Board Meeting in Public Papers

Meeting Date:

9th November 2021

BOARD MEETING				
Date:	**9th November 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:**			
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	2 mins
3.	**Award Presentation – Stepping Up Diversity Champion Award** To welcome Councillor Asher Craig and Christine Bamford to the meeting for the presentation of the award.		Cllr Craig/Christine Bamford	15 mins
4.	**Equality, Diversity & Inclusion** To inform the Board of the Quarter 2 activities and achievements led by the Equality, Diversity & Inclusion Steering Committee		Janet Rowse Paper	10 mins
	2:30 pm	**CHIEF EXECUTIVE'S AND CHAIRMAN'S REPORT**		
5.	**Chief Executive's Briefing:** To alert the Board to issues of significance not covered elsewhere on the agenda		Janet Rowse Paper	20 mins
6.	**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	5 mins
	2:55pm	**QUALITY: PATIENT SAFETY, EFFECTIVENESS AND EXPERIENCE**		
7.	**Winter Planning** To present the Winter Plan for discussion and approval.		Ceridwen Massey Paper	15 mins
8.	**Winter Vaccination Programme** To provide the Board with a verbal update on the Winter vaccination programme activities		Mary Lewis Verbal	10 mins
	3:20 - 3:30pm	**BREAK**		
9.	**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	15 mins
	3.45pm	**CORPORATE GOVERNANCE / RISK / REGULATORY**		
10.	**Risk Report** To update the Board on the position of risks with a score of 15 or more and consider		Mary Lewis Paper	15 mins

	any new or emerging risks		
	4:00pm	**OPERATIONAL PERFORMANCE AND USE OF RESOURCES**	
11.	**Finance Report** To account to the Board for the financial performance as at Month 6	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	Ceridwen Massey Paper	10 mins
13.	**Professional Council** To receive a verbal update on the activities of the Professional Council	Mary Lewis Verbal	5 mins
	4:25 – 4:35pm	**CONSENT AGENDA ITEMS – *Papers to be reviewed in advance, for formal approval without discussion at the meeting, covered within the Chair's Recommendation Paper***	
14.	**Chair's Recommendation Paper for Consent Agenda Items**	Amanda Cheesley	
15.	**Minutes & Actions of Board meeting in Public** To approve the minutes & actions of the meeting in public section of the Board meeting held on 14th September 2021		Amanda Cheesley
16.	**Ratification of new appointment to the Members Group** To ratify the appointment to the staff vacancy on the Members Group (Carole Pugh) and provide an update on the current Membership.		Julie Sharma
17.	**Quality & Outcomes Committee Summary Report** To present to the Board the Monthly key findings and recommendations from meetings of the Quality & Outcomes Committee on 28th September & 26th October and provide assurance on the safe delivery of services and a Workforce update		Paul May
18.	**Audit & Assurance Committee Summary Report** To present to the Board the summary activity and decisions from the 25th October meeting of the Audit & Assurance Committee - 18.1 To approve amendments to the Committee's Terms of Reference.		Lorna Harrison
	4:35 – 4:45 pm	**Public Questions – Submitted in advance**	
19.	**Chairs summing up & Close of Public Meeting**	Amanda Cheesley	

	4:45 – 5:00pm	**PRIVATE SESSION**		
20.	**Consent Agenda - Board Minutes** To approve the Closed Session minutes of the Board meeting held on 14th Sept 2021		Amanda Cheesley	15 mins
21.	**Consent Agenda - Action List and Matters Arising** Update on actions arising from previous meetings			
22.	**Risk Report – Private** To consider those risks not within the public report due to being sensitive in nature		Mary Lewis	
23.	**Medical Staff Appraisal Position** To receive the report as the current position of the Medical Staff who have Sirona as their Designated Body for Appraisal and Revalidation.		Janet Rowse	

		FORWARD DATES		
	DATE	**TIME**	**MEETING TYPE**	**VENUE**
	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**

Equality Diversity & Inclusion Board Report

Date	9th November 2021	**Agenda item**	04
Title	**Equality Diversity & Inclusion**		
Author	Wilma Adams Equality, Diversity and Inclusion Workforce Lead Fiona Spence Equalities & Community Development Manager		
Presented by	Janet Rowse	**Version**	3
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

To assure the Board of the areas and issues discussed and actioned at the EDI Steering 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 to highlight our strategic plans and is also central to our contractual requirements.

Related Risk No. (If applicable)	N/A

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 line with those previously brought to Board in regards Equality Diversity and Inclusion

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

Equality Diversity and Inclusion Steering Committee summary brought to Board it has been agreed by Janet Rowse Chief Executive and Chair of the Committee for its accuracacy.

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
This paper is to update the Board on Equality, Diversity and Inclusion activities, achievements and future plans following our contribution to CEO Board Report last quarter Summary: - Equality, Diversity and Inclusion Steering Committee - Data - Education & Development - Our colleagues - Our Communities
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?
We would like to assure Board of ongoing monitoring for Electronic Staff Register improvement plans.

1. Background

The Equality, Diversity & Inclusion Agenda remains a central priority in Sirona. In August the Board participated in a dedicated Equality, Diversity & Inclusion Development Workshop, when the following themes were discussed:

- Our Strategic Vision,
- Corporate Responsibility,
- Risks and
- Governance

Actions were identified from each of these themes by Board members. The workshop provided a valuable opportunity for the Board to focus on some of the practical ways in which Equality, Diversity & Inclusion targets will need to be governed and managed by them.

There has been some initial progress in the area addressing our commitment to Health Equality. For example; we have ensured that our Equality, Diversity & Inclusion Steering Committee now includes our Non-Executive Director Barbara Brown, who is the Board lead on health equality. This will ensure a more comprehensive approach to the work of the committee and ensure we align our work plans in terms of equity plans and initiatives for our workforce as well as our communities.

Additionally, we have established Health Equality targets, as part of our Annual Quality Report. Key milestones include two executive leads for Health Equality. Other targets have been identified to ensure our plans are part of a system wide approach, in the form of a proposed Health Improvement Network to support local plans and best practice.

The Board development work and the Quality Health Equality targets have highlighted the need for Sirona to further address and identify the better use of data intelligence for our workforce and for our community profiles.

This is a large scale project of work, which will require coordination to ensure we are compatible as an organisation with our multiple patient record systems, and as a system partner preparing for future plans with integrated care pathways.

2. Key points

2.1 Equality Diversity & Inclusion Steering Committee

- The Equality Diversity & Inclusion Steering Committee is working well and committee members are responding to the strategic themes and suggestions raised within the Staff Networks. Our action plan remains focused on the following key area: structures and data, education and training, our colleagues and our communities
- The challenge persists to obtain an accurate data picture for our staff via Electronic Staff Register (our Human Resource System) and via our various patient Data systems for our patients.
- It was highlighted that there is an absence of diverse representation in the current Equality Diversity & Inclusion Mandatory online training module. It is important that any essential training supports our workforce to understand and see the benefits of diversity within their roles. A Task and Finish group will be established to review the current content and liaise with Learning & Development colleagues to share recommendations.

2.2 Data

- The Electronic Staff Register has limited data for our workforce demographics. It was highlighted that there may be barriers for our staff to complete this Register in order for Sirona to have an up to date record and to improve current recording rates. All committee members have agreed to discuss within their teams, any potential barriers to updating there records on the Electronic Staff Register.

- Further support is needed from our Human Resource Partners and our Communications Team to reassure people about the value and confidentiality of any data they may choose to share as part of their Electronic Staff Register personal records. This will help us collate a full and accurate record of the diversity of our workforce.

2.3 Education and Development

- In October we launched the Black, Asian and Minority Ethnic Anti - Racist Pledge for Healthcare Student Support in Practice. The Learning and Development team have assisted with displaying the Posters and Credit card size pledges in placement bases. This is in collaboration with the University of the West of England, funded by Health Education England and local NHS Hospitals.

- There are planned workshops across BNSSG partners, of which Sirona is playing a key part, taking place in November for Staff to explore the journey a BAME students experience in practice.

2.4 Our Colleagues

- One of the Global majority Network members attended the summer Equality Diversity and Inclusion Board workshop, and raised the important issue of culture and faith for members of staff who are Carers. It was discussed that the role of Islamic Faith needs to be understood for end of life support and embedded more fully in our policy.
    - The Carers Policy will be reviewed to support all staff in understanding and recognising the role of faith and culture.

    - Discussions have taken place with Human Resource Partners and there are plans for the Flexible Working Group to address this topic as an agenda item. Colleagues from the Global Majority and Disabled & Long Term Conditions Network to lead on this discussion. Any recommendations will be shared and discussed with our Networks.

