Board Meeting in Public Papers

Meeting Date:

14th September 2021

BOARD MEETING			
Date:	**14th September 2021**		
Venue:	MS Teams (Meeting in Public)		
Time:	2:00 – 5:00pm		
AGENDA			
		Paper/Verbal Presented by	**Approx. Timings**
	2:00pm **PUBLIC BOARD SESSION**		
1.	**Public welcome, introductions and Apologies: Lorna Harrison**		
2.	**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	Amanda Cheesley Verbal	5 mins
	2:05 pm **CHIEF EXECUTIVE'S AND CHAIRMAN'S REPORT**		
3.	**Chief Executive's Briefing:** To alert the Board to issues of significance not covered elsewhere on the agenda, including an update on EDI activities following the August Board Seminar	Janet Rowse Paper	30 mins
4.	**Chair and Non-Executive Directors' Report** To inform the Board on activities and issues of significance not covered elsewhere on the agenda	Chair & NEDS Verbal	10 mins
	2:45pm **QUALITY: PATIENT SAFETY, EFFECTIVENESS AND EXPERIENCE**		
5.	**Quality Reporting** To assure the Board on key items relating to Quality and provide assurance on the safe delivery of services.	Paul May/ Mary Lewis Presentation	20 mins
6.	**Infection, Prevention & Control – Annual Report** Annual Reporting requirement to Board as part of the Health & Social Care Act, including the Safer Sharps Annual Report, which is an appendice to the main paper.	Mary Lewis/ Suzanne Golding-Ellis Paper	10 mins
7.	**Freedom to Speak Up – 6 monthly update** To present the Board with the high level findings on reporting since March 2021 - 7.1 Recommendation of Non-Executive Director appointment to Freedom to Speak Up Guardian role.	Sarah Margetts Paper	10 mins
	3:25 - 3:35pm **BREAK**		
	3:35pm **CORPORATE GOVERNANCE / RISK / REGULATORY**		
8.	**Risk Register** To update the Board on the position of risks with a score of 15 or more and consider any new or emerging risks	Mary Lewis Paper	10 mins

	3:45pm	**OPERATIONAL PERFORMANCE AND USE OF RESOURCES**	
9.	**Finance Report** To account to the Board for the financial performance as at Month 4	Clive Bassett Paper	10 mins
10.	**Approval of Annual Financial Statements** Further to review by the Audit & Assurance Committee, to receive the auditors' opinion and formally approve the financial statements for the 2020 -2021 accounting period.	Clive Bassett Paper	10 mins
11.	**Digital Update** To provide the Board with an update on the current digital activities	Clive Bassett Paper	10 mins
12.	**Operational and Performance Report** To update the Board on operational matters and the current performance position highlighting both the positive and negative performing services	Jenny Theed Paper	10 mins
	4:25 – 4:35pm	**CONSENT AGENDA ITEMS** (Pack 013B) **–** ***Papers to be reviewed in advance, for formal discussion at the meeting***	
13.	**Consent Agenda Cover Paper**	Amanda Cheesley Consent Agenda Item pack	Amanda Cheesley
14.	**Healthier Together Integrated Care System - Memorandum of Understanding** To approve the Healthier Together Memorandum of Understanding for 2021/22.		Janet Rowse
15.	**Ratification of new appointments to the Members Group** To ratify the appointments to the vacancies on the Members Group in the Strategic, Independent & Staff Member Classes.		Julie Sharma
16.	**Quality Committee Summary Report** To present to the Board the Monthly key findings and recommendations from meetings of the Quality & Outcomes Committee on 27th July and provide assurance on the safe delivery of services and a Workforce update		Paul May
17.	**Audit Committee Summary Report** To present to the Board the summary activity and decisions from the 29th July meetings of the Audit Committee		Lorna Harrison
18.	**Professional Council Report** To present to the Board the Monthly activities and decisions from meetings of the Professional Council		Kate Rush
	4:35 – 4:45pm	**Public Questions – Submitted in advance**	
19.	**Chairs summing up & Close of Public Meeting**	Amanda Cheesley	

		FORWARD DATES		
	DATE	**TIME**	**MEETING TYPE**	**VENUE**
	12th October 2021	**2 – 5pm**	**Seminar – Potentially Joint with Members Group**	**TBC – May be extended to 10 – 5 away day**
	9th November 2021	**2 – 5pm**	**Public**	**MS Teams**
	14th December 2021	**2 – 5pm**	**Seminar**	**TBC**
	11th January 2021	**2 – 5pm**	**Seminar - HOLD**	**TBC**
	8th February 2021	**2 – 5pm**	**Public**	**MS Teams**
	8th March 2021	**2 – 5pm**	**Confidential - Budget**	**TBC**

Report to Board

Date	14th September 2021	**Agenda item**	03
Title	**CEO Briefing**		
Author	Janet Rowse, Chief Executive Officer		
Presented by	Janet Rowse	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☒		

Purpose of the report

To inform the Board regarding items not covered elsewhere on the agenda and obtain the Board's ratifiaction in relation to the changes in senior personnel.

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

To ensure that the Board remains updated in a timely way on key areas of activity/information not presented through formal agenda items.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

The report is prepared by the Chief Executive with input from other members of the Executive Team as appropriate.

What is the process the report has been through internally

I.e. which teams or groups have reviewed the report or the information that informs it

The paper is presented directly to the Board although it has been informed by the wider Executive Team

Summary and Key Issues

1. Changes in senior personnel

In response to an urgent request from the Clinical Commissioning Group (CCG), Jenny Theed, Director of Operations, has been seconded with immediate effect, to a system wide role reconfiguring minor injury and illness services. More information will be provided on this project as detail is available.

This work needs to progress at speed to ensure it has a positive impact on the system this winter. In view of the urgency, the Chair and CEO took the decision to agree the secondment, and requested the Board's agreement for Ceridwen Massey, Associate Director for Specialist and Support Services (SASS), to act as Director of Operations for the duration of the four month secondment, which was given. Acting up arrangements have been put in place to release Ceridwen to be able to undertake this role.

Ratification/Approval is sought from the Board for these related decisions:

- To ratify the decision by Chair and CEO to approve the secondment of Jenny Theed, Director of Operations, to the CCG for the purpose of supporting the system wide urgent care system
- To approve that during the secondment Jenny Theed shall resign as Company Director, effective 1st September 2021, and be re-appointed following her return to post.
- To ratify the Board's agreement to the acting up period for Ceridwen Massey

In addition to the temporary changes outlined above, I would like to confirm that Jenny Theed (Director of Operations) indicated some time ago her intention to retire at the end of June 2022, and Dr Kate Rush (Medical DIrector) has recently advised of her intention to leave at the end of February in order to return to General Practice. Recruitment to both posts will start shortly.

2. System pressures

Urgent care services across Bristol, North Somerset and South Gloucestershire (BNSSG) continue to operate under extreme pressure. The situation is very changeable. A verbal briefing will be provided at the meeting by Ceridwen Massey, Acting Director of Operations.

3. Update on Covid and Vaccination

This is a rapidly changing situation and a verbal update will be provided at the meeting by Mary Lewis, Director of Nursing.

4. National Blood Bottle Shortage

Members of the Board may have seen national press around the shortage of blood bottle supply. This is having a significant impact on the NHS and has resulted in a reduction in the number of routine blood tests that can be carried out. We are working with the system to ensure we implement consistent approaches to reduce demand overall. Indications are that national supplies will begin to improve again within the next few weeks although it will still take some time to return to normal levels.

5. Internal service pressures

Two incident control centres (ICC) have been set up within Sirona. The first is to ensure that the Single Point of Access for community referrals into Sirona is able to maintain a safe and effective service. Call response times had deteriorated to an unacceptable level causing anxiety for those making referrals, service users trying to get through and staff unable to provide the level of service to which they aspire. The purpose of the ICC is to ensure concerted management focus on problem solving and to secure mutual aid from other teams to stablise in the short term whilst a medium term solution is identified and put in place. The service has recovered from the initial very poor performance but staffing remains very tight and the ICC will remain in place until the situation is stabilised and performance is more consistant.

The second ICC has been established in response to significant difficulties being experienced in the digital team affecting their abilities to respond to staff requests for support with IT difficulties, which in turn was affecting both patient care and internal effectiveness. This situation has also been stabilised, but also remains fragile and work is taking place to progress further recruitment and to determine how best to achieve a resilient service in future.

6. Integrated Care System (ICS) Update

National recruitment is currently in hand for the new posts of Chair of the BNSSG Integrated Care System and CEO of the BNSSG Integrated Care Board.

Detailed guidance has been published covering the HR arrangements of the transfer from the current CCG arrangements to the new ICS structures. The Board will recall that there is a guarantee of employment for those colleagues below Director level who are affected by the changes in order to minimise disruption.

Local recruitment is also taking place for six Development Directors to lead each of the Integrated Care Partnerships (ICP) through their establishment and to lead or orchestrate their response to the Community Mental Health Target Operating Model (ToM). Each ICP is developing their response to the ToM with input from the Design Council and international subject matter experts. The initial timescale of final responses due in September has now been extended to November to take account of the considerable ongoing service pressure currently being experienced in both primary and community services.

At the last Board Meeting delegated authority was given to Chair and CEO to sign off the Memorandum of Understanding regarding Sirona's participation in the Integrated Care System in 2021/22. A separate report on this is included on the Agenda.

7. Children's Services in North Somerset

Notification has been received from North Somerset Council that our bid to continue provision of children's public health services across the County has been successful. This is really positive news and will allow us to provide integrated services for the children and young people across our patch. The value of the contract is £3.577m pa and covers services to approximately 46,000 children and young people (aged 0 – 19 years) and their families provided by circa 100 staff (80 wte). The contract term is 5 years with an option to extend for a further 2 years (known as 5+2 years).

Although we currently provide this service the specification for the new service from April 2022 is materially different and a programme of service transformation will be put in place to transition to the new model of care. This will be overseen by the Associate Director for Children's Services working closely with the Local Authority.

8. Nomination for HSJ Award

Our Freedom to Speak Up service has been shortlisted for a Health Service Journal Award. Work is currently taking place to prepare for the final interview and presentation stage of the selection process. Shortlisting in a national award of this status is a huge accolade for the service and we hope that this will give even greater confidence to staff that the mechanisms are in place for them to raise any concerns they may have and for their voice to be heard. This is integral to keeping staff and services safe.

9. Re-shaping relationships within Sirona

Further to the report to the last Board meeting on the collaborative work taking place between SLT and senior managers across the organisation, each of the four work-streams is progressing:

- Creating informal downtime (empowering managers to exercise their judgement & discretion so that they act locally to support the well being of their teams).
- Stop / Pause (reviewing the impact of the two "re-set" weeks in August and streamlining / standardising our approach to meetings to improve efficiency)
- Getting to "yes" (reviewing the process, context and audit trail of decision making)
- Delegation and decisions (designing the principles and practicalities to support devolved decision making across the organisation).

The outcome of this work will be refined and bought back to Board in January as part of the formal amendment of our governance arrangements.

10. Equality and Diversity (Appendix 1)

There has been no meeting of the Equality and Diversity Steering Group since the last Board update. A paper outlining actions in hand is attached for information to this briefing.

11. Peoples' Council

The Peoples' Council continues to refine its operating model and membership. At the last meeting Pioneers received presentations on Children's Services and on Hospital at Home, they also received an update on their priorities, including progress in Sirona becoming a dementia friendly community and linking with specific quality priorities. A more detailed progress report will be presented to Board for the first half of the year in November.

Actions for the Board (including any decisions required and options for consideration)

Are there any matters that require a Board decision or discussion to address issues of concern?

Ratification/approval is sought from the Board in relation to the following decisions surrounding the changes in Senior Personnel:

- To ratify the decision by Chair and CEO to approve the secondment of Jenny Theed, Director of Operations, to the CCG for the purpose of supporting the system wide urgent care system

- To approve that during the secondment Jenny Theed shall resign as Company Director and be re-appointed following her return to post.
- To ratify the Board's agreement to the acting up period for Ceridwen Massey

The Board is asked to note the information provided within this report.

Appendix 1

EDI Update August 2021

Key achievements/Updates

- The Summer EDI Board Workshop – ***If we are not counted, we do not count***, provided an interactive workshop, for Board members at the start of August. It was facilitated by Fiona Spence (Equality & Communities Development Manager), and accompanied by Wilma Adams (Equality, Diversity & Inclusion Partner) and members of our Sirona Staff networks.
- The emphasis of the workshop was to present Sirona's current baseline positon for the gaps in data recording systems for both our workforce (via ESR) and for our patients and communities (via EMIS, plus other patient record recording systems).
- The workshop offered a series of 4 break out rooms, which asked Board members to address key questions and challenges on the following areas; Governance, Aspiration, Corporate Responsibility and Risk
- The workshop addressed key requirements for Sirona to develop and progress commitment towards reducing Health Inequality, in line with recent NHS EI stipulations and priority actions.
- A comprehensive and SMART action plan will be developed and presented at the next EDI Steering Committee, and further discussion will be required at a subsequent Board meeting in due course.

Workforce

- The new (Personal Development Review) PDR template now has a section to remind colleagues to update any changes to their Electronic Staff Record personal information. This is part of wider efforts to ensure we have a more accurate data record for our workforce.
- Wilma Adams has coordinated a BNSSG Staff Network leads meeting to ensure greater collaborative and strategic plans for the Sirona Staff networks.
- Initial discussions and plans are starting to take shape in our commitment to ***Healthier Together*** targets to address and promote inclusive recruitment measures.
- Sirona have agreed to pilot diverse recruitment panels as 'a test learn model', and will be working closely with external trainers ,as well as ensuring our network members are signed up to work alongside recruitment leads within Sirona, plus Wilma and Fiona to roll out this work.

Communities

- Some intimal scoping work has commenced to look at clinical records systems and an urgent update to ensure we build in appropriate coping to capture patients' ethnicity and gender needs. This is part of our plans to ensure we meet the NHS Priorities on tackling and reducing Heath Inequalities.
- We are working closely with The British Sight Loss Council and will we embarking upon some training for staff members, as part of efforts to re-launch the NHS Accessible Information standard (AIS).

- The Health Links team are working with SWAST (Southwest Ambulance) to roll out and encourage currently under represented communities to be part of the national training programme ***To Save a Heart.*** Language support will be available from the team to support local people in taking up this amazing training offer in their local communities.
- Health Links will also be part of 2 Sirona projects, to support joint work in the Bladder & Bowell service on aspects of Women's Health, and The Diabetes and Nutrition service, where the team will be working closely with health professionals to deliver hands on advice in their own language to the Somali and Urdu speaking communities on diet and living well.
- A series of mental health/Staying well Zoom sessions will also be taking place for the Pakistani and Indian communities, with our partner RETHINK (mental Health VCSE charity).

Fiona Spence

Equalities & Communities Team.

August 2021

VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	14th September 2021
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	04 Chair and Non-Executive Directors' Report
Presenter:	Amanda Cheesley
Notes:	To inform the Board on activities and issues of significance not covered elsewhere on the agenda

Company Reg. No: 07585003 | Sirona care & health, 2nd Floor, Kingswood Civic Centre High Street, Kingswood, Bristol, BS15 9TR

VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	14th September 2021
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	05 Quality Report Presentation
Presenter:	Mary Lewis
Notes:	To alert the Chair to introduce the presentation, not included within the meeting papers pack.

Company Reg. No: 07585003 | Sirona care & health, 2nd Floor, Kingswood Civic Centre High Street, Kingswood, Bristol, BS15 9TR

Cover Sheet for Board Reporting

Date	14th Sepptember 2021	**Agenda item**	6
Title	Infection Prevention and Control Annual Report 2020 - 2021		
Author	Suzanne Golding-Ellis, Debra Nicholson, Caroline Laing		
Presented by	Suzanne Golding-Ellis / Mary Lewis	**Version**	1
For	Approval/decision ✓ Debate ☐ Assurance ✓ Information ✓		

Purpose of the report

The purpose of this report is to provide evidence that Sirona is meeting its expected requirements and arrangements with regard to infection prevention and control arrangements.

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives of Risks?

This report fulfils our statutory obligations and also highlights to the Board that infection prevention and control arrangements are in place in line with legislation, Care Quality Commission and BNSSG CCG expectations.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

This report is prepared by the Infection Prevention and Control team. Information is obtained from our Ulysses reporting system, overlaid with local data and intelligence as appropriate.

What is the process the report has been through internally

I.e. which teams or groups have reviewed the report or the information that informs it

The report has been considered by the Infection Prevention and Control Group.
The Quality and Outcomes committee has received quarterly reports throughout the year on all Infection Prevention and Control activities.

Summary and Key Issues Highlighted by these teams, including mitigations

Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them

The key issues raised through the consideration of this report have been:

1. **Issue:** Staffing capacity within the Infection Prevention and Control service has been a concern since Sirona began in April 2020.

   Action:
   - Newly appointed development infection control nurses were appointed as a priority and have begun their IPC Diplomas.
   - South Bristol Community Hospital has 60 extra beds and so extra funding has been agreed to recruit to a Band 7 lead for IPC and Quality

2. **Issue:** Demonstrating IPC audit compliance evidence as the team have been required to build the audit requirements into the new Ulysses system, away from the historic Meridian system

   Action:
   - Developed an audit programme with the Head of Quality and Patient Experience
   - The IPC team undertook Ulysses training on purchase of new system

3. **Issue:** Disruption to support services as a consequence of Covid-19 contingencies. Remote working has presented unique opportunities as well as challenges to routine infection prevention and control work, and close working with clinical staff

   Action
   - Continued monitoring of adverse events submitted via Ulysses
   - Identification of patterns / themes for further scrutiny /support to team / practitioners
   - Maintenance of a single point of contact for infection prevention and control team to ensure ease of access for support and supervision at point of need.

Actions for the Board (including any decisions required and options for consideration)

Are there any matters that require a Board decision or discussion to address issues of concern?

The Board is asked to approve the Annual Report.

N.B. For Papers Requiring Decisions – Not required for Assurance reports

Resource implications (financial/staffing/other resources)

Quality considerations

Report to: Board

Date	14th September 2021	**Agenda item**	06
Title	Annual Infection Prevention & Control Report 2020/21		
Author	Caroline Laing/Debra Nicholson/Suzanne Golding-Ellis		
Lead Director	Mary Lewis	**Date signed off**	24 August 2021
Presented by	Suzanne Golding-Ellis	**Version**	V16
For	Approval/decision ☐ Debate✓ Assurance ✓ Information ☐		

Aims/Summary

The purpose of this report is to provide assurance to Sirona care and health Board Directors and the public regarding compliance with the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance, for the reporting period April 2020 to March 2021

The report will update the Board on the achievements in 2020/21 and the opportunities for 2021/22.
Points to note;-

- Four Covid-19 outbreaks across the rehabilitation units
- One Covid-19 Outbreak (Staff) Single Point Access (SPA) Corum office
- 352 Adverse Incidents related to IPC
- There have been no significant alert organism infections attributable to Sirona Care and health
- IPC Statutory Mandatory training compliance has increased across the year.
- Rehabilitation Units continue to score over 90% in their cleaning audits.
- The IPC team have successfully recruited to IPC development roles and those individuals have embarked on IPC Diploma courses
- The IPC team have made a significant contribution to the healthcare system in relation to the management of Covid 19, in particular, support to the care homes

Options and decisions

Resource implications (financial/staffing/other resources)

Quality considerations

Paper/information previously considered by	Date

1. Purpose

The Director of Infection Prevention and Control (DIPC) Annual Report reports on infection prevention and control activities within Sirona care & health for the period April 2020 to March 2021.

This report covers Infection Prevention and Control (IPC) across Sirona care & health in Bristol, North Somerset and South Gloucestershire (BNSSG) localities. The publication of this report is a requirement to demonstrate good governance, adherence to company values and public accountability by complying with the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance.

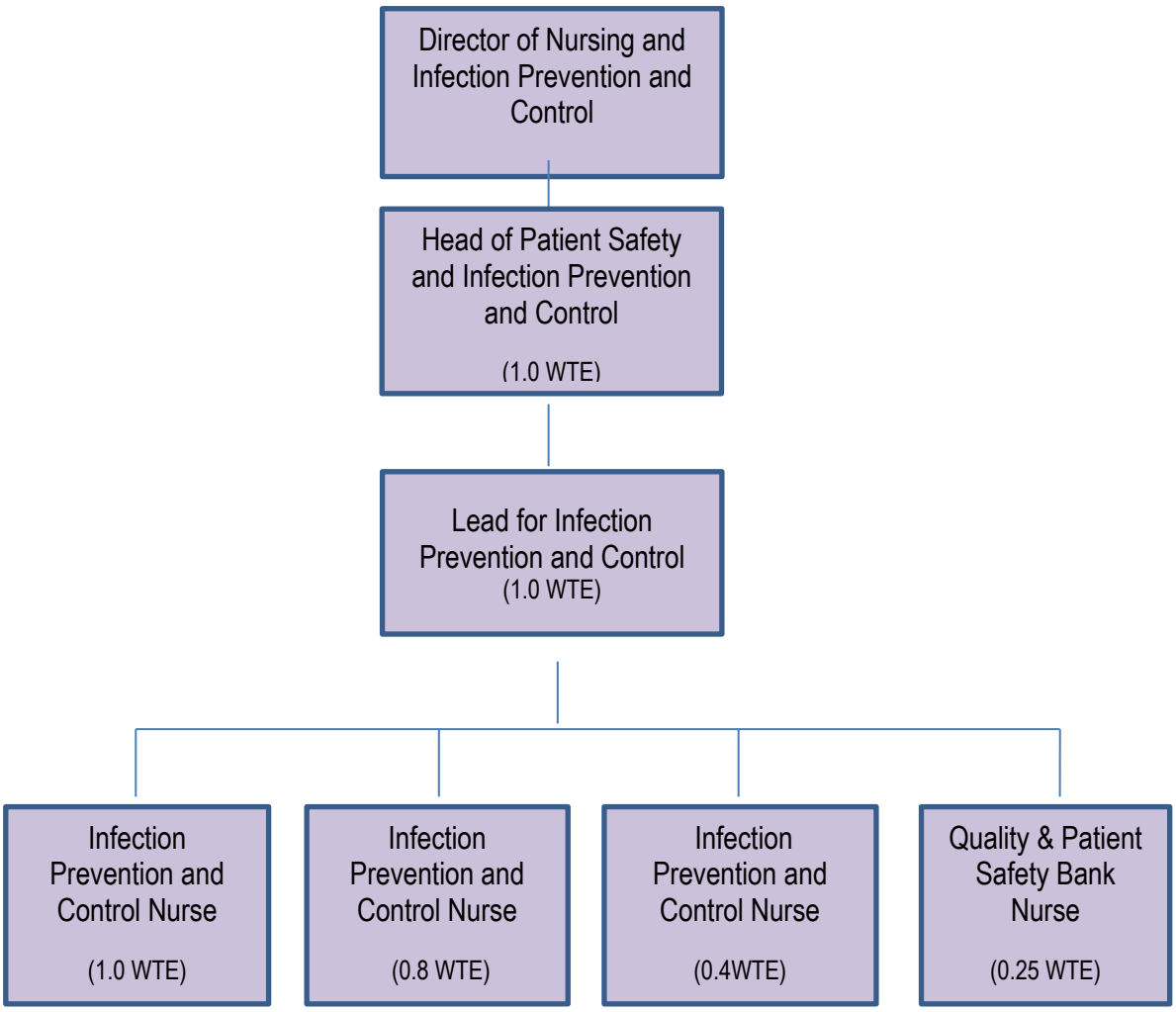
The purpose of this report is to provide assurance that the organisation implements successful prevention and control of infection as a key factor in the delivery of high quality and safe care of our patients, and in the safety and wellbeing of our staff and visitors.

All staff members understand that good infection prevention and control is essential to ensure that we provide safe and effective care. This report evidences governance and accountability, and compliance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

- A zero tolerance approach continues to be taken by Sirona Care and health towards all avoidable Healthcare Associated Infections (HCAI).
- We have demonstrated progress against our work programme for the year and compliance with the ten criteria against which registered providers will be judged in demonstrating how they comply with the registration requirement for cleanliness and infection control.
- The IPC Group (IPCG) oversees the organisation's governance arrangements for IPC, supports improvements in practice and internally regulates our response to audits and inspections.
- The IPCG reports into the Quality Committee.

Compliance Criterion	What the registered provider will need to demonstrate against the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance.
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing / medical care in a timely fashion.
5	Ensure prompt identification of people who have or are at risk of developing so that they receive timely and appropriate treatment to reduce the risk of transmitting the infection to other people.
6	Systems to ensure that all care workers (including contractors, volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10	Providers have a system in place to manage the occupational health needs and obligations in relation to infection.

2. The Sirona Infection Prevention and Control Team (IPC Team)



On April 1st 2020 Sirona care and health became the sole provider of community services across Bristol, North Somerset and South Gloucestershire. Prior to April 2020 these services were provided by three separate organisations, Bristol Community Health, North Somerset Community Partnership and Sirona care and health for South Gloucestershire (BNSSG)

This year has seen an unprecedented year in relation to managing Covid-19, a global pandemic which has impacted on all of us as individuals, and has been the main focus of work, not only for the infection prevention and control team but the whole organisation. We have met this challenge by working with system partners and ensuring a collaborative work ethic, to ensure we maximised the infection prevention and control support across the healthcare system. Throughout the pandemic we have attended and supported the management of outbreaks within care homes.

Our Infection control team has expanded this year to meet the significant challenges and to work across the whole of BNSSG. We were successful in appointing to three development IPC posts who commenced their online IPC Postgraduate Diplomas in 2021 at the University of Essex and have worked in close partnership with our colleagues in Public Health and the BNSSG CCG infection control team.

3. Infection Prevention and Control Work Programme

The Annual IPC Work Programme was formulated in April 2020 to co-ordinate and monitor the work of the IPC Team and committees in preventing and controlling infection through education, audit, surveillance, risk assessment, quality improvement and development of policies and procedures. The programme was formulated in line with both national and local priorities and a requirement of the Hygiene Code and extends throughout healthcare, health protection and health promotion. Delivery of the work programme is monitored by the Infection Prevention and Control group (IPCG), an assurance group reporting to the Quality Committee (QC).

The IPC Team also draws on support from Public Health England and Occupational Health specialists and works closely with Sirona Medicines Optimisation, Health and Safety, Security and Facilities Teams.

We continue to raise the profile of Infection Prevention and Control and to reinforce that IPC is everyone`s responsibility across the organisation to improve patient experience and outcomes by reducing Healthcare Associated Infections.

4. Infection Prevention and Control Group (IPCG)

The IPCG is a multi-professional group that provides assurance to the QC of Sirona care & Health, Community Interest Company (CIC), and that the Company is taking sufficient measures, as outlined in Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

The IPCG meets quarterly and is authorised by the QOC to oversee the delivery of care quality standards across the Company, ensuring that risk and safety issues are identified and regularly monitored, and that actions are taken to protect staff, patients/service users and the public. All four meetings held last year were held through Microsoft Teams.

Membership comprises of:

Director of Nursing / Director of Infection Prevention and Control (Chair)

Head of Patient Safety and Infection Control (Deputy Chair)

Infection Prevention and Control Nurse Specialists

Representatives from Localities

Representatives from Rehabilitation Teams and Units

Representatives from MIU`s/Walk in Centres

Representatives from Learning Disabilities Service

Representatives from Specialist Services

Representatives from Medical Devices Group

Representatives from Medicines Management

Representatives from Lifetime Service

Representatives from Health Visitors/School Nurses

Facilities, Health and Safety and Security Manager

Antimicrobial Stewardship Lead

Emergency Preparedness, Resilience and Response (EPRR) Representative

5. Infection Prevention and Control Link Practitioner Group

The organisation has a Link Practitioner Group which meets bi-monthly. The role of the Infection Prevention and Control Link Practitioner is to act as a resource for their team and to liaise with the IPC Team. They will act under the supervision of the Infection Prevention & Control Team as a role model for colleagues.

The link practitioners from across the organisation who form part of this group are responsible for attending the bi-monthly meetings and disseminating information back to their teams and services, to take every opportunity to update and extend their knowledge of infection control, to challenge any breaches in infection control practices and identify protected time with their line manager to facilitate.

Plans for 2021/22: To extend the membership of the group and to involve the links in completing IPC audits and spot checks and attending the IPCG meetings.

6. Healthcare Associated Infection (HCAI) Surveillance

The following organisms are subject to mandatory reporting.

Methicillin Resistant Staphylococcus aureus (MRSA) bloodstream infections

MRSA is a type of bacteria that is resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. All MRSA bloodstream infections are reported nationally and are assigned as being related to an organisation following a post infection review.

All Sirona inpatient facilities have a system in place for screening all patient admissions for MRSA, as per national guidance, and to determine if patients are MRSA positive on admission to aid surveillance and reduce the risk of an outbreak of MRSA infection. Screening rates are reported quarterly in the IPC quarterly report and have been 100% compliant during the period 2020/21. The MRSA status of all inpatients is monitored by the IPC team daily from the handover forms received from the units.

There have been no MRSA bacteraemia cases attributed to care delivered by Sirona.

Methicillin Sensitive Staphylococcus aureus (MSSA) bloodstream infections

MSSA is a type of bacteria which lives harmlessly on the skin and in the nose, it usually only causes a problem if it gets inside the body. The same reporting and investigation for MSSA bloodstream infections, is required as for MRSA infections.

No cases reported have been attributable to Sirona care during 2020/21.

Minimise rates of Clostridium difficile infection (CDI)

Clostridium difficile, also called C.diff, is a type of bacteria that can cause a bowel infection. The bacteria are found in the digestive system of about 1 in 30 healthy adults and other bacteria found in the bowel normally keep it under control. Some antibiotics can interfere with the balance of bacteria in the bowel which can cause the bacteria to multiply and produce toxins. The infection most commonly affects people who have recently been treated with antibiotics. It can spread easily to others.

There was a significant increase of CDI cases across BNSSG throughout 2020/21 and the number of cases for year ending March 2021 totalled 294 cases. BNSSG CCG will be launching a new Community CDI review tool in 2021, and Sirona IPC team will contribute to this work when the South West CDI collaborative group is convened in July 2021. NICE are due to release new antimicrobial prescribing guidelines for CDI in July 2021, which Sirona will be required to implement.

No cases reported have been attributed to Sirona during 2020/21

Minimise rates of gram negative bloodstream infections (GNBSI)

Urinary tract infections and catheter-associated urinary tract infections are reported as a leading cause of Escherichia coli (E.coli) and GNBSI. E.coli colonises the gut as part of the natural flora and does not usually cause any problems whilst living in the gut, however it is easy for people to infect themselves with E.coli if they have open channels such as catheters for the bacteria to enter. The NHS long term plan supports a 50% reduction in GNBSI by 2024/25. The BNSSG CCG have reported that there was a 12% reduction in E coli case assignment and an improvement plan for 2021/22 will be developed, to which Sirona will contribute.

A Sirona UR in control group (All things urinary catheter) is in place which is led by the Bladder and Bowel Team and is supported by the Infection Control Team.

The role of the group is to review associated policies, catheter knowledge, training, audits and incident themes, ensuring that the BNSSG catheter passport is given to all appropriate patients, reduce E.coli infections, emergency admissions to the Trusts and to make recommendations for change in practice where appropriate. The minutes for this group report into the quarterly IPCG meeting.

Initially monthly meetings are being held and an action plan was formulated in March 2021.

Klebsiella

Klebsiella is a bacteria normally found in the human intestines, where they do not cause disease. Increasingly these bacteria have developed antimicrobial resistance, mostly recently to Carbapenems. Klebsiella Gram- negative bacteraemia can cause different types of HCAI including pneumonia, blood stream infections and wound infections.

No cases reported have been attributed to Sirona during 2020/21

Carbapenemase Producing Enterobacteriaceae (CPE).

CPEs are a group of bacteria that usually live harmlessly in the gut of humans or animals but have become resistant to multiple antibiotics. As with *E. coli*, they can cause infections of the urinary tract, and the bloodstream. Due to the serious nature of these bacteria, it is now a requirement to report patients that are admitted to a hospital setting, or who have these bacteria identified in specimens sent to the microbiology laboratory.

No cases reported have been attributed to Sirona during 2020/21

Pseudomonas aeruginosa

Pseudomonas is a type of bacteria that is found commonly in the environment, like soil and water. Of the many different types and one that often causes infections in humans is called Pseudomonas aeruginosa which can cause infections in the blood, lungs (pneumonia) or other parts of the body following surgery. The bacteria can become multidrug-resistant.

No cases reported have been attributed to Sirona during 2020/21

7. Serious incidents requiring investigation (SIRI)

Investigation of Infection prevention and control incidents and outbreaks

Root Cause Analysis/SIRI

There has been no requirement to conduct an infection Prevention and Control post infection review for this year within community teams or inpatient facilities in respect of significant reportable infections such as Escherichia coli (E.coli), Methicillin Sensitive Staphylococcus aureus (MSSA) and Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia or Clostridium difficile (CDI)

The first cases of the Covid-19 virus in the UK were confirmed in late January 2020. Covid-19 surveillance in the UK has been on-going since and the country went into the first lockdown in March 2020.

