

**Item**  
**Minutes Sirona Board**



<b>Date</b>	12 <sup>th</sup> September, 2:00pm-5:00pm
<b>Location</b>	MS Teams (Meeting in Public)

**Attendees**

The following Board attendance was noted:

<b>Attendees</b>		<b>Present</b>	<b>Apologies</b>
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	✓	
Sue Porto	Chief Executive	✓	
Clive Bassett	Chief Finance Officer	✓	
Ceridwen Massey	Chief of Operations	✓	
Julian Fleming	Chief Digital & Information Officer	✓	
Sheridan Flavin	Chief People Officer (Interim)	✓	
Mary Lewis	Chief Nursing Officer	✓	
Penny Agent	Chief of Allied Health Professionals & Therapists	✓	
Kathryn Bateman	Chief Medical officer	✓	

**In attendance**

Donna Cairns	Head of Corporate Governance (Minute Taker)
Wendy Best	Head of Communications and Freedom to Speak Up Guardian
Tayo Gaji	Corporate Governance Administration Manager

**Presenters:**

Donna Thomas	Clinical Falls Lead – for Item 2
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**Chair**

Amanda Cheesley

Item	Notes	Action
1.	<p><b>Welcome and Apologies</b> The Chair welcomed everyone to the meeting and explained how the meeting would be conducted. There were no apologies for absence as all Board members were in attendance.</p>	
2.	<p><b>Our People Story</b> <b>Service User Story – Falls Awareness</b> Amanda Cheesley, Chair of the Board, welcomed Donna Thomas, Clinical Falls Lead, and Wendy Best, Head of Communications, explaining that unfortunately the service user due to join us, Marie, was not able to attend. Wendy shared some points from Marie on her behalf.</p> <p>Marie had experienced a number of falls over recent years and remarked on the improvement in the service she had experienced. She commented that she would like to see more home visits being offered as attending group sessions was tricky due to reduced mobility. Marie had asked that the Board be made aware how impressed she was with the kindness shown to her by all Sirona staff.</p> <p>Donna Thomas explained the key features of the falls service and why the new programme was designed. A number of pathways and collaborative multi-stakeholder working arrangements are in place to provide the right support that our service users need and to support urgent responses. She outlined the traffic light system used to assess the category for the assistance needed and how care home staff are trained to identify when they can support a patient themselves, utilising equipment that have received training to use (Raizer), and when they need to call an ambulance.</p> <p>As a specialist falls service, Donna shared how passionate they are as a team, and she talked about the impact a fall has on a person. Swift intervention can decrease the time it can take for individuals to regain confidence and mobility which can have a significant impact on their quality of life, demonstrating the principle of “aging well” in action.</p> <p>Donna illustrated the success of the Raizer project with some recent data: In the last 30 days, there had been 163 falls across BNSSG care homes, from 23 out of 42 homes we have supplied equipment to. The Raizer was used 98 times. The traffic light assessment was used throughout, resulting in 10 ambulance call outs and only 4 people conveyed to hospital. Before this project, almost all of these falls would have resulted in ambulance call outs.</p> <p>So far in the last 60 days, the interventions have saved the system £174.5k through a reduction in costs of ambulance and admissions. This is in addition to the impact on the patient, able to stay in their own homes.</p> <p>A video was shown that demonstrated the tools used within the project, including a Raizer chair that care home staff were trained to use in appropriate situations. A care home resident (Elizabeth) who had used the Raizer chair after a fall described her experience.</p> <p>Board members asked about how the project was being promoted and suggested submitting applications for national awards. Donna explained the expansion plans to bring more care homes into the programme and expand the roll out with domiciliary care. A media plan was in place around the step</p>	