- September saw the commencement of our newly appointed Diversity and Inclusion Workforce Lead on a fixed term contract as a development opportunity. She is being mentored by our Director of Transformation.

- Ongoing work for our Workforce Race Equality Standards has highlighted the need for more rigorous Equality Diversity & Inclusion monitoring for staff non-mandatory training requests. This is one of the nine Indicators we need to comply with for the Workforce Race Equality Standards. The Learning and Development team have been asked to review current mechanisms of Equality Diversity & Inclusion monitoring in order to provide parity of access for all our staff.

- During Octobers Black History Month we showcased a number of incredible colleagues work within the organisation or their personal activities in the community. We are proud to be a care and health provider that has a diverse workforce.

- As part of the Bristol Race & the City Events, Sirona have been part of two events, a webinar on Health Equality and a face to face Recruitment Fair at Bristol's City Hall.

- We have also worked alongside our Healthier Together partners to produce an updated Equality Impact Assessment Guide, template and series of resources. Initial plans have taken place to produce a Resources pack on Inclusive Recruitment, which will be cascaded widely across Sirona and support us in future system wide work on ensuring greater diversity in the Interview process as well as wider talent development plans across the BNSSG area.

2.5 Our Communities

- The Health Links Service continues to play an important role in supporting many of our diverse speaking communities in Bristol to access health services and support. Key areas of community engagement include a series of Check in and Chat sessions, in partnership with RETHINK, a local mental health VCSE partner to support some of our Urdu and Punjabi speaking female communities. This builds upon work with both the Somali and Bangladeshi communities in Bristol. Health Links are also linked to work with the Wellbeing leads and some local work to showcase how social prescribing examples can support people's well-being. For example, we have links with The Angling Society who are providing a series of Taster Fishing sessions, by The Docks in Bristol.

- The Equalities and Community Development Team have been involved in system wide discussions as part of plans to reduce attendance and support re-direction to the most appropriate services at our acute partners, including UHBW, Emergency Departments.

- This team has also been part of Healthier Together Plans to coordinate a system wide template and training pack around the consistent use of Equality Impact Assessments (EIA's), which will be shared widely across Sirona over the next few months.

- Steady progress is in place to support our digital inclusion commitment to patients. We have supported a Respiratory Digital Inclusion pilot project, with patients being digitally supported to access remote PR via a Digital Connector. Although small scale, this initiative will provide valuable support and feedback about the use of digital equipment and future ways in which we can embed digital inclusion best practice as an organisation.

- We are continuing to develop resources and opportunities to further embed the compliance and roll out of the NHS Accessible Information Standard (AIS) for patients. For example, we are involved in working with our EMIS colleagues to coordinate a Sirona wide template to capture data on sensory support requirements. We are working with The Bristol Sight Loss Council to support our teams at South Bristol's Urgent Treatment Centre (UTC) on accessibility improvements for patients with a sensory loss. Further work in this area will be planned in conjunction with The Deaf Health Partnership forum, to coordinate our support to the Deaf and Hard of Hearing communities in accessing health care support and services.

3. Recommendations

The Board is requested:

- To note the Report and be assured of the work undertaken by the Equality, Diversity & Inclusion Steering Committee.
- To continue to support the need for a rigorous and effective use of Sirona's data systems to accurately record and track our current patient data profiles, in line with wider national requirements to record ethnicity data, and a central priority of our commitment to reducing health inequalities for our communities.
- To consider, as part of the broader on-going internal plans and programmes to expand our data intelligence, how we monitor any data identified as part of the NHS Accessible Information Standard (AIS).
- To support that data plans and targets remain central to our Board, as an essential component for effective monitoring and governance.

Report to Board

Date	9th November 2021	**Agenda item**	5
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. 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.

2. Internal service pressures

As previously reported, incident control centres have been set up within Sirona to manage the extreme pressure on the Single Point of Access and on our Digital team. Both are following a three staged approach of Make it Safe; Keep it Safe; Redesign for the future. The situation for both teams remains very challenging, but has significantly improved. Discussions have taken place with system partners to help us move to the resdesign phase as the services are stabilising. A verbal update on both will be given at the meeting by the lead Directors. An update on the Digital ICC is attached to the end of this paper.

3. Staff Engagement

A programme of staff engagement is starting in November, including a series of "Meet the Senior Leadership Team" meetings and drop in session into team meetings. This will also be followed up with the commencement of the refresh of our Taking It Personally values, preparatory work for which has already commenced. This is a critical piece of work intended to connect all staff with the values and vision of Sirona and to strengthen the sense of Sirona as one team. More detailed updates to Board will be provided in future Board meetings.

4. Professional Council

The Board is aware that our Medical Director is currently away from work which has resulted in us needing to make alternative arrangements for the leadership of the Professional Council. Mary Lewis, Director of Nursing has agreed to step in as Chair, supported by Mike Richards, Director of Therapies who will deputise for her if she is not available. The Board can be assured that the work of the Professional Council has continued during this period of uncertainty and Mary will be pulling together a slide of the key decisions which have been made since September and will share these at the Board meeting. In addition, Mary will lead a review of the Membership and working arrangements for the Professional Council in line with our new Governance Framework and this will be brought back to the Board at a future meeting.

RECOMMENDATION: That the Board approves the appointment of Mary Lewis, Director of Nursing, as the interim Chair of the Professional Council.

5. Appointment of External Auditors

The Audit and Assurance Committee had requested that the External Audit services be tendered to ensure that good governance had been exercised. The existing Auditors had been in place since the inception of Sirona. They have provided a good service and the need to re-tender is not a reflection on the quality of their work.

The following criteria were used for the assessment of tenders:

- Approach to Audit Quality - 25%
- Team knowledge and experience - 30%
- Corporate Social Responsibility/ Taking it Personally - 10%
- Value added services - 10%
- Scope and Pricing of the Engagement - 25%

An Invitation to Tender was sent to ten suitably qualified firms of Auditors, four of which submitted written tenders, three of which went forward to interview.

Following a rigorous tender process Bishop Fleming were identified as the preferred tenderer. In accordance with our Articles, the appointment of the auditors is one of the matters reserved to our Members. The Audit and Risk Committee has recommended to the Members of Sirona that Bishop Fleming be appointed with immediate effect. Members have approved this recommendation.

6. Medical Appraisal and Revalidation

Sirona is the Designated body for 26 doctors at Consultant and Staff Grade employed by and working in Sirona clinical settings.

All doctors must undertake a formal annual appraisal and a five yearly revalidation. Dr Roy Sharma is our Responsible Officer (RO) and he is required to confirm to the GMC that all the requirements for the five-yearly revalidation have been met. This is based on their annual appraisals, their 5 yearly staff and patient feedback, their history of performance, compliments, complaints and behaviour. All doctors are required to show that they have reflected on any issues raised through their appraisal and evidence changes they have made as a result to demonstrate that they are safe, competent and up to date. A full report detailing the position of each named doctor is provided as a confidential paper to the Board, but the following is a summary of Dr Sharma's report:

Of the 26 doctors to be appraised:

- 12 have been successfully appraised
- One brought incomplete documentation meaning a delay in being signed off. With agreement from the GMC, their revalidation is to be deferred for 12 months.
- Four doctors are delayed in getting their appraisals done but two will be appraised before the Board meeting and another is scheduled for January. Dr Sharma is following up with the fourth.
- The remaining nine doctors need to arrange their appraisal by the end of March 2022.

For 2021/22, there are 10 doctors whose revalidation is due. Of these:

- 5 Positive recommendations have been made
- 2 deferrals have been agreed and one has already been actioned
- 3 are pending final completion of all data

7. Integrated Care System (ICS) Update

Jeff Farrar has been appointed as the Chair of BNSSG Integrated Care System. Interviews for the CEO have taken place and an announcement is expected in mid November on the outcome of this process. In the meantime, a meeting of the Partnership Board took place on 28th October, at which the Memorandum of Understanding was formally approved by all organisations.

8. Sirona's tenth birthday award to staff

As announced at the awards ceremony on October 1st, we are keen to mark the fact that 2021 is the tenth anniversary of the establishment of Sirona. As a thank you for the outstanding efforts of staff over the whole of this period, but particularly over the last 18 months of pandemic, an award of £10 per head is being made to staff teams for use in any way they choose but with a focus on supporting their well being. Each team will be able to determine what is appropriate for them. The funding for this award is coming partly from the Foundation and partly from funds received for wellbeing support from NHSE/I. The intention is to have face to face celebrations of our tenth anniversary next year when it is hoped that Covid restrictions will mean it is safe once more to have larger gatherings of staff.

