Sirona Board Minutes

Date	14th February 2023, 1:45pm – 4:30pm
Location	MS Teams (Meeting in public)

Attendees

The following Board attendance was noted:

Attendees		**Present**	**Apologies**
Amanda Cheesley	Chair	✓	
Paul May	Non-Executive Director	✓	
Lorna Harrison	Non- Executive Director	✓	
Simon MacSorley	Non-Executive Director	✓	
Barbara Brown	Non-Executive Director	✓	
Anil Patil	Non-Executive Director	✓	
Julie Sharma	Acting Chief Executive Officer	✓	
Clive Bassett	Chief Finance Officer	✓	
Ceridwen Massey	Chief Operations Officer	✓	
Julian Fleming	Officer of Digital Strategy & Delivery	✓	
Sheridan Flavin	Interim Chief People Officer	✓	
Mary Lewis	Chief Nursing Officer	✓	
Penny Agent	Chief Therapy and Allied Health Professions Officer	✓	
Alison Wint	Interim Medical Director	✓	

In attendance

Donna Cairns	Head of Corporate Governance
Claire Valsler	Chair of Peoples Council
Rachel Corrigan	Corporate Governance Manager (Minute Taker)
Presenters:	
Su Monk	Item 8 - Programme Director Clinical Workforce & Professional Standards
Wendy Best & Karen Gleave	Item 10 – Freedom to Speak Up Guardians

Chair	Amanda Cheesley

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Item	Notes	ACTIONS
1.	**Apologies:** None noted	
2.	**Our People Story – Integrated Care Making a Difference** Amy was welcomed to the meeting to share her family's story of their experience of Sirona services in treating her son Oakley. Amy shared her family's journey, from diagnosis to treatment and onward care of their son Oakley. Describing how initial concerns at two weeks were dismissed as 'new mum' anxieties and then at eight weeks when his condition deteriorated, how they were referred for urgent treatment, which suggested a wait of a further 6-8 weeks and through GP intervention an urgent appointment was sourced for a scan at the Children's Hospital. The scan took place and numerous specialist consultants reviewed the results and advised he would be admitted for further tests, including SMA. Gene therapy was eventually offered to treat his condition, which had been confirmed as SMA type 1. Prognosis at that time was to prepare for the worst, whilst the gene therapy was started to stop the continued deterioration of his condition. Since gene therapy in Sept 2022, there has been a positive improvement in his condition. The intervention of domiciliary Sirona therapists – SALT, Physio, etc has improved his condition to ground-breaking levels and is now held up as an exemplar of treatment for this condition. Amy stressed how much the involvement of therapists working with him at home has helped him to progress to levels of activity expected in children of his age. Whilst there has been exceptional care for Oakley, his parents felt traumatised by the experience of coping with a poorly child. Feeling isolated and unsure of what lay ahead for them. Recognising that emotional support was needed, Sirona referred Amy and Nick to the Paediatric Support team, who were able to make contact and provide counselling, but after an eight month wait. Board acknowledged the wider needs of families and how important a role health professionals have in recognising when families need wider support, to consider the entire family unit. Penny asked if Amy's family would be able to feedback on the treatment plan, to help inform others about gene therapy and what the treatment entails both for the child and parents. Amy advised that whilst this has not been asked, she is happy to share wherever possible to improve awareness of both the condition and how families should be supported. In terms of signposting to access of information surrounding SMA, Amy shared that having access to specialists was essential in their journey and any information to help support treatment and recovery would be welcomed. Board extended their thanks to Amy for attending to share her experience and would consider how her feedback might be utilised to make improvements.	
3.	**Declarations of Interest** None over and above those previously noted and recorded.	

