

Item
Minutes Sirona Board



Date	11 th May 2021 – 2:00 – 5:00pm
Location	MS Teams and via Live Stream on YouTube

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	✓	
Nura Aabe	Associate Non-Executive Director		✓
Janet Rowse	Chief Executive	✓	
Clive Bassett	Finance Director	✓	
Jenny Theed	Director of Operations	✓	
Julie Sharma	Director of Transformation	✓	
Sarah Margetts	Director of People and Development	✓	
Kate Rush	Medical Director		✓
Mary Lewis	Director of Nursing	✓	
Mike Richards	Director or Therapies	✓	

In attendance

Donna Cairns	Head of Corporate Governance
Wendy Best	Head of Communications
Mike Owen	Associate Director Governance, Planning & Programme Management
Rachel Corrigan	Senior Project Manager, Corporate Governance (Minute Taker)

Presenters:

Laura Pearce (Sirona)	Supporting Lorna and Damson – Item 1 SU Story
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Also in attendance for this item:

Lorraine McMullen – Associate Director of Children's Services
Gerry Bates – Head of Children's Services
Hannah Alan-Prewett - Communications

Chair	Amanda Cheesley
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Item	Notes	Action
1.	<p>Introductions and Apologies:</p> <p>Amanda opened the meeting by outlining the etiquette for proceedings and inviting participants to introduce themselves to the other attendees.</p> <p>Apologies were noted for: Kate Rush, Medical Director and Nura Aabe, Associate Non-Executive Director</p>	
2.	<p>Service User Story</p> <p>Damson, her mum Lorna and Laura Pearce, a specialist speech and language therapist from Sirona's Children's Services, were welcomed to the meeting to share their experience of the Autism Service.</p> <p>Damson (aged 11) outlined her experience when using the service, advising that she had felt comfortable talking to Laura and found the interactive experience a good one. Damson advised that she had undertaken the assessment on her own, knowing that her parents were close by, if needed. Lorna reported that Damson had been made to feel comfortable and relaxed and that the detailed assessment had taken about an hour.</p> <p>When asked what Sirona could have done better, Lorna shared that the main cause of frustration had been the lack of consistent communication, or even an acknowledgment that Damson hadn't been forgotten, was still in the system and that they wouldn't have to start the process of referral again. Lorna shared that the family had even resorted to contacting the CAMHS service to see if they could expedite either diagnosis or treatment via that route, adding that the lack of interim services whilst being on the waiting list for 2 years had been far too long without communication and a constant frustration.</p> <p>Laura explained how the Autism Hub had been developed, in response to the identified gap in the assessment process and that the idea now is that services will be much more joined up and more cohesive. Laura continued by outlining the content of the session and the agreed next steps based on the outcome of the session. Board were advised that session feedback can be provided to either just the parents or the parent and child, dependent on a number of different factors. Reports are provided in 4-6 weeks and then followed up by a member of staff from the Autism Hub a short while later.</p> <p>Lorna felt that it's important for children to be involved in the diagnosis process in order to fully understand the feedback and that they need this information to understand why they are feeling the way they do.</p> <p>When asked how she felt about the diagnosis, Damson advised that she felt relieved to be allowed to be herself and that it had also been helpful in terms of support from her school.</p> <p>Board acknowledged the impact on the family for the delays experienced in accessing the service and Jenny asked what things may have helped whilst they were waiting for diagnosis and treatment. Lorna advised that all of the admin staff she had spoken to had been polite and helpful, but that a named contact within the service would be helpful, along with a clear pathway of the how the service works to better navigate the journey to the service.</p> <p>Thanks were extended to Damson, Lorna and Children's Services.</p>	
3.	<p>Declaration of Interest</p> <p>None stated other than those previously recorded, including Paul May as a BANES councillor.</p>	

