Board Meeting Papers 1st December 2020

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BOARD MEETING				
Date:	**1st December 2020**			
Venue:	MS Teams & Live Stream via YouTube			
Time:	2:00 – 4:30pm			
AGENDA				
			Paper/Verbal Presented by	**Approx. Timings**
	2:00pm	**PUBLIC SESSION**		
1.		**PUBLIC WELCOME, INTRODUCTIONS & APOLOGIES**		
2.	**Service User Story** - Specialist Wound Care Service		Wendy Best & Sue Murphy	30 mins
3.	**Declaration of Interest** Board members are asked to declare if they have any direct or indirect interest in the items to be considered at the meeting		Simon Knighton Verbal	5 mins
	2.35 pm	**CHIEF EXECUTIVE'S AND CHAIRMAN'S REPORT**		
4.	**Chief Executive's Briefing:** To alert the Board to issues of significance not covered elsewhere on the agenda, including the latest information in relation to COVID-19		Janet Rowse Paper	5 mins
5.	**Chair and Non-Executive Directors' Report**		Chair & NEDS Verbal	5 mins
	2.45pm	**QUALITY: PATIENT SAFETY, EFFECTIVENESS AND EXPERIENCE**		
7.	**Quality & Outcomes Committee Summary** To present to the Board the key findings and recommendations from the meeting of the Quality & Outcomes Committee held on 17th November		Paul May Paper	5 mins
8.	**Medical Revalidation** To assure the Board of the ongoing evaluation and revalidation process		Kate Rush Verbal	5 mins
9.	**Equality & Diversity** To inform the Board of the key discussion points and recommendations from the meeting of the Equality and Diversity Task & Finish Group on 9th November		Janet Rowse Paper	5 mins
	3.00pm	**OPERATIONAL PERFORMANCE AND USE OF RESOURCES**		
10.	**Operational and Performance Report** To update the Board on operational matters and the current performance position, including COVID-19, highlighting both the positive and negative performing services		Jenny Theed Paper	10 mins
11.	**Finance Report** To account to the Board for the monthly financial performance at M7		Clive Bassett Paper	10 mins

	3:20pm	**Public Q & A**		
		Break 3:30 – 3:40pm		
	3.40pm	**CORPORATE GOVERNANCE / RISK / REGULATORY**		
12.	**Recruitment Process – New Board Chair** To present to the Board the proposed recruitment process and timeline for approval by the Nominations Committee in December		Julie Sharma Paper	5 mins
13.	**Risk Register** To update the Board on the position of risks with a score of 12 or more		Mary Lewis Paper	10 mins
14.	**Governance Framework** To update the Board on the next iteration of the programme		Julie Sharma Paper	5 mins
	4:00pm	**STRATEGY / BUSINESS PLANNING AND IMPROVEMENT**		
15.	**Update on Sirona Strategy Development** To present the Board with the initial draft of the proposed Strategy for 2021 and beyond		Julie Sharma Paper	10 mins
16.	**Update on Adults Contract Transformation Plans** To inform the Board of progress on the high level Transformation Plan		Julie Sharma Presentation	10 mins
	4:20pm	**Public Q & A**		
	4.30pm	**Public Meeting Close**		

	DATE	TIME	MEETING TYPE	VENUE
	12th January 2021 (2nd Tues)	**2 – 4.30pm**	**Confidential Seminar**	
	2nd February 2021	**2 – 4.30pm**		
	2nd March 2021	**2 – 4.30pm**		

Report to: Board Meeting

Date	1st December 2020	**Agenda item**	02
Title	Service User Voice		
Author	Wendy Best – Head of Communications, Media & PR		
Lead Director	Julie Sharma – Director of Transformation Mary Lewis – Director of Nursing	**Date signed off**	24th November 2020
Presented by	Wendy Best	**Version**	1.0
For	Approval/decision Debate Assurance Information ✓		

Aims/Summary

The Board is committed to ensuring the voice of the service user is heard at all levels and today Pat welcomes us to her home to discuss the specialist wound care support she has received. She will be supported by her daughter Katy.

Pat and Katy will be supported by Sue Murphy our Clinical and Organisational Lead for Tissue Viability, Lymphoedema and Dermatology

Options and decisions

The report is to help the Board's further understanding of issues relevant to wound care and comes shortly after the organisation marked International STOP the pressure week.

Resource implications (financial/staffing/other resources)

N/A

Quality considerations

N/A

Paper/information previously considered by	Date

1. Background

Pat is a grandmother of four and with her daughter Katy will share with the Board how a fall where she hit her knee on a curb stone has led to a year of care not only from Sirona community staff but also included hospital stays.

Pat, who is 80 years old, was on her way for a family trip to Bristol Hippodrome to see the annual pantomime when she fell in December last year. There were no external cuts but within an hour her knee had become extremely swollen and small blisters had appeared.

Taken to hospital, she was diagnosed with a haematoma which measured 22 cm by 12-15 cm which had been caused by internal bleeding and plastic surgery was considered.

She was able to be discharged in time for last Christmas and regular District Nurses visits were arranged to ensure the haematoma was regularly dressed.

Shortly into the New Year she was referred to Sue Murphy, our Clinical and Organisational Lead for Tissue Viability, Lymphedema and Dermatology as the haematoma needed expert oversight.

Pat was admitted to our Tissue Viability bed for a week where she agreed to have larvae treatment to break down the haematoma; a process which would have taken six to eight weeks using dressing and compression.

Regular dressings continued after discharge but then Pat experienced a bone infection - mild osteomyelitis - which indicated deeper tissue damage. This resulted in another hospital stay where she became gravely ill.

Pat recovered and was able to return home where the regular dressings have continued and the wound size today is a fraction of what it was.

Pat and her family are very complimentary about the care received by the community teams and the oversight Sue has given although there are a couple of areas the family feel could be improved in terms of out of hours access for support but in Pat's words "the nurses have become friends".

Pat has kindly agreed to share her story with the Board as part of our work to promote STOP the pressure week which takes place every November.

Sue has coordinated this campaign which has launched a new upgraded Personalised Pressure Injury Plan (PPIPP) for individuals and our Pressure Injury Prevention Protocols which she will outlined to the Board.

Special webinars have been held for staff and also pens/mugs distributed to reinforce the message for staff to always think about people's skin. Sue knows from Pat how our staff are following the protocols as Pat is always asked about the key pressure areas – bottom, heels, hips, elbows - by our nurses.

Sue and her team look after those with complex wounds and have around 190 people on their caseload at any one time across Bristol, North Somerset and South Gloucestershire.

2. Key points

The Board will is aware reducing pressure injuries are one of Sirona's key quality priorities.
STOP the Pressure Week in November focussed on increasing health care professional and public awareness about the damaging impact of pressure ulcers and more background information on the campaign has been highlighted by NHS England.
Pat's experience highlights how the teams within Sirona work together to support an individual.

3. Recommendations

The Board is asked to note the report and recommend any steps it requires to be taken in light of the experiences shared.

Report to: Board Meeting

Date	1st December 2020	**Agenda item**	04
Title	Chief Executive Report – December 2020		
Author	Janet Rowse - Chief Executive		
Lead Director	Janet Rowse	**Date signed off**	24th November 2020
Presented by	Janet Rowse	**Version**	
For	Approval/decision Debate Assurance Information ✓		

Aims/Summary
To inform the Board regarding items not covered elsewhere on the agenda.

Options and decisions
Nil

Resource implications (financial/staffing/other resources)
Nil

Quality considerations

Paper/information previously considered by	**Date**

1. Key points

1. System wide Escalation

Bristol, North Somerset and South Gloucestershire (BNSSG) as a system is currently experiencing very high levels of Covid related activity, associated with the high levels of infection locally. The Healthier Together System has declared OPEL 4 status and this has been approved by NHSE. This is the highest level of escalation and indicates the severe pressure under which the system is operating.

All system partners are collaborating to protect system flow and a range of measures have been agreed which will bring additional capacity on line. A public campaign has been started with the support of local media in order to raise the awareness of local people regarding both the need to observe strict social distancing and hand hygiene, as well as alerting them to the pressure on local health and social care services.

At the time of writing Sirona has itself also declared OPEL 4 status for the fourth consecutive day. Services are being significantly adversely affected by:

- the ongoing increase in the number of people we are supporting at home to prevent admission,
- the impact of people being discharged at an earlier stage from hospital and therefore having more complex needs,
- staffing levels adversely affected by Covid related absence (including self-isolation).

Our community teams are running approximately 25% below their funded establishment of permanent staff. The impact is mitigated day by day through use of Bank and Agency, but these resources are themselves becoming constrained. Urgent actions are in had to provide additional resource to the teams, including additional agency, request for staff to volunteer for redeployment from less pressured teams, and fast tracking the on-boarding of new staff appointed but not yet in post.

Current modelling suggests the current surge in community activity may continue for the next two to three weeks.

The situation changes rapidly day by day. To ensure that the Board remains as informed as possible, the following updates will be given at the meeting itself:

- Jenny Theed will update on the most up to date position regarding our OPEL status and the effect of mitigations
- Mary Lewis will give an update on the current position regarding Mass Vaccinations
- Mary Lewis will update the Board on the assurance relating to the 10 Key Actions for Infection Prevention and Control and Testing issued nationally

We will also provide any further updates in line with latest guidance issued between now and the date of the Board meeting.

2. Staff Wellbeing

The well-being of staff continues to be a concern given the considerable pressure under which many are working. Additional measures are being taken to increase available staffing wherever possible, including seeking volunteers for re-deployment. The Professional Council is overseeing the Quality Impact Assessments in order to ensure clear governance and oversight of any impact on non Covid services and we will ensure system awareness and support for any such measures as the situation requires.

Identification of specific staff pressure points will be through the triangulation of staff absences, non-availability of temporary staffing to cover such absences, and patterns of demand (referrals). This will allow the new group set up to oversee staff redeployment to ensure that we are directing our additional staff to the areas of greatest need.

A range of staff well-being support has been widely promoted on the intranet, and this is now being followed up with more directed support where it is clear this will be of more benefit.

The Quality and Outcomes Committee has now taken on the Board Assurance role for staffing issues, including staffing levels, training and well-being and will receive routine reports and presentations on all the mitigations that are being put in place.

3. Healthier Together taking the next steps towards becoming an Integrated Care System (ICS)

NHSEI guidance published in August 2019 reaffirmed the policy commitment for all sustainability and transformation partnerships (STPs) to be 'maturing' as Integrated Care Systems by April 2021. Healthier Together submitted evidence to NHS England and NHS Improvement (NHSEI) in October to demonstrate that we are meeting the minimum operating requirements to be designated as an ICS and 'maturing' against the NHSEI maturity matrix for ICSs. The Executive Group confirmed support for the ICS Designation submission in a letter signed by the CEOs of the ten STP partners on 19 October.

Our ICS Designation submission was followed by a 'confirm and challenge' meeting with the NHSEI Regional Director on 21 October. A further request for additional information/assurance has been sought by the Regional Director and this is planned for return by 25 November 2020. Should the ICS Designation be recommended, then the next step is ratification by the NHSEI national team, which would take place in December 2020.

External facilitation has been sought by the Healthier Together partners to support the development of a Memorandum of Understanding (MoU). This will include a series of facilitated workshops, including, in Quarter Four of 2020/21, one in each sovereign body, including one with the Board of Sirona.

The MoU is an agreement between the BNSSG health and care partners. It will set out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health and wellbeing of the people who live in our area, and improve the quality of their health and care services.

The MoU will be based on an ethos that the partnership is here to serve the people of Bristol, North Somerset and South Gloucestershire, and to enable all of its member organisations to be the best they can be. It will be predicated on a commitment to co-production and deep engagement of our residents in service of eliminating health inequalities and delivering best possible outcomes for all the people of our area.

The MoU is not a legal contract but a formal agreement that provides a mutual accountability framework to underpin collective ownership of delivery. It will not replace or override the legal and statutory frameworks of the individual Partners, but rather sit alongside and complement these frameworks, creating the foundations for closer and more formal collaboration.

Further information will be shared once available and potential dates for our facilitated workshop will be shared with Board members as soon as available.

4. North Somerset Children's Public Health Nursing Services

The Board was updated at our last meeting regarding the intention of North Somerset Council to tender its current contract for 0-19 public health nursing services.

When this was agreed at their Council meeting in September 2020 the timetable assumed procurement commencement in January 2021.

The Council is currently reviewing, in the light of the current second wave of Covid-19, the most appropriate timescale for this procurement. In the meantime, the Associate Director of Children's Services is continuing to prepare for the procurement pending further notification.

5. EU Transition Update

The assurance and preparedness for the end of EU transition is part of the winter cell daily agenda with weekly meetings between the Emergency Preparedness, Resilience and Response (EPRR) lead and the Senior Responsible Officer.

The report to the last Board identified that the main area where assurance was required related to business continuity plans particularly relating to delivery of medical equipment, clinical and non-clinical supplies.

The review of business plans is expected to be complete by 27th November. Key actions are being collated and will be escalated through the winter cell and to the relevant Director.

The learning and development team have been contacting all EU nationals to ensure that we have the relevant information on their settlement status. This is approximately 65% complete.

The Clinical Commissioning Group has requested named leads which has been supplied for the key workstreams including Communications, Workforce, Procurement and Operations.

6. Staff Consultations

Consultation with staff on how they transition into the Integrated Network Teams is now complete and the choices made by staff are being reviewed so that as many people as possible can be matched into their preferred roles.

Approximately 900 staff have been involved in this consultation and it has been a considerable source of anxiety for staff and additional work for our clinical managers and corporate support staff. Within the next few weeks staff will know which team they will be working in. This is an important stage in the creation of the new operational structures that will allow us to consistent community services across Bristol North Somerset and South Glos. (BNSSG)

Considerable work has also taken place with our Administrative Support Staff to review the services in their “as is” state as we have inherited them from the former incumbent organisations. Unsurprisingly there is considerable variation in roles and grades. It is also clear that this is a significant staff group with considerable untapped potential which could be transformational for the organisation if we develop effective operating models. This work will be taking place over the next few months, working closely with the staff themselves as well as clinical and corporate managers to design the model and develop an implementation programme.

There are other staff reconfigurations and reviews that are yet to take place and the Board will continue to be updated as these occur.

2. Recommendations

The Board is asked to note the content of this report.

Report to Board

Date	1 December 2020	**Agenda item**	07
Title	Quality & Outcomes Committee Summary		
Author	Mary Lewis - Director of Nursing		
Lead Director	Mary Lewis	**Date signed off**	17 November 2020
Presented by	Paul May	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance √ Information √		

Aims/Summary
The following is as a summary of the items discussed at the Quality and Outcomes Committee meeting held on the 17 November 2020.

Options and decisions
N/A

Resource implications (financial/staffing/other resources)
N/A

Quality considerations

Paper/information previously considered by	**Date**

1. Background

The following report is to present to the Board the key findings and recommendations from the meeting of the Quality & Outcomes Committee held on 17 November.

2. Key points

- The minutes were agreed as an accurate record of the meeting.
- The Action Log was reviewed and updated.
- The Committee was updated about the increase in Covid 19 cases in the area; the formal position is that we are classed as level 4 (the highest level) from an NHS point of view. The Bristol, North Somerset and South Gloucestershire (BNSSG) system has been fluctuating between level 3 and 4 due to the huge pressures on the system both in the Acute Trusts and in our own services. Sirona are moving through the surge planning phases and are on the way to Phase C and will start to take forward the associated actions.
- The Committee received a summary of the People and Development Group meeting held on the 17 November and the associated dashboard. The Committee discussed the sickness absence rate and was advised that this does not include an additional 3% of staff who are self-isolating due to Covid 19 symptoms or as a member of their household has symptoms. It was discussed that this is putting additional pressure on our capacity and that staff are being asked to work as flexibly as possible to overcome these challenges. The Committee was assured that the level of Adult Safeguarding Level 3 training has been improving, and that whilst there is still work to do, this is in line with the planned trajectory.
- The Committee discussed staff wellbeing; work is ongoing to triangulate themes and trends and to engage with teams and staff members and to look at how we are addressing this so that we have oversight and ensure we are collectively working together. The Committee recognised the astounding things that people are doing under immensely difficult circumstances.
- The Committee received the Quarter 2 Safeguarding Report and noted the focus on training and compliance. The Committee heard that there has been a lot of national concern, that has also translated into BNSSG, about mistreatment of very young babies during Covid 19. In response, Sirona joined a Summit with BNSSG, the CCG (Clinical Commissioning Group) and other providers to address and look at strategic learning.
- The Committee received the Quality Report for the month of October, the key points to note being:
    - There continues to be an upward trend in adverse incident reporting with low levels of harm.
    - Reporting themes remain consistent
    - 3 Incidents were reported to Strategic Executive Information System (StEIS).
    - There were no breaches of Duty of Candour,
    - We are closely monitoring Covid-19 related incidents; there have been a few issues relating to communications and staff awareness and behaviours in following guidance. This is a slight trend and local managers are addressing where necessary.
    - There were no Never Events.
    - There was 1 complaint - this is currently under investigation
    - We are starting to see more compliments being recorded which is positive.
    - There were no infection outbreaks in October - Covid 19 work continues.

- It was agreed that a deep dive into adverse incidents of care provision will take place in January. This will help identify learning from complex discharges that we can share with our own staff as well as those from the Acute Trusts.
- The Committee received the Quarter 2 Position Statement Report and noted that in the majority of areas Sirona is fulfilling the contractual obligations in relation to the Quality Schedule. Where the obligations are not being met in full the summary provides an explanation and rationale for this, as discussed and agreed with commissioners through the contractual meetings.
- The Committee received the Corporate Risk Register, specifically focussing on a risk with increased score and a new risk relating to virtual training for the Bladder and Bowel Service. The Committee also received the Children's Services Risk Register, specifically focussing a 2 new risks relating to electronic records and Community Paediatrics. A risk relating to a lack of smart phones was discussed in detail and the Committee was assured that work is taking place with the IT Team to understand the requirements and prioritise new equipment for staff.

  Further assurance relating to wider Digital and IT issues was noted as being sought.
- The Committee received a seminar presentation by Children's Services in response to the previous Committee focus on the service delivery pressures and the historic Looked After Children Performance Notice from the CCG which has now been lifted. The Committee heard that demand is outstripping capacity but that a review to understand our Children's Services offer is taking place to address this. The Committee heard that during the first wave of covid-19 pandemic, the service was paused to support Adult Services which had a significant effect on the service in relation to waiting lists but also to staff wellbeing. The Committee then received a comprehensive overview of how Children's Services are performing and delivering with many positive stories shared, of note was the setting up of the Autism Hub in Bristol and the prevention of admission work during the first Covid wave.

3. Recommendations

The Board is requested to note the Committee Summary Report and be assured of the work undertaken by the Quality and Outcomes Committee.

Report to: Board Meeting

Date	1st December 2020	**Agenda item**	9
Title	Update on Equality, Diversity and Inclusion		
Author	Wilma Adams, Equality, Diversity and Inclusion Partner		
Lead Director	Sarah Margetts, Director of People & Development	**Date signed off**	19th November 2020
Presented by	Sarah Margetts, Director of People & Development	**Version**	1.0
For	Approval/decision Debate Assurance ✓ Information ✓		

Aims/Summary

This paper is to present to the Board a brief update on our Equality, Diversity and Inclusion agenda following our previous submission in October 2020.
We have introduced and engaged a series of groups in our essential work on equality, diversity & inclusion with an aim of focussing on both short term needs of our staff and communities during Covid and creating longer term ambition to improve our diversity and supporting our staff and community.

Options and decisions

The Board is asked to:
i. note and comment on the content of the update.

Resource implications (financial/staffing/other resources)

None

Quality considerations

It is central to our Taking it Personally values that every person who comes into contact with Sirona is treated with courtesy and respect, is valued as an individual, and is made to feel welcome.

The inclusivity shown to staff as part of the recruitment and selection process, induction, and their on-going employment is part of making Sirona a place where people want to work. These behaviours also underpin the quality of experience for every service user. Having a workforce where everyone is able to contribute helps to create a 'high performance' workplace, resulting in the best possible quality of care for our service users.
No risks identified.

Paper/information previously considered by	Date
N/A	

1. Key points

1. BAME WORKFORCE UPDATE (INCLUDING STAFF NETWORKS)

- Our ED&I Partner has produced a short video promoting the Staff Networks this can be access via the Intranet
- **BAME Staff network**
  The initial engagement for membership for the network was 5 BAME staff. A personal approach was taken to engage staff to informing them of the network. This has resulted in a positive outcome an increased membership of 22 BAME staff and 2 keen to be kept informed. A second meeting has occurred addressing the group's wellbeing and coping with the second wave of Covid. It has been identified within the network that there is trauma experienced through their lived experience and the need to offer a Bespoke Mental Health support. This is being developed with a drop in online Surgery hosted by the external facilitators who specialise in supporting BAME colleagues.
- **Black History Month**
  Head of Learning& Development at Sirona care & health, to find out about her career path and advice she would give to BAME staff looking to progress into a leadership role, this is a featured in LinkedIn and the Intranet.
  Two of our BAME colleagues shared their experience of the programme. The Stepping Up Programme is a leadership development scheme designed to support underrepresented groups to progress to senior roles. This video is accessible on the Intranet.
  Throughout October with the support of the Communications Team we have promoted local and national events for staff to access in our Briefing and in Social media platforms.
- We promoted the celebration of Diwali on 14/11/20 with our Sikhism, Newar Buddhism, Hindu and Jainism colleagues
- Coordination for delegates to attend the Usawa Training facilitated by Nilaari we have 30 delegates attending from BNSSG
- Participated in Workforce Listening events and action plans, with Healthier Together BNSSG.
- Continue to attend regional and national information and listening events such as the BAME Staff Network Leads webinars, organised by Prerana Issar – NHS Chief People Officer, and South West BAME wellbeing events.

- **LGBT+ Staff Network**

This Network has been launched 18/11/20 and will be promoted within the Team Brief **Including You** looking at Sexual Orientation article by Fiona Spence, Equalities & Community Development Manager.

Work has begun to author our 2019-2020 Workforce Race Equality Standard and accompanying action plan and this will be provided to Board at the January 2021 meeting.

2. ED&I STEERING GROUP - PHASE 3 IMPLEMENTATION AND NHS PEOPLE PLAN

- The ED&I Steering Group met an overview of Sirona's demographic shared, this was an engaging session. The SLT were asked to consider how they can be actively involved in the ED&I plans. Key facts were shared about the BAME network.
- The terms of reference (ToR) were shared and a Task and Finish group formed which is included a cross section of Sirona staff including Nura Aabe. The group met on 9/11/20 and are finalising completed the ToR linking it back to our Strategic Narrative, values and ensuring we have ownership at every level within the organisation.

3. PROMOTING ACCESSIBILITY THROUGH LANGUAGE AND DIGITAL INCLUSION

Our Community and Partnership Team and our Health Links team continue to focus on ensuring equity and access to our services. Actions taken include:

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- The production and promotion of a series of short information videos in 7 different languages bout the Flu vaccination. Further key messages are planned to ensure essential information about our services are accessible to our many diverse communities.

- Plans to embed an equality analysis framework within our existing Quality Impact Assessment, to ensure that decisions made during the pandemic also include an equality consideration.

- New unifying language providers commence their contracts with Sirona on 18/11/20, alongside our Acute Trust partners to provide a more effective and holistic service for our patients and communities who require interpretation and translation support. The new providers are DA Languages and Sign Solutions.
- A regular feature called Including You in our Team brief – to highlight information, events and support around equality, diversity and inclusion for our colleagues and our communities.

2. Priorities for the next Quarter

- Develop ED&I Steering Group action plan and process for monitoring and progressing actions – drawing from Phase 3 implementation plan, NHS People Plan,
- Finalise 2019-2020 NHS Workforce Race Equality Standard and action plan for Board approval
- Continue to develop, promote and support our BAME and LGBT+ network
- Continue to research, provide, evaluate and support Health & Wellbeing needs of our BAME staff especially during Covid.

3. Recommendations

The Board is asked to note the content of this update.

Report to: Board Meeting

Date	1st December 2020	**Agenda item**	10
Title	Operational Performance Report		
Author	Jenny Theed - Director of Operations		
Lead Director	Jenny Theed	**Date signed off**	24th November 2020
Presented by	Jenny Theed	**Version**	1.0
For	Approval/decision Debate Assurance Information ✓		

Aims/Summary
To advise the Board of our Community Services contribution to system wide perfomance in response to the Covid 19 outbreak , performance of the new Adults Contract at Month 7 and the Children's contract at end of Quarter 2.