With cases rising at unprecedented rates, pressure was put on all services organisation wide. National guidelines were provided as the virus emerged, so policies, Standard Operating Procedures (SOPs) and guidelines were produced for staff and patient safety, and have been frequently updated and made available for staff via the Sirona Intranet.

During Quarter 1 two RCAs were undertaken. One was an internal investigation using a full root cause analysis methodology (44719), and the other was a STEIS reportable incident (2020/45946).

This internal investigation RCA was due to a sharps injury sustained by a member of staff

Sirona Adverse Event Reference: 44719

Contributing factors:

Organisational change and the impact of national pandemic causing confusion as to the correct procedure to follow post needle stick incident

Root cause:

System for needle stick injury procedure post-merger not clarified for all staff in larger organisation. Once the system is reviewed, implemented and shared with all staff, this will resolve the issues identified in this investigation

Outcome:

- Avon Partnership Occupational Health (APOH) contacted and relevant documents were shared with IP&C Lead
- Contact details and protocol added to Sirona sharps policy
- Information was placed onto the intranet, communications were sent out to all staff

SIRI 2020/45946

Incident type, patient tested positive to Covid-19

Patient admitted to the Rehabilitation unit from St Monica's care Home and was swabbed prior to admission and tested negative. No further swabbing was completed on admission as per national guidelines at the time, 11/06/20

National guidelines changed 29/06/20 and patient was swabbed 5-7 days post admission and was found to be positive

The unit now has a post admission swabbing protocol in place.

During Quarter 2 one RCA was undertaken this was the incident was reported in Q1

RCA Incident 45946 follow up from SIRI

Related to a COVID-19 infection to an inpatient more than 7 days after admission in

Skylark Rehabilitation Unit.

Staff on the Sirona Inpatient units to feel empowered to request swab to be undertaken as per the locally agreed standards and to decline admission if this isn't adhered to (to be escalated to Lead for Access and Flow)

Learning point:

Recognised by the organisation as a point of learning, as a discussion with Head of Governance (with a lead for IPC) at St Monica's Trust was contacted by the Sirona Head of Patient safety and Infection Control to discuss whether there had been any other issues in relation to difficulties in accessing swabs by St Monica's. There was anecdotal information that there were other examples of confusion. Contact name of individual has been kept for future correspondence should it be required. St Monica's also stated that all service users are in single rooms and they do not have any services users who are Covid-19 positive.

Outcome

- On review of this situation, we believe that all appropriate actions are in place to reduce the risk to other service users and staff on the unit.
- It was recommended that this did not progress to full RCA at the time, as the unit had followed all of the BNSSG standards for swabbing service users who are admitted to an inpatient unit.

Quarter 3 one RCA

Skylark Rehabilitation unit had an outbreak of Covid 19 therefore a 72 hour and RCA report was produced.

Lessons Learned:

As 4 of the service users tested positive at day 10 post admission (having previously tested negative in our testing regime), the unit will now test service users at day 3 , 5 and day 10 of admission to the unit.

All service users to be tested at day 3-5, 5-7 and 10-14 to encompass the whole of the incubation period for the virus.

The IPC team had positive feedback for the support and guidance given during the outbreak.

Quarter 4: Three RCAs

Henderson Rehabilitation Unit - Covid-19 outbreak

Adverse incidents, 72 hour report and RCA carried out. Public Health England informed of the outbreak.

Lessons learnt from this outbreak highlighted that patient's should not share a phone on the unit as this is unable to be appropriately decontaminated. The phone was highlighted as the possible mode of transmission of the virus in this outbreak. Work was then carried out to have phones in each individual room for patient use.

South Gloucestershire Single Point of Access (SPA) based at Corum

The Covid-19 outbreak involving South Gloucestershire SPA team was identified

Lessons learnt in the outbreak were that staff must ensure that they do not come to work when feeling unwell. If symptomatic of COVID-19 then they must self- isolate and carry out a test as per government guidance. Managers are to ensure that they cascade this message to staff.

Elton Rehabilitation Unit

Covid-19 outbreak

A full RCA carried out. Incident updated on the outbreak portal. IPC team and Elton unit team had multiple outbreak meetings and discussions to ensure the team felt supported in re opening the unit and lowering the risk of further transmission of the virus.

Lessons learnt in the outbreak were that all outbreak meeting minutes must be shared with clinical staff on the unit to ensure staff are up to date with the outbreak actions. Staff also understand the importance of updating 72 hour reports and reporting the outbreak to Public Health within 24 hours.

Skylark Rehabilitation Unit- Covid outbreak

A full RCA was completed.

Lessons learnt from the outbreak were that patient's should not be moved to another room if they have tested positive for COVID-19 as this can cause transmission of the virus. If there is another outbreak on the unit then the whole unit will be closed and not split in to two units

Lessons learnt from outbreaks

- Recognised the ongoing support from managers of units throughout the outbreaks and ongoing support post re opening to staff.
- Good channels of communication with staff sharing Outbreak meeting minutes
- Importance of keeping 72 hour reports up to date.
- SBAR developed around fogging on rehabilitation units, research carried out that depending on the chemicals used shows if the environment should be cleaned pre or post being fogged.
- Link practitioner meeting has Q and A sessions for staff to highlight any queries they have relating to COVID-19.
- For outbreaks with Skylark and Henderson the team met with the Care Home team that share the building for discussions of how to move forward after outbreaks.
- Public Health is now invited to all outbreak meetings to allow further guidance and support for teams.
- Debrief meetings carried out after the rehabilitation units reopen to admissions to see if further IPC support is required.
- Ensure staff do not come to work when feeling unwell. If showing symptoms of COVID-19 then staff must self-isolate and complete a PCR test.
- If an outbreak occurs in a rehabilitation unit, staff are advised not to move positive patients to "clean" areas without contacting the IPC team first.
- Importance of staff completing twice weekly LFTs
- Patients now undertake regular PCR testing as per NHS guidelines.
- Staff to commence PCR testing in an outbreak situation.
- The importance of the decontamination of equipment

8. Adverse Events (AE) relating to IPC

An adverse event is anything that has caused a loss of some kind; loss can include personal injury, reputation loss, financial loss or a negative impact on service user experience.

Adverse events are reported on-line on a system called Ulysses (Risk Management system). Adverse events could involve staff, service users, and visitors or could be a security issue or problems with a service. When anything happens that could cause Sirona or an individual a loss, it must be reported.

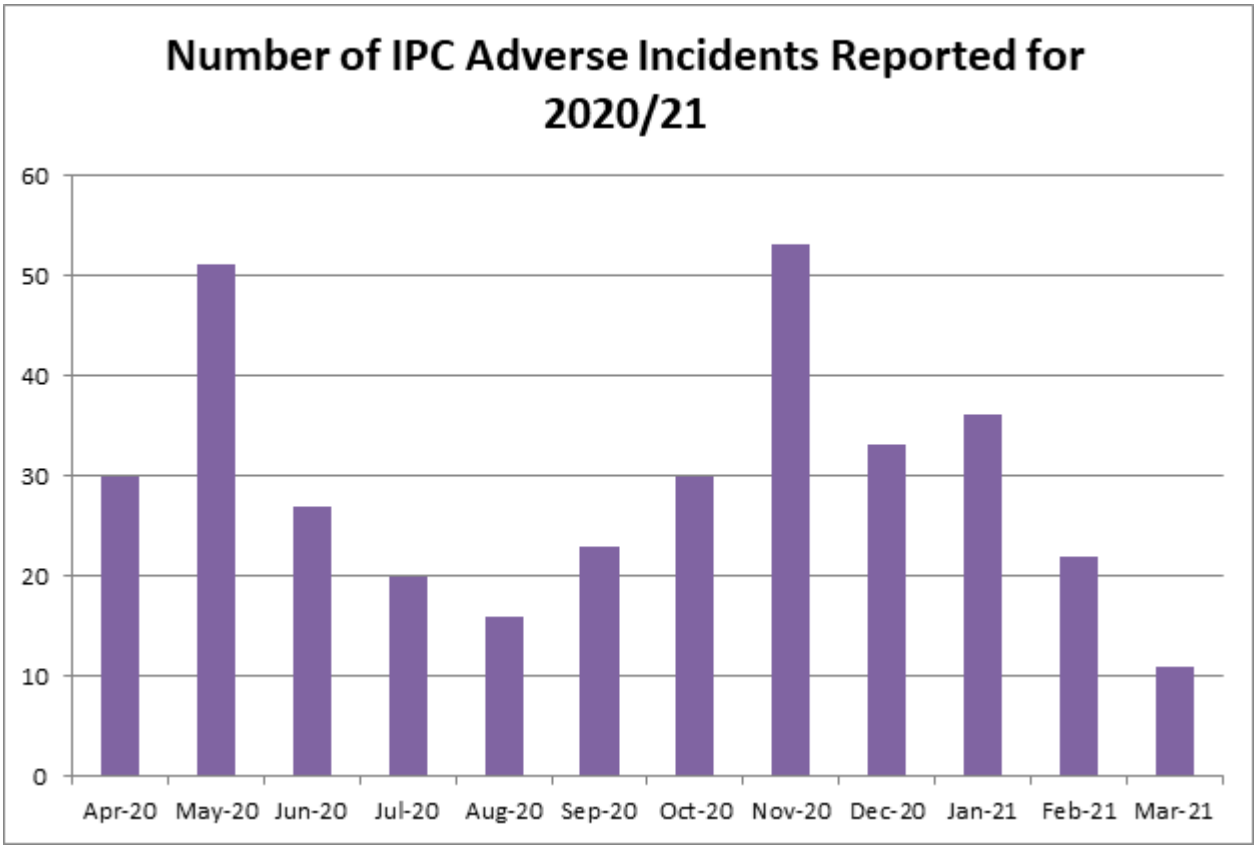
Near misses must also be reported. Near misses are the times when something has nearly happened, but didn't.

The reporting of adverse events, including near misses, is important to Sirona to ensure that the organisation can learn from what has gone wrong and prevent such incidents reoccurring. Anyone can report an adverse event.

At the end of each quarter an adverse event report is produced with statistics of the departments reported events. Staff may be asked to be involved in the investigation of the 'root cause' of an adverse event.

Sirona care & health has a 'fair blame' culture which means that staff will not be blamed for reporting that they have been involved with an adverse event or near miss, unless it is proven that the act is repeated, illegal, malicious or that gross misconduct was involved.

The Infection control team report any adverse events that relate to IPC in the IPC quarterly report.



There were a total of 352 adverse events relating to IPC reported between April 2020 and March 2021.

- 67% were categorised as Covid -19 related
- 11% were categorised as sharps injuries
- 22% were other categories which did not identify any theme following triangulation

During each quarter the top theme was related to Covid-19 as cause 1 or 2.

As represented in the table below Covid-19 related incidents accounted for 237 of the total 352 cases reported.

IPC related Adverse Incidents		
April 2020 – March 2021	**Total number reported quarterly**	**Total number of Covid-19 related**
Q1	108	79
Q2	59	32
Q3	116	78
Q4	69	48
	352	**237**

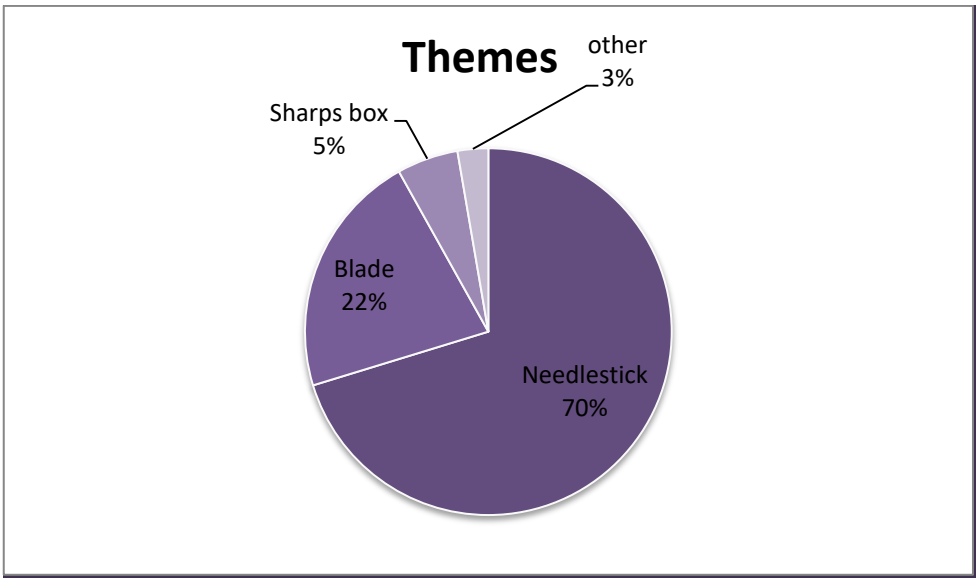
Within the 237 Covid-19 related incidents the main themes included:

- Personal Protective Equipment both within the organisation and external agencies
- Social distancing
- Unsatisfactory discharge from other organisation,Covid-19 infection status not in handover
- Positive Covid-19 tests for both Sirona staff and patients and staff who were isolating
- Inappropriate referrals from 111 to urgent care/walk in centres

The second highest theme was categorised as Sharps incidents. This category comprised of 37 incidents of the remaining 115 AI`s reported (32%).

Within the 37 incidents the themes included needlestick injuries, blade injuries, sharps boxes and 1 other where a member of staff disposed of a needle and broken glass into a bag.

All staff who were injured in these incidents followed the appropriate guidelines and protocols following a sharps injury.



Following triangulation of AEs it was identified that the highest incidence of needle stick injuries occurred in Insulin administration and non-safety needles. In Q1 and Q2 2021 the IPC team will undertake a deep dive into each non-safe needle AEs reported.

The second highest category reported was blade injuries. It was identified that the podiatry team were reporting all of the blade injuries whilst attaching or removing a scalpel blade. An action plan was requested by the IPC team who worked closely with the podiatry team. As a result of the incidents a non-safe sharps assessment was undertaken and an action plan was formulated. The team have now implemented fully disposable blade and handle devices when undertaking domiciliary visits, as opposed to having to remove the blade from the handle before disposal and decontamination of equipment.

There were no blade AEs reported in Q4 and the action plan was closed at the IPC Group in May 2021.

A Sharps report has been produced by the Sirona IPC Team for 2020/21 and the recommendations and actions for Sirona 2021/22 are:

- A collation of sharp related adverse events due to non-safety needles from Q1 and Q2 will be completed with specific information gathering around the circumstances of the events. This will involve speaking with the members of staff involved, determining the equipment used and the follow up that was completed for each incident.

- Environmental audits will be completed once current Covid-19 restrictions have eased. The audit tool includes sharps bin related questions regarding their storage, labelling and safe and appropriate use of the equipment. If the audit identifies that sharps bin safe standards are not being met, this will be included in an action plan for improvement.

- The Royal College of Nursing launched a sharps related injuries at work survey for their members in November 2020. The survey asked members to share their experiences of sharp related injuries at work. The findings from the survey have been shared with the IPC link practitioners across the organisation. The findings from the report will be discussed at the September 2021 Infection Prevention and Control Meeting.

The IPC Team will be producing an annual sharps report as part of their work programme.

9. Complaints

There have been no IPC complaints reported to Sirona in 2020/21.

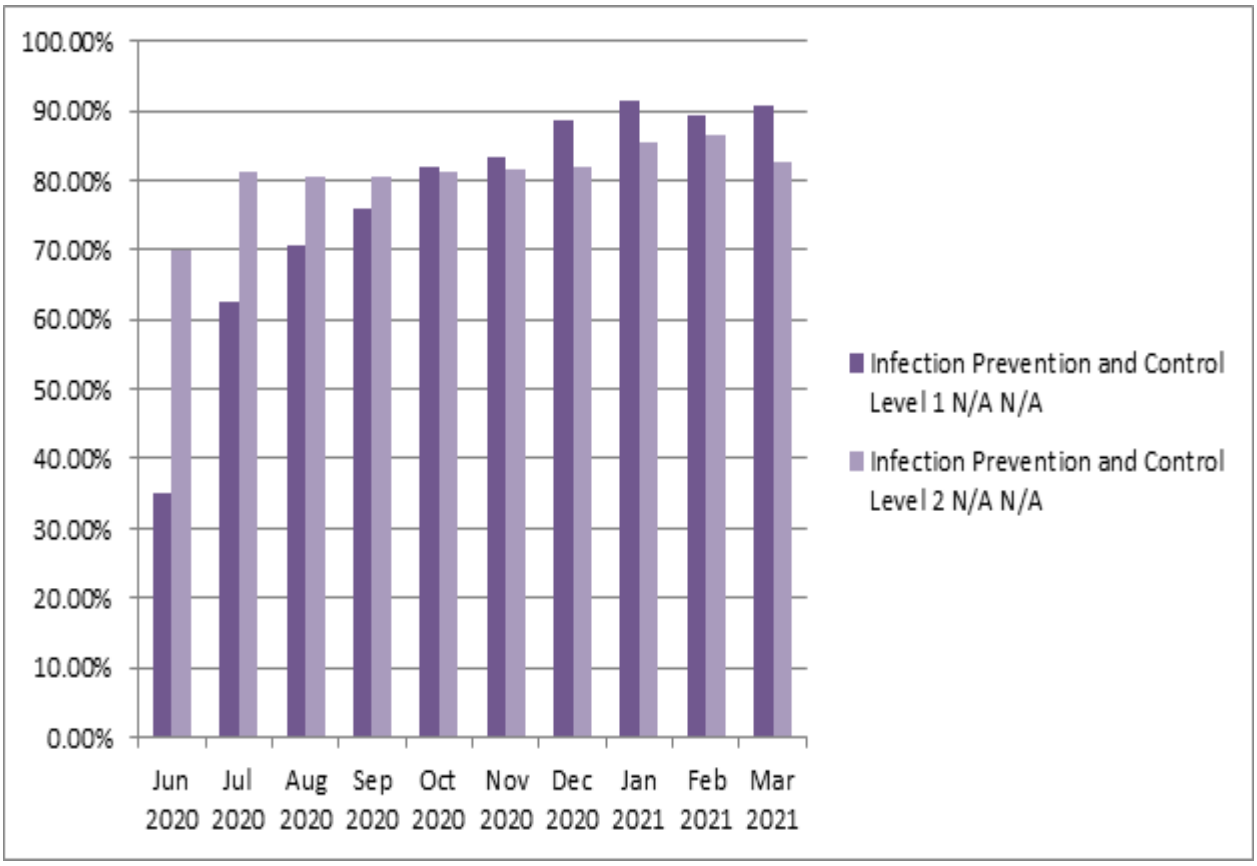
10. Statutory Mandatory IPC Training and Education

IPC statutory mandatory training has had an overall increase during the year, the IPC team have continued to work with learning and development to increase the uptake in what has been a very challenging year with the Covid -19 pandemic and the increased workload of patient facing staff.

The IPC team have also undertaken ad hoc training sessions with different teams covering subjects such as:

- Personal Protective Equipment (PPE)
- Fit testing training for the safe use of FFP3 respirators
- Winter preparedness training (Outbreaks) Rehabilitation Units
- Covid-19 Safe in the School environment
- Children's services Covid -19
- Infection Control Updates/ Q And A
- Infection Control update for Preceptors and student nurses
- E.coli Urinary infections
- Healthcare Associated Infections (HCAI)

11. Statutory/ mandatory IPC training



The IPC team also produced a series of educational posters called “Healthy Stars” that have included.

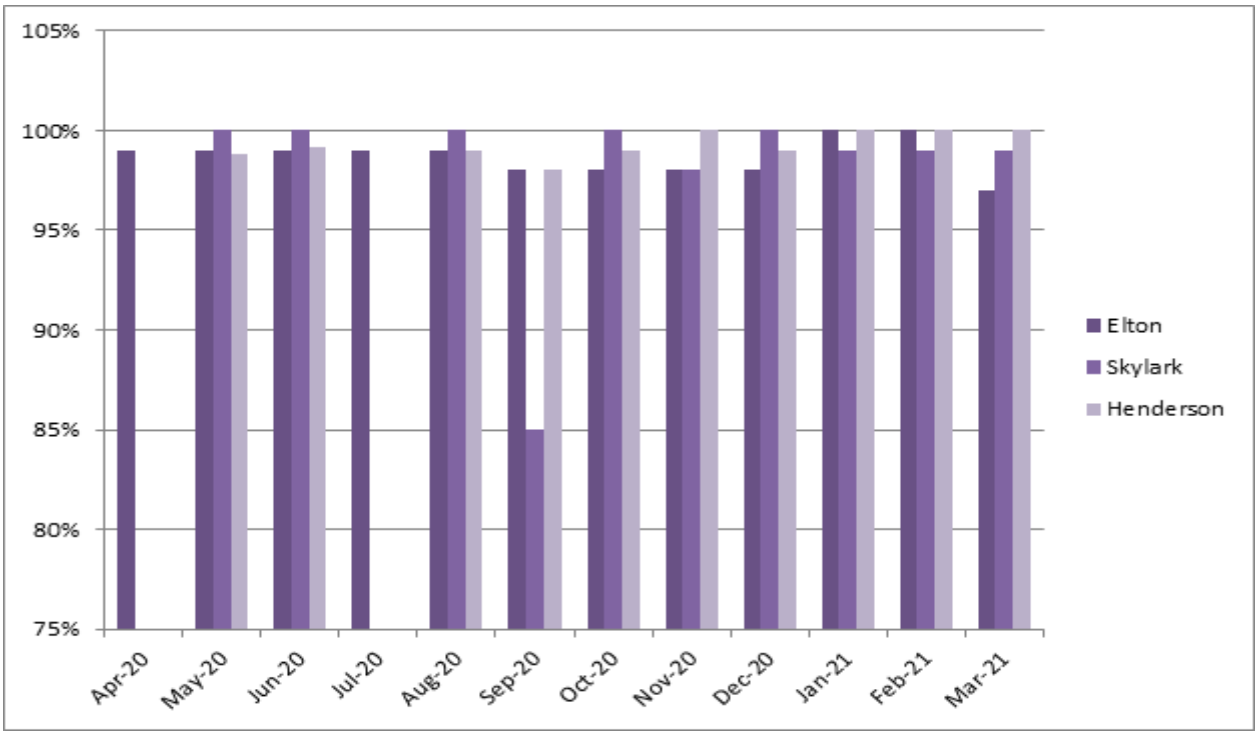
- Actichlor use in cleaning the environment
- Sharps and sharp box safety
- PPE and Hand sanitiser use
- Sporicidal wipes
- T34 Syringe pump cleaning
- Feeling unwell
- Clonal CLINELL wipe use and sprays

12. Cleaning

Compliance Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Environmental cleaning in all healthcare environments is vital to reduce the spread and transmission of infections; the IPC team monitor the cleaning scores on a monthly basis. If the scores are below 95% the national standard an action plan is put in place until improvement is seen in a timely fashion.

The IPC team include cleaning as part of the environmental audit and also conduct spot checks.



13. Hand Hygiene

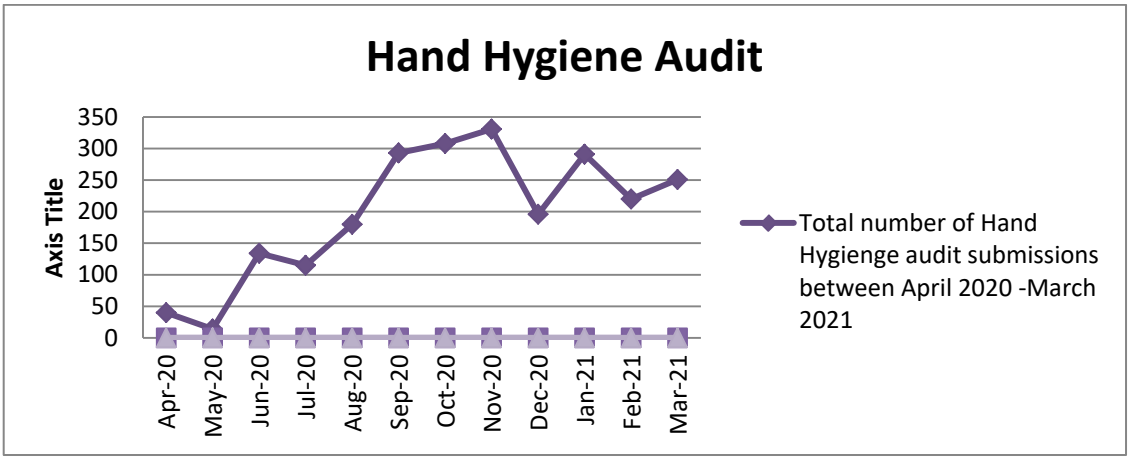
Hand Hygiene Annual Audit report 2020/2021.

Within Sirona care and Health, Hand Hygiene audits must be carried out by clinical teams monthly.

Hand hygiene is an essential part of Infection Prevention and Control. To follow and comply with the Health and Social Care Act (2008) Code of Practice on the prevention and control of infections must be followed. Hand hygiene can be related to all compliance criteria in the code of practice and must be followed to ensure staff and patient safety.

This graph evidences the total amount of Hand hygiene audits submitted by clinical staff across all of Sirona's services between April 2020 and March2021.

Submission was through the Meridian system between 01st April 2020 and 28th February 2021 inclusive and through the Ulysses system 01st March 2021 onwards.



As the above graph demonstrates the submission of Hand hygiene audits, was lower than expected in Quarter 1 2020. We attribute this primarily to the coming together of 3 organisations and the lack of understanding of the correct process for submission through the Meridian system, alongside the pressures felt by Clinical staff in the centre of a global pandemic.

Throughout the latter part of Quarter 1 2020 and into Quarter 2 2020 emphasis was placed on ensuring all Clinical staff were fully briefed on the correct way to submit Hand Hygiene audits. This was done through a variety of routes including Sirona Intranet communications, bespoke meetings tailored around the contractual audits set out in the Quality schedule, IP & C link practitioner meetings and the request for relevant information to be disseminated across teams. A step by step submission guide was also developed and circulated.

Throughout the early part of Quarter 3 submission rates remained consistent , however a significant dip in submissions was identified in December 2020. As no clear cause was identified the focus was put on to 'Key messages' to be included in the monthly Associate Director reports created by the Quality and Safety team to highlight services areas that needed support and how the IP & C team could facilitate this. Emphasis was also put on to the importance of demonstrating the good Hand Hygiene across Sirona.

On 1st February 2021 the Meridian system became obsolete, with the Ulysses system becoming live for audit submissions. The Quarter 4 2021 results have been stable, but nevertheless we would of expected higher results. This led to more focused work being undertaken including deep dives. The results led to the identification that the Sirona Rehabilitation units were unable to submit more than 1 audit at a time and the Hand Hygiene audit wasn't broad enough to cover both the Rehabilitation units and the newly formed Community Integrated Network Teams (INT's).

From this, a newly developed Hand Hygiene audit was developed, circulated for review and comments by a variety of clinical staff from all services. This led to the re launch of the newly developed Hand Hygiene audit on 1st June 2021,which includes an option to complete multiple submissions.

Throughout 2021 and into 2022, further work is planned to drill down submission results, undertaking deeper analysis to provide very clear bespoke factual and meaningful results to the INT's, Specialised Services, Rehabilitation units and Children service's. Emphasis will also be focused on the I P & C link Practitioner role and bridging the gap to ensure any relevant actions plans are relevant and aid the need to allow improvement and grow knowledge.

World Hand Hygiene Day 5th May 2021

Due to the restrictions of Covid-19 the IPC team were unable to join staff to promote the day, but the IPC team worked with the IPC Link practitioners and the communication team to share posters, Power point presentations and other relevant resources.

14. Environmental Audits findings and actions from reports

The team started undertaking environmental audits as a base line for Sirona, but due to Covid-19 restrictions we have been unable to return to review the actions taken.

The IP&C team have been completing walk arounds and environmental audits; these have raised issues that mainly affect facilities within bases that have been reported to estates for actions to be taken.

Environmental audit common themes

- Sharps bins not stored correctly , not closed correctly, not labelled correctly
- Buildings in need of general repair – damp in areas / paint coming from walls / carpets old and coming up / broken flooring
- Unsuitable equipment – material chairs
- Poor cleaning standards – dust /" I am clean stickers" not being used

- Cleaners mop buckets not inverted- leaving water residue in bottom
- Sterile items e.g. dressing packs and dressings, stored directly on to floor, not on shelves or in plastic storage units
- Lack of storage space, cluttered store cupboards
- Lack of designated hand wash basins
- Failure of one team to change curtains at appropriate 6 month interval

Actions:

- Sirona do not own any of the bases our staff work from, this has caused challenges to improving some of the issues raised with estates.
- Completed "healthy stars", power point presentation at link practitioner meeting, reminder to team leads about sharps safety
- Estates informed to contact landlords of issues
- Updates to staff re incorrect storage of equipment/cleaning at time of visits. Discussed with team leads to order more storage containers,
- Estates to monitor contract cleaners and gain assurance.
- Estates to address storage issues
- Lack of hand wash basins bought to attention of estates
- I am clean stickers' not in use staff reminded to use
- Staff to monitor the requirement to have curtain changes at 6 monthly intervals

When issues identified, re-audit dates booked for 3 months and ensure that any adverse events are shared with estates team to address cleaning and storage issues.

All action plans are available on Glasscubes, electronic storage system.

15. Antimicrobial Stewardship (AS)

Criterion 3: Ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.

Audit

The antimicrobial stewardship audit programme was paused for quarter 1 and 2 of 2020-21 due to Covid-19. In preparation for restarting the audit programme the audit tool and sample sizes were reviewed and standardised across all areas. Over quarter 3 the programme was restarted across inpatient units, Minor Injury Units and Urgent Treatment Centre where possible, it is not currently possible to extract prescribing data from EMIS/Adastra for South Bristol Urgent Treatment Centre (UTC) or Yate Minor Injury Unit (MIU). In quarter 4 audit was restarted within the lymphoedema service.

The Medicines Optimisation Team will be working closely with the following services to test and implement the audit tool in 21-22.

- South Bristol Rehab Unit

- IV service
- Podiatry
- Community Outreach (Homeless service)
- INT prescribing

The audit results are detailed in the table below. Where results fell below the audit standard an action plan was produced. As part of these action plans we have communicated closely with prescribers, including external organisations such as BrisDoc, to highlight the importance of adherence to antimicrobial stewardship guidelines.

Unit	Q1	Q2	Q3			Q4		
			Oct	Nov	Dec	Jan	Feb	Mar
Elton	No data	No data	77%	88%	100%	100%	100%	90%
Henderson	No data	No data	98%	93%	92%	94%	97%	98%
Skylark	No data	No data	98%	98%	90%	98%	98%	100%
Clevedon MIU	No data	No data	100%			96%		
Lymphoedema	No data	No data	No data			100%		
South Bristol UTC (PGDs)	No data	No data	95%			99%		

Please note that no data was available for Q1 or Q2. As this audit was suspended due to Covid-19 pandemic

Guidance Review

In preparation for the increase in rehabilitation bed numbers in Quarter 1 of 2021-22 and in partnership with a BNSSG CCG Antimicrobial Stewardship Lead the community guidelines were reviewed to ensure they remained the most appropriate guidelines to use within rehabilitation units. The guideline for pneumonia was updated to include a modified option for Sirona rehabilitation units to take into account the healthcare environment the patients are located in.

Training

Work is ongoing with Learning and Development to roll out the national antimicrobial stewardship eLearning to all clinical staff.

Prescription surveillance

Throughout 2020-21 the Medicines Optimisation Team worked closely with Business Intelligence to explore options for producing prescribing data reports to support enhanced surveillance of antimicrobial prescribing. This work will continue in 2021-22.

Policy

Due to Covid-19 and staffing challenges it was not possible to produce an Antimicrobial Stewardship Policy. Completion of this is a target for 2021-22.

World Antibiotic Awareness Day

Sirona participated in the BNSSG wide social media campaign for European Antibiotic Awareness Day in November 2020.

16. Sirona Policies

Criterion 9: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

In order to achieve compliance with the registration requirements relating to infection prevention (including cleanliness), registered providers are expected to demonstrate that they have in place policies and procedures to meet each relevant criterion listed in the Health and Social Care Act.

In April 2020 a review of Sirona Infection Prevention and Control policies was undertaken by the IPC Team. An action plan was formulated initially and later transferred to the IPC annual work programme.