<p>4.</p>	<p>Chief Executive's Briefing</p> <p>Janet advised that the system status would be covered within the Performance Reporting and that the Finance Report would be circulated separately due to the year-end closing of the financial accounts. Key highlights from her report were noted as:</p> <ul style="list-style-type: none"> • Extending her thanks to those responsible for the smooth transfer of service from UHBW at SBCH to Sirona over the Easter Weekend and also made special mention of the INT transfer. • Reporting that the CQC had been provided with (TMA) transitional information, which will be used to provide a baseline and actions will be addressed and monitored by the Quality and Outcomes Committee. Mary added that regular updates will be monitored through joint meetings with Sirona and CQC representatives and that the registered manager's network will be the proactive group holding risk based discussions around the management of any actions. • EU transition, there has to date been no noticeable impact on the provision of supplies and in regards to workforce; our HR team are working closely to ensure that any EU nationals are correctly incorporated into the workforce. Amanda asked if there is a list of countries where we can recruit from and Sarah advised that there is a code of practice that covers international recruitment and that Sirona works with a third party organisation regarding this type of recruitment. • Pledge signed with UWE as part of the EDI work in regards to ensuring that all students have a positive experience when with Sirona. • 12th May is international nurse's day, so there will be a number of celebrations taking place to mark the day. <p>Board received the report for information.</p>	
<p>5.</p>	<p>Integrated Care System Development Update</p> <p>Janet provided the Board with an update, for information, on the development of the Healthier Together Integrated Care System, reporting on the transition from the HG BNSSG clinical commissioning group into a statutory form for completion by April 2022. Janet presented an illustration showing the ICP (Integrated Care Partnership) for our region and the ambition of the long term plan drafted in 2019.</p> <p>Janet reported that collaboration had been accelerated due to the pandemic and that the White Paper outlined the aims for the new ways of working.</p> <p>12 themes have been identified for our ICS development as an outcome of various collaborative and facilitated discussions with our system partners. There is now a number of Memorandums of Understanding in development in order to take the development forward.</p> <p>Janet shared the key messages which had emerged from the recent workshops, which included being held to account as a system rather than as individual providers.</p> <p>Next steps were understood to be:</p> <ol style="list-style-type: none"> 1. Transition (by April 2022) <ol style="list-style-type: none"> a. Design phase (March-September 2021) b. Mobilisation/shadow running phase (September 2021-April 2022) 2. Maturity – further development of capabilities of a thriving ICS (by April 2023) 3. Delivery – COVID recovery and 'Long Term Plan' delivery (to April 2024) <p>Questions were invited and included:</p> <p>Paul asked about sign off in September and whether this will in turn need to go to</p>	

	<p>central government for ultimate sign off, to which Janet replied that final arrangements are still to be shared.</p> <p>Julie advised the Board on the work already underway by Sirona teams within the localities and stressed the need to protect our time and roles when we're under pressure. Jenny added that it is important as a Board to understand the aspirations or demands on our place based services. Janet acknowledged the challenge to ensure that decision making is shared and that we continue to deliver on those items we need to and also develop new innovations.</p> <p>Board extended their thanks for the informative update.</p>	
6.	<p>Chair and Non-Executive Directors' Report</p> <p>Amanda presented this report, seeking the Board's approval for the proposed arrangements in relation to the Vice Chair and Non-Executive Director Portfolio's.</p> <p>Simon Macsorley has agreed to remain as Vice Chair for a further year and it was understood that this role will be on an annual rotation, open to other members of the Non-Executive group.</p> <p>Amanda extended a formal welcome to Barbara as a newly appointed Non-Executive Director to the Board.</p> <p>DECISION: No objections or comments were noted and therefore the proposals outlined in the paper were approved.</p>	
7.	<p>Quality & Outcomes Committee Summary Report</p> <p>This report was presented to the Board by Paul May for information and assurance.</p> <p>Paul began by advising that there had been a subsequent meeting on the 27th April, where the Children's Services team had attended to update the committee on recent activities. QOC had also received a report from the Digital Team outlining some of the improvements adopted by the team.</p> <p>The forward programme of business for the QOC has now been agreed by the Committee.</p> <p>The transfer of UHBW staff to Sirona as part of the SBCH transfer was highlighted as a particular success, in terms of safe transfer of services.</p> <p>It was noted by the Board that assurance is provided with the report, however it was also noted that the Board sought mitigations against key areas of concerns and these should be incorporated within the Board reporting.</p> <p>Action: Mary suggested that the report be re-framed to ensure that the Board received the right level of assurance – Amanda, Janet, Paul & Mary to meet to consider form of assurance reporting.</p> <p>Jenny provided assurance to the Board on mitigations undertaken around one particular point highlighted in regards medication errors.</p>	Corp. Gov.
8.	<p>Professional Council Summary Report</p> <p>Due to the noted apologies from Kate Rush, this report was presented by Michael Richards, who detailed the key activities of the council for the preceding quarter for the Board's information.</p>	

