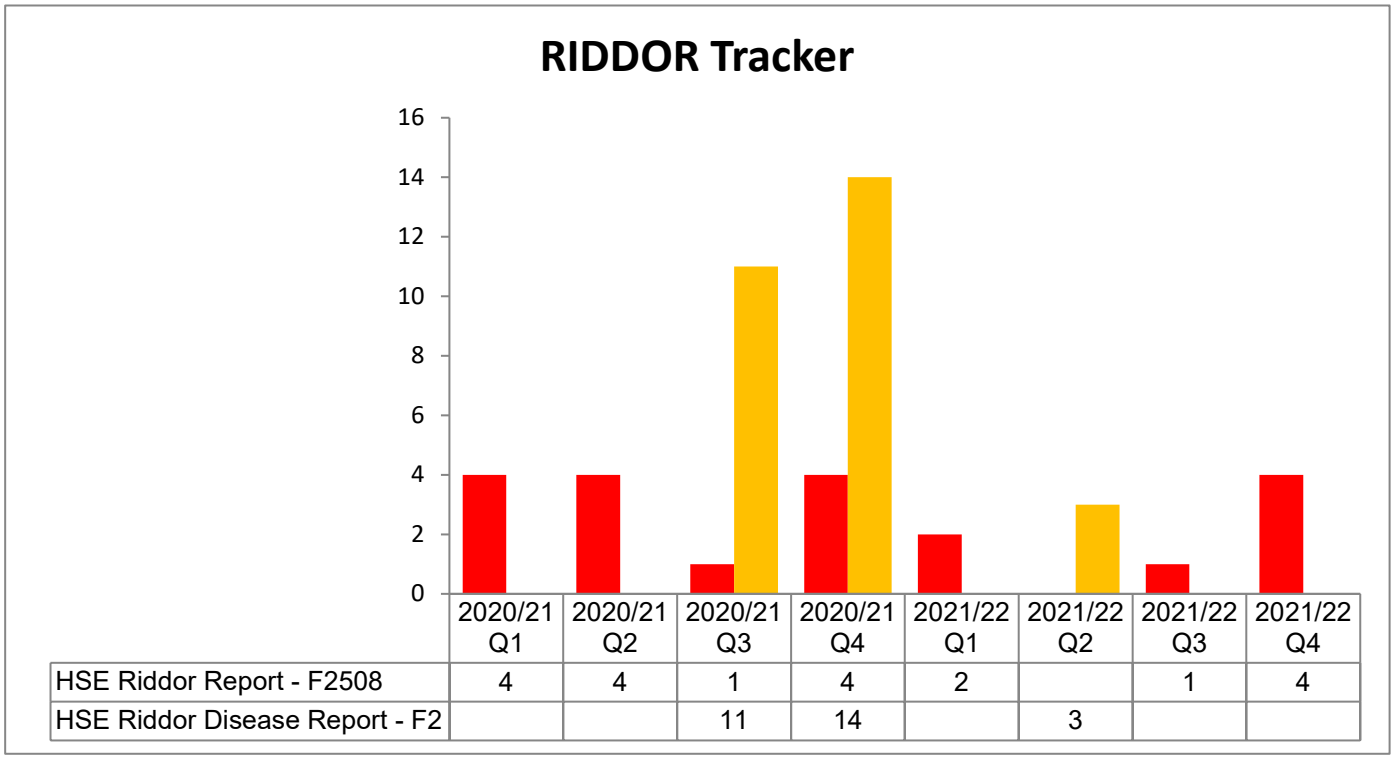
Locality / Division	Bristol ICE	Bristol North And West	Bristol South	N Somerset	S. Glos	Adults	SASS	Childrens	Corporate Services	Total	Total Operational
2020-21	9	9	11.1	9	14.9		2.4	2.7	0.3	7.3	6.8
2021-22	9.9	21.7	12.3	9.3	17.3	13.7	4.3	2.5	0.8	7.6	8.3

Table 1

Table 2

Adverse Event Cause Groups	2021-22	Comparison with 2020-21
Assault / Violence And Aggression	349	+117
Infection Control	152	-32
Staffing Issues	184	
Staff Injury/Ill Health/Well Being	111	
Manual Handling	53	-4
Estates/Utilities	47	-9
Security	43	
Driving For Work	16	+4
Fire	8	-5
Grand Total	963	