Policies	Expiry date	Comments
Overarching Infection Prevention and Control Policy	Sept 2022	
Standard (universal) infection prevention and control precautions *(a)*	Sept 2022	
Hand hygiene	Dec 2021	
Aseptic non touch technique *(b)*	May 2023	
Outbreak Control Policy *Outbreaks of communicable Infection and closure of rooms, wards, department and premises to new admissions (c&h)*	Dec 2022	
Isolation Policy *Isolation of service users with an infection (d)*		IPC Team reviewing as updates required
Sharps and contamination incidents – management of Needlestick & Sharps injury Risk Assessment *Safe handling & disposal of sharps, prevention and management of occupational exposure to BBV. Blood Borne Viruses and sharps Policy (e,f,g)*	Dec 2021	
Cleaning policy *Disinfection (i)*	April 2022	
Decontamination policy *Decontamination of reusable medical devices.* *Purchase, cleaning, decontamination maintenance and disposal of medical devices* *Single use medical devices (j&t)*	Dec 2022	Policy under review
Antimicrobial prescribing (l) (Medicines Management Optimisation (MMO) Team	Expiry Q4 2021	Medicines Management Optimisation Team reviewing as a priority.
Surveillance Policy	Expiry	

Policies	Expiry date	Comments
(Reporting of infections to PHE and LA. (m) Surveillance and data collection. (u)	Dec 2021	
D & V policy	Dec 2021	
Scabies policy	Dec 2021	
Meningitis policy	Sept 2023	
Influenza A policy	Jan 2022	
CDI Guidelines for prevention and management	Jan 2022	
MRSA policy - management and Prevention	Jan 2022	
Carbapenemase Producing Enterobacteriaceae (CPE) Policy	Sept 2022	
Vancomycin Resistant Enterococci (VRE) and Glycopeptide Resistant Enterococci (GRE) Policy		Reviewed and to be ratified at September 2021 IPCG meeting
Viral Heamorrhagic Fevers Policy (VHF) Policy	June 2023	
Creutzfeldt-Jakob disease Policy	Dec 2022	
Tuberculosis policy	Dec 2022	
Toy policy	Sept 2022	
Safe Handling and Disposal of Waste	Nov 2022	
Specimen Policy (q)	Sept.2022	
Care of deceased persons (r)	June 2023	
Use and care of invasive devices policy (s) Care and maintenance of Peripheral Inserted Central Catheter (PICC) for Adults	August 2023	
Dissemination of information (v)	Sept 2022	
Linen Policy (x)	Sept 2022	
Adult Immunisations and Vaccinations Policy (y)	Sept 2023	

Policies	Expiry date	Comments
Standard Operating Procedure (SOP) for Secondary School Aged Children	Sept 2021	
School Based Flu Immunisation and Vaccination Standard Operating Procedure (SOP) for BNSSG	Sept 2021	
Deteriorating Patient and Sepsis Policy	Sept 2023	

17. Legionella and Water Quality

Legionella bacteria are found naturally in freshwater environments. The bacteria can become a health concern when they grow and spread in human made building water systems. Legionella can spread in droplets small enough for people to breathe in. Less commonly people can get sick when water accidently goes into the lungs whilst drinking.

As part of the IPC work programme the organisation requires assurance that tap water is safe in all premises.

The Health & Safety team have drafted a new standard which is in place for water testing to monitor water hygiene compliance across all Sirona premises. They are also establishing a monthly check list for sites to monitor compliance at a local level.

The Health & Safety service report is presented at the IPCG and assurance for Legionella and water compliance is monitored at this group.

18. Decontamination of Medical Devices

The timely decontamination in an appropriate safe place, of equipment is important to reduce the spread of infection, keeping staff and patients free from harm. Decontamination issues are a standing item at the Medical Devices Meeting; this is attended by lead nurse for infection prevention and control team who is the designated lead for decontamination.

The IPC team review any new medical devices that are purchased by staff to make sure that they can de decontaminated appropriately and safely.

The Decontamination policy "*Decontamination of reusable medical devices, Purchase, cleaning, decontamination maintenance and disposal of medical devices, Single use medical devices" is available for staff on the Sirona Intranet.*

19. Seasonal Influenza 2020/21

The Commissioning for Quality and Innovation (CQUIN) scheme was introduced in the 2016-2017 season with the intention to deliver clinical quality improvements and drive transformational change. One of the indicators under the NHS Staff health and wellbeing is improving the uptake of influenza vaccination for frontline staff within providers by introducing payment incentives to organisations who reach high uptake rates, however given the pressures of Covid-19 CQUIN performance reporting was suspended for the 2020-2021 period.

In recent years there has been continued marked improvement in uptake of seasonal flu vaccinations in providers across England with most organisations seeing a year on year improvement.

Sirona care & health recognises the importance of frontline healthcare workers (FHCW) protecting their patients, colleagues, families and themselves against flu by being vaccinated. As a provider of NHS funded care, Sirona is responsible for the management and oversight of the flu vaccination programme for Sirona FCHW and the duties laid out by Department of Health & Social Care / Public Health England National Flu Immunisation Programme 2020/21, namely:

- Management and oversight of a flu vaccination campaign or alternative infection control measures for their frontline staff
- Ensure access to flu vaccination and maximize uptake among those eligible to receive it.

Approach

To provide the newly formed organisation with assurance of preparedness for seasonal influenza Sirona applied a formal governance structure consisting an Influenza Strategic Oversight Group (SOG) chaired by the Director of Nursing, designated Director of Infection Prevention and Control (DIPC) and Executive Lead for the programme.

An Influenza Tactical Planning Group (TPG) was formed in May 2020 consisting of Quality & Governance, Communications, Learning & Development, Medicines Optimisation, Human Resources and Operational Leads Emergency Prepardness Resiliance and Response (EPRR)

The TPG was established to co-ordinate campaign activity across Sirona and provide SOG with assurance of completeness of operational planning.

Operational planning focused on the establishment of flu clinics throughout Bristol, North Somerset and South Gloucestershire and peer-to-peer vaccination within clinical teams. This was possible by utilising Sirona's cold chain of 29 medicines refrigerators and 11 validated cool boxes.

Uptake

Over 85% of Sirona's FCHWs (and 84% of all staff) protected themselves against seasonal influenza in the 2020/21 season. Sirona's flu vaccine uptake in every FHCW category exceeded the NHS national (England & Wales) uptake figures from the 2019/20 season.

Sirona's Learning & Development team trained 107 vaccinators who administered a total of 2152 flu jabs with the vast majority being delivered before the end of November 2020. The highest uptake rate was in the 55-59 year age group profile.

Data obtained via the Covid-19 staff vaccination project allowed further analysis of flu vaccination uptake amongst staff with identified vulnerability to Covid-19. Staff of ethnic minorities (previously BAME) had an uptake rate of flu vaccination of 73% and 80% of clinically extremely vulnerable staff.

Risk /poor uptake areas

The poorest uptake rates were amongst staff under 40 years of age.

Uptake amongst bank staff, whilst achieving an all-time highest performance in all operational areas, was the lowest performing across the organisation. However it should be noted that this staffing cohort is particularly difficult to engage with and actual uptake may have been higher but no data is held for many staff.

Risks remain around the delivery of the flu programme including vaccine supply, interruptions to the cold chain and operational capacity to deliver.

With a record uptake amongst FHCW of 85% given the challenges faced with both mobilisation and the coronavirus pandemic, the success of Sirona's 2020/21 staff flu campaign must really be celebrated.

A formal governance structure and dedicated resourcing for the coordination of tactical planning has been of significant value.

FluTrack has provided in depth insights in terms of live performance data and subsequent analytics. This information can be used to tailor and refine planning for the 2021/22 to further target areas where a greater level of protection could be achieved.

The Seasonal Flu Tactical Planning Group recommend that Sirona continue to adopt the method utilised for the 2020/21 season for the 2021/22 season incorporating the lessons learnt from 2020/21 and work on full compliance with checklist.

20. Staff Covid-19 Vaccination Report

Sirona has a duty of care to protect staff and patients/service users and therefore it is a necessity to ensure our staff are protected with the Covid-19 vaccine.

The Covid-19 vaccine is our most important tool in keeping staff safe and is viewed with equal rigour as personal protective equipment (PPE), handwashing and social distancing.

All frontline healthcare workers, including bank staff, agency, volunteers and students have been offered the Covid-19 Vaccination through Sirona using the national booking system.

Non-frontline staff have been offered the vaccine in line with the government mass vaccination programme roll out as and when they fall within the various cohorts, usually through their GP.

Almost 90% of all frontline staff have received a first dose Covid-19 Vaccination with 4% (116) of all frontline staff declining. 81% of non-frontline staff have received a first dose vaccination with 1% (3 people) who are non-frontline declining, 38% of frontline staff and 33% of non-frontline staff have confirmed that they've received a 2nd dose vaccination as at 27 May 2021.

83% of BAME staff have received a first dose vaccination and 100% of clinically vulnerable staff.

Uptake increased following line manager conversations with individuals who had either not confirmed their vaccination status or with those who have actively declined. This saw an increase in uptake from 82% of frontline staff up to 90% over a month.

Risk / poor uptake areas

South Bristol Locality is the lowest area with 84% of frontline staff receiving a first dose, this is due to a number of new starters, through a TUPE transfer of South Bristol Community Hospital where data is still being collated and line manager conversations are in progress.

More analysis is underway to review the risks associated with the 116 individuals who are frontline and have declined a vaccination, taking into consideration their role and any risk factors such as ethnicity, age, health concerns. A trained vaccinator coach will support these individuals to be fully informed.

21. Sepsis

Sepsis is a life threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body`s own tissues and organs. As part of Sirona local quality requirements we are required to ensure a continued focus on the early recognition and management of sepsis, which includes the adoption of the NICE guidance sepsis; recognition, diagnosis and early management (NG51).

Sirona has the Deteriorating Patient group (DPG) in place which meets quarterly. The group is chaired by the Head of Patient Safety and Infection Control and has representation from across Sirona, as well as care home support leads to incorporate any aspects of deterioration into care home facilities that they support.

Staff across Sirona have been trained in the use of the National Early Warning Score (NEWS) 2 and the sepsis screening tool. This tool was developed by the Royal College of Physicians which improves the detection and response to clinical

deterioration in adult patients and is a key element of patient safety and improving patient outcomes. Training is part of the clinical induction training sessions. Ad hoc sessions are also provided on request.

As part of the new organisation work has been progressed in relation to the implementation of NEWS 2, published in 2017, which differs from NEWS 1 and it's imperative that as a healthcare community we are all using the same systems.

Audits into the use of the NEWS charts are very much part of our business as usual.

The objective of the audits are to ensure that clinical teams are identifying patients whose clinical condition is deteriorating or is at risk of deterioration via the use of the National Early Warning Score, and that staff have escalated clinical concerns to a GP/Advanced Nurse Practitioner. The audit also seeks to identify that our staff are completing the NEWS chart accurately and completely following the training they received. Results of the audit are reported to the Deteriorating Patient Group and any action required is manged through this group.

Representatives from the DPG are active members of the Academic Health Science Network (AHSN) and feedback on latest updates at the meeting and use the latest initiatives to build the work programme for the group for the year ahead.

22. Every action counts

In March 2021 NHSE and PHE published an Implementation Toolkit for "Supporting excellence in infection prevention and control behaviours". Persuading everyone to follow good practice during the COVID- 19 pandemic IPC is key to keeping everyone as safe as possible. The purpose of the toolkit was designed as a one stop shop to provide information, resources and ideas to local NHS organisations to address the barriers of behavioural compliance with IPC measures and support NHS organisations in the recovery and restoration of services.

Throughout the COVID-19 pandemic, efforts have been made to maintain the highest level of IPC excellence to reduce the risk of healthcare acquired infections. Every action counts draws on behavioural expertise to support organisations with resources for awareness, leadership, morale and wellbeing, training and operational interventions. The Sirona IPC team developed a SMART action plan for "Every action counts" in April 2021 using resources from the toolkit.

Specific drivers and actions completed:

- Share "Because I care", five posters were shared in the daily briefing over 1 week in April.
- Animation and "Because I care" video, developed by the South West regional team were shared in a daily brief in April.
- An IPC champion power point was presented at the June IPC Link meeting.
- Hints and tips posters, with links, were shared with in-patient managers in April.
- Giving staff the opportunity to report IPC concerns anonymously with a vulnerability assessment tool.

23. Achievements 2020/2021

- Three Band 6 nurses recruited into the IPC Team. One full time and one 0.4 whole time equivalent (WTE) in Q1 and one further 0.6 WTE was recruited in Q2. These are all development posts and will be supported by the Head of Patient Safety and Infection Control and the IPC Lead Nurse. The long term plan is for the nurses to gain a recognised IPC qualification. These recruitments will enable each locality, Bristol, North Somerset and South Gloucester to have a named IPC nurse.
- Weekly team meetings are held each Thursday morning to ensure all team are kept up to date and offered support as part of their wellbeing
- In May 2020 the Sirona IPC Work plan was formulated. The IPC Work plan is a working document developed in conjunction with The Health & Social Care Act 2008 and the Sirona NHS Contract requirements –A review was

undertaken of all the Infection Control Policies and an action plan was formulated in conjunction with The Health & Social Care Act 2008.

- The Terms of Reference for the Infection Control Group have been formulated, which were signed off by the Quality Committee, and the first meeting took place in June 2020.
- Service report templates have been developed to enable services to report at the IPC group meeting on their own services,
- A COVID-19 email box was set up for staff for enquiries.
- Achieved fast and effective responses to Covid-19 enquiries and continued the day to day service requirements, where able, under Covid-19 pressures.
- An audit plan has been formulated for the quarterly audits. Monthly audits include Hand Hygiene and Cleaning audits.
- Standard Operating Procedures have been developed for Covid-19 in line with National Guidance
- The team have supported IPC work across BNSSG and supported the BNSSG CCG COVID-19 IPC cell seven days per week up until July 2020.
- The IPC Link Practitioner Group has been set up.
- 250 staff attended a Sirona COVID-19 webinar in April 2020
- The Chief Nursing Officer webinar was attended by staff In April 2020.
- Outbreak meetings have been established and co-ordinated as and when required
- Attendance at the CCG IPC COVID-19 Cell meeting.
- Introduced “Healthy Star” alerts, in house, for fast dissemination of information generated from adverse events and frequently asked questions.
- The team have started to build good relationships with other members of the Quality and Safety team and have been involved in matrix working
- Team working with learning and development to enhance Infection prevention and Control training
- Fit testing for FFP3 respirators was rolled out in Sirona with the majority of clinical staff tested and supplied with the appropriate PPE
- Restoration of services – collaborating with Health and Safety to review risk assessments for bases to enable them to be COVID-19 secure.
- PPE for immunisations and vaccinations – collaborated with BNSSG CCG IPC Lead on agreement for PPE to be used for vaccinations
- Part of NHS South West IPC reference Group
- Maintained the Community Visiting SOP in line with changing national guidance.
- Attendance at Restoration meetings
- Attendance at Flu Strategic meetings
- Attendance at Health Protection Assurance Board meetings (North Somerset)
- Work in collaboration with CCG IPC leads (weekly meetings)

- Attendance at IPC strategic cell and workshops
- COVID-19 Phased 2 focused workshop
- Contribution to Winter planning strategic documents
- NHS England Winter planning event and how fits with Urgent care
- Attendance at regional COVID-19 groups
- Supporting vulnerable children back to school with Lifetime services
- Attendance at weekly Incident Management Teams (IMT) meetings, North Somerset, Bristol and South Gloucestershire
- Attendance at BNSSG Local Authority Outbreak Management Team (OMT) meetings as required
- Attendance at BNSSG HCAI group
- Outbreak Engagement Board meetings with Director of Public Health
- Supporting the new INT base setup for Warmly Business park
- Supporting student placements in the community during COVID-19
- Attendance at North Somerset Outbreak Engagement Board meetings
- Attendance at CCG IPC strategic cell meetings
- Attendance at care home outbreak meetings
- Daily attendance at Winter cell meetings
- Lessons learned event and review of current outbreak management to support care providers
- Input into setting up of Virtual COVID-19 ward with Academic Health Science Network and ongoing clinical advice
- Attendance at South Glos/North Somerset weekly care home outbreak summary meetings
- Attendance at weekly South West DIPC meetings
- Attendance at Weston Area Health Trust outbreak meetings and contribution to report
- Attendance at BNSSG HCAI meeting
- Provided specialist advice and support to the CCG to facilitate the setting up of the COVID-19 vaccination centres across BNSSG.
- Patient information leaflets promoting protection from infections (E coli, Noro virus, C diff etc.) For staff to print and discuss with patients. .
- Develop pack for managers responding to Staff COVID-19 outbreaks.
- Work with the Lifetime services and the Local Authorities to develop a training pack for Schools with children from Lifetime services (get them back to School)
- Established the IP&C Link network and meeting
- Develop library of IPC information for care homes, domiciliary organisations as part of Clinical reference library
- Work in conjunction with Health and Safety on Safe Use of Sharps in Healthcare.

- Promote Aseptic Non Touch Technique (ANTT) and review competencies.
- The development nurses within the IPC team have commenced the PG Dip IPC course
- Restoration visits for long COVID-19 treatment areas.
- Developed a car sharing SOP
- Development of annual audit program for safer sharps
- Reduced the incidents of sharps injuries in the podiatry service.
- Attending meetings with the Acute IPC teams
- Developed an online deep clean audit
- Developed a supportive debrief session for staff after COVID-19 outbreaks
- Attendance at NHS South West Director of Infection Prevention and Control meetings
- Attendance at IPC Strategic cell meetings

24. Priorities for 2021/22

- Provide continued support for the three new appointed IPC Nurses who are undertaking their Postgraduate Diplomas of IPC in 2021 at the University of Essex
- Maintain compliance with the Health and Social Care Act 2008;Code of Practice on the prevention and control of infections and related guidance as part of a robust workplan
- Form strong links with Acute Trust IPC teams to seek out opportunities for system working
- Continue to review and update all COVID-19 national guidance.
- Collaborate with Estates, Health and Safety in implementing the new National standards of healthcare cleanliness 2021, this is to include the setting up of a cleaning and environmental standards group
- Support the training team to improve IPC statutory, Mandatory training uptake.
- Increase the number of IPC practitioners across all services
- The IPC team to work in their localities, when COVID-19 safe to build strong relationships with the teams.
- Work with the CCG to reduce the incidents of HCAIs, such as E coli and MRSA bacteraemia in the community.
- Integrate and support the South Bristol Rehab unit (SBRU) 60 bedded units.
- Launch IPC suite of audits on Ulysses
- Attend the BNSSG UR in-control group (All things urinary catheter) meetings.
- Supporting MDG group with review of IV equipment and possible changes to syringe drivers
- Flu planning input
- Support CCG in post infection reviews
- Quarterly reports for Sharps adverse events

- Contribute to the collaborative strategy for integrated infection prevention and control in the South West of England 2020 2023

Suzanne Golding-Ellis
Debra Nicholson
Caroline Laing

Cover Sheet for Board Reporting

Date	14th September 2021	**Agenda item**	06
Title	**Safer Sharps Report**		
Author	Joanna James Infection Prevention and Control Nurse, Caroline Laing Bank Quality and Safety nurse		
Presented by	Mary Lewis	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ☒		

Purpose of the report

The purpose of this report is to demostarte a review of the 2020-2021 Sharp related incident data and provide assurance that Sirona is compliant with Health and Safety Regulations and The Health and Social Care Act 2008.
To minimise risk of sharps injuries in the organisation by implementing the 'Safer Sharps' Regulations from the Health and Safety (Sharp instruments in Healthcare) Regulations 2013.

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

The report is part of the Annual IPC report –Section 8-Adverse Event data

Related Risk No. (If applicable)	Not applicable

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

The report details information undertaken as a piece of work from the IPC workplan 2020/21

What is the process the report has been through internally

I.e. which teams or groups have reviewed the report or the information that informs it

The report was an embedded document as part of the IPC annual report 2020/21

Summary and Key Issues Highlighted by these teams, including mitigations

Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them

The key issues raised through the consideration of this report have been:

- A collation of sharp related adverse events due to non-safety needles from Q1 and Q2 will be completed with specific information gathering around the circumstances of the events. This will involve speaking with the members of staff involved, determining the equipment used and the follow up that was completed for each incident.

- Environmental audits will be completed once current Covid-19 restrictions have eased. The audit tool includes sharps bin related questions regarding their storage, labelling and safe and appropriate use of the equipment. If the audit identifies that sharps bin safe standards are not being met, this will be included in an action plan for improvement.

- The Royal College of Nursing launched a sharp related injury at work survey for their members in November 2020. The survey asked members to share their experiences of sharp related injuries at work. The findings from the survey have been shared with the IPC link practitioners across the organisation. The findings from the report will be discussed at the September 2021 Infection Prevention and Control Meeting.

The IPC Team will be producing an annual sharps report as part of their work programme and will encourage the use of safety needles throughout Sirona.

Actions for the Board (including any decisions required and options for consideration)

Are there any matters that require a Board decision or discussion to address issues of concern?

None-for information only

N.B. For Papers Requiring Decisions – Not required for Assurance reports

Resource implications (financial/staffing/other resources)

None

Quality considerations

The report provides assurance around the infection prevention control team scrutiny into adverse event reporting.

Report to: Board Meeting

Date	September 2021	**Agenda item**	06 - APPENDIX 1
Title	Safer Sharps Annual Report 20-21		
Author	Joanna James IP&C Nurse/Caroline Laing Quality & Patient Safety Bank Nurse		
Lead Director	Mary Lewis	**Date signed off**	30.08.21
Presented by	Mary Lewis	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Aims/Summary

Review 2020-2021 Sharp related incident data and provide assurance that Sirona is compliant with Health and Safety Regulations and The Health and Social Care Act 2008.
To minimise risk of sharps injuries in the organisation by implementing the 'Safer Sharps' Regulations from the Health and Safety (Sharp instruments in Healthcare) Regulations 2013.

Options and decisions

Resource implications (financial/staffing/other resources)

Quality considerations

Paper/information previously considered by	Date

1. Introduction

What are sharps?

Sharps are objects or instruments necessary for the exercise of specific healthcare activities, which are able to cut, prick, cause injury and/or infection e.g. scalpels, needles, cannulas, trocars. Sharps are considered to be work equipment within the meaning of Regulation 2 of the Safety, Health and Welfare at Work (General Application) Regulations, 2007 (HSE, 2020).

What is a sharps injury?

A sharps injury is an incident, which causes a needle, blade (such as scalpel) or other medical instruments to penetrate the skin. Sharps injuries are a well-known risk in the health and social care sector. All sharps have the potential to lead to the risk of transmission of BBVs and/or an associated psychological impact to the injured person (HSE, 2020).

2. Background

The law and Sharps Injuries

The overarching law in the safe use of sharps is the 'Health And Safety At Work Act 1974' which places general responsibility on employers to ensure the safety and welfare of its employees. This act necessitates the employer to provide a safe working environment in relation to the use of sharps and to provide training and instruction on safe systems of work.

There are a number of laws in place to protect healthcare workers from sharps injuries including

- The Control of Substances Hazardous to Health
- The management of Health and Safety at Work Regulations 1999
- The provision and Use of Work Equipment Regulations 1998
- Reporting of Diseases Injuries and Dangerous Occurrences Regulations 2013
- The Personal Protective Equipment Regulations 1992
- Health and Safety First Aid Regulations 1981

Built on a combination of the above requirements the Health and Safety (Sharp instruments in Healthcare) Regulations 2013 was devised and its underlying principles highlight the following:

- The need for well-trained, well-resourced and secure workforce
- In-line with their training, staff to take care of their own health and safety and others affected by their actions where possible.
- Prevention of exposure to sharps where possible.
- Never assume there is no risk of exposure following sharps injury.
- Safety representatives in the development of policy.
- Partnership working and consultation with workers on the selection of safety equipment and how best to carry out training and information awareness.
- Promote adverse incident reporting.

3. Sharps –Adverse incidents reported in Sirona 2020 – 2021

Quarter 1

Thirteen incidents relating to sharps / needlestick injury were reported.

Blade related	24%
Insulin needle related	31%
Lancet related	15%
Venepuncture related	15%
Other – Hypodermic syringe and needle related	15%

Quarter 2

Six incidents relating to sharps / needlestick injury were reported.

Blade related	33%
Insulin needle related	0%
Lancet related	0%
Venepuncture related	50%
Other – Picking up needle from floor	17%

Quarter 3

Eleven incidents relating to sharps / needlestick injury were reported.

Blade related	36%
Insulin needle related	55%
Lancet related	0%
Venepuncture related	9%
Other	0%

Quarter 4

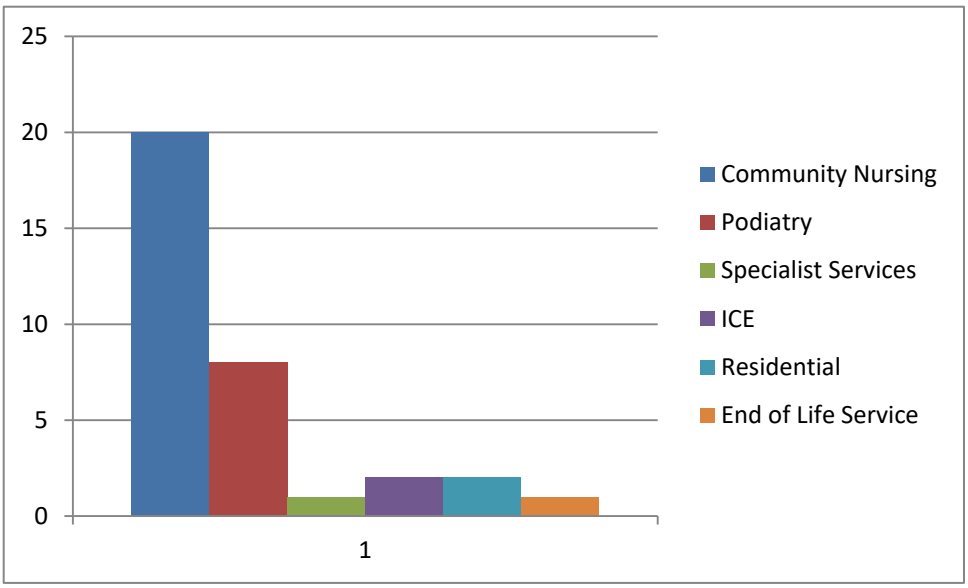
Five incidents relating to sharps / needlestick injury were reported.

Blade related	0%
Insulin related	40%
Lancet related	0%
Venepuncture	20%
Other	40%

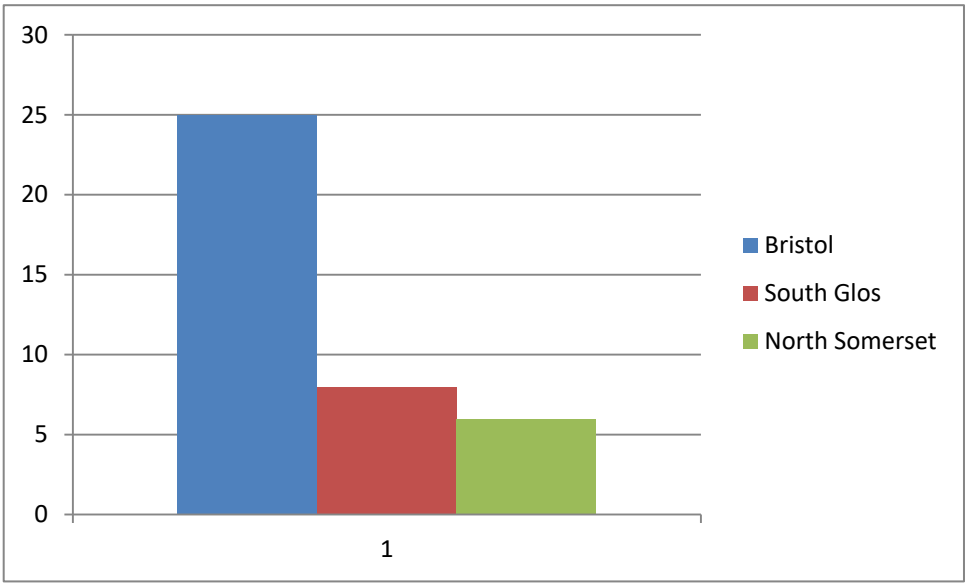
Other - 20% (1 incident) of the incidents in quarter 4 relate to sharp related injuries sustained by the unsafe storage of sharps bins where the sharps bin lid was not locked into place and needles fell onto the reporter.

Other - 20% (1 incident) of the incidents in quarter 4 relate to a needlestick injury occurring post administering a heparin injection, despite the heparin injection having a safety shield in place. The incident occurred before this was activated.

2020-2021 Incidents by Service



2020-2021 Incidents by Locality



4. How is Sirona currently addressing these incidents?

The need for well-trained, well-resourced and secure workforce

1. 'The safe handling of sharps' training is included in the Infection Prevention and Control Mandatory Training within Sirona.
2. The Sirona IPC Team has provided Sirona staff with a short educational film on correct sharps box assembly and safe use. This is available on the Sirona intranet.
3. Safer Sharps posters have been shared across the organisation via the IPC Link Practitioners.
4. The Sirona 'Sharps' policy is available to all staff on the Sirona intranet.
5. Staff have access to sharps containers and to safety engineered devices. Personal Protective Equipment is available for staff should this be required.
6. The IPC team and Health and Safety team are available to all staff for sharps advice or concerns.

In-line with their training, staff to take care of their own health and safety and others affected by their actions where possible.

1. Sirona staff are aware of the importance of adhering to policy and procedure guidelines. This is integrated in Sirona's induction training.
2. Support through clinical supervision is available for staff to engage.
3. Following a sharp related incident, affected staff members have the opportunity for reflection on their own practice with their manager.

Prevention of exposure to sharps where possible

1. Work practice controls are in place to reduce the exposure to this occupational hazard. These include the use of safety needles (meaning no needle re-sheathing has to occur) and the correct assembly, storage and disposal of sharps containers.
2. Safety needles are available to Sirona staff. However, the incidents reported highlight that if Healthcare Practitioners are assisting service users to be independent with their insulin administration, then safety needles are not always being prescribed.
3. The incidents reported also highlight the risk of blade injury when attaching or removing a blade, particularly to podiatry team who use them regularly. Please see appendix 2 which presents the COSHH non safe sharps assessment. The podiatry team have implemented this tool and an action plan which was closed in quarter 4. The podiatry team have implemented fully disposable blade and handle devices as opposed to having to remove the blade from the handle before disposal and decontamination of equipment when undertaking domiciliary visits.

Never assume there is no risk of exposure following sharps injury

1. A Risk Assessment is attached to the Sirona Sharps Policy for all staff members to follow should a sharps injury occur. This determines the necessary actions to take following a sharps injury.

Safety representatives in the development of policy

1. Alongside the Infection Prevention and Control team, the development of the Sirona Sharps Policy included input from the Operations Director and a Health and Safety Advisor. This will continue at each policy review date.

Partnership working and consultation with workers on the selection of safety equipment and how best to carry out training and information awareness.

1. The infection Prevention and Control team work closely with both the Health and Safety team and the Quality and Safety Team to evaluate the safety and suitability of Sharps equipment and the availability of this to all staff.

Promote no blame culture

1. It is widely recognised that high levels of sharps incidents are unreported (RCN 2013). Sirona have a secure reporting system in place for reporting adverse events and near misses. Ulysses is a secure way of staff being able to enter incident information which can then be reviewed by the necessary management team and relevant department. Actions can then be completed and reviewed before closing the incident. Staff are encouraged to complete this. This ensures that incidents and near misses can be investigated and lessons learnt in order to promote positive change or identify needs within the service. Support is offered to individuals through their line managers and leads of departments, providing learning opportunities and reflection as opposed to blame.
2. Service users are supported and kept informed if the incident has adversely affected them. The Sirona Consent Policy is followed and consent obtained should service user testing / follow up be required.
3. Adverse incidents are reviewed to ensure staff and patient safety are upheld. The incident data is included in Infection Prevention and Control and Health and Safety quarterly reports and yearly reports and presented / discussed at the respective forums.

5. Recommendations – Safer Sharp Initiatives 2021 – 2022 Actions for Sirona

- Collation of sharp related adverse events due to non-safety needles from Q1 and Q2 will be completed with specific information gathering around the circumstances of the events. This will involve speaking with the members of staff involved, determining the equipment used and the follow up that was completed for each incident.

- Environmental audits will be completed once current Covid-19 restrictions have eased. This audit tool includes sharps bin related questions regarding their storage, labelling and safe and appropriate use of the equipment. If the audit identifies that sharps bin safe standards are not being met, this will be included in an action plan for improvement.

- The Royal College of Nursing launched a survey for their members in November 2020. The survey asked members to share their experiences of sharp related injuries at work. The findings from the survey have been shared with the IPC link practitioners across the organisation. (Please see attached document). The findings from the report will be discussed at the September 2021 Infection Prevention and Control Meeting.

6. References

Health and Safety Executive (HSE) – Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Guidance for employers and employees. Available from: Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (hse.gov.uk) [Accessed 19.2.2021]

Health and Safety Executive (HSE) - Policy on the Mangement of Sharps and Prevention of Sharps Injuries 2020. Available from: Policy on the Management of Sharps and Prevention of Sharp Injuries 2020 (hse.ie) [Accessed 7.5.2021].

Royal College of Nursing (2013) – Sharps Safety – RCN Guidance to support the implementation of The Health and Safety (Sharps instruments in Healthcare Regulations) 2013. Available from: Sharps safety | Royal College of Nursing (rcn.org.uk) [Accessed 19.2.2021]

Sharps injuries, Health and Safety Executive. Available from: Heath and social care services - Sharps injuries (hse.gov.uk) [Accessed 19.2.2021]

7. Appendix 1

	COSHH and Non-Safe Sharps Assessment	

Division / Department:		Ward or area:	
Location where use is taking place?			
Identify the persons at risk:	Employees ☐	Patients ☐	Public / Visitors ☐
Summary description of the task requiring the use of the Sharp (clinical procedure).			