Options and decisions
The Board is requested to note the contents of the report and progress in the implementation of the new adult contract service specifications

Resource implications (financial/staffing/other resources)
The paper summarises the performance of the operational services and will update where there are financial and staffing issues that affect performance

Quality considerations
The paper will update where there are performance issues affecting the quality of services being delivered

Paper/information previously considered by	**Date**

1. Background

The Business Intelligence Team continues to work with the Director of Operations, Associate Locality Directors, Associate Director for Specialist Services and the Associate Children's Director to develop robust reporting arrangements to support service delivery.

Performance reporting for Board during Quarter 3 will continue to be developed over the coming months and will focus on providing the Board with the 3 agreed key areas of performance including :

- Actions taken to restore services during phase 3 Covid 19 restoration period (Covid 19 situation reports (SitRep) and the impact on our performance
- Performance against Sirona's lead responsibility for all Hospital Discharge Pathways within Bristol, North Somerset & South Glos. Commissioning Group (BNSSG)
- Performance within Sirona services against our service specifications for all adults and children's contracts

During month 7 reporting developments have included:

- the launch of Adult Referral to First Treatment dashboard which will help to demonstrate our ability to focus resource on priority service users.
- revised North Somerset Paediatric and Integrated Therapy data that includes service dashboards which is in the process of being validated by service leads.
- initial work on mapping further inequalities data using Population Health data that will provide the organisation with more sophisticated intelligence on health needs within each community and allow us in due course to focus our resources and services on those with highest health needs .
- refinement of the Access and Flow Dashboard to include Referrals by Referral Source and Discharge to assess pathway 3 (P3) delays data. This dashboard has been developed by Sirona and has become a key weekly system update as it evidences the impact of community services on all Hospital Discharge Pathways which have been introduced to maximise the efficient use of all acute and community services during the Level 4 pandemic

The Covid 19 reporting requirements developed in Quarter 1 and 2 of 20/21 have also been embedded within Sirona reporting mechanisms and continue to evolve to meet new requests including

- a daily submission of the NHS School Age Flu Vaccination Programme . This data capture) was mandated at short notice in October and NHSE/I have recently confirmed that Sirona was one of only three providers to meet this new request.
- a further new request relating to regular update of status of restoration of services . Sirona is on track to submit and meet this deadline.

2. Key points

2a Actions taken to restore services during phase 3 Covid 19 restoration period (Covid 19 Sitreps) and the impact on Sirona performance

Sirona is now required to provide regular monthly SitRep updates regarding the work we have undertaken to restore our adults and children's services and to outline our position in relation to a number of key parameters including:

- Restoring services to pre Covid 19 levels including an indication of the level of face to face consultations that have been restored
- Any reasons for ongoing reductions in capacity-predominantly in response to social distancing regulations
- A estimate of the percentage of consultations that are now being carried out using remote consultation techniques
- The current level of waiting lists in each service including an estimated trajectory of the time to address the backlog waiting list

2.1 Adult Health Services Restoration SitRep – October 2020

Given all of our core community nursing and community rehabilitation services have continued to function at full capacity since April 2020 the enclosed adult services restoration SitRep format has been developed for specialist services where there has been a need to significantly reduce our previous activity levels due to restricted access to clinic based accommodation and the need to redeploy staff during phase 1 of the pandemic.

The enclosed report demonstrates that certain key services have significant backlog waiting lists including Musculo-skeletal services (where high numbers of staff have been redeployed during phase 1 and now wave 2 of the pandemic) podiatry, heart failure, continence , respiratory, stroke, lymphoedema and neurorehabilitation which are all reporting waiting lists that will require between 6 to 12 months to clear.

Community specialist services SitRep re restoration of services post phase 1 Covid 19 October 2020

Adults	Has service been restored to pre-Covid 19 form	Reasons for non/or partial restoration	Summary status of activity	Service experiencing backlog	Time to clear backlog	Has method of delivery changed from face to face to remote	Compared to pre-Covid level how much has this changed +
Podiatry	Yes	N/A	Reduced *	Yes	6-12 months	N/A	N/A
Wheelchair/orthotics	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Heart failure	Partially	Plans in place-not complete	Reduced	Yes	6-12 months	Yes	50-74%
Continence	Partially	Service reconfigured	Reduced	Yes	6-12 months	Yes	50-74%
Tissue Viability	Yes	N/A	Above pre Covid 19	No	N/A	Yes	0-74%
TB	Yes	N/A	Reduced	No	N/A	Yes	25-49%
Parkinsons	Partially	Service reconfigured	Reduced	Yes	6-12 month	Yes	75+%
Respiratory	Partially	Service reconfigured	Reduced	Yes	6-12 months	Yes	75+%
Stroke	Partially	Service reconfigured	Reduced	Yes	3-6 months	Yes	75+%
MS	Yes	N?A	N/A	Yes	6-12 months	Yes	75+%
MND (see Neuro)	N/A	N/A	N/A	N/A	6-12	N/A	N/A

					months		
Falls	Partially	Service reconfigured	Reduced	Yes	3 months	Yes	25-49%
Lymphoedema	Partially	Plan in place- not complete	Reduced	Yes	6-12 months	Yes	50-74%
Diabetes	Partially	Service reconfigured	Above pre Covid 19	Yes	3 -6 months	Yes	25-49%
Rehab (Integ/unidisciplinary	Partially	Service reconfigured	Reduced **	Yes	Over 12 months	Yes	50-74%
Neuro Rehab	Partially	Service reconfigured	Reduced*	Yes	6-12 months	Yes	50-74%
Therapy interventions	Partially	Plans in place not complete	Reduced **	Yes	6-12 months	Yes	75+%
The Haven	Yes	N/A	Reduced***	No	N/A	yes	25-49%
Dermatology	Yes	N/A	Reduced ***	No	N/A	Yes	50-74%
Learning Difficulties	Partially	Other	Reduced***	No	N/A	Yes	0-24
Weight mgt	N/A	N/A	N/A	N/A	N/A	Yes	N/A
MSK Physio	Partially	Service reconfigured	Other	Other	Other	Yes	Other
MSK Interface	Partially	Service reconfigured	Other	Other	Other	Yes	Other

*Reduced due to social distancing
** Reduced due to workforce constraint
***Reduced due to less referrals
+ % more remote consultations

The Director of Therapy and (Allied Health Practitioner) AHP services is also reviewing the current waiting lists for planned/admission avoidance therapy referrals with key clinical leads which developed as a result of the need, in line with national guidance, to focus our therapy resources on ensuring good flow through the Hospital Discharge Pathways in order to minimise delays in acute hospital beds.

This work is being progressed urgently to review the current waiting lists and the time required to clear them against the available capacity that was planned for in our bid assumptions and that was embedded in our modelled Integrated Nursing Team (INT) resource to meet our core contract requirements. This work will culminate in identifying any gap in capacity that has emerged as a result of a significant increase in demand for therapy resources to support the Hospital Discharge Pathways and will need to be discussed with the Clinical Commissioning Group (CCG) to agree how the organisation can meet this demand on an ongoing basis.

2.2 Children's Health Services SitRep – October 2020

A similar SitRep report is required for our children's services and the table below summarises our position including inevitable deterioration in our community paediatrics service waiting lists. In the light of this position and the emerging evidence that the impact of the pandemic has had a significant impact on children's health the CCG have agreed to fund a waiting list initiative to remove 750 children from the waiting lists by the end of March 2021.

Childrens	Has this service been restored to its pre-COVID-19 form?	If service has been fully or partially restored, what is the summary status of activity?	If service has been fully or partially restored, is it experiencing a backlog?	How long do you estimate it will take to clear the backlog:	If service has been fully or partially restored, has the method of delivering clinical interventions changed from face to face to remote?	If yes, compared against a baseline of pre-COVID-19 levels, how much has this changed?
Vision screening	NO	N/A	N/A		N/A	N/A
Community paediatric service	Yes	As at pre-COVID-19 levels	Yes	6-12 months	Yes	50-74%
Intergrated Therapies	Yes	As at pre-COVID-19 levels	Yes	less than 3 months	Yes	50-74%
Looked after Children	Yes	As at pre-COVID-19 levels	Yes	less than 3 months	Yes	25-49%
Nursing and Therapy teams support for long term conditions	Yes	As at pre-COVID-19 levels	No	N/A	No	N/A

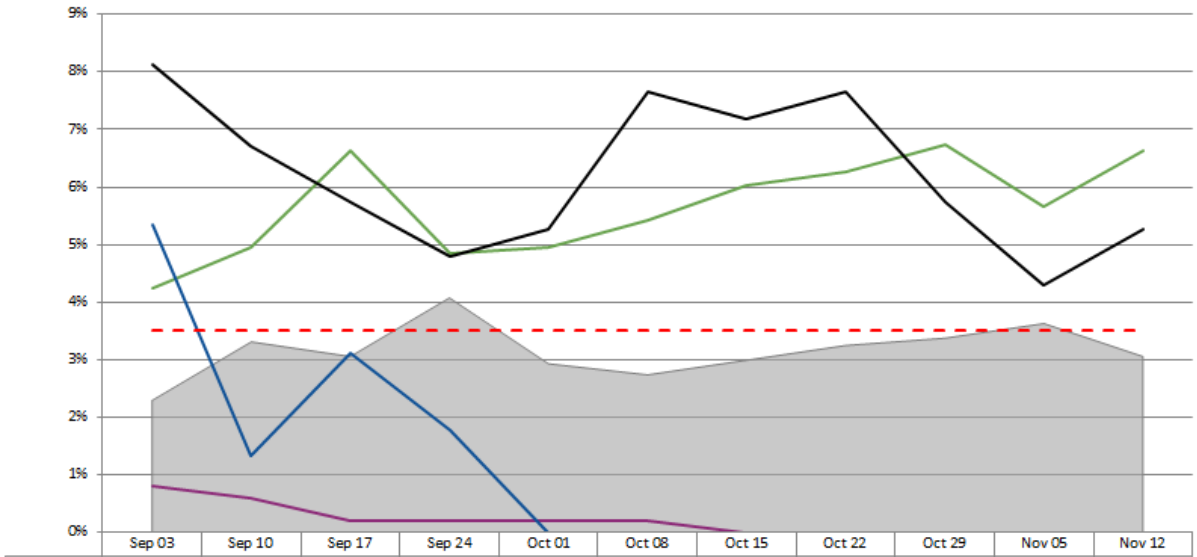
Key elements of the nationally mandated Healthy Child Programme did continue via remote consultations, albeit with a reduced workforce, throughout phase 1 of the pandemic and is not reporting significant backlogs. The National Child Measurement Programme however, which includes vision screening, was suspended in April 2020 but the organisation anticipates that we will be able to reinstate the vision screening programme in January 2021

2b Hospital Discharge Performance Report - Performance against Sirona's lead responsibility for all Hospital Discharge Pathways within BNSSG

As the new community services provider for BNSSG, Sirona was given the responsibility to facilitate all hospital discharges from hospital beds throughout BNSSG as part of the response to the Covid 19 outbreak in line with the NHSE Hospital Discharge Guidance published on 19th March. The move of the Community Integrated Care Bureau (CICB) function, which is responsible for facilitating all discharges, from University Hospital Bristol & Weston (UHBW) and North Bristol Trust (NBT) into the community continues to have a significant impact on the discharge of patients from acute hospital beds.

The CICBs newly established systems and processes initially maintained strong flow from each Acute Hospital throughout Quarter 1 via the nationally mandated Discharge to Assess (DtA) pathways and maintained lower levels of occupancy and delayed transfers of care (DTOCs) in each acute hospital throughout Quarter 2.

Despite strong performance in our DtA pathway 1 home rehabilitation services particularly in Bristol we have in the last month see marked pressures within the bedded DtA pathways due to a number of factors. The pressures within the DtA pathway 2 rehabilitation beds have largely been due to significant Covid 19 outbreaks within a key independent sector provider in Bristol and more recently in our Skylark rehabilitation unit. The outbreak in the care home in Bristol resulted in that facility being closed for over a month resulting in a loss of 24 beds. However through strong Infection Prevention &Control management of the outbreak in Skylark the unit was closed for less than 2 weeks which minimised the loss of the 30 beds to the system.



	Sep 03	Sep 10	Sep 17	Sep 24	Oct 01	Oct 08	Oct 15	Oct 22	Oct 29	Nov 05	Nov 12
Total	2.3%	3.3%	3.1%	4.1%	2.9%	2.7%	3.0%	3.2%	3.4%	3.6%	3.1%
UHB	0.8%	0.6%	0.2%	0.2%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
NBT	4.3%	5.0%	6.6%	4.8%	5.0%	5.4%	6.0%	6.3%	6.7%	5.7%	6.6%
WAHT	5.4%	1.3%	3.1%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
AWP	8.1%	6.7%	5.7%	4.8%	5.3%	7.7%	7.2%	7.7%	5.7%	4.3%	5.3%
Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%

WAHT – Weston Area Health Trust
AWP – Avon & Wiltshire Mental Health Partnership

The table above partially demonstrates the impact of the flow through all 3 DtA pathways although the table fails to demonstrate the impact within UHBW as they have discontinued monitoring delays in line with national guidance.

The system wide deterioration in flow has been as a result of a number of internal and external factors including:

Internal Sirona issues

The DtA pathway 1 flow in S Gloucestershire has been impacted by some hotspots of sickness within our teams in Severnvale causing some delayed transfers from NBT

External Issues:

- The higher level of dependency of patients who are being discharged via the DtA pathways has resulted in some waiting lists for access to DtA Pathway 3 (slow stream rehabilitation beds) rising as individuals have required longer lengths of stay
- A significant number of delays within the DtA Pathway 3 beds with up to 32 % of commissioned capacity being blocked largely due to delays in social care assessments
- A further deterioration in access to social care services particularly domiciliary care services to allow a timely step down from our Discharge to assess capacity

Update re action taken to address these flow challenges

Sirona has undertaken a number of actions to address these issues including:

- Developing the concept; a “soft divert” of our DtA capacity to allow us to flex our available capacity to the Acute Hospital experiencing the highest level of pressure. This is achieved by flexing the capacity within the Bristol teams to allow them to

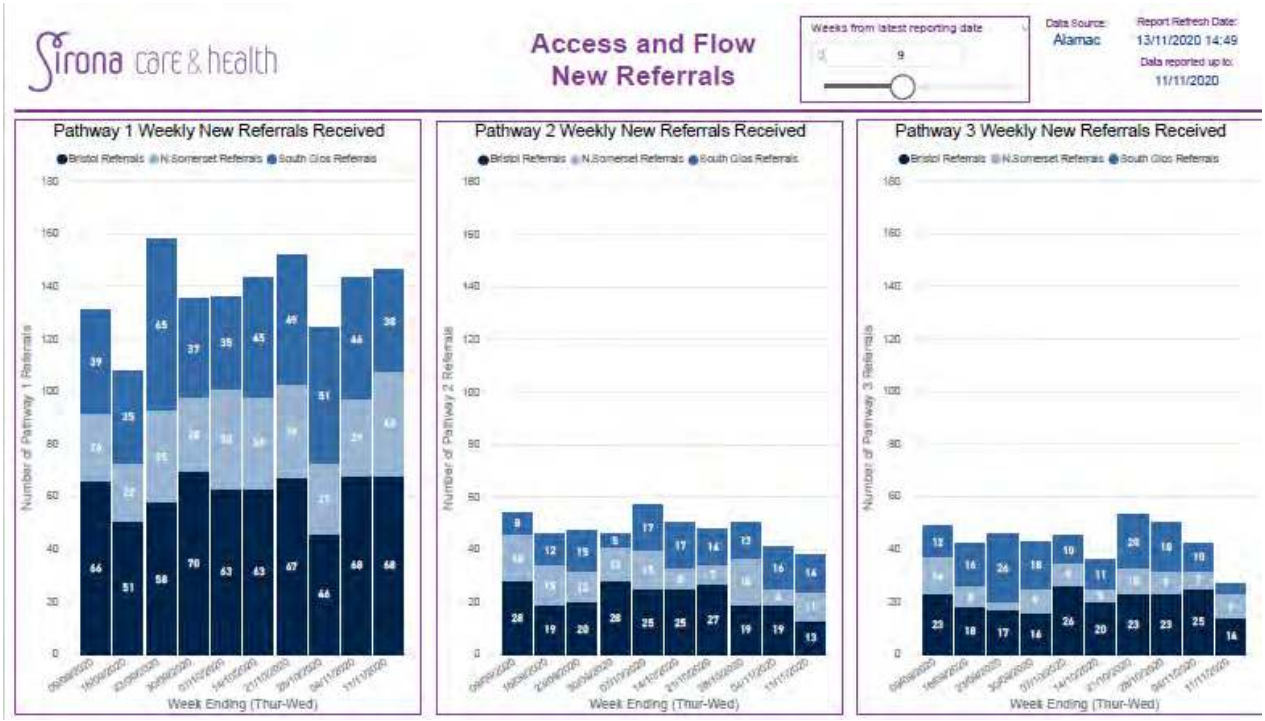
facilitate more discharges from either UHBW or NBT to rapidly decompress any individual acute hospital site

- Work is continuing led by Sirona within the Out of Hospital Services steering group to identify ways in which the health /social care interface can be strengthened as the BNSSG system continues to experience a lack of capacity in domiciliary care and a lack of resilience within the care home sector. This will be a key area of joint focus for the Director of Operations and Director of People over the winter period.

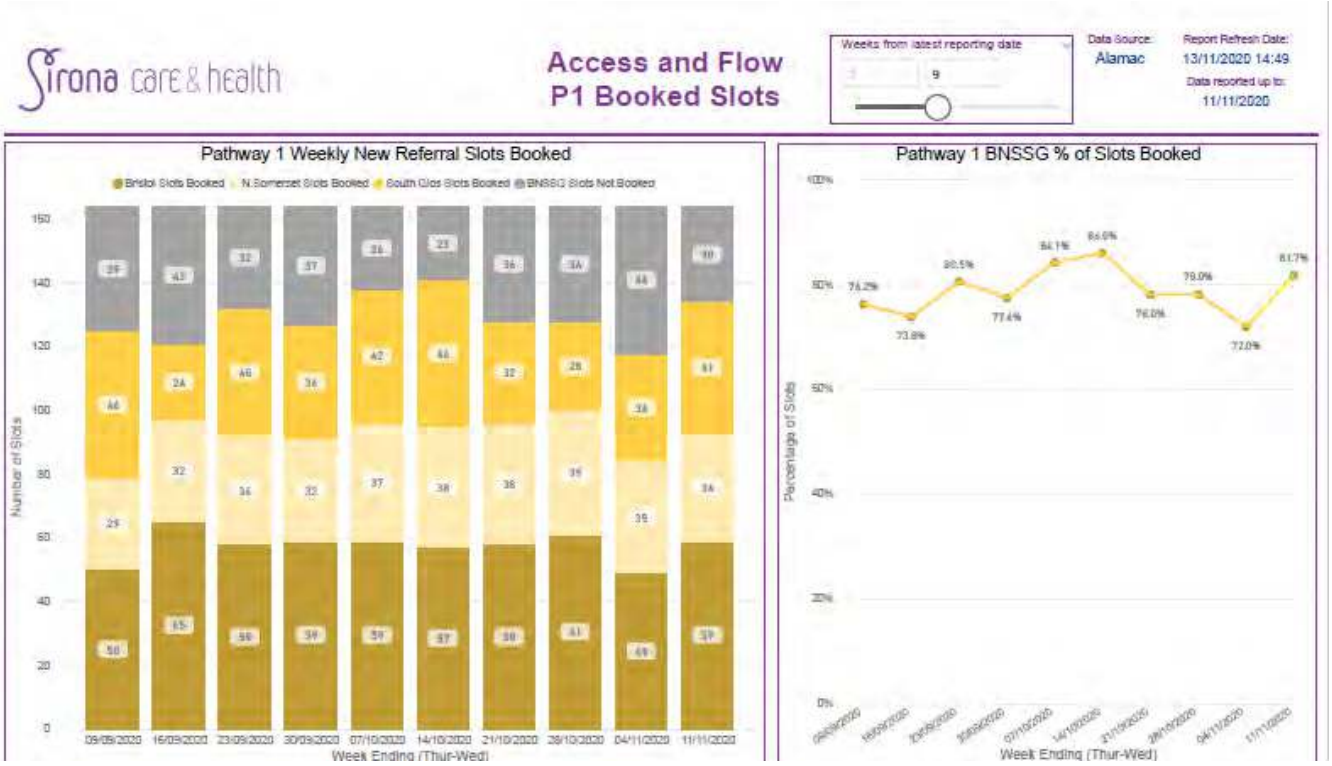
- Maximising the utilisation on a daily basis of all of our DtA pathways. DtA Pathway 1 referrals remain high across the 3 geographies with significant number of referrals for individuals with high dependency care needs of four times per day. In the last month good flow through this part of the service has been achieved by:

✓ Bristol significantly improving the utilisation of their capacity.
✓ North Somerset the majority of patients having been able to be booked into slots on the next day, which is an improvement from previous weeks when referrals were needing to be booked 2 to 3 days ahead due to capacity issues in the service

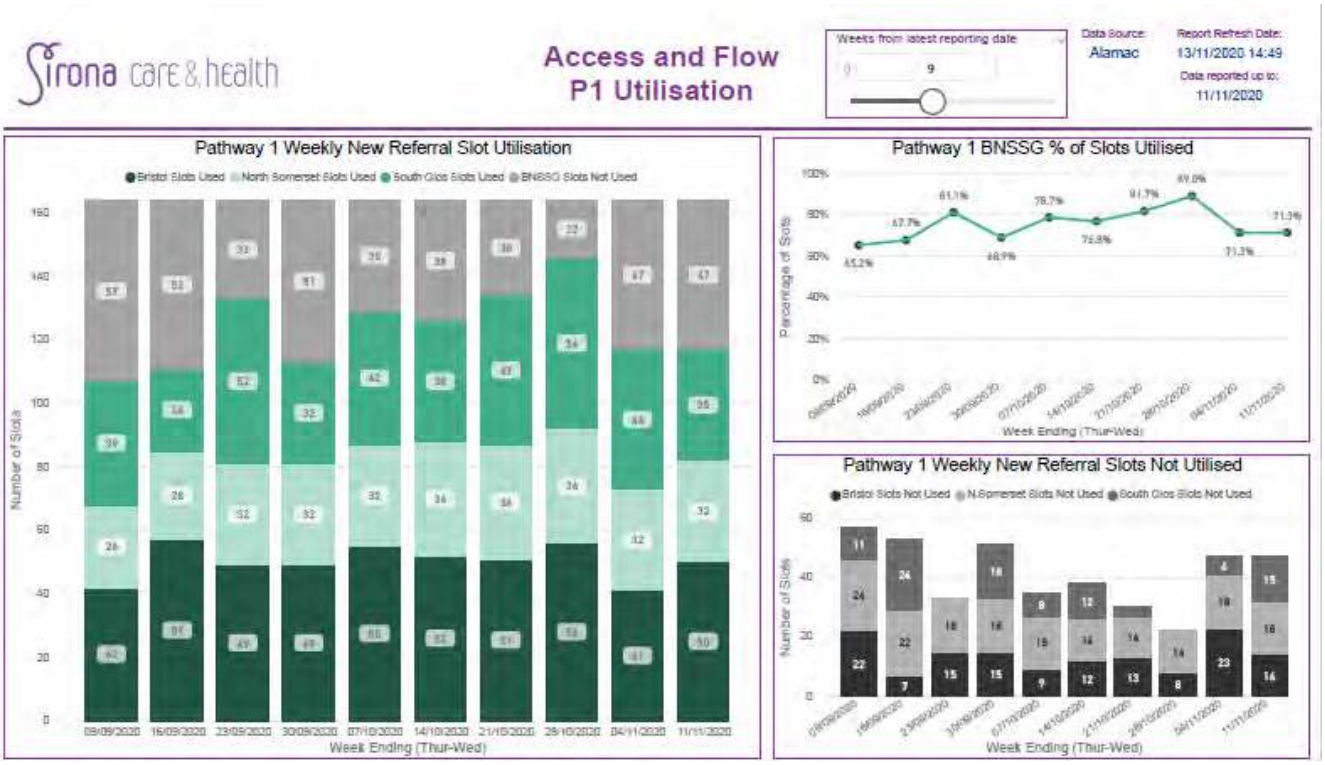
However South Glos continues to have a large waiting list for DtA P1 due to reduced capacity in Severnvale to support and the large numbers of referrals previously.