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:

1. to note the information provided within this report; and

2. to approve the appointment of Mary Lewis, Director of Nursing, as the interim Chair of Professional Council.

November update on the Digital Incident Control Centre

The Digital ICC was created in the first week of August because of the continued pressure on the Digital team to deliver the service, the fact that the team weren't fully recruited and the negative impact on this was having on the wider organisation through the poor levels of service.

The Digital ICC meets daily and has focused on making the provision safe; The ICC is now transitioning to keeping it safe. The focus of the ICC has been to support the Digital team and service user to get the best possible service form the resource, whilst also recruiting to the establishment and some additional fixed term posts.

There has been significant work with the Communications teams to help users access Digital support in the most effective an efficient way. There is also Project Management support which has helped review processes and operating procedures to maximise the number of user support requests that can be dealt with. There has also been a focus on communication with specific messages to provide clarity of routes to support and the difference for high and low priority issues as well as sharing links to better self-service options such as password resets.

The Digital ICC also meets frequently with the SPA ICC to ensure a focus on any digital aspects of the SPA ICC. The Digital ICC reports into Silver.

The Service Desk staffing was 6 in August and next Monday will reach 13; the establishment was 10 and SLT approved 3 extra posts and the Recruitment team have operated a successful campaign to appoint both permanent and agency staff. The new staff will take a period of time to be trained to Sirona processes and systems before they can be fully engaged in service delivery.

Desktop engineering staff has also increased from 6 to 12. There is also an internal escalation process to automatically transfer Desktop Engineers to Service Desk on days where Service Desk staffing is not sufficient so that the higher priority calls can be answered and dealt with.

Feedback from meeting with Associate Directors and those Operational Colleagues attending the Digital ICC confirms that users are experiencing less challenges in getting support, though there are still some issues being captured.

Clive Bassett

Director of Finance & Digital

VERBAL

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Date:	9th November 2021
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	06 Chair & Non-Executive Directors Report
Presenter:	Amanda Cheesley
Notes:	To alert the Chair to introduce the NED updates on any items not included within the meeting papers pack.

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Cover Sheet for Board Reporting

Date	9th November 2021	**Agenda item**	7
Title	**Winter Plan**		
Author	Greg Garrett,Teresa Candfield, Ceridwen Massey		
Presented by	Ceridwen Massey	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

To provide assurance to the Board on the planning being undertaken for the anticipated pressures over Winter and to seek approval for the overarching Strategic Framework and Direction for this work.

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 coming to the Board for assurance and oversight.

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 Winter Plan Framework is an interative process started quite early during the calendary year. The plan is pulled together through the Director of Operations with input from across our operational and corporate services.

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 reviewed via our EPRR structure - Tactical Review Group; our Senior Leadership Team as well as by key individuals who have inputted to the plan.

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 attached paper highlights the strategic winter plan framework and overarching approach to winter planning for 2021 /22 and outlines:

- The importance that Winter Planning and Operational Delivery will have over the coming months through the re-prioritising of workload
- The additional challenges that this year will bring in the context of Covid-19 and on-going delivery pressures both within Sirona and within the wider health and care system
- The preparation that has already been made to meet these challenges

The framework will be supported by a detailed operational delivery plan, including key risks and mitigations, informed through a demand and capacity plan that is currently being developed and assessed in partnership with other system providers including the following:

1. OPEL Framework for Sirona has required a review due to ongoing escalation status to ensure our actions are appropriate for winter. A Sirona wide framework will be in place by end of November 2021.

2. Capacity and Demand modelling – during the winter and pandemic period significant modelling work was undertaken across the system led through UWE. Whilst capacity modelling is undertaken across different departments within Sirona it is necessary to bring this into one clear Sirona plan.

3. Staff Capacity – it is recognised that staff capacity is going to be a significant challenge through the winter period. Regular monitoring of staffing levels will be held through weekly 'Silver' meetings to undertake forward look for risk areas.

4. Winter operational delivery and escalation plan – an operational delivery plan linking to key escalation, identifying key risks and mitigations will underpin delivery for this programme of work.

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 already aware of the significant organisational and system pressures and will be kept fully appraised of key risks and mitigations as the demand and capacity modelling work evolves. The Senior Leadership Team is considering the allocation of additional resources to assist with this work; there are no requests at present that our outside of the delegated authority limits although should this change, these will be brought to the Board for approval.

The Board is asked to approve the overarching Winter Plan attached.

Resource implications (financial/staffing/other resources)

None at this stage (although see above)

Quality considerations

The development of a robust operational delivery plan is key to the on-going quality and safety of services over the winter period.

Winter Plan 2021/2022 – Strategic Framework

Version:	0.2
Name of originator/:	Greg Garrett, Head of EPRR
Name of executive lead:	Ceridwen Massey, acting Director of Operations
Date ratified:	Sirona Board: 9th November 2021

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1. Introduction

Sirona's 2021/22 winter plan recognises core elements that will support critical service delivery as part of the annual 'seasonal' planning process. Winter planning goes beyond internal planning, and there is a focus on whole system and partner collaboration to ensure preparedness across BNSSG, in order to ensure that each part of the health and care system can function effectively to meet the anticipated surge in demand for healthcare services.

Throughout the year Sirona has continuously made improvements within its EPRR planning and delivery, enhanced the internal governance / escalation framework, and encouraged EPRR to be everyone's business. By working closely with operational leads within the Tactical Review Group, and our Senior Leadership Team by means of Strategic Oversight planning, the following describes Sirona's winter planning approach this year, recognising of course the impact of the current sustained escalation and working through the national Covid pandemic.

The EPRR work plan is aligned to the NHS Core EPRR Standards, set within the NHSE EPRR overarching framework (2015). This document forms part of the organisation's assurance against the wider EPRR work-plan and core contractual requirements. Safe delivery of services to our patients is paramount, as is the safety of our staff during business as usual service delivery and through periods of escalation.

2. Operational Pressures Escalation Levels (OPEL) Framework

18 months of working in the pandemic has meant a lot of challenges in terms of managing internal operational escalation, planning for the unknown, and operating in a complex and often fragile health and care system. Recognising the variable nature of operations and being able to measure / monitor and report delivery thresholds that clearly define the risks has not been without its challenges.

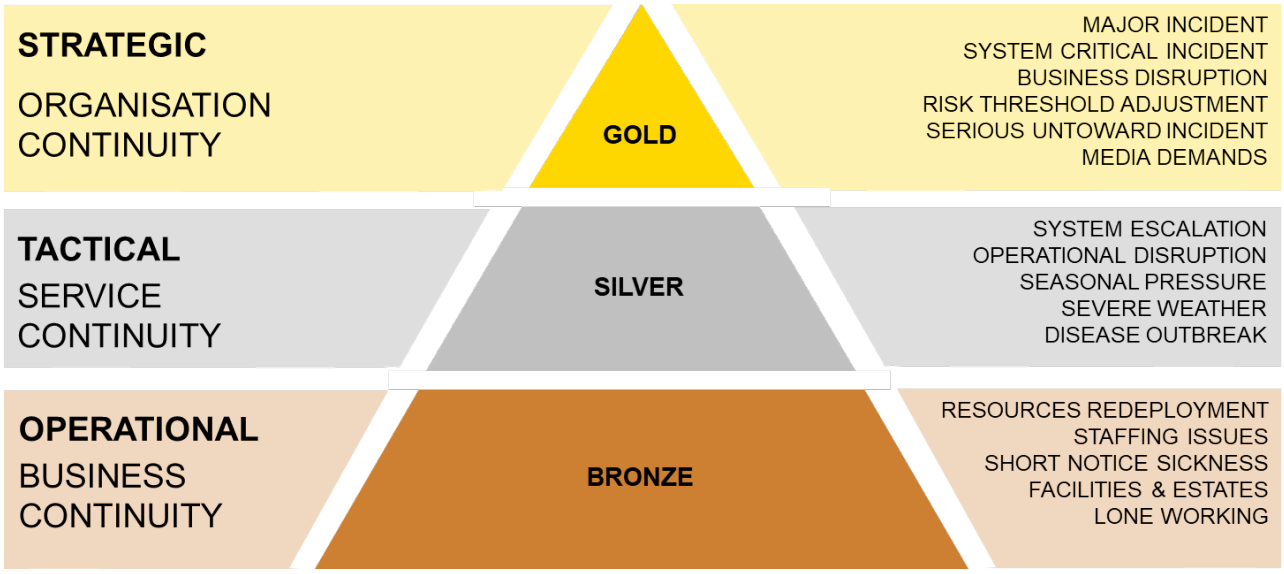
Sirona currently has a framework that provides a snapshot in time of service's 'RAG' rated delivery to inform our escalation status and priorities. This winter plan recognises that this current methodology needs to be strengthened to offer full assurance required for safe operational delivery especially given this particularly challenging time. Therefore a review of the OPEL Escalation Framework is underway to be completed by the end of November 2021.