Details of existing safer-sharp suitable for use: (type, brand name, size and supplier).
Request to use non-safe sharp. Please explain in detail why a safer sharp CANNOT be used and why an alternative is required.
Detail of non-safe sharp requested for use: (provide details of type, brand name, size and supplier).
Who intends to use this non-safe sharp and what will be the procedure?
What training / instruction will be provided in the use of the non-safe sharp?
Disposal route for this non-safe sharp
Other comments / actions

Assessed by: ……Date: ……

Manager's signature: …….

Board Report

Date	14 September	**Agenda item**	7
Title	**Freedom to Speak Up**		
Author	Wendy Best and Karen Gleave		
Presented by	Sarah Margetts	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ☒		

Purpose of the report

Freedom to Speak Up is a national initiative set up to encourage staff to speak up about care, quality or safety. This is one of two six monthly reports to the Board which highlights concerns – anonymised – that have been raised with our two Sirona Guardians.
This report is presented as a two year review of their work.

Why is this report coming to the Board

Regulatory requirement

Related Risk No. (If applicable)	

How has this report been developed

The report has been prepared by the Guardians, Wendy Best and Karen Gleave, with oversight from Executive Director Sarah Margetts.

What is the process the report has been through internally

I.e. which teams or groups have reviewed the report or the information that informs it

Chief Executive Janet Rowse

Summary and Key Issues Highlighted by these teams, including mitigations

The key issues raised through the consideration of this report have been:

1. **ACTION**: The Board to agree the report gives assurance as to the organisational offer and noting detail of investigations are considered in Part 2 due to their confidential nature.

Actions for the Board (including any decisions required and options for consideration)
Are there any matters that require a Board decision or discussion to address issues of concern?
N/A

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

1. Background

Sir Robert Francis carried out a Freedom to Speak Up review following the public inquiry into the failings at Mid-Staffordshire NHS Foundation Trust.

His report set out 20 Principles and Actions which aim to create the right conditions for NHS staff to speak up, share what works right across the NHS and get all organisations up to the standard of the best and provide redress for when things go wrong in the future.

The National Guardian's Office, based in the Care Quality Commission's office in London, was set up to support the National Guardian for the NHS, Dr Henrietta Hughes, in providing leadership, training and advice for Freedom to Speak Up Guardians based in all NHS Trusts. Dr Hughes' role was a key recommendation from Sir Robert's review.

Karen Gleave, Lead Learning and Development Partner, and Wendy Best, Head of Communications, Media and PR were appointed in April 2019. Both have been trained by the National Office.

2. Key points

The last report to the Board was in March 2021. Our Guardians have regular meetings with Executive Director Sarah Margetts, Chief Executive Janet Rowse and Chair Amanda Cheesley, who is the Board's Freedom to Speak Up Champion. All have continued to support the Guardians in executing their role either through practical solutions or advice.

We are only young in terms of adopting Freedom to Speak Up but our organisation's values and ethics mirror the FTSU agenda.

With the expansion to provide services across Bristol, North Somerset and South Gloucestershire and available to 4000 staff, we have developed an ambassador programme to widen our reach and this went live in August 2021 following recruitment and training from May 2021. Rachael Duncan, rotational physiotherapist and Sarah Denton, Hydrotherapy Unit Manager, are now active ambassadors working with Wendy and Karen.

Freedom to Speak Up doesn't replace having conversations with line managers or Trade Union representatives but does give another option if someone is worried or feels they are not being heard.

It built on our Ask Anything culture – an inbox only accessed by a Guardian where people can literally ask anything and know they will get an answer from the Senior Leadership Team.
Plans for face-to-face drop in sessions had to be changed as lockdown commenced so we had to find other ways of ensuring access to the Guardians.

Covid brought the opportunity to make Ask Anything interactive with webinars led by our Chief Executive. Ask Anything Live is held monthly and staff can ask anything or ask a Guardian to ask a question on their behalf.

We have embedded training and awareness into our organisational induction and training offer and have dedicated online, telephone and email confidential routes to make contact.

We are also working with our Quality and Governance teams to share intelligence, identify "hot spots" and highlight themes.

Dozens of calls are dealt with quarterly covering a range of topics. Results include practical changes to buildings, thematic reviews, additional training introduced and changes to policies and procedures.

All of which has been achieved while maintaining confidentiality.

The Guardians are in regular contact with the Board, the Chief Executive and the Director of People and Development but also are able to enlist involvement of other members of the Senior Leadership Team with little notice, where required.

The Guardians also provide a listening supportive ear for people who just want somewhere to talk, someone to listen.

In August we learned our offer was shortlisted in the Freedom to Speak up Organisation of the Year category at the HSJ Awards 2021, recognising their outstanding contribution to healthcare – in what has been an exceptional and challenging period across the sector.

Feedback from staff included comments such as:-

"it's been an invaluable 'safe space' for us all and in the spirit of Frasier Crane ....we always knew you were really 'listening !' WELL DONE

"Sirona have been able to have a secure safe space to truly 'say it is how it is' and Sirona is a better company for it, thank you."

We follow robust processes – including where necessary immediate escalation to our Executives and where possible we encourage and support people to have these conversations. We are fortunate all our Executives respond quickly to FTSU contact.

Not all concerns require escalation or need to go further than a conversation, but that time/space to allow for those conversations is extremely valuable. Particularly during the past year when people have had heightened anxieties around all things Covid related.

Sometimes as people are in community settings on their own, just having a listening ear and support with direction is invaluable. FTSU has also helped with the organisation's desire to be open and transparent as well as demonstrating accountability.

There is still more to do and our Guardians are involved in the development and implementation of the organisation's Internal Communications Strategy, Wellbeing Plan, Organisational Development plan and the longer term People and Development Strategy. All of which aim to ensure people and their experiences are at the heart of what we do.

3. Recommendations

The Board is asked to note the report and the work which is underway to continue to develop Freedom to Speak Up as a key channel with the organisation.

Item 7.1

Freedom to Speak Up – Non-Executive Director Role

Amanda Cheesley has held the Non-Executive Director role as a Freedom to Speak Up Champion for a number of years. Following Amanda's appointment as Chair and Barbara Brown's induction as a new Non-Executive Director, it is proposed that Barbara take over this role.

Recommendation:

That the Board appoint Barbara Brown as the Non-Executive Director Freedom to Speak Up Champion.

Board Report

Date	14th September 2021	**Agenda item**	8
Title	**Risk Report**		
Author	Sandra Farmer – Head of Clinical Governance		
Presented by	Mary Lewis	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

To provide a summary to Board of current open risks scoring 15 and above from the Corporate Risk Register as at 26th August 2021 and provide assurance that risks are being identified and added to the comapany risk register.

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

The report identifies the significant risks affecting the delivery of Sirona services and supports the members of the board in complying with their statutory responsibilities. This report also highlights to the Board that risks are being managed in line with the current policy.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

Information for the report is based on an extract from the Ulysses Risk Management Module by the risk management team. The extraction was made on 26th August 2021. The Head of Clinical Governance has used the data from the extract to provide the summary information included in the report. The information included in the report follows the same format as previous reports. The report has been reviewd by the Director of Nursing prior to inclusion in the Board papers.

What is the process the report has been through internally

I.e. which teams or groups have reviewed the report or the information that informs it

Head of Clincial Governance
Director of Nursing
The Risk Report to Board is presented directly to the Board but in line with the Risk Mangement Policy risk reports are also received by the committees reporting to the Board.

Summary and Key Issues Highlighted by these teams, including mitigations
Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them
The key points from the attached report are • **2 new risks** have been added to the register with a risk score of **20** • **9 new risks** in total have been added with a risk score of 15 and above of which: • **2 risks scoring 20 and 1 risk of 15** relate to **Single Point of Access (SPA)** In addition • **235** risks identified on the Ulysses risk register (**increase of 9** from 226 reported to July Board) • **145** risks are identified as corporate risks (**increase of 8** from the 137 reported to July Board) • **52** risks with a risk score of 12 and above (**decrease of 13** from the 65 reported to July Board) • There is no change in the total number of risks with a risk score of 15 and above
Actions for the Board (including any decisions required and options for consideration)
Are there any matters that require a Board decision or discussion to address issues of concern?
The board if asked to note the content of the report and to receive assurance that the risk register is being managed in line with the Risk Management Policy.

1. Background

This report is provided as a summary to the Board for scrutiny, review and to ask for recommendations to risk owners, of Sirona corporate risks.

An extract report from Ulysses Risk Management Module is provided to give details of individual risks scoring 15 or above and is attached as Appendix 1. All risks can be viewed 'in real time' on the Ulysses Risk Management Module. The extract includes the date the risk was identified, the last noted risk review date and the date of then next scheduled review. Overdue review dates are shown in red.

2. Key points

There are currently:

- **235** risks identified on the Ulysses risk register (**increase of 9** from 226 reported to July Board)
- **145** risks are identified as corporate risks (**increase of 8** from the 137 reported to July Board)
- **52** risks with a risk score of 12 and above (**decrease of 13** from the 65 reported to July Board)
- **18** risks with a risk score of 15 and above (no change from July report to Board)
- **2** risks with a score of **20** (increase of 2 from July report to Board)
- **9 new risks** in total have been added with a risk score of 15 and above of which:
- **2 risks scoring 20 and 1 risk of 15** relate to **Single Point of Access (SPA)**

2.1 Risks scoring 12 and above at time of extract on 26th August 2021

Numbers of risk by score July 2021

Risk score	12	15	16	20
Numbers of risk	52 (47 – July 2021)	9 (7 - July2021)	7 (11 - July 2021)	2 (0 – July 2021)

2.2 Numbers of Corporate risk by type (all scores) Significant increases shown in Red

Risk Type	Number of Risks May 2021	Number of Risks July 2021	Number of Risks August 2021
Accommodation	2	3	7
Regulation & Compliance – CQC	3	3	3
Patient Safety / Clinical Quality	1	4	14
Service User Care/Treatment	9	15	27
Clinical Records	1	1	1
Contracts	1	2	2
Health, Safety & Security	14	13	21
Regulation & Compliance – not included elsewhere	6	6	7
Capacity & Demand – Corporate	0	0	0
Digital (IM&T)	6	11	24
EPRR / Business Continuity	7	7	9
Equality & Diversity	0	0	0
Infection Prevention & Control	2	3	6
Information Governance	2	4	6
Medical Devices	3	3	3
Medicines Management	8	8	11
Capacity & Demand - Operations	12	17	37
Learning & Development	7	7	8
Staff Wellbeing	4	2	7
Workforce	15	16	22
Programme, Planning & Projects	1	1	4
Research and Development	0	0	0
Safeguarding	2	3	5
Business / Finance	3	5	6

Risk Type	Number of Risks May 2021	Number of Risks July 2021	Number of Risks August 2021
Performance	0	0	2
Engagement / Stakeholder Relationships	0	0	1
No category	2	2	2

2.3 Corporate Risk (all scores) by SLT Lead

SLT Lead	Number of risks
Director of Finance	11
Director of People and OD	29
Director of Operations	148
Director of Nursing	20
Director of Therapies	7
Medical Director	16
Director of Transformation	4

2.4 New risks (15 and above, added since the last report) for Board review and discussion

There are nine new risks since the last report. A summary is shown below but full details are included in Appendix 1
The two highest scoring new risks, both of which have a score of 20, are related to the Single Point of Access (SPA).

Risk No	Lead Director /AD or Risk owner	Risk Description	Initial Risk Score (LxI)	Current Risk Score (LxI)	Target Risk Score (LxI)
379	Clive Bassett - Director Of Finance	Following the transfer of the SPAs to the single instance of EMIS it has resulted in a number of issues being identified by the SPA team and also the INTs, risk will remain until all services are on a single instance of EMIS but mitigations may reduce the risk. The issues identified are the: Additional time taken for SPA and INT staff to manage referrals Lack of visibility of schedules and live caseload Unable to see Alerts between the instances of EMIS unless made visible to all organisations Risk of inputting into wrong instance of EMIS INT teams unable to see triage notes External partners unable to see full records due to historic data sharing agreement	5x4=20	5x4=20	3x3=9
380	Jenny Theed - Director Of Operations	Due to delayed triage and management of referrals or that critical information may be missing or not visible to teams in the correct instance of EMIS patients may not receive their care in a timely manner, visits may be mis-allocated to staff member who does not have appropriate skills,	5x4=20	5x4=20	3x3=9

Risk No	Lead Director/ AD or Risk Owner	Risk Description	Initial Risk Score (LxI)	Current Risk Score (LxI)	Target Risk Score (LxI)
372	Jenny Theed - Director Of Operations	Significant concerns have been raised by members of staff about the lack of appropriate controls in place to safely manage both 'hot' and 'cold' patients at the UTC. Public Health guidance, reviewed in June 2021, would identify the UTC as a High Risk pathway and require that appropriate separation is in place to minimise the risk of transmission. The building limitations prevent us from fully implementing these controls and this has resulted in staff feeling vulnerable at work.	4x4= 16	4x4=16	4x2=8
377	Jenny Theed - Director Of Operations	SG INTs are regularly reporting unsafe staffing levels - Factors affecting demand are: - Service users expectations - Pressure in Secondary Care - Unrealistic demands from Primary care - Higher complexity of service users - Pandemic - PPE - Staff isolating - childcare - Staff recruitment & retention	4x4= 16	4x4= 16	
386		**THIS RISK IS TO BE COVERED IN THE PRIVATE SESSION**			
393	Jenny Theed - Director Of Operations	Staff in locality or alternative resources will need to be identified and be released to complete vaccination training and to complete Flu vaccinations and Covid booster vaccinations for North Locality housebound patients from August - December 2021. Current and future predicted staffing levels are not sufficient to complete current workload resulting in deferring some RED RAG rated patient visits most days and frequently deferring amber and green patient visits every day. Risk of delay or not identifying additional resources could lead to clinical harm for patients on caseload.	4x3=12	4x4=16	
376	Jenny Theed - Director Of Operations	Following review of MSK staffing and the business critical aspects of the MSK pathway i.e. urgent patients it was decided that four B5 FTE staff who currently sit on the generic rotation could be released for redeployment. These staff will be rotating in six weeks and therefore for those not staying in MSK that we would release them to be redeployed until they rotate into their new posts. Therefore the MSK physiotherapy service would lose four further staff from its capacity on top of current vacancies and the impact of isolation. Currently due to this and Covid restriction we are working at approx. 70% pre covid capacity. With further loss of the B5 staff we would drop to 60-65%. We would be able to see urgent patients within 10 working days as they are 40% of the caseload but our routine waiting list would continue to expand which currently on average across the three areas is sat at 20wks; however the longest waiters in South Gloucestershire are at 31 weeks. We will plot the impact on our waiting time for this period and update the risk once complete. Elective recovery funding is available between now and the end of March but currently we have only managed to add one locum to support our capacity. The risk therefore held by MSK is an expanding waiting time that will take longer to recover with limited staffing resource available. Staff morale is also a concern due to the repeated asks of the service and the continued challenge of maintaining business as usual. We are also coming to the end of a challenging leadership consultation with the MSK team which has also impacted morale. Ultimately there is a risk of losing staff adding to our current challenges	5x3=15	5x3=15	

387	Jenny Theed - Director Of Operations	Impact of SPA and CDCC means a delay in providing patient care. Increased pressure on people's role is having impact on retention and recruitment of staff, increased pressure on admin to manage their roles. Receiving increase in complaints from external partners effecting staff morale as well.	**5x3=15**	**5x3=15**	**3x2=6**
389	Jenny Theed - Director Of Operations	No base for ICE management team to work in or hold meetings Eastrees overcrowding which has its own risk is not being resolved EBICC- current COVID restrictions from BCC means the base is not fit for purpose and staff can't attend Limited desktops in EBICC as well as the desktops being on unsupported system as its BCC Unable to put new INT plans into practice as teams not able to work in bases together	**5x3=15**	**5x3=15**	**1x1=1**

None of the newly added risks have reached their first review date.

There are two risks identified in Appendix 1 that were overdue for review at the time of the Ulysses extract. (Risks 359 and 363)
The report has identified a trend of increasing numbers of risk types

- Patient Safety / Clinical Quality (14 up from 4)
- Service User Care/Treatment (27 up from 15)

There has also been a significant rise in the numbers of risk types

- Capacity and Demand Operations (37 up from 17)
- Digital (24 up from 15)

This is the first report since December 2020 that has identified any risk with a score of 20. The two new risks with a score of 20 are related to the Single Point of Access (SPA) and in addition risk 387 also relates to the impact of SPA on the Inner City East (ICE) Locality.

3. Recommendations

The Board is asked to receive this report as the position of the Corporate Risk Register as at 26th August 2021 and to note the number of new corporate risks with the high score of 15 and above.

Appendix 1

Board Risk Report Extraction - 26.08.21

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
379 NEW	Clive Bassett - Director Of Finance	30/07/2021	Patient Safety & Clinical Quality	EMIS transfer programme	Following the transfer of the SPAs to the single instance of EMIS it has resulted in a number of issues being identified by the SPA team and also the INTs, risk will remain until all services are on a single instance of EMIS but mitigations may reduce the risk. The issues identified are the: Additional time taken for SPA and INT staff to manage referrals Lack of visibility of schedules and live caseload Unable to see Alerts between the instances of EMIS unless made visible to all organisations Risk of inputting into wrong instance of EMIS INT teams unable to see triage notes External partners unable to see full records due to historic data sharing agreement	Bristol S SPA Team	Bristol South	20	Internal Cirtical Incident Set up	20	9	04/08/2021	Sarah Leggett	Risk Reviewed - Monitoring Committee udpated from SLT to Quality & Outcomes Committee in line with Risk Management Policy	Monthly (Risk Score 12-25)	29/08/2021
380 NEW	Jenny Theed - Director Of Operations	30/07/2021	Patient Safety & Clinical Quality	Patients at risk of harm due to increased demand of Single point of access	Due to delayed triage and management of referrals or that critical information may be missing or not visible to teams in the correct instance of EMIS patients may not receive their care in a timely manner,visits may be mis-allocated to staff member who does not have approriate skills,	Bristol S SPA Team	Bristol South	20	Urgent 2 hour responses phoned thorugh to INT coordinators	20	9	04/08/2021	Sarah Leggett	Risk Reviewed - Monitoring Committee udpated from SLT to Quality & Outcomes Committee in line with Risk Management Policy	Monthly (Risk Score 12-25)	03/09/2021
393 NEW	Jenny Theed - Director Of Operations	23/08/2021	Capacity & Demand (Operational)	Inadequate staffing within North Bristol Locality to complete training and Flu and Covid Vaccinations	Staff in locality or alternative resources will need to be identified and be released to complete vaccination training and to complete Flu vaccinations and Covid booster vaccinations for North Locality housebound patients from August - December 2021. Current and future predicted staffing levels are not sufficient to complete current workload resulting in deferring some RED RAG rated patient visits most days and frequently deferring amber and green patient visits every day. Risk of delay or not identifying additional resources could lead to clinical harm for patients on caseload.	Bristol NW AF Nursing	Affinity	12	Emailed/discussed concerns and options with Greg Garrett leading Sirona vaccination working group, discussed with Allocate team (Tiffany Andrews) and Anne Winter leading Mass Vaccinations	16	0	25/08/2021	Sarah Leggett	Risk level updated from local to corporate (based on risk score) in line with Risk Mgt Policy	Monthly (Risk Score 12-25)	22/09/2021
386 NEW	THIS RISK IS TO BE CONSIDERED IN THE PRIVATE SESSION															

Appendix 1

Board Risk Report Extraction - 26.08.21

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
372 NEW	Jenny Theed - Director Of Operations	21/07/2021	Infection, Prevention & Control	Insufficient covid security measures in place at the UTC to effectively manage staff and patient safety.	Significant concerns have been raised by members of staff about the lack of appropriate controls in place to safely manage both 'hot' and 'cold' patients at the UTC. Public Health guidance, reviewed in June 2021, would identify the UTC as a High Risk pathway and require that appropriate separation is in place to minimise the risk of transmission. The building limitations prevent us from fully implementing these controls and this has resulted in staff feeling vulnerable at work.	Bristol S Urgent Care Centre	Bristol South	16	Areas clearly marked with a 2 metre distance. Accompanying adults asked to wait outside or in the car unless accompanying a child or vulnerable adult. Members of the public asked to remove gloves if worn, gel or wash hands on entry and wear a face covering. Clearly identified one way system established and marked throughout the unit for members of the public and staff. One entrance only to the unit. Chairs have been removed / blocked to ensure that the waiting area complies with the 2 metre rule. Toys and magazines have been removed and vending machines suspended until further notice. An (hot) isolation room has been identified for possible COVID-19 positive patients. A second (clean) isolation room has been identified for vulnerable or shielding members of the public.	16	8	13/08/2021	Kyle Lansdown	Risk actions updated with latest position. Risk score remains unaltered but is likely to reduce as a result of two additional site visits and subsequent development of an options appraisal.	Monthly (Risk Score 12-25)	12/09/2021
362	Jenny Theed - Director Of Operations	18/06/2021	Service User Care/Treatment	Children's Therapies Waiting List Times	During the last 15 months, the children's therapy team have been unable to deliver the same volume of direct therapy appointments to children who meet the criteria for intervention. This is due to lockdowns, school closures and not being able to offer group interventions. Currently the waits are: Bristol/South Glos School Age SLT 4-19 years - 400 waiting for therapy Bristol/South Glos Early Years SLT 0-4 years - 280 waiting for therapy Bristol/South Glos Occupational Therapy-- 95 waiting for follow-up therapy Bristol/South Glos Physiotherapy-- 61 waiting for Hydrotherapy; 74 waiting for CPIP assessment (new and follow-up) North Somerset integrated therapy: SLT - 55 waiting for therapy (120 for review), OT - currently staff not offering therapy, PT We have reviewed care pathways and are offering blended and amended service offers to meet this need. But within current capacity levels we are unable to manage this backlog of children waiting whilst offering a business as usual model. Update (28/7/21): risk of not being able to recruit to staff.	CH - Bris SALT School Age	Bris Early Years SALT	16	SBAR to enable group therapy sessions to recommence. This will enable services to offer therapeutic appointments to more than 1 child at a time, when clinically appropriate	16	4	27/07/2021	Jenny Theed	Request for short-term funding to undertake WLI for N Somerset submitted to CCG June 21 awaiting outcome.	Monthly (Risk Score 12-25)	29/08/2021

Appendix 1

Board Risk Report Extraction - 26.08.21

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
213	Jenny Theed - Director Of Operations	17/09/2020	Capacity & Demand (Operational)	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 being.		Sirona-Wide	16	Same Day Urgent care, can restrict services using SoP on a daily basis;	16	8	27/07/2021	Jenny Theed	Updated risk to document controls in place; SDEC & INTs remain significantly challenged. New Incentivisation Scheme approved by SLT 26-7-21 to increase uptake of bank shifts over August. Shared with staff on 26-7-21. The following risks were identified as duplicate risks and closed as they have been replaced by this risk: 27, 343, 348 & 235. Filter on "Risk Declined" to see the details of these risks	Monthly (Risk Score 12-25)	26/08/2021
387 NEW	Jenny Theed - Director Of Operations	12/08/2021	Performance	Reduced capacity and impact on staff in ICE due to increased escalation within SPA and CDCC	Impact of SPA and CDCC means a delay in providing patient care. Increased pressure on peoples role is having impact on retention and recruitment of staff, increased pressure on admin to manage their roles. Receiving increase in complaints from external partners effecting staff morale as well.	Bristol ICE Administration	Bristol ICE	15	Incentivisation scheme	15	6	25/08/2021	Sarah Leggett	Risk level updated from local to corporate (based on risk score) in line with Risk Mgt Policy	Monthly (Risk Score 12-25)	11/09/2021
389 NEW	Jenny Theed - Director Of Operations	12/08/2021	Accommodation	Slow progress with Estates issues	No base for ICE management team to work in or hold meetings Eastrees overcrowding which has its own risk is not being resolved EBICC- current COVID restrictions from BCC means the base is not fit for purpose and staff cant attend Limited desktops in EBICC as well as the desktops being on unsupported system as its BCC Unable to put new INT plans into practice as teams not able to work in bases together	Bristol ICE FOSS Nursing	FOSS	15	Working from home	15	1	25/08/2021	Sarah Leggett	Risk level updated from local to corporate (based on risk score) in line with Risk Mgt Policy	Monthly (Risk Score 12-25)	11/09/2021

Appendix 1

Board Risk Report Extraction - 26.08.21

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
376 NEW	Michael Richards - Director Of Therapies	28/07/2021	Workforce	MSK Physiotherapy Staff Redeployment	Following review of MSK staffing and the business critical aspects of the MSK pathway i.e. urgent patients it was decided that four B5 FTE staff who currently sit on the generic rotation could be released for redeployment. These staff will be rotating in six weeks and therefore for those not staying in MSK that we would release them to be redeployed until they rotate into their new posts. Therefore the MSK physiotherapy service would lose four further staff from its capacity on top of current vacancies and the impact of isolation. Currently due to this and Covid restriction we are working at approx 70% pre covid capacity. With further loss of the B5 staff we would drop to 60-65%. We would be able to see urgent patients within 10 working days as they are 40% of the caseload but our routine waiting list would continue to expand which currently on average across the three areas is sat at 20wks, however the longest waiters in South Gloucestershire are at 31 weeks. We will plot the impact on our waiting time for this period and update the risk once complete. Elective recovery funding is available between now and the end of March but currently we have only managed to add one locum to support our capacity. The risk therefore held by MSK are an expanding waiting time that will take longer to recover with limited staffing resource available.	Ss MSK Physiotherapy - Bristol	Physiotherapy CLOP B	15	Engaging staff in enhanced pay offer scheme for extra hours/overtime using elective recovery money with the hope of increasing capacity. Also continued scoping of Bank and agency availability to support until March with associated waiting list trajectory mapping	15	0	25/08/2021	Sarah Leggett	Risk level updated from local to corporate based on risk score	Monthly (Risk Score 12-25)	28/08/2021
363	Jenny Theed - Director Of Operations	18/06/2021	Capacity & Demand (Operational)	MSKI Staffing	Reduction in staffing and rising referral levels demonstrates capacity and demand imbalance. Approx deficit of 700 new patient slots p/w based on current demand. North Somerset is relatively ok with deficit sitting in Bristol & SG. If reduced capacity continues then MSKI waiting times will increase which will affect patient care by delaying their pathway, impact on the 18 week RTT and contract delivery.	Ss MSK Interface - Bristol	Interface CLOP B	15	We have asked all staff for additional hours and have added 'incentives' to this as instructed due to potential accelerator funding. Whilst there has been some uptake this is is only adding approx. 30 NP p/m to our capacity.	15	0	23/06/2021	Sarah Leggett	Review by Risk Team. Based on narrative in risk Depts affected by Risk updated to show all 3 MSKI Depts.	Monthly (Risk Score 12-25)	18/07/2021
359	Jenny Theed - Director Of Operations	18/06/2021	Digital (IM&T)	EMIS - Unable to print from appointment screen	When the Central booking team (CBT) book a patient clinic appointment EMIS then gives them the facility to print an appointment letter. It has been working well since they went onto EMIS over a year ago now. However at the moment if they request a letter to print it wont. EMIS say its an intermittent fault but unfortunately this is not the case as all the staff in the CBT cannot print a letter at the moment. This means that the staff have to write down the appointment details, come out of EMIS and then do an appointment letter and unfortunately this is then open to human error. Yesterday a family did not arrive for an appointment because the letter stated the 19th instead of the 17th June this was human error in an extremely busy office.		Children's And Family Health	15	Admin to check appointment details before sending out letters	15	0	14/07/2021	Sarah Leggett	Risk reviewed by Risk Team - review frequency amended, based on risk score, from weekly to monthly in line with the Timeframe for Reviewing Risks detailed in the Risk Mgt Policy	Monthly (Risk Score 12-25)	28/06/2021

Appendix 1

Board Risk Report Extraction - 26.08.21

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
298	Michael Richards - Director Of Therapies	29/03/2021	Regulation & Compliance	Lack of facility or standard process for storage of clinical photographs, video and audio recordings	As a result of there being not being an appropriate storage facility or procedure within Sirona to file these formats there's a risk that staff are storing them on unsecure/personal devices (1)which may result in patient's records being incomplete which may impact on their care (2)which may result in staff having inappropriate access to the information (3)which may result in Sirona not being able to provide a full set of records for Subject Access Requests (4)which may result in Sirona not holding records in line with the timeframes set out in the national retention period		Sirona-Wide	15	None in place	15	9	12/08/2021	Glyn Young	Ongoing progress to identify solution. Survey conducted with organisational services to assess potential usage of storage platform. Discussions held with potential suppliers. Shortlisted 2 suppliers who will be invited to do a demo at next Clinical Records Group meeting in September, Suppliers have asked for number of potential users and services of platform in order to provide an approximate cost. IG team liaising with BI team in order to get an idea of number of patients in services	Monthly (Risk Score 12-25)	11/09/2021
291	Jenny Theed - Director Of Operations	02/03/2021	Digital (IM&T)	Incompatible IT systems across ICE bases and different system supported laptops	Many systems causes duplication of work therfore reduced resource, unable to share documents, staff confusion, connectivity often fails. Impact - staff within the teams cannot share information; use the same logins; have numerous passwords; cant see the same documents; large amount of time spent on duplication of work; sharing and storing information on email; different pieces of work saved in various bases and inaccessible to other team members; admin staff only being able to use desktop IT and not Fordway; needing cables to print; some of the systems not allowing documents to be opened; BCC Desktops not being serviced;	ICE BRIS - Administration	Adult & Specialist Services	9	Using Glass cubes where possible	15	6	25/08/2021	Sarah Leggett	Risk level updated from local to corporate (based on risk score) & review frequency changed to monthly in line with Risk Mgt Policy	Monthly (Risk Score 12-25)	11/09/2021
283	Jenny Theed - Director Of Operations	24/02/2021	Service User Care/Treatment	Children's Continence Service - a gap in service provision/commissioning.	Not all children are receiving a continence service at all when they need it which can have a devastating impact on their physical well-being and also the emotional well-being of the child and their whole family. Not all children aged 4-19 are receiving the Healthy Child Programme when school nurses are focussed on providing a specialist continence service. School nurses do not have the training or support to provide a specialist service. Health visitors and school nurses are not receiving the training they need to equip them to provide a high quality preventative tier 1 service.			15		15	0	27/07/2021	Jenny Theed	Request for long-term funding to provide BNSSG-wide continence service submitted June 21 to CCG. Outcome awaited	Monthly (Risk Score 12-25)	26/08/2021

Appendix 1

Board Risk Report Extraction - 26.08.21

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
240	Jenny Theed - Director Of Operations	12/11/2020	Capacity & Demand (Operational)	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 contractual hours to manage all aspects of clinical delivery in line with the OPEL framework -children within the universal caseload with unknow need will not be identified to support early detection and intervention support for families _ in ability to provide a universal home visiting service in line with current PHE guidance _staff will seek employment in other areas where colleagues report working conditions as 'better' _increased risk or errors due to increase in individual caseload _Increased stress and sickness levels _Reduction in responsiveness to calls into the service -every month there are between 26 and 40 babies that the service do not know about in the ante-natal period meaning that we are not able to account for this in the allocation of work this risk has been raised to the CCG for action	NS Children's Health Visiting	Children's And Family Health	12	12-11-2020 Ability to use video technology	15	3	27/07/2021	Jenny Theed	Comprehensive workforce plan developed as part of the PHN bid for N Somerset Services. Awaiting outcome of tender process.	Monthly (Risk Score 12-25)	26/08/2021

Board Report

Date	14 September 2021	**Agenda item**	09
Title	**Finance Report**		
Author	Clive Bassett		
Presented by	Clive Bassett	**Version**	1.
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

The purpose of this report is to update the Board on the Financial Performance of the Organisation for the 4 month period to 31 July 2021. The report also incorporates the financial budget for the year and the comparison of the results to date against the budget, and a forecast of the full year outcome based on the current information.

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

This report highlights to the Board the Financial Performance of the organisation.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

This report is prepared by the Finance Director and is the high level summary of the Management Accounts which are prepared by the Finance team.

The detailed Management Accounts are reviewed with Budget Holders to both validate the reporting and to ensure Budget Holders are aware of the financial performance of their area.

As part of the review the Budget Holder and the Management Accountant look at trends and variances from trend and budget. This will allow the Budget Holder to consider changes and actions necessary to remain within Financial Targets as well as provide the Management Accountant with the information and expectations to forecast future periods.

The Management Accountant and the Budget holder will also their knowledge and their available information to estimate the future months Financial result and these are consolidated together to give the full year forecast.

What is the process the report has been through internally

I.e. which teams or groups have reviewed the report or the information that informs it

The detailed Management Accounts are reviewed by the individual Budget Holders.

The Management Accounts are also summarised into Divisional and Operational levels and shared with the Associate Directors.

The overall Financial Performance is reviewed by the Senior Leadership Team before being reported to Board.

Summary and Key Issues Highlighted by these teams, including mitigations

Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them

As with the rest of the NHS we are still awaiting confirmation of our funding for the current year.

The expectation is that the funding for the second half of the year will require us to achieve savings throughout the organisation if staff levels return nearer to establishment and the current underspend of staffing does not continued.

Actions for the Board (including any decisions required and options for consideration)

Are there any matters that require a Board decision or discussion to address issues of concern?

