Minutes Sirona Board

Date	Tuesday 8th November 2022 – 2:00 – 5:00pm
Location	MS Teams

Attendees
The following Board attendance was noted:

Attendees		**Present**	**Apologies**
Amanda Cheesley	Chair	✓	
Barbara Brown	Non-Executive Director – Vice Chair	✓	
Lorna Harrison	Non-Executive Director	✓	
Simon MacSorley	Non- Executive Director	✓	
Paul May	Non-Executive Director	✓	
Anil Patil	Non-Executive Director	✓	
Julie Sharma	Interim Chief Executive	✓	
Clive Bassett	Finance Director	✓	
Ceridwen Massey	Director of Operations	✓	
Sarah Margetts	Director of People and Development	✓	
Mary Lewis	Director of Nursing & Quality	✓	
Julian Fleming	Director of Digital Strategy and Delivery	✓	
Alison Wint	Interim Medical Director	✓	
Claire Valsler	Chair of the People's Council	✓	

In attendance

Donna Cairns	Head of Corporate Governance (Minute Taker)
Wendy Best	Head of Communications
Mike Owen	Associate Director Governance, Planning & Programme Management
Deanna Berry	Integrated Network Team Case Manager and Co-Chair of Global Majority Network
Fiona Spence	Equalities & Community Development Manager

Chair	Amanda Cheesley

Item	Minutes	Action
1.	**Welcome and Apologies:** None	

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2.	**People Story – Our People** Deanna informed the Board of her roles in Sirona and outlined her experience and areas of practice and interest. Deanna reflected on her personal experiences as a BAME member of staff working within Sirona, conscious of her presence in the workplace. She described how she has experienced micro-aggressions. She explained how she tries not to let micro-aggressions have a negative impact on her life and she is active in roles and forums to help to overcome perceptions and effect positive changes. She shared her profile as part of Black History Month to provide inspiration to others. Deanna described the role of the BAME staff network to: • Improve equality considerations during the recruitment process • Share the lived experience of BAME staff • Reach seldom heard voices • Identify future leaders • Overcome negative perceptions • Advise on differing cultural needs • Help the organisation to work in ways that embrace diversity and inclusion • Provide feedback on strategic areas of work She talked about the importance of BAME representation in recruitment exercises, recognising that "seeing is believing" and she can promote the opportunities within Sirona. Deanna talked about feeling a sense of personal responsibility to put herself forward for leadership and championing roles (e.g. being a wellbeing champion) and hopes BAME and other minority groups will feel able to do the same. Having contacted members of the BAME network and other staff groups, Deanna shared some feedback from the groups. They shared concerns about the capacity in resourcing to support the networks and other equality and diversity work within Sirona, and the challenge of not having protected time to enable staff to take part in the networks. Deanna talked about her desire to bring other BAME staff on board with the network group and other opportunities, to change the environment people experience and work together for the greater good. Fiona Spence thanked Deanna for sharing her experiences and talked about some of the actions that need to be progressed within Sirona including representation at Board meetings, regular check ins and conversations with staff networks, exploring protected time and resourcing to support staff networks; and expanding inclusion opportunities. Fiona also described what is happening at a system level, particularly around race equality targets and growing our staff networks (a commitment across NHS funded organisations in our area); inclusive recruitment opportunities and greater talent development opportunities to support underrepresented groups across our workforce. Sirona had recently submitted our Annual Workforce Race Equality Data and developed an action plan to address the areas for development. This would be considered at a system level as well as locally within Sirona. Amanda thanked Deanna for sharing her experiences and for Fiona for her updates on current areas of work. Barbara asked about micro aggressions that Deanna mentioned and asked her to explain this terminology for anyone who may not be familiar. Deanna described statements such as being referred to as not being from here or not being seen as British and experiencing conversations ending when she walks into a room. Other experiences included being closely questioned on her qualifications and role, repeatedly, and doubting her ability in her role. Barbara also asked Fiona if, in addition to national and system targets, there were organisational measures focused on development of our existing staff from minority groups to ensure they feel included and we retain	