- Working with all Acute Trusts to try to minimise the numbers of last minute cancelled DtA Pathway 1 discharges .Cancellations are due to a combination of issues including delays in discharging Covid + patients from Blue wards due to the need for patient testing as well as more avoidable delays such as access transport or discharge medication and patients becoming medically unwell on the day of discharge. This can be seen in the following graphs – Graph 1 capturing first booked slots and Graph 2 showing utilisation.



Graph 1:P1 Booked Slots



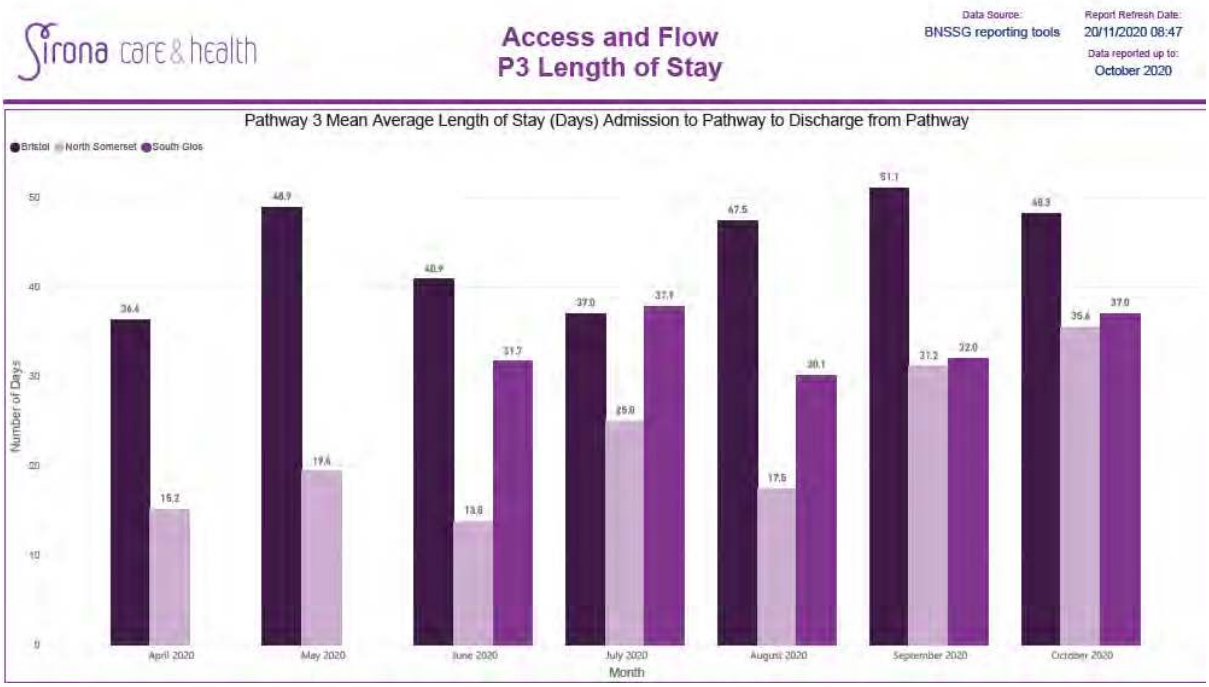
Graph 2:P1 Utilisation of available capacity

- **Access to DtA pathway 3 slow stream rehabilitation beds**

  Further work is ongoing with each Local Authority to address the significant delays in Pathway 3 rehabilitation and assessment beds.

The delays have accumulated since phase 1 of the pandemic largely due to the lack of therapy input to these beds resulting in individuals decompensating , an increase in the complexity and frailty of individuals accessing these beds and the pace of social work assessment in parts of BNSSG during the individual's placement .

The system has recognised this service gap and has requested mutual aid from each Acute Trust to release therapists into the community to specifically work in each Pathway 3 bedded location to provide active therapy and assessment of the persons ongoing needs to increase flow through these NHS funded bed



3 Adults Core Contract Performance Report

3.1 Integrated Network Teams

3.1.1 Baselining the INT Transformation and Resource modelling – The Associate Locality Directors and Director of Operations have worked closely over the last month with Finance and BI colleagues to validate the actual activity in Q1&2 against the planned activity outlined in our bid submission . This was to ensure confidence in the INT transformation and apportionment of the available INT resource to each Locality to support the new model of working. This work has now been completed with the following findings

Summary of Q1&Q2 activity findings following above actions

	Actual Face to Face Activity V's Plan
South Glos	+5%
Bristol ICE	+13%
Bristol South	+19%
Bristol North	+2%
North Somerset	-7%

These figures demonstrate that activity in the first 2 quarters of operating the new contract has significantly outstripped even the planned activity level of Year 2. North Somerset has not exceeded the level of demand anticipated for next year, but is above the level planned for this year. Clearly there is some concern regarding the accuracy of some datasets which continue to be collected using several separate instances of the EMIS data system with the potential consequence of variance in data validity. The data has also been mapped into the new INT /LARC structures and is demonstrating the extraordinary demand on the admission avoidance elements of our community services as a result of the Covid 19 pandemic.

Senior Leadership Team (SLT) has reviewed this outcome and have agreed that in order to provide stability to each Locality whilst the workforce transition to the new INT/LARC (Locality Acute and Reactive Care) structure, there will be no changes to proposed aligned staffing resource in any Locality at this time. The excess demand will therefore be addressed by using increased levels of bank and agency staff in the Localities of highest demand rather than moving resource from N Somerset which appears to have a lower level of demand.

SLT has agreed with the Associate Locality Directors that that we will review activity again at the end of the first 2 quarters of 2021/22 by which time we anticipate the INTs and LARC services will be reporting via a single EMIS instance which should address any data accuracy issues and SLT will then make any recommendations to the Resourcing sub-committee regarding any resource adjustments across the Localities

3.1.2 Summary of key elements of the Associate Locality Directors (ALD) Adult services exception reports

MDT Roll Out –rolling out the Multi-Disciplinary Team (MDT) approach at practice level in Bristol and N Somerset in line with S Gloucestershire remains a key part of our transformation programme. This is progressing well having ensured Advanced Clinical Practitioner (ACP) and an aligned therapist now attends each MDT meeting which is proving very beneficial and supporting patient outcomes.

Bristol

- **South** 11 out of 14 practices are functioning with 1 further practice to come on line in late November.
- **Inner City & East**, 8 of 12 practices are now engaged with meetings planned for the remaining practices.
- **North** 11 out of 14 practices are functioning ; the remaining practices may not engage this year due to large building works or due to the demographic make-up of their practice

South Glos - All MDT meetings in South Gloucestershire are now held on MS Teams which is proving to be effective.

North Somerset - MDT's with Tyntesfield Medical Group and Portishead Medical Group in Woodspring are due to commence before Christmas. Discussions in Weston Locality continue to further improve the virtual ward round approach that was developed in phase 1 of the Covid outbreak due the recognition of the 72 Care Homes in such a small area that required a slightly different approach .

3.2 Locality Acute and Reactive Care Service (LARC) services

The portfolios of services that fall within this service grouping include:

- our 2 hour response Advanced Clinical Practitioner Urgent Care (ACP-U) domiciliary service,
- the Rapid Emergency Assessment Care Team (REACT) service at the front door of the BRI and Southmead Emergency Departments
- the new LARC assessment and treatment chairs
- same day urgent care services (in Yate and Clevedon Minor Injuries Units and S Bristol Urgent Care Treatment Centre)
- our inpatient units (please see previous DtA pathway 2 report)
- the 3 community integrated care bureaus

Performance within these services in month 7 shows progress in all elements of the LARC services – the following sections are based on Associate Locality Director Exception reports:

3.2.1 Bristol

- **Advanced Clinical Practitioners (Urgent Response) ACPUs – 2 Hour Response**; all 3 Localities continue to receive referrals for admission avoidance supported by the ACPU's. Where identified that a patient requires a 2 hour response they respond accordingly. Activity has increased by 35% with an additional 94 referrals (359 citywide referrals this month compared with 265 this time last year.)

- **REACT UHBW** – returned to BRI from 21st September2020. Mon-Fri service 7.30 – 7.30 is in place supporting flow from ED and the short stay wards as appropriate. The early data collected during month of October 2020 (n=75) showed

    - 72% patients assessed successfully avoided admission from the front door **i.e. 55 admissions saved**
    - 58% required no onward referrals, 25% required rapid response support to facilitate discharge
    - 64% primary reason for presenting to Emergency Department was a fall
    - 89% patients seen were over the age of >65yr old

- **REACT NBT** returned to NBT in September Mon-Fri only and for ad hoc weekends (pending winter funding confirmation) Summary of data collected during month of October 2020 for NBT (n=78)

    - 69% patients assessed successfully avoided admission from the front door **i.e. 54 admissions saved**
    - 44% required no onward referrals, 56% who required onward referrals to multiple agencies (i.e. Red Cross, falls, social services)
    - 56% primary reason for presenting to ED was a fall
    - 94% patients seen >65yr old
    - 29% of onward referrals were to D2A pathways in South Gloucestershire

In addition to the 78 patients assessed, 59 patients had a documented screen and this information either aided the discharge decision from ED or contributed to the Single Referral Form /Comprehensive Geriatric Assessment for early discharge planning

- Following the Urgent Care Network meeting on 11/11/20 an agreement was reached to implement the REACT service model into Weston hospital alongside a phase one LARC Chair implementation in the Woodspring locality. Both services are currently being scoped.

3.2.2 LARC chairs – Work is progressing with options on use of space and phased implementation of chairs in Cossham and Clevedon Hospital.

3.2.3 South Gloucestershire

Advanced Clinical Practitioners Urgent Care (ACP-U) 2 Hour Response
South Glos ACP-U moved to 7 day working with 8am to 8pm cover on 2.11.2020.During the transitional phase of the INT/LARC development as the number of referrals for this level of response has been relatively low the ACPu have been supporting the INT capacity in the areas of greatest escalation .

3.2.4 North Somerset

Currently the urgent response service is delivered as Rapid Response in North Somerset. The LARC project implementation plan is progressing, in conjunction with INT and wider staff consultation.

3.2.5 Same Day Urgent Care (SDUC)

3.2.5.1 NHS 111 First-progress in implementation in Sirona

The initial trial of the new NHS111 First to enable direct demand management and improve patient flow, was cancelled after 6 hours of operation due to a technical issue and concern about clinical risk holding overnight. Valuable lessons have been learned from this trial which have informed a revised plan due to be trialled from Monday 23rd November 2020.

Confirmation of additional resource in order to manage the requirements of 111 First is outstanding so staff recruitment has not yet started (there will be at least a 4 month delay once funding confirmation has been received).

3.2.5.2 UTC/MIUs

- One area of concern this month is the rise in the number of incidents of aggression and abusive behaviour towards staff in the UTC and MIUs, the majority of which relate to the requirement to wear face coverings. Posters have been developed in partnership with the CCG to raise awareness of the “human behind the mask” and these will be displayed in settings from November. Managers are also providing immediate support

South Bristol

- The UTC continues to see an increase in demand. Total walk-ins in October were 3,234 compared with 3,132 the previous year. The UTC’s revised escalation

framework coupled with additional triage resource at weekends has resulted in better management of patient flow and fewer instances of service restriction.

Yate and Clevedon MIUs

- A slight reduction in attendances during half term enabled team to manage reduced staffing due to Covid isolation and sickness and flow with no adverse impact. Clevedon MIU continues to manage demand amidst the challenges of maintaining safe flow through the department whilst adhering to social distancing restrictions. The unit have now created a "hot" room in the department by reorganisation of space which will mean treating patients with symptoms can now be safely undertaken inside.

3.3 Specialist Adult Services (SASS)

Progress in restoration and redesign of key Specialist services pathways include

- **Respiratory:** The Advice and Guidance line has been established since the summer and utilisation has increased over the last month, Work is underway with both Acutes for a new ED pathway to support the winter period for COPD and Asthma patients. Pulmonary Rehab (PR) is restoring currently in a digital format but planning is underway to start some face to face PR and Home Oxygen Service-AR where is it required in clinic based settings.

- **Diabetes:** The Advice and Guidance line has been established since August. Utilisation has been good with over 600 calls to date. Virtual clinics have been established in community nursing teams and with a number of GP practices but uptake are variable across BNSSG.

  Diabetes Education is being restored virtually. The service is also working with the CCG on a pilot with Oviva to support patients where English is not their first language. The next phase of restoration is to restore face to face clinics where digital cannot support the contact.

- **MSK inc FCP:** The First Contact Physiotherapy (FCP) group is now working with project support from the Primary Care Network's and Sirona Transformation team. All deliverables currently on track. South Gloucestershire and NW Bristol Contracts in the process of being signed off. Recruiting to approx. 16 full time equivalents (wte) MSK FCP's now complete. Once processes around EMIS and data sharing agreements have been completed with OneCare an official start date will be agreed.

- **Learning Disability Service**: Has resumed face to face activity as part of phase 3 planning, including continued liaison nursing and support to care homes.. Advice and Guidance lines have been established in all 3 geographical areas, reporting on activity to be clarified. Further service developments will be required by the CCG following the publication of the new LeDer Report during October.

Learning Disability - Southmead Hospital Liaison Nurse Service only

Measure	Baseline (19/20 monthly avg)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Caseload numbers (pre covid 19/20 whole year vs now) (BRI data is not available now but has	36	28	36	42	44	46	57	42
Number of referral to LD liasion service by referral source Acute hospital and Community; again not	45	45	49	64	70	78	57	58
Number of inappropriate referrals and rejected referrals (hope to see a decrease)	14	4	9	4	7	6	4	7
Number of initial contact at weekend	0	2	12	13	11	11	6	5

- **Stroke:** Sirona have led on the design and costing of subacute rehabilitation units and community stroke rehabilitation models for inclusion in a stroke pathway pre-consultation business case to be presented to the Stroke programme board .

  Sirona will continue to work within clinical design groups and partnership organisations to further refine the models and to enable full implementation of the pathway by October 2022, e.g. the planned transfer of community beds to Sirona in April 2021 and further discussion with health partners, social care and the voluntary sector.

4.0 Children's Contract Performance Report

The Children's services performance report for this month has been shortened given the extensive report and proposed actions to address performance deficits that were taken to the Quality and Outcomes Committee on 17th November.

4.1 Community Paediatrics

In summary the Covid pandemic continues to have a significant impact on the waiting times within all Paediatric services and in particular within community paediatrics. Throughout the last 6 months new referrals have continued to be triaged and all urgent referrals have been prioritised and the children have been seen.

		Q1			Q2		
	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Bristol & South Glos Paediatric appointments DNAs %	6%	1.6%	0.5%	0.6%	2.0%	2.2%	1.8%
Bristol & South Glos Paediatric appointments % seen within 18 weeks	92%	24.4%	17.1%	16.2%	8.1%	9.7%	11.8%
Bristol & South Glos Paediatric patients who waited 26+ wks for 1st appointment		161	256	219	197	146	235
Bristol & South Glos Paediatric patients waiting 18+ weeks at end of month		84	48	276	519	543	483
% EHC Paediatric fulfilled within 6 weeks of request	100%	87.5%	90.9%	91.2%	92.5%	87.0%	83.3%

In response to this pressure the Clinical Director has agreed that all clinics during Q3 will be prioritized for new referrals to address some of this backlog. As mentioned in section 2 under restoration we have also secured extra funding to undertake extra clinics to allow Consultants and Specialist Nurses the opportunity to undertake waiting list initiatives which we anticipate removing 750 children from the waiting list by the end of March 2021.

4.2 The new ASD Hub Scorecard has been developed and approved by Service Leads and was submitted for the first time on 29th September. It is worth noting this is a manual work around with no digital ability to embed on EMIS as therapies not currently digital. Psychology indicators will be added following successful funding (recruitment in process).

Community Children's Health Partnership (Autistic Spectrum Disorder)

CCHP ASD Scorecard, Bristol and South Glos		2020/21							
	Aspirational Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	20/21 YTD Total	20/21 YTD Average
Number of Referrals		59	42	42	59	49	69	320	53
% ASD Referrals Triaged within 10 Working Days	95%	6.8%	26.2%	23.8%	20.3%	2.0%	11.6%	14.4%	14.4%
% of ASD Referrals Leading to Assessment		96.6%	73.8%	71.4%	88.1%	87.8%	56.5%	0.0%	0.0%
Number of C&YP Waiting Under 12 Wks to Start Assessment and Diagnosis Process		160	137	103	102	118	166	166	
Number of C&YP Waiting Between 12 – 24 Wks to Start Assessment and Diagnosis Process		199	184	186	159	144	103	103	
Number of C&YP Waiting Between 25– 51 Wks to Start Assessment and Diagnosis Process		201	256	289	335	397	420	420	
Number of C&YP Waiting More Than 52 Wks to Start Assessment and Diagnosis Process		68	61	71	111	119	131	131	
Total Waiting		628	638	649	707	778	820	820	
% of Assessments Started within 12 Weeks of Acceptance of Referral	95%	0.0%	3.4%	0.0%	5.9%	0.0%	2.8%	0.0%	0.0%
% of Assessments Started within 12 Weeks of Acceptance of Referral and Completed within 18 Weeks	95%	0.0%	3.4%	0.0%	5.9%	0.0%	2.8%	2.1%	2.1%
Number of Assessments in Qtr		73			71			144	72
% of Assessments Completed in Qtr Leading to a Diagnosis of Autism		45.2%			36.6%			41.0%	41.0%

Blue Font Shows latest value

4.3 Looked After Children (LAC)

At the end of October, Sirona was advised that the CCG had reviewed the LAC scorecards, performance & action plan and formally confirmed the closing of the contract performance notice (CPN) for the LAC service. There is however an on-going action plan being developed to address the recommendations of the LAC peer review to both maintain and improve our performance levels and additionally align the service to the statutory targets for Initial Health Assessments (IHAs) and Review Health Assessments (RHAs).

CCHP LAC Scorecard, Overall Performance		2020/21								
		Q1			Q2			19/20 Average	20/21 Average	19/20 and 20/21 Variance
	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
Total Number of Children/Young People Accommodated in Quarter		60			86			42	46	4
Initial Health Assesments										
Number of initial health assesments required		16	17	27	29	22	35	22	24	3
Total number required for children aged under 5 years		9	6	11	9	11	14	8	10	3
Total number required for children aged 5 and over		7	11	16	20	11	21	14	14	0
Percentage of IHA's within 25 days of receiving referral from social care	90%	80%	87%	79%	45%	77%	68%	59.0%	71.2%	0
Number IHA's completed within required timeframes (28 days of being accommodated)		12	12	14	11	5	13	8	11	3
Percentage completed within required timeframes (28 days of being accommodated)	50%	80.0%	80.0%	58.3%	50.0%	38.5%	59.1%	40.2%	60.4%	0
Percentage completed outside required timeframes (28 days of being accommodated)		20.0%	20.0%	41.7%	50.0%	61.5%	40.9%	59.8%	39.6%	-20.1%
Review Health Assesments										
Total number of review health assessments (RHA's) required for children/young people who have been accommodated for 12 months or more (6 months if aged under 5)		166			234			171	200	30
Total number required for children aged under 5 years		33			52			25	43	18
Total number required for children aged 5 and over		133			182			146	158	12
Number completed within required timeframes		116			129			114	123	9
Percentage completed within required timeframes		69.9%			55.1%			66.8%	61.3%	-5.5%

4.4 Immunisations and Flu

Sirona have committed to submitting monthly/quarterly data regarding immunization uptake directly to NHSE to ensure accurate data reporting that has been difficult to achieve using the current Child Health Information Service (CHIS) system reporting mechanism.

4.5 Public Health Nursing - Health Visiting

Impacts of Covid-19 - From 19th March all face to face meetings for routine visits ceased. The Antenatal, Primary Birth Visit and 6-8 week check were all adapted to be done remotely whilst 9-12 month and 2 year checks were ceased. Face to Face targeted visits continued to be offered to some families based on family needs assessment. Rapid Access Clinics and Specialist Infant Feeding clinic remained operational throughout supporting families where face to face contact was identified as necessary. 9-12 month checks resumed in mid-April in a reduced format. The Health Visiting service is now in the process of rapidly restoring face to face contacts for these checks in line with the organisation's restoration and recovery process.

Sirona has received central guidance regarding children's services and have been advised that these services should not redeploy staff to adult services during phase 3 of the pandemic. This will present the organization with challenges in the event the system experiencing a significant rise in the hospitalization of Covid + patients.

4.6 Somerset Lifetime contract was due to cease from November 30th 2020 but due to significant problems in Somerset CCG's recommissioning process Sirona has agreed to continue to support 2 children in the county on an ongoing basis whilst the TUPE staffing issues are resolved to avoid either child in having a gap in service .

5.0 Recommendations

The Board are requested to note:

- the performance reports detailed
- the progress made in developing the new reporting formats using the PowerBI software
- and the impact the Covid 19 outbreak continues to have on the delivery of services across BNSSG.
- progress in implementing key elements of the new contract including the move to 8am to 8 pm core hours and the roll out of the MDT approach to case management for individuals with complex needs

Report to: Board Meeting

Date	1 December 2020	**Agenda item**	11
Title	Finance Report		
Author	Clive Bassett- Director of Finance		
Lead Director	Clive Bassett	**Date signed off**	23rd November 2020
Presented by	Clive Bassett	**Version**	1.0
For	Approval/decision Debate Assurance Information ✓		

Aims/Summary
To update the Board on the Financial Performance of the Organisation for the period to 31 October 2020 and th forecast full year performance

Options and decisions
To note

Resource implications (financial/staffing/other resources)
N/A

Quality considerations
Nil

Paper/information previously considered by	**Date**

1. Background

This report provides the Board with assurance regarding the actual financial performance of the organisation as at the end of Month 7 (31st October, 2020), and the forecast performance to the end of Month 12 (31st March 2021). The financial statements are attached as appendices to this report.

Financial reporting across the organisation continues to evolve as the new organisational structures and the new contracts bed in.

2. Key points

As previously reported in previous Board papers, there is significant transformational work being undertaken in the organisation following the go-live of the new Adult Community Services contract, the transfer in of Children's Community Services from both North Somerset and Bristol, and the impact of the COVID 19 pandemic. The Finance team continue to work with Budget Managers to ensure that the forecasts reflect the best estimate of future results from the transformation agenda, ongoing consultations and the impact of COVID however with the situation on the latter remaining unpredictable, the Board should be aware that year end forecasts will be subject to more change than in previous years.

The Month 7 return shows a surplus of £436k compared with a budgeted deficit of £(58k). The result for the 7 months to date is now a surplus of £4,268k against the budgeted surplus of £468k for the 6 months to date.

The forecast for the year is a surplus of £4,523k which is increased by £570k from the £3,953k forecast at Month 6.

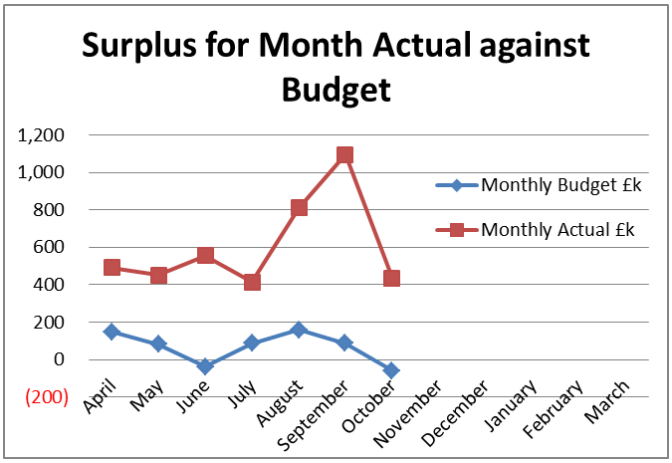
This is a change of 0.36% against total income. One of the changes is that in Month 7 we have received £563k of Public Health Funding for Agenda for Change pay increase for the CCHP services which relates to the year that commenced April 2020; we had previously only forecast to receive £411k. Of this unbudgeted income £87k has been used to reduce the level of cost savings in the CCHP contract for this year.