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4.	**Chair & Non-Executive Directors' Report** Amanda reported that the ad for the CEO role went live at the end of January, with a high level of interest expressed so far. Closing date for applications is 20th February. Lorna reported on the recent Audit & Assurance Committee meeting held on 8th February, which included: - External Audit plan received - Information Governance Report - Risk Management Policy and review of the risk process - Adding Risk to the title of the Committee - Gifts & Hospitality Report - Policy Reviews underway and going well - Internal Audit Plan received and approved - Going out to procurement on the provision of Internal Auditor No areas of concern Report received for assurance.	
5.	**Executive Committee Report** Julie presented this initial formal report from the Executive Team, explaining how the flow of information will be taken forward. Highlighted the discussion around: - the Sirona Awards and the Executive Committee decision to approve the proposal to continue with an annual awards ceremony. - Rationalisation of the Estates considered and will be discussed in private session at the end of this meeting. - Agreement on the 2024 Quality Priorities, and that an in-depth look at EMIS records will be undertaken as one of these priorities. Report received for assurance.	
6.	**People's Council Update** Claire Valsler was welcomed to the meeting to provide the highlights of the recent meetings as detailed within her report. Claire shared that there had been scrutiny by the group on the out of hospital procedures and that they would have a focussed session on this at their meeting in April, to provide assurance on how the measures are making improvements to hospital flow and patient care within the community. Membership remains a challenge and existing members are attending locality meetings to help boost membership to this group. Workplace and Website pages being updated to encourage applications. Consideration around approaching Our People story contributors would be given. Report received for assurance.	

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7.	**Quality & Outcomes Summary** Paul began by outlining that the Committee is reviewing their Terms of Reference to place greater focus on outcomes, rather than just quality and safety and are hoping to report back to Board on the revisions at the next meeting. Q3 reporting was the main focus for the recent meeting. Detailed CQC action plan in place following inspection in Dec 2021 and good progress being made on actions. There will be changes to the way of reporting to CQC and more to follow on this later in the year. **Children's Services** - Still to consider Autism Services at a future meeting, and; Initial Health Assessment process is an area of concern, and this was supported at the Performance Committee on 12th Feb as an area for focus. Plans in place to hold dedicated workshop on this subject. EoL Strategy included in papers for Board information. Quality Account considered, including the priorities for the coming year. 3 of the 13 priorities for this year, likely to not be achieved but there is rationale behind this. Duty of Candour performance and Level 3 Safeguarding training improved. Deep dive undertaken - Insulin incidents reviewed in detail, access to data was raised as concern. SEND inspection in North Somerset highlighted the work to be undertaken with local authority colleagues on making improvements. Action plans reporting on quality priorities are now in place and will be considered to the assigned Committee to progress. Assurance provided on the risks assigned to the Committee were considered and no immediate concerns. Report received for information.	
8.	**Safer Staffing Report** Su Monk welcomed to the meeting to present for assurance, her report on Safer Staffing. Su reported that Staffing levels have featured widely within literature/government reports and arm's length bodies guidance namely Francis, Berwick and Keogh with staffing also having been identified more recently within Kickup & Ockendon reports. Period of change and challenge was acknowledged. Why we monitor was explained for the Board's understanding and they were asked to note the compliance level assessed and the actions agreed at the Executive Meeting on the 26th January to move towards full compliance against all 14 standards. Su reported on the commencement of Bi-annual safe staffing process for monitoring and ensuring safe staffing in line with current national recommendations, where it is proposed that this is overseen by our People Committee and the outcome and any required escalations reported to the Board.	