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	the diverse workforce we have. Fiona explained that the action plan we prepare connected to our data is bespoke and determined by Sirona. The action plan is our opportunity to address high level and organisational level actions. Barbara commented that Sirona could lobby within the system to ensure priority is given to actions that are the most important to underrepresented groups. Paul also thanked Deanna for sharing her experiences, welcoming her positive attitude and ambition and commented that everyone on the Board fully supported this area. Sarah Margetts commented that the People Strategy development included the strands of work that Deanna and Fiona mentioned in the presentation and confirmed that the staff minority networks were being worked with in this development work. Amanda re-iterated the Board's thanks and said that whilst targets are important, the most important thing is what people are experiencing and they are valued as individuals.	
3.	**Declaration of Interest** There were no declarations of interest made at this meeting by Board Members.	
4.	**Chief Executive's Briefing** Julie presented her briefing to the Board for information. She covered: • **Integrated Care System priorities** Update detailed within the report for information. • **Winter planning** Ceridwen advised that the structure for winter planning has changed for this year and the new framework for winter planning requires co-ordination of the plan through the ICB so there was no longer a requirement for sign off individual plans within each organisation. However internal plans were still being put in place within the system level framework and would reflect the national approach. Ceridwen outlined some of the areas that needed to be implemented, particularly around our urgent care response, quantifying our offer and in particular our falls response, and other key areas such as care home support and the development of a traffic light tool. A lot of development was still taking place and being worked on closely with the ICB and the system framework. Sirona have key metrics to report on, in particular around falls and care home support. Discharge to Assess and Place Based Urgent Care remain key parts of the programmes to support Winter Planning. Board will be continually updated as plans progress. • **Industrial Action** Sarah reported on the recognition of the number of different unions balloting their members on industrial action. Sarah explained that the legal position for Sirona as a non-NHS body. Some of the unions indicated they would not be able to ballot their members employed by Sirona but have indicated that they might take local action with CIC's, which may be different period to the national action. The impact for Sirona could therefore differ to system partners. Sarah advised that industrial action was likely to be around December time and that ballots indicate a period of action up to May 2023. Julie gave the Board assurance that plans were being prepared, whether industrial action directly impacts Sirona or indirectly due to the impact from partners. • **Discharge to Assess** (D2A) The new pilot agreed by the Board in September had launched at the beginning of November in respect of live in carers. First people started 3rd November more to come Further updates would be provided once more patients had been through the pathway. • **Ockenden and Kirkup Reports** Julie advised that this would be a key topic of the December Board Seminar. Mary Lewis would be giving a brief update as part of the Quality presentation and a detailed consideration would be given by the Board at the seminar in December. Amanda asked if a further report would come to a public meeting as this was recommended in the Ockenden report. Mary confirmed that following the Board's in-depth consideration in December that may take some time, a report will be brought to the next public meeting in February 2023. **ACTION: Ockenden & Kirkup Report for Public Meeting in Feb 2023**	**Mary Lewis**

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	• **NHS Provider Licence consultation** Donna Cairns would provide a full briefing for the Board on the consultation. Julie outlined one change that could impact Sirona if we are to be treated as a significant provider that is hard to replace due to our size/scale etc. which may lead to additional oversight requirements. **ACTION: Briefing to be circulated to Board** • **Reset Programme (see Appendix 1)** Julie gave a presentation with an update on the Reset Programme, starting with a reminder of the context of the programme in setting a strong foundation for the delivery of our new strategy. She outlined the 6 strands, what the intended purpose is and the key deliverables: • Strand 1 – Overall organisational operating model and leadership capability and capacity • Strand 2 – Agree clinical/service delivery model and transformation programme • Strand 3 – Improving our operational grip • Strand 4 – Developing our People strategy and workforce plan • Strand 5 – Accelerating our Digital Transformation programmes • Strand 6 – 2023/24 Sirona Business and Financial plan Paul asked if a timeline for the activities could be shared with the Board. Julie advised that detailed project plans including timelines would be taken through the Finance & Performance Committee (or the successor following the split into two committees). • **Staff Awards** Julie commented on the successful event and put on record thanks to Wendy Best, Head of Communications, the Communications Team and the working group that supported the delivery of the event. This report was received for information.	**Donna Cairns**
5.	**Chair and Non-Executive Directors' Report** Amanda echoed sentiments on the Awards event and informed the Board that she continues to attend Integrated Partnership Board meetings, as well as an additional partnership meeting that took place in October with a large number of stakeholders to shape the development of the ICS Strategy, she will attend the next formal Partnership Board meeting later this week. Amanda also advised she had attended the ICB Primary Care Commissioning Committee and explained that the ICB was required to set out a proposal on the transfer of the commissioning of some primary care services from NHSE by April 2023. Amanda also explained that the role of the NEDs on the ICB committees was being discussed further as it is challenging to represent NEDs from across the system. Paul shared his experience from attending the ICB Outcomes, Performance and Quality Committee, stating that the meeting was receptive to the community perspective, and it was a very progressive meeting. He informed the Board that the meeting was focused on winter planning, the Ockenden report on maternity services, mental health for young people, and children services. Lorna gave an update on the last Sirona Audit & Assurance Committee as the meeting had taken place since the deadline for Board papers: • Internal Audit Plan – need to ensure the delivery of remaining audits in this year's plan stay on track. • It was noted that Internal audit on learning from serious incidents was a positive report. • Counter Fraud Update. • Risk Management Arrangements– the Committee escalated the area of risk management to SLT to ensure this is being dealt with in the organisation appropriately. • Update to Terms of Reference to increase membership to include all NEDs. • Approved the policies that were presented and the update to arrangements for monitoring third party (audit) recommendations.	