	<p>Mike provided an explanation of the purpose of this particular group and presented slides which provided an overview of the key decisions and work programmes that the Council had driven or been involved in.</p> <p>It was understood that there would be a quarterly report brought to the Board to provide assurance on the clinical leadership of the organisation.</p> <p>Julie asked the Board to consider whether there may be areas that the Board ask the Professional Council to report on.</p> <p>Board expressed their thanks for an extremely informative report and acknowledged this groups role in providing a platform for interaction of senior clinical staff.</p>	
<p>9.</p>	<p>People’s Council – April Update</p> <p>Janet shared the development work for the Council to date and sought the Board’s approval on the Terms of Reference and Charter, as presented.</p> <p>The Charter for the People’s Council was shared with Board for their understanding and approval as the public facing document.</p> <p>The Terms of Reference was considered, especially the aspect that the Chair of the People’s Council is a representative on the Board and that they should meet in public at least once a year to share their work with the people they represent.</p> <p>On the question of attendance at both the public and closed sections of the Board, Janet reported that it is the expectation that the People’s Council representative attend both.</p> <p>DECISION & ACTIONS: Board unanimously supported the proposed ToR and Charter, with the proviso that:</p> <ul style="list-style-type: none"> • a 6 month review period be added to the ToR • a term of office be considered, if only for the role of Chair • an appropriate induction is available to the Board representative • consideration be given to ensuring that a representative voice for Children & Young People is represented on the group 	<p>Corp. Gov.</p>
<p>10.</p>	<p>Operational & Performance Report</p> <p>Jenny reported on the contribution of Sirona to the system wide performance and highlighted the following performance areas for the Board’s assurance and information.</p> <p>Key summary points from the report were noted as:</p> <ul style="list-style-type: none"> - New Performance Steering Group has held its inaugural meeting - INT team infrastructure now in place - Multidisciplinary Teams now set up across localities with Primary Care - SPA harmonisation project underway and an initial draft model is being taken to the Performance Steering Group for consideration - Demand & Capacity modelling tools now being used by UWE - Digitalisation of the ICCBs now rolled out across the BNSSG region - D2A – high referral rates due to pandemic resulting in a significant waiting list for those needing domiciliary rehabilitation. Now increased number of Rehab beds by 25 with the transfer of SBCH resulting in a reduction in waiting lists - Long COVID, new clinics established to meet the care needs of those people with these symptoms - Vacancies in Adults Services continues to be of concern and plans are underway to secure candidates via the virtual recruitment campaign 	

- Now de-escalating to Opel 3 in our EPPR arrangements
- Autism assessment waiting lists are still a point of discussion with commissioners
- Now entering into week one of a special assessment period by Ofsted & CQC and will report outcomes in the next Board report.

Notable for the Board is the impact of lockdown easing on the MIU centres, and A & E where patients in large numbers have been presenting for care and support.

Board extended their thanks for an informative report.