	<p>programme and the research and data they had collected on falls prevention was being written up and submitted to an academic journal. Engagement is also taking place with stakeholders, e.g. Alzheimer's Society.</p> <p>Donna confirmed that all Sirona integrated network teams have Raizer chairs for use in people's homes. A loan service was also being trialled, which can support funding bids for people to have their own equipment in their home. Work was extending to domiciliary care agencies to bring them into use in their services. Mary Lewis, Chief Nursing Officer, commented that the project was linked to the work on maximising access for all service users.</p> <p>The Board noted how transformative the impact could be from a relatively straightforward piece of equipment for the wellbeing of the individual as well as the system savings from preventing admissions.</p> <p>The Board thanked Donna and Wendy for attending and sharing Marie's story and the video of other people's experiences.</p>	
3.	<p><b>Declaration of Interest</b></p> <p>None other than that previously recorded for Board by Paul May as a Councillor in BANES Council, now serving as a Cabinet Member for Children and Young People and the Chair of the Health and Wellbeing Board.</p>	
4.	<p><b>Chair and Non-Executive Directors' Report</b></p> <p>Amanda Cheesley, Chair of the Board, outlined some recent activity of herself and the other NEDs including re-establishing service visits with a new schedule organised for a visit every 2-3 months. Amanda, Barbara and Anil were invited to attend a recent Leadership engagement day and she passed on her thanks for the positive outcomes and productive day.</p> <p>As Chair, Amanda is a member of the Integrated Care Partnership, which is represented by a number of system partners, members of the public and representatives of the voluntary sector. Amanda is also a member of the Primary Care Committee which is providing scrutiny and oversight of the expansion of primary care commissioned by the ICB e.g. dentistry that were previously commissioned by NHSE. The Committee recognised the challenge in access to services such as dentistry.</p> <p>The NEDs attending other ICB Committees included Paul May attending Outcomes, Quality &amp; Performance and Lorna Harrison attending the Audit Committee.</p> <p>Amanda also presented the report recommending that Lorna Harrison be re-appointed for a second term of office, following the review from the Nominations Committee and assurance on her on-going performance and independence as a Non-Executive Director.</p> <p><b>Decision</b></p> <p>That Lorna Harrison be re-elected for a second term of office, from 1<sup>st</sup> January 2024 to 31<sup>st</sup> December 2026.</p>	
5.	<p><b>Chief Executive Report</b></p> <p>Sue Porto, Chief Executive, presented the paper which drew the Board's attention to some matters not otherwise on the agenda.</p>	

Sue highlighted key points for the Board including:

- Consideration of the implications arising from the Letby trial - internally we are strengthening areas we are already working on including our restorative just and learning culture and reviewing our Freedom to Speak Up process. We continue to ensure colleagues feel confident to speak up about any concerns, whilst we review wider learning that will come from the judicial inquiry.
- Acceleration of the COVID vaccination roll out and launch of our staff vaccination programme for COVID and flu.
- South Bristol Community Hospital taking part in National health care associated infection point prevalence study.
- Executive changes – Sue noted Julie Sharma’s retirement (as Deputy Chief Executive) and that this was Sheridan Flavin’s last meeting as interim Chief People Officer. Sonya Wallbank would be starting as the newly appointed Chief People and Culture Officer from 25<sup>th</sup> September.
- System and partnership working – the paper detailed the groups Sue is now part of, taking over from Julie Sharma (formally acting as interim Chief Executive). Sue informed the Board of the meetings she had held during her induction with system partners.
- Awards Ceremony –taking place on 12<sup>th</sup> October and is fully booked
- Update on our strategic objectives and delivery on our business plan through the Hoshin Kanri methodology. 14 milestones were on track, 6 were behind target and 3 were still to be scoped. The report drew out the key areas where progress was slower than anticipated.
- NHS@Home programme – further detail in the operational performance report. ICB public meeting asked about our progress. We are now at 120 beds (improved position from the data in the report) and conversations are taking place on speeding up recruitment to ensure we are improving performance and prepared for winter.

Amanda Cheesley, Chair of the Board, asked for an explanation of the comment on ICB’s approach to VCSE being not as expected, provided in relation to the model for community neighbourhood teams. Ceridwen Massey, Chief Operating Officer, to cover under operational performance report.