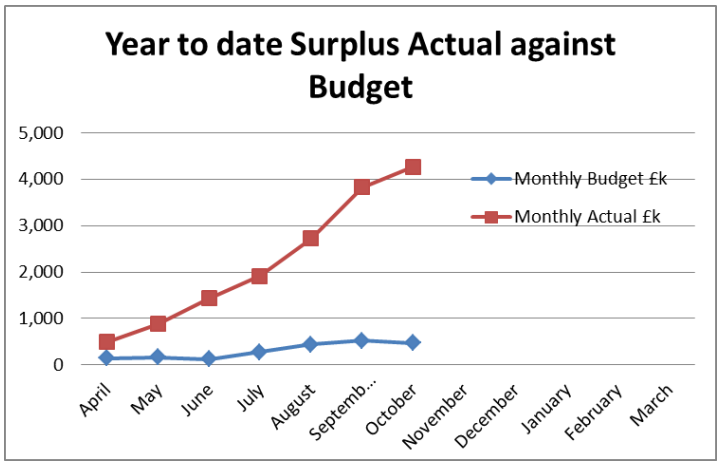
Appendix 1 shows some key performance indicators, including Pay. Expenditure on pay this month is 0.8% below budget and brings the cumulative to 0.5% above budget.

The cash position at month end of £18.6m, of which about £7m is pension payments we are not yet able to remit.

3. Operating Statement (Appendix 2)

The next two graphs show the actual surplus in month and cumulative year to date against the budgeted result.





The overview of the result for Month 7 is a surplus of £436 against a budgeted deficit of £(58k), being a positive variance of £494k.

The movement in the full year forecast is from a surplus of £3,953k last month to £4,523k. This is an increase of £570k or 0.2% of annual income. In planning for the first year of the contract there was an expectation that areas of saving could be found in year one to contribute in the region of £4m back to reserves. This is needed both to return reserves to a better level and also because subsequent years income under the contract is expected to grow by less than inflation and contracted demand.

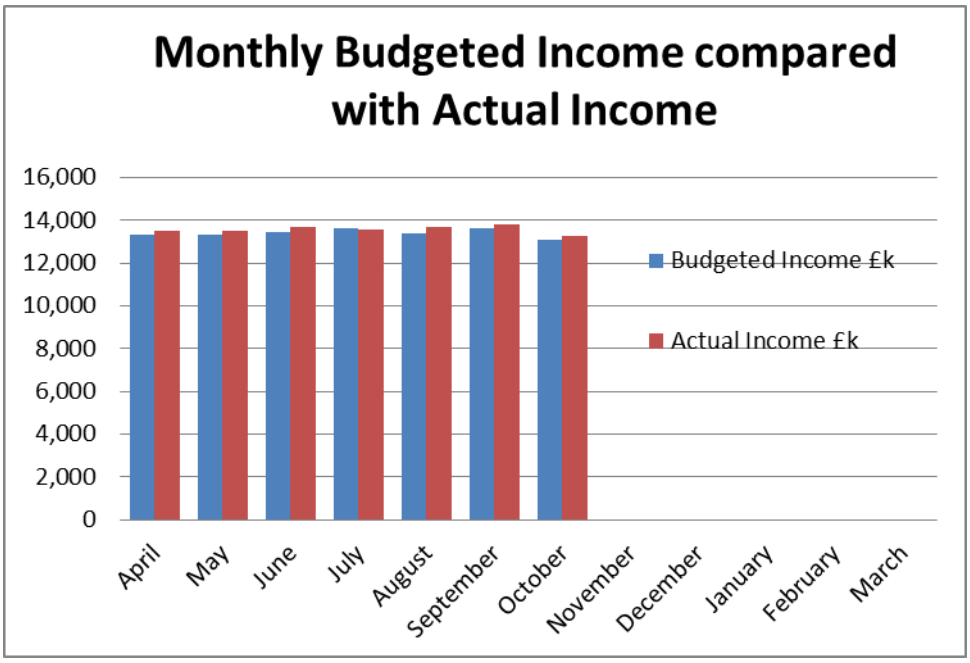
The significant variances in the £570k positive variance are:

• Adults		
• Contract income	£41k	increase in Income
• Contract spend	£321k	increase in forecast net underspend (<0.1% of contract)
• CCHP		
• Contract Income	£65k	Extra Agenda for Change Funding
• Contact spend	£180k	increase in forecast net underspend (<0.1% of contract)
• Residential	£(27k)	late agency invoices
• Other new movements	£(10k)	net overspend
	£570k	

The variances in the month are shown in the third columns of Appendix 2.

The full year forecast surplus has been updated to £4,523k. As noted above the volume and scale of Transformation in process will affect the final results for the year, and until the transformation and consultations are complete we will not have the complete profile for the new establishment of staff and services, and this will affect the accuracy of the forecast.

4. Income



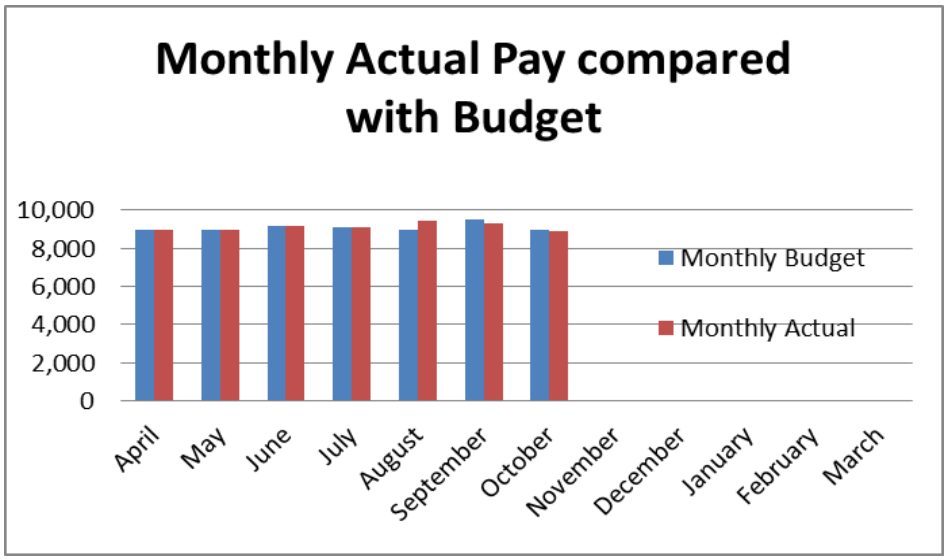
The above graph shows actual and budget income by month and this includes the income recoverable for extra costs relating to the COVID19 pandemic.

The Dashboard (Appendix 1) gives a summary of Debtors and Creditors outstanding at 30 days, 60 days and 90 days. The Debtors outstanding at 90 days have reduced in the month and work continues to ensure all debts are being proactively chased this month.

5. Expenditure

a. Pay (Appendix 2)

The graph below shows the monthly trend for total pay bill, actual and budget. This highlights that with the exception of October total pay is again under budget, albeit by a very small amount.



Appendix 2 includes pay by area, bank and agency spend and vacancies.

Total pay variance to budget is remains slightly adverse but by a reduced amount from the month 5 high.

The main highlights by division are:

Adults

Appendix 2 gives a breakdown of the pay by service and locality or team.

The INT consultation is ongoing and therefore staff reporting does not reflect the budget structures.

Recruitment controls remain in place to support the move towards new structures and to protect roles for those staff who would otherwise be at risk. All administration appointments are for fixed term whilst the admin review is completed.

Children's Services

Children's services pay is underspent at month 7 by £748k. This remains in part due to vacancies in health visiting in the Bristol teams, and as noted above a detailed review has confirmed that a proportion of this will continue for the remainder of this year .

Residential and Extra Care

Residential Services transferred to Bath & North East Somerset Council on 1st October 2020. The current overspend of £340k relating to these services is expected to be the final year end projected figure.

Corporate Services

The majority of the corporate teams have again underspent on pay to date as consultations and recruitment to full establishment continues. The digital savings is offset by the continued service provision from CSU and Fordway. Work is underway to migrate away from these services in a controlled manner.

b. Agency and Bank (Appendix 2.2)

Agency and Bank spend is cumulatively £4,252k to Month 7 with 62.6% of spend being on bank staff. Residential and extra care is £751k and included £5k of late costs in October.

The agencies spend included within the totals in Appendix 2.2 are:

Agency Spend £	April	May	June	July	Aug	Sep	Oct
Adult & Specialist	64,877	64,877	71,106	102,676	150,296	120,686	147,982
Children	76,268	76,268	110,274	102,968	61,906	57,552	74,188
Residential & Extra Care	20,929	20,928	13,876	43,820	39,386	59,324	26,066
Director of Operations	0	0	0	0	0	21,362	18,598
Corporate Services	5,969	5,969	3,786	7,222	7,628	9,130	3,116
Total	168,043	168,042	199,042	256,686	259,216	268,054	269,950

The Adults spend continues to include agency spend for Homefirst in Bristol which will continue whilst the negotiations continue to ensure we have recurrent funding to allow the recruitment of permanent staff.

Appendix 2.3 shows the breakdown of bank and agency spend by month, and a vacancy factor. The vacancy factors is based on the high level budgets, and will be updated once the consultations are completed and new structures finalised.

c. Non pay

Savings continue to be made from the reductions in travel and meeting room hire, and the management accountants are working with budget holders to forecast these continued savings where they can be expected to continue but uncertainty around COVID restrictions on social distancing and their future impact make forecasts uncertain.

As we have move through the year we now have more clarity around external charges for non-pay spend, particularly in estates and digital and therefore the forecasts have been updated.

6. Savings Plans

The budgets for 20/21 include the requirement to deliver savings in Children's services.

The Adult and Corporate budgets were based on the bid and there are no savings requirements during the first year of mobilising the contract.

The savings requirement in children's services has arisen due to the normal application of CRES (Cash Releasing Efficiency Savings) in the children's contract. The savings requirement had been addressed by the team and included recognition that staff levels could be held at historic levels and that vacancies will not therefore be recruited to. The higher than expected Agenda for Change pay funding is being used to reduce the need for some ongoing savings.

7. Balance Sheet (Appendix 3)

The Balance Sheet summarises the net assets of the company and reserves at month 7, and the forecast year end position.

The largest variances from historic balances arise because of the change in scale of the organisation, such as the increase in the PAYE creditor.

The greater than expected Cash Balance is due to the lower than expected amounts paid for transferring assets and some £6m of pension deductions not able to be paid over to NHS Pension whilst they finish setting up our online portal. This delay is the result of third parties not having completed their elements of the transaction.

NHS Pension have confirmed that they accept this is not a result of action or inaction by Sirona. The Financial Accountant and Deputy Finance Director are chasing up the progress.

With regard to the cash balance the Financial Accountant works with the bank to identify short and medium term cash deposit opportunities that return slightly more interest because funds are deposited for 30 to 90 days.

a. Reserves

The month 7 position is that reserves are currently £4,834k and the forecast for the year end is £5,089k. This level is less than 3% of annual turnover.

8. Risks

A number of risks have been identified in relation to the forecast outturn in the first report of the current financial year. The material risks reported were:

- A low reserve starting position
- Savings plans of £719k to be delivered in children's services
- Staff WTE in Adult services in excess of the budget
- COVID costs continuing with uncertainty around long term funding streams.
- Cost pressures in Informatics due to the continuation of Fordway and CSU contracts.
- Expectations from the system regarding the implementation of transformation plans in year.

Mitigations are as follows:

- The financial plan assumed delivery of an underspend to build reserve. This remains on track based on month 7
- Children's services leads have meet and identified their savings target, and the Agenda for Change funding is now easing the need to make them recurring.
- Consultation with staff on new structures is nearing completion. Staff will be slotted into roles within the new structures or into new roles emerging as a result of fast tracking of future transformation in order to address Covid demand.
- Discussions with CCG continuing regularly regarding COVID costs, and to date we have been reimbursed all claimed costs

- There is a formal project to migration away from Fordway and CSU and reduce both dependency on third parties and associated costs
- Transformation plans are have been reviewed by the Business Development team and these projects are beginning to take shape.

In addition to the risks highlighted at the start of the year the following items are worthy of note for their impact, or potential impact:

- One impact of the pandemic has been disruption to the normal profile of holiday usage by staff. We have increased our holiday accrual by 2 days. At this point we are not able to predict what extra leave will be carried over at the 31 March 2021. The new accrual is £531k.
- We continue to assume we are paid the circa £1m for the Rehabilitation Support Workers that has been claimed against the COVID funds. We have confirmation of funding for this year and a process to agree future funding.
- Figures assume any COVID costs for winter are met through the CCG COVID funding. The work with the CCG has been based on the costs incurred in the first 6 months and our allocation is anticipated to be £1.45m which covers the run rate.
- The forecast makes no provision for any changes in structure as a result of implementation of INT and LARC Service and Chair consultation which inflate the costs
- The forecasts assume vacancies in line with the vacancy factor for remainder of year. The uncertainty around employment opportunities as a result of the pandemic and effect on the wider economy may see less leavers and hence fewer vacancies occurring.

9. Recommendations

The Board is asked to note the position at Month 7 and the full year forecasts.

Sirona Care & Health CIC

Management Accounts

Appendix	1	Dashboard
	2	Operating statement and forecast
	2.1	Staff costs
	2.2	Bank and Agency
	3	Balance Sheet
	4	Cash Reserves
	4.1	Cash balance chart

Period Oct-20

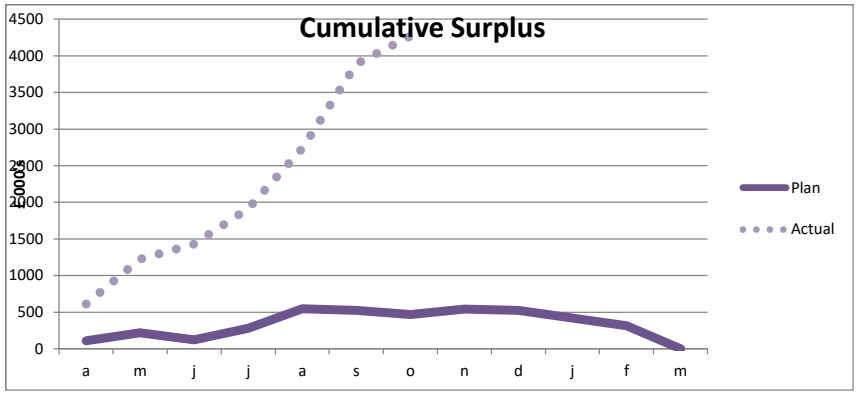
SIRONA CARE & HEALTH

Appendix 1

FINANCIAL DASHBOARD

Oct 20/21

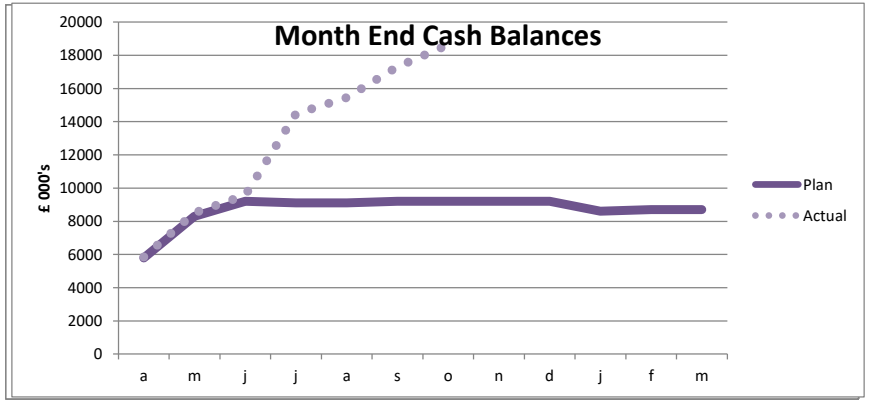
Line Ref.	TRADING POSITION	£ 000's	RAG Rating
	This Month		
1	Planned Surplus	(58)	
2	Actual Surplus	436	
3	Planned Pay Bill	8,946	
4	Actual Pay Bill	8,874	
	Cumulative		
5	Planned Surplus	468	
6	Actual Surplus	4,268	
7	Planned Pay Bill	63,616	
8	Actual Pay Bill	63,931	



Line Ref.	WORKING CAPITAL	£ 000's	RAG Rating
9			
10	Actual Fixed Assets	1,276	
11	Plan Cash Balance	9,200	
12	Actual Cash Balance	18,629	
13	Comparative Liquidity Ratio 19/20	1.42	
14	Actual Liquidity Ratio *	1.20	

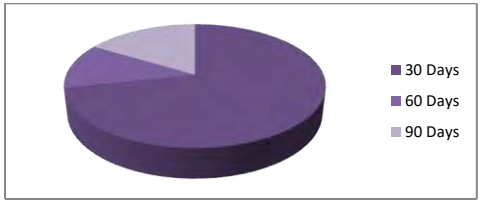
** The Liquidity Ratio is the number of times the Current Liabilities are covered by the Current Assets.*

** Cash balances shown are for group.*



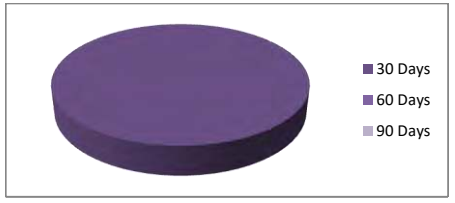
AGED DEBTORS

	£ 000's
30 Days	1,998
60 Days	332
90 Days	459
Total	**2,789**



AGED CREDITORS

	£ 000's
30 Days	3
60 Days	0
90 Days	0
Total	**3**



Operating Statement

APPENDIX 2

Period **Oct-20**

	Month				Full year						Year to date				
	Updated budget	Actual	Variance £s	Variance %	Original Budget	Updates to budget	Revised Budget	Forecast	Variance £s	Variance %	Budget YTD	Current YTD	Variance to budget YTD	Last YTD	Variance to Last YTD
	£k	£k	£k	%	£k	£k	£k	£k	£k	%	£k	£k	£k	£k	£k
Operational Income															
Adults & Specialist	8,787	8,945	158	1.8%	104,763	725	105,488	107,017	1,529	1.4%	61,552	62,467	915	17,368	45,099
Children's Services	4,286	4,334	48	1.1%	48,643	927	49,570	49,722	152	0.3%	28,868	28,982	114	22,068	6,914
Residential & Extra Care	0	2	2	0.0%	2,853	571	3,424	3,615	191	5.6%	3,424	3,615	191	4,020	(405)
Director of Operations	0	0	0	0.0%	0	0	0	0	0	0.0%	0	0	0	0	0
Total Income	***13,073***	***13,281***	***208***	***1.6%***	***156,259***	***2,223***	***158,482***	***160,354***	***1,872***	***1.2%***	***93,844***	***95,064***	***1,220***	***43,456***	***51,608***
Operational Expenditure															
Adults & Specialist	6,978	6,928	50	0.7%	72,592	11,213	83,805	83,465	340	0.4%	48,597	48,423	174	12,978	(35,445)
Children's Services	4,042	3,895	147	3.6%	46,527	9	46,536	45,244	1,292	2.8%	27,086	26,288	798	21,193	(5,095)
Residential & Extra Care	0	96	(96)	0.0%	2,455	516	2,971	3,423	(452)	(15.2%)	2,971	3,423	(452)	3,717	294
Director of Operations	89	70	19	21.3%	1,710	(862)	848	840	8	0.9%	483	404	79	266	(138)
Operations Total	**11,109**	**10,989**	**120**	**1.1%**	**123,284**	**10,876**	**134,160**	**132,972**	**1,188**	**0.9%**	**79,137**	**78,538**	**599**	**38,154**	**(40,384)**
Operational Contribution															
Adults & Specialist	1,809	2,017	208	11.5%	32,171	(10,488)	21,683	23,552	1,869	8.6%	12,955	14,044	1,089	4,390	9,654
Children's Services	244	439	195	79.9%	2,116	918	3,034	4,478	1,444	47.6%	1,782	2,694	912	875	1,819
Residential & Extra Care	0	(94)	(94)	0.0%	398	55	453	192	(261)	(57.6%)	453	192	(261)	303	(111)
Director of Operations	(89)	(70)	19	(21.3%)	(1,710)	862	(848)	(840)	8	(0.9%)	(483)	(404)	79	(266)	(138)
Operations Total	**1,964**	**2,292**	**328**	**16.7%**	**32,975**	**(8,653)**	**24,322**	**27,382**	**3,060**	**12.6%**	**14,707**	**16,526**	**1,819**	**5,302**	**11,224**
Corporate Services															
Administration & Board	141	155	(14)	(9.9%)	1,606	23	1,629	1,466	163	10.0%	951	856	95	474	(382)
Finance, Payroll & BI	220	202	18	8.2%	3,009	(374)	2,635	2,578	57	2.2%	1,537	1,447	90	1,363	(84)
BDT & Transformation	201	216	(15)	(7.5%)	2,363	50	2,413	2,280	133	5.5%	1,408	1,342	66	0	(1,342)
HR & Training	265	208	57	21.5%	2,819	160	2,979	2,735	244	8.2%	1,756	1,192	564	264	(928)
Digital	522	586	(64)	(12.3%)	5,893	370	6,263	8,146	(1,883)	(30.1%)	3,653	4,217	(564)	1,510	(2,707)
Occupancy	85	111	(26)	(30.6%)	10,368	(9,355)	1,013	975	38	3.8%	591	553	38	1,816	1,263
Director of Nursing	404	410	(6)	(1.5%)	1,404	1,168	2,572	2,451	121	4.7%	1,501	1,306	195	0	(1,306)
Medicines Management	39	36	3	7.7%	499	(36)	463	459	4	0.9%	270	268	2	0	(268)
Reserves	148	(67)	215	145.3%	4,981	(659)	4,322	1,724	2,598	60.1%	2,524	1,023	1,501	0	(1,023)
Total Corporate Costs	**2,025**	**1,857**	**168**	**8.3%**	**32,942**	**(8,653)**	**24,289**	**22,814**	**1,475**	**6.1%**	**14,191**	**12,204**	**1,987**	**5,427**	**(6,777)**
Interest received	(3)	(1)	(2)	66.7%	(36)	0	(36)	(24)	(12)	(33.3%)	(21)	(15)	(6)	(24)	(9)
Contribution pre exceptional costs	**(58)**	**436**	**494**	**(851.7%)**	**69**	**0**	**69**	**4,592**	**4,523**	**2.9%**	**537**	**4,337**	**3,800**	**(101)**	**4,438**
Exceptional Costs															
Mobilisation costs	0	0	0		69	0	69	69	0		69	69	0		
Contribution post exceptional costs	**(58)**	**436**	**494**	**(851.7%)**	**0**	**0**	**0**	**4,523**	**4,523**	**2.9%**	**468**	**4,268**	**3,800**		