The Board is asked to note the financial position at the end of July 2021, and the initial Full Year forecast.

There is no further action requested at this stage

The information that follows is the Management Accounts for the first four months.

1. Overview and KPIs

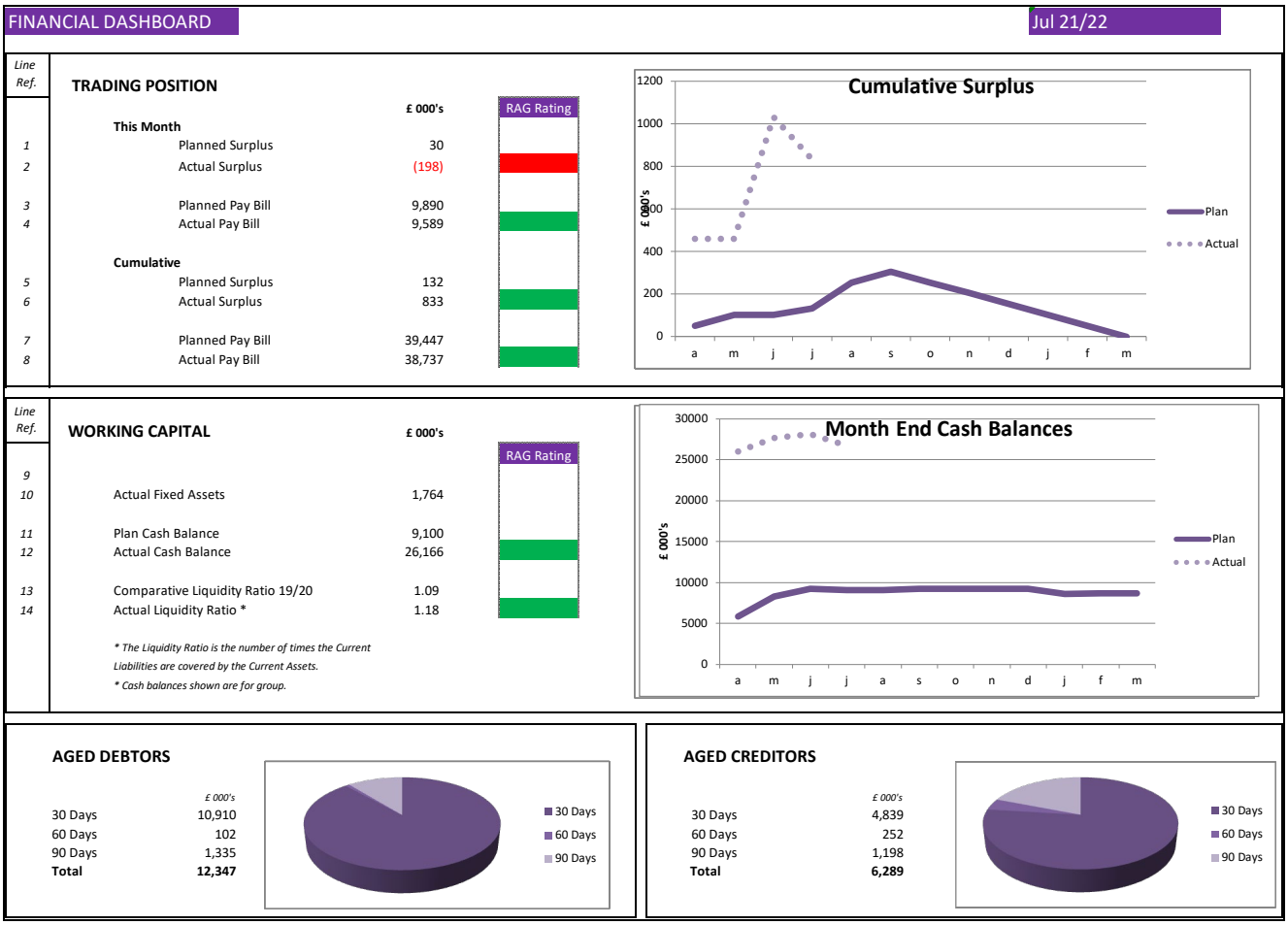
The dashboard has quick reference indicators for the trading position, working capital and debtors and creditors.

The surplus in the month is Red because the result is below budget, but the cumulative indicator remains green as the year to date surplus is ahead of budget.

The Pay Bill indicator is green as total expenditure in the month and year are both currently below the budgeted level.

The level of cash remains green, as does the Liquidity ratio, which confirms that we have available liquid assets such as cash.

The greater than 90 day creditors and debtors largely relate to invoices in advance.



2. Operating Statement

The operating statement is shown below, with the groups of columns being Current Month (July), Full Year forecast (shaded), and the Year to Date cumulative position and comparison to the last year.

The full year forecast has been produced following discussion between Management Accountants and the responsible Budget Holders, and is the mathematical estimate to help the Board look forward.

The actual full year result will vary from this forecast for a variety of reasons including:

- Numbers of leavers
- Ability to fill vacancies
- Significant changes in use of bank and agency staff
- Delays in transformational changes, projects and other expected changes.
- Unexpected costs or inflation on costs
- Inability to make forecast savings
- Changes related to ways of working,
- Any further impact of the COVID pandemic

Operating Statement

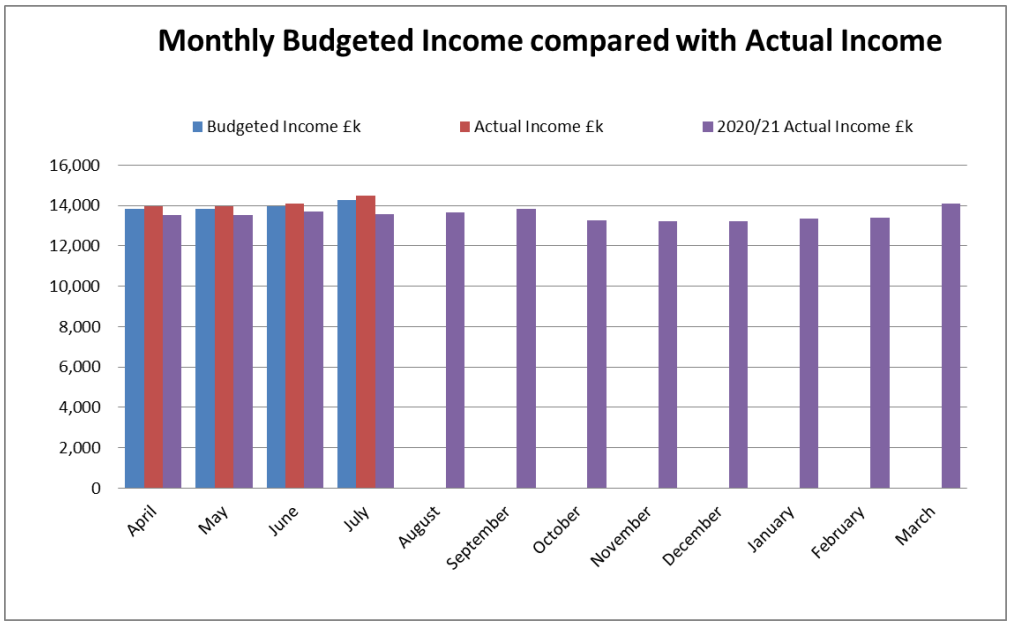
Period Jul-21

	Month				Full year				Year to date				
	Updated budget	Actual	Variance £s	Variance %	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
Operational Income													
Adults & Specialist	10,114	10,366	252	2.5%	118,412	119,478	1,066	0.9%	39,435	39,994	559	35,705	4,289
Children's Services	4,138	4,124	(14)	(0.3%)	49,406	49,521	115	0.2%	16,486	16,564	78	16,258	306
Director of Operations	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0	0
Total Income	***14,252***	***14,490***	***238***	***1.7%***	***167,818***	***168,999***	***1,181***	***0.7%***	***55,921***	***56,558***	***637***	***51,963***	***4,595***
Operational Expenditure													
Adults & Specialist	8,300	8,204	96	1.2%	96,923	96,804	119	0.1%	32,113	31,616	497	27,718	(3,898)
Children's Services	3,826	3,801	25	0.7%	45,713	45,887	(174)	(0.4%)	15,288	15,201	87	14,878	(323)
Director of Operations	47	63	(16)	(34.0%)	672	750	(78)	(11.6%)	188	254	(66)	287	33
Operations Total	**12,173**	**12,068**	**105**	**0.9%**	**143,308**	**143,441**	**(133)**	**(0.1%)**	**47,589**	**47,071**	**518**	**42,883**	**(4,188)**
Operational Contribution													
Adults & Specialist	1,814	2,162	348	19.2%	21,489	22,674	1,185	5.5%	7,322	8,378	1,056	7,987	391
Children's Services	312	323	11	3.5%	3,693	3,634	(59)	(1.6%)	1,198	1,363	165	1,380	(17)
Director of Operations	(47)	(63)	(16)	34.0%	(672)	(750)	(78)	11.6%	(188)	(254)	(66)	(287)	33
Operations Total	**2,079**	**2,422**	**343**	**16.5%**	**24,510**	**25,558**	**1,048**	**4.3%**	**8,332**	**9,487**	**1,155**	**9,080**	**407**
Corporate Services													
Administration & Board	145	132	13	9.0%	1,834	1,692	142	7.7%	611	559	52	491	(68)
Finance, Payroll & BI	235	195	40	17.0%	2,777	2,452	325	11.7%	926	768	158	833	65
BDT & Transformation	243	223	20	8.2%	2,607	2,670	(63)	(2.4%)	885	865	20	778	(87)
People & Development	267	212	55	20.6%	3,083	2,997	86	2.8%	1,031	839	192	735	(104)
Digital	592	1,176	(584)	(98.6%)	6,737	7,732	(995)	(14.8%)	2,245	2,805	(560)	2,621	(184)
Occupancy	120	150	(30)	(25.0%)	1,569	1,615	(46)	(2.9%)	523	537	(14)	417	(120)
Director of Nursing	213	198	15	7.0%	2,429	2,368	61	2.5%	808	761	47	559	(202)
Medicines Management	54	40	14	25.9%	645	572	73	11.3%	215	165	50	178	13
Reserves	182	294	(112)	(61.5%)	2,847	4,025	(1,178)	(41.4%)	962	1,356	(394)	719	(637)
Total Corporate Costs	**2,051**	**2,620**	**(569)**	**(27.7%)**	**24,528**	**26,123**	**(1,595)**	**(6.5%)**	**8,206**	**8,655**	**(449)**	**7,331**	**(1,324)**
Interest received	(2)	0	(2)	100.0%	(18)	(3)	(15)	(83.3%)	(6)	(1)	(5)	(13)	(12)
Contribution post exceptional costs	**30**	**(198)**	**(228)**	**(760%)**	**0**	**(562)**	**(562)**	**0.3%**	**132**	**833**	**701**	**1,762**	**(929)**

Income

Income received is above the budgeted contractual sum because of additional monies for items including training income, reimbursement of unbudgeted COVID costs and vaccination costs.

This graph compares income by month to budget and last year



Operational Expenditure

In this month and for the year to date the Operational Expenditure is below budget for both Adults & Specialist Services, and the Children's Services but shows an overspend for the 'Director of Operations' cost centre.

The underspend in Adults & Specialists is £96k in the month and £497k year to date. The later section on staff costs identifies that the underspend on staff costs is greater than the net underspend. There is a mix of variances to budget within non-pay, but to date none are significant and are possibly down to timing issues.

The Children's operational underspend of £25k in the month and £87k year to date is also lower than the underspend on staff costs. One of the main variances from budget in non-pay continues to be FP10's and this is being raised both internally and with Commissioners.

Operational Contribution

The Operational Contribution is greater than budgeted by £1,115k for the year to date, though the forecast reduces this to £1,048k

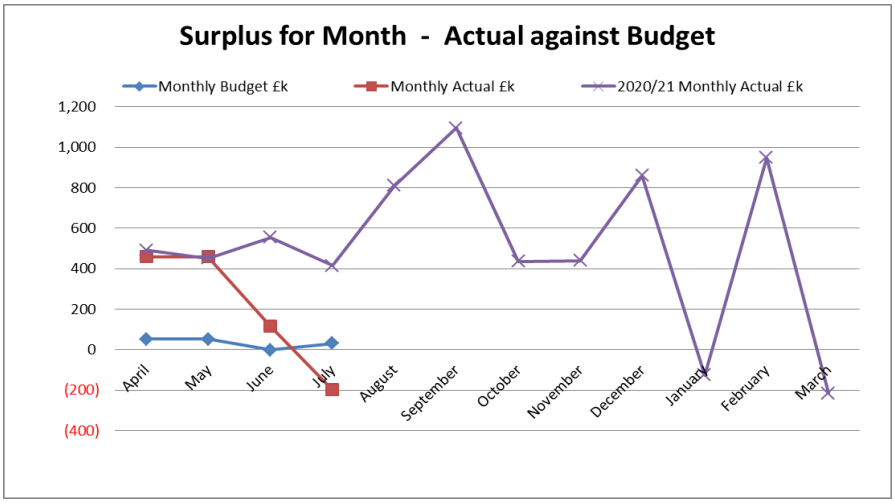
Corporate Services

The level of expenditure in corporate services is now being reported as overspent. The most significant movement from the previous Board report is the accrual for higher digital infrastructure and network costs associated with the ongoing challenges around the migration away from CSU and Fordway support to a 'One Sirona Network'. The project has been slowed to both resolve issues with connections and laptop migration and to mitigate the impact on operational teams. The level of costs forecast for the full year is the current estimate but work is continuing to review the project timeline and associated costs.

As shown later there is underspend on staff costs on all corporate areas that is reflected in the month and year to date results. The full year forecast work does not expect this level of underspend to continue.

Within the Reserves Line the forecast overspend of £1,178 is the amount the Board agreed to invest from Reserves in this year.

The graphs to the right show the monthly surplus or deficit for this year, the budget and last year



3. Staff costs

The table below is the total spend on staffing resources including bank and agency. The table confirms that in total there is an underspend on staffing costs of £710k year to date which is net of £466k unbudgeted spend on COVID related services. The right hand columns reports the vacancies against the budgeted establishment/ headcount, and show an overall 13.6% shortfall.

Analysis of Salary Variations

YTD to Jul 21

	Budget	Actual	Variance	% Variance - Pay Actual to Budget	Bank & Agency Included	% Pay used for Bank / Agency	Vacancy WTE	Vacancy %
Adult & Specialist								
ICE	2,894,467	2,945,206	(50,739)	(1.8%)	124,130	4.2%	74.64	33.7%
Management	122,410	10,755	111,655	91.2%	0	0.0%		
North & West	1,594,893	1,688,768	(93,875)	(5.9%)	122,620	7.3%	7.34	6.0%
South Bristol	4,334,720	4,099,172	235,548	5.4%	200,992	4.9%	24.61	7.6%
South Glos	4,983,355	5,037,180	(53,825)	(1.1%)	622,154	12.4%	80.38	20.9%
Specialist Services	6,983,221	6,786,457	196,764	2.8%	267,327	3.9%	59.47	11.3%
Weston & Worle	1,706,287	1,552,449	153,838	9.0%	222,276	14.3%	(18.18)	(24.6%)
Woodspring	2,835,443	2,667,456	167,987	5.9%	230,821	8.7%	69.25	29.4%
	25,454,796	24,787,442	667,354	2.6%	1,790,320	7.2%	297.51	17.8%
Children								
Children's Corporate Services	277,336	268,016	9,320	3.4%	7,322	2.7%	1.20	7.0%
Children's Paediatrics	1,492,828	1,530,168	(37,340)	(2.5%)	251,646	16.4%	7.71	10.3%
Children's Public Health Nursing	3,571,917	3,376,201	195,716	5.5%	53,788	1.6%	20.83	7.0%
Children's Therapies, Autism & SEND	1,833,326	1,859,646	(26,320)	(1.4%)	9,638	0.5%	21.85	24.9%
Children's Public Health Nursing - NS	984,781	920,513	64,268	6.5%	1,581	0.2%	7.98	21.6%
Children's Specialist Services	633,608	601,821	31,787	5.0%	190,521	31.7%	(0.13)	(0.1%)
Lifetime	653,038	645,672	7,366	1.1%	55,081	8.5%	8.21	13.7%
	9,446,834	9,202,038	244,796	2.6%	569,577	6.2%	67.66	12.5%
Director of Operations								
Management	237,848	239,782	(1,934)	(0.8%)	0	0.0%	0.20	2.5%
Covid		463,566	(463,566)		331,488	71.5%		
	237,848	703,348	(465,500)	(195.7%)	331,488	0.0%	0.20	2.5%
Corporate Services								
Board & Administration	390,715	393,346	(2,631)	(0.7%)	0	0.0%	0.03	0.2%
BDT & Transformation	495,207	489,224	5,983	1.2%	3,861	0.8%	1.25	4.3%
Corporate Reserves	0	2,308	(2,308)		0			
Finance, Payroll & BI	796,261	724,641	71,620	9.0%	0	0.0%	6.10	10.4%
Digital	551,903	520,838	31,065	5.6%	27,830	5.3%	4.00	9.1%
Occupancy	101,931	87,592	14,339	14.1%	0	0.0%	1.34	19.4%
People & Development	890,252	818,988	71,264	8.0%	80,815	9.9%	3.24	4.9%
Director of Nursing	879,840	844,160	35,680	4.1%	30,669	3.6%	0.19	0.4%
Medicines Management	201,438	162,583	38,855	19.3%	0	0.0%	3.44	28.1%
	4,307,547	4,043,680	263,867	6.1%	143,176	3.5%	19.58	6.9%
Grand Total	39,447,025	38,736,508	710,517	1.8%	2,834,561	7.3%	384.95	13.6%
For ref:		M3	409,117	1.4%	2,060,097	7.1%	439.75	15.0%

The total bank and agency spend is now £2.8m of which £331k relates to COVID services.

The table on the next page analyses the spend on bank and agency by month and by service/area.

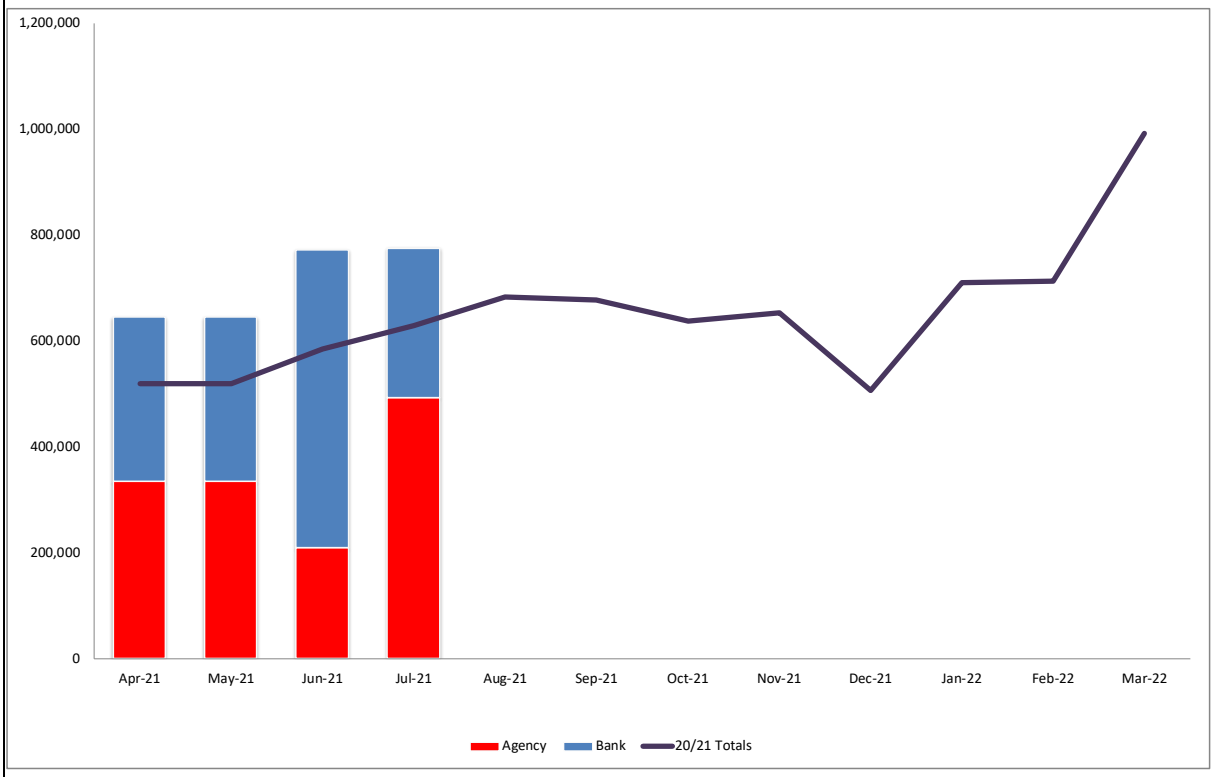
Within the Adults & Specialist costs the following additional agency costs are now reflected:

- Long Covid/Oximetry – The costs were previously accrued against Payroll but actual costs are now known and have been invoiced by the agency
- South Bristol Rehab Unit – we have filled vacancies as scaling up starts but are using agency rather than substantive posts because of the challenges of recruitment.

Bank and Agency Expenditure - April 21 to March 22

Appendix 2.2

Service Area	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total ytd	
Adult & Specialist	402,151	402,151	417,365	568,652									1,790,320	
Children	113,558	113,558	216,727	125,733									569,577	
Director of Operations	91,247	91,247	95,850	53,144									331,488	
Corporate Services	37,529	37,529	41,184	26,934									143,176	
Total	644,486	644,486	771,126	774,464	0	0	0	0	0	0	0	0	2,834,561	
Internal	309,366	309,366	561,864	281,196									1,461,791	51.6%
Agency	335,120	335,120	209,262	493,268									1,372,770	48.4%
20/21 Totals	519,242	519,242	584,770	629,290	683,611	677,878	638,312	654,311	507,710	710,022	713,682	992,385	7,830,457	



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	310,195	270,908	317,866	424,006	601,357	3,939,590	
Children	107,255	107,255	128,822	138,920	86,528	89,321	138,271	203,746	73,746	148,688	98,207	178,811	1,499,571	
Residential & Extra Care	101,060	101,060	92,862	130,043	146,268	144,121	35,895	20,611	-1,092	-253	0	154	770,730	
Director of Operations	46,930	46,930	193,318	19,387	73,879	90,581	69,572	77,146	114,481	203,372	138,588	150,396	1,224,580	
Corporate Services	21,123	21,123	5,124	20,928	23,149	22,814	34,546	42,613	49,667	40,351	52,880	61,667	395,986	
Total	519,242	519,242	584,770	629,290	683,611	677,878	638,312	654,311	507,710	710,022	713,682	992,385	7,830,457	
Internal	351,201	351,201	385,729	372,606	424,394	409,823	368,362	367,994	222,769	429,882	338,863	419,305	4,442,128	56.7%
Agency	168,042	168,042	199,041	256,684	259,217	268,055	269,950	286,317	284,942	280,140	374,818	573,081	3,388,329	43.3%
20/21 Totals	519,242	519,242	584,770	629,290	683,611	677,878	638,312	654,311	507,710	710,022	713,682	992,385	7,830,457	

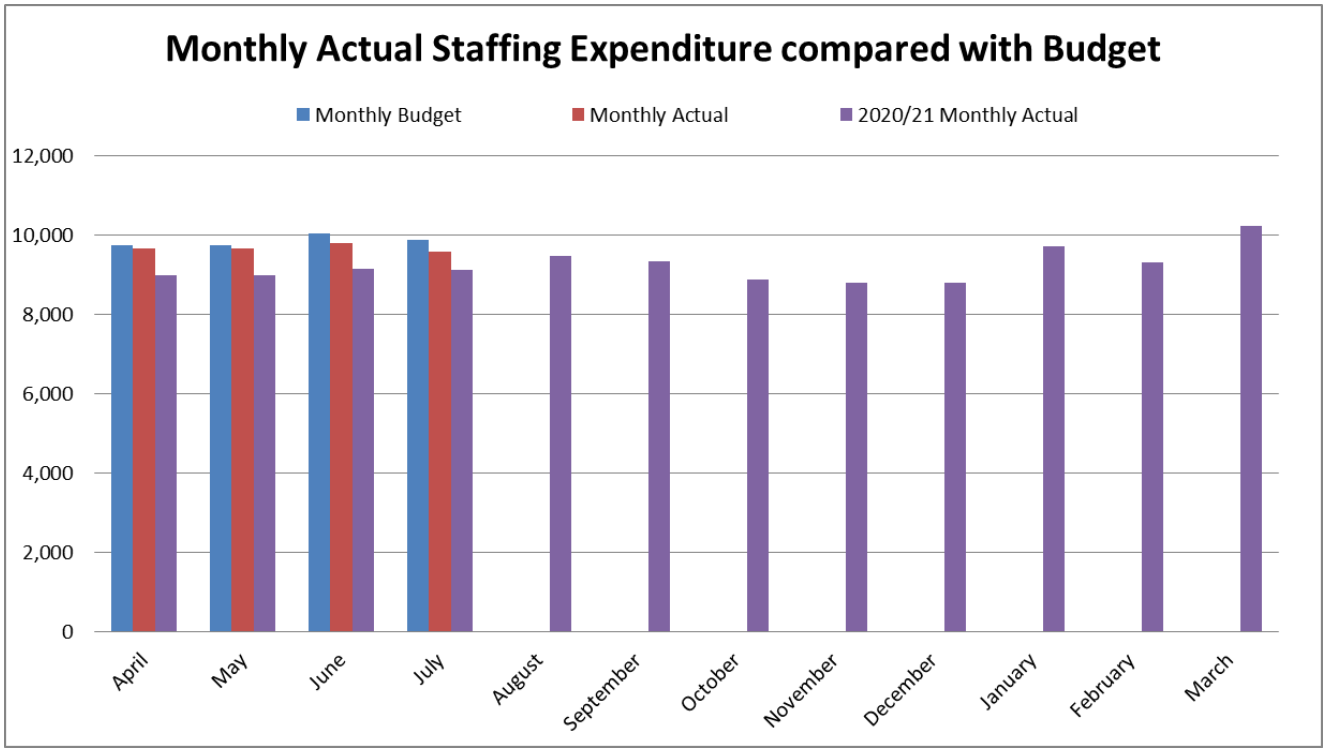
Below are further details of the Bank and Agency expenditure analysed between service areas.

Agency & Vacancy data - April 21 to March 22

Appendix 2.3

Service Area	Apr-21	May-21	Jun-21	Jul-21	Total ytd
Adult & Specialist					
Agency spend	184,676	184,676	154,377	414,229	937,958
Bank spend	217,475	217,475	262,988	154,424	852,362
vacancy %	4.30%	4.30%	17.80%	17.8%	
Children's Services					
Agency spend	79,023	79,023	62,622	51,309	271,977
Bank spend	34,536	34,536	154,105	74,424	297,600
vacancy %	8.40%	8.40%	12.49%	12.5%	
Director of Operations					
Agency spend	43,461	43,460	43,606	24,838	155,364
Bank spend	47,787	47,787	52,244	28,306	176,124
vacancy %	2.6%	2.6%	2.6%	2.5%	
Corporate Services					
Agency spend	2,206	2,206	168	2,891	7,471
Bank spend	35,323	35,323	41,016	24,043	135,705
vacancy %	2.6%	2.6%	2.3%	6.9%	
Total	644,486	644,485	771,126	774,464	2,834,561

The final graph shows the expenditure on staffing monthly compared to budget and the prior year. The current level remains below budget, but above last year reflecting changes in contracted activity.



4. Balance Sheet

Below is the summary level Balance Sheet as at 31 July 2021 (column 2) compared to the same period last year.

The reserves figure brought forward has not been updated for any Audit adjustments or for the tax charge on last year's surplus.

Balance Sheet

Line No.			Year to date		
			Jul-20	Jul-21	Diff
			£k	£k	£k
1	**Fixed Assets**		*1,093*	*1,764*	*671*
	Current Assets				
2	*Trade Debtors*		*1,328*	*12,347*	*11,019*
3	*Other Debtors*		*47*	*141*	*94*
4	*Cash*		*14,478*	*26,166*	*11,688*
	Current Liabilities				
5	*Trade Creditors*		*388*	*6,289*	*5,901*
6	*VAT/Corporation Tax*		*(50)*	*(206)*	*(156)*
7	*PAYE/NI*		*6,518*	*3,490*	*(3,028)*
8	*Other Creditors*		*7,753*	*23,274*	*15,521*
9	**Net Current Assets**		*1,244*	*5,807*	*4,563*
10	**Total Net Assets**		*2,337*	*7,571*	*5,234*
11	*Reserves*		*424*	*6,738*	*6,314*
12	*Current Year Surplus*		*1,913*	*833*	*(1,080)*
13	**Total Reserves**		*2,337*	*7,571*	*5,234*

5. Cash

Cash is high as a result of the surplus generated last year and the payments made in advance by the Commissioners at March for both services and transformation projcts, including the Childrens Electronic Patient Record which will be delivered over a number of periods.

As shown in the tables above the majority of cash is held in interest earnign, but low risk, deposits. The Finance team proactviely work with the bank to sweep excess cash from the 'current' account to maximise the amoutn earnign interest.

Cash Reserves and Borrowings

Period Ended Jul 2021 £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	3,926	2,624	6,531	2,455	16,467
B	UK Bank Treasury Deposits		24,061	24,061	24,061	24,061	24,061
C	UK Government Bonds		0	0	0	0	0
Total			27,987	26,685	30,592		

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	23	41	23	134
Total			134	23	41	23	134

Board Report

Date	14th September 2021	**Agenda item**	10
Title	**Finance Statement & Report for 2020-21**		
Author	Clive Bassett		
Presented by	Clive Bassett	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

To present the Board for formal approval the 2020-21 Financial Statements following the External Audit and the review of the Audit and its finding at Audit & Assurance Committee .

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

This report is coming to Board as part of its fucidiary duty and in accordance with arrangements set out within the Board Terms of Reference.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

This report has been developed in collaboration with senior members of the Sirona Finance Team and appointed external auditors, RSM utilising the Accounting books and records, and the information and systems employed within Sirona and in in accordance with ISAs (UK)

What is the process the report has been through internally

I.e. which teams or groups have reviewed the report or the information that informs it

This report has been reviewed by both the Senior Leadership Team and the Audit & Assurance Committee on 29th July 2021 and, in accordance with annual reporting governance, will be shared with the Sirona Members Group for information following Board approval.

Summary and Key Issues Highlighted by these teams, including mitigations
Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them
The key issues within this report were considered by the Audit & Assurance Committee, who recommends that the Board accepts these accounts for approval.
Actions for the Board (including any decisions required and options for consideration)
Are there any matters that require a Board decision or discussion to address issues of concern?
To Approve the Annual Reports and Financial Statements for the year ended 31 March 2021 for: • Sirona care & health CiC • Sirona Care Services Ltd Once approved, these financial statements will be filed at Companies House

Annual Report and Consolidated Financial Statements for the year ended 31st March 2021

Web: *www.sirona-cic.org.uk*

Company registration number 7585003

Contents

Legal and administrative information	2
Strategic Report	3
Directors' Report	8
Directors' Responsibilities Statement	12
Independent Auditor's Report	13
Consolidated Income Statement	17
Consolidated Statement of Comprehensive Income	18
Consolidated and Company Statement of Changes in Equity	19
Consolidated Statement of Financial Position	20
Company Statement of Financial Position	21
Consolidated Statement of Cash Flows	22
Notes to the Financial Statements	23

LEGAL AND ADMINISTRATIVE INFORMATION

Registered Name

Sirona care & health Community Interest Company

Company Number

7585003

Registered Office

Kingswood Civic Centre, High Street, Kingswood, Bristol, BS15 9TR

Directors

Ms J Rowse - Chief Executive
Mr C Bassett – Executive
Mrs J Sharma - Executive
Mrs J Theed – Executive
Mrs A Cheesley – Non Executive (Chair of Board)
Mrs L Harrison – Non Executive (Chair of Audit and Assurance Committee)
Cllr P May – Non-Executive (Chair of Quality and Outcomes Committee)
Dr B Brown – Non Executive
Mr S Macsorley – Non-Executive

Auditors

RSM UK Audit LLP, 55-61 Victoria Street, Bristol, BS1 6AD (External Auditors)

KPMG LLP, 66 Queen Square, Bristol, BS1 3BA (Internal Auditors)

Bankers

Lloyds Bank, Unit 44-45, George White Street, Cabot Circus, Bristol, BS1 3BA

Solicitors

Capsticks, 1 St George's House East, St George's Road, Wimbledon, London, SW19 4DR

Strategic Report

Sirona care & health is a Community Interest Company (CIC) whose purpose is to provide services to improve the health, care and wellbeing of individuals and of communities.

We are a social enterprise; this means we are driven by wanting to make a positive difference to people and not by profit. We are values based and values driven. "Taking it Personally" is the way we characterise our vision & values; we ask all staff to provide services to the standard they would want for those they love by demonstrating Courtesy and Respect; being Caring and Supportive; through Effective Communication and Safe and Professional practice.