6. **Equality, Diversity and Inclusion Action Plan**

Sue Porto, Chief Executive, presented the draft plan prepared by Executives following the audit of our ED&I processes and practices by Diverse Matters. The Board were asked for comments to aid the development of the plan.

Diverse Matters had identified some positive areas within Sirona but also made a number of recommendations to improve our arrangements and improve our inclusivity. The report was received by the Board at the seminar in August and a commitment was given to develop an action plan to implement the recommendations. Sue had worked with the People & Development leads – Sheridan Flavin (Chief People Officer), Ticki (Head of Organisational Development) and Dan Whalley (Interim EDI Consultant) to pull the plan together.

The plan provided for this meeting was a draft as further consideration was needed on the level of the roles to support EDI and the governance arrangements for monitoring and supporting EDI through a steering group. The proposal for the governance structure was set out in the report.

	<p>Amanda Cheesley, Chair of the Board, was grateful for the action plan putting pace behind the implementation of the report’s recommendations and pulled out the development of training as a key activity that should be started as soon as possible. Claire Valsler, Chair of the People’s Council, commented that it was important to be led by the CEO to recognise the importance of the plan. Sue added that all Executives share the responsibility as EDI is integral to all service areas.</p> <p>Resourcing and funding for new roles was discussed. Sue advised that the new roles were not within budget and it would be important to look at ways to make the roles cost neutral in order to be financially sustainable.</p> <p>Amanda requested the Board be kept up to date on finalising the plan and the implementation.</p> <p><b>Action</b> Chief Executive to provide update to People Committee on progress and the next Board meeting in public.</p>	<b>Sue Porto</b>
<b>7.</b>	<b>Executives Exception Reporting</b>	
<b>7.1</b>	<p><b>Clinical Quality &amp; Safety – Chief Nursing Officer</b></p> <p>The report of the Chief Nursing Officer, Mary Lewis, provided a summary of quality and safety assurance from our contractual reporting, and demonstrating how Sirona is meeting CQC fundamental standards of care. The report noted a medium/partial level of assurance and improvement plans for key areas were outlined in the report.</p> <p>Mary highlighted some key points:</p> <ul style="list-style-type: none"> <li>• <b>Patient safety incidents</b> - There were no significant changes in themes with medication errors the top cause and pressure injuries being the cause of the 4 serious incidents recently reported. The Quality Improvement programme will be looking at addressing the serious incident themes. The new patient safety reporting framework (PSIRF) was being implemented with additional project management support in place. This would link to the restorative and just learning culture to make sure we are actively listening and learning from incidents and themes of concerns.</li> <li>• <b>Duty of Candour</b> – Mary advised the Board there is an action plan to address compliance with the legal requirements.</li> <li>• <b>Safeguarding</b> – Compliance with training needed to be improved and actions were under way to recover the position. Section 42 activity was also being investigated as North Somerset cases continued to be comparatively high.</li> <li>• <b>Complaints</b> – numbers remained consistent.</li> <li>• <b>Safer Staffing</b> – reporting had started and no changes to current staffing skill mix were recommended.</li> <li>• <b>Competency Governance</b> processes were being relaunched in September.</li> <li>• <b>CQC Preparedness</b> – activity to implement the new Single Assessment Framework was taking place.</li> </ul>	