People & Development Update

Sarah presented a summary of the recent activities undertaken in support of the workforce, which included:

- Staff Wellbeing
Understanding what our staff need in terms of support, and the associated tools available to them to help manage their mental health and wellbeing.
Aim is to embed a wellbeing culture into the organisation.
- Vaccination Programme – real success in terms of the number of staff who have received their own jab as well supporting the wider population vaccination programme.
- Staff forum, Our Voice, continues to build momentum and inform key pieces of work.
- Review and consideration for the next stages of ways of working, including a Hybrid Working model.
- Resourcing has brought significant challenge and we're having creative conversations with system partners on how we can work together to tackle this area.
- Leadership Engagement programme, onward development for leaders and provision of practical HR tools to help managers.

Lorna asked if it would be possible to provide some trend information in relation to workforce, such as turnover, absence, training etc.

In response to a query on why we are behind the national trend on the levels of 2nd vaccine doses, Mary provided additional context in regards to our reporting.

In terms of the Wellbeing Guardian, Lorna asked that guidelines be made available for the Mental Health Champion also.

Action: Sarah to consider guidelines for Mental Health Champion role, Mary added that this could be considered as part of the forthcoming June Board seminar.

Sarah

In response to the question around the development for administrative staff, Sarah advised that the output from the engagement sessions had been fed into the onward development of admin services within Sirona and that there is a dedicated programme of work solely focussed on this cohort of staff.

Board were asked to approve the formal appointment of a Wellbeing Lead in order to take to recruitment and a Wellbeing Guardian on the Board, which had been proposed and supported as Barbara Brown.

DECISION:

Board were in full support of the proposals presented in regards to both the implementation of the Wellbeing Lead role and Wellbeing Guardian on the Board.

<p>11.</p>	<p>Digital Report</p> <p>Clive provided the Board with an update on matters relating to Sirona’s digital provision, reporting for information on:</p> <ul style="list-style-type: none"> - Digital Projects <ul style="list-style-type: none"> o SBCH transfer o One Sirona Network o EMIS - Team Update <ul style="list-style-type: none"> o Recruitment for senior roles in the team nearing completion o Help Desk remains very busy - Governance <ul style="list-style-type: none"> o Dedicated groups now establish to provide robust scrutiny and oversight for digital, both strategic and operational <p>Board thanked Clive for an informative update and welcomed the information in regard to the developing relationships between digital and operational colleagues.</p>	
<p>12.</p>	<p>Risk Report</p> <p>Mary presented the monthly risk report, inviting the Board’s feedback on those risks with a score of 15 and above in line with recommendations within the risk management policy.</p> <p>Board members were reminded that the Ulysses Risk Management system is a live system and therefore a dynamic reporting platform and that the report presented to Board is a static point in time.</p> <p>New Risks were noted as:</p> <p>Risk 283 – Contenance Service for Children</p> <p>Jenny reported that this relates to access to a specialist continence services and that we are now working with commissioners on shaping the service model going forward following the end of specialist service provision via Paediatric Primary Care Clinical Support Service, which had been provided by a GP with a specialist interest in this area of medicine.</p> <p>Risk 298 – Digital storage facility</p> <p>Mike reported that the recent IG survey had surfaced some risks that will need to be considered by the Clinical Records Group to ensure that our procedures are aligned with practices across the system. Likely that we will need to introduce new SOPs and potentially sourcing of appropriate digital storage solutions.</p> <p>Mary continued by advising that there are no risks with a rising score and provided assurance that risks are being reviewed in line with the published review dates and extended the offer of a live demonstration should any Board members wish to expand their understanding.</p> <p>Board noted the content of the report for assurance and information.</p>	
<p>13.</p>	<p>Audit & Assurance Committee Summary</p> <p>Lorna presented the summary and reported that the internal audit plan has been revised in line with the requests of the Executives for review at the next meeting on the 24th May.</p> <p>Amanda added that meetings have now taken place with internal and external auditors in terms of introductions.</p>	