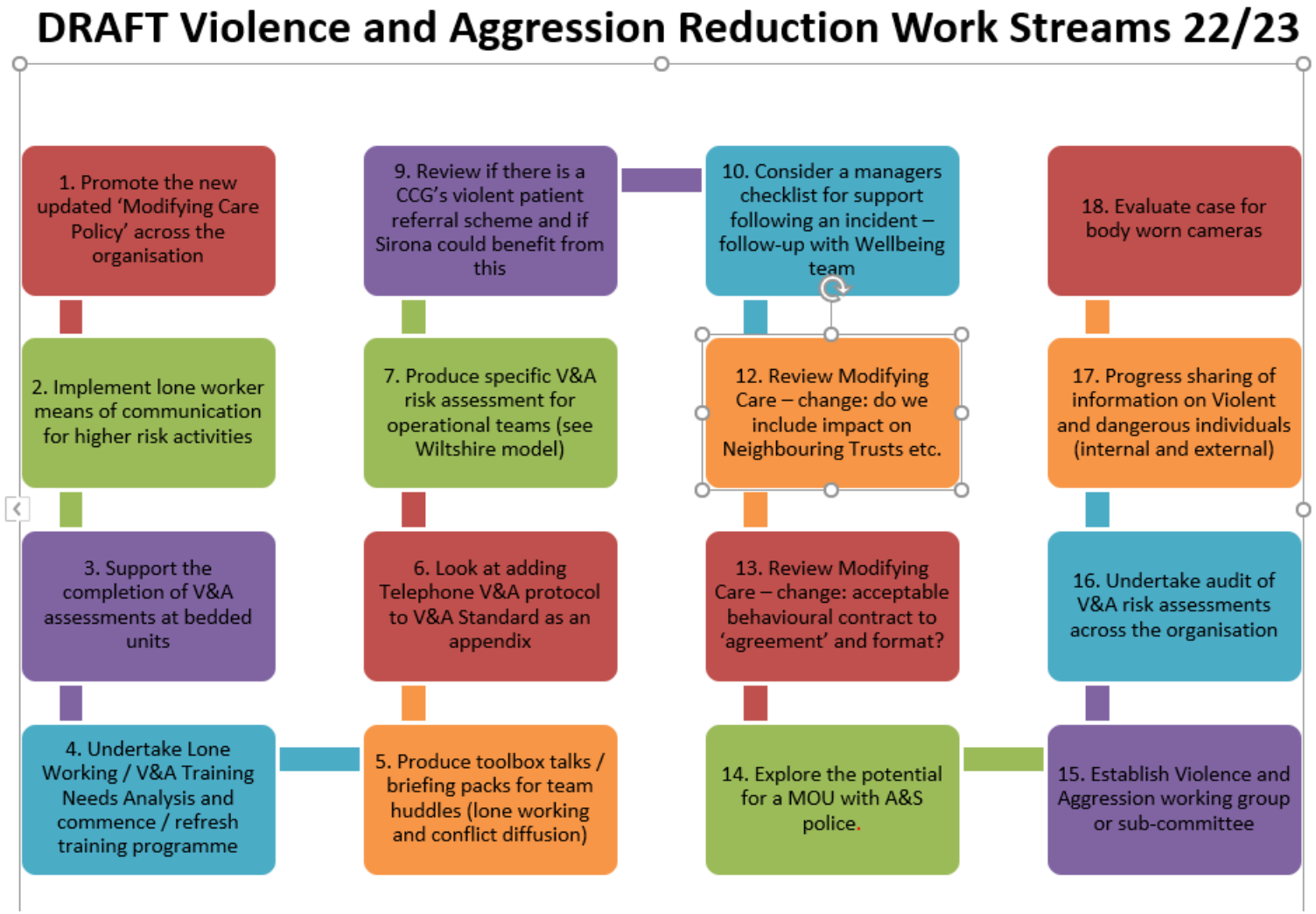
Appendix B – RIDDOR data



	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4
HSE Riddor Report - F2508	4	4	1	4	2		1	4
HSE Riddor Disease Report - F2			11	14		3		

Adverse Event Type	Number of RIDDOR reported
Manual Handling - Patient	2
Slip/ Trip/ Fall - Staff	5
Grand Total	**7**

Appendix C – Draft Violence Reduction Strategy



Board Report

Date	13th September 2022	**Agenda item**	Consent Agenda Item 18
Title	**Quarterly Summary Report from the Audit & Assurance Committee Meeting on 2nd August 2022**		
Author	Rachel Corrigan, Corporate Governance Manager		
Presented by	Lorna Harrison	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

This report is to inform the Board of the key items discussed at the Audit and Assurance Committee meeting held on 2nd August 2022 and to give assurance on the matters within the Committee's remit.