Analysis of Salary Variations

APPENDIX 2.1

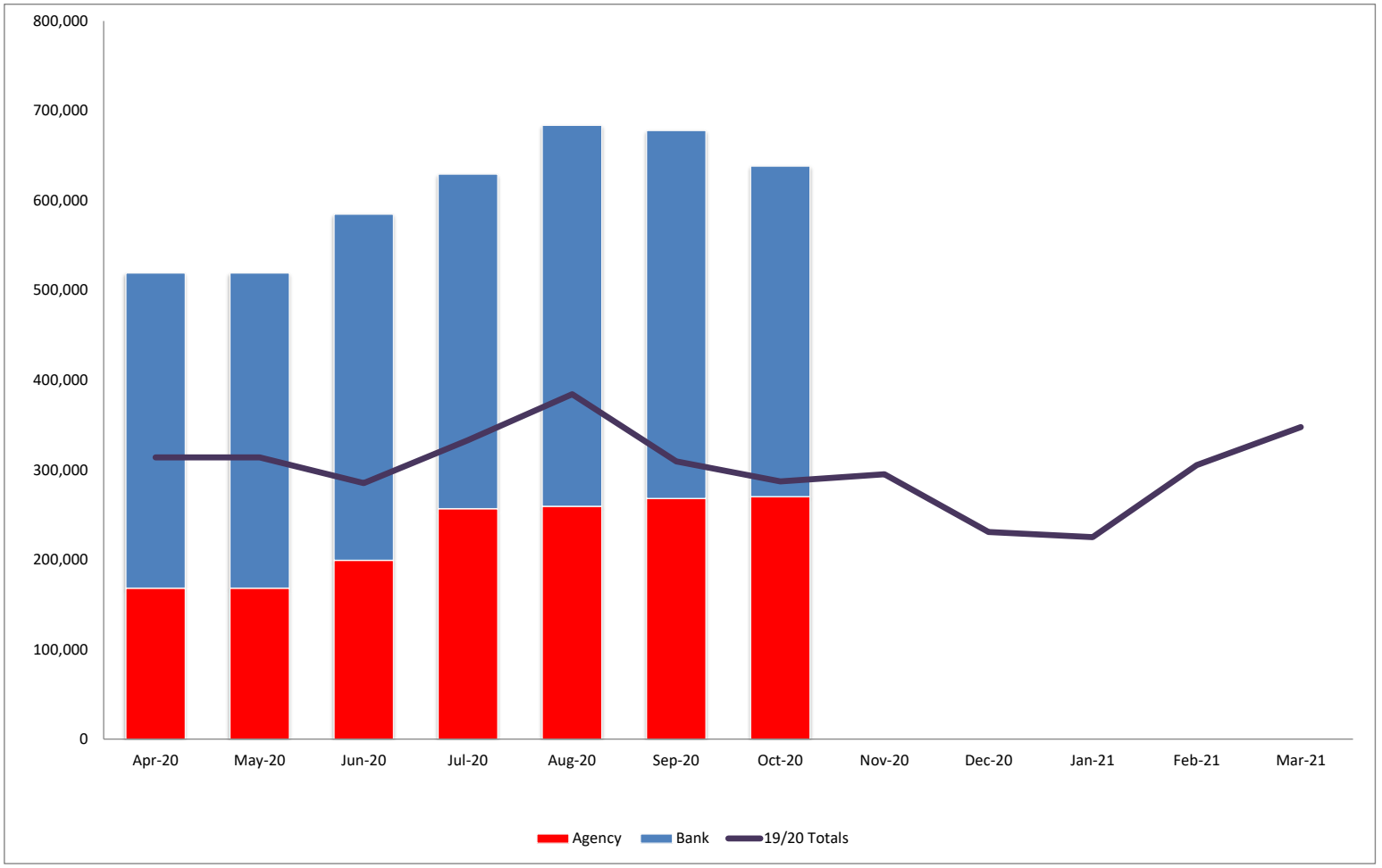
YTD to Oct 20

	Budget	Actual	Variance	% Variance - Pay Actual to Budget	Bank & Agency Included	% Pay used for Bank / Agency	Vacancy WTE	Vacancy %
Adult & Specialist								
ICE	2,925,275	3,601,434	(676,159)	(23.1%)	120,151	3.3%	(11.48)	(8.5%)
Management	74,057	226,698	(152,641)	(206.1%)	0	0.0%	3.15	78.7%
North & West	3,169,049	3,045,433	123,616	3.9%	21,586	0.7%	5.93	4.2%
South Bristol	4,622,064	5,667,382	(1,045,318)	(22.6%)	217,703	3.8%	(49.48)	(24.2%)
South Glos	8,281,967	7,656,982	624,985	7.5%	917,186	12.0%	24.08	7.0%
Specialist Services	10,768,186	10,563,917	204,269	1.9%	116,007	1.1%	29.88	6.5%
Weston & Worle	2,747,061	1,385,077	1,361,984	49.6%	57,457	4.1%		
Weston & Worle/Woodspring	61,903	2,796,773	(2,734,870)	(4418.0%)	370,995	13.3%	34.58	10.7%
Woodspring	4,447,510	2,808,137	1,639,373	36.9%	194,174	6.9%		
	37,097,072	37,751,833	(654,761)	(1.8%)	2,015,258	5.3%	36.66	2.3%
Children								
CCHP - Bristol	7,408,314	6,861,300	547,014	7.4%	105,055	1.5%	30.82	9.4%
CCHP - South Glos	4,778,344	4,768,684	9,660	0.2%	76,176	1.6%	6.53	3.3%
Children's Services - North Somerset	1,964,821	1,900,998	63,823	3.2%	13,642	0.7%	18.81	18.9%
Children's Services - Weston	1,187,888	1,147,837	40,051	3.4%	501,588	43.7%	7.20	20.9%
Children's Services Other	1,220,725	1,132,993	87,732	7.2%	99,912	8.8%	1.05	2.0%
	16,560,092	15,811,811	748,281	4.5%	796,373	5.0%	64.41	9.0%
Residential & Extra Care								
CRCs	1,621,449	1,880,702	(259,253)	(16.0%)	555,200	29.5%		
Extra Care	1,003,502	1,082,570	(79,068)	(7.9%)	196,110	18.1%		
Management	103,794	105,739	(1,945)	(1.9%)	0	0.0%		
	2,728,745	3,069,011	(340,266)	(12.5%)	751,310	24.5%	0.00	0.0%
Director of Operations								
Management	451,135	471,315	(20,180)	(4.5%)	0	0.0%	0.20	2.2%
Covid		812,861	(812,861)		540,597	66.5%		
	451,135	1,284,176	(833,041)	(184.7%)	540,597	0.0%	0.20	2.2%
Corporate Services								
Board & Administration	686,127	631,455	54,672	8.0%	6,493	1.0%	0.32	1.8%
BDT & Transformation	860,625	820,946	39,679	4.6%	3,350	0.4%	(0.27)	(0.9%)
Corporate Reserves		33,332	(33,332)					
Finance, Payroll & BI	1,329,039	1,251,278	77,761	5.9%	34,149	2.7%	3.94	7.2%
Digital	874,570	632,976	241,594	27.6%	68,812	10.9%	13.12	35.0%
Occupancy	159,421	148,285	11,136	7.0%	80	0.1%	1.20	17.7%
HR & Training	1,383,878	1,145,479	238,399	17.2%	30,631	2.7%	2.37	4.0%
Director of Nursing	1,235,271	1,033,868	201,403	16.3%	5,294	0.5%	1.68	3.8%
Medicines Management	250,293	316,794	(66,501)	(26.6%)	0	0.0%	(2.63)	(33.7%)
	6,779,224	6,014,414	764,810	11.3%	148,809	2.5%	19.72	7.7%
Grand Total	63,616,268	63,931,245	-314,977	-0.5%	4,252,346	6.7%	120.99	4.7%
	For ref:	M6	-386,971	-0.7%	3,614,034	5.7%	72.92	2.7%

Bank and Agency Expenditure - April 20 to March 21

Appendix 2.2

Service Area	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total ytd	
Adult & Specialist	242,873	242,873	164,644	320,012	353,787	331,041	360,028						2,015,258	
Children	107,255	107,255	128,822	138,920	86,528	89,321	138,271						796,373	
Residential & Extra Care	101,060	101,060	92,862	130,043	146,268	144,121	35,895						751,310	
Director of Operations	46,930	46,930	193,318	19,387	73,879	90,581	69,572						540,597	
Corporate Services	21,123	21,123	5,124	20,928	23,149	22,814	34,546						148,808	
Total	519,242	519,242	584,770	629,290	683,611	677,878	638,312	0	0	0	0	0	4,252,346	
Internal Bank	351,201	351,201	385,729	372,606	424,394	409,823	368,362						2,663,315	62.6%
Agency	168,042	168,042	199,041	256,684	259,217	268,055	269,950						1,589,031	37.4%
19/20 Totals	313,703	313,703	285,298	332,860	384,182	309,273	287,098	295,022	230,648	224,879	305,241	347,707	3,629,614	



Service Area	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total ytd	
Adult & Specialist	162,497	162,496	152,051	190,488	190,281	154,216	149,175	153,429	119,446	114,315	144,893	146,210	1,839,497	
Children	12,091	12,091	19,689	14,515	23,499	14,916	23,534	14,886	9,579	17,936	14,774	14,965	192,475	
Residential & Extra Care	114,436	114,437	105,648	107,009	142,992	112,266	96,335	102,618	86,767	81,148	104,840	124,641	1,293,137	
Director of Operations	0	0	0	0	0	0	0	0	0	0	193	1,300	1,493	
CCHP	15,668	15,668	-1,952	11,277	12,754	11,265	15,392	14,563	9,112	7,244	30,119	37,700	178,810	
Corporate Services	9,011	9,011	9,862	9,571	14,656	16,610	2,662	9,526	5,744	4,236	10,422	22,891	124,202	
Total	313,703	313,703	285,298	332,860	384,182	309,273	287,098	295,022	230,648	224,879	305,241	347,707	3,629,614	
Internal Bank	199,274	199,274	190,938	202,081	261,921	205,909	196,722	271,029	201,597	205,958	212,698	278,062	2,625,463	72.3%
Agency	96,464	96,464	122,326	143,611	140,233	111,772	115,459	115,749	146,244	129,651	118,544	211,080	1,547,597	42.6%

19/20 Totals	313,703	313,703	285,298	332,860	384,182	309,273	287,098	295,022	230,648	224,879	305,241	347,707	3,629,614	
18/19 Totals	295,738	295,738	313,264	345,692	402,154	317,681	312,181	386,778	347,841	335,609	331,242	489,142	4,173,060	
17/18 Totals	188,562	188,643	203,611	186,448	238,082	229,566	200,864	228,488	229,486	290,441	204,809	443,760	2,832,760	

Agency & Vacancy data - April 20 to March 21

Appendix 2.3

Service Area	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total ytd
Adult & Specialist													
Agency spend	64,877	64,877	71,106	102,676	150,296	120,686	147,982						722,500
Bank spend	177,996	177,996	93,538	217,336	203,491	210,355	212,046						1,292,758
vacancy %				-1.70%	-1.90%	0.08%	2.30%						
Children's Services													
Agency spend	76,268	76,268	110,274	102,968	61,906	57,552	74,188						559,423
Bank spend	30,988	30,988	18,549	35,952	24,622	31,769	64,083						236,950
vacancy %				3.00%	9.70%	3.60%	9.00%						
Residential & Extra Care													
Agency spend	20,928	20,928	13,876	43,820	39,386	59,324	26,066						224,328
Bank spend	80,132	80,132	78,987	86,223	106,882	84,797	9,829						526,982
vacancy %				19.10%	8.10%	8.10%							
Director of Operations													
Agency spend						21,362	18,598						39,960
Bank spend		93,860	193,318	19,387	73,879	69,219	50,974						500,637
vacancy %				-11.6%	-11.6%	0.0%	2.2%						
Corporate Services													
Agency spend	5,969	5,969	3,786	7,222	7,628	9,130	3,116						42,820
Bank spend	15,154	15,154	1,338	13,706	15,521	13,684	31,430						105,988
vacancy %				16.2%	14.0%	14.0%	7.7%						
Total	472,312	566,172	584,770	629,290	683,611	677,879	638,312	0	0	0	0	0	4,252,346

Balance Sheet

APPENDIX 3

Period **Oct-20**

Line No.			Year to date				Total Year		
			Oct-19	Oct-20	Diff		Mar-20	Forecast	Diff
			£k	£k	£k		£k	£k	£k
1	**Fixed Assets**		*297*	*1,276*	*(979)*		*252*	*1,276*	*(1,024)*
	Current Assets								
2	*Trade Debtors*		*1,121*	*2,789*	*(1,668)*		*1,844*	*2,789*	*(945)*
3	*Other Debtors*		*90*	*46*	*44*		*2,870*	*46*	*2,824*
4	*Cash*		*4,077*	*18,629*	*14,552*		*7,196*	*18,629*	*11,433*
	Current Liabilities								
5	*Trade Creditors*		*178*	*3*	*175*		*3,367*	*3*	*3,364*
6	*VAT/Corporation Tax*		*164*	*108*	*56*		*150*	*150*	*0*
7	*PAYE/NI*		*796*	*9,117*	*(8,321)*		*1,713*	*9,117*	*(7,404)*
8	*Other Creditors*		*2,595*	*8,678*	*(6,083)*		*6,507*	*8,381*	*(1,874)*
9	**Net Current Assets**		*1,555*	*3,558*	*2,003*		*173*	*3,813*	*3,640*
10	**Total Net Assets**		***1,852***	***4,834***	***2,982***		***425***	***5,089***	***4,664***
11	*Reserves*		*2,344*	*566*	*(1,778)*		*2,203*	*566*	*(1,637)*
12	*Current Year Surplus*		*(492)*	*4,268*	*4,760*		*(1,778)*	*4,523*	*6,301*
13	**Total Reserves**		***1,852***	***4,834***	***2,982***		***425***	***5,089***	***4,664***

Cash Reserves and Borrowings

Appendix 4

Period Ended Oct 2020 £K

Specified Investments

Category	Description	Term	Opening Balance This Month	Closing Balance This Month	Average Balance This Month	Min. Balance This Month	Max. Balance This Month
A	Cash Balances	Daily	3,104	3,435	4,225	1,941	13,958
B	UK Bank Treasury Deposits		14,059	15,060	17,653	14,059	25,059
C	UK Government Bonds		0	0	0	0	0
Total			17,163	18,495	21,878		

Sirona Care Services

Category	Description	Term	Opening Balance This Month	Closing Balance This Month	Average Balance This Month	Min. Balance This Month	Max. Balance This Month
D	Cash Balances	Daily	134	138	136	134	138
Total			134	138	136	134	138

Unspecified Investments

Category	Description	Term	Opening Balance This Month	Closing Balance This Month	Average Balance This Month
E	None		0	0	0
Total			0	0	0

Borrowings

Category	Description	Term	Opening Balance This Month	Closing Balance This Month	Average Balance This Month
F	None		0	0	0
Total			0	0	0

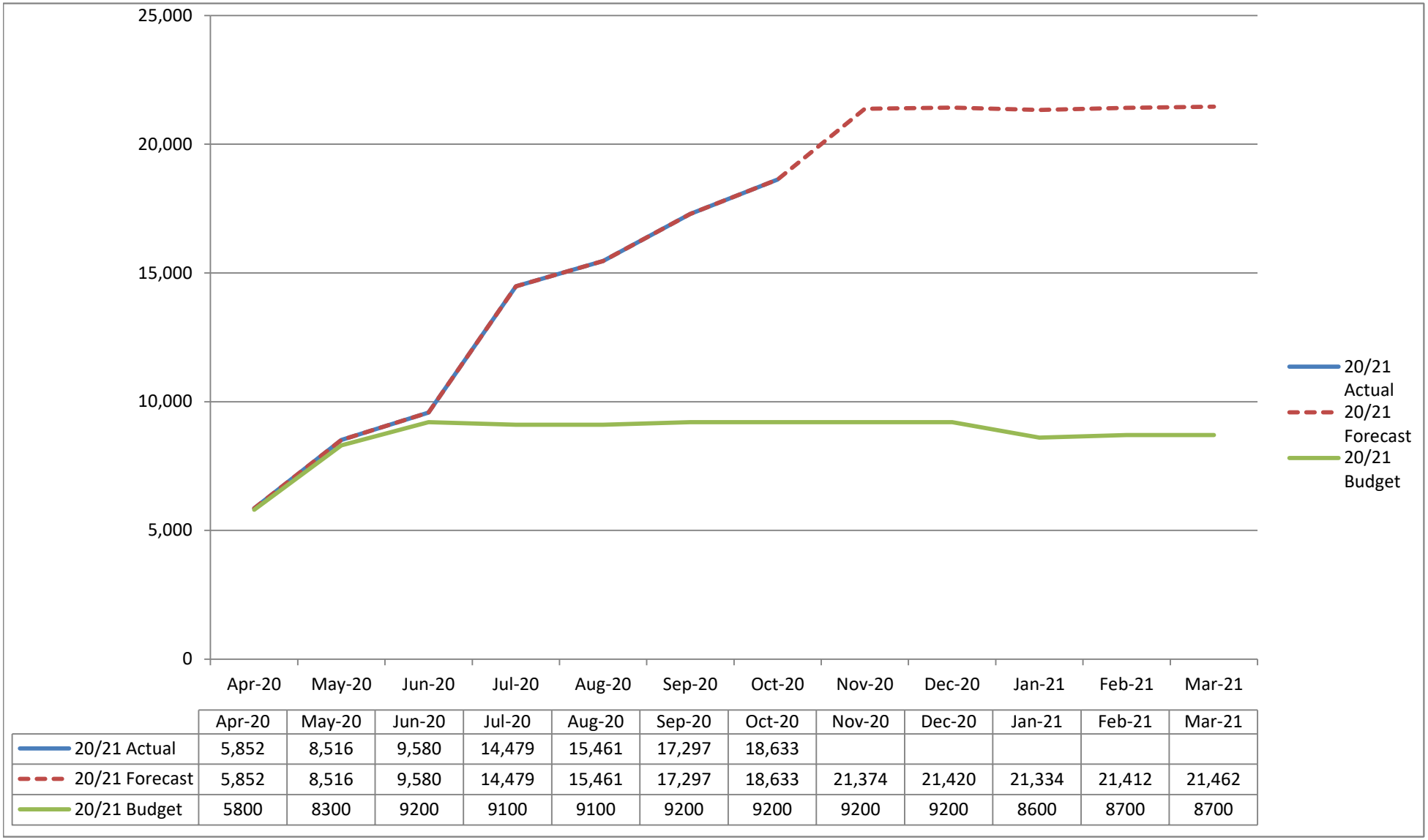
Sirona Foundation - For Information

Category	Description	Term	Opening Balance This Month	Closing Balance This Month	Average Balance This Month	Min. Balance This Month	Max. Balance This Month
G	Cash Balances	Daily	229	230	229	229	230
H	UK Bank Treasury Deposits		1139	1134	1134	1134	1139
Total			1368	1364			

Cash Balance

Appendix 4.1

Year 2020/21



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
20/21 Actual	5,852	8,516	9,580	14,479	15,461	17,297	18,633					
20/21 Forecast	5,852	8,516	9,580	14,479	15,461	17,297	18,633	21,374	21,420	21,334	21,412	21,462
20/21 Budget	5800	8300	9200	9100	9100	9200	9200	9200	9200	8600	8700	8700

Report to: Board Meeting

Date	1 December 2020	**Agenda item**	12
Title	**Update on the Recruitment of a new Chair**		
Author	**Donna Cairns - Head of Governance**		
Lead Director	**Julie Sharma**	**Date signed off**	24th November 2020
Presented by	**Julie Sharma**	**Version**	1
For	Approval/decision Debate Assurance Information ✓		

Aims/Summary

The purpose of this report is to inform the Board of an outline of the proposed recruitment and selection process for the appointment of a new Chair.

Options and decisions

The Board is requested to note the report.

Resource implications (financial/staffing/other resources)

The resources associated with the recruitment process will be met from the recruitment budget.

Quality considerations

To ensure that the recruitment process follows a formal, rigorous and transparent procedure in appointing a new Chair because they have the appropriate combination of expertise, experience and capacity to contribute to this key role.

Paper/information previously considered by	Date
N/A	

1. Background

The current Chair has served the Board of Sirona since 2011 and has now indicated that he will be retiring from this role in March 2021. A recruitment exercise has therefore commenced to ensure a new Chair will be appointed to take over from April 2021.

Members have met on 23rd November 2020 to appoint an interim Nominations Committee to oversee the recruitment process. The interim Nominations Committee membership is as follows:

- Two Service User Members
- Two Staff Members
- One Strategic Partner Member
- One Director Member - Chief Executive

The Terms of Reference for the Nominations Committee are provided at Agenda Item 14 for the Board's information.

The proposals for the Nomination Committee's functions and processes are partly based on the arrangements in place for NHS Foundation Trusts, where their Council of Governors (similar to Members) are responsible for the appointment of Chairs and Non-Executive Directors, and follow the principles of the Foundations Trusts Code of Governance.

2. Key points

The Nominations Committee will be meeting in December to consider and agree the recruitment process, including the development of the role profile and person specification. The recruitment process will seek to achieve the following objectives:

- Formal, rigorous and transparent procedure
- Fair and open process including open advertisement
- Selection processes based on merit and objective criteria
- Promotion of diversity of gender, social and ethnic backgrounds, cognitive and personal strengths
- Taking into account the future challenges, risks and opportunities faced and the skills and expertise required within the Board of Directors to meet them.

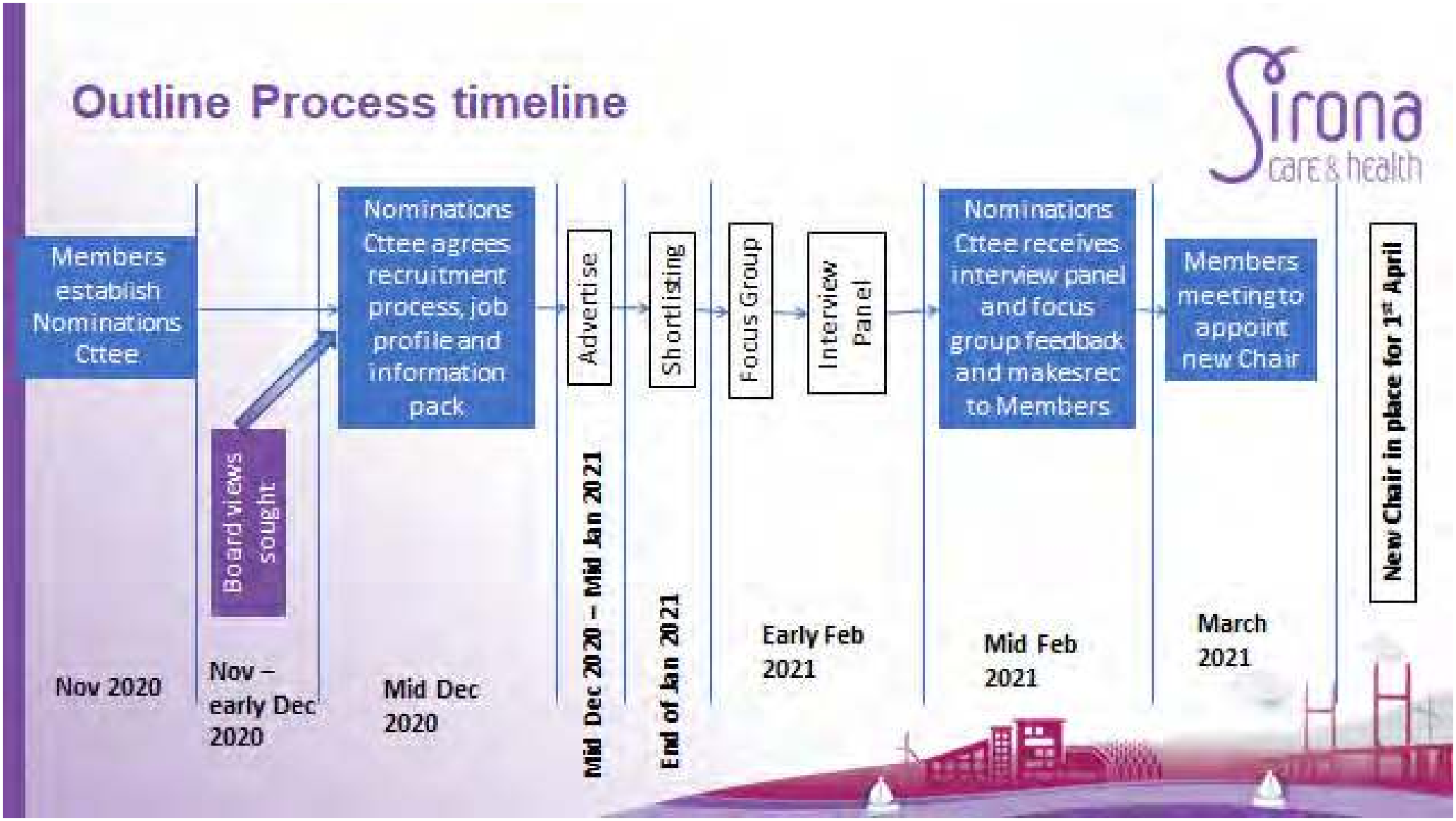
In respect of the final point above, Members of the Board will be invited to contribute to the Nominations Committee's review of the skills and experience required to be used on the selection criteria. A survey will be issued by email to the Board and Directors are asked to respond by Thursday 3rd December. Responses will assist the Committee in formulating the role profile, person specification and information pack.

An outline of the proposed recruitment process and timeline is attached at Appendix 1. It is intended that the advertisement will be out before Christmas, with interviews taking place in early February.

3. Recommendations

The Board is asked to note the report.

APPENDIX 1 – OUTLINE PROCESS TIMELINE



Report to: Board

Date	1 December 2020	**Agenda item**	13
Title	Risk Report		
Author	Sandra Farmer - Head of Clinical Governance		
Lead Director	Mary Lewis	**Date signed off**	24th November 2020
Presented by	Sandra Farmer	**Version**	1
For	Approval/decision Debate Assurance ✓ Information ✓		

Aims/Summary
To provide a summary to Board of current open risks scoring 12 and above from the Corporate Risk Register as at 23-11-2020.

Options and decisions
Nil

Resource implications (financial/staffing/other resources)
Nil

Quality considerations
Detailed within risk

Paper/information previously considered by	**Date**
N/A	

1. Background

To provide a summary of Sirona corporate risks, scoring 12 or more as at the 23-11-2020 for review and scrutiny by the Board. The report highlights the new and escalating risks as well as risks for specific consideration.
An extract report from Ulysses Risk Management Module is provided to give details of each of the individual risks. Appendix 1. Because of the large number of risks to be included in the report for this month the Board is respectfully asked to use Appendix 1 to consider the detail of the risks, controls and actions which are contained in the separate tabs of the excel spreadsheet.