	Board received this report for assurance and information.	
14.	<p>Annual Review – NHSI Licence Compliance</p> <p>Janet presented the paper, asking Board to:</p> <ol style="list-style-type: none"> 1. Review and confirm that the list provided in Appendix 1 accurately records Sirona’s directors and those performing equivalent or similar functions. 2. Review and approve the information provided in Appendix 2: Compliance with NHSI licence conditions and approve Sirona’s self-certification against NHSI licence conditions G4 and G6. 3. Note the arrangements for reviewing and approving the financial data to be submitted to NHSI 4. Note the timescales to ensure Sirona submits the signed G4 and G6 certificates and the required financial data by the deadline of 31st May 2021. <p>DECISION: Board provided their approval based on their understanding of the contents of the report.</p>	
15.	<p>Board Assurance Framework Development</p> <p>Julie presented the paper highlighting:</p> <ul style="list-style-type: none"> - The importance of having a robust mechanism – i.e. BAF - Setting out of the structure and processes - The key components as: Assurance strategy, information directory & strategic risk register <p>Although we have a BAF, this pre-dates the enlarged Sirona and has been updated and presented to Audit & Assurance Committee in February.</p> <p>We have a six month work programme with a clear aim to populate and implement within that timeframe.</p> <p>Janet and Amanda stressed the importance of the Board’s engagement in this piece of work and encouraged a dedicated session for the Board as part of the development programme. It was understood that this will be factored into a future Board seminar and very much part of the Care Quality Commissioners’ expectation under the well led aspect of their requirements.</p> <p>Mary added that our risk appetite will also need to be considered as part of this piece of work.</p> <p>Board were asked to note the update and support the direction of travel. Board supported.</p>	
16.	<p>Non- Executive Director Appointment & Re-election Procedure</p> <p>Julie reported that the procedure describes the steps to be taken when a NED’s term of office expires, they resign or their appointment is terminated. The procedure explains the roles for the Board, the Chair and the Nominations Committee and the principles to be followed in recruitment processes.</p> <p>As the Chair is a NED, the procedure also covers the Chair. For the avoidance of doubt, in respect of internal appointments as Chair, previous terms as a NED count towards the overall total number of terms, and the Chair appointment does not restart the clock.</p>	

	<p>Majority approval surrounding appointments is required at Board following recommendation by the Nominations Committee.</p> <p>Board were asked to consider the information in relation to the terms of office and maximum term.</p> <p>Sarah raised that the employment status of Non- Executives is that their services are contracted and that they do not have a contract of employment and therefore not eligible to the same terms as employees.</p> <p>Action: Share table of NED Terms of Office with Board members</p> <p>Simon offered that NEDs bring an independence of thought, but are integral members of the Board bringing a critical perspective.</p> <p>DECISION:</p> <p>Board were asked to approve the revised Appointment and Re-election Procedure for Non-Executive Directors and following due consideration, this procedure was fully supported.</p>	Corp. Gov.
17.	<p>Associate Non-Executive Director Role</p> <p>Julie reported that following the Board’s agreement to include the role of an Associate Non-Executive Director, this paper was being presented to formally support the process.</p> <p>Donna provided additional context surrounding the legal position of the Associate NED role, that they are not undertaking the responsibilities of a Non-Executive Director. In terms of the role being one of development, Sarah added information in relation to the system wide development of this particular role on other Boards and the development of an onward programme was supported by the Board including that Sirona consider how we work across the whole system to ensure that opportunities are shared.</p> <p>Board were asked to agree the arrangements in respect of the purpose and features the Associate NED role, in particular that they are guaranteed an interview for any NED vacancies that arise within 2 years of the completion of their term of office as an Associate NED and that their term of office should be for a period of one year.</p> <p>That the Nominations Committee be requested to review and determine the level of remuneration for the role and to develop the recruitment process.</p> <p>DECISION:</p> <p>Following discussion the Board expressed their support of this role and process of appointment.</p>	
18.	<p>Any Other Business and Close</p> <p>Thanks were extended to Donna Cairns in respect of the quality of the Governance Papers within the Board pack.</p>	

Next meeting in public date	Tuesday 14 th September – 2:00 – 5:00pm (joining details to be posted on Sirona Website)
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