Why is this report coming to the Board

The Audit & Assurance Committee are delegated by the Board to provide independent scrutiny and objective challenge on Sirona's financial and internal controls and provide this report to the Board for assurance.

Related Risk No. (If applicable)	

How has this report been developed

Information has been gathered to inform this report from representative coporate services and external providers of contracted auditing services.

What is the process the report has been through internally

This report has been prepared as a summary of items and discussions undertaken by the Audit & Assurance Committee at their meeting in August as noted within the minutes of that meeting.

Summary and Key Issues Highlighted by these teams, including mitigations

Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them

At their meeting in August, the Committee, along with invited members of the SLT, were presented with the external auditors report and Annual Financial Statements for Sirona care & health CIC and Sirona Care Services Ltd. This was the first audit conducted by our newly appointed auditor, Bishop Fleming, and the Committee were assured that the process and experience had been very good, with minimal findings.
No errors had been found within our accounts, so no revisions were required. Only the provision of dilapidations had been given further consideration, resulting in an adjustment being factored into the Sirona care & health CIC statement.

Following concerns expressed at the previous meeting in May relating to the volume of overdue policies needing review and, the number risks assigned to the Audit & Assurance committee as the review body requiring updating, assurance was provided in August with the presentation of a much-improved status on policy reviews due to the SLT's support. Risks had also been considered in more detail with scores updated to reflect additional mitigations.

A summary of the other items considered by the Committee are provided below. There were no issues or matters of concern to highlight from these areas of business.

Actions for the Board (including any decisions required and options for consideration)

Are there any matters that require a Board decision or discussion to address issues of concern?

- Formal approval of the Annual Financial Statements to proceed with regulatory filing
- To note the decision of the Committee in the approval of the revised Reserves Policy
- To note the decision to revise the monitoring of EDI risks to the EDI Steering Committee within the Risk Management Policy

Report Details

External Audit Findings

Committee considered and supported the prepared Executive Summary in support of the unqualified audit opinions and thanks were extended to both the internal Finance Team and Bishop Fleming for the collaborative and mutually appreciative approach taken to prepare this years' audit.

Financial Reserves Policy

Committee noted that the level of reserves is in line with the Reserves Policy and supported that there is no requirement for current financial planning to be altered from the 'Balanced Budget' model. Committee also noted that, as detailed within our Articles of Association, the Sirona Foundation would be the beneficiary of any remaining reserves in the event of the business winding up. Future consideration would be given to surplus in reserves as part of developing our investment strategy.

Annual Write Offs

Report presented to the Committee to demonstrate good governance and provide assurance that there had been no items of concern identified when preparing the report.

Quarterly Update on Risk Management

The current risk management arrangements were considered, and the Committee were advised that work was continuing to ensure that lower-level risks were being monitored by subject matter groups and reported to their parent committees. Development of training surrounding risk management is now underway, with key elements agreed as ensuring staff understand the importance and accountability. Committee were wholeheartedly in support of the work undertaken around risk management.
Committee supported the continued work undertaken by the Risk Team to develop the Ulysses system as part of the overall Ulysses Project Plan and noted the current position of risks whereby the Audit & Assurance Committee is the designated monitoring committee.

Finance risks currently go into SLT, as detailed in the Risk Management Policy, as the monitoring committee, although this still may need to be reviewed with the establishment of the Finance & Performance Committee.

Committee approved the change within the Risk Management Policy of the Monitoring Committee for EDI risks from the Board to the EDI Steering Committee.

Update on Policy Reviews

Committee were assured by the progress made in addressing the review of overdue policies and noted those where work is underway to make any necessary revisions. This programme is now back on track and, whilst a continual cycle, has at last gained some traction.

Annual Claims Report

It was understood that whilst Sirona has a low claims profile, there is some complexity in establishing if compensation is due, although this generally results in only low value claims. Sirona currently has only one of a higher value which is shared with another provider and being managed through NHS resolutions. How premiums with NHS resolutions are calculated was also explained.
The Committee were assured by the content of this report.

Counter Fraud – Progress Report

KPMG reported that over the last quarter there had been a high level of fraud awareness publications, with three dedicated sessions held for staff and the publication of the Fraud Awareness Newsletter.
It was understood that the rise in the cost of living could lead to more instances of fraud generally and that referrals were key to identifying and addressing potential instances of fraud.
Procurement & Contract Management Review – This had been a positive review with only some omissions to our procurement policy sighted as recommendations. Committee will receive an annual report on this subject going forward.