	<p>Claire expressed concern at the issues with safeguarding training compliance, and that it must be addressed. Mary explained that all staff are required to undertake safeguarding training and the percentage compliance referenced in the report was for enhanced level 3 training, which was more complex, multi-agency training that only certain roles are required to do. There were also issues with recording attendances at training.</p>	
7.2	<p><b>Allied Health Professions (AHPs) &amp; Therapies – Chief Therapy &amp; AHP Officer</b></p> <p>The report of the Chief Therapy and AHP Officer, Penny Agent, was provided for information as an overview of priorities within her directorate, including updating her portfolio as Chief Therapies and AHP Officer, review of the experience and engagement strategy, recruitment of new roles within personalised care (which Sirona leads/hosts for the system) and working with clinical systems.</p> <p>Penny updated the Board on the system work to support AHPs:</p> <ul style="list-style-type: none"> <li>• Personalised care was to take on green social prescribing and the ICB had provided some additional funding</li> <li>• Research – we have around 30-35 active studies at the moment. The governance on approval for new proposals is being developed, with the establishment of a new group. Sirona is named on a national bid for National Institute of Health Research funding to enable UWE to develop a Masters in research course. Being named on the bid enables Sirona staff to access the course.</li> <li>• Clinical systems – some issues needed to be resolved with the reporting requirements with the version of Adastra that had been installed within the MIUs.</li> </ul> <p>The Board noted the positive progress including recruitment into key roles.</p>	
7.3	<p><b>Medical Professionals – Chief Medical Officer</b></p> <p>Kathryn Bateman, Chief Medical Officer noted this was her first report for a Board meeting in public therefore she introduced herself and her role.</p> <p>In her report, she highlighted the medical revalidation and appraisal report that was contained in the Consent Agenda pack, noting the governance processes that were underway for medical staff. Kathryn explained the role of the Responsible Officer (RO) that she is taking on.</p> <p>Kathryn also updated the Board on development on integrated reviews and new harm panels to improving clinical governance, and assessment of risk.</p> <p>Externally, Kathryn noted her focus was using her role to raise the profile of Sirona, working with partners in primary care and hospital trusts, moving to a more person-centred care approach.</p> <p>Sue Porto, Chief Executive, informed the Board of an Executive-to-Executive meeting with representatives from Universities Hospitals Bristol and Weston Foundation Trust and that Kathryn would be involved in implementing learning from this partnership work, developing place-based approaches.</p>	

	<p>It was noted that Kathryn was taking over the role as Caldicott Guardian from 15<sup>th</sup> September, taking over from Mary Lewis, Chief Nursing Officer, who the Board thanked for her work in the role.</p> <p>Anil Patil, Non-Executive Director, asked for an update on measures of success on the children’s services review for monitoring effectiveness of the review. Sue advised that updates would be provided in due course following the diagnostic stage of the review for scoping the work that is needed.</p> <p><b>Action</b> Chief Executive to provide further update on the Children’s Services review to the Board.</p>	<b>Sue Porto</b>
7.4	<p><b>Operational Performance – Chief Operating Officer</b></p> <p>Ceridwen Massey, Chief Operating Officer, presented her report on operational performance which have a medium/partial level of assurance, noting that a review of performance monitoring data and analysis was underway to be reported on over the next quarter.</p> <p>The report provided details on performance issues to bring to the Board’s attention, additional comments made by Ceridwen in the meeting included:</p> <ul style="list-style-type: none"> <li>○ <b>Discharge to assess</b> – a different system approach was being utilised to look at transformation of D2A including sprint workshops looking at specific pathways, and targeting work with Bristol City Council to address links to adult social care to improve these pathways.</li> <li>○ <b>Place-based urgent care</b> – further discussions are needed with the ICB as there is no funding available to support the increase in demand/activity.</li> <li>○ <b>NHS@Home</b> – an options paper is being prepared to look at how to increase the performance.</li> <li>○ <b>Children in Care</b> – there was some improvement across the quarter but was still under target for completion of initial health assessments. An action plan was in place to address this.</li> <li>○ <b>Public Health Nursing</b> – a review of capacity and demand was taking place, which highlighted in issues in South Gloucestershire.</li> <li>○ <b>Waiting times</b> – Podiatry action plan in place. Key risks in children’s services waiting lists would be brought into the integrated review.</li> </ul> <p>Charts of performance data for quarter one were attached to the report.</p> <p>Areas of concern in adults and specialist services included:</p> <ul style="list-style-type: none"> <li>○ Workforce and vacancies across a number of services</li> <li>○ Referral and demand pressures from system partners</li> <li>○ Issues in improving our capacity and demand modelling – the move to one EMIS would support developments in this area.</li> </ul> <p>Areas of concern in adults and specialist services included:</p> <ul style="list-style-type: none"> <li>○ Capacity and demand modelling and clarity around clinic availability</li> <li>○ Workforce gaps particularly in public health nursing</li> <li>○ Clarity in delivery of core elements of the services</li> </ul>	

