

Item  
Minutes Sirona Board



<b>Date</b>	Tuesday 9 <sup>th</sup> November 2021 – 2:00 – 4:45pm, Meeting in Public 4:45 – 5:00pm, Closed Session
<b>Location</b>	MS Teams (Virtual Meeting)

**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		✓
Nura Aabe	Associate Non-Executive Director	✓	
Janet Rowse	Chief Executive	✓	
Clive Bassett	Finance Director	✓	
Ceridwen Massey	Acting 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)
For Item 3	Councillor Asher Craig & Professor Christine Bamford (Stepping Up Programme Director)

**Presenters:**

Fiona Spence	For Item 4

<b>Chair</b>	Amanda Cheesley
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Item	Notes	Action
1.	<p>Introductions were made by the assembled attendees</p> <p><b>Apologies:</b> Noted for Kate Rush and Barbara Brown</p>	
2.	<p><b>Declaration of Interest</b></p> <p>Standing declaration from Paul May in regards to his role as a BaNES councillor.</p>	
3.	<p><b>Stepping Up Diversity Champion Award</b></p> <p>Councillor Asher Craig and Professor Christine Bamford were welcomed to the meeting to present the award for Stepping Up Diversity Champion to Sirona for their efforts as part of the programme. Cllr Craig expressed her thanks for the support provided by Sirona in order to make this Leadership Programme the success it has become. Cllr Craig advised that an expansion of the programme was being enabled to include representation from disability groups and women within leadership roles.</p> <p>Christine added her personal gratitude to Sirona for their role in the Stepping Up programme's journey and for leading the way for other local NHS providers.</p>	
4.	<p><b>Equality, Diversity &amp; Inclusion Quarterly Report</b></p> <p>Fiona Spence was welcomed to the meeting to take any questions and present highlights of the report, which were noted as follows:</p> <ul style="list-style-type: none"> <li>- Work continues around growing the Sirona staff networks to develop policy and procedures</li> <li>- Many engagement sessions undertaken and planned, including a dedicated session with the Board in August</li> <li>- Sirona are now BNSSG EDI Healthier Together network group members and active participants in programmes of work, which include: <ul style="list-style-type: none"> <li>o A focus on inclusive recruitment</li> <li>o EDI Data collection within patient and staff record systems, which is a large scale programme of work</li> </ul> </li> </ul> <p>Paul asked about health education and opportunities for under privileged groups to which Fiona provided assurance on the work being undertaken.</p> <p>Janet extended her thanks as Chair of the EDI Steering Committee for the work undertaken to date by its members.</p> <p>Board noted the report for information.</p>	
5.	<p><b>Chief Executive's Briefing</b></p> <p>Janet presented her paper, highlighting the following areas:</p> <ul style="list-style-type: none"> <li>- Pressures in particular internal service areas of the business were acknowledged</li> <li>- Staff Engagement- SLT will shortly be commencing a programme of engagement with staff</li> <li>- Professional Council – Formal arrangements now put in place for Mary Lewis to Chair this group and pick up the Caldicott Guardian role in Kate Rush's' continued absence.</li> </ul> <p><b>DECISION:</b> Board supported and approved the recommendation for Mary Lewis to Chair the Professional Council and to cover the role of Caldicott Guardian as a temporary arrangement.</p>	

- Outcome of the External Auditor procurement process was reported and Board were notified that the Members Group had approved the recommendation made by the Audit and Assurance Committee to appoint Bishop Fleming.
- Medical Appraisal and Revalidation would be covered in more detail within the private session of the Board due to the person identifiable data contained within the report, but mentioned to provide assurance that processes are in place to ensure that all doctors working for Sirona are compliant.
- Confirmation noted on the appointment of Jeff Farrar as ICS Chair.
- Board formally notified of the decision to award all staff £10 as part of Sirona's tenth birthday celebrations, which has in part been funded by Sirona Foundation and NHSE/I. Focus is for staff to spend on wellbeing.
- Update on Digital ICC was provided as part of the CEO update and further detailed by Clive.