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	• Received an update on implementation of recommendations from internal audit on executive recruitment which was very positive. Mary added, for the Board's information, how positive the findings report on the Learning from Serious Incidents had been.	
6.	**Social Value Impact Report** Julie presented to the Board the Social Impact Report which is really important report for Sirona as a Community Interest Company and will be a public-facing document. She highlighted some of the areas captured: • Impact of the work we do generates social value in the community – e.g., an individual regaining their independence may be able to go back to work and the support provided to asylum seekers and refugees. • Ways of working – increase in digital working and the impact on our environment • Wellbeing services – helping people to remain healthy • Vaccination programme – keeping people safe and healthy, continue going to work, school etc. • Sirona Foundation supported by Sirona care & health CIC Julie advised that financial benefits (social return on investment) were not part of the report as the value of these calculations were considered less significant than the more personal social impact that is set out. Amanda welcomed the report, praising the style and content. She clarified that the report was about the social impact of our services and activities and was not intended to be a full rounded assessment of our performance. Paul commented that the balance of data and case studies made the report well balanced and interesting. Paul asked what is done with the report in terms of publication, how it relates to the Quality Account and asked if it is a legal requirement. Julie explained that we have a legal duty to set out the community interest value we generate under the requirements of CIC reporting. Donna explained that there is a legally required template that we have to complete and file alongside our annual report at Companies House which the Board approved in September and has been filed. The Social Impact Report is published on our website and the annual report provides a link to this. The version on our website is much more interactive and accessible. If filed on Companies House, the document is scanned in black and white and is unreadable, therefore we provide a link to the document on our website. Claire Valsler asked for the report to be publicised on our social media accounts which was agreed. **DECISION**: Board approved Social Impact Report for 2021/22. **ACTION**: Head of Communications to finalise interactive version for publication on Sirona's website and promote the report on Sirona's social media accounts.	**Wendy Best**
7.	**Quality Reporting** Mary gave a presentation on recent quality performance matters, advising that the summary reports from Quality & Outcomes Committee for the meetings held within the last quarter: • **Incident Reporting** levels - fairly consistent in Q2, only a slight increase, compared with Q1 • Serious incidents – a slight increase with 21 incidents i.e. 2.4% of all patients safety incidents reported, met the threshold for reporting onto Strategic Executive Information System (StEIS) this quarter compared with 18 (2.1%) in Q1. Still indicative that overall harm levels are low. • Low levels of harm trend continued – further detailed work was being undertaken to track this and identify any potential harms that could be prevented. • Continuing themes remain a concern around patient safety and delivery of care attributed to capacity and demand which affects timeliness of some visits. BNSSG System remains in escalation. Weston and Worle, North & West Bristol, South Bristol and South Glos. teams are challenged.	