	<p>Regarding working with the voluntary sector work within the clinical model review, the issue was around the financing of the ICB work with the VCSFE sector and different approaches to this across the system.</p> <p>Concerns were expressed in the waiting times in children’s services and Ceridwen was asked when she expected to see improvements being made. Ceridwen advised the Board that demand continued to outstrip capacity and modelling showed it would continue to be a challenge. A waiting list initiative was in place however new ways of working needed to be looked at, such as graduated assessments. Sirona has a responsibility to push the transformation forward within the system.</p>	
7.5	<p><b>Financial Performance – Chief Finance Officer</b></p> <p>Clive Bassett, Chief Finance Officer, presented the finance report which provided a brief summary on month 4’s results. The report had been reviewed at Executive Committee in August. The financial position at an operating level had declined, with a potential year end deficit of £2m. At an organisation level, this is mitigated by interest on cash balances.</p> <p>There is activity on-going to deliver savings this year and identify savings for next year. Clive led sessions with the leadership team to emphasise the need to end the year on the run rate as the starting position for next year and not carry forward a loss-making position.</p> <p>Amanda Cheesley, Chair of the Board, noted that the agency spend needed to be reduced to make a significant impact on the deficit. Clive confirmed agency controls was a key element of the leadership day in September.</p> <p>Clive explained that the overspend on staff costs included agency costs but also more staff on rota and on shift than expected (budgeted for). Shift coverage/planning was also covered at the leadership day.</p> <p>Lorna Harrison, Non-Executive Director, requested a breakdown of the staffing expenditure to show how much of the costs are bank and agency costs. It was agreed this would be taken to the FEED Committee, including the level of utilisation of agency and the increased amount in the cost per agency hour.</p> <p><b>Action</b> Chief Finance Office to provide detailed report on agency costs to next FEED Committee</p> <p>Mary Lewis, Chief Nursing Officer, advised the Board that the system’s strategic group on agency controls had restarted and was being attended by Su Monk, our Deputy Chief Nurse and Director for Professional Standards and Clinical Workforce.</p>	Clive Bassett
7.6	<p><b>Workforce – Interim Chief People Officer</b></p> <p>Sheridan Flavin, Interim Chief People Officer, outlined some high level points from her report.</p> <ul style="list-style-type: none"> <li>• <b>Agency</b> – Sirona has been driving down usage of high cost off framework agency staff, this has reduced significantly. However our new</li> </ul>	



	<p>neutral vendor is filling vacancy shifts at a higher rate (85%). Although this is at a lower cost, it means that our overall agency spend has increased. We are expecting NHSE to put in place a tier 1 cap, above which we are not able to procure agency staffing at the higher rates. Our top priority is resourcing, to ensure we recruit suitable qualified and experienced staff in a timely way. This will help us drive down the use of bank and agency staff to fill shifts.</p> <ul style="list-style-type: none"> <li>• <b>Training compliance</b> – Oliver McGowan training on learning disability and autism was launched in July and is at 54% completion rate across the organisation. Phase 2 of this training is being launched to provide face to face training for all clinical staff.</li> <li>• <b>Communications</b> – support for all internal and external communications activity as outlined in the report.</li> <li>• <b>Implementation of learning and development team review</b></li> <li>• <b>People Strategy</b> – will be finalised by the People &amp; Development team with the new Chief People &amp; Culture Officer, Sonya.</li> </ul> <p>Sheridan praised the People &amp; Development team’s achievements during her time with Sirona and wished Sonya the best when she starts later this month.</p> <p>The Board thanked Sheridan for her contributions to Sirona during her time with us.</p>	
7.7	<p><b>Digital – Chief Digital &amp; Information Officer</b></p> <p>Julian Fleming, Chief Digital &amp; Information Officer, informed the Board that his report was marked as providing low assurance and his team were asked to focus on addressing the costs of the service as well as improving the quality. A reporting structure was in place and improvements were anticipated to be seen during September.</p> <p>The report provided details on:</p> <ul style="list-style-type: none"> <li>• <b>information governance</b> - becoming more proactive with training and engagement and working on a more streamlined approach to data sharing agreements</li> <li>• <b>business intelligence</b> - developments on dashboards on KPIs. New EMIS data reporting is being introduced in December.</li> <li>• <b>IT transformation</b> - Processes are being reviewed to address asset management.</li> <li>• <b>digital transformation</b> – additional resources to support EMIS migration has been effective. Moving away from Glasscubes is being considered.</li> </ul> <p>The Board noted the positive movement in some areas of concern e.g. information governance compliance and cyber security.</p>	
8.	<p><b>Risk Register</b></p> <p>Mary Lewis, Chief Nursing Officer, presented the report, taking it as read. She noted the extract of the data was on 22<sup>nd</sup> August 2023. Chief Officers were working through Executive Committee to ensure that all risk reviews are kept up to date. The highest risk categories remained consistent with previous reporting.</p>	