Report noted for information.

## 6. **Chair and Non-Executive Directors' Report**

Due to the escalation within the system, Janet and the NEDs are now meeting on a weekly basis to ensure that NEDs are appraised of organisational and system issues as they arise.

Amanda advised that there have been a number of face to face meetings undertaken with staff and NEDs and extended their thanks to these staff for their welcomes and candour during these visits.

Paul added his thanks for the time extended by Executive colleagues in order to keep Non-Executives informed.

## 7. **Winter Planning**

The Winter Plan was received and considered by the Board and details provided by Ceridwen were noted as:

- Overarching framework providing details on the areas of work within the Winter period
- Specific focus on internal Opel framework to be aligned with wider system and understanding the impact on staff and systems
- Demand and capacity – system modelling work underway and we are looking to consolidate the work around the INT's
- Staff Capacity – monitoring and understanding workforce data and also retention and how wellbeing supports this.
- Operational delivery plan – what we're all doing to support continued safe delivery of patient services
- Revised escalation and decision making process to enable being fleet of foot when needed, to meet both external and internal pressures
- Detailed reporting will be provided for the Board for future meetings

Lorna asked about support for clinical staff when having to make difficult choices or decisions. Ceridwen advised that this was being considered by the Clinical Cabinet to ensure that actions and the implications of these actions were being fully considered.

Mary added that we are working as part of BNSSG system, so that discussions are undertaken around the balance of risk to understand the wider impact to both patients and staff. That there are a number of actions agreed by the Clinical Cabinet currently underway and that we are strengthening our internal escalation process in order to support staff.

Paul asked about the consent of parents for vaccinations of Children in either the school or community settings and Mary provided assurance that parents are well informed and Children only vaccinated with their consent.

	<p>Board acknowledged that staff will increasingly be facing moral distress as competing demands and pressures come into play throughout the winter months. Amanda added that it would also be increasingly challenging to manage public expectations around the delivery of services. Ceridwen advised that this was being considered at system partner level and that a programme of Comms is underway to keep the public informed. Board understood that our Health &amp; Safety team are also supporting a programme of work in support of the increases in violence and aggression towards staff.</p> <p><b>DECISION:</b> Plan approved and noted for assurance.</p>	
8.	<p><b>Winter Vaccination Programme</b></p> <p>Mary provided the Board with a verbal update on the programme to provide the Board assurance of the programme Sirona are involved in:</p> <p><b>Staff –</b>  Mary advised that Sirona are working as part of the wider system and that our frontline staff are being wholeheartedly encouraged to receive their vaccinations and have been given access to a variety of locations to ensure that staff can receive both COVID and, in the case of vaccinations at the UWE site, also their flu vaccination. 76% of frontline staff double vaccinated and 6-8% of staff as yet not vaccinated.</p> <p>The booster programme is also going well so far, with good progress being made at around 50% in receipt of their booster.</p> <p>Mary confirmed that as of 11.11.21, any staff entering a care home need to have been double vaccinated, and be able to evidence this, so working with that group of staff to ensure that individuals hesitant around vaccinations and their managers are supported in this area.</p> <p>With Flu, approximately 40% of our frontline staff are now vaccinated following the start of vaccinations three weeks ago; Mary stressed the challenge to deliver this programme but is confident that we will continue to make good progress due to the mixed model of delivery methods.</p> <p><b>Population –</b>  Sirona playing specific role in supporting the population vaccination within BNSSG programme and promoted via comms video to demonstrate communities and groups being reached.</p> <p><b>Video shared with Board members via enclosed link:</b>  <a href="https://wettransfer.com/downloads/120fdf47c15c35e2cb501b44e6dc441d20211108173909/11a3efadea299246ec646d89005d19dd20211108173929/79562e">https://wettransfer.com/downloads/120fdf47c15c35e2cb501b44e6dc441d20211108173909/11a3efadea299246ec646d89005d19dd20211108173929/79562e</a></p> <p><b>Children’s –</b>  For Children aged 12-15 and 16-17 year olds, the COVID vaccination programme is led by Sirona’s School Imms &amp; Vaccs service and being delivered alongside flu vaccinations. Supported by the BNSSG system. Programme slightly delayed due to children having been infected with the virus and then not able to be vaccinated for 28 days after testing positive. Community settings for vaccinations now in place, including an option to take children to UWE in evenings is being added and is proving a popularly choice in terms of receiving their vaccinations.</p> <p>Janet asked what the current status is in terms of anti-vaccination protestors. Mary advised that being supported by local PCSO’s and security to ensure that staff are protected and working closely with Head Teachers and other authorities to deliver the programme safely. Board were assured that measures had been put in place to ensure that staff and young people remained safe.</p>	