Working in conjunction with Sirona's Business Intelligence team, the sitrep reporting is imminently going to transfer (at end of October 2021) from one system to another i.e. from Alamac onto a system called Midos. BI, EPRR and operational leads have been working together in order to inform the metrics and design, so that information captured can deliver back-end reporting that illustrates a daily sitrep in support of internal escalation. This plan recognises there is likely to be some fine tuning, but the vision is to present an organisational automated dashboard, in support of the organisation's delivery position, and in conjunction clearly articulated OPEL measures.

The organisation does have a robust internal escalation framework to operate in, and recognises the need to continue to review, to ensure it is fit for purpose. The pending system implementation will enable presentation of a range of metrics / measures, and will be able to inform operational decision making and escalation accordingly. The ongoing changes will be monitored closely in terms of impact and ability to support services through what is anticipated to be very challenging months ahead.

3. Command & Control Arrangements

Due to the scale of the ongoing impact of CoVID-19 on the health and social care system and associated risks, it has been necessary to review the formal levels of Incident Command within Sirona's response. This remains aligned to the existing EPRR structure the JESIP models and principles described in the Joint Doctrine: the interoperability framework which is the standard for command, control and interoperability in the UK.



The updated arrangements see Incident Coordination Centres which are established to manage and mitigate specific risks reporting into a single Tactical Group. The Operational Cells are empowered by Tactical to take necessary measures to mitigate risks within a predefined level. It also provides clear lines for escalation, communication and tactical advice from subject matter experts.

This system will provide Sirona's Senior Leadership Team and Board of Directors with a greater level of assurance and allows those with strategic leadership skills to best fulfil their roles.

4. Adverse Weather Plan

Sirona care & health is committed to ensure critical functions of all services will be available even during disruptions by severe weather. The main meteorology risk is snow and ice in the winter. In some areas Sirona is providing services there is the additional risk of flooding. To mitigate, Sirona has a contract with A&D 4x4 Ltd, a private hire company

and has secured a number of off-road capable vehicle on a stand-by arrangement with the ability to pull down up to 20 vehicles.

A number of Sirona staff and volunteers have either received training in 4x4 driving or have declared competence in using either hired or personally owned vehicles which are serviced, maintained and insured for business use.

A Memorandum of Understanding (MOU) also exists between Severn Side Integrated Urgent Care (BrisDoc) and Sirona whereby BrisDoc would offer support to Sirona in the event of adverse weather, providing 4x4 vehicles and drivers during weekday daytime, subject to their own staffing and service needs.

Furthermore Sirona have a business account with Enterprise Care Hire to provide 4x4 resources. This has been established as a resilience measure as there are relatively high associated costs and risks.

Sirona's 4x4 Vehicle Management Policy (draft) organises the annual winter response, including 4x4 vehicle hire, driver recruitment roles and responsibilities and the command and control structure.

A list of people available to provide support and key risk areas is kept up to date and can be accessed via our shared platform - Glasscubes

5. Vaccination Programme

Sirona is committed to delivering a robust vaccination programme in order to promote staff and service user well-being. The delivery of all associated programmes are time and resource intensive, and as a result Sirona has merged the national CoVID-19 mass vaccination programme, together with its seasonal influenza staff vaccination programme, to maximise co-ordination of resources and minimise the operational impact.

Due to the modelled risks of co-circulating COVID-19 and flu in addition to a larger and earlier flu season it is a high priority for Sirona to encourage all eligible staff to uptake to offers of both COVID-19 booster and seasonal influenza vaccination as early as possible

It is recognised that ensuring compliance of staff uptake can be complex in any year; but this year there is added challenges due to a range of issues; namely, staffing pressures, limited trained vaccinators. However regular compliance monitoring forms a key aspect of the programme delivery and a clear trajectory for achieving compliance will be in place to enable appropriate actions should issues occur.

The vaccination programme is a rapidly evolving work-stream and subject to frequent change as different vaccines and access pathways are developed. The Flu programme has established strategic and operational delivery groups that meet weekly. Under the flu programme a trajectory for compliance is being developed and weekly reporting will be undertaken on achievement against this.

Pathway A – Mass Vaccination

Sirona staff will be able to access the BNSSG Vaccination Centre @ UWE, Bristol to receive co-administration of seasonal influenza vaccination alongside a CoVID-19 booster, commencing start October 2021 (or earlier) if Sirona's flu vaccine delivery allows, via the Local Booking System.

All staff are strongly encouraged to attend the Vaccination Centre at the earliest possible opportunity to receive co-administration of flu and COVID-19 vaccinations. This is recommended by the JVCI, NHS England & Improvement, Public Health England, the Department of Health and Social Care and by Sirona's Senior Leadership Team.

Pathway B - Strategic Flu Clinics

For staff who attend the BNSSG Vaccination Centre @ UWE early and do not receive a flu vaccination, or who receive a CoVID-19 booster vaccination only at PCN/community clinic, Sirona will be providing a number of strategically located flu (only) clinics within the localities. The provision will be based on 2020/21 FluTrack data. These clinics will also be open to BNSSG CCG staff as covered by the MOU.

Flu clinics will be significantly reduced in terms of number, frequency and capacity from the 2020/21 season as it is anticipated that the majority of staff will receive vaccination via Pathway A.

A flu clinic will also be held at South Plaza and reserved exclusively for BNSSG CCG staff. CCG staff will also be able to book an appointment at any of Sirona's flu clinics at their convenience. A MOU and relevant data sharing arrangements are already in place to govern this.

Pathway C – Peer-2-Peer

For Sirona staff who are unable to access Pathway A or Pathway B, or for staff groups where it would be possible to vaccinate large numbers at discrete opportunities (e.g. Out Of Hours, MIU/UTC)- Peer-2-Peer vaccination is an option. The need and uptake of this will be monitored and determined through the Flu delivery group.

Pathway D – Non-occupational

Sirona recognise that some staff may be eligible for either CoVID booster vaccination and/or flu vaccination within their own PCN and may attend a primary care facility, community clinic(s), community pharmacy etc. These may either be accessed via the staff member's primary care provider if called or via the National Booking System. Sirona ask that if staff are vaccinated outside of the occupational health offer that staff inform Sirona of what vaccines they received and when in order to allow Sirona to comply with statutory and contractual reporting requirements.

Targeted Sessions

Uptake rates will be monitored and additional targeted sessions will be held in November for services / areas with lower uptake rates as necessary.

Roving Vaccinators

Where necessary and to improve uptake Sirona will resource a registered nurse to provide vaccinations on an ad-hoc basis for parts of the organisation which prove to be difficult to reach areas. The need for and operationalisation of this resource will be determined by the Seasonal Flu Planning Group during Q3

6. Infection, Prevention & Control

Sirona Care & Health has an infection prevention and control (IPC) team in place. This comprises of the Director of Nursing who is the designated Director of Infection Prevention and Control , a Head of Patient Safety and Infection Control (1 WTE), Band 7 lead Nurse for Infection prevention and Control (1 WTE), 3 Band 6 IPC development posts (two job share and one WTE). The team have a robust work programme in place which incorporates winter planning which is monitored on a quarterly basis at the Infection Prevention and Control meeting.

During the pandemic, the IPC team have been working from home and have access to phones, emails and MS Teams to contact and be contacted as required. When appropriate the team have visited clinical sites. The service provides a Monday to Friday 7.30 – 5.00 cover across the organisation. The band 6 nurses all have a specific locality so that there is a named IPC nurse for Bristol, South Gloucestershire and North Somerset, as well as covering the whole organisation.

Out of hours is covered by contacting the on call tactical manager via 0300 125 61 20 selecting the numbered option for the on call manager for the geographical area your inquiry relates to. An on call microbiologist for the inpatient units is also available via the Acute Trusts, contact according to locality. For urgent IPC advice and notification of an outbreak during weekend working hours and out of hours Public Health South West can be contacted via 0300 303 8162.

There is a comprehensive suite of policies and SOPs available on the Sirona Intranet which are regularly reviewed and updated which include an overarching infection control policy, policies related to outbreaks, Hand Hygiene, Diarrhoea and Vomiting and Covid-19 to name but a few. The IPC team are linked into the tactical flu meetings, the influenza strategic oversight group, the BNSSG HCAI group and the IPC CCG Strategic cell. In recent months the BNSSG Strategic Antimicrobial Resistance strategy group have developed a work programme which the team are also linked with.