2. Key points

There are currently

- **158** risks identified on the Ulysses risk register (increase of 2 from 156 reported to Nov Board)
- **79** risks are identified as corporate risks (**increase of 15** from the 64 reported to Nov Board)
- **33** risks with a risk score of 12 and above (**increase of 21** from 12 reported to Nov Board)

There has been a significant shift in the makeup of the Corporate Risk Register compared with the previous month. Of particular note is the significant number of risks now scoring 12 + and an increase in the number of risks scoring 15 and 16. There is also a shift in type of risk with the most common risk types now being Workforce, and Capacity and Demand. (17 from a total of 33)

2.1 Risks scoring 12 and above

Numbers of risk by score

Risk score	12	15	16
Numbers of risk	25	3	5

2.2 Numbers of risk by category

Category	Number of risks Dec	Number of risks Nov
Staffing and workforce	10	0
Capacity and demand	7	4
Service user care/treatment	4	1
IMT	2	0
Quality and Performance	2	0
Health and Safety and Welfare	2	0
Business and Finance	2	1
Quality and Performance	2	0
EPRR	1	0
Information Governance	1	0
Compliance	1	0
Safeguarding	0	0
Premises	0	0
Infection Prevention and Control	0	0

2.3 Risk by SLT Lead

SLT Lead	Number of risks	Ulysses risk identifier
Director of Finance	2	154, 243
Director of People and OD	4	124, 161, 162, 163
Director of Operations	22	18, 1, 7, 134, 2, 213, 225, 195, 49, 68, 220, 184, 230, 131, 185, 194, 235, 64, 237, 48, 238, 240
Director of Nursing	1	126, 128
Director of Therapies	2	151, 220, 221
Medical Director	2	159, 183

2.4 **Four new risks** meet the criteria for inclusion in this report a brief summary is included below.

Risk No	Lead Director/ Risk owner	Risk Description	Initial Risk Score	Current Risk Score	Target Risk Score	Next Review Date
235	Jenny Theed/ Alison Griffiths	S Glos INT's clinical and operational capacity demand continues to exceed capacity there is a risk that: - Complaints from service users will increase - Staff wellbeing will suffer - Staff will go off sick - Holistic patient care will suffer - Significant incidents such as Pressure Injuries will increase - Patient's may experience harms - Statutory & mandatory training compliance will be affected significantly outweigh demand	16	12	8	10-12-2020
238	Jenny Theed/ Robert Cooper	Due to continual increased demand it has having an affect upon the Bristol SPA's ability to sustain an appropriate response to varying types of referral. The ultimate impact of this is upon the ability to continue to ensure effective and timely triage to enable community teams to provide a 2 hour response.	12	12	6	19-11-2020
240	Jenny Theed/ Amanda Yates	Due to a combination of vacancy, maternity leave, career progression and long term sick leave the current risks [in which service] are: • Failure to deliver the contractual requirements fully • Increase in staff working over and above their contractual hours to manage the increased safeguarding caseload with the potential combined with the challenges of COVID 19 to fail to identify vulnerable children • Children within the universal caseload with unknown need will not be identified to support early detection and intervention support for families • Reduction of face to face visiting resulting in children not physically not seen and the voice of the child may be missed from the assessment • Staff will leave to work where colleagues report things to be 'better' • Increased risk of errors due to increased workload • Increased stress and sickness levels • Reduction in responsiveness to calls	12	12	3	12-12-2020

243	**Clive Bassett/ Paul Haworth**	**As a result of deficiencies in IT systems in N Somerset, including slow / limited access there is a risk this will impact on service capacity, creating risk to patients, there is also a risk this situation creates stress for staff which could adversely affects their well being.**	**16**	**16**		20-12-2020

2.5 Highest Scoring risks for Board review and discussion

Risk No	Lead Director/ Risk owner	Risk Description	Initial Risk Score	Current Risk Score	Target Risk Score
18	Jenny Theed - Director Of Operations Greg Garrett	As a result of a pandemic flu or other novel virus outbreak there is a risk that a potential reduction of up to 40% of the workforce in health and other services. (Jan 2020). Which may result in an inability to maintain essential services and deliver safe and effective care throughout the organisation	20	16	8
154	Clive Bassett - Director Of Finance	Changes in LA Funding: Post-Covid there is a potential risk that changes to Local Authority funding will impact on delivery of Sirona services."	16	16	6
195	Jenny Theed - Director Of Operations Greg Garrett	Agency workers not working to required standards of high quality care to patients, not wearing uniform/ID, not making patient meals, and not feeding back to team properly. This increases the risk of patient dissatisfaction, complaints, patient harm and impact upon the reputation of the organisation.	9	16	12
49	Jenny Theed - Director Of Operations Jen Tomkinson	There is a risk that the service is unable to deliver a full, safe and effective service to Heart failure patientsdue to • the variation in service model prior to transfer,(no service in SGlos, limited service NSom) • significant increase in demand and complexity of patients following restoration and due to secondary care pressures (earlier d/c), • expectations of the system to increase scope of the services now • restrictions to service secondary to COVID -19. COVID has impacted on delivery model due to social distancing and issues with access to clinic space. Increasing time for each appt and reducing capacity of the service over all. Increased need to deliver home visits (which are time consuming) • Access to clinics is challenging impacting capacity • The team has reduced substantive wte clinicians.(there is also 1 staff member on maternity leave. Admin also reduced due to vacancy) • Unable / delay to fill posts due to no finalised staffing model and admin review not completed. • Unable to source agency with appropriate skills and ability to operate without support (as this is limited), • Impact - delay in assessment and treatment for patients; may lead to harm • Staffing burnout , sickness and attrition • unable to meet contractual requirements	12	16	9
243	Clive Bassett Director of Finance Paul Haworth	As a result of deficiencies in IT systems in N Somerset, including slow / limited access there is a risk this will impact on service capacity, creating risk to patients, there is also a risk this situation creates stress for staff which could adversely affects their well being.	16	16	

2	Jenny Theed - Director Of Operations Carrie Wedgwood	There is a risk that. Sirona will be required to support individuals for longer than necessary in the community and/or respond to ensure support is provided to individuals which Allied Healthcare are unable to pick up which may result in reduced flow from the Acute Hospitals into the community therefore adding additional pressure to the system overall	15	15	4
183	Kate Rush Medical Director Jo Clarke	The community module in EMIS does not allow for EPS to happen. There appears to be a number of technical issues especially around the way that the system is set up not recognising the ODS codes put into EMIS for transfer to EPS.	15	15	2
68	Jenny Theed - Director Of Operations Jen Tomkinson	1. lack of sufficient staff skill mix to cover multiple services/ capacity in the BNSSG respiratory service 2. Due to vacancies and unable to recruit specialist staff, budget and model for service not fully finalised and varied models of delivery across BNSSG 3. Unable to effectively delivery service, potential for increased waiting times and not meeting performance targets, patient incidents/ staff attrition sickness	12	15	4

In addition to new risks and those risks scoring 15 + shown above, there are 25 risks with a risk score of 12.

Risks that have increased score since last month	**2, 128, 126, 161, 163, 162,**
Risks transferred from Directorate Risk Register	**195,49, 183, 68, 131, 185, 194, 235, 64, 237, 48**

3. Recommendations

The Board is asked to receive this report as the position of the Corporate Risk Register as at 23 November 2020 and to note the increasing number of corporate risks, the increasing number of risks scoring 15-16 and the shift of type of risk to workforce and capacity.

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (beofre controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
243	Clive Bassett - Director Of Fi	20/11/2020	IM&T	North Somerset IT Access related to VPN problems	As a result of deficiencies in IT systems in N Somerset, including slow / limited access there is a risk this will impact on service capacity, creating risk to patients, there is also a risk this situation creates stress for staff which could adversely affects their well being.	SPEC - Adults MSK Interface N	Adult & Specialist Services	16	Business continuity plans will be enacted if access to key systems like EMIS fails ensuring continued service delivery until systems restore. Currently this is intermitent.	16	0	/ /			Monthly	20/12/2020
195	Jenny Theed - Director Of Oper	19/08/2020	Service User Care/Tr	Increased use of agency staff causing quality and consistency concerns	Agency workers not working to required standards by providing high quality care to patients, not wearing uniform/ID, not making patient meals, and not feeding back to team properly.This increases the risk of patient dissatisfaction, complaints, patient harm and impact upon the reputatation of the organisation.	S BRIS - Community Therapy Tea	Adult & Specialist Services	9	Co-ordinator SOP in place. Communicating closely with GRI to feedback issues with individual and agencies	16	12	02/11/2020	Emily Parkinson	Ongoing drive to monitor patient feedback and complaints. To reinforce clear documentation.	Monthly	02/12/2020
154	Clive Bassett - Director Of Fi	18/07/2020	Business/Finance	Changes to LA funding	"Exec lead C Bassett Changes in LA Funding: Post-Covid there is a potential risk that changes to Local Authority funding will impact on delivery of Sirona services."			16		16	6	22/09/2020	Clive Bassett	Risk reviewed - the future funding for Local Authorities and the impact on their budget for services we provide is still outstanding at a national level. The fact we are considering the risk is a positive, but the risk remains and we must be aware of possible	Monthly	22/10/2020
49	Jenny Theed - Director Of Oper	17/05/2020	Staffing/Workforce	The risk is that the Heart Function Service cannot deliver a full service to patients, waiting times may increase because of reduced staffing levels.	There is a risk that the service is unable to deliver a full, safe and effective service to Heart failure patients This is due to -the variation in service model prior to transfer,(no service in SGlos, limited service NSom) -significant increase in demand and complexity of patients following restoration and due to secondary care pressures (earlier d/c), -expectations of the system to increase scope of the services now -restrictions to service secondary to COVID -19. COVID has impacted on delivery model due to social distancing and issues with access to clinic space. Increasing time for each appt and reducing capacity of the service over all. Increased need to deliver home visits (which are time consuming) -Access to clinics is challenging impacting capacity -The team has reduced substantive wte clinicians.(there is also 1 staff member on maternity leave. Admin also	SPEC - Heart Failure Service N	Adult & Specialist Services	12	1. Meetings with finance and ALD to develop plan prioritising workload and holding wait list where applicable increasing the amount of digital methods to support capacity. 2. recruitment of extra staff to manage the expansion of service anticipated in the SGlos area. Working with weston to get consultant to mirror the activity of Dr Ismail in Bristol. 3. support to staff well being - regular caseload reviews, huddles as teams, work planning, opportunity to undertake well being activity within Sirona	16	9	11/11/2020	Jen Tomkinson	increased risk score; staff starting to raise that feel more under pressure, lack of sustainablility Have increased clinic availability but slow to reduce burden on H|V caseloads. Referrals increasing. To instigate waiting list and triage in Bristol (already in NSom) at pace as well as support staff caseload management	Monthly	11/12/2020
18	Jenny Theed - Director Of Oper	01/03/2020	EPRR/Business Contin	Business Continuity throughout organisation in the event of Pandemic Flu or other novel virus	As a result of a pandemic flu or other novel virus outbreak there is a risk that a potential reduction of up to 40% of the workforce in health and other services.(Jan		Sirona-Wide - All Directorates	20	1. Staff flu vaccination campaign. 2. Business continuity plans updated annually.	16	8	07/11/2020	Teresa Candfield	BCPs are all under review currently. Audit findings will inform where the main gaps are. The aim is to ensure they are fit for purpose and work through a	Monthly	07/12/2020
183	Kate Rush - Medical Director	11/08/2020	Medicines Management	Electronic Prescribing Service (EPS)	The community module in EMIS does not allow for EPS to happen. There appears to be a number of technical issues especially around the way that the system is set up not recognising the ODS codes put into EMIS for transfer to EPS. As a result of us not having access to EPS, prescribers have to physically get the paper prescription to a community pharmacy. In times like these when patients are having remote consultations, getting the paper prescription to a pharmacy is harder and some prescribers are having to ask the GPs to write their prescription as they can send them directly to a pharmacy via EPS. This wastes time and resources and is not a good experience for the patient. This also is not a good use of our skill mix. Getting a GP to write a prescription also then adds some risk in terms of transcribing the correct drug to be prescribed.	CORP - Corporate Team - IT Ser	Corporate - Other	15	1. We were trying to get all prescribers to use EMIS to prescribe so that everyone is set up and ready for EPS when it can come. However, this is probably going to be delayed due to capacity and workload. 2. Linking into NHS Digital and EMIS frequently to highlight the need for this to be a priority.	15	2	/ /			Monthly	10/09/2020
68	Jenny Theed - Director Of Oper	22/05/2020	Staffing/Workforce	Insufficient staff skill mix covering multiple services	1. lack of sufficient staff skill mix to cover multiple services/ capacity in the BNSSG respiratory service 2. Due to vacancies and unable to recruit specialist	SPEC - Respiratory Service - B	Adult & Specialist Services	12	1. Recruitment plans in place supported by HR 2. Capacity and demand planning	15	4	19/10/2020	Jen Tomkinson	recruitments issues remain. At advert for roles, await closing date re interest. Demand on service increasing and Healthier Together and system	Monthly	18/11/2020
2	Jenny Theed - Director Of Oper	22/05/2018	Capacity & Demand	Impact of limited Home Care capacity in South Gloucestershire on Sirona Services	As a result of.. Allied Healthcare being unable to meet the requirements of their contract	S GLOS - DNs Kingswood - Cadbu	Adult & Specialist Services	15	1. Active monitoring of the situation via involvement with Council's Social Care Team and senior managers	15	4	22/10/2020	Carrie Wedgwood	22-10-2020 Reviewed by ALD. Current and risk score updated. Controls reviewed and action added.	Monthly	21/11/2020
240	Jenny Theed - Director Of Oper	12/11/2020	Staffing/Workforce	reduced staffing capacity affecting the ability of the registered staff delivering services	The current risks are _failure to deliver the contractual requirements fully increase in staff working over and above their	N SOM - Children's HV South	Children's And Family Health S	12	12-11-2020 Workforce skills mix interviews for band 5 on the 2nd of November	12	3	/ /			Monthly	12/12/2020

238	Jenny Theed - Director Of Oper	12/11/2020	Capacity & Demand	Increased Community Demand Through Bristol SPA Impacting upon ability to respond in an	Due to continual increased demand it has having an affect upon the Bristol SPA's ability to sustain an appropriate response to varying types of referral. The	S BRIS - Community Nursing Tea	Adult & Specialist Services	12		12	6	/ /			Weekly	19/11/2020
237	Jenny Theed - Director Of Oper	11/11/2020	Capacity & Demand	delay in restoring services following COVID-19 pause	There is a delay in fully restoring SASS clinic based services following pause of face to face due to COVID-19			12	1. Submitting RA to restoration committee who review in timely manner. Agreement for local RA to	12	2	/ /			Monthly	11/12/2020
235	Jenny Theed - Director Of Oper	10/11/2020	Capacity & Demand	Capacity issues in South Gloucestershire INTs	If demand continues to exceed capacity there is a risk that: - Complaints from service users will increase			16	1. Bank and agency staff to be sourced 2. Communications to be sent to	12	8	/ /			Monthly	10/12/2020
230	Jenny Theed - Director Of Oper	02/11/2020	Staffing/Workforce	Second wave of COVID-19	We are entering a second phase of COVID-19 and a second national lockdown. There is a risk that staff are increasingly absent due to			12	Covid risk assessments in place. Central comms to respond to non	12	0	/ /			Monthly	02/12/2020
225	Jenny Theed - Director Of Oper	21/10/2020	Information Governan	Health Visiting Service - Use of personal mobile phones for work purposes by health visitors and	Because health visitors and community nursery nurses are not able to follow the Oganisation's Acceptable Use Policy when providing the service to families there is a	SGLOS - Health Visiting - Chil	Children's And Family Health S	12	There are no current controls in place. There are 3 options: 1.Staff continue using their personal	12	0	09/11/2020	Lorraine Mcmullen	09-11-2020 Reviewed and actions updated.	Monthly	10/12/2020
221	Mike Richards - Director Of Th	16/10/2020	Service User Care/Tr	McKinley T34 Infusion Pumps in community	Since 2018 there have been multiple MHRA alerts and field safety notices related to these devices, initially the 2nd edition due to battery fit issues. Even with 3rd	W&W - Community Nursing - West	Adult & Specialist Services	12	Information cascade regarding best battery to use - Duracell Plus recommended but currently not on	12	4	/ /			Monthly	15/11/2020
220	Mike Richards - Director Of Th	15/10/2020	Health, Safety & Wel	Routine checking of defibrillators inconsistent	If checks of defibrillators are not consistently carried out Then the equipment cannot be relied upon to operate effectively			12		12	4	/ /			Monthly	19/01/2021
213	Jenny Theed - Director Of Oper	17/09/2020	Capacity & Demand	Capacity of Operational Services to absorb additional demand	The risk is that because of additional demands on services patient safety may be impacted as well as adversely negatively affecting staff health and well		Sirona-Wide - All Directorates	16		12	8	22/10/2020	Teresa Candfield	The situation remains much the same across the localities. Additional pressures caused by vacancies are compounding the situation for some localities	Monthly	21/11/2020
194	Jenny Theed - Director Of Oper	19/08/2020	Service User Care/Tr	Increased use of agency workers to support evening and weekend shifts	1. As a result of reverting staff back to their existing hours, multiple Agency workers are being used to support with evening and weekend shifts.	S BRIS - Community Therapy Tea	Adult & Specialist Services	15	1. Co ordinator SOP created 2. 21/7/2020 escalated to Bank and GRI offices to seek ways to improve	12	1	10/11/2020	Emily Parkinson	Incidents reported when agency workers do not turn up, escalated to GRI Coordinators aligned (RR and HF) facilitating sharing	Monthly	10/12/2020
184	Jenny Theed - Director Of Oper	12/08/2020	Staffing/Workforce	INT & LARC Consultation	Staff are feeling anxious regarding the consultation; there is a risk that morale will be compromised and and increased in stress which may result in increased staff	S BRIS - Community Nursing Tea	Adult & Specialist Services	6	1. Regular team meetings 2. 1:1's with staff with line managers or members of the leadership team	12	3	20/09/2020	Emily Parkinson	1.1s and face to face engagement sessions underway	Monthly	01/12/2020
185	Jenny Theed - Director Of Oper	12/08/2020	Staffing/Workforce	Limited Band 7 Operational Management resource	There is currently a management to staff ratio of 1:64 There is a risk that the teams will feel unsupported, INT managers will be less effective and ALM role will be	S BRIS - Community Nursing Tea	Adult & Specialist Services	12	1. Monthly ops meeting fir peer support, identification of risk and planning	12	12	10/11/2020	Emily Parkinson	Band 6 questionnaire to be sent out next week as part of scoping exercise for leadership training Discussion around operational pathway for Band 6s	Monthly	10/12/2020
151	Mike Richards - Director Of Th	18/07/2020	Quality & Performanc	Inconsistent approach to record keeping.	"Exec Lead Mike Richards EMIS Because of the integration of 3 providers in to one		Sirona-Wide - All Directorates	12	1. Staff still working in separate areas to ensure dealing with patients that they have access to on EMIS	12	4	28/05/2020	Julie Sharma	Reviewed by Julie Sharma and Mary Lewis. Risk title amended, risk manager transferred to Director of Therapies. Add to Ulysses	Monthly	16/11/2020
159	Kate Rush - Medical Director	18/07/2020	Health, Safety & Wel	Recovery and Restoration	Recovery and Restoration If the phasing and implementation of restoration of Sirona services is not fully co-ordinated, risk assessed and as part of the wider			12	1Restoration work programme "1 Following NHS England guidance, evidence emerging.	12	0	20/09/2020	Kathryn Rush	20-09-2020Update: Co-ordination ongoing through the restoration group with escalation across partners where needed e.g.: sharing of risk assessments in	Monthly	21/10/2020
161	Sarah Margetts - Director Of H	18/07/2020	Staffing/Workforce	"Staff absence, covid impact on capacity	"Staff absence As a result of the chance of delayed a second wave of Covid19, there is a risk that this may cause increased			6	"1. Redeployment SOP in place, and redeployment of staff to support with Covid if required	12	8	10/06/2020		Staff absence levels decreasing. Keeping risk open to monitor risk due to staff testing increasing (asymptomatic and test, track, trace)	Monthly	11/12/2020
163	Sarah Margetts - Director Of H	18/07/2020	Staffing/Workforce	Speed of second redeployment process in response to covid	"Returning of redeployed staff to their normal jobs As a result of services beginning to be restarted and staff being returned to their original roles, there is a risk			9	"1. Redeployment SOP in place, and redeployment of staff to support with Covid if required	12	6	10/11/2020	Sarah Margetts	10/11/20 - We are now stepping up additional resource into the OD team to support the potential second wave of Covid-19 and coordinate our	Monthly	10/12/2020
162	Sarah Margetts - Director Of H	18/07/2020	Staffing/Workforce	Covid testing asymptomatic staff	"Staff testing of asymptomatic staff - Rolling out asymptomatic testing of front-line staff may result in a high proportion of staff having to self-isolate			12	"1. Redeployment SOP in place, and redeployment of staff to support with Covid if required	12	8	29/06/2020		29.6.20- staff referred to testing when off sick with covid symptoms. Sickness absence reducing. Antibody testing programme introduced.	Monthly	19/11/2020
131	Jenny Theed - Director Of Oper	09/07/2020	Service User Care/Tr	South West Child Health Information System (CHIS)	What is the risk? As a result or not upgrading CHIS, all electronic notification of new births, child death notifications,		Children's And Family Health S	9	Sirona is currently on the M4 West Instance of Care Plus. Further discussions required about moving to	12	4	06/11/2020	Geraldine Bates	Updated description of risk following a discussion with Children's SLT. Discussed with Jacqui Moxon - BI Lead to understand the BI work-arounds.	Monthly	06/12/2020
128	Mary Lewis - Director Of Nursi	03/07/2020	IM&T	Ability of staff to effectively report adverse events on Ulysses	If access to Ulysses is not available for staff across all areas there may be delay in incident reporting and the actions required following eg safeguarding notifications,		Sirona-Wide - All Directorates	12	03-07-2020 Business continuity plan in place, including notification to IT, alternative process for recording	12	6	23/10/2020	Sandra Farmer	23-10-2020 Risk score increased in light of continued issues especially for the NSCH site. Incidents are needing to be added to the system by the Q&S team	Monthly	10/12/2020
126	Mary Lewis - Director Of Nursi	03/07/2020	Regulation & Complia	CQC Well led - failure to achieve required standard	Failure to achieve required standard for CQC Well Led domain results in deregistration and/or significant adverse publicity and/or diversion of resources to		Sirona-Wide - All Directorates	12	1. 06-11-2020 Board terms of Reference in place 2. 06-11-2020 SLT Terms of	12	8	06/11/2020	Mary Lewis	06-11-2020 Reviewed by Director of Nursing and risk score increased.	Monthly	10/12/2020
124	Sarah Margetts - Director Of H	02/07/2020	Quality & Performanc	Bank Working Training Compliance	In regards to our active bank workers training I can confirm the following stats: 68% are up to date in anaphylaxis		Sirona-Wide - All Directorates	12	23/9/20 - full audit of all bank workers mandatory training to identify gaps in compliance	12	0	23/09/2020	Sarah Margetts	23/9/20 - We are in the process of a full audit of all bank workers mandatory training. Once the Head of Resourcing and Systems is in post, this will be a	Monthly	23/10/2020
64	Jenny Theed - Director Of Oper	22/05/2020	Business/Finance	Continence product expenditure	1.risk of overspend of continence products against set budget. 2. Increase in patient referrals & Due to merge of	SPEC - Continence Service Bris	Adult & Specialist Services	16	Senior lead role in place with responsibility for the budget across BNSSG.	12	4	19/10/2020	Jen Tomkinson	remains a risk. Await 9 months data on spend for review	Monthly	18/12/2020
48	Jenny Theed - Director Of Oper	17/05/2020	Staffing/Workforce	Loss of administrative staff within specialist teams	There is a risk that specialist services will be unable to maintain effective service delivery due to administration functions no being robust to support clinical workload		Adult & Specialist Services	12	Issue raised in all forums possible - WLD, SASS mobilisation	12	2	11/11/2020	Jen Tomkinson	Increased risk, no report from admin review, staff remain significantly unsettled, budgets remain unfinalized and therefore unable to develop model for	Monthly	11/12/2020
1	Jenny Theed - Director Of Oper	21/06/2019	Capacity & Demand	Community Paediatric Waiting List RTT	If Sirona does not reduce the waiting list within community paediatrics	SGLOS - Community Paediatrics	Children's And Family Health S	12	1. Monthly trajectories completed to monitor impact of remedial actions 2. Moved to centralised booking	12	9	09/11/2020	Lorraine Mcmullen	Reviewed and actions updated.	Monthly	10/12/2020

7	Jenny Theed - Director Of Oper	06/03/2019	Capacity & Demand	MSK Physio Waiting Times	As a result of long waits to access MSK physiotherapy there is a risk that MSK problems become more chronic and/or pain behaviours embedded and therefore more	SPEC - Adults MSK Physio Brist	Adult & Specialist Services	12	1. Continuing to triage as many people as possible to Physiotherapy groups from triage (all groups operate	12	6	26/10/2020	Paul Haworth	Caseload on waiting lists continues to decrease in both NS and Bris, possibly related to FCP role out in independent FCP's and COVID. SG caseload has	Monthly	25/11/2020

Report to: Board Meeting

Date	1st December 2020	**Agenda item**	14
Title	Update on Governance Framework arrangements		
Author	Julie Sharma - Director of Transformation		
Lead Director	Julie Sharma	**Date signed off**	20.11.20
Presented by	Julie Sharma	**Version**	1.0
For	Approval/decision Debate ✓ Assurance ✓ Information ✓		

Aims/Summary

The purpose of this paper is to bring the Board up to date with the latest activities surrounding the development of the Governance Framework, to seek ratification of the additional Board Sub-Committee Terms of References since the framework was last reviewed in September and consider the addition of two additional Sub-Committees of the Board.