	<p>In regards to supporting care home staff vaccinations, Mary advised that Sirona have supported this as part of the local authority initiative and managed through the BNSSG vaccination programme, adding that mostly there are no major concerns in this area. Lorna asked how care providers may be impacted with the requirement of our staff to be vaccinated.</p> <p>Breaking news during the meeting was that a national announcement declared that as of 01.04.22 – all Health &amp; Care staff who are patient facing will need to be double vaccinated. Risk of 103,000 working in NHS services that are not yet currently vaccinated but awaiting clarity on exact requirements. There will be staff who are medically exempt. Mary added that the scale of the potential impact on resourcing was not to be underestimated.</p> <p>Amanda asked about assurance on vaccinations for support and agency staff and the potential impact on the level of vacancies. Mary advised that all cleaning staff are encouraged to have vaccinations, as well as students joining. The Bank service are also undertaking checks and implementing measures around this.</p> <p>Sarah added assurance that due to the use of a master vendor, the checking process for vaccinations is delegated to them and we rely on them to ensure these arrangements are in place.</p> <p>Board noted the information provided in this verbal report.</p>	
9.	<p><b>Quality Reporting</b></p> <p>Paul and Mary presented a briefing to the Board on August and September data, providing assurance that the Quality and Outcomes Committee were receiving in-depth reports on those areas of most concern, including a forthcoming session around Falls.</p> <p>The Quality Report, which provides greater detail, will be made available to the Board within Glass Cubes, should they wish to review in more detail.</p> <p>Patient Safety – Mary shared detailed information in relation to incidents and the emerging themes being identified, highlighting the noticeable increase in 72 hour reporting.</p> <p>Safeguarding – Some concerns but no underlying pattern. Mainly due to deferred visits, staff absences and inappropriate advice. L3 Safeguarding training is being promoted and being well attended.</p> <p>IPC – No significant alert organism infections. Only one small COVID outbreak in staff base.</p> <p>Complaints – mainly around communication, attitude and quality of care, particularly related to SPA, which is improving due to the mitigations in place.</p> <p>In summary:</p> <ul style="list-style-type: none"> <li>- Increase in number of incidents</li> <li>- Increased pressure in UTC &amp; MIU's, leading to temporary short term restricted opening hours</li> <li>- Incidents of violence against staff</li> <li>- Themes reflected within our risk register</li> <li>- Progress being made with SPA</li> <li>- Pressure of waiting lists has increased as a result of the pandemic</li> </ul> <p>Paul added that the Friends &amp; Family Test is back in operation and also the NICE notifications are also regularly reviewed to ensure these are followed up.</p> <p>QOC deal effectively with People &amp; Development, which includes wellbeing, recruitment and retention initiatives.</p> <p>North &amp; West Locality – subject to a CQC whistleblowing situation and working closely with staff to bring them into an Incident Control Centre status to provide high level support. Positive action taken to support the local Associate Directors and working with new escalation process to manage issues and concerns as they arise.</p>	