The IPC team have an infection prevention and control link practitioner group and these individuals act a point of contact in their teams and service for IPC advice and education cascade. Monthly meetings are held and the September meeting will have a focus on winter planning.

All teams within Sirona are required to undertake monthly hand hygiene audits, the results of which are reported via the locality representatives at the infection prevention and control group for assurance purposes. There is also a planned programme of environmental audits in place which ensures that Sirona are providing a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

There is a requirement in Sirona for all staff to undertake statutory mandatory training in infection control and the training department are required to monitor compliance with this training providing the data for reporting as part of the quarterly infection prevention and control report which is presented to the Infection prevention and Control meeting and the Quality and Outcomes Committee.

The IPC team also provide bespoke training on request. As part of the winter planning arrangements the team are preparing related IP&C presentations to be delivered to the rehabilitation units as part of the work programme.

In line with the requirements of The Health and Social Care Act 2008 Sirona have in place (within the inpatient areas), daily surveillance sheets which ensure prompt identification of people who have or are at risk of developing an infection in order that they receive timely and appropriate treatment to reduce the risk of transmission to other people.

7. People & Development

7.1 Workforce

Many of the specific actions in the plan are to take place over the coming months, building on the collaborative work that has been carried out across the NHS during Covid-19, in order to build sustainable and robust workforce models to support potential increase in demand on our services both now and in the future. We will continue over the coming winter months to integrate these actions into our People & Development business plan, including the following key priority areas from the NHS People Plan:

- → Looking after our people – with quality health and wellbeing support for everyone
- → Belonging in the NHS – with a particular focus on the discrimination that some staff face
- → New ways of working – capturing innovation, much of it led by our NHS people
- → Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return

Our key people priorities for 2021/22 are:

Great place to work

- Staff engagement
- Equality, diversity and inclusion plan
- Staff wellbeing
- Hybrid working
- People Strategy for 2022 onwards

Efficient & effective people systems & processes

- E-rostering
- People & Development policy refresh
- Further development of Learning Management System (LMS)
- Developing integrity and use of our people data/ESR
- Job evaluation/pay banding

High performing individuals and teams

- Bank professional development/supervision & compliance
- Induction refresh
- Training needs analysis for 2022 (linked to PDR)
- Framework for clinical competencies

A workforce for today and the future

- Resourcing plan
- Retention plan
- Apprenticeships
- Co-design, development and implementation of new service models/service transformation
- Student placement expansion
- Scoping of collaborative primary care, social care & community Bank
- Admin review phase 2
- Locality embedded P&D model

Collective and compassionate leadership

- Leadership strategy for 2022 onwards
- Core leadership development programme for mid-level managers
- New line manager induction
- Senior leadership development
- HR managers toolkit
- Management essentials training - HR processes/policy training

7.2 Workforce Health and Wellbeing

We have continued to build on the increased provision of HWB support that has been put in place for colleagues since Covid 19 including:

- New Intranet HWB page as well as 'At a glance' guide to Sirona's HWB offer, which will be updated regularly
- Supporting national campaigns including Mental Health Awareness Week, Carers Week
- Commissioned Nilaari – a culturally competent counselling service for BAME colleagues
- Healthier Together Support Network launched – uptake has exceeded expectations.
- BNSSG Enhanced Wellbeing in Systems bid successful: £843k to provide holistic HWB offer
- Health and Wellbeing Passports launched
- Workforce Health and Wellbeing Consultant recruited

Our data shows that many colleagues are struggling with the effects of the pandemic and organisational change and with this comes an increased susceptibility to burnout, PTSD or other mental health issues. We also know that people who have mental or physical health difficulties can make mistakes or cause accidents and perform poorly - all of which have direct and detrimental impacts on patient care. At the same time we know that most people will recover in a way that is right for them, and so it is important not to medicalise any support that we put in place.

Therefore we are moving towards providing programmes of holistic HWB support that will be designed with the diverse needs of our workforce in mind. Now that our Health and Wellbeing Consultant is in post we are in a much stronger position to be able to move forward on these plans, which include:

- Developing a clear, data lead Health and Wellbeing Strategy and Framework. This will build on the Board Seminar held in August. We will use the new NHS HWB Diagnostic Tool to establish gaps and devise an action plan. This new HWB strategy will also link in to the wider organisational strategy – and will make links with other areas of work such as Hybrid Working, Equality Diversity and Inclusion and Transformation.
- Scope options for a Trauma Risk incident Management (TRiM) process for Sirona. TRiM is a peer delivered psychological support process, which aims to ensure that staff who are exposed to traumatic events at work are assisted to seek help in a timely manner.
- Rollout Wellbeing Conversations – to include training, engagement events and resources, such as a conversation template.
- Linked to the above – determine our approach and support for Mental Health First Aid.
- Set up a network of 'Wellbeing Champions' to enable teams to put localised HWB interventions in place and disseminate information about HWB support available.
- Provide Menopause support options – 90% of our workforce are women and most are aged 45-55. This is now firmly on the HWB agenda in BNSSG and nationally and we will link in with this.
- Implement childcare support options – for example a peer network for help with common issues, advice and support.
- Continue to work with Healthier Together Support Network – due to the successful Enhanced Wellbeing in Systems bid this service will be expanded to provide access to Healthy Lifestyles and Physical Wellbeing interventions such as Health Coaching, Kiactiv, Health checks at work and improved access to physiotherapy. The network is also looking at options for Long Covid support.

7.3 Staff Engagement

In response to feedback from colleagues that they would like greater leadership visibility and to address key issues such as staff moral and retention we have designed a number of engagement activities. These activities will enable us to provide clarity around our vision, refresh our values so that all staff feel part of Sirona and also to give colleagues a chance to provide open and honest feedback to Senior Leaders.

The programme of activities includes, SLT members visiting teams locally to deliver key messages and to obtain feedback from colleagues on the frontline, focus groups designed to obtain views on the vision and values, weekly Ask Anything virtual events and a number of engagement events focusing on the launch of the overall strategy. We have also launched the NHS Pulse Survey to obtain regular feedback in line with other NHS providers.

The aim is to address any issues and identify risks/gaps/priorities for this coming winter, alongside improving staff engagement.

7.4 Hybrid Working

We have developed a project group with representation from across all of Sirona to establish our business, service, team and individual needs for our approach to work following the pandemic. We have seen so many staff working from home with some benefits whilst others have experienced feelings of isolated and the need to connect with staff and their teams.

We have engaged with a local specialist partner to assist us to develop our working environment and approach for the future of work. This will include where and how people work and making sure we have a strong link to inclusion and wellbeing.

The first phase of this work is to gather data to establish staff and business needs which will then move though the autumn and winter months to make recommendations and to create a new approach to work that builds how staff feel part of our organisation and able to work to their very best.

We are engaging staff in a number of surveys including the recent introduction of pulse surveys which will give us up to date information on how staff are feeling and responding to the changes and the services we are offering as support. This will allow us to feedback to staff and focus our support where it is perceived to be needed.

7.5 Absence Management

Ensuring the effective management of staff absence over winter months is crucial to ensure we have the sufficient workforce in place to deliver our services. HR People Partners and Resourcing Consultants will work closely with specific areas of the organisation where we might have concerns around resilience over the winter period, and recruiting additional temporary resource, running pro-active Bank campaigns for potential ‘block bookings’, or exploring other options where possible. We now have a Bank of more than 1,000 bank workers across BNSSG for community services, and any winter cover requirements will be planned as part of our normal rostering/rota management, which includes electronic booking bank of shifts via the Allocate online booking system.

Workforce monitoring is part of the delivery framework and reviewed on a weekly basis in order that targeted support can be given to particularly challenged areas.

Currently our sickness absence rate is 3.85%. We offer a range of flexible working arrangements to help support staff and to try and avoid colleagues becoming anxious and unwell during the period we have been managing Covid-19. This includes working from home (where possible), authorised unpaid leave, purchase of additional annual leave (with payments spread across the year), requests for temporary flexible working patterns. We will continue to ensure these options are in place over the coming winter months in order to maintain good employee relations and support for staff.

We also have robust policies and procedures in place for the effective management of sickness absence where this arises. Our policy provides a fair and consistent framework to support employees during periods of absence. It is in place to assist managers with the effective management of sickness absence and enable them to manage absence well and encourage attendance at work. Absence interventions include:

- ✓ Return-to-work interviews
- ✓ Providing leave for family circumstances
- ✓ Using of trigger mechanisms to review attendance
- ✓ Disciplinary procedures for unacceptable absence levels
- ✓ Changes to working patterns or environment, such as flexible working
- ✓ Employee Assistance Programme (EAP)
- ✓ Training line managers in absence management
- ✓ Involving occupational health professionals

We have a dedicated ASK HR service for support for staff and managers with absence management or sickness issues. We also offer tailored support to line managers through our People Partners, aligned to localities and services to support managers with local issues and ensure good levels of attendance are maintained. People Partners provide regular reporting for managers on absence levels at a local level to ensure close monitoring is taking place locally, and any issues addressed at the earliest opportunity. This information is also be shared through our People & Development Group and data monitored through the Quality and Outcomes Committee.