We have no shareholders and we do not pay any dividends; all money is reinvested into the services we provide and/or into local communities to add even more value to achieving our purpose.

We were established in October 2011 as an independent non-profit distributing organisation, providing publicly-funded health and social care services.

Our services span across the full age range from birth through to end-of-life and include people who may require short-term support because of an illness; those with long-term conditions; those who need physical and/or mental health support as well as specialist services for those with additional needs. Our work is mainly in people's homes or in community settings, including three care homes, extra care facilities and in our community rehabilitation units. We employ community nurses, therapists and medical staff as well as highly trained and experienced support workers who work across all service areas. Our corporate teams, whose input is highly valued, support all our front-line delivery.

We aim to listen to the people who use our services and our staff who deliver their care and support so we can respond to the needs of our community as we continue to grow.

The Company has a 100% shareholding in one subsidiary, Sirona Care Services Limited which is the contracting company for specific services within the group.

Organisation Overview

Sirona has historically been the provider of adult community healthcare services in South Gloucestershire and in addition since April 2017 been the Prime Provider for children's community healthcare services across Bristol and South Gloucestershire; this means we hold the contract for these services and are accountable to commissioners and to local people for their effective delivery. From April 2020 we were awarded the ten-year contract to provide adult community health services in Bristol, North Somerset and South Gloucestershire. We were also awarded contracts to provide children's community health and children's public health services in North Somerset. This meant the transfer in of services and approximately 2,500 staff.

We hold sub-contracts and work in partnership with Avon and Wiltshire Mental Health Partnership NHS Trust, Universities Hospital Bristol Foundation NHS Trust, and Barnardo's, to make the best use of their expertise to ensure together we deliver a truly joined up service for children, young people and their families.

We are a key player in the Healthier Together Partnership, working with others across the system to make things as joined up as they can be.

The last financial year has been exceptionally challenging due to the impact of Covid-19. Our staff have had to work under extremely challenging conditions and we have had to redeploy staff, redirect services and provide new community services at pace to respond to this national emergency.

On 1ST October 2020 the residential and extra care homes that we operated based in Bath and North East Somerset transferred back to the Council by mutual agreement. We worked in collaboration with the council to ensure a smooth and safe transfer.

Awards and recognition

UNICEF BFI Gold award

The Health Visiting and Children's Centre services in North Somerset were jointly awarded the UNICEF BFI Gold award in July 2020. In our report the assessors noted that the services worked together seamlessly to support mothers in North Somerset.

Flu Campaign

As part of this years 'flu campaign we worked with Caring for Bristol making a donation to the charity for every flu jab given to a Sirona employee. Caring for Bristol carries out vital work to support Bristol's estimated 2,900 people who are homeless and we are proud to be able to support this.

Virtual staff awards

We set up a virtual event broadcasting live from a boat in Bristol with a local events company. We had over 300 staff join us, so this new approach enabled more staff to be present than we had had in previous years. With 16 categories for staff to be nominated in, we were delighted to be inundated with entries.

Community

Working with people and the communities we serve is really important to us and we are keen to ensure we listen to as many voices as possible about their experience of the care we provide so we can consistently learn and improve. We do this through our engagement with people digitally via social media, at forums and attending and organising events. We also have surveys and dedicated sessions for different service groups so we can consistently measure whether we are helping people to reach their goals.

The development of our People's Council has been an important initiative this year. The involvement of those who have lived experience of services in the co-design and co-production of our plans is a core feature of our ways of working and we are truly appreciative of the time and energy that people are giving freely to help us with this.

Summary of Performance Indicators

The Group monitors various indicators to measure organisation performance and impact including:

Activity Measures	2021	2020
District Nurse Contacts	439,987	169,676
Community Rehabilitation Contacts	120,810	59,534
Urgent Treatment Centre and Minor Injury Unit Contacts	63,848	26,625
Musculoskeletal Services Contacts	99,584	33,369
Learning Disability Service average monthly case load	1,727	504
Community Paediatrics Appointments (10 months 2021)	12,950	2,563
Health Visitors Newborn Visits	9,673	3,594
Financial and operating organisation measures		
Income growth	216%	6%
Staff turnover	15%	18%
Number of reportable incidents	38	5

The Group reporting includes monthly performance team reports which are used by managers at all levels to understand their area and act upon when necessary.

There are also significant levels of reporting to our Commissioning bodies which highlight performance, trends and impact of initiatives.

Outlook for the Organisation

The annual value of the Adult Community Health Services across Bristol, North Somerset and South Gloucestershire from April 2020 is £106m.

Sirona is also the prime contractor for Adult and Children's Community Health Services taking the lead on improving services across Bristol, North Somerset and South Gloucestershire over the next 6 years. This is done through working closely in partnership with Barnado's, United Hospitals Bristol and Avon and Wiltshire Partnership.

The significant growth in the company with turnover increasing from £76m to £165m in 2020/21 means that Sirona is now a significant provider of community services within the Bristol, North Somerset and South Gloucestershire health system. The strategy of the Board is to structure services on a locality basis to enable close working with both primary care networks, the acute trusts and local community groups and therefore enable the delivery of services to support local communities.

As of March 2021, the Group had cash reserves of £22m. The directors believe available cash provide adequate liquidity to allow the Group to continue to trade for a period of at least 12 months from the date of these financial statements.

Principal Risks and Uncertainties and Matters of Strategic Importance

Risk Management is a core responsibility of all managers within Sirona and is led by the Board. Risks with a score of 12+ are reported to the Board through the maintenance of risk registers and the Board is required to agree the closure of any risks which have had a score of 12 or more.

Financial risks relate to the challenging financial environment that the company operates in. This is mitigated by strong financial management and working closely with commissioners to ensure increases in demand are managed within contract values. Clinical risks are managed through the Operational Management Group and through a number of processes including adverse event reporting, clinical supervision, a clinical audit and training programme and safe staffing reporting.

The impact of Covid-19 was a key risk for the company as Sirona has been required to respond and step up services to support the NHS system. This has meant that operational services have continued throughout the period with some services increased to respond and other services diverted to support the main operational priorities. Financial risks are mitigated as funding for additional costs incurred responding to the crisis have been funded through the NHS. The directors have put in place a command-and-control structure to manage the crisis and monitor the impact on operational services. Planning for the provision of operational and corporate services for the foreseeable future is currently taken to ensure they are provided in a safe and sustainable way.

The Directors do not consider any of the identified risks to have the potential to materially affect the Group.

Staff training and development

Sirona's strategy incorporates a strong focus on valuing staff through development to enable the delivery of high-quality care. In response to the Covid situation, significant work was undertaken to deliver the majority of courses on-line including induction for new staff. The content of all training was reviewed to provide a blended approach with e-learning combined with webinars or face to face training. There were 1,762 face to face training attendances and 45,000 e-learning completions.

Section 172 Statement

Sirona care & health is a Community Interest Company (CIC) whose purpose is to provide services to improve the health, care and wellbeing of individuals and of communities and the Directors consider that strategic decisions that are taken by the Board are taken with due regard to the long term viability and sustainability of the company incorporating the interests of all stakeholders, specifically those of members, Commissioners, Service users, suppliers, employees and the wider public affected by the company's operations.

The Directors report highlights that employee involvement is a key consideration at all levels of the organisation, specifically our virtual staff awards, the staff membership group in our governance arrangements and "Our Voice" staff forum. The Directors report has also highlighted some of the ways we strive to include and listen to our service users, such as through social media, at forums, attending and organising events, and the development of our people's council.

This ethos is also carried into our relationships with our Commissioners, fellow service providers and suppliers through our active involvement in the BNSSG health and care system strategy and planning working groups including the Health Together Partnership.

The directors have acted in accordance with their duties codified in law, which includes their duty to act in a way in which they consider, in good faith, would most likely promote the success of the Company for the benefit of its members as a whole, having regard to the stakeholders and matters set out in section 172(1) of CA2006. Section 172 considerations are embedded in the decision making at every level when discharging the duties of the directors as covered by this report.

By order of the Board

Clive Bassett
Director of Finance

2021

Directors' Report

The Directors present their annual report and the audited financial statements for the year ended 31st March 2021.

The company is limited by guarantee and has no issued share capital. The liability of its members shall not exceed £1 each.

Results

The Consolidated Income Statement is set out on page 17. The key results are:

	2021 £'000	2020 £'000
Surplus/(deficit) before taxation and excluding pension scheme adjustments	6,173	(1,778)
Corporation Tax (note 6)	(2,052)	516
Surplus/(deficit) after taxation and excluding pension scheme adjustments	4,121	(1,262)
Pension scheme adjustments (2021 exceptional item)	4,412	(420)
Surplus/(deficit) for the year	8,533	(1,682)

The net cash inflow from operating activities was £16,698k (2020: inflow of £2,022k) and is shown in Note 15.

The Group has net assets at 31 March 2021 of £5,856k (2020: £2,677k net liabilities). In 2019/20 this was after the deduction of a pension liability in respect of the Local Government Pension Scheme of £4,412k. Excluding this liability, the Group had net assets of £1,735k at 31st March 2020.

These financial statements have been produced on the going concern basis as fully disclosed in Note 1.

Charitable donations

There were no charitable donations made during the year (2020: £0k).

Research and Development

Research and development is supported by staff and services from across Sirona by participating in research studies and by publishing articles. We work with system partners like the BNSSG Clinical Effectiveness & Research Team to participate in or lead on research projects. In 2020/21 Sirona has become a member of Bristol Health Partners, the newly formed Academic Health Science Centre, which will bring further opportunities for cross organisational collaboration in research and innovation.

Employee Involvement

We have a large staff group who are pivotal in ensuring we provide good quality services. Sirona is a Community Interest Company which incorporates a membership group in its governance arrangements. During 2019/20 the Board agreed revised Membership Arrangements to reflect the increased size and geography of the organisation moving forward. There are 7 staff members who have a combined 24% voting right of the total membership. The staff members are drawn from services and localities across the Company.

As an organisation we are committed to ensuring high levels of staff engagement. We recognise a number of trade unions and meet regularly with trade union representatives through the monthly Joint Participation & Consultative Committee as well as weekly meetings. We have a staff engagement group 'Our Voice' which is representative of staff across the organisation who have a desire to connect with their teams and contribute to the wider engagement of Sirona. We have an OD Team who are working to help us develop a culture where everyone feels a sense of belonging. They are leading our approach to Equality, Diversity and Inclusion (EDI), wellbeing, staff engagement, retention and data, and supporting with coaching, mediation, leadership engagement and working with our colleagues in Sirona on all aspects of transformation of people. We have an Equality, Inclusion & Diversity Steering Group which provides strategic direction and regularly reviews action taken. We have produced our annual Workforce Race Equality Standard (WRES) report, and established a Global Majority Staff Network within the organisation and act on ideas and suggestion to improve experiences of BAME colleagues at work. We also now have a range of other staff networks including a LGBT+ Staff Network and Disability network.

Energy and Carbon Report

	2021	**2020**
Energy consumption used to calculate emissions (kWh)	4,590,535	2,242,245
Of which relates to:		
Gas consumption	3,005,931	1,565,932
Purchased Electricity	1,584,604	676,313
Scope 1 emissions in metric tonnes CO2e Gas consumption	553	288
Scope 2 emissions in metric tonnes CO2e Purchased Electricity	369	173
Scope 3 emissions in metric tonnes CO2e Business travel in employee owned vehicles	625	337
Total gross emissions in metric tonnes CO2e	1,547	798
Total gross emissions in kg CO2e per employee	463.79	557.58

Methodology

Gas and Electricity: Is calculated based on usage data provided by landlords on KwH used by our offices and converted to CO2 using a conversion factor sourced from the 2021 & 2020 UK Government's Conversion Factors for Company Reporting.

Mileage: Is calculated using recorded business miles travelled by our staff, and converted to CO2e using a conversion factor sourced from the 2021 & 2020 UK Government's Conversion Factors for Company Reporting.

Measures to increase energy efficiency

The Director of Finance has been designated the company's Net Zero Lead and will be establishing ways to reduce the company's carbon footprint. We recognise that due to the impact of Covid-19 energy usage and business mileage may be lower than during normal business operations. We are though committed to using the new flexible working arrangements put in place over the last year to not only support staff wellbeing but also reduce our carbon impact.

Directors

The directors who held office during the year and up to the date of the signature of the financial statements are as follows:

Mr C Bassett – Executive
Dr B Brown Non - Executive (appointed 1st April 2021)
Mrs A Cheesley - Non Executive (Chair of Board from 1st April 2021)
Mrs L Harrison – Non Executive (+*)(appointed 1st January 2021)
Mr S Knighton - Non-Executive Chairman (resigned 31st March 2021)
Mr S Macsorley – Non-Executive (+*)(appointed 1st April 2020)
Cllr P May – Non-Executive (*+)
Mr D Purdon - Non-Executive (resigned 31st December 2020)
Ms J Rowse - Chief Executive
Mrs J Sharma - Executive (appointed 1st April 2020)
Mrs J Theed – Executive

The board has two main sub committees which are the Quality and Outcomes Committee (*) and the Audit and Assurance Committee(+).

Supplier Payment Policy

Sirona's supplier payment policy is to make payments within 30 days of the date of the invoice unless separately agreed.

In the case of each of the persons who are Directors of the Company at the date when this report was approved:

- so far as each of the Directors is aware, there is no relevant audit information (as defined in the Companies Act 2006) of which the Company's auditor is unaware; and

- each of the Directors has taken all of the steps that he or she ought to have taken as a Director to make themselves aware of any relevant audit information (as defined) and to establish that the Company's auditor is aware of that information.

RSM UK Audit LLP is the appointed auditor for Sirona care & health Community Interest Company and has expressed its willingness to continue in office. The Audit and Assurance Committee will be recommending a resolution to the Annual General Meeting to re-appoint RSM UK Audit LLP as auditors.

By order of the Board

Clive Bassett
Director of Finance

2021

Directors' Responsibilities Statement

The Directors are responsible for preparing the Strategic Report and the Directors' Report and the financial statements in accordance with applicable law and regulations. Company law requires the Directors to prepare financial statements for each financial year. Under that law, the Directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the Directors must not approve the financial statements unless they are satisfied that they give a true and fair view of state of affairs of the Group and the Company and of the profit or loss of the Group for that period. In preparing these financial statements, the Directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Group and the Company will continue in business.

The Directors are responsible for keeping adequate accounting records that are sufficient to show and explain the Group's and the Company's transactions and disclose with reasonable accuracy at any time the financial position of the Group and the Company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Group and the Company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF SIRONA CARE & HEALTH COMMUNITY INTEREST COMPANY

Opinion

We have audited the financial statements of Sirona care & health Community Interest Company (the 'parent company') for the year ended 31 March 2021 which comprise the consolidated income statement, consolidated statement of comprehensive income, the company and consolidated statements of changes in equity, the company and consolidated statements of financial position, the consolidated statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the parent company's affairs as at 31 March 2021 and of the group's profit for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group and parent company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's or the parent company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the strategic report and the directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of directors

As explained more fully in the directors' responsibilities statement set out on page 12, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the group's and the parent company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the group or the parent company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue

an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities are instances of non-compliance with laws and regulations. The objectives of our audit are to obtain sufficient appropriate audit evidence regarding compliance with laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements, to perform audit procedures to help identify instances of non-compliance with other laws and regulations that may have a material effect on the financial statements, and to respond appropriately to identified or suspected non-compliance with laws and regulations identified during the audit.

In relation to fraud, the objectives of our audit are to identify and assess the risk of material misstatement of the financial statements due to fraud, to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud through designing and implementing appropriate responses and to respond appropriately to fraud or suspected fraud identified during the audit.

However, it is the primary responsibility of management, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations and for the prevention and detection of fraud.

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud, the group audit engagement team:

- obtained an understanding of the nature of the industry and sector, including the legal and regulatory framework that the group and parent company operates in and how the group and parent company are complying with the legal and regulatory framework;
- inquired of management, and those charged with governance, about their own identification and assessment of the risks of irregularities, including any known actual, suspected or alleged instances of fraud;
- discussed matters about non-compliance with laws and regulations and how fraud might occur including assessment of how and where the financial statements may be susceptible to fraud.

As a result of these procedures we consider the most significant laws and regulations that have a direct impact on the financial statements are FRS 102 and compliance with the Companies Act 2006 and Tax compliance regulations. We performed audit procedures to detect non-compliances which may have a material impact on the financial statements which included, reviewing financial statement disclosures, inspecting correspondence with local tax authorities and evaluating advice received from tax advisors.

The most significant laws and regulations that have an indirect impact on the financial statements are those in relation to the Care Quality Commission and GDPR. We performed audit procedures to inquire of management and those charged with governance whether the group is in compliance with these law and regulations and inspected correspondence and certification with the regulatory authorities.

The group audit engagement team identified the risk of management override of controls and revenue recognition as the areas where the financial statements were most susceptible to material misstatement due to fraud. Audit procedures performed included but were not limited to testing manual journal entries and other adjustments and evaluating the business rationale in relation to significant, unusual transactions and transactions entered into outside the normal course of business, testing the recognition of a sample of revenue items both pre and post year end with reference to the relevant contractual and shipping documentation, performing substantive analytical procedures over contractual income, and reviewing the appropriateness of journal entries as they relate to contractual revenue.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: http://www.frc.org.uk/auditorsresponsibilities This description forms part of our auditor's report.

Use of our report

This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Kevin Barwick (Senior Statutory Auditor)

For and on behalf of RSM UK Audit LLP, Statutory Auditor

Chartered Accountants
Hartwell House
55-61 Victoria Street
Bristol
BS1 6AD
Date

Consolidated Income Statement
for the year ended 31st March 2021

	note		2021 £'000		2020 £'000
Income			165,458		76,372
Administrative Expenses					
Staff costs	2	107,559		39,817	
Other operating expenses		51,743		37,323	
Exceptional items	3	(4,412)		1,297	
			(154,890)		(78,437)
Operating Surplus/(Deficit)	4		10,568		(2,065)
Interest receivable	5		17		40
Interest payable and similar charges	5		-		(173)
Surplus/(Deficit) before Taxation			**10,585**		**(2,198)**
Taxation	6		(2,052)		516
Surplus/(Deficit) after Taxation			**8,533**		**(1,682)**

The operating results for the current year arose from continuing operations except for exceptional items which for 2021 is represented by the derecognition of a legacy defined benefit pension liability.

The notes on pages 23 to 37 form part of these financial statements.

Consolidated Statement of Comprehensive Income for the year ended 31st March 2021

	note	2021 £'000	2020 £'000
Surplus/(Deficit) after Taxation		8,533	(1,682)
Actuarial gain/(loss) in respect of defined benefit pension scheme	11	-	654
Deferred tax for defined benefit pension scheme		-	(124)
Total comprehensive income		8,533	(1,152)

The notes on pages 23 to 37 form part of these financial statements.

Statement of Changes in Equity
for the year ended 31st March 2021

Consolidated	*note*	**Pension Reserve £'000**	**Income and Expenditure Account £'000**	**Total Equity £'000**
Balance as at 1st April 2020		(4,412)	1,735	(2,677)
Settlement of pension scheme liability		4,412	(4,412)	-
Total comprehensive income for the year		-	8,533	8,533
Balance as at 31st March 2021		-	5,856	5,856

Company	*note*	**Pension Reserve £'000**	**Income and Expenditure Account £'000**	**Total Equity £'000**
Balance as at 1st April 2020		(4,412)	1,723	(2,689)
Settlement of pension liability		4,412	(4,412)	-
Total comprehensive income for the year		-	8,533	8,533
Balance as at 31st March 2021		-	5,844	5,844

The notes on pages 23 to 37 form part of these financial statements.

Consolidated Statement of Financial Position as at 31st March 2021

	note	2021 £'000	2020 £'000
Fixed assets			
Tangible assets	7	1,401	251
		1,401	251
Current assets			
Stock		9	8
Debtors	9	9,216	6,030
Cash at bank and in hand		22,377	7,443
		31,602	13,481
Creditors – amounts falling due within one year	10	(26,927)	(11,997)
Net current assets		**4,675**	**1,484**
Provision for liabilities	6	(220)	-
Net assets excluding pension liability		**5,856**	**1,735**
Pension scheme liabilities	11	-	(4,412)
Net assets/(liabilities) including pension scheme liability		**5,856**	**(2,677)**
Reserves			
Income and expenditure account excluding pension reserve	12	5,856	1,735
Pension reserve	11	-	(4,412)
Total reserves		**5,856**	**(2,677)**

The financial statements on pages 17 to 37 were approved and authorised for issue by the Board of Directors on 2021 and were signed on its behalf by:

C Bassett

Director of Finance

Company Statement of Financial Position as at 31st March 2021

	note	2021 £'000	2020 £'000
Fixed assets			
Tangible assets	7	1,401	251
Investments	8	1	1
		1,402	252
Current assets			
Stock		9	8
Debtors	9	9,212	6,030
Cash at bank and in hand		22,354	7,306
		31,575	13,344
Creditors – amounts falling due within one year	10	(26,913)	(11,873)
Net current assets		**4,662**	**1,471**
Provision for liabilities	6	(220)	-
Net assets excluding pension liability		**5,844**	**1,723**
Pension scheme liabilities	11	-	(4,412)
Net assets/(liabilities) including pension scheme liability		**5,844**	**(2,689)**
Reserves			
Income and expenditure account excluding pension reserve	12	5,844	1,723
Pension reserve	11	-	(4,412)
Total Reserves		**5,844**	**(2,689)**

The parent company's surplus for the year was £8,533k (2020: £1,152k loss)

The financial statements on pages 17 to 37 were approved and authorised for issue by the Board of Directors on 2021 and were signed on its behalf by:

C Bassett
Director of Finance

Consolidated Statement of Cash Flows
for the year ended 31st March 2021

	Note	2021 £'000	2020 £'000
Operating Activities			
Net cash generated from operating activities	15	16,698	2,022
Taxation	6	-	(142)
Net cash from operating activities		16,698	1,880
Investing Activities			
Purchase of tangible fixed assets	7	(1,781)	-
Interest received		17	40
Net cash used in investing activities		(1,764)	40
Net increase in cash		14,934	1,920

Reconciliation to movement in net funds

	2021 £'000	2020 £'000
Net increase in cash for the year	14,934	1,920
Movement in net funds		
Net funds at beginning of the year	7,443	5,523
Net funds at the end of the year	22,377	7,443

The notes on pages 23 to 37 form part of these financial statements.

Notes to the Financial Statements

1 ACCOUNTING POLICIES

General Information

Sirona care & health CIC is a registered community interest company domiciled and incorporated in England.

The address of the Company's registered office and principal base is Kingswood Civic Centre, High Street, Kingswood, Bristol, BS15 9TR.

The Group consists of Sirona care & health CIC and Sirona Care Services Limited.

The Company and Group's principal activities are the provision of health and social care and are described in the Strategic report of these financial statements.

Basis of preparation

The Statement of Accounts summarises the Group's transactions for the year ended 31st March 2021.

The accounts are prepared in accordance with FRS102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the requirements of the Companies Act 2006 and under the historic cost convention.

Monetary amounts in these financial statements are rounded to the nearest whole £1,000, except where otherwise indicated.

In accordance with FRS 102, the Company has taken advantage of the exemptions from the following disclosure requirements:

- Section 7 'Statement of Cash Flows' – Presentation of a Company Statement of Cash Flows and related notes and disclosures
- Section 11 'Basic Financial Instruments' & Section 12 'Other Financial Instrument Issues' – Carrying amounts, interest income/expense and net gains/losses for each category of financial instrument; basis of determining fair values.

As permitted by s408 Companies Act 2006, the company has not presented its own statement of comprehensive income as it prepares group accounts and the company's individual statement of financial position shows the companies' profit or loss for the financial year.

Going Concern

The directors have considered in detail the Group's financial performance and contracts, as well as its capital and liquidity resources. The directors have assessed the financial position of the company with particular focus on the impact of Covid-19. Due to the nature of Sirona's business within the NHS, and the national funding to cover Covid-19 additional costs for organisations providing NHS contracts, the impact of Covid-19 is unlikely to have a significant impact on the Groups cost base. Income is secured through contracts that span

Notes to the Financial Statements

multiple years, giving management a comprehensive oversight of future cashflows. The directors have also assessed resourcing capability to ensure staff are available to provide the contracted services. The Group have a large pool of bank and agency staff available to cover any potential shortfall arising through a localised Covid-19 outbreak

As of March 2021, the Group had £22m of cash reserves. The directors believe available cash provide adequate liquidity to allow to the Group to continue to trade for a period of at least 12 months from the date of these financial statements.

During the year the employees within the Avon Pension Scheme were transferred to Bath and North East Somerset Council with any liabilities relating to the pension fund also transferring fully to the council. Although the Directors did not consider the liabilities in the fund to be a risk to the Group's ability to trade the transfer out of the fund has removed any concern.

The Directors have therefore adopted the going concern basis in preparing these financial statements.

Basis of Consolidation

The Group's financial statements include the results and Statement of Financial Position of the Company and its subsidiary undertaking for the financial year.

The parent Company's surplus for the year was £8,533k (2020: loss £1,152k).

Income

Income comprises income received under NHS, Local Authority and other contracts and is recognised in the period in which the contracted services are provided. Income received in advance is deferred and released to the income and expenditure account in the period in which the services are provided and entitlement to that income falls due.

Expenditure

Supplies are recorded as expenditure when they are consumed. Employee benefits are accounted for as they are earned.

Where income and expenditure has been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Statement of Financial Position. Where it is doubtful that debts will be settled, the balance of debtors is written down and a charge made to the income statement for the income that might not be collected.

Notes to the Financial Statements(continued)

Provisions

Provisions are made where the Group has a present legal or constructive obligation that probably requires transfer of economic benefit in a future period and a reliable estimate of the amount of obligation can be made.

Tangible Fixed Assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses. Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost or valuation of each asset to its estimated residual value over its expected useful life, as follows:

- Fixtures and Fittings - 10% straight line
- Plant and Machinery - 10% straight line
- Vehicles - 25% writing down
- Equipment - 25% straight line
- ICT Hardware - 25% straight line
- Leasehold improvements – 20% straight line
- Assets transferred in as part of the new adult contract – 50% straight line

Residual value is calculated on prices prevailing at the reporting date, after estimated costs of disposal, for the asset as if it were at the age and in the condition expected at the end of its useful life.

Impairment of Fixed Assets

Assessments are made at each reporting date whether an asset may be impaired. If any such indication exists, estimates are made of the recoverable amount of the asset. If the recoverable amount is less than its carrying amount, the carrying amount of the asset is impaired and reduced through impairment in the Income Statement.

Leased assets and obligations

Leases in which a significant proportion of the risks and rewards of ownership are retained by the lessor are classified as operating leases. Instalments on operating lease contracts are charged to the income and expenditure account as they become payable.

Notes to the Financial Statements(continued)

Retirement benefits

Contributions are made to three separate pension schemes relating to three cohorts of staff. These are the NHS Pension Fund, Avon Pension Fund and the Sirona money purchase scheme. Payments to the pension schemes are charged as an expense as they fall due.

The Avon Pension Fund is a defined benefit scheme. The difference between the fair value of the assets in the Avon Pension Fund and the scheme's liabilities measured on an actuarial basis are recognised in the Group Statement of Financial Position as a pension asset or pension liability as appropriate. The employees within this scheme have transferred to Bath and North East Somerset Council. There is one employee remaining in a separate new Avon Pension scheme which is not considered material to these accounts.

The NHS pension scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable Sirona to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to Sirona of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Sirona pension scheme operated by Royal London is a defined contribution scheme and is therefore only reflected in the accounts through the employer contributions to the scheme within the income and expenditure account.

Deferred Taxation

The tax expense represents the sum of the current tax expense and deferred tax expense. Current tax assets are recognised when tax paid exceeds the tax payable.

Current tax is based on taxable profit for the year. Current tax assets and liabilities are measured using tax rates that have been enacted or substantively enacted by the reporting date.

Deferred tax is calculated at the tax rates that are expected to apply to the period when the asset is realised or the liability is settled based on tax rates that have been enacted or substantively enacted by the reporting date.

Deferred tax liabilities are recognised in respect of all timing differences that exist at the reporting date. Timing differences are differences between taxable profits and total comprehensive income that arise from the inclusion of income and expenses in tax assessments in different periods from their recognition in the financial statements.

Deferred tax assets are recognised only to the extent that it is probable that they will be recovered by the reversal of deferred tax liabilities or other future taxable profits.

Notes to the Financial Statements(continued)

Current and deferred tax is charged or credited in profit or loss, except when it relates to items charged or credited to other comprehensive income or equity, when the tax follows the transaction or event it relates to and is also charged or credited to other comprehensive income or equity.

Current tax assets and current tax liabilities and deferred tax assets and deferred tax liabilities are offset, if and only if, there is a legally enforceable right to set off the amounts and the entity intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Irrecoverable VAT

The Group is not able to recover all VAT on the exempt services that it provides under contracts to the NHS and the Council. These are the healthcare and medical services defined by HMRC as exempt, and the welfare services regulated by the Care Quality Commission. The irrecoverable VAT is charged to the income and expenditure account on a quarterly basis.

Cash and cash equivalents

Cash and cash equivalents are basic financial instruments and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

Stock

Stocks are stated at the lower of cost and net realisable value. Net realisable value is the price at which stocks are sold in the normal course of business after allowing for the costs of realisation.

Financial Instruments

Sirona has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102, in full, to all of its financial instruments. Financial assets and financial liabilities are recognised when Sirona becomes a party to the contractual provisions of the instrument, and are offset only when Sirona has a legally enforceable right to set off the recognised amounts and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

Trade, group and other debtors (including accrued income) which are receivable within one year and which do not constitute a financing transaction are initially measured at the transaction price and subsequently measured at amortised cost, being the transaction price less any amounts settled and any impairment losses.

Trade, group and other creditors (including accruals) payable within one year that do not constitute a financing transaction are initially measured at the transaction price and subsequently measured at amortised cost, being transaction price less any amounts settled.

Notes to the Financial Statements(continued)

Critical Accounting Estimates and Areas of Judgement

In the application of the company's accounting policies, the directors are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

In the opinion of the directors, no judgements, estimates and assumptions applied in preparing these financial statements have had a material impact on the reported results or financial position.

Notes to the Financial Statements(continued)

2 STAFF COSTS

2.1 Staff Costs (including Directors) (consolidated and company)

	2021 £'000	2020 £'000
Wages and salaries	89,540	33,999
National Insurance	6,913	2,628
Pension Costs		
Avon pension	150	324
NHS pension	10,393	2,975
Scottish Life pension (Sirona money purchase scheme)	563	522
Sub-total pensions	11,106	3,821
Total staff costs	107,559	40,448

Average number of employees (including Directors)

Directors	15	11
Operational	3,129	1,310
Administration	191	110
	3,335	1,431

The number of bank staff for 2021 is 262 (2020: 243)

2.2 Remuneration to Directors

	2021 £'000	2020 £'000
Directors' remuneration	486	389
Company contributions to pension schemes	48	36
	534	425

The senior leadership team have been designated the key management personnel of the company and the group for disclosure of remuneration. Total remuneration of Key management personnel was £865k (2020: £841k) There were nine key management personnel in the Group's defined benefit pension scheme and three key management personnel in the Group's defined contribution scheme during the period.

The total amount payable to the highest paid Director in respect of emoluments was £132k over the year (2020: £125k). Company pension contributions of £19k (2020: £18k) were made to the defined benefit scheme on their behalf.