Options and decisions

The development of our Governance Framework is an iterative process as our new structures and processes continue to develop. In addition, the wider health and care system is moving from being an **aspirant** Integrated Care System to the next stage of becoming a **thriving** Integrated Care System. This means there are likely to be new system wide structures and processes developed that we will need to consider in the context of our own Governance Framework and these will be brought to the Board at the appropriate times.

Resource implications (financial/staffing/other resources)

The resources associated with the implementation of the Framework are included within the agreed structures.

Quality considerations

The continued development of the Framework will ensure improved assurance and reporting; clear and transparent decision making all contributing to our programme of continuous improvement.

Paper/information previously considered by	Date
Board of Directors	1st September 2020

1. Background

The Board approved a revised Governance Framework in September 2020 which had been updated to reflect the experiences we have had in mobilising the new Community Adult Services contract and the learning that has come from the implementation of new arrangements in the light of the COVID-19 pandemic.

Some revisions were noted and logged as part of our ongoing Board action tracker, these actions remain underway. The Board's Governance Team are overseeing these actions and will ensure that the Board is regularly appraised of changes.

2. Key points

At its meeting in October, the Board approved the Terms of Reference for:

- Audit and Assurance Committee
- Quality and Outcomes Committee

The Board is now being asked to approve the following Terms of Reference:

- Sirona Board (App 1)
- Nominations Committee (App 2)
- Professional Council (App 3)
- Senior Leadership Team (App 4)

Each of these is in line with approvals given elsewhere in line with our agreed decision making processes and within our overall Governance Framework document.

At its January/February meetings the Board will receive the Terms of Reference for:

- People's Council
- Equality and Diversity Committee
- Remuneration Committee

This will then complete the suite of Terms of Reference for all of the formal sub-committees of the Board as currently agreed (see Structure Diagram after the recommendations on page 4 of this paper).

3. Further Considerations

At previous discussions, the Board has also considered the requirement for two further sub-committees namely:

- Finance Committee
- Performance Committee

No formal decisions have been taken on the establishment of these committees and the Board is asked to determine how it wishes to take these discussions forward and the timescale for agreeing whether to establish these committees and an outline of their role for formal approval by the Board.

4. Board Vice-Chair

David Purdon is currently the Vice-Chair of the Board. Given that David is retiring in December, the Board needs to consider the appointment of a new Vice-Chair.

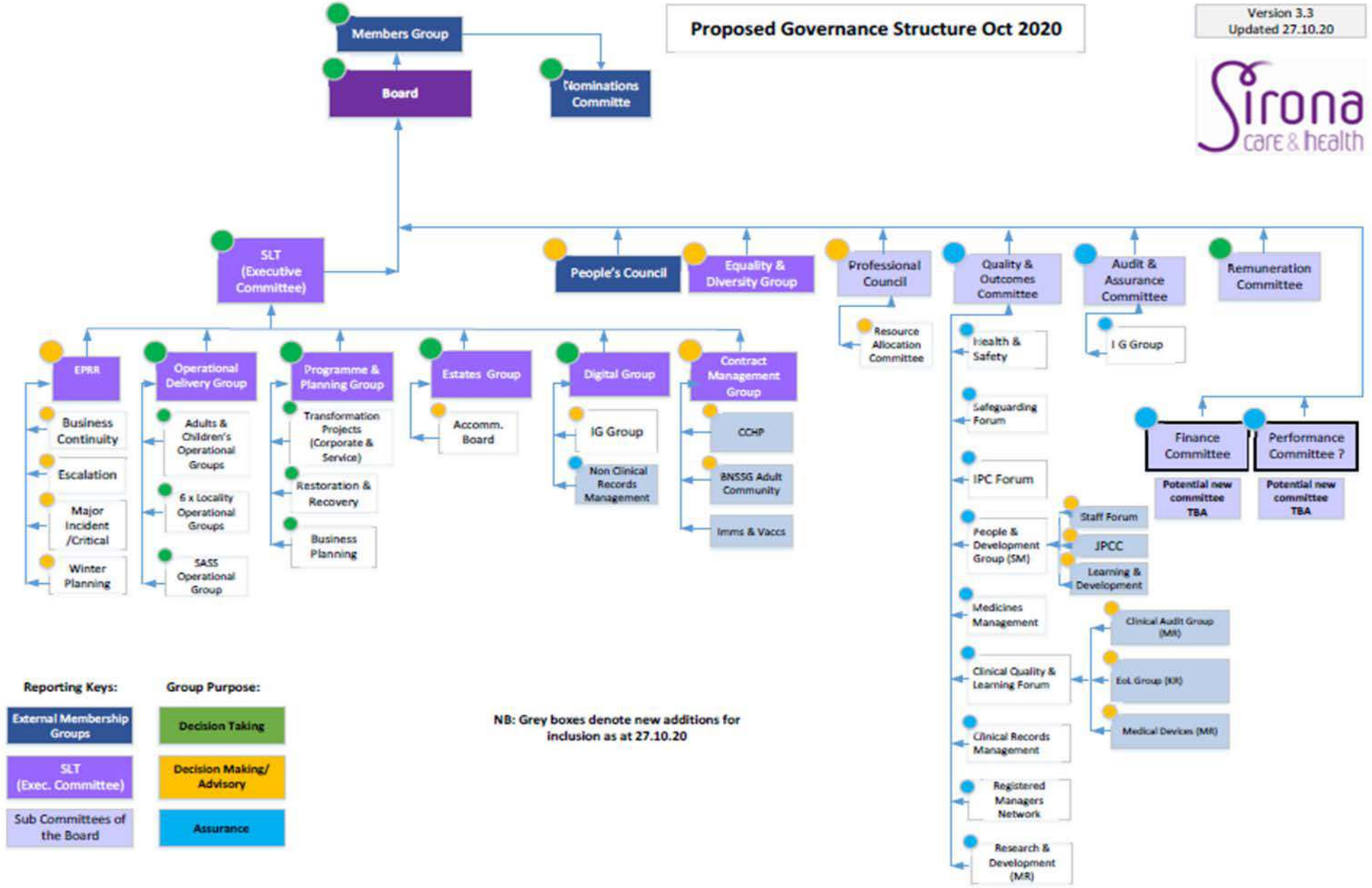
In line with our constitution, the Vice-Chair must be a Non-Executive Director. It is proposed, therefore, that the responsibility for the appointment of a new Vice-Chair should sit with the Chair of the Board following discussions with the current Non-Executive Directors. It is further proposed that this appointment should be for the period that the current Chair remains in office. This will allow for a reconsideration of Vice-Chair once the new Chair is in position.

5. Recommendations

The Board is asked to:

- Approve the Terms of References for:
  - Sirona Board
  - Nominations Committee
  - Professional Council
  - Executive Committee
- Note that further Terms of Reference will be brought to the January/February meetings for the remaining Committees
- Determine the process for considering the establishment of a Finance Committee and/or Performance Committee
- Agree that the Chairman should appoint a new Vice-Chair, following discussions with each Non-Executive Director for the remaining period of his office
- Note that the Governance Framework will continue to be updated to reflect these approvals and will be brought back to the Board in March 2021 for final sign off.

App 1 – Governance Framework Diagram as at 27.10.20



Terms of Reference
Board

Version Control:

Version	Date	Author	Owner	Status (Active or Dissolved)	Review Date
1.0	Nov 2020	Julie Sharma	Chief Executive	Active - Draft	Nov 2023

Approval Process:

These Terms of Reference must be approved by those people identified as members of the group and signed off by the Directorate Executive or Committee to which this group reports.

Name	Position	Signature	Date
Janet Rowse	Chief Executive		

Purpose *(the why and how)*
The Sirona Board is the body of appointed non-executive and executive directors which is responsible for the management of the Company's business. It includes those Directors who are Company Directors registered with Companies House as well as those Directors agreed and appointed by the Board.

Principle Function *(consider the decision making, assurance and delivery aims for the group)*
• Setting the vision and values of the organisation, its purpose and the difference it intends the organisation to make and contributing to the vision and values of the wider health and care system (Healthier Together) • Setting strategy – the planned means by which the organisation will deliver its planned vision and that of Healthier Together. • Receiving assurance that the organisation is delivering the strategy to plan, manages risk to itself and others, works within the law, delivers safe, quality services and has a proper control on resources of all kinds and for which it is accountable. • Ensuring the organisation meets the standards of openness and transparency, acts with integrity and in good faith, and takes note it is behaving according to proper standards of conduct and acts in an open and transparent manner. • Ensures the organisation applies proper care to resources belonging to others for which it is responsible, or can effect. • To ensure dialogue, and engage with external bodies and the local community. • Ensure Sirona is a Fit for Purpose organisation

Governance *(should include the group's delegated authority and reporting requirements)*

The Board is authorised to undertake its duties by the Directors and Members of the Company.

MEETINGS OF COMPANY MEMBERS

The Chair of the Board and Chief Executive shall also be the nominated Directors for the Company Membership Group and, in this role, be prepared to respond to any Member questions on the Board's activities.

OPERATING PRINCIPLES

The Board will adhere to the following principles:

1. to be collectively responsible for the performance of the organisation;
2. to act with a view to promoting the success of Sirona so as to maximise the benefits to our service users and the local health and social care system.
3. to be responsible for creating a culture of continuous improvement, openness and honesty where speaking up is modelled at all levels of the Organisation.
4. to provide entrepreneurial leadership of the Organisation within a framework of prudent and effective controls, which enables risk to be assessed and managed;
5. to develop and articulate a clear "vision" for the organisation. This will be a formally agreed statement of the organisation's purpose and intended outcomes which can be used as the basis for the Organisation's overall strategy, planning and other decisions. The vision for the Organisation will be developed within the context of Sirona's role within an integrated care system;
6. to set the organisation's strategic aims and review these annually taking into consideration the views of its stakeholders and partners, ensuring that the necessary financial and human resources are in place for the organisation to meet its priorities and objectives and, then, periodically reviewing progress and management of performance;
7. to be collectively responsible for ensuring the quality and safety of services, education, training and research delivered by Sirona and applying the principles and standards of clinical governance set out by the Department of Health & Social Care (DHSC), NHS England, NHS Improvement, the Care Quality Commission (CQC), the Social Care Institute for Excellence and the National Institute for Health and Care Excellence.
8. to ensure that the organisation functions effectively, efficiently and economically;
9. to set the values and standards of conduct and ensure that its obligations to its staff are understood, clearly communicated and met;
10. to take decisions objectively in the best interests of the organisation and the communities that it serves, and avoid conflicts of interest;
11. all members to have joint responsibility for every decision of the Board regardless of their individual skills or status;
12. all members to challenge constructively during discussions of the Board and help develop proposals on priorities, risk mitigation, values, standards and strategy.

Meeting Arrangements and Support *(To include frequency and timing of meetings)*

The Board shall hold such meetings as it considers appropriate to discharge its roles and responsibilities.

In line with principles of openness and transparency meetings of the Board at least four meetings a year will be open for staff and members of the public to attend. This will take effect from the 2021/22 financial year.

At the discretion of the Chair, where items of commercial confidence or matters relating to individual members of staff or service users are to be discussed, that part of the meeting will be held in private.

The dates of meetings open to staff and members of the public will be advertised 10 working days in advance and wherever possible papers will be made available on the Organisation's website 5 days in advance of the meeting.

At the discretion of the Chair staff and members of the public may be invited to submit questions or comment on the items on the Board agenda in advance of the meeting.

Meetings of the Board that are "open to staff and members of the public" includes access to the meeting being via remote means including (but not limited to) video conferencing, live webcast, and live interactive streaming. Where a meeting is accessible to the public via remote means, the meeting is considered open to the public whether or not members of the public are able to attend the meeting in person. The recording of such meetings will be available on the organisation's public website for two weeks after the date of the meeting.

Secretary

The Head of Corporate Governance shall act as the Secretary to the Board.

Minutes of meetings

The Head of Governance shall be responsible for ensuring that they, or their nominated representative, minute the proceedings, agreed actions and resolutions of all meetings of the Board.

The minutes shall record any conflicts of interest declared by Directors.

The Board Action Log shall be circulated promptly and no later than one week following the meeting.

MEMBERSHIP AND QUORACY (*the minimum representatives from the organisation required for the group to make any decisions)*

The composition of the Board is to be defined from time to time by a decision of the Board itself. There will be a mix of Executive Directors and Non-Executive Directors.

The Chair of the Peoples' Council will be a member of the Sirona Board.

The Board will normally be a non-voting Board and decisions will be reached by consensus. Where the Board is unable to reach agreement by consensus, the voting members of the Board will be those Directors registered as Company Directors which are currently:

- Chairman
- Chief Executive
- Non-Executive Directors x 4
- Director of Operations
- Director of Finance
- Director of Transformation

The Board shall be chaired by the Chair of the Company and the Chair shall appoint one of the Non-Executive Directors as Vice Chair.

The Chief Executive will be accountable to the Sirona Board for the effective management of the organisation.

The constitution of the Sirona Board is:

- Chair of Company Directors
- Four x Non-Executive Directors (registered with Companies House)
- Chief Executive
- Director of Finance
- Director of Nursing and Quality
- Director of Operations
- Director of People and Development
- Director of Therapies
- Director of Transformation
- Medical Director
- Chair of People's Council

The Board may appoint Associate Non-Executive Directors at its discretion to enhance the diversity of the Board and support aspirant Non-Executives to become "Board ready".

QUORUM

The quorum for the Board meetings may be fixed from time to time by a decision of the Board, but it must never be less than five (including at least two executive Directors and three non-executive Directors).

A duly convened meeting of the Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Board.

FIT AND PROPER PERSONS TEST

Members of the Board are subject to a "Fit and proper Persons" assessment in line with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5. The assessment is undertaken prior to appointment and compliance reviewed annually. All members of the Senior Leadership Team are subject to the Fit and Proper Persons assessment.

COMMITTEE STRUCTURE

To support the Board in carrying out its duties effectively, the following committees which report to the Board have been established.

Quality & Outcome Committee

- review of all aspects of quality assurance on behalf of the Board.

Audit & Assurance Committee

- review of the controls and assurances in place to ensure the organisation achieves its goals and remains financially sound and has sound systems and process.

Remuneration Committee

- review of remuneration and associated terms of condition of the Executive Directors

People's Council

- review meeting with service users, carers and their representatives to receive and respond to feedback on their experiences of care, chaired by a service user or carer or their representative.
- The Peoples' Council will be underpinned by service users' groups in each Locality.

Professional Council

- to provide professional/clinical advice to the Board.

The following Committee has also been established as a sub-committee of the Members Group:

Nominations Committee

- review of remuneration of the Non-Executive Directors
- performance review of the Chair of the Board
- assist in the appointment of the Chair of the Company and Non-Executive Directors, and oversee the process for the review of performance of the Non-Executive Directors by the Chair of the Company.

COMMUNICATIONS (*briefings, comms planning, decision and/or outcome cascades and comms risks i.e. reputational)*

GDPR

Privacy Notice for attendees

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Individual's Rights

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Notification of recording, (including Video Conferencing)

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- patient identifiable information
- sensitive business information
- confidential corporate information

STANDING AGENDA ITEMS
• TBA (2021 onwards)

Terms of Reference
Members Nominations Committee

Version Control:

Version	Date	Author	Owner	Status (Active or Dissolved)	Review Date
1.0	Nov 2020	Rachel Corrigan/Donna Cairns	Head of Corporate Governance	Active - Approved	Nov 2023

Approval Process:

These Terms of Reference must be approved by those people identified as members of the group and signed off by the Directorate Executive or Committee to which this group reports.

Name	Position	Signature	Date
Julie Sharma	Director of Transformation		

Purpose *(the why and how)*
The Nominations Committee has been established as a Committee of the Members and reports to the Members on the discharge of its functions in relation to the appointment, re-appointment and removal of the Chair and Non-Executive Directors and their remuneration, allowances and other terms and conditions.

Principle Function *(consider the decision making, assurance and delivery aims for the group)*
The Committee is authorised by the Members to act within its terms of reference, to oversee the recruitment process for Non-Executive Directors and to make recommendations as to their appointment or re-appointment. Decision making powers in relation to recruitment rest with the full Members Group. The Committee is authorised to set the remuneration and terms and conditions of the non-executive directors, with the exception of the Chair. The Committee shall review the remuneration and terms and conditions for the Chair and make recommendations to the full Members group.

Governance *(should include the group's delegated authority and reporting requirements)*
The functions of the Committee will be: <u>Recruitment/Nomination Role:</u> • To consider the appointment and re-appointment to the office of Chair and other Non-Executive Director positions having first consulted with the Board of Directors and having regard to such views as may be expressed by the Board of Directors.

- To determine the criteria and process for the selection of the candidates for office as Chair or other Non-Executive Director.

- In the case of a vacant position, to seek by way of open advertisement and other means candidates for office and to oversee the process for the assessment and selection for interview such candidates as are considered appropriate.

- To give consideration to the balance of skills, knowledge and experience and diversity of the non-executive directors, and to succession planning, in carrying out the above functions.

- In the context of the above, the Committee shall be at liberty to seek advice and assistance from persons other than members of the Committee.

The Committee shall also advise Members in regard to any matters relating to the removal from office of a Non-Executive Director.

Remuneration Role:

- To periodically review the remuneration and other terms and conditions for non-executive directors, taking into account the views of the Chair (except in respect of his or her own remuneration and terms and conditions) and the views of the Chief Executive and any external advisers.

- The Committee is authorised to set the remuneration and other terms and conditions for Non-Executive Directors with the exception of the Chair.

- The Committee shall make recommendations to the full Member group in respect of the remuneration and other terms and conditions for the Chair.

- The Committee should seek to establish levels of remuneration for all Non-Executive Directors which:
    - are sufficient to attract, retain and motivate Non-Executive Directors of the quality and with the skills and experience required to lead the company successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the company;

    - reflect the time commitment and responsibilities of the roles;

    - take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where company or individual performance do not justify them; and

    - are sensitive to pay and employment conditions elsewhere in the company.

The committee shall make all recommendations to the Members as it deems appropriate on any area within its remit where action or improvement is needed.

The Committee shall have oversight of the process for the evaluation of the performance of the Non-Executive Directors, including the Chair of the Board. The Chair of the Board will be responsible for conducting the individual performance reviews of each Non-Executive Director. The Chair of the Nominations Committee, together with the Vice Chair of the Board of Directors shall undertake the review of performance for the Chair of the Board, following consultation with other members of the Board and Members.

Meeting Arrangements and Support *(To include frequency and timing of meetings)*

The Committee shall meet at least twice per year, and whenever there is a need to consider matters relating to the Committee's functions. The dates and times of the meetings are to be proposed by the Secretary and agreed by the Chair.

The agenda and papers will be sent to the Committee members at least five working days before the meeting. Relevant papers will also be sent to attendees of the meeting. It is the responsibility of the person producing the paper to ensure their paper is with the Committee's secretariat at least six working days before the meeting. Any papers received after this date will only be included on the agenda with the agreement of the Committee Chair.

All authors of papers will be required to attend to present their paper(s) and respond to any questions raised.

The Head of Corporate Governance (or their nominee) shall be the Secretary to the Committee.

Minutes of Meetings

The Secretary (or their nominee) shall minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance and the recording of any agreed actions or decisions.

The Chair shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and they shall be minuted accordingly.

Minutes of Committee meetings shall be circulated promptly to all members of the Committee.

MEMBERSHIP AND QUORACY (*the minimum representatives from the organisation required for the group to make any decisions)*

The Members of the Committee shall be appointed by the Members of Sirona.

The Committee shall be made up of at least 7 Members from the Members Group, to include a Director Member, two Members from each of the Service User and Staff groups and one Member from each of the Independent and Strategic Member classes. Where the Committee is determining matters relating to the Chair of the Board, the Chief Executive shall always be the Director representative.

Members shall appoint a Chair who shall be appointed from either Service User, Independent or Strategic Partner Members.

The Committee shall only be quorate if there are at least 1 Director Member, 1 Member present from each of the Service User and Staff groups and 1 Member from either the Independent or Strategic Member classes in addition to the Committee Chair. This will mean a total of 5 members present.

In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall defer the meeting until the Committee Chair and/or appointed deputy are able to chair the meeting.

Only members of the Committee have the right to attend Committee meetings, although standing invitations are extended to the Director of People & Development, the Director of Transformation and the Finance Director. Invitations may be extended by the Committee to any other person, should they be asked to prepare reports or papers for the Committees consideration or decision.

The Committee reserves the right to extend an invite to individuals to attend all or part of any meeting as and when appropriate.

COMMUNICATIONS (*briefings, comms planning, decision and/or outcome cascades and comms risks i.e. reputational)*

The work of the Nominations Committee, including the process it has used in relation to board appointments, will be outlined in the Annual Report.

GDPR

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- confidential corporate information

STANDING AGENDA ITEMS

- Welcome & Apologies
- Minutes and/or actions from the previous meeting
- Annual Review of Remuneration and Terms and Conditions for Non-Executive Directors (once per year)
- Annual Report from Chair on performance of Chair of the Board

Terms of Reference

Professional Council

Version Control:

Version	Date	Author	Owner	Status (Active or Dissolved)	Review Date
1.0	Nov 2020	Kate Rush	Medical Director	Active Draft	1 April 2021

Approval Process:

These Terms of Reference must be approved by those people identified as members of the group and signed off by the Directorate Executive or Committee to which this group reports.

Name	Position	Signature	Date

Purpose *(the why and how)*

The Sirona Professional Council has three core functions:

- To be responsible for oversight of clinical matters, and the provision of assurance, advice and guidance relating to such matters to SLT and Board
- To ensure any changes to clinical practice are able to be delivered safely & in line with national and local guidance
- To provide support on ethical issues relating to staff during and after the Covid-19 pandemic

Day to day operational management of clinical services remains the responsibility and accountability of the Director of Operations. The Professional Council will be a source of clinical support and challenge to ensure the best possible outcomes for local people.

Principle Function *(consider the decision making, assurance and delivery aims for the group)*

- To oversee and provide a co-ordinated clinical response and assurance on the delivery of services:
  - Supporting clinical decision making – from individual complex cases to wider service developments
  - Identifying and supporting the management of clinical priorities
  - Carefully considering any changes to clinical practice through an agreed framework of clinical assurance, make recommendations as a result and record the decision-making process with a date for review
  - To monitor and mitigate key clinical risks and feed into the Sirona risk register
- To provide clinical guidance and assurance to Senior Leadership Team (SLT) and the Board

- To identify and respond to key ethical challenges during Covid-19 and provide advice, support and assurance to staff, SLT and Board about this
- To give, receive & understand guidance to and from BNSSG Clinical Cabinet as required
- At least twice a year to receive and analyse information on Sirona services from the Resource Allocation Group (RAG) – supporting decision making on the use of clinical resource according to the needs of the population and wider system

Governance *(should include the group's delegated authority and reporting requirements)*

The Professional Council is authorised to undertake its duties by the Board, see App1 Governance Structure

SCOPE

All clinical activity related to Sirona

PRINCIPLES FOR ESCALATION TO SLT AND THE BOARD

- Risks that meet the criteria to be added to the Sirona risk register
- It is identified that there may be a significant impact on staff, the model of community care and/or system plans

REPORTING COMMITTEES/GROUPS

To support the Professional Council in carrying out its duties effectively, the following groups will inform the Professional Council:

- Operational and Corporate Delivery Groups
- SLT
- Resource Allocation Group

The Professional Council will also report into BNSSG Clinical Cabinet directly.