7.6 Annual Leave Management

All managers are encouraged to have annual leave planning conversations with individuals to ensure leave is being planned pro-actively and to ensure any impact on services can be pre-planned and appropriate steps in place to provide cover. A template has been provided to support and facilitate these discussions.

7.7 Covid-19 Health Risk Assessments

As Covid-19 continues to have an impact to the way we work and the safety of our colleagues, we have asked line managers to revisit each team member's Covid-19 health risk assessment carried out last summer and to review any changes and their level of risk. We have created a risk assessment review framework to support these conversations and created a new Ulysses Form to capture the data.

7.8 Covid-19 Vaccinations

All staff have been offered Covid-19 vaccinations and those staff who had their second jab over 26 weeks ago have been offered a third booster jab. Managers are also required to hold conversations with those staff who are frontline and have not yet been vaccinated to allow them to enter care homes in line with new legislation. Support has been provided for both managers and staff members. Take up for vaccinations is monitored through the Flu Delivery Group.

7.9 Bank and Agency Management

Our Bank has continued to develop through this year and our Bank workers are critical to the continued successful delivery of many of our services, particularly over the winter period. The 'Bank First' approach is well-established and the online Bank booking system (Bank Staff) is working well. Our focus for this winter will be to further improve the quality of Bank staff available to our services through a programme of staff worker engagement; clinical competence quality assurance and where necessary, further recruitment to specific Bank roles. Support to services has been expanded to provide an emergency Out Of Hours service which will be reviewed and if necessary, enhanced further for the winter period.

We have two partnerships in place to supply agency workers; the 'neutral vendor' contract with GRI for nursing and support staff and a single vendor arrangement with Retinue for AHP staff. These arrangements have enabled us to access the widest possible panels of recruitment agencies with appropriate governance mechanisms for clinical competence and experience. Retinue have provided us with a good supply of skilled AHPs which has assisted us in filling therapy staffing requirements. We will continue to work closely with GRI and Retinue through the winter to ensure effective provision of agency staff where needed.

We are working closely with System partners on a review of Bank rates to create a harmonised set of standard Bank rates. Alongside this work, we are reviewing current incentive schemes with the aim of producing standard incentive rates too. Internally, we are developing a mechanism to identify where incentive rates may be needed to encourage fill of shift gaps where teams are under particular pressure. All of this work will help us to manage Bank shift fill and management across the System as well as help us be more agile in our response to short-term staffing issues.

7.10 Resourcing

Our in-house resourcing model supports our services via aligned teams made up of a Resourcing Consultant and a Resourcing Coordinator. The teams have developed close working relationships with their internal customers and as a result have been able to support them to recruit unprecedented numbers of new colleagues to Sirona. In addition the team have also assisted with a large amount of internal moves, both lateral and promotions; thereby contributing to positive internal talent pipelines and succession.

We will continue to build on this model, and where needed for extra resourcing capacity to meet additional recruitment needs for winter, we will ensure additional dedicated resources, working to minimising vacancy levels and providing the continued delivery of safe services moving forward.

Alongside our operational recruitment, the Resourcing team have been active with a number of initiatives to enhance our recruitment attraction for this winter, including BNSSG-wide bus advertising; reinstatement of external recruitment events and expanding our use of social media. These are also being underpinned by the introduction of 'Refer a Friend' policy to capitalise on the contacts of our existing staff and a Relocation policy to enable Sirona to attract suitable candidates from outside the BNSSG footprint.

We have been successful in our application for a Sponsorship Licence which will enable us to employ health professionals from outside the UK. Alongside this, we are also developing an International Recruitment programme for community nurses, with the first cohort expected in early 2022.

We have completed a project to scope the introduction of a Collaborative Bank and will be supporting the implementation of a primary phase pilot in Primary Care Networks, with a view to joining this mechanism in 2022.

7.11 Skilled workforce deficit

We have worked closely with System partners on recruitment of Health Care Support Workers and have successfully recruited over 80 new HCSWs this financial year. We will continue to develop joint attraction and recruitment initiatives to enable us to address our support worker recruitment needs in the coming months.

7.12 Colleague Retention

The retention of our staff remains a significant concern for us especially as we move into our winter months. We have introduced a community of practice on the topic of retention encouraging people to come together to share ideas of how to retain staff and ideas have included it's the little things that make a difference to coaching and support for managers.

We are working across the Healthier Together Network to promote an itchy feet service which is available for staff offering a listening ear and coaching conversation if staff are thinking about leaving the organisation so we can offer them support and guidance to encourage them to seek out new opportunities in Sirona. The itchy feet service signposts staff members to opportunities they might otherwise not be aware of like Learning and Development opportunities.

We are also offering e learning to managers to give them knowledge and skills to manage and retain their teams.

7.13 Learning and Development

The 4x4 training is funded from the L&D budget and the team have organised this training. The training is part of our resilience on occasion of bad weather etc. and to aid clinical/non clinical staff in getting to bases/patient homes where necessary.

Some of our LDP's assist with vaccinating our staff with the Flu Vaccine.

8. Communications Plan

Sirona's Communication Team is represented on the BNSSG Tactical and Strategic Comms Groups set up as part of the Covid-19 response but now expanded to cover the Integrated Care System development, Vaccination Programme and other system needs. The integrated approach recently received national recognition in the NHS Communicate Awards.

This year's approach to winter is similar to last year with a system tactical group representing our ICS providers working with oversight from the Strategic Comms Group.

The winter communications plan has five workstreams:-

- #StayWell education
- 111 First
- Self-care & pharmacy
- Winter vaccinations
- Winter Resilience - PR and social media

The tactical group will be creating a single suite of accessible information and adaptable content for key campaigns, reducing duplication and increasing impact with the same message wherever an individual lands. This information will also be tailored for internal usage as appropriate.

This integrated approach enables an even wider cascade for community specific messages as the channels of all partners are utilised. It also enables shared funding of graphics, videos, social marketing and evaluation. The team is making sure materials are available in printed format as well as digital.

Insight from the BNSSG Citizens Panel and other engagement activities is being used to tailor the messages within our communities.
The joined up approach also enables additional support when we need to cascade urgent messages to partners such as GPs and hospital staff – this was particularly helpful during recent ICC escalation for our Single Point of Access.

In addition, our communications team is supporting our staff 'flu / Covid booster vaccination campaign with representatives from our Communications Team on both of our Tactical and Strategic groups and the system Mass Vaccination Programme to support the internal cascade via our various channels, intranet, Team Brief, email bulletins and externally.

Our Workforce recruitment and resourcing team is supported by a Communications post jointly funded by Operations and Communications for targeted recruitment messaging using Social Media, event support and advertising messages such as the buses which can now be seen across BNSSG promoting opportunities to “Get on Board”. This messaging is also being mirrored in other promotion. The bus is pictured.

The Communications Team also supports our EPRR team with warning and informing the public, staff and service users about adverse weather or situational issues and any implications for services and staff as a result. It also provides communication support for escalation through our EPRR structures and for specific ICCs when they are being run. The Team is also linked in to the Local Resilience Forum communications network.

9. Specialist Services

9.1 Advice and Guidance

Support continues to HCPs across the system from services through direct telephone and email lines to specialist service staff in:

- Respiratory (7 days per week)
- Diabetes
- Dietetics
- Heart failure
- Bladder & bowel
- Learning disability

Aim of these is to support clinical decision making, enable utilisation of secondary care A&G for more complex queries with aim of reducing admissions to hospital

9.2 Other

- The mobile vaccination team will continue to support the flu / covid vaccination programme; particularly hard to reach and underserved population
- Covid Pulse oximetry service continues to monitor people with active covid and at risk of deterioration through digital platform.
- The respiratory service continues to support the early discharge of patients with oxygen needs post covid
- Support to the Integrated network teams through virtual MDTs, specialist reviews and joint visits and project work with aim to improve quality and reduce visits where appropriate
- Continue to support practice based MDTs and virtuals e.g. diabetes
- Outpatient Parenteral Antimicrobial Therapy project – working with system partners to deliver home IV antibiotics across BNSSG, reducing bed days / occupancy across winter period

- Potential for expansion of North Somerset community early discharge stroke service

9.3 Planned care

Restoration of planned services continues as well as support to accelerator projects to reduce waiting lists e.g. MSK services.