	<p>Mary highlighted the risks that had been updated since the extract from Ulysses was taken. Risk 430 had been reduced to 12 or 9 as a result of the actions taken. A deep dive on this risk had taken place at Audit, Assurance and Risk Committee.</p> <p><i>Mary left the meeting for a few moments due to a fire alarm.</i></p> <p>Sue Porto, Chief Executive, took over reporting in Mary's absence and informed the Board that more work was going on to improve our risk management processes and address the overdue risk reviews. Consideration needs to be given to the level of detail on risks that come to Board as the more detailed scrutiny takes place through our Committees, and the BAF should be more of a focus for the Board.</p> <p><b>Action</b> Chief Executive to review with the Chair of the Board and Committee Chairs to consider level of risk reported to Board.</p> <p>Paul May, Non-Executive Director, noted that the risk register is a live system and updates are made to it following committee meetings which are not reflected in the report.</p>	<p><b>Sue Porto &amp; Amanda Cheesley</b></p>
<p>9.</p>	<p><b>Quality &amp; Outcomes Committee Summary Report and Annual Report Recommendations: Infection Prevention &amp; Control Annual Report and Health, Safety &amp; Security Annual Report</b></p> <p>Paul May, Non-Executive Director and Chair of Quality &amp; Outcomes Committee presented the report. Paul confirmed the two annual reports had been scrutinised by the Committee and recommended to Board.</p> <p>He advised that the focus of the Committee had seen the just and learning culture work being effective.</p> <p>Three areas that were the focus where assurance needed to be improved:</p> <ul style="list-style-type: none"> <li>• Podiatry service review and action plan</li> <li>• Duty of candour compliance</li> <li>• Children's services delivery programme.</li> </ul> <p><b>Decision</b> The Board approved the Infection Prevention &amp; Control Annual Report and the Health, Safety &amp; Security Annual Report.</p>	
<p>10</p>	<p><b>People's Council (renamed People's Voice)</b></p> <p>Claire Valsler, Chair of the People's Council, explained to the Board the reason the group changed its name to People's Voice (to not be associated with local authorities and to reflect national naming of patient engagement groups).</p> <p><b>Action</b> People's Council references in internal and external communications and governance documents to be amended to People's Voice.</p> <p>Claire talked about the work on-going to grow the group and was encouraged by the developing work on the patient engagement strategy.</p>	<p><b>Communications Team/ Corporate Governance Team</b></p>