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	Further assurance provided through annual governance statements and through the NHS Single Oversight Framework, the principles of which Sirona has signed up to as a full member of the Integrated Care Partnership. Paper B presents a review of staffing within nursing and AHP groups in the 6 care settings described. The Board were advised that much of the national and evidence based work on safer staffing has been applied solely to nurse staffing; within this paper we are including AHP staffing where at all possible and are making a commitment to include all our multi-disciplinary clinical team in ongoing development of our safer staffing programme. The Board were asked to receive assurance that systems and processes are in place for management of daily staffing across the services and receive assurance following this initial review that work is underway to further develop our assurance and processes framework for safer staffing across our workforce, and the position in relation to safer staffing standards. They were asked to note the contents of this report which outlines the progress to date and further actions planned to ensure staffing levels are safe to meet the needs of our patients, are effectively managed in accordance with the National Quality Board (2016), NHS Improvement (2018) Developing Workforce Safeguards recommendations, NICE guidance and self-assessment of the NHS Improvement recommendations for safe staffing And finally, to receive assurance that the Chief Nursing Officer has undertaken a review of safe staffing for areas as detailed within the report with a further review has commenced as part of bi-annual safe staffing reporting to Board. Regarding funded establishment it was queried whether this review has identified whether we have insufficient staff in some areas, and whether we can drill down into what establishment is needed linked to health inequalities and what we need in each area to address this. Su advised historically teams have used health population data, local intelligence, and awareness rather than be driven by data. How we oversee the daily activity is an area currently under review by both the operational and digital teams. Su reported that initial progress reports are planned to be presented to the Executive Committee in the next few months. In terms of benchmarking, we have reached out to NHS England and can request access to ICB data and also other organisations to establish if they are agreeable in sharing their workforce data. Penny shared her appreciation of inclusion of therapy services in this reporting and planning, and extended an offer to support this initiative, also offering to reach out to her former organisation to support the information sharing in this area. This report was received for assurance.	
9.	**Ockenden & Kirkup Reports** Reports focussing on maternity services, but Sirona focus has been on the learning from these reports and a dedicated seminar was held with the Board in December, looking at the key themes within the reports and how we as an organisation should focus on identified areas of improvement. Recommendations as an output of the seminar is that the actions are taken forward through the Exec Co and that the exercise is repeated later in this year to review progress made year on year. A similar seminar will be held with Sirona leaders during this year.	

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	A review of our communications strategy and engagement is included within these recommendations. Board noted the report, agreed on the description of activities undertaken at the Board Seminar and were assured by the action plan put in place. Lorna stressed that we should make more of the listening aspect and experience from users of our services. Claire added how crucial the listening to users is in establishing what we need to address in terms of culture. Amanda agreed that engagement within the community will be essential in supporting this initiative. Board received this report as assurance.	
10.	**Freedom to Speak Up Report** Sheridan introduced the report and welcomed Wendy and Karen to the meeting to present their report and take questions from the Board, as the Freedom to Speak Up guardians. Themes were identified within the report, although not detailed in numbers. Moving towards a digital report to assist with reporting. Board was informed that there are currently 12 cases remaining open and continuing to be investigated. Outcomes vary dependent on requirements, including access to Executives if that is what is required and always appreciated that this is available. Confidentiality is absolutely assured, and new measures are being reviewed in relation to governance and improving the assurance to those reporting and the recipients of reporting around how cases are being managed. Having the appropriate tools was also raised as a crucial component in supporting colleagues in this area, and Sheridan reported that the process is being reviewed to ensure that Executive and Non-Executive members are fully assured on the work in this area. The need to find a way to triangulate with other feedback, such as the Staff Survey and other surveys/engagement events was raised as this would provide links to developing a strong culture that we are an establishment that encourages staff to speak up freely. When asked if there is a way within the data to identify areas within the business that are most at risk so that early interventions can be taken. Board was advised that data would help provide early indicators on where there may be a prevalence to some of the key themes identified within this report. It was noted that there is some triangulation currently undertaken and that there is a quarterly meeting to review themes. Board advised that when services under pressure calls reduce and increase when there is not so much pressure on teams or services. Karen added that a lot of calls are fielded and do not progress to formal reporting as concerns or issues are addressed outside of the FTSU process. Report was received as assurance.	
11.	**Operational & Performance Report** Ceridwen reported to the Board that scrutiny on Performance had been undertaken by the Performance Committee on the previous day. - Board were advised that the data on reporting has been improving and BI reporting is assisting in making improvements.	