Seasonal services will slow down planned services to support any winter escalation requirements e.g. pulmonary rehabilitation staffing focussed on supporting early respiratory discharge/ covid Oxygen weaning pathway. The service priority matrix developed during the first wave of covid will be refreshed to determine which services may be slowed over winter and / or staff redeployed in line with the OPEL escalation framework.

10. Children's Services

10.1 Community Children's Services

Work within the Children's Directorate has included a diverse range of approaches that will support children during the phase 3 winter months .The work plan has focussed on:

School Aged Immunisation Programme:

- Provision of Covid 19 vaccinations for healthy 12-15 year olds in schools from 20th September to 12th November in school and community clinic settings.
- Provision of an extended school aged flu programme to include reception to year 11 (Primary and Secondary school aged children). From 12th November to 17th December in school and community clinics. This programme will also include injectable flu vaccinations option, for those children/young people who are unable to have intranasal flu vaccinations due to porcine gelatine content.
- Both the Covid and Flu vaccinations will include family community clinics in communities where vaccination uptake in known to be poor – learning lessons from adult covid mobile clinics re clinic venues and maximising uptake.

10.2 RSV mitigation and viral surge planning

Lifetime service and Public Health Nursing working in partnership with the wider system wide including CCG, acute, primary and community children's services across BNSSG to develop collective response.

Actions agreed by Sirona Children's services;

- Lifetime Service will provide telephone advice to patients on their caseload across BNSSG re; management of Respiratory symptoms, liaising with the relevant professionals involved e.g. GP's, Consultant leads, with the aim to children and young people on the Lifetime caseload remain at home and minimise the need for hospital admission. Home visit if required.
- Lifetime Service will provide information to GP's on the appropriate saturation monitors for children.
- Lifetime Service will invite GP's to training session on saturation monitors that are most effective for children to enable a reliable oxygen saturation trace.
- Lifetime Service will (if capacity) support with RSV vaccinations in North Somerset only as the UHBW acute team support the Bristol and South Gloucestershire children.
- Public Health Nursing Services across BNSSG will pro-actively provide advice to children and families on the caseload re; signs and symptoms of respiratory infection and what actions to take.

11. Adult Services

11.1 Single Point of Access

Sirona care & health's Single Point of Access (SPA) provides the entry point for service users and other stakeholders to access Adult Community Services across BNSSG. SPA staff support individuals to receive interventions they need to help avoid a hospital admission or to facilitate a safe and timely discharge where a hospital stay has been unavoidable. The SPA Clinical and Health Navigator team are highly skilled in obtaining relevant information from callers and providing an expert clinical triage to determine the urgency of the required intervention and ensure people are receiving the right care, in the right location, from the right person at the right time.

Following the transformation of our service over the summer months to be able to deliver an integrated, single BNSSG-wide SPA, we are working hard to ensure that there is a robust and resilient service, providing a timely and equitable service to all. To support this we have established a specific programme of work to ensure we keep the service safe over the coming months which will include the continued strengthening of the workforce and additional management support as it continues to embed new operational ways of working to best support the INT/ LARC teams in their delivery.

11.2 Care Home Support

Care Home support- *all localities except WWW who are an accelerator Ageing Well Site with an enhanced CH programme*

During 20/21 Sirona were able to provide regular proactive calls to all CHs across BNSSG to ensure CH managers and staffs were up to date on latest PPE/ IPC information as well as understating how they can access our services and have a key link within community health services. This was achieved with the coordination from the Care Provider Lead (CPL- one per geography) and using re-deployed staff from other services to make the calls - as this resource is now no longer available and CH managers have fed back that they no longer need these proactive calls, this has now stopped.

Instead the Care provider leads are now able to focus on pulling information from adverse events as well as working closely with social care colleagues, CQC and the CCG to review and support CHs that require improvement or those with safeguarding concerns – this also ensures the community teams (INTs) are fully informed about the CHs in their patch.

We now have a Power BI dashboard set up which shows the level of activity into each CH by professional role which will give us trends and themes to support the need for focussed support from the wider MDT.

Staff are also encouraged to be the “eyes on the ground” and feed back to their CPL to ensure there is rounded information and the CPL can ensure targeted training is offered either by signposting to the Sirona Care provider on- line resource library or specific training opportunities e.g. ReSPECT.

Clear communications has gone out to all CHs on how to access Sirona services.

11.3 Weston Integrated Frailty Programme (includes Care Home Hub)

Within Weston, Worle & Villages locality a multidisciplinary frailty service is launching a Care Home Hub ahead of winter co-designed and staffed by Sirona, Pier Health and AWP.

The Hub’s main function will be to proactively support Care Homes in the WWV area with Community Geriatric Assessments, diagnostics, Care Navigation, timely access to frailty services and pharmacy etc. The service is being implemented in phases, with Phase 2 of 3 expected to be between November and February. During this time 2x Band 7 Sirona staff have been seconded to the service –comprising 1x Care provider lead and 1x LTC ACP.

These roles are expected to become substantive in the early part of 2022 and until then will have funded backfill from Ageing Well monies to support the gap in resources to Sirona over the winter. The service runs 8-8 Mon-Fri and will continue this pattern over the winter with the expectation that late in Phase 2 it will move to 7 day working. The evaluation of this model will be sued to inform further locality working.

11.4 Same Day Urgent Care

Throughout the winter period Sirona will continue to work with the Same Day urgent care system across BNSSG to assure priorities and changes in service delivery are aligned with service provision.

11.5 Urgent Treatment Centre Current Provision

The Urgent Treatment Centre is a nurse / paramedic led walk-in service for adults and children with new minor illnesses or injuries. The service is available between the hours of 08:00 and 20:00 seven days a week. Shifts start at 07:45 and finish at 20:45.
The Unit treats between 80 and 150 individuals a day and receives referrals from a wide geographical area. The primary aim is to prevent hospital admissions and Emergency Department attendances where appropriate and to support Primary Care.

There are currently four ways for patients to access the UTC:

- Direct access – walk-in the front door with no referral and wait for an available clinician.
- Minors Redirection from an Emergency Department.
- NHS111 UCC Profile – patients who call NHS111 and the UTC returns on the DOS are told to self-present at the unit within the disposition timeframe, usually within a one or two hours.
- NHS111 UTC Profile – patients who call NHS111 and the UTC returns on the DOS are given a booked appointment slot within the disposition timeframe.

The proportion of total UTC activity which comes through NHS111 is approximately 15-20% during the week, rising to 40-50% over the weekend.

Winter Provision 2021-22

The following changes will be implemented during this winter:

- A change to the NHS111 referral pathway which will mean that all NHS111 referrals will receive a remote clinical assessment before being directed to attend the Unit. It is anticipated that 50-60% of all NHS111 referrals could be safely managed remotely. Those referrals that do require a face to face assessment will be given a timed appointment, allowing improved patient flow and increased infection control management (Covid security).
- A review of the effectiveness of remote assessment on minor injury referrals. This will result in:
    - Clevedon & Yate MIU also implementing remote clinical assessment during the winter of 2021-22.

11.6 Yate and Clevedon Minor Injury Units (MIUs) Current Provision

Both Minor Injury Units are nurse led walk-in services for adults and children (Children must be over 12 months old) with new minor injuries. Clevedon service is available between the hours of 08:30 and 20:30 seven days a week. Shifts start at 08:00 and finish at 21:00. Yate service is available between 08:00 and 20:00. Shifts start at 07:45 and finish at 20:45.

Clevedon Unit treats between 60 and 90 individuals a day and Yate around 80 and 150 individuals a day. Both receive referrals from a wide geographical area. The primary aim is to prevent hospital admissions and Emergency Department attendances where appropriate and to support Primary Care.

Both services have x-ray provision for the majority of their service hours (provided by NBT).

There are currently three ways for patients to access the both MIUs:

- Direct access – walk-in the front door with no referral and wait for an available clinician.
- Minors Redirection from an Emergency Department.
- NHS111 MIU Profile – patients who call NHS111 and the UTC returns on the DOS are given a booked appointment slot within the disposition timeframe.

Winter Provision 2021-22

Both units will continue to manage flow through the departments in line with recent measures following the significant upturn in activity. Each unit has strategies including See & Treat models and an option to restrict access for temporary periods. Both units have temporarily – and when possible increased staffing to meet demand and this will continue through the winter.

Both units are significantly restrained by estates and will not be able to increase provision.

11.7 Access & Flow Integrated Community Care Bureaux (ICCB)

We will continue to manage the flow of service users out of the acute hospitals in partnership with our three local authorities. We navigate all patients through Pathways 1,2 and 3 to ensure assessment, rehabilitation and Reablement can be provided at the most appropriate location away from the acute setting.