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- 72-hour detailed investigations of what occurred include an action plan to address any key learning. Monitoring of completion of actions is tracked; of concern is when actions remain open or repeated. This is a risk when services are challenged.
- Zero never events trend continues.
- Duty of Candour compliance remains an issue largely due to difficulty in contacting next of kin. – Mary commented that further work was needed, and the team would be focusing on this.
- There had been an increase in complaints mostly around waiting lists. There had been a slight increase in concerns and decrease in compliments (likely to be due to capacity for staff to log them)
- Review of Patient Experience and Customer Care underway

Safeguarding key points to note:

- Continued trend of high levels of Section 42 enquiries for North Somerset when compared to Bristol / South Glos. Key to understand why there is such a raised level in one authority – but this would need to be scrutinised by the system.
- Mary noted that Care packages are often complex and can involve multiple providers. Not all enquiries are substantiated, and it takes a long time for outcomes to be given.
- 7 new S42 enquiries and majority of these have all been in North Somerset with the exception of 1 in Bristol.
- Sirona had submitted a Position Statement providing assurance was submitted to North Somerset Local Authority Adult Safeguarding. Proactively monitoring situation and emerging trends /patterns
- Safeguarding training compliance shows steady improvement.
- Annual Think Family Safeguarding Professional Update had just taken place – this year the focus was on child exploitation and violence (190 staff attended positive feedback received)
- Mental Capacity- a lot of proactive work has been undertaken during the quarter to train, raise awareness and support staff with complex MCA issues / concerns.

Key Health and Safety are:

- Risk around violence and aggression aimed at our staff
- Health and Safety team had introduced face to face training to priority teams initially with a wider roll out planned.
- Working with external agencies to provide support to staff affected.
- **Y**ate Minor Injuries Unit and South Bristol Rehabilitation Unit have been particularly affected during this quarter.
- Fire Safety Assessments have now commenced for all Sirona sites and will be completed by 16th December 2022.
- **IPC** – Mary drew the Board's attention to the annual report that was part of the Board papers. Mary noted that a new IPC Board Assurance Framework had been released in September – assessment was in process and would be reported to Board through the Quality & Outcomes Committee.

Quality Priorities Q2

- 13 priorities remain on track with the exception of Priority 5B – Health inequalities. Progress reports were being shared with our Local Authority partners each quarter.
- CQUINs Q2 – All 4 are on track.
- Flu CQUIN -now actively reporting data on the uptake of our staff vaccination programme which started during the quarter.
- Staff are being offered both Flu and Covid vaccinations (to date: 51% Flu and 49% Covid). Mary encouraged everyone who had not get had their vaccinations to book appointments.

Mary briefly outlined the two independently commissioned reviews into maternity and neonatal services that were released this year Ockenden Report (March 2022) and Kirkup Report (October 2022). The Board seminar would look at these reports in detail to consider the themes and how the learning can be applied.

Paul commented that the Committee is very active and covers a lot of material. He informed the Board that the Committee would like to focus more on the learning from incidents. He also mentioned the incidents relating to pressure injuries and whilst the numbers are low, the impact is significant on the individuals affected and attention needs to be given to addressing these issues.

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	Paul also noted the presentation received on wellbeing champions and wanted to recognise their impact at the Board. He highlighted a growing concern reflected in the risk reports that stress and morale were issues for our workforce that need to be tackled, although he noted the systems already in place that provide support to staff. Board received the report for assurance.	
8.	**People's Council Summary** Claire updated the Board on recent People's Council meeting that was a hybrid meeting – with some of the group meeting face to face and some joining online. Whilst those meeting face to face appreciated the opportunity, it was challenging for those online and it was agreed the next meeting in December would revert to being an online meeting. Claire advised the Board that the December meeting had a busy agenda in mind, with the third session planned on the strategy work and the Reset Programme strands, and also looking at the transformation agenda. Community Engagement and Patient Experience strategy will also be a key topic on the agenda, along with an update on Quality Priorities. Mary explained that Julie Close and Martha Cox were working on patient experience development and Claire commented that she had arranged to set up focus groups to support these areas of work. Claire had prepared a blog post that would be shared on Workplace, and she was working on other promotional activities to hopefully grow the membership of the People's Council. The post for Workplace would be shared with the Board so Board members could also share this to promote the membership with their own contacts. This report was received for information.	
9.	**Finance Report** It was assumed that the report had been considered in advance of the meeting and Clive highlighted the following: • KPI's – mainly Green with only one Amber but remain underspent for the quarter and year to date forecast. • Operating Statement – income is down due to lack of recruitment to staff to the Stroke and D2A programmes, although this also comes through as savings. But would be better if we were able to utilise all available funds. • Better than budget by £1.8 million, although looking to fill vacancies which will be realised in January's reporting. • Work on staff retention yet to be realised • Detailed operating statement – M6 spend proportionately more than YTD, increase relates to Bank, agency and fixed term contracts and a system approach to this is being considered. • Earning interest on cash balances. Report received as assurance.	
10.	**Operational and Performance Report** Ceridwen presented the report, providing a summary on areas of particular concern. • Activity remains below target in Integrated Network Teams – Planned Nursing Pathway. Service delivery remained focused on the highest priority patients. Will be wrapped up as part of the Operational Grip Strand of the Reset Programme. • Urgent Care Response Pathway - Currently exceeding 70% performance target and a specific T & F group looking at how we can make improvements in recording in this area. • Community Falls Provision, which is a key strand of our Winter delivery plan and review of an in-reach pilot with Acute ED colleagues to see how ED attendance can be decreased.	