	<p>Claire encouraged Board members to identify anyone who might be interested in joining the People’s Voice and pass on details to her.</p> <p>The Board thanked Claire for her hard work in her role and the work of the group.</p>	
11	<p><b>Annual Report &amp; Financial Statements for the year ending 31.03.23 and Annual Community Interest Company Report 2022/23</b></p> <p>Clive Bassett, Chief Finance Officer, presented the report, outlining the three papers for approval, the annual report and financial statements for Sirona care &amp; health CIC, the financial statements for Sirona Care Services Ltd and the Community Interest Report for 2022/23.</p> <p>Clive explained the scrutiny and review process that the documents had been through. Wendy Best (Head of Communications), Linda Frankland (Deputy Chief Finance Officer) and Donna Cairns (Head of Corporate Governance) were thanked for their work in production of the reports, particularly Wendy and Linda for the professional style of the Annual Report.</p> <p><b>Decision</b> The Board approved:</p> <ul style="list-style-type: none"> <li>○ the Annual Report and Financial Statements for the year ending 31<sup>st</sup> March 2023 for Sirona care &amp; health CIC and for Sirona Care Services Ltd.</li> <li>○ The CIC34 Community Interest Report for 2022/23.</li> </ul> <p><b>Action</b> Chief Finance Officer to arrange for signing of Annual Reports and Financial Statements by himself and the Auditors, and the signing of the CIC34 Report. All reports to be filed at Companies House.</p>	<p><b>Clive Bassett &amp; Corporate Governance Team</b></p>
12	<p><b>NHS Provider Licence – Availability of Resources Self-Certification</b></p> <p>Clive Bassett, Chief Finance Officer, updated the Board on the reporting requirements covered in this report as a result of the classification of Sirona by NHSE as a hard to replace provider, which the Board were informed of in August.</p> <p>The Availability of Resources certification, attached to the report, was explained and supported by the Board.</p> <p>Alongside this reporting, the Board was required to submit to NHSE a forecast and analysis of risks for the next financial year (no prescribed format for this). Clive had discussed the content of this document with Simon MacSorley, Chair of the Finance, Estates, Environment and Digital Committee.</p> <p>Clive explained that the forecast net reserves was lower than had been forecast in previous reports due to the updated financial position in the current year. The forecast showed NHSE that we are not in any immediate financial danger.</p>	

	<p>The appendix was updated with the dates of the children’s contract, which runs to 31<sup>st</sup> March 2027 (noting North Somerset has an option to extend).</p> <p>Once the requested information has been submitted to NHSE, Executives would be meeting with representatives from the independent providers team at NHSE to answer any questions and provide context on the details provided.</p> <p><b>Decision</b> The Board approved the Availability of Resources Self-Certification with the wording of Option B as attached to the report and approved the high-level forecast for financial year 2025, attached as appendix 2 to the report for submission to NHS England.</p> <p><b>Action</b> Chief Finance Officer to finalise the documentation for submission to NHSE.</p>	<p><b>Clive/Corporate Governance Team</b></p>
<p>13</p>	<p><b>Emergency Preparedness, Resilience &amp; Response (EPRR) Annual Report</b></p> <p>Ceridwen Massey, Chief Operating Officer, presented the report advising that the assurance level was partial compliance. Sue Porto, Chief Executive, informed the Board that whilst Ceridwen had been on leave, the rating had increased to substantial.</p> <p>The Board thanked Greg Garrett (Head of EPRR) for his work supporting the assurance process and development of the report.</p> <p>All staff were also praised and thanked for their hard work in responding to the recent heat wave.</p> <p><b>Decision</b> The Board approved the EPRR Annual Report.</p> <p>The Board also noted the medium/partial level of assurance due to full compliance with the NHS EPRR core standards not being possible at this time.</p>	
<p>14</p>	<p><b>Mid-Year Freedom to Speak Up (FTSU) Report</b></p> <p>Sheridan Flavin, Interim Chief People Officer, introduced the report and passed over to Wendy Best, Head of Communications and Freedom to Speak Up Guardian, to present.</p> <p>Wendy informed the Board of a systems wide Freedom to Speak Up event that was taking place later in September. She also assured the Board that people are speaking up and using her and Karen Gleave as FTSU guardians and the report explained how they are supported and the key themes that are raised.</p> <p>Wendy and Karen were thanked for their valuable efforts and the Board were pleased to hear there was interest in growing the number of champions to support this very important work.</p>	