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	- Demand understood to be around 870 referrals per month and whilst we are around 40% achievement of this, there are plans underway to improve this. - Conversion rates improved to 49% on place based urgent care delivery, and a new manager now in post - Discharge to assess remains a key area of focus and delivery plans being revised to help improve the situation - Continue to review the length of stay in bedded units and working with BI team to improve reporting in this area. - SASS, still on 18-week RTT on MSK and Podiatry and seeking additional resource to reduce this. Stock takes underway as part of Reset to improve this and meet national requirements. - Children's services – wait times being reviewed for assessments and supported on a change in criteria by our system partners. - Children in Care – under performance in particular and looking at a plan to address How we communicate to those on the waiting list and not yet triaged was queried and Board were advised that the waiting list initiative has been extended and there is a series of letters being sent to patients and their families to outline the process. Julian advised that there is a helpdesk established to support recipients of these letter and address any queries or concerns. Report received for assurance.	
12.	**Workforce Report** Sheridan introduced the report, highlighting that activities within the People Team have been focussed on priorities. Highlighted priorities included: - Safer Staffing and the Safe Care Module, part of the E-Roster roll out - Agency controls – where there are gaps in establishment this is used and has an impact on patient care as delivered by non-substantive staff - Retention – reviewing how we can stem turnover now at 18% down from 19.4% in December – need to cost out the churn - Occupational Health provision – new provider - Quality of Data – right data informing the best decisions o Need one source of credible data - Sickness Absence – Stress & MSK in top three reasons and usually around 5% and an area of focus for the People Team (28 days is termed as long-term absence) Finalisation of the People Strategy will help determine the order of the priorities and was understood to be a 3-year plan. Report received for assurance	

13.	**Risk Register**
	
	The Board reviews those risks scored at 15 and above and Mary shared that a great deal of work has been undertaken to address long standing risks and those that have retained high scores.
	
	21 risks on the register, of those risks, which is reduced by 4 since last reported, only 7 of the 21 remain overdue at the time of preparing the report on 31st January.
	
	• 6 New Risks
	  o 2 IT issues
	  o 2 Agency usage and spend
	  o 1 EPRR logging	

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	○ 1 Clinical - Collar care Two escalating risks one around social care in Adult LD services, and one around UTC staff shortages. Overall risk reviews have improved, and a number have now been closed. Sheridan added how important the triangulation of risks with the other data around workforce will help inform how we address our own processes and ensure that this is a great place to work. Risk 576, Lorna asked why such a high score given that this relates silent calls – Ceridwen advised that there is an issue around this, and Julian reported there is a route cause analysis underway to establish cause and therefore how to address. Claire raised concerns relating to the lack of an EDI resource and establishment of the Committee and why this was not noted on the register. Sheridan reported that this is currently under review and provided reassurance on the measures in place to establish this Committee. **ACTION: Sheridan to review EDI resource risk and liaise with Claire**	**Sheridan**
14.	**Articles of Association** Julie introduced the paper as being put forward as a recommendation to Members for ratification. Understood that this paper and revised article brings our documentation inline and provides greater clarity around Members constitution and voting rights on decisions reserved for Members, Vice Chair arrangements for Members and NED terms of office. Donna cautioned Board that this was not a space for further requests for change and that further requests for revision should be submitted to Corporate Governance. **DECISION: Board approved the recommendation to take to Members for approval**	
	Consent Agenda Items (Pack B)	
15.	**Cover Report** Provided to summarise requirements for Consent Agenda items.	
16.	**Ratification of New Members** Recommendation as set out within the paper to ratify considered for: Georgie Ford – Strategic Member, one year term Amanda Threlfall – Service User Member, three year term **DECISION: Ratified by the Board**	
17.	**Quarterly Performance Committee Report** Report received for information and assurance. **Terms of Reference** Revisions reviewed and supported. **DECISION: Approved by the Board**	
18.	**Quarterly Finance, Estates, Environment & Digital Committee Report** Report received for information and assurance.	

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	Terms of Reference Revisions reviewed and supported. **DECISION: Approved by the Board**	
19.	**Quarterly People Committee Report** Report received for information and assurance.	
20.	**Quarterly Professional Council Report** Report received for information and assurance.	
21.	**Consultation on NHS Risk Assessment Framework for Independent Sector Providers** Board noted the proposed methods for monitoring the risk ratings within Sirona, which will be further detailed, if and when a timeline for implementation is known.	
22.	**Any Other Business and Close** Thanks were extended to participants and colleagues for an informative meeting and Chair summarised the matters considered during the meeting.	

Next public meeting date	Tuesday 13th June 2023 – Virtual, 14:00 – 17:00

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