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- Place Based Urgent Care- Adastra had been restored however the national outage had impacted the delivery of plans around remote assessment. Restoration of the remote assessment service was now in action.
- D2A pathway one, still a challenge and not in a position to deliver our baseline slotted activity. Begun workforce recruitment campaign in earnest and now waiting on impact of these activities. Pilot for Frailty Virtual Ward has now gone live.
- Waiting times – Ceridwen noted that waiting times for the majority of Specialist Services are in line with agreed targets with the successful recovery of Musculoskeletal Physio waiting times to 13 weeks. Exceptions to waiting time achievement were Musculoskeletal Interface, Diabetes and Nutrition Service, TB Service and the Neurology Service largely due to vacancies in the teams.
- Children in care – remained under performing in initial health assessments. Working through plans to understand impact of decisions. This remains a system challenge in terms of data via LA systems.
- Lifetime Service – secured some additional funding for increasing staffing. The team were in final stages of resolving IT issues to ensure they have the access to necessary systems.

Lorna asked about the increase in violence and aggression in the UTC/MIUs and what actions were in place to address this. Ceridwen advised that a health and safety group on violence and aggression had been set up. Mary advised that a lot of work had taken place with the staff and the environment was also being looked at to address issues such as patient flow/waiting areas. Mary also noted that the Single Point of Access team were also experiencing more distressing phone calls. Training and support were being offered to staff on how to manage incidents. The Senior Leadership Team would be looking at the issues over the next few weeks.

Lorna also queried if the performance dashboards could still be provided. Ceridwen advised they could be accessed via the link to Glasscubes where the papers for the Performance Committee are available.

Amanda asked if Adastra had come back on track on 19th October and Ceridwen confirmed this to be the case. Also asking about the pilot for the BNSSG Community Emergency Medicine service and if it was finite. Ceridwen advised it was finite in terms of a period up to March, regarding continuation, this would need to be considered as part of the wider system planning. Amanda then asked about demonstrable savings within the system, to which Ceridwen advised this was about those patients able to be managed in the community rather than through the acute system.

Paul asked about Initial Health Assessments for Children in Care and if there was any action the Board could take to support the issue with the provision of information from local authorities. Ceridwen explained that a multi-agency systemwide Children in Care workshop was taking place in November that was hoped to address the challenges and identify actions to make improvements. Paul asked for the Board's support to be noted. Amanda agreed that the Board was concerned about the issues.

Julie informed the Board that she wanted to acknowledge the difficult position Ceridwen was in as Director of Operations due to the weight of operational challenges and pressures and offered the support of the Board. Ceridwen recognised the need to focus on a safe winter as a priority over the coming months and relay this message to our staff and colleagues.

Amanda stressed the need for Board members to be well informed about the challenges being faced in order to represent this consistently within the system and with staff.

The Board received the report for assurance.

11. **Risk Register**

Mary presented the report, directing the Board to consider the triangulation of information provided via other reporting mechanisms – finance, performance, workforce etc.

Mary noted that work was on-going to review operational risks to consider consolidating/amalgamating risks where appropriate and developing a set of principles and guidelines to ensure a consistent approach in the future.

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Particular focus was given to those Risks with increasing scores:

4 Risks now increased in score to 15 or above –

- Risk 549, increase in violence and aggression at Yate MIU, actions and controls being updated
- Risk 430, relates to the LD service and the concerns around direct impact and provision of social care in order to deliver for that population,
- Risk 527, relates to SPA around volume of clinical calls and ability to triage these calls
- Risk 427, perform x-ray safety audits, although anticipated to be short term risk.