15	<b>Consent Agenda Cover Report</b> All papers detailed below were approved under Consent Agenda arrangements.	
16	<b>Previous Minutes – Meeting in Public</b>  The Board approved the following minutes as true and correct records: <ul style="list-style-type: none"> <li>• Minutes of the meeting in public held on 13<sup>th</sup> June 2023</li> <li>• Minutes of decisions made by written procedure: <ul style="list-style-type: none"> <li>○ New HQ Heads of Terms</li> <li>○ ICB Nomination</li> <li>○ Contingence Product Procurement</li> <li>○ Appointment of Chief People and Culture Officer</li> </ul> </li> </ul>	
17	<b>Approval of the Delegated Authority Policy</b>  <b>Decision</b> The Board approved the revised Delegated Authority Policy.	
18	<b>Modern Slavery Statement and Action Plan</b>  It was noted that the statement had been updated following comments from the Chair of the People Committee, Anil Patil. The amended version was approved by the Board.  <b>Decision</b> The Board: <ol style="list-style-type: none"> <li>1. approved the statement for filing with the regulatory body and publication on the Sirona website</li> <li>2. Noted and supported the activities detailed as part of our forward plans within the 2023/24 statement</li> </ol> <b>Action</b> Modern Slavery Statement to be published on Sirona website and submitted to central government website.	<b>Corporate Governance</b>
19	<b>Medical Staff Revalidation Report</b>  <b>Decision</b> The Board approved the Annual Board Report and Statement of Compliance.	
20	<b>Quality &amp; Outcomes Committee Recommended Annual Reports:  Infection Prevention &amp; Control Annual Report  Health, Safety &amp; Security Annual Report</b>  <b>Decision</b> The Board approved the Infection Prevention & Control Annual Report and the Health, Safety & Security Annual Report.	
21	<b>Quarterly Summary Report from the Audit, Assurance &amp; Risk Committee</b>  The Board received the report for assurance, noting the medium/partial level of assurance given by the Committee. It was noted that progress was sought in the updating of policy reviews and risk reviews to increase the level of assurance.	

22	<p><b>Quarterly Summary Report from the Finance, Estates, Environment &amp; Digital Committee</b></p> <p>The Board received the report for assurance, noting the high/significant level of assurance given by the Committee.</p>	
23	<p><b>Quarterly Summary Report from the People Committee</b></p> <p>The Board received the report for assurance, noting the high/significant level of assurance given by the Committee.</p>	
24	<p><b>Quarterly Summary Report from the Performance Committee</b></p> <p>The Board received the report for assurance, noting the medium/partial level of assurance given by the Committee due to mitigations of issues in performance showing incremental improvement. As Sirona’s operational performance sits within system processes, external relational and joint mitigations were also being developed.</p>	
25	<p><b>Quarterly Professional Council Summary</b></p> <p>The report was received for information on the recent activities of the group.</p>	
26	<p><b>PUBLIC QUESTIONS</b></p> <p>No public questions were received for this meeting.</p>	
27	<p><b>CHAIRS SUMMING UP &amp; CLOSE OF PUBLIC SESSION</b></p> <p>Amanda thanked the Board for their attendance and contributions to the meeting.</p> <p>Key points highlighted from the meeting were:</p> <ul style="list-style-type: none"> <li>• Readiness to roll out the vaccination programme</li> <li>• Impact of the falls service and the use of new equipment and delivery of training within care homes</li> <li>• Equality, Diversity and Inclusion Action plan developments</li> <li>• Significant work being undertaken across Executive portfolios to meet our contractual obligations and address deficiencies in assurance identified by the Board, particularly the children’s service review.</li> <li>• Utilisation of agency staff and issues with costs need to be addressed and continues to be a key focus for Executives, and is monitored through FEED and People Committees.</li> <li>• Improvements in our Board reporting and assurance reporting – contributors were thanked for implementing the new reporting template</li> <li>• Sue thanked for taking over leadership of these key areas of development and ensuring pace is put into the plans.</li> </ul>	

<b>Next meeting in public date</b>	Tuesday, 12 <sup>th</sup> December 2023, 2:00 – 5:00pm
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