	<p>Sarah advised that the BNSSG health and wellbeing hub is now up and running and working with operational winter group to ensure that support is available. Adverse events in relation to staffing levels are also being monitored and supported as they arise. Next focus is on stepping up support and TRiM and is linked to the other work detailed within the winter plan. Amanda echoed the importance of ensuring staff are aware of this support and can utilise it when needed. Mary added the importance of also offering emotional as well as practical support and Paul reinforced the importance of ensuring that the QOC provide sufficient space for Workforce issues and concerns to be discussed.</p> <p>Board noted the content of this report for information and assurance.</p>	
10.	<p><b>Risk Report</b></p> <p>Mary presented the report, detailing those areas of risk scoring 15 or above.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> <li>• There is no change in the total number of risks with a risk score of 15 and above 18</li> <li>• 6 risks with a score of 15+ are in the risk category of Capacity and Demand Operations</li> <li>• 1 new risk with a score of 16 has been added (Risk 399)</li> <li>• 3 escalating risks are included in the report</li> <li>• 1 risk closed since the last report (Risk 359)</li> <li>• 3 risks deescalated</li> <li>• 2 risks scoring 20 in the last report have both reduced to a score of 16 (Risks 379 and 380)</li> </ul> <p><b>399 Digital – NEW RISK</b> Clive provided further information in regards to the mitigating actions in place to address issues and provided assurance on improvements being realised due to the implementation of the Digital Incident Control Centre and advised that as a result this risk had now been reduced to a score of 12. Lorna asked about the Control information and how this can be illustrated within the report to the Board to provide further assurance that processes are in place to manage risks.</p> <p><b>ACTION:</b> Mary advised that she will take how we include the control detail back to the risk team to see how this can be shared with the Board as a part of the report.</p> <p><b>49 Heart Failure Service Capacity &amp; Demand</b> – Ceridwen advised that the escalation is due to a further reduction in staff numbers due to imminent retirement. Plus growing number of referrals from Acute Trusts to add patients to caseload following discharge from Hospital. Working with the system to manage the risk as this is a very skilled workforce and not easy to replace.</p> <p><b>143 Staff Wellbeing</b> – plans mentioned previously as part of the Quality Report.</p> <p><b>259 ESR implementation</b> – People &amp; Development leads are meeting weekly to review the system and ensuring that the data is correct. This risk has been long standing and the severity of the risk has now increased as we use this workforce data to feed the decision making process and now finding data integrity issues. Extra resource has been added to the team to improve the quality of the data.</p> <p>On risks scored at 15 and over, Paul queried the review of our estates and Clive responded that a condition survey has been undertaken, although strategic work is currently on hold whilst we are recruiting to the role of Head of Estates; Clive is currently working on the opportunity in Weston to co-locate with other partners.</p> <p>Amanda highlighted that a number of risks have been long standing and that the mitigations in place are not sufficient to provide the appropriate level of assurance, especially noted for North Somerset Children’s HV services.</p>	MARY