Internal Audit Plan Update

- **Waiting List Management Findings Report**
  Conclusions regarding the differing systems used to manage lists was highlighted along with the regular review and updated of SOPs/Policies.
  Assured that systems are going to be unified and that staff will be using a consistent approach to the management of waiting lists.
  It was also understood that Waiting Lists had been the subject of a Deep Dive at the July Finance & Performance Committee meeting, where issues and action plans had been scrutinised.
- **Executive Recruitment Findings Report**
  Committee were presented with three recommendations, namely consideration of timeline with better planning, improved job descriptions and availability to participate and the diversity candidates and participants of interview panels, and use of external providers to support recruitment processes.
  Committee were assured by the content and recommendations set out within the report, agreeing that having a clear process would ensure better outcomes and understanding going forward. Progress on the current Executive Recruitment activities would also be an agenda item for the November Audit & Assurance Committee.

Board Report

Date	13/09/2022	**Agenda item**	Consent Agenda Item 19
Title	**Quarterly Summary Report from the Professional Council**		
Author	Alison Wint, Interim Medical Director		
Presented by	Alison Wint	**Version**	0.1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

The purpose of this report is to provide the Board with an overview of the activities of Professional Council for the period of June – September 2022

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

This report is presented as a regular update from Professional Council, as described within the corporate governance scheme of reporting.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

This report is prepared by the Interim Medical Director and Chair of Professional Council as a culmination of the minutes and actions at the meetings.

What is the process the report has been through internally

i.e. which teams or groups have reviewed the report or the information that informs it

The report is a summary report and as such has not been considered by other groups.

Summary and Key Issues Highlighted by these teams, including mitigations

Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them

The key issues and summary are detailed in the following report.

Actions for the Board (including any decisions required and options for consideration)

Are there any matters that require a Board decision or discussion to address issues of concern?

The Board is asked to note the activities of Professional Council, there are no decisions required or options for consideration

Key Information

Professional Council Summary Report July & August 2022

1. Background

Professional Council now meets monthly, and this report is a summary of the July and August 2022 meeting.
In July 2022, the BNSSG ICB came into being. The regular clinical meetings which would normally be fed back at Professional Council, such as the Clinical Cabinet or Primary Care Collaborative Board, have been stood down.
The new Health and Care Review Group is aimed to be the vehicle for senior sign off for the system and Sirona's Medical and Nursing Directors will be attendees (along with the Director of Therapy and Allied Health Providers once appointed).
A separate Providers Medical Directors meeting has also been established fortnightly.

2. Summary of Key areas

The following summarises items, papers and discussions that were undertaken by Professional Council during July & August 2022:

- **End of Life Care**: The following policies were reviewed and approved.
  - Sub-cutaneous fluid administration in palliative end-of-life care policy approved in line with national guidance.
  - Process aligned across Sirona's three geographies with decisions on when to start and stop to be made by the MDT approach.
  - Carer administration of sub-cutaneous injection policy updated post-Covid and approved.
  - Syringe pump policy approved following successful purchase and training on use of Micrel Syringe Drivers.

- **Triage at Urgent Treatment Centre & Minor Injury Units**
  - CQC had identified a requirement for evidence of triage within 15 min of arrival at MIU or UTC to comply with national guidance.
    - Processes were developed appropriate to the working practices of each of the three units across Sirona that complied with that requirement.
    - The proposal was accepted with the caveat that the implementation would be evaluated to ensure its effectiveness.

- **Non-concordance Policy**
  - This policy was intended to identify clients who consistently do not adhere to an agreed treatment plan.
  - An audit carried out illustrated that this policy was confusing and not being appropriately or consistently applied.
  - It was agreed that the policy would be archived.

- The mental capacity template is to be reviewed and training updated; although there were some concerns raised by members of the group that will need to be addressed, principally taking client wishes into consideration and also the situation specific nature of assessment of mental capacity.

- **Standard Operating Procedure for internationally recruited nurses' pre-registration**:
  - This policy itemised the tasks internationally recruited nurses could carry out with and without supervision prior to their formal registration.
  - The policy was approved
  - The Learning and Development team agreed to oversee the required competencies.

- **Research & development Update:**
  - Sirona has the ambition to contribute to research by staff and to support research by other organisations locally, regionally, and nationally.
  - The need of a research co-ordinator has been identified to support this work.
  - This was approved by Professional Council

- **Policies Reviewed and Approved**.
  - Eating and drinking policy revised and updated.
  - Speech and language dysphagia guidelines policy for treatment of adults.
  - Suctioning Policy review and SOP for Oral and Nasal Suctioning Process training.
  - Clinical Records Management Policy

3. Recommendations

The Board is asked to note the activities and business of the Professional Council for July & August 2022.