Notes to the Financial Statements(continued)

3 EXCEPTIONAL ITEMS

On 1st October 2020 the employees within the defined benefit pension scheme transferred to Bath and North East Somerset Council. Any liabilities related to the pension fund were also transferred to the council and have therefore been reflected in the income statement. In 2019/20 there were exceptional costs incurred in mobilising the Adult Contract for a contract start on 1st April 2020 as follows:

	2021 £'000	2020 £'000
Derecognition of defined benefit pension scheme	4,412	-
Staff costs	-	(631)
Other operating expenses	-	(666)
	4,412	(1,297)

4 SURPLUS/(DEFICIT) BEFORE TAXATION

Surplus/(Deficit) before taxation is after charging:	2021 £'000	2020 £'000
Auditor's remuneration : for audit	48	36
other services	6	6
Depreciation on tangible fixed assets (see note 7)	631	117
Amortisation on intangible fixed assets	-	7
Stocks recognised as an expense	19	47
Operating leases (land and buildings)	8,826	2,274
Operating leases (equipment)	81	25

5 INTEREST

	2021 £'000	2020 £'000
Interest relating to cash balances	17	40
Interest relating to the pension scheme (note 11)	-	(173)
	17	(133)

6 TAXATION

Analysis of tax charge for the year	2021 £'000	2020 £'000
Current tax		
UK corporation tax at 19% (prior year: 19%)	662	-
Adjustments in respect of prior periods	1	(142)
	663	(142)

Notes to the Financial Statements(continued)

Deferred tax	2021 £'000	2020 £'000
Origination and reversal of timing differences	1,384	(266)
Adjustments in respect of prior periods	5	-
Effect of tax rate change on opening balance	-	(108)
Total deferred tax charge/(credit)	1,389	(374)
Tax on profit/(loss)	2,052	(516)
Tax relating to other comprehensive income		
Deferred tax		
Origination and reversal of timing differences	-	124
Tax relating to other comprehensive income	-	124
Provision for deferred tax		
Fixed asset timing differences	3	(72)
Short term timing differences	217	(897)
Losses and other deductions	-	(200)
Total deferred tax liability/(asset)	220	(1,169)
Movement in provision		
Provision at start of period	(1,169)	(919)
Deferred tax charged in the income statement for the year	1,389	(374)
Deferred tax charged in the Statement of comprehensive income	-	124
Provision at end of period	220	(1,169)
Reconciliation of current tax charge		
Profit/(loss)on ordinary activities before tax	10,584	(2,198)
Tax on surplus/(deficit) on ordinary activities at standard corporation tax rate of 19% (prior year 19%)	2,011	(418)
Effects of:		
Fixed asset differences	-	11
Expenses not deductible for tax purposes	34	-
Amounts relating to other comprehensive income or otherwise transferred	-	124
Losses carried back	-	141
Adjustment to tax charge in respect of previous periods	2	(142)
Adjustment to tax charge in respect of previous periods – deferred tax	5	-
Deferred tax (charged)/credited relating to other comprehensive income	-	(124)
Remeasurement of deferred tax for changes in tax rates	-	(108)
Tax charge/(credit) for the year	2,052	(516)

Notes to the Financial Statements(continued)

7 TANGIBLE FIXED ASSETS

Consolidated and Company	Leasehold Improvements £'000	Plant, Machinery & Vehicles £'000	Fixtures, Fittings & Equipment £'000	Computer Hardware £'000	Total £'000
Cost or Valuation					
As at 1st April 2020	329	60	313	870	1,572
Additions	-	-	167	1,614	1,781
31st March 2021	329	60	480	2,484	3,353
Depreciation					
As at 1st April 2020	151	36	273	861	1,321
Charge for year	59	6	99	467	631
31st March 2021	210	42	372	1,328	1,952
Net Book Value					
As at 31st March 2021	**119**	**18**	**108**	**1,156**	**1,401**
As at 31st March 2020	178	24	40	9	251

8 INVESTMENTS

Sirona care & health Community Interest Company owns 1,000 £1 ordinary shares in Sirona Care Services Limited. In 2021 Sirona Care Services broke even (2020: £0k) and as at 31st March 2021 had total reserves of £13k (2020: £13k).

Sirona Care Services has the same registered office as Sirona care & health CIC.

9 DEBTORS

	Consolidated		Company	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Trade debtors	5,614	1,778	5,610	1,778
Other debtors	1,661	90	1,661	90
Prepayments and accrued income	1,941	2,851	1,941	2,851
Deferred tax asset relating to defined benefit pension scheme	-	1,169	-	1,169
Corporation tax asset	-	142	-	142
	9,216	6,030	9,212	6,030

Deferred tax assets of £0k (2020: £1,169k) are considered recoverable after more than one year.

Notes to the Financial Statements(continued)

10 CREDITORS – AMOUNTS FALLING DUE WITHIN ONE YEAR

	Consolidated		Company	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Trade creditors	6,253	3,367	6,253	3,367
Other creditors	745	1,100	745	1,100
Other tax and social security	2,096	1,143	2,082	1,019
Corporation tax liability	663	-	663	-
Accruals and deferred income	17,170	6,387	17,170	6,387
	26,927	11,997	26,913	11,873

11 PENSIONS

Avon Pension Fund

On 1st October 2020 the residential and extra care homes were transferred to Bath and North East Somerset Council. This is where the majority of staff in the Avon Pension Scheme were employed. This pension fund and any liabilities were transferred to Bath and North East Somerset Council at this point.

The material assumptions used by the actuary for FRS102 in 2019/20 were:	31st March 2020
Rate of CPI inflation / CARE benefits revaluation	2.1%
Rate of increase in salaries	3.6%
Rate of increase in pensions in payment/deferment	2.2%
Discount rate	2.4%

Post retirement mortality assumptions (normal health)

	31st March 2020
Non retired members	S3PA CMI 2018 (1.75%) 98% males, 88% females
Retired members	S3PA CMI 2018 (1.75%) 92% males, 87% females
Life expectancy of a male (female)	
-future pensioner aged 65 in 20 years' time	24.7 (27.3) years
-current pensioner aged 65	23.2 (25.3) years

Notes to the Financial Statements(continued)

Sirona's assets in the scheme were:

	Assets as at 31st March 2020 £'000
Equities	3,840
Government bonds	494
Other bonds	803
Property	874
Cash/liquidity	194
Other	2,622
Overall assets	8,827

Sirona's share of the scheme's assets and liabilities:

	2020 £'000
Present value of funded benefit obligations	(13,239)
Fair value of plan assets	8,827
Net pension deficit	(4,412)

Analysis of the movement in the present value of scheme liabilities:

	2021 £'000	2020 £'000
At the start of the year	13,239	13,942
Current service cost	-	567
Interest on pension liabilities	-	346
Member contributions	-	90
Remeasurements	-	(1,380)
Benefits/transfers paid	-	(386)
Past service cost (gain)	-	60
Transfer of scheme liabilities to new employer	(13,239)	-
	-	13,239

Notes to the Financial Statements(continued)

Analysis of the movements in the fair value of plan assets:

	2021 £'000	2020 £'000
Fair value of plan assets at beginning of year	8,827	9,296
Expected return on plan assets	-	233
Actuarial losses/(gains) on assets	-	(726)
Administration expenses	-	(9)
Employer contributions	-	329
Member contributions	-	90
Benefits/transfers paid	-	(386)
Transfer of scheme assets to new employer	(8,827)	
Fair value of plan assets at end of year	-	8,827

The movements recognised in income statement are as follows:

	2020 £'000
Included in administrative expenses	
Current service cost	567
Less actual employer contributions	(329)
Administration expenses	9
	247
Included in interest payable and other charges	
Interest on pension liability	346
Expected return on assets	(233)
Past service cost(gain)	60
	173
Total recognised in income statement	420

12 INCOME AND EXPENDITURE ACCOUNT RESERVES

Reserves of the group represent the following:

Pension Reserve
The cumulative actuarial gains and losses of the defined benefit scheme

Income and expenditure account
Income and expenditure reserves reflect cumulative profits and losses of the group

Notes to the Financial Statements(continued)

13 OPERATING LEASES

The Group had total future minimum lease commitments under non-cancellable operating leases as set out below:

Total future minimum lease payments due:	Land and Buildings **2021 '000**	Other **2021 £'000**	Land and Buildings **2020 £'000**	Other **2020 £'000**
Within one year	7,341	6	387	4
One to five years	19,505	7	959	-
Later than five years	31,698	-	706	-
	58,544	13	2,052	4

14 RELATED PARTY TRANSACTIONS

Advantage has been taken of the exemption from disclosing transactions and balances with other wholly owned group undertakings as permitted by FRS102, section 33.

Cllr P May is a councillor for Bath and North East Somerset Council and a non-executive director of Sirona. The Council received services from Sirona to the value of £1,022,880 (2020: £762,992) for the year with Sirona purchasing £390,756 (2020: £276,636) of council services over the same period. At the 31st March 2021 there were £181,341 of debtor balances (2020: £90,071) and £152,871 of creditors balances (2020: £167,224) outstanding with the Council.

Janet Rowse is a board member for West of England Academic Health Science Network (WEAHSN). Sirona paid £15,000 to the Royal United Hospital for membership of WEAHSN for the year (2020: £0) and charged £20,032 to the Royal United Hospital for a member of staff on secondment to WEAHSN.

Simon MacSorley is a non-executive director of Sirona and employed by the University of the West of England (UWE). UWE received services from Sirona to the value of £39,739 for the year with Sirona purchasing £53,496 of services from UWE over the same period. At the 31st March 2021 there were £24,150 of debtor balances and £7,570 of creditors balances outstanding with UWE.

Mike Richards is a member of Sirona's senior leadership team and employed by University Hospitals Bristol & Weston (UHBW) and Weston Area Health Trust (WAHT). UHBW received services from Sirona to the value of £336,784 for the year with Sirona purchasing £1,189,570 of services from UWE over the same period. At the 31st March 2021 there were £202,736 of debtor balances and £542,151 of creditors balances outstanding with UHBW. WAHT received services from Sirona to the value of £14,021 for the year.

Sirona Care Services Limited is a contracting body within the Sirona Group and provides welfare activities.

Notes to the Financial Statements(continued)

15 CASH GENERATED FROM GROUP OPERATIONS

	2021 £'000	2020 £'000
Profit/(loss) before tax	10,585	(2,198)
Adjustments for:		
Depreciation of tangible fixed assets	631	117
Amortisation of intangible fixed assets	-	7
(Increase)/decrease in stock	(1)	1
Decrease in trade and other debtors	(4,356)	(361)
Increase in trade and other creditors	14,268	3,934
Defined benefit pension schemes	(4,412)	420
Interest receivable	(17)	(40)
Taxation	-	142
Net cash generated from operating activities	16,698	2,022

There are no amounts, such as borrowings or obligations under finance leases, that require separate analysis as changes in net debt of the group.

Sirona Care Services Limited

Annual Report and Financial Statements for the year ended 31st March 2021

Company registration number 8275256

Contents

Legal and administrative information	2
Directors' report	3
Statement of directors' responsibilities	5
Report of the independent auditor	6
Income Statement	10
Statement of Financial Position	11
Notes to the financial statements	12

LEGAL AND ADMINISTRATIVE INFORMATION

Registered Name

Sirona Care Services Limited

Company Number

08275256

Registered Office

Kingswood Civic Centre, High Street, Kingswood, Bristol, BS15 9TR

Directors

Ms J Rowse - Chief Executive
Mr C Bassett – Executive
Mrs J Sharma - Executive
Mrs J Theed – Executive
Mrs A Cheesley – Non Executive (Chair of Board)
Mrs L Harrison – Non Executive (Chair of Audit and Assurance Committee)
Cllr P May – Non-Executive (Chair of Quality and Outcomes Committee)
Dr B Brown – Non Executive
Mr S Macsorley – Non-Executive

Auditors

RSM UK Audit LLP, 55-61 Victoria Street, Bristol, BS1 6AD (External Auditors)

KPMG LLP, 66 Queen Square, Bristol, BS1 3BA (Internal Auditors)

Bankers

Lloyds Bank, Unit 44-45, George White Street, Cabot Circus, Bristol, BS1 3BA

Solicitors

Capsticks, 1 St George's House East, St George's Road, Wimbledon, London, SW19 4DR

Directors' Report

The Directors present their annual report and the audited financial statements for the year ended 31st March 2021.

Sirona Care Services was incorporated on 30th October 2012 and started trading on 1st April 2013.

Results

The Income Statement is set out on page 10 and shows the profit for the year. The profit for the year was £nil (2020 £1k).

Principle Activities, review of business and future developments

Sirona Care Services has been trading since April 2013 as the contracting body within the Sirona Group. The accounts of the company are presented within the Sirona Group accounts being the consolidated financial statements of Sirona care & health Community Interest Company. Sirona Care Services has no employees as they are all employed by Sirona care & health Community Interest Company.

Sirona Care Services provides the welfare activities as part of the delivery of the community healthcare and adult social care services previously provided by Bath and North East Somerset PCT and the Council respectively.

Principle Risks and Uncertainties

Risk Management is a core responsibility of all managers within Sirona and is led by the Board. Corporate Risks are reported to the Board through the maintenance of risk registers. The key risk for the organisation relates to the management of the overall finances of the organisation within an increasingly difficult financial climate.

The impact of Covid-19 is a key risk for the company as Sirona has been required to respond and step up services to support the NHS system. This has meant that operational services have continued throughout the period with some services increased to respond and other services diverted to support the main operational priorities. Financial risks are mitigated as funding for additional costs incurred responding to the crisis have been funded through the NHS. The directors have put in place a command and control structure to manage the crisis and monitor the impact on operational services. Planning for the provision of operational and corporate services for the foreseeable future is currently taken to ensure they are provided in a safe and sustainable way.

The Directors do not consider any of the identified risks to have the potential to materially affect the Group.

Supplier Payment Policy

Sirona's supplier payment policy is to make payments within 30 days of the date of the invoice unless separately agreed.

In the case of each of the persons who are Directors of the Company at the date when this report was approved:

- so far as each of the Directors is aware, there is no relevant audit information (as defined in the Companies Act 2006) of which the Company's auditor is unaware; and
- Each of the Directors has taken all of the steps that he or she ought to have taken as a Director to make themselves aware of any relevant audit information (as defined) and to establish that the Company's auditor is aware of that information.

RSM UK Audit LLP is the appointed auditor for Sirona Care Services and has expressed its willingness to continue in office. The Audit Committee will be recommending a resolution to the Annual General Meeting.

This report has been prepared in accordance with the provisions of the Companies Act applicable to companies entitled to the small companies' exemption.

By order of the Board

Clive Bassett
Director of Finance

2021

Directors' Responsibility Statement

The Directors are responsible for preparing the Directors' Report and the financial statements in accordance with applicable law and regulations. Company law requires the Directors to prepare financial statements for each financial year. Under that law, the Directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the Directors must not approve the financial statements unless they are satisfied that they give a true and fair view of state of affairs of the Company and of the profit or loss of the Company for that period. In preparing the financial statements, the Directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Company will continue in business.

The Directors are responsible for keeping adequate accounting records that are sufficient to show and explain the Company's transactions and disclose with reasonable accuracy at any time the financial position of the Company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF SIRONA CARE SERVICES LIMITED

Opinion

We have audited the financial statements of Sirona Care Services Limited (the 'company') for the year ended 31 March 2021 which comprise the Income Statement, Statement of Financial Position and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the company's affairs as at 31 March 2021 and of its result for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption from the requirement to prepare a strategic report or in preparing the directors' report.

Responsibilities of directors

As explained more fully in the directors' responsibilities statement set out on page 5, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities are instances of non-compliance with laws and regulations. The objectives of our audit are to obtain sufficient appropriate audit evidence regarding compliance with laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements, to perform audit procedures to help identify instances of non-compliance with other laws and regulations that may have a material effect on the financial statements, and to respond appropriately to identified or suspected non-compliance with laws and regulations identified during the audit.

In relation to fraud, the objectives of our audit are to identify and assess the risk of material misstatement of the financial statements due to fraud, to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud through designing and implementing appropriate responses and to respond appropriately to fraud or suspected fraud identified during the audit.

However, it is the primary responsibility of management, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations and for the prevention and detection of fraud.

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud, the audit engagement team:

- obtained an understanding of the nature of the industry and sector, including the legal and regulatory framework that the company operates in and how the company is complying with the legal and regulatory framework;
- inquired of management, and those charged with governance, about their own identification and assessment of the risks of irregularities, including any known actual, suspected or alleged instances of fraud;
- discussed matters about non-compliance with laws and regulations and how fraud might occur including assessment of how and where the financial statements may be susceptible to fraud.

As a result of these procedures we consider the most significant laws and regulations that have a direct impact on the financial statements are FRS 102, the Companies Act 2006 and tax compliance regulations. We performed audit procedures to detect non-compliances which may have a material impact on the financial statements which included reviewing financial statement disclosures, inspecting correspondence with local tax authorities and evaluating advice received from internal/external tax advisors.

The most significant laws and regulations that have an indirect impact on the financial statements are those in relation to the Care Quality Commission and also GDPR. We

performed audit procedures to inquire of management and those charged with governance whether the group is in compliance with these law and regulations and inspected correspondence and certification with the regulatory authorities.

The group audit engagement team identified the risk of management override of controls and revenue recognition as the areas where the financial statements were most susceptible to material misstatement due to fraud. Audit procedures performed included but were not limited to testing manual journal entries and other adjustments and evaluating the business rationale in relation to significant, unusual transactions and transactions entered into outside the normal course of business, testing the recognition of a sample of revenue items both pre and post year end with reference to the relevant contractual and shipping documentation, performing substantive analytical procedures over contractual income, and reviewing the appropriateness of journal entries as they relate to contractual revenue.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: http://www.frc.org.uk/auditorsresponsibilities This description forms part of our auditor's report.

Use of our report

This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Kevin Barwick (Senior Statutory Auditor)
For and on behalf of RSM UK Audit LLP, Statutory Auditor
Chartered Accountants
Hartwell House
55-61 Victoria Street
Bristol
BS1 6AD
Date

Income Statement
For the year ended 31st March 2021

	note	**2021 £'000**	**2020 £'000**
Turnover	*1*	1,408	2,503
Cost of Sales		(1,408)	(2,504)
Gross Profit		-	(1)
Operating Profit		-	(1)
Interest receivable		-	1
Profit on Ordinary Activities before Taxation		**-**	**1**
Taxation		-	-
Profit on Ordinary Activities after Taxation		**-**	**1**

There are no recognised gains or losses for the financial year other than as stated in the income statement. Accordingly, no separate statement of comprehensive income is presented.

The operating results for the current year arose from continuing operations.

The notes on pages 12 to 14 form part of these financial statements.

Statement of Financial Position
as at 31st March 2021

	note	2021 £'000	2020 £'000
Current assets			
Debtors	2	22	1
Cash at bank and in hand		23	137
		45	138
Creditors – amounts falling due within one year	3	(32)	(125)
Net current assets		**13**	**13**
Net assets		**13**	**13**
Reserves			
Share Capital	4	1	1
Profit and loss account		12	12
Total Reserves		**13**	**13**

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

The financial statements on pages 9 to 14 were approved and authorised for issue by the Board of Directors on 2021 and were signed on its behalf by:

C Bassett
Director

Notes to the Financial Statements

1 ACCOUNTING POLICIES

General Information

Sirona Care Services is a private company limited by shares incorporated in England.

Basis of preparation

These financial statements are prepared in accordance with FRS102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the requirements of the Companies Act 2006 as applicable to companies subject to the small companies regime. The disclosure requirements of section 1A of FRS 102 have been applied other than where additional disclosure is required to show a true and fair view.

The financial statements are prepared in sterling, which is the functional currency of the company. The financial statements have been prepared on the historical cost convention. The principal accounting policies adopted are set out below.

Going Concern

The directors have considered in detail the Group's financial performance and contracts, as well as its capital and liquidity resources. The Group consists of this company and the parent company Sirona care & health Community Interest Company. The directors have assessed the financial position of the company with particular focus on the impact of Covid-19. Due to the nature of Sirona's business within the NHS, and the national funding to cover Covid-19 additional costs for organisations providing NHS contracts, the impact of Covid-19 is unlikely to have a significant impact on the Groups cost base. Income is secured through contracts that span multiple years, giving management a comprehensive oversight of future cashflows. The directors have also assessed resourcing capability to ensure staff are available to provide the contracted services. The Group have a large pool of bank and agency staff available to cover any potential shortfall arising through a localised Covid-19 outbreak.

As of March 2021, the Group had £22m of cash reserves. The directors believe available cash and facilities provide adequate liquidity to allow to the Group to continue to trade for a period of at least 12 months from the date of these financial statements.

The Directors have therefore adopted the going concern basis in preparing these financial statements.

Notes to the Financial Statements (continued)

Turnover

Turnover comprises income received under NHS, Local Authority and other contracts and is recognised in the period in which the contracted services are provided. Income received in advance is deferred and released to the profit and loss account in the period in which the services are provided and entitlement to that income falls due.

Expenditure

Supplies are recorded as expenditure when they are consumed.

Where income and expenditure has been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the balance sheet. Where it is doubtful that debts will be settled, the balance of debtors is written down and a charge made to the profit and loss account for the income that might not be collected.

Cash and cash equivalents

Cash and cash equivalents are basic financial instruments and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts.

Financial Instruments

Sirona has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102, in full, to all of its financial instruments. Financial assets and financial liabilities are recognised when Sirona becomes a party to the contractual provisions of the instrument, and are offset only when Sirona has a legally enforceable right to set off the recognised amounts and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

Trade, group and other debtors (including accrued income) which are receivable within one year and which do not constitute a financing transaction are initially measured at the transaction price and subsequently measured at amortised cost, being the transaction price less any amounts settled and any impairment losses.

Trade, group and other creditors (including accruals) payable within one year that do not constitute a financing transaction are initially measured at the transaction price and subsequently measured at amortised cost, being transaction price less any amounts settled.

Critical Accounting Estimates and Areas of Judgement

Estimates and assumptions concerning the future are made which mean that the resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results.

Notes to the Financial Statements (continued)

2 DEBTORS

	2021 £'000	2020 £'000
Other debtor	1	1
	1	1

3 CREDITORS – AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021 £'000	2020 £'000
Other tax and social security	14	125
	14	125

4 SHARE CAPITAL

1,000 ordinary shares have been issued at a value of £1,000 to Sirona care & health Community Interest Company.

5 RESERVES

	2021 £'000	2020 £'000
At 1 April	12	12
Company profit for the year	-	-
At 31 March	12	12

Notes to the Financial Statements (continued)

6 RELATED PARTY TRANSACTIONS

Advantage has been taken of the exemption from disclosing transactions and balances with other group undertakings as permitted by FRS102 section 33.

Cllr P May is a councillor for Bath and North East Somerset Council and a non-executive director of Sirona. The Council received services from Sirona Care Services to the value of £215,250 (2020: £205,000) for the year. At the 31st March 2021 there were £nil debtors (2020: £nil) and £nil creditors (2020: £nil) outstanding with the Council.

7 ULTIMATE PARENT COMPANY

The Company's immediate and ultimate parent company is Sirona care & health Community Interest Company, a company incorporated in the United Kingdom and registered in England and Wales. Sirona care & health Community Interest Company heads the largest and smallest group in which the results of the Company are consolidated. The consolidated financial statements of Sirona care & health Community Interest Company are available from the Company's registered office, Kingswood Civic Centre, High Street, Kingswood, Bristol, BS15 9TR.

Board Report

Date	14 September 2021	**Agenda item**	11
Title	**Digital Team Update Report**		
Author	Clive Bassett		
Presented by	Clive Bassett	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ☒		

Purpose of the report

To purpose of the report is to update the Board on the current activities being undertaken by the Digital team, including the levels of Service desk enquiries, upgrade projects and the One EMIS project.

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?

This report is coming to Board to provide information.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

This report has been compiled form updates from the various team managers, reports beign produced for the Program and Planning Board and using statistics and data being reported to the Digital Incident Command Centre.

What is the process the report has been through internally

I.e. which teams or groups have reviewed the report or the information that informs it

This report has been specifically written for Board, though it has been shared with SLT and the Digital Managers.

Summary and Key Issues Highlighted by these teams, including mitigations
Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them
The key issues raised through the consideration of this report have been: **ISSUE:** The Digital Incident Command Centre (ICC) has been stood up to focus on restoring the service provided by the Digital team. There remains a risk that at points the Digital team will be unable to support the organisation to access vital information and run services effectively as expected. This could result in failure to deliver services to patients' safely **ACTION**: The Board is asked to note the Digital ICC and confirm that the Board is happy for the ICC to proceed.
Actions for the Board (including any decisions required and options for consideration)
Are there any matters that require a Board decision or discussion to address issues of concern?
None

1. Digital Incident Command Centre

After a period of review and discussion the decision was taken on the 9th August to 'stand up' an Incident Command Centre (ICC).

The sustained pressure on the Digital team to provide services and support to the organisation had been recognised as an ongoing challenge, but over the last quarter the challenges on providing the services as desired or expect have become greater, and wait times for both telephone responses and issue resolution were becoming unacceptable.

It had also become evident that the Digital team were beginning to suffer as individuals and collectively.

The experience of the Single Point of Access (SPA) ICC and the effect of the wrap around support for the team together with a fed back session that Janet Rowse and Jenny Theed had with staff in one Integrated Network Team were discussed at the weekly Senior Leadership Team meeting and the decision to form an ICC was agreed.

Background to the challenges
There remain main areas which have caused sustained demand on the Digital team; three of the main ones are:

- **Digital team and structure**
  A new Digital team structure was delayed because of COVID and a review of the proposals, and was finally put in place in March 2021 with some key supervisor posts being finalised in April 2021. The structure allowed for an increased establishment, but to date the full team has not been able to be recruited. Additionally two members of staff have chosen to move on which leaves the team significantly under resourced.

- **Transformation agenda and new services**
  The pandemic, the sustained moving to remote working and the organisation transformation program have had a huge impact on the demand for Digital support. In addition specific operational requirement including the Single Point of Access (SPA) phone system and the transfer of the beds at South Bristol Community Hospital have all been additional projects over and above the wider transformational agenda and the day to day support.

- **Merging the three existing Digital setups**
  There has also been ongoing work to conclude the bringing together of the three infrastructures that was paused as part of the Adults go-live; this project requires the changes to the infrastructure that supported the Bristol and North Somerset delivery as well as the migration away from the external support provided for those two areas.
  Despite the project being set up with external support to run as a stand-alone project it has required significant input from the existing Digital team for technical and other support and this has further increased demand on an already under resourced team.
  There has also been an increase in support calls to the service desk as the roll out of Sirona imaged laptops to staff on North Somerset and Bristol raises issues. These calls were expected to be resolved by the stand alone project team but it has proved impossible to

Approach of the Digital ICC
The ICC is working to:

- **Make it safe**
  Ensure that the Digital team feel supported, and that services are provided to allow the organisation to feel supported and safe

- **Keep it safe**
  Initially to maintain the 'safe' achieved above including the wellbeing of the team and maintaining a minimum level of services. The next focus of the support will be to return services nearer to the expected levels

- **Eyes forward**
  This phase will start once the services are safe and staff wellbeing is addressed, and will include wider internal and external support and will be a wholesale review of the Digital model and will make recommendations for the future Digital support.

Progress to date
The Digital ICC has initially focussed on the factors below to ensure Make it Safe is achieved:

- Activity & Resource
- Systems & Processes
- Communications

The key steps taken to date are:

- **Coordination**
  Meetings are taking place daily with support from a senior project manager and with input from operational staff, HR colleagues, Transformation team and others as required.

- **Resources (Staff)**
  There have been staff engagement session led by Sarah Margetts which have ensure that the team understand the process that is being adopted and have the opportunity to input as well as a clear opportunity to voice any immediate concerns or issues. These sessions were well attended and productive.

  In addition the decision was taken to include the Digital team in the enhanced overtime and bank incentive scheme in August, which did result in additional shifts being worked and a significant reduction in email not reviewed.

  Interviews have taken place at an accelerated rate for both permanent and agency roles.

- **Activity**
  There has been significant work to understand metrics that were in place. There has been a separate look at the process for service desk calls and this has identified additional metrics that can be easily monitored to understand the level of activity and the service levels being achieved. All of these metrics will be reported to understand the Make it Safe and Keep it Safe status. A similar review is now being actioned for the engineer/escalated calls.

  The initial metrics reported have been on calls and emails to the service desk and staffing levels. There is work being undertaken to categorise calls in term of urgency to be able to improve reporting and monitoring.

All adverse events relating to the Digital Services are also to be monitored in the ICC so that there is clear sight of issues and that changes can be made to remove the risks and issues.

The next three graph display data on calls, call durations and emails

Table 1 Service desk calls

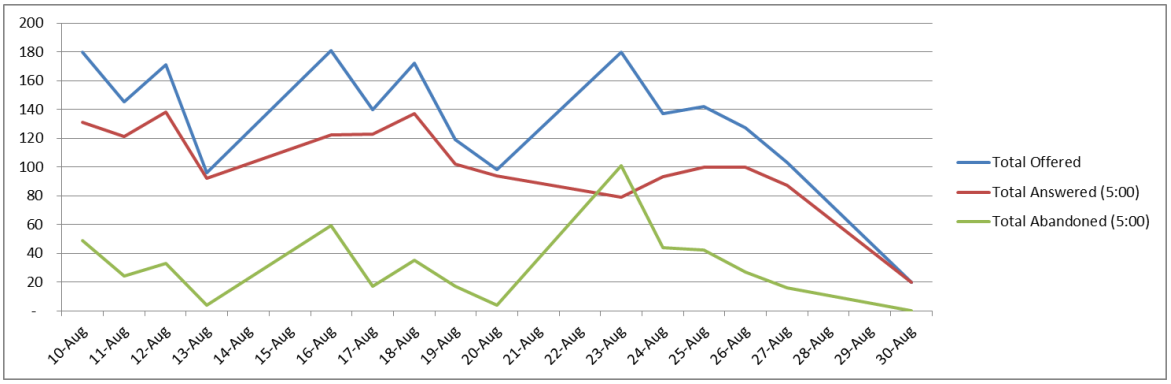


Table 2 Call wait, and call duration

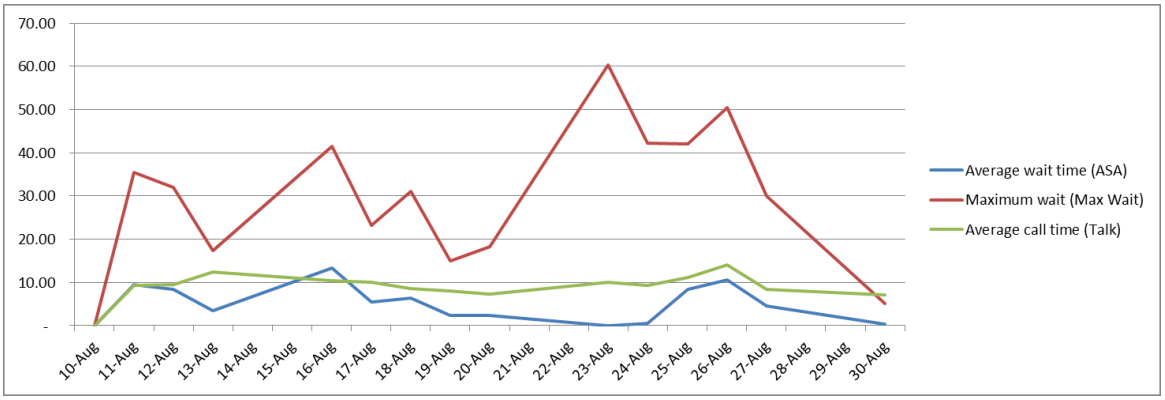
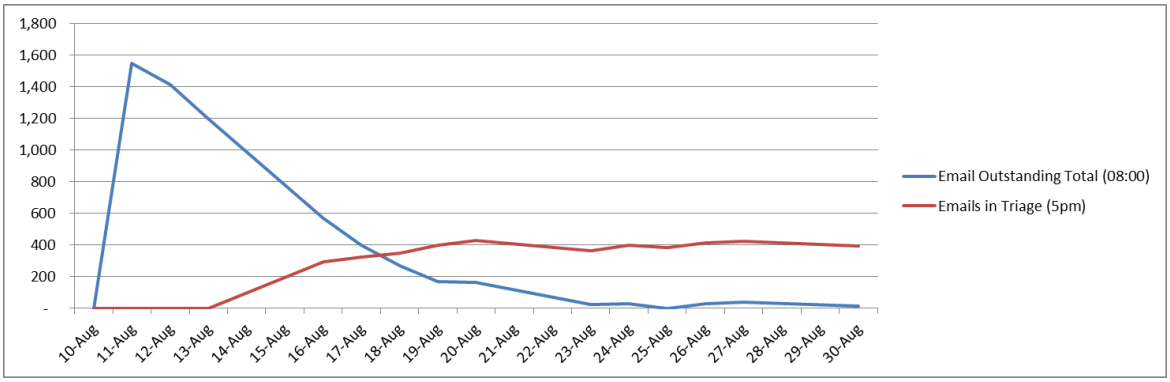


Table 3 Service desk inbox - emails not read, and emails then in triage



The data and graphs above show some improvement, but the ICC are aware that some of this may be due to the levels of holiday amongst the wider staff in the last days of August.

- **Systems and processes**

The initial work of the ICC has identified areas where systems and processes can be improved for both the service users and for the resolutions of calls, and will work through making these changes over the coming period.

Work was already underway with Recruitment colleagues to improve the processes around starters and leavers which are aimed at improving the availability of the correct equipment, the provision of access and logins as well as ensuring the correct removal of access etc. at the change or end of assignments.

This work has become more critical as the volumes of leavers and new joiners continues to grow; each takes at least 30 minutes to process from a system access and account creation/deletion process.

One immediate change has been to introduce a phone option that allows for a call to be escalated to the next call to be answered. This will allow staff to raise critical urgent issues, such as major site connection disruption, to be answered and addressed ahead of non-critical items.

- **Communication**
  Underpinning the work of the ICC has been communications to staff and wider stakeholders. The Communications teams have worked with the ICC to issue clear message about the backlog and the need for the ICC, and have then helped produce information and guidance to help staff when logging an issue in both terms of how and with what information. Work is also ongoing to help communicate the prioritisation being applied to calls as the process being adopted to address older calls.

Current status and future improvements
The work of the Digital ICC has made an impact, and means that the service is less precarious than it was before the ICC was stood up, and there is greater visibility around the pressures, the backlogs and the staff wellbeing.

Two members of staff who had chosen to leave at the end of August have now left, and whilst there are interviews for agency staff to cover them the reduction in resource is going to restrict the ability to improve the current position. One member of staff has joined the team and will be inducted and trained over the coming days. As well as trying to recruit staff, and continue to look for bank staff support there are discussions are ongoing with other organisations to see if and how they can help alleviate the immediate pressure, as well as what medium term support can be arranged.