	<p>If Board don't see an improving outcomes then the mitigations are not sufficient to assure the Board that measures are in place to address these risks.</p> <p>Ceridwen advised that she is reviewing these risks with the Head of Clinical Governance and that the Operational Leadership group will be reviewing this in more detail on 18<sup>th</sup> November.</p> <p>Janet added that as a more general point, where risks are getting stuck, then there should be a process where SLT review ahead of risks being escalated to the Board or Board Sub-Committees.</p> <p>The Board received this report as the position of the Corporate Risk Register as at 26th October 2021 and noted the number of new corporate risks with the high score of 15 and above.</p>	
11.	<p><b>Finance Report</b></p> <p>Clive was invited to share the key points of the report and stressed that although the KPI's are all green. The forecast shows an improving position because of the difficulties in recruiting staff in some key staff groups, and it is likely that the year's Financial Performance will result in the reporting of a surplus.</p> <p>Further commentary on the Operating Statement was detailed, but Clive highlighted that the overspend of £1.2m for the year approved by the Board in March 2021 is now shown as the expected (budgeted) result. Detail shows a position of being £2.2m ahead of the budget and Clive added that the way the forecast is generated is that managers are working on the ambitions of recruitment.</p> <p>This is a change of presentation from the last Board report aimed to remove confusion.</p> <p>Lorna asked whether we would consider budgeting differently, i.e. with a higher vacancy rate for the forthcoming year and include budgeting for bank and agency. Clive advised that a series of budget meetings were planned for forthcoming weeks and accepted Lorna's suggestion.</p> <p>Paul asked how we would ensure that the message to staff is that vacancies will not be closed off for the forthcoming budget – i.e. long standing vacancies are removed from staff numbers.</p> <p>Clive responded that the entire BNSSG system is reviewing where efficiencies can be made to mitigate this.</p> <p>Board received this report for assurance.</p>	
12.	<p><b>Operational and Performance Report</b></p> <p>The detailed report was considered as read, with Ceridwen advising that the local BNSSG system has moved into Opel 4, which has been supported nationally by the NHS.</p> <p>Now in the highest level of escalation across the system and focussing on particular actions, in discharge from hospital particularly around asking friends and family supporting discharge. Also reviewing how we can support the front door or admissions/ED areas within the hospital, REACT and LARC offer are being considered to help with this.</p> <p>Acknowledging that staff will be under renewed pressure during this period.</p> <p>Recognising both system and internal pressures and ensuring that we have the right escalation channels.</p> <p>In terms of performance, trying to ensure that we continue to build on the progress within SPA and have recruited staff joining through until December. Hoping to take SPA out of the ICC situation within coming weeks, which will be considered by the Gold EPRR group.</p> <p>Continuing to see increasing demands in same day UTC and MIU's and reviewing escalation and remote assessment centre.</p>	

	<p>Workshop held yesterday to review specific actions and the escalation process.</p> <p>Amanda asked specifically about MSK services and the progress being made in that service. Ceridwen advised that some of the waiting list initiatives in MSK are proving to be successful and there is a clear plan that will make inroads into the waiting list.</p> <p>One action around system escalation is that we may need to redeploy MSK therapy staff to support areas in greater need or higher risk – but this will be monitored closely as we move into the Winter season.</p> <p>Board received this report for assurance.</p>	
13.	<p><b>Professional Council</b></p> <p>Mary presented a short briefing to provide the Board with an update on the activities of the group.</p> <p>She confirmed the role of the group and, that in Kate’s continued absence that they will continue to meet to provide clinical oversight and support to clinicians.</p> <p>A flavour of the ongoing issues and items was shared with the Board for information and assurance.</p> <p>Board were informed that the Professional Council this month reviewed the level of clinical risk and where thresholds may be which was helpful in terms of working within the wider clinical cabinet.</p> <p>The role and remit of the Professional Council will be considered at the next meeting and any recommendations to their change of Terms of Reference will be brought to the next meeting of the Board.</p> <p>Mike added how important a forum this group had been in terms of supporting clinical decisions. Amanda added that staff wellbeing has always been high on the agenda for discussion by the group.</p> <p>Board received this report for information and assurance.</p>	
14.	<b>Chair’s Recommendation Paper for Consent Agenda Items</b>	
15.	<p><b>Minutes &amp; Actions of Board Meetings in Public</b></p> <p>Reviewed in advance and confirmed electronically as an accurate record.</p>	
16.	<p><b>Ratification of new appointment to the Members Group</b></p> <p>Reviewed in advance and recommendation to appoint Carole Pugh to the staff class of Members approved and ratified by the Board.</p>	
17.	<p><b>Quality &amp; Outcomes Committee Summary Report</b></p> <p>Reviewed in advance and confirmed electronically as being read.</p>	
18.	<p><b>Audit &amp; Assurance Committee Summary Report</b></p> <p>Reviewed in advance and confirmed electronically as being read.</p> <p><b>18.1 Amendments to the Committee’s Terms of Reference</b></p> <p>Reviewed in advance and proposed changes have been approved.</p>	
19.	<p><b>Chairs Summing Up and Close of Public Meeting</b></p> <p>Thanks extended to esteemed guests and those who joined the meeting as observers.</p>	
<b>Next meeting date</b>		Tuesday 8 <sup>th</sup> February 2022 - 2.00 pm – 5.00 pm Meeting in Public