Meeting Arrangements and Support *(To include frequency and timing of meetings)*

A weekly meeting held on a Monday but with "touch points" as necessary**.** This is different to the originally proposed quarterly meeting, due to the workload at the current time. The standing agenda is provided at the end of the Terms of Reference, but is subject to change.

Membership and Quoracy (*the minimum representatives from the organisation required for the group to make any decisions)*

The core Professional Council Team is:

Name	Role
Kate Rush	Medical Director (Chair)
Mary Lewis	Director of Nursing
Mike Richards	Director of Therapies
Jenny Theed	Director of Operations
Clive Bassett	Director of Finance
Amanda Cheesley	Non-Executive Director
Mel Reeks	Associate Director for Service Transformation
Jessica Metti	PA representative
In attendance	
Sandra Yarnold	Head of Quality Improvement and Patient Experience
Sandra Farmer	Head of Clinical Governance
Lorraine McMullen	Children's Operational Representative
Claire Chapman	Adult's Operational Representative
Rebecca Wright	Workforce Representative

The membership may extend to others as required.

QUORUM

The group will be quorate when 2 or more directors are present

Communications (*briefings, comms planning, decision and/or outcome cascades and comms risks i.e. reputational)*

- Identify key communication issues, actions and messages for escalation to Gold/cascade to staff and other cells where appropriate
- Coordinate the Clinician 2 Clinician programme to ensure consistent communication messages and enable two-way clinical conversations

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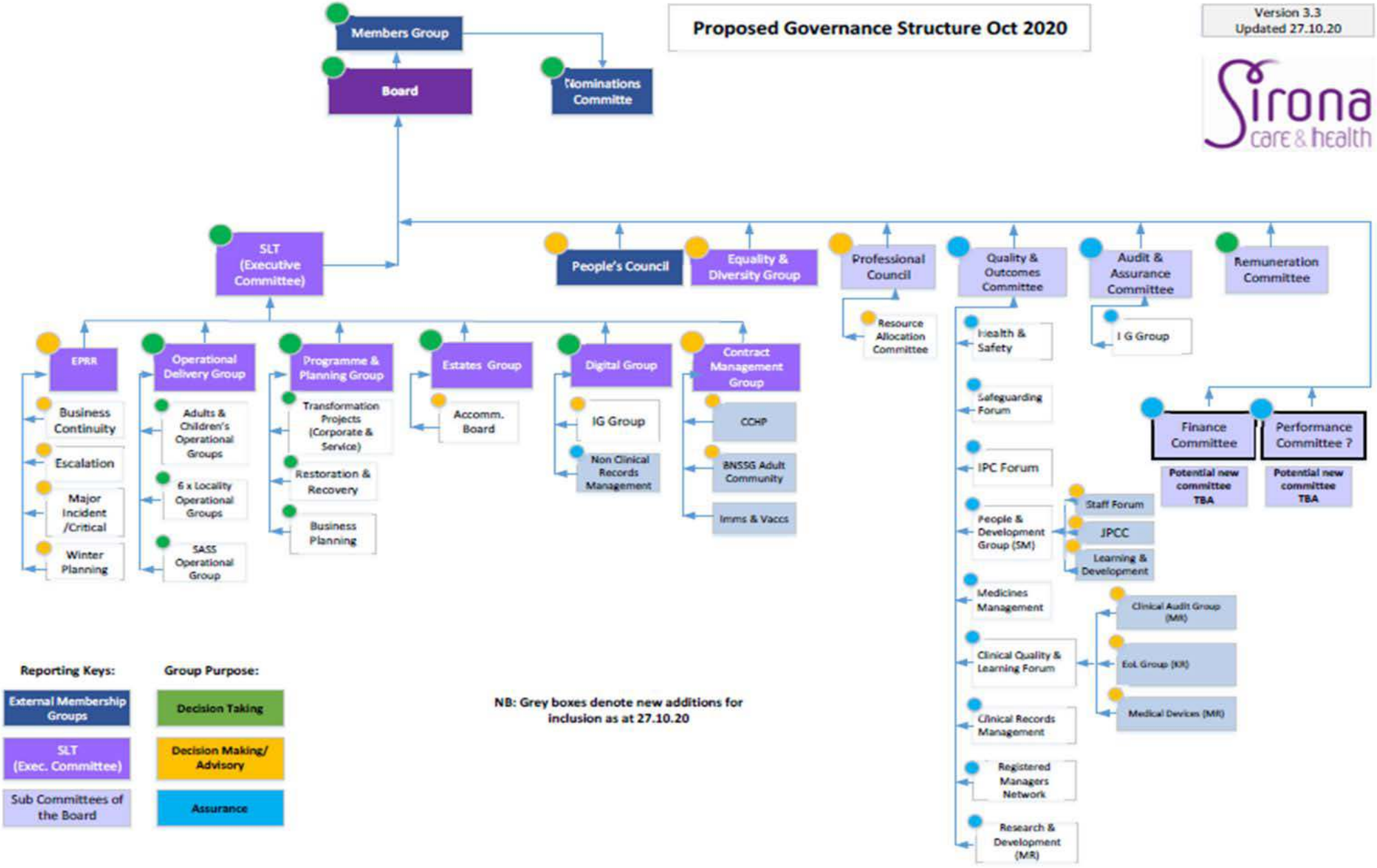
- confidential corporate information

Standing Agenda Items

Item no.	Detail
	Professional Council main meeting – 11.30-1.00pm
1.	**Welcome and apologies**
2.	**Review of action log**
3.	**Clinical areas for decision/discussion/update** **Pathway updates** **Update from clinical cabinet** **Update from Operational Leads Group** **Update from service restoration task and finish group**
5	**Ethical Challenges**
6	• **Risks and issues**
7	• **Points of escalation to SLT/Board**
8	• **AOB**

Appendix 1


Proposed Governance Structure Oct 2020
Version 3.3
Updated 27.10.20
Sirona care & health
Members Group
Board
Nominations Committe
SLT (Executive Committee)
People's Council
Equality & Diversity Group
Professional Council
Quality & Outcomes Committee
Audit & Assurance Committee
Remuneration Committee
Resource Allocation Committee
Health & Safety
I G Group
Safeguarding Forum
Finance Committee
Performance Committee ?
Potential new committee TBA
Potential new committee TBA
IPC Forum
Staff Forum
JPCC
Learning & Development
People & Development Group (SM)
Medicines Management
Clinical Audit Group (MR)
EoL Group (KR)
Medical Devices (MR)
Clinical Quality & Learning Forum
Clinical Records Management
Registered Managers Network
Research & Development (MR)
EPRR
Business Continuity
Escalation
Major Incident /Critical
Winter Planning
Operational Delivery Group
Adults & Children's Operational Groups
6 x Locality Operational Groups
SASS Operational Group
Programme & Planning Group
Transformation Projects (Corporate & Service)
Restoration & Recovery
Business Planning
Estates Group
Accomm. Board
Digital Group
IG Group
Non Clinical Records Management
Contract Management Group
CCHP
BNSSG Adult Community
Imms & Vaccs
Reporting Keys:
External Membership Groups
SLT (Exec. Committee)
Sub Committees of the Board
Group Purpose:
Decision Taking
Decision Making/ Advisory
Assurance
NB: Grey boxes denote new additions for inclusion as at 27.10.20

Terms of Reference
Senior Leadership Team (Executive Committee)

Version Control:

Version	Date	Author	Owner	Status
2.0	18.11.20	Julie Sharma	Janet Rowse	Chief Executive

Approval Process:

These Terms of Reference must be approved by those people identified as members of the group and signed off by the Executive or SLT owner and approved by the Board of Sirona.

Name	Position	Signature	Date
Janet Rowse	Chief Executive		

Purpose

The Senior Leadership Team is the executive arm of the Board. Its purpose is to collectively lead the organisation in delivering our vision and strategy for creating a high performing organisation.

In this context, the Senior Leadership Team is the most senior executive decision making forum for the organisation constituted to:

- Provide effective leadership of the organisation through the combined efforts of the individual directors
- Support individual Executive Directors to deliver their delegated responsibilities by providing a forum for exchange of information, mutual support, resolution of issues and achievement of agreement.
- Make management decisions on issues within the remit delegated to them by the Board.
- Ensure delivery of safe and effective services and of both the organisation's strategy and business plans as well as those of the wider Healthier Together system
- Ensure staff are provided with the resources, training, infrastructure, policies and procedures as well as the leadership and pastoral support to maintain their well being
- Ensure that key risks and issues that might jeopardise the organisation's ability to deliver its objectives are being managed and mitigated in an appropriate way. Provide assurance to the Board that this is the case.

The Team will provide clear, concise and relevant communication and information to the wider organisation and Board. They will drive the change required to deliver our business plan, model our organisational values and challenging themselves to think and act strategically.

DRAFT

Principle Function

Executive Decision Making

- Recommendation of the budget or material changes to the board.
- Approval of material changes to key policies that are outside the scope of individual directors or other approved groups
- Approval of investment business cases in line with delegated authority.
- Bid / no bid decisions and sign off of tenders in line with delegated authority.

Board Assurance

- Ownership of the corporate risk register.
- Oversight of assurance and exception reports from agreed Directorates and Assurance Groups/Committees.
- Providing overall assurance or escalation to the board on the delivery of our organisational objectives through our agreed Board Assurance Framework.

Strategic Delivery

- Development of our organisational vision and strategy.
- Ownership and oversight of the delivery of our strategy and business plan.
- Horizon scanning of external opportunities and risks.

Duty of Care

- Ensuring safe and effective services and a positive service user experience
- Ensuring staff are safe and well supported
- Ensuring the contribution of Sirona to the well being of the wider Healthier Together system

Governance

The Senior Leadership Team has a key role in the effective governance of the organisation and alongside the other Board subcommittees is a key conduit of assurance for the Board. It will operate through a number of key operational and corporate groups agreed from time to time and will review Finance, Quality, Performance and Workforce assurance reports prior to submission to the Board and external parties.

Senior Leadership Team Members

Name	Job Title
Core Members	
Janet Rowse	CEO
Clive Bassett	Finance Director
Linda Frankland	Deputy Director of Finance
Mary Lewis	Director of Nursing and Quality
Sarah Margetts	Director of People & Development
Mike Richards	Director of Therapies and AHP's
Kate Rush	Medical Director
Julie Sharma	Director of Transformation
Jenny Theed	Director of Operations

DRAFT

Roles and Duties:

Chair (CEO):

- Leadership and stewardship of the Senior Leadership Team
- Chairing and managing the meetings and ensuring the associated administration
- Identifying and communicating key messages regarding decisions, risks etc.

Executive Leads:

- Provide accurate, timely and relevant information, data and analysis to give assurance on their area's performance, workforce and budgets including actions to be taken where assurance cannot be given or is insufficient.
- Bring relevant matters for decision, with clear information and recommendations.
- Highlight relevant risks that either cannot be managed at Director level or have an impact across the organisation as a whole.
- Provide accurate, timely and relevant assurance on progress against key business objectives, programmes and projects.

Everyone:

- Exemplify good meeting behaviours.
- Talk to colleagues outside of / in advance of meetings about key issues and items in line with the principles of
    - listening with an outward mindset
    - empowering others to make decisions with the appropriate support
- Provide challenge and support to peers where other services are struggling to deliver to their objectives.
- Provide challenge and support for programmes and projects reporting to the board.
- Highlight external opportunities and manage and mitigate potential risks as they emerge.

Meeting Arrangements and Support

- Agenda to be based on the agreed functions of the Senior Leadership Team and agreed in advance at SLT Touchbase Meetings.
- Papers will all include a standard SBAR cover sheet.
- Papers are to be submitted to the nominated Executive Administrator no later than noon on the day preceding the meeting, sooner if available.
- Papers for "Information" only (e.g. programme board/committee minutes) will not be included in the agenda pack but placed in a dedicated workspace on Glass Cubes – a list of papers added since the previous meeting will be included at the end of each Agenda.
- Notes and actions arising from the meeting will be circulated within 3 working days, where possible.
- Notes to be taken by the nominated Executive Administrator or another senior member of the administrative staff.
- Associate Directors or other senior managers will be invited to bring items to the Senior Leadership Team as appropriate.
- Issues requiring urgent decisions outside of the Senior Leadership Team meeting timetable can be brought to the intervening SLT Touchbase Meeting. These will need to be notified in advance and a short written summary of the decision requested provided wherever possible
- Decisions made at SLT Touchbase meetings will be noted and then recorded at the weekly Senior Leadership meeting in accordance with good governance practice.
- Meeting frequency is to be weekly
- Individual Directors will be required to share the key actions and decisions with their respective teams as early as possible following each meeting.

DRAFT

Quoracy (*the minimum representatives from the organisation required for the group to make any decisions)*
A minimum of five executives will be expected to be present at every meeting for the purpose of decision making, at least one of whom shall be a Registered Practitioner.

DRAFT

Report to: Board Meeting

Date	1st December 2020	**Agenda item**	15
Title	Update on Sirona Strategy Development		
Author	Julie Sharma - Director of Transformation		
Lead Director	Julie Sharma	**Date signed off**	24th November 2020
Presented by	Julie Sharma	**Version**	1.0
For	Approval/decision ✓ Debate Assurance Information ✓		

Aims/Summary
The purpose of this paper is to present to the Board the high level summary output from our work on developing a Strategy for 2021 onwards.

Options and decisions
Board is asked to endorse the presented 'plan on a page' for further development.

Resource implications (financial/staffing/other resources)
Resources within existing PMO framework

Quality considerations
Nil

Paper/information previously considered by	**Date**
Development - Board of Directors, Members Group and Associate Directors	22.09.20

1. Background

The Board will recall it held a workshop in September to which Members and senior Associate Directors from across the organisation were invited. The output from that Workshop was shared with the Board at its October meeting.

The Workshop was a pre-cursor to the development of our Strategy for 2021 – 2024 and the associated Business Plan for 2021/22. Both these documents are due to come to the Board in February for final sign off, together with the Budgets for 2021/22 in March ready for the start of the new financial year.

2. Current Position

The attached "Plan on a Page" sets out the proposed new Vision for the organisation and the key strategic objectives which emerged from the Workshop. On the reverse of the Strategic Plan are the business plan objectives for 2020/21 agreed by the Board back in May 2020.

The Transformation Team will be working on the development of the fuller Strategic and Business Plan over the coming two months. They will use this high level strategy framework to inform that work. As part of this work, our Communications Team will also assist with the wording and design of our plans to ensure they portray a common sense of purpose; a common language and are in line with our core values. This may mean that the wording of the Vision and the Key Strategic Objectives change whilst still maintaining the sentiments and objectives behind them. Any proposed changes will be brought back to the Board for final sign off.

In undertaking this work, the Transformation Team will ensure fuller engagement across the organisation with our Members; our Staff Forum – Our Voice – and with our operational and corporate teams. They will also monitor the priorities coming out nationally and as part of the development of the wider system plans to ensure appropriate alignment.

3. Recommendations

The Board is asked to endorse the "Plan on a Page" as the agreed direction of travel for Sirona to be used as the basis for the development of our wider Strategy and Business Plan for 2021 onwards.

Our Vision is: *Health, Happiness and Dignity for All*

We aim to make a difference by:

Putting people at the centre of everything we do (Engagement & Inclusion)	Respecting, supporting and valuing our workforce (Great place to Work)	Supporting everyone to access help and support to maximise their good health and wellbeing (Equality and Diversity)
• Give people choice and control over the way their care is planned and delivered • Provide clinical, peer and educational support to enable people to self-care with confidence • Ensure carers are identified, supported and involved in care planning and decision making processes • Working together to ensure a holistic and joined up approach to service provision • Connecting people with their communities and making the most of the assets that exist within them • To develop a People's Council giving our communities and those who use our services a strong voice and influence in our planning and decision making and evaluation processes • To co- create and drive our inclusive culture, ensuring everyone is valued for their skills, work and experience • Helping people to make healthy lifestyle choices To listen to people's experiences to address areas of issue or concern	• Work as a team embracing the different strengths, skills and experiences each person brings • Learn from each other and take time to celebrate success • Ensure a healthy work/life balance through predictable and flexible working patterns • Make wellbeing our priority and support each other to get help when we need it • Provide opportunities to learn and develop and support each other to grow and reach our potential • Equal access to opportunities for everyone • Attract, develop and retain talented people from all backgrounds that represent the people and communities we serve • Provide staff with the resources they need to deliver the best possible care – estate, equipment, technology, training and support • Listen to understand what staff are telling us and provide an environment where staff feel safe and confident to speak up • Not tolerate any form of discrimination, bullying or violence	• Provide services in a way that are accessible and responsive to the needs of individuals and communities • Understand the different needs and challenges of our communities • To monitor and review access to services from all communities across all service areas • To identify unmet health and social care needs and address them • To extend technological based options to help people access services more easily • Supporting communities to become healthy communities • Providing information so people know how and when to access support • Using our workforce to embed health promotion and early intervention into everyday working and interactions • Ensure our communities are represented in our workforce including the use of targeted apprenticeships or other training opportunities

Being at the forefront of innovation and best practice (Achieving Excellence/Modern and Innovative)	Adding value to our local communities (Added Value)	Continually learning and growing as a Company (Growth & Sustainability)
• Achieve Outstanding across all areas in our external evaluation (CQC) • Be in the top quartile performance for community services providers • Meet all of our contractual targets and key performance measures • Ensure we are following nationally recognised best practice across all areas • Be early adopters of technology and new ways of working that bring demonstrable value to people and to services. • Create an environment that nurtures good ideas for positive change or improvement • Be willing to test new ideas, encourage staff to be innovative and curious and be prepared to fail from time to time to allow learning • Participate in Research and Development and fostering good relationships with Academic and other research institutions/bodies	• Work to understand the outcomes that matter most to people and their communities • Review our value, outcomes and measurement frameworks to align them together and to prioritise the outcomes that matter for people and communities. • Focus our efforts more on the outcome and overall impacts of our work on the sustained wellbeing of people and communities. • Target person and community-centred approaches towards people who currently have greater needs, lower health literacy and least good access to health and care services. • Work to demonstrate and measure the wider community and social value of our partnership working with individuals and communities.	• Become a more economically, environmentally and socially sustainable business • Empower our staff as advocates of the links between healthcare and sustainability • Work with our communities in identifying and planning ways the organisation could be more sustainable. • Reduce our overall carbon footprint through more effective approaches to our use of estate; travel; consumables and other utilities and resources • Best use of public monies through an efficient use of our financial resources • Ensure we continue to learn and grow as a company both in terms of our contribution to local communities and in expanding our range of services closer to where people live

*We will ensure that everyone who comes into contact with Sirona feels welcomed, supported, safe and valued in line with our commitment to **Taking it Personally**:*

Courtesy & Respect
- A welcoming and positive attitude
- Warm, friendly and interested in you
- Value and respect you as an individual

So people feel **welcome**

Caring and Supportive
- Attentive, responsive and take time to help
- Take responsibility for our own actions
- Mindful of privacy and dignity

So people feel **supported**

Effective Communication
- Listen to people and answer their questions
- Keep people clearly informed
- Involve people

So people feel **valued**

Effective and Professional
- Safe, knowledgeable and reassuring
- Effective care/responses from joined up teams
- Organised and timely, looking to improve

So people feel **safe**

QUALITY & SAFETY

- To ensure that our services are safe and that we especially safeguard those who are most vulnerable and at greater risk of harm or abuse
- To maintain the highest standards of IP&C including the correct use of PPE especially in relation to COVID-19 keeping our staff and those who use our services safe
- To maximise the uptake of the Flu Vaccination by all staff; additionally, the COVID-19 vaccine should it become available
- To develop a Quality Framework for the organisation that supports our aim to be outstanding in all areas of our service delivery and leadership
- To integrate systems and processes across the organisation ensuring that quality is at the heart of all of our decision making and actions

WORKFORCE/PEOPLE

- To foster an environment where staff feel valued, supported and enabled to innovate and improve services
- To create a supportive and enabled leadership across the organisation which inspires others
- To ensure that every employee has a voice at work and that staff are at the heart of our decision making
- To keep staff safe, healthy and well
- To create an environment where we embrace diversity and ensure we address any inequalities including with our BAME staff
- To support the development of new ways of working
- To grow the workforce
- To develop 5 Year Workforce/People Strategy.

COMMUNITIES AND HEALTH OUTCOMES

- To ensure that we understand the demographics of our communities to enable us to respond to their differing needs and ensure equality of access and outcome for all.
- To develop an Outcomes Framework with our communities
- To proactively engage those at greatest risk of poor health outcomes
- To protect the most vulnerable from COVID-19 and better engage communities who need most support
- To develop the People's Council giving our communities and those who use our services a strong voice and influence in our planning and decision making processes

OPERATIONAL SERVICES

- To embed the new structures across the organisation ensuring we have the appropriate leadership; skills and involvement to provide leading edge and high performing services for our communities
- To ensure all our services are in a strong position to respond to the COVID-19 pandemic
- To accelerate the return to the near normal levels of non-COVID services
- To prepare for the additional demands and pressures of Winter including and any further COVID spikes that might arise
- To achieve break even by the end of the financial year including the delivery of cost efficiencies agreed within the overall financial plans

TRANSFORMATION

- To review our current Transformation Plans in the context of our experience of COVID-19
- To fast track agreed projects which will have the greatest impact both in the context of COVID-19 and on winter pressures and demands
- To work with our wider system partners to move closer towards Integrated Care Partnerships and an Integrated Care System
- To learn the lessons from COVID and ensure these are embedded as part of the Transformation of services moving forward
- To develop our 5 year Strategic Plan

GOVERNANCE & COMMUNICATIONS

- To develop a Governance Framework that ensures the organisation is well-led and has strong arrangements in place to ensure that staff are working effectively; that those who use our services are safe and that we are delivering on our objectives and those of the wider system
- To make the organisation more open and transparent by having Board meetings in public and publishing papers and minutes on our website
- To develop a Communications Strategy for the organisation that facilitates devolved responsibly and accountability for communication.
- Ensure our communications support staff to work to common goals and help users and carers to feel safe and confident in our services
- Identify opportunities that demonstrate the added benefits that Sirona brings as a social enterprise and as a specialist community provider

FINANCIAL

- To live within our means and achieve break even by end 2020/21
- To increase our current level of reserves to support the development of the business
- To review our efficiency and ensure we deliver maximum value for money
- To develop consistent accounting and reporting across our new geographical area
- To review our financial systems to ensure they are fit for purpose and integrate across the organisation
- To develop a 5 year Financial Strategy.

BUSINESS INTELLIGENCE & PERFORMANCE

- To support the provision of integrated data, information and knowledge systems
- To support the development of a system of performance reporting, monitoring and management (utilising Power BI) that demonstrates achievement of contract targets and standards across the full range of indicators
- To analyse data in a way that enables staff to better understand the impact their interventions are having on the delivery of safe, effective and quality care.
- To work towards the provision of access to real time data
- To publish data in a way that is easily understood both internally and externally
- To further develop the Business Intelligence capability to identify potential future markets; gaps in service provision and opportunities for growth

ESTATES

- To ensure our estate is safe and appropriate for staff and services in the light of the COVID-19 pandemic
- To review the use of premises to ensure that we can continue to deliver services that remain locally accessible whilst making the best use of our assets
- To work with partners to make the maximum use of shared estate
- To work with colleagues to adapt our estate in the context of our developing mobile working strategy and approach
- To develop a 5 year Estates Strategy

IM&T/DIGITAL

- To review our current IM&T infrastructure to provide integration and consistency across our new geographical area
- To ensure IM&T is embedded within the service transformation agenda to identify technological solutions that can enhance the transformation required.
- To extend technological based options for staff to interact with each other and with service users.
- To harness the technological capability to improve efficiencies and productivity throughout the organisation.
- To enable high quality service provision and business growth.
- To develop a 5 year IM&T Strategy