2. EMIS update

Since the last report the Clinical Systems team have been boosted by the appointment of Baljit to the Clinical Systems Transformation role; this role is to help provide oversight and strategy to the Clinical System and be a key link to Operations and Transforming.

The work to update our EMIS systems to support the new services models continues, with the largest challenge remaining the bringing together of the multiple EMIS instances into the new Integrated Network Teams (INT) ways of working and structures. There has been significant work in understanding the technical solution both internally and with EMIS, including ensuring that the setup and configuration of EMIS can cope with the whole of the adult operational teams logging into the one system and still deliver acceptable data record access and update times. This is being completed at the same time as reviewing the levels of data to be migrated between systems and how this can be achieved safely.

Whilst the work on the INT has continued the Clinical Systems teams are also progressing the School Nursing EMIS project and this is planned to ‘go-live’ during October and November.

There has also been progress with the moving of Specialist Adult Services to one instance of EMIS and this has been concluded for the Falls Service and Bladder and Bowels. These two migrations have also been key learning opportunities for the INT project.

The Clinical systems team are also supporting in the SPA ICC and will be updating EMIS with any subsequent changes to processes from those initially identified and use to create the one EMIS instance system.

EMIS Accounts: 2262 new accounts have been setup since November 2020; 93 new accounts were created last week alone.

3. One Sirona Network

The project to bring together the three networks and create a single Sirona network and equipment configuration required following the Adults contract go live is continuing.

Laptop migration

So far the team have successfully re-imaged approximately 800 laptops which is more than 50%. Although there were a number of issues, especially around the North Somerset estate, feedback is positive.

A number of the new laptops received from Dell have an issue with overheating, but the IT team are working with the end users and with Dell to rectify. For the printing issues, these are resolved apart from North Somerset although we are able to work on a case by case basis here to implement office printing. We are going to encourage staff to book their slots as soon as possible to try to complete the project by the end of September.

In the last month alone we have received 42 units back for re-imaging that have been badly damaged; of these we were able to fix 18 for re-use. Issues range from mouse pads not working, broken screens which are replaced through to completely unusable due to the condition.

Network Migration

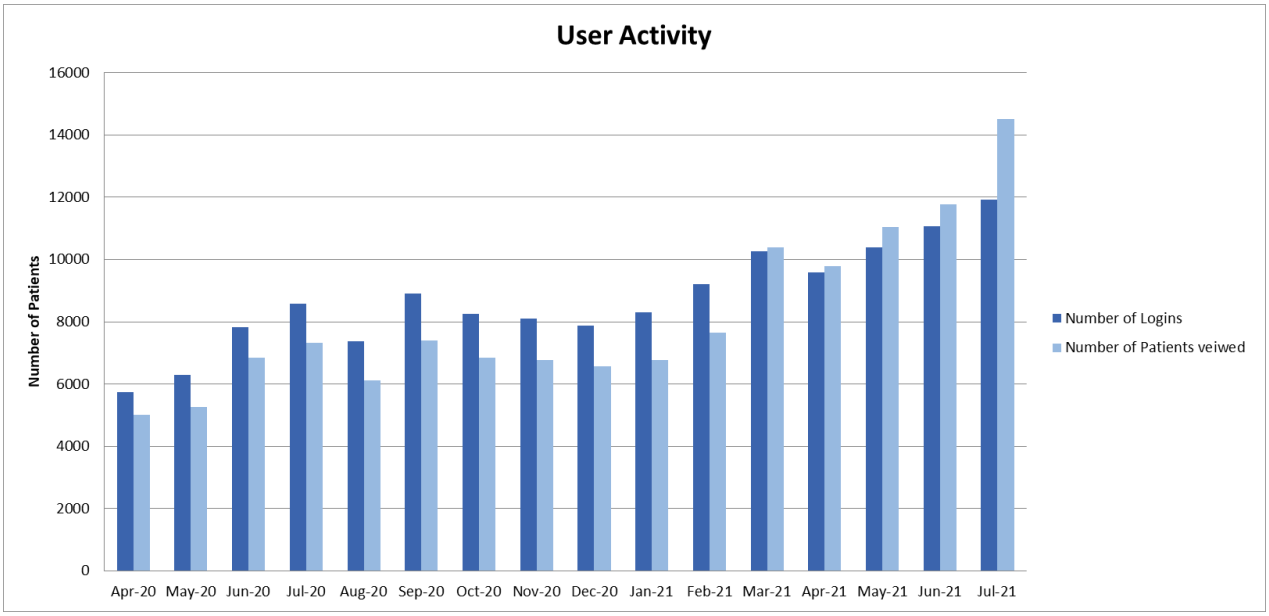
Migration of sites to the new Sirona network is well underway now, with 9 sites now running, without any issue, on the new network. We are currently implementing the change at 2 sites per week and are working with the on-site staff to minimise any disruption caused by the planned outages.

There are 27 circuits from the original scope remaining plus two new sites which are in planning stage. At the same time as migrating to the new network IT are also upgrading all desktop computers on site.

4. Connecting care

Connecting Care is the BNSSG system that allows a shared patient record. In Sirona we have created 1291 Connecting Care accounts since new May 2020.

The table below shows how our use of Connecting Care to view patient records has grown significantly in the last 16 months, which should be leading to better care.



5. Additional information

- The Urgent Treatment Centre in South Bristol has been migrated from the University Hospital Bristol and Weston network to allow greater integration to Sirona systems and processes and to bring control of the network and support into alignment. This project hasn't been without its challenges, not least in ensuring continued access to key UHBW Clinical systems for patient information, but has been successfully concluded in the last period.

- On a more national level, Shonna Spreadbury joined the Queens Nursing Digital group to speak with and discuss what the national digital agenda is for nursing and how Sirona can be part of that.

- The NHS England and NHS improvement delivery and policy manager has heard that Shonna is the Chair of the National EMIS HUG and are going to promote the group on one of the NHS web pages. This is a great way to demonstrate Sirona having a voice about things EMIS related.

Board Report

Date	14 September 2021	**Agenda item**	12
Title	Performance Report		
Author	Jenny Theed & Ceridwen Massey		
Presented by	Ceridwen Massey	**Version**	31/08/2021
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

The purpose of this report is to set out the overall operational performance of services within Sirona to ensure that we are meeting our statutory; regulatory and contractual requirements in relation to activity and maintaining safe service provision. It is written in addition to separate reports on Workforce; Quality and Finance which, when triangulated, give a full picture of the overall position.

Why is this report coming to the Board

E.g. is this a regulatory/contractual requirement, linked to our Strategic Objectives of Risks?

This report fulfils both our contractual obligations in terms of external reporting and also highlights to the Board that there is effective oversight and management of our performance including the identification of key risks and their mitigations.

Related Risk No. (If applicable)	

How has this report been developed

Including the lead director, those involved in preparing the report and the sources of information relied on

This report is prepared by the Director of Operations as a culmination of individual reports from each of the Associate Directors in the six operational localities; specialist services and services for children and young people and is supported by a focused Board Dashboard. A contract performance exception report is also available to the Board and can be located in Glasscubes/ Corporate Team – Performance Meeting Papers – Exception Reports (link below);

https://sirona.glasscubes.com/catchall/folder/1938985?notificationId=25593128

This provides more detailed analysis of the performance across all areas of Operations. Data is primarily obtained from the electronic patient records, presented visually using Power BI and overlaid with local narrative and intelligence as appropriate.

What is the process the report has been through internally

I.e. which teams or groups have reviewed the report or the information that informs it

The report has been prepared by multiple contributors – Jenny Theed, Director of Operations., Associate Directors (Lorraine McMullen, Nicki Carr, Carrie Wedgwood, Theresa Candfield, Cath Williams, Claire Chapman, Kerry Joyce) and BI leads (Caroline White & Jacqui Moxon)

Summary and Key Issues Highlighted by these teams, including mitigations

Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them

The key issues raised through the consideration of this report are:

1. Single Point of Access Service

Issue: As part of the transformation programme the 3 separate adult services single point of access teams have been brought together to form a SPA service still operating in 3 geographic teams but using standardised systems and process and are the first service to be utilising the single EMIS solution . Following the launch in May immediate operational problems rapidly emerged as the process of harmonising the pathways used by the teams was rolled out resulting in poor performance in June and July. During this period there has also been a significant loss of key staff including health navigators and clinicians resulting in unsafe staffing levels, long response times and multiple adverse incidents being reported by staff and external partners These issues have been compounded with significant IT and telephony problems resulting in staff also having to contend with a number of prolonged outages requiring them to decant from bases and operate from home.

Action:

- We have used an EPRR approach to address the significant operational difficulties by establishing on July 19th a daily Incident Co-ordination Centre (ICC) with key operational staff and led by the Director of Operations to manage the new service on a daily basis, using daily situation reporting processes
- We have increased our use of Bank, Agency and internal mutual aid staffing to boost overall capacity although staffing levels remain fragile
- We have successfully undertaken a targeted recruitment process for health navigators and clinicians ; this has enabled us to recruit to 10.8 wte new navigators and have a good field of clinicians attending for interview week beg 30/8/21.These staff will be inducted in Sept and October.
- We have worked with external partners to encourage referrers to adopt the use of digital referrals to reduce the telephony pressures and encouraged GPs in particular to use telephone referrals for urgent responses rather than routine referrals
- We have undertaken an in depth analysis of the original project plan against our QSIR framework to establish reasons for the problems that have resulted from implementing the new model. There will now be further work to revisit the service design and consider potential changes to the ultimate model used
- Performance on response times has improved since the ICC was established but still requires significant ongoing attention and potential investment to reach our internal performance targets

2. SASS and Planned rehabilitation

Issue: Waiting Lists continue to give us cause for concern. Our Musculo-skeletal (MSK) waiting list currently stands 16000 with a caseload of 10000 which, at the current level of demand and resource, will resulting a wait time or 30 weeks by December 2021. The planned rehabilitation waiting list is also standing at circa 1700. The waiting lists grew extensively throughout the pandemic period when national guidance required all outpatient activity to be restricted and moved to a virtual modality where possible .The waiting lists have also been exacerbated due to the need to prioritise the available therapy resource at managing timely discharges from acute beds requiring us to redeploy MSK staff into the Integrated Network Teams (INTs)

Action:

- We have undertaken a detailed validation of our lists to ensure that we are addressing those in greatest need first rather than those with the longest waits. This comprises 3 key areas of focus, Waiting List Validation, consistent triage process and an access policy. This also includes a clear communication plan for patients.
- Our activity continues to be compromised by limited access to clinic accommodation but plans in place to restore to full capacity over next 3 months with Covid restrictions allowing.

3 .Discharge to assess pathways

Issue: The move in April 2020 to utilising the discharge to assess pathways for all discharges of individuals with complex ongoing health and care needs continues to challenge Sirona with the current caseload of predominantly frail elderly patients being supported in the community growing in recent months to circa 660. Patients are referred to Sirona's Integrated Community Care Bureau (ICCB) at the point at which they are medically fit for discharge (i.e. the condition they were admitted to hospital with has been treated and stabilised) but many still have ongoing therapy and care needs that require a carefully facilitated discharge either home or to a step down community bed in over 23 separate locations.

Sirona has needed to limit the capacity for new referrals for individuals to step down from acute care to have their rehabilitation at home to 75% capacity in July due to :

- delays in transferring individuals to care of Local Authorities (LAs) with circa 50 patients awaiting predominantly long term domiciliary care packages . This has resulted in fewer new P1 referral slots as well as longer lengths of stay in our rehabilitation units
- ongoing workforce issues within our Integrated Network Teams (INTs) .The workforce issues relate to high levels of sickness and need for self-isolation as well as high vacancy levels in key staff groups due to national workforce shortages as well an increase in our staff turnover in the last 3 months following the end of the staff consultation exercise

Action:

- Ongoing recruitment campaigns have been held to target specific staff groups
- Staff have been redeployed from our SASS services and we have received limited mutual aid support from partner organisations to boost the therapy levels within the INTs
- Working is progressing to utilise International Recruitment as a source for staff in specific staffing groups such as Registered Nurses and potentially Therapists
- Work is being led by the Out of Hospital Steering Group to move to an Integrated

Therapy model of service to prioritise the therapy resource across Acute and Community services to improve patient flow

- Working with Local Authorities to progress new approaches for long term care ;supporting the development of a new reablement service for N Somerset which is the area with highest number of delays in step down from P1 pathway
- Sirona has worked with the CCG and Brunel Care to secure extra bedded rehabilitation capacity to particularly compensate for these problems as well as to ensure appropriate capacity in preparation for winter 2021/22

4. Prolonged period of high demand for Same Day Urgent Care (SDEC) in MIUs and Urgent Treatment Centre

Issue: In line with the national trend for a significant increase in demand for SDUC services including all 3 Emergency Departments in BNSSG as well as our Minor Injury Units and Urgent Treatment Centre have been under intense pressure in recent weeks resulting in an increase in occasions when they have had to restrict their service. The number of individuals attending these services has increased from 8028 in April to 9459 in July with particular peaks in demand at weekends and at certain times of the day.

Action:

- Sirona is working as part of the development of the Integrated Urgent Care Community Assessment Service (IUC/CAS) across BNSSG to pilot a new remote assessment pathway which will allow staff to triage individuals via telephone and signpost them to the most appropriate service as well as encouraging self-care
- Staff have undertaken extra shifts as result of the incentivised bank rates in August which has been essential to have safe staffing levels at time of peak staff holidays
- We have appointed a new clinical lead in Yate MIU to lead the team - Katy Richards has joined us from NBT's Emergency Department
- The Director of Operations has been seconded to the CCG to work as Programme Director to roll out the new IUC/CAS service as well as removing the option for "unheralded" attendances at Emergency Departments for individuals seeking care for minor conditions

5. Community Children's Nursing and Psychology Service - (Lifetime Staffing & Recruitment)

Issue: High vacancy in CCT currently 10.33wte. In the recent round of interviews 3.36 wte were recruited from 60. The highest vacancy in CCT was 13.72wte in Autumn of 2018 and as a result of an aggressive recruitment campaign and strategy the Service brought this wte to zero in 9 months. The pressure on covering shifts is becoming more challenging because there are very few paediatric nurses (with the necessary skills and experience) available even with Thornbury (where we used to always be able to cover). This appears to be a national trend BRCH also having the same pressure. The reason that several staff have left, especially in the last few months, has been sighted as compassion fatigue with some staff anecdotally reporting the pressure put on them by families is too great. However, the primary reason is pay. The majority of our Support Workers are paid as a Band 2, and therefore, staff are leaving for new opportunities either within Sirona or elsewhere, but in a higher banded role.

Action:

- Reviewing pay banding/grades (Band 2) for LSW's as part of Lifetime Service Review
- Ongoing rolling advert for Lifetime Support Workers (LSW) posts.
- At least 1-2 monthly interviews planned and induction dates planned both for corporate and local inductions to take place for rest of the year
- Strategy meeting with Recruitment Comms Team- started using Facebook for targeted recruitment campaign. This is proving successful and can pay to progress greater targeting detail if required (Comms involved with this)
- Reviewing pay banding/grades (Band 2) for LSW's as part of Lifetime Service Review
- Lifetime continue to meet monthly with recruitment and HR teams to monitor progress
- Linked in with national teams to benchmark our strategy- similar national themes of challenges of recruitment in the sector.
- Consider 'Values Based Recruitment' in interview process

Actions for the Board (including any decisions required and options for consideration)

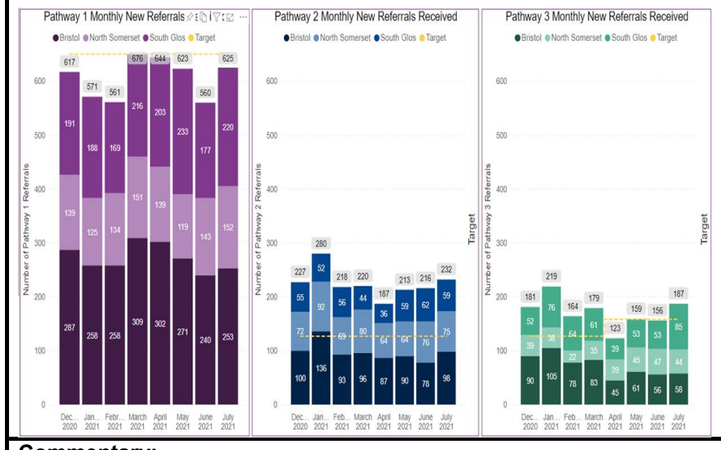
The Board is asked to note the current position and the actions that are being taken forward to mitigate key service pressures across Sirona. The Interim Director of Operations will provide the Board with a draft winter plan at October Board which will outline proposed actions to manage the forecasted increase in demand for community services including the service areas highlighted within this report .

Operational Dashboard for Board Reporting

Board Dashboard - Adults Services

Average Waiting List Size Per Day to Leave Hospital

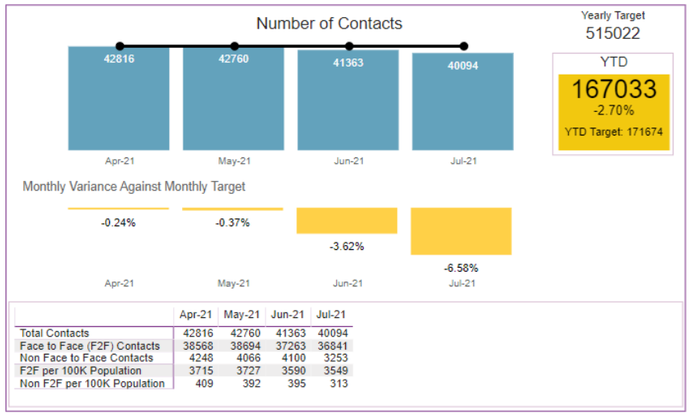
New Referrals



Commentary:
Reablement are having increasing difficulty taking cases off Discharge to Assess caseloads across all localities due to their workforce issues. This is pushing wait lists in to discharge to assess up. The Pathway 2 wait list has increased in North Somerset and Bristol, but has reduced in South Glos due to the utilisation of additional P2 beds in Little Heath and Orchard Grove Re-ablement Centres.

Pathway 1 slots have been capped and bookings reduced due to vacancies and sickness in the teams.

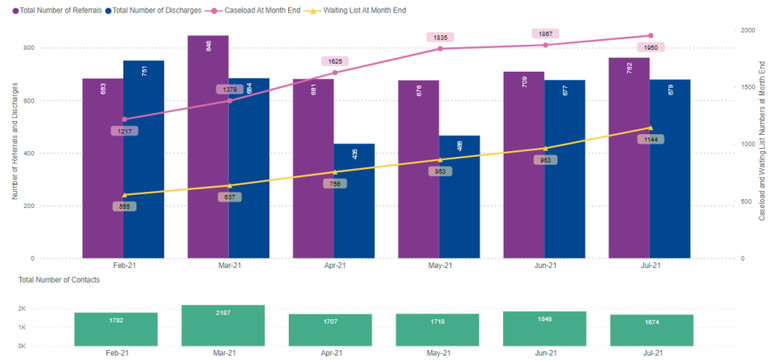
Community Nursing Number of Contacts



	Apr-21	May-21	Jun-21	Jul-21
Total Contacts	42816	42760	41363	40094
Face to Face (F2F) Contacts	38568	38694	37263	36841
Non Face to Face Contacts	4248	4066	4100	3253
F2F per 100K Population	3715	3727	3590	3549
Non F2F per 100K Population	409	392	395	313

Commentary:
Capacity in all INTs is being impacted by vacancies, staff absence and issues recruiting new staff, which is having an impact on staff wellbeing and retention.
The variance against target reflects this and the target is being reviewed in line with considerations such as staffing.

Demand, Caseload, Waiting List and Activity Comparison Planned Rehab



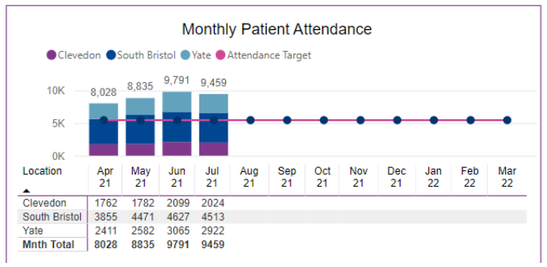
Due to data entry processes across the different instances of EMIS not being standardised the waiting list is under represented.

Commentary:
With a high number of therapy vacancies across all localities and the sustained requirement for capacity to be targeted to support D2A pathway 1 hospital discharge activity there has been a resultant increase in the waiting list for access to INT therapy services from the community. A planned therapy task and finish group are working towards harmonising the rehab offer, waiting list initiatives and guidance for managing the current and future demand for rehab within the INTs. Retention and further recruitment of registered therapists remains a crucial factor for improving the current position and waiting times for patients.

Operational Dashboard for Board Reporting

Board Dashboard - Adults Services

Same Day Urgent Care (SDUC) Monthly Patient Attendance



Location	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Clevedon	1762	1782	2099	2024								
South Bristol	3855	4471	4627	4513								
Yate	2411	2582	3065	2922								
Mnth Total	8028	8835	9791	9459								

Demand, Caseload, Waiting List and Activity Comparison MSK

Summary of Year-to-Date 2021/22 Percentage of Patients Seen Within 18 Weeks

Commentary:
The SDUC sites continue to see very high levels of unprecedented demand. Restricting access is occurring regularly at Yate MIU and on occasion as early as 09:30 due to the levels of demand.
All sites are dealing with environmental issues and risks remain around managing flow in line with social distancing, with people waiting outside and in cars.
A new electronic pager system at Clevedon MIU is helping to manage this and additional umbrella shades have been installed.
At Yate MIU additional waiting space arrangements have been extended and are working well to manage flow, alleviated the pressure on the reception area and have had a positive impact on patient experience.

Commentary:
Owing to the current escalation period the MSK physiotherapy service has had to redeploy a number of staff. This has therefore halted work on the progress of waiting list delivery. We are working with Vitaminds MSK Physio service to determine what support they can provide. This is limited currently to virtual support. Interface services continue to hold a number of vacancies due to national challenges recruiting this level of practitioner. Work is ongoing around wait list validation and the wait list is currently sitting at 10 weeks.

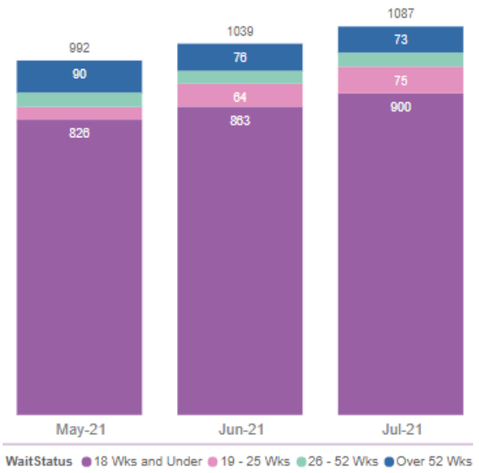
Commentary:
Respiratory
Service referrals continue to rise steadily however proactive management of the caseload is seeing this reduce. Pulmonary Rehab continues to run both face to face and virtually. Advice and guidance numbers have seen a small increase this month.
Diabetes
The waiting list for type 2 Diabetes Structured Education (DSE) is currently 347, down from 989 in February. 134 currently have been contacted and awaiting decision on type of DSE, 213 are still to be contacted. The service is on track to achieve the recovery plan timeline of clearing the waiting list by end of September.

Operational Dashboard for Board Reporting

Board Dashboard - Children's Services

Community Paediatrics

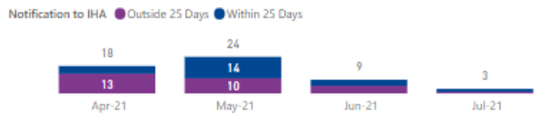
No of Children waiting for first appointment at month end – snapshot – Target 18weeks



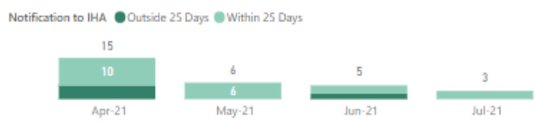
Children in Care (CIC) – Looked After Children (LAC)

No of Initial Health Assessments (IHA) within 25day target

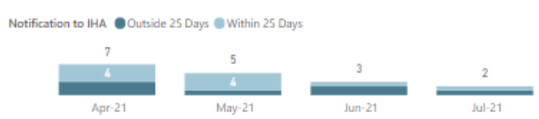
Bristol



S Glos



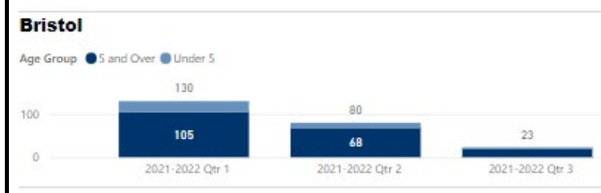
N Som



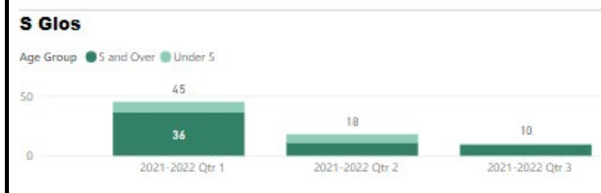
Children in Care (CIC) – Looked After Children (LAC)

Note: currently unable to capture North Somerset Reviews required due to digital limitations.

Bristol



S Glos



Commentary:

- Referrals have increased slightly across BNSSG. Bristol & South Glos have provided additional clinics as a result. April21 =212 July21 =302 (^90)
- Continuing to look at the workforce & skill mix of Community Paediatric across BNSSG.
- Locum roles being utilised to fill vacancies.
- Liquid Melatonin prescribing audit underway -reviewing prescribing & delivery
- Reviewing offer on sleep intervention with neuro development nursing colleagues
- Bristol & S.Glos doctors working with psychology & therapy teams delivering clinical time into the ASD Hub
- Continued EMIS training being delivered to clinicians/admin as well as data cleansing.

Commentary:

The service is confident in the quality of the IHA reported data. The delay in the notification process and timeliness receipt of paperwork for IHA's in Bristol & South Glos continues. In July the number of IHA requests for Bristol has fallen (in July - 7 new to care but in June - 19 new to care.

In North Somerset there has been a large influx (8) of unaccompanied asylum seeking children/young people. This impacts on clinic capacity as these children /young people require an interpreter for their appointment and this necessitates two clinics slot times instead of one.

Increase of children and young people new into care – this impacts on IHA data due non- linear nature to a static clinic and workforce with minimal flexibility.

Monthly performance has improved in Bristol - Making use of vacant clinic spaces.

Commentary:

Proactively identifying when additional clinic capacity is required to meet demand and utilisation of any vacant clinic slots.

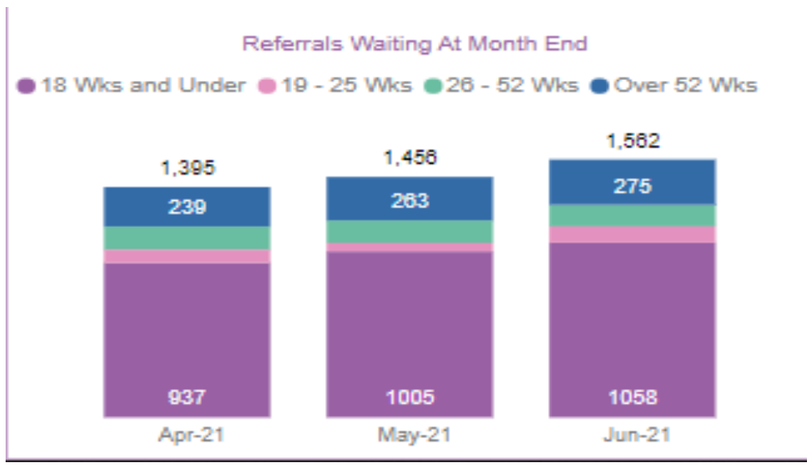
Nursing Workforce currently reduced and will be further impacted by necessary staff training in the next few months which will have an impact on RHA data.

The WLI funding will focus on a number of key areas:

- Sirona completing the IHA's within timeframe once it has received the notification from the Local Authority
- Sirona completing 100% of RHA's within timeframe
- To free up expert Community Paediatrician capacity to focus on the most complex cases
- To enable the CiC Nursing team to create, monitor and deliver health action plans with CYP

Board Dashboard - Children's Services

Therapies Wait Times



Average Wait in Period
22.4

Commentary: The waiting list continues to grow month on month. There was a 4% decrease in number of referrals from May into June, and a 66% decrease in the number of referrals triaged. Clinical capacity to undertake triage remains an issue. The length of the waiting list grew by 7% between May and June.
Waiting List Initiative project – additional 490k provided by BNSSG CCG to provide 1170 autism diagnostic assessments for children on waiting list. Demand and capacity issues have been experienced across services due a surge in referral rates in OT and PT in South Glos have led to patient choice slots in Bristol being offered to families to meet 18 week RTT target. Despite workforce challenges, demand and capacity has been well-manged by leaders & perf has improved for all therapy services.

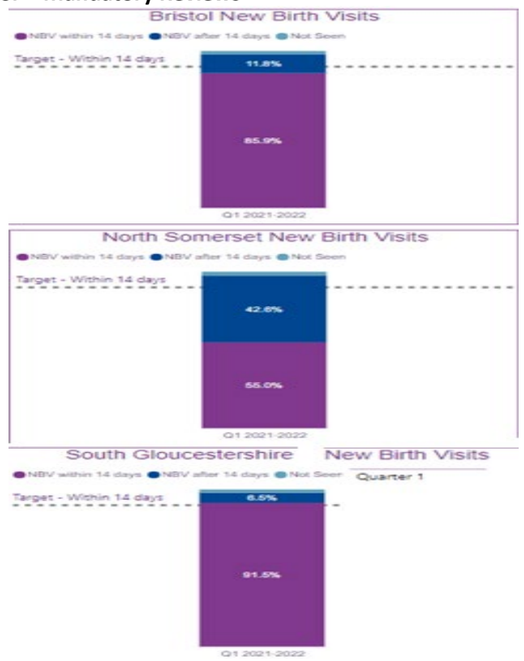
Therapies – Initial Contact within 18week target

Total in Period	Over 52 Wks	26 - 52 Wks	19 - 25 Wks	18 Wks and Under
1455	41	43	51	1320

Seen Status	Apr-21	May-21	Jun-21	Total
18 Wks and Under	439	525	356	1,320
19 - 25 Wks	29	11	11	51
26 - 52 Wks	17	16	10	43
Over 52 Wks	21	10	10	41
Total	506	562	387	1,455

Commentary: Performance in all Therapy Services within Bristol and South Gloucestershire remain strong. 18-week referral-to-treatment times have been achieved for Physiotherapy, Occupational Therapy and Speech and Language Therapy. North Somerset Therapy services continue to meet their SEND statutory timescales by prioritising this clinical work, with a resulting impact on RTT performance for children without an EHCP. RTT is improving in North Somerset due to the OT pilot and with new Band 5's starting in the team RTT for SLT is expected to also improve.

Health Visitor – Mandatory Reviews



Commentary:
There has been an improvement in most KPI's across BNSSG HV services. There was a slight decrease in the rates for 6-8 week visits in North Somerset but these represented very small numbers of families. There have been a number of education opportunities for staff and funding secured for Solihull training which wil support practitioners to adopt an evidence based approach to supporting service users with their emotional health and wellbeing.There have also been positive examples of service user feedback across HV and support with interviewing for staff in FNP. The current high vacancy rates in Health visiting across Bristol and North Somerset reflect the national shortage of qualified Specialist Community Public Health Nurses (SCPHN's). The Public Health service review has recently been completed and has identified opportunities to provide creative solutions to workforce challenges. This includes embedding a broader skill mix model and providing clear evidence based guidance on roles and responsibilities as these currently vary across BNSSG. The upcoming transformation of Public Health Nursing will seek to reorganise the service to best utilise existing expertise and look to embed a more innovative approach to service delivery.

Operational Dashboard for Board Reporting

Source of Graphs – Adults	Source of Graphs –Children's
Average Waiting List Size Per Day to Leave Hospital Access and Flow Dashboard Monthly –Waiting list and New Referrals . **Demand, Caseload, Waiting List and Activity Comparisons** Demand, Waiting and Activity Dashboard – Comparison Info: MSK and Comparison Info: All Specialities *filtered to Speciality: Community Rehabilitation (Planned)* for Planned Rehab. **Same Day Urgent Care (SDUC)** - SDUC contractual dashboard – All Sites – Pt Seen and Discharged **Community Nursing Contacts and Patients Seen Within 18 Weeks** – Adults Contractual Dashboard – CN & KPI Summary: 18 Week RTT	**Community Paediatrics** – Children's Services – 1. Community Paediatrics/**Dashboard** - Community Paediatric Reporting Dashboard/ **tab** - Month end No **Children in Care (CIC) – Looked After Children (LAC)** – Children's Services – 4. Children in Care/**Dashboard** Children in Care/ **tab** Number IHAs within 25Days of Notification & **tab** Reviews Required **Health Visitor – Mandatory Reviews –** – Children's Services – 2. Health Visiting Dashboard BNSSG/ tab **Paediatric Therapies – Initial Contact within 18week target – Dashboard** Child Health Contractual Reporting/ **tab** Paediatric Therapies Wait Times