New Risk with scores of 15 and above

- Risk 568, relating to concern of service delivery of the Virtual Ward and ability to recruit to this service
- Risk 574, change to booking system for tier 4 agency nurses. Controls put into address had an adverse effect for a few days

Paul asked whether we triangulate with other system providers in terms of areas of risk experienced by all providers. Mary advised that system risks are considered at the system Quality Group. Ceridwen added that the Winter Planning Group also considers common risks surrounding capacity and demand.

Mary offered to review in more detail offline to better understand if there are specific risks being considered as a local system.

Donna reported that the ICB is developing a system of governance around the risk management processes and feeding system risks into this, although this doesn't work both ways -which Donna will take back to the ICB governance leads group.

Lorna raised that Risks are going on to the register and not being reviewed as suggested and that this is causing frustrations and concerns surrounding ongoing risk management. It was understood that an action had been raised by the Audit & Assurance Committee for SLT to review this in more detail and provide a full update to the Committee at the next meeting in February 2023.

The Board approved this report as the position of the Risk Register as of 20th October 2022 and were assured that the risk register is being managed in line with the Risk Management Policy.

12. **BAF Strategic Risks Update**

Julie introduced the report summarising the updates to the Board Assurance Framework Strategic Risks in the last quarter. It was noted that there were no changes in the current scores as they had only recently been confirmed by Executives.
BAF and Reset Programme are key programmes to be aligned.

Donna reported on the Risk profile, advising that the current risk profile is detailed within the report. The method of calculation was explained, and an offer extended to discuss offline with Board members wishing further clarity or detail.
The highest scoring strategic risks were Workforce – 20; Demand – 16; Clinical Quality & Safety – 16.

A fuller review will be undertaken in the next quarter as the Reset Programme strands become more established.

Paul asked if were possible for the Board to be updated as risks within the BAF change over a period of time. Julie responded that targets were initially set for a 12-month period, although there may be some that extend beyond this based on the intent set out within the strategy.
Donna advised that it is an intention to include trajectories as part of the detail within the next reporting period, adding that target dates have also been considered.

Board supported the regular review and information provided within the report.

This report was received as assurance on the BAF process.

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13.	**Raising Concerns (Freedom to Speak Up and Whistleblowing) Policy** Sarah Margetts presented the report, advising that NHS national guidance has been updated and that following a review in July 2022, the policy has been revised to incorporate the previous Whistle Blowing and FTSU policies. Julie stated she was happy to approve the policy but commented that, in light of the Our People presentation earlier in the meeting, that further consideration be given to expanding the number of FTSU guardians to ensure diverse representation. Amanda commended the work of current guardians and was wholly supportive of the policy. **DECISION**: The Board approved the policy as presented. Consideration to be given via the EDI Steering Committee to on how to support applications for FTSU guardians.	
14.	**Consent Agenda Cover Paper** The following items were approved under the Consent Agenda.	
15.	**Quarterly Summary Report from the EDI Steering Committee** The report was received for assurance and information.	
16.	**Quarterly Summary Report from the Finance & Performance Committee** The report was received for assurance and information.	
17.	**Annual Safeguarding Report** **DECISION**: The Board approved the report as presented.	
18.	**Annual Infection, Prevention and Control Report** **DECISION:** The Board approved the report as presented.	
19.	**Close of Public Session** Amanda extended her thanks as Chair to participants of the meeting. There were no public questions for this meeting and Amanda summed up key points as: - Hearing from a member of our staff on her experiences as an employee of Sirona - Being informed of the work of the EDI Steering Committee and the development of plans under the Health Inequalities agenda - Updates on the ICB and Sirona's development of the Winter Plan - Briefing on the potential industrial action planned for December - Update on plans surrounding Sirona's response to findings of the Ockenden and Kirkup Reports - Receiving a briefing on the progress of the organisational Reset Programme - Update on the BAF and strategic risks - Updates and assurance on Quality, Risk, Finance and Performance	

Next meeting date	13th December 2022, Private Seminar Session 10th January 2023, Formal Private Meeting 14th February 2023, Public Meeting

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