We are predicting high demand and reduced capacity in services driven by staffing shortages across health and social care and the continued impact of the pandemic. We will therefore continuously monitor the demand on the services and flex the capacity across the three pathways.

Sirona will continue to play an active part in the Out of Hospital work streams to ensure any extra capacity or escalation plans are operationalised and implemented effectively.

11.8 Pathway 3 Discharge to Assess

Sirona now in-reach with therapy and case management across all our block contract Pathway 3 beds. This input of focused on the rehabilitation and Reablement of the service users and also provides a key role in assessment and discharge planning to support flow through the beds. The therapist input into weekly MDTs alongside social care and liaise with specialist service as required.

11.9 Brunel Care Beds

We have access to 48 Reablement beds until the end of March 2022. This resource is able to support residential level dependency with some nursing support and a limited therapy provision. These beds will be flexed to support delays across all three pathways with Sirona providing the bed management to support flow.

11.10 South Bristol Rehab Unit

Staff recruitment continues to be limiting factor to opening the last 15 beds at South Bristol Community Hospital. We will continue to work through our recruitment strategy over this period and open the remaining beds gradually over this period in line with safe staffing levels.

11.11 Kewstoke Medically Stable for Discharge Ward

To support the ongoing demand and capacity pressures at Weston Hospital, Sirona care & health are working with system partners to establish and pilot a medically stable for discharge ward. The acuity of patients at UHBW continues to increase, and the need for intensive rehabilitation is essential before patents can return to their usual place of residence with ongoing community services where required.

Kewstoke Ward will move to a therapy and nurse led model as recruitment progresses. Kewstoke ward will facilitate proactive discharges for patients who are predicted to be discharged on DtA pathway 1 (although currently the ward is hosting P2/P3 patients as well). The patient cohort will be defined using pre-agreed inclusion and exclusion criteria.

11.12 Integrated Network Teams (INTs) and Locality Acute & Reactive Services (LARC) Prevention of Admission

We are approaching winter managing the remaining impact of the pandemic, such as long planned rehabilitation waiting lists, which require the INTs to find solutions for managing the needs of those people in the community, in addition to balancing the requirement for secondary care discharges and urgent responses to referrals.

The INTs are now operational from 8am - 8pm 7 days a week. The new multi-disciplinary co-ordination function is able to ensure that the right professional is scheduled to visit patients. This function enables the INTs to provide wrap around care and support for people on existing caseloads, maintaining them safely in their own homes and reducing the need for admission to secondary care. Capacity is prioritised on a day to day basis to ensure those with the greatest level of need are supported.

Practice based MDTs will continue to be held throughout the winter period, virtually or face to face, at the frequency agreed with practices, to ensure that people with complex needs are supported to remain safely in their own homes and enabling the continued development of relationships between Locality partners.

11.13 Urgent Response

The INTs and Advanced Clinical Practitioners – Urgent Care (ACP-Us) provide a response to urgent referrals within 2 hours to assess individuals in their own home and where possible provide the appropriate intervention to prevent the need for admission to secondary care. Support from the wider multi-disciplinary team within the INTs enables the person to be supported safely at home.

Urgent referrals will be managed through Sirona's Single Point of Access (SPA) and clinically triaged as appropriate, enabling services to respond in the required timeframe. Work is in progress to deliver robust performance monitoring in line with the new national requirement.

11.14 Community Nursing

Community Nurses will continue to prioritise their caseloads to meet those with greatest need supported by the Advanced Clinical Practitioners for Long Term Conditions (ACP-LTC) and working with Specialist Advice & Support Services (SASS). Prioritisation tools will be used to identify those with high level of needs on each caseload and in times of escalation services may need to focus on those with the greatest need and in accordance with escalation plans.

There may be a request for community nurses to provide covid booster vaccinations in addition to flu vaccinations for people who are housebound – this remains under discussion as Sirona is not currently licensed to provide the covid vaccination. Sirona's community nurses will struggle to provide the capacity for this undertaking, which may require the development of a separately commissioned dedicated vaccination team. In some BNSSG Localities, the Primary Care Networks are planning to carry out this activity.

11.15 Discharge to Assess

The INTs will attempt to continue to deliver the commissioned 164 Discharge to Assess Pathway 1 (DtA1) slots working with the local authorities to ensure that transitions are managed in a timely way between health and social care services, supporting system flow. An additional 19 slots are being commissioned through the development of the system wide D2A business case.

11.16 Planned Rehabilitation

Resource will be prioritised to support people with urgent Planned Rehab needs who could potentially be at risk of admission to secondary care. There remains a significant Planned Rehab waiting list following the impact of the covid pandemic and it is anticipated that some of the people on these waiting lists will require urgent intervention as their needs increase. The INTs will prioritise this requirement along with the other demands of their INT caseload.

12. Logistics

Sirona care & health has a logistics team in place who collectively order, collate and distribute PPE throughout the whole organisation whilst also maintaining the reporting required regionally and nationally.

PPE stock is held at a central location and at this site we are able to hold at least 30 days stock, if required.

The logistics manager is linked in at system and regional level with meetings occurring on a regular basis to ensure that the organisation is aware of changing regional and national guidance and requirements, and changes to supply. These meetings are also used to enable us to escalate relevant issues that the organisation has to the regional team. These meetings can also be used as a means to discuss mutual aid.

Stock levels are monitored by a managed inventory system, this means that should there be another wave we are able to increase stock within 2-3 days. We have access to the Regional team to support supply if local emergency arrangements fail.

We currently hold around 20 days stock.

Appendix 1

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the document/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender (including gender reassignment)	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	No	
	• Disability – learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?**	No	
4.	**Is the impact of the document/guidance likely to be negative?**	No	
5.	**If so, can the impact be avoided?**	N/A	
6.	**What alternative is there to achieving the document/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	9th November 2021
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	08 Winter Vaccination Campaign
Presenter:	Mary Lewis
Notes:	The Director of Nursing is to provide the Board with a verbal update on vaccinations activities

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:	9th November 2021
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	09 Quality Report Presentation
Presenter:	Mary Lewis
Notes:	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

Board Report

Date	9th November 2021	**Agenda item**	10
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 October 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 October 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

- There is no change in the total number of risks with a risk score of 15 and above **18**
- **6** risks with a score of 15+ are in the risk category of Capacity and Demand Operations
- **1 new** risk with a score of 16 has been added (Risk 399)
- **3 escalating** risks are included in the report
- **1** risk closed since the last report (Risk 359)
- **3** risks deescalated
- 2 risks scoring 20 in the last report have both reduced to a score of 16 (Risks 379 and 380)

In addition

- **222** risks identified on the Ulysses risk register (**decrease of 13** from 235 reported to Sept Board)
- **145** risks are identified as corporate risks (**no change** from the 145 reported to Sept Board)
- **62** risks with a risk score of 12 and above (**increase of 10** from the 52 reported to Sept Board)

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 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:

- There is no change in the total number of risks with a risk score of 15 and above **18**
- **6** risks with a score of 15+ are in the risk category of Capacity and Demand Operations
- **1 new** risk with a score of 16 has been added – 399
- The following existing risks have increasing risk scores and are being escalated to Board in this report. (**Risk 49** score 16 up from 12, **Risk 143** score 16 up from 12and **Risk 259** score 15 up from 10)
- 1 risk has been closed since the last report – 359
- 3 risks have deescalated (Risk 362 now scoring 8, Risk 376 now scoring 1 and risk 283 now scoring 9
- 2 risks scoring 20 in the last report have both reduced to a score of 16 (Risk 379 and risk 380)

In addition

- **222** risks identified on the Ulysses risk register (**decrease of 13** from 235 reported to Sept Board)
- **145** risks are identified as corporate risks (**no change** from the 145 reported to Sept Board)
- **62** risks with a risk score of 12 and above (**increase of 10** from the 52 reported to Sept Board)

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

Table 1 Numbers of risk by score October 2021

Risk score	12	15	16	20
Numbers of risk	44 (**52** – Sept 2021)	7 (**9 –** Sept 2021)	11 (**7** - Sept 2021)	0 (2 – Sept 2021)

2.2 Table 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	Number of Risks October 2021
Accommodation	2	3	7	7
Regulation & Compliance – CQC	3	3	3	3
Patient Safety / Clinical Quality	1	4	14	13
Service User Care/Treatment	9	15	27	22
Clinical Records	1	1	1	4
Contracts	1	2	2	1
Health, Safety & Security	14	13	21	21
Regulation & Compliance – not included elsewhere	6	6	7	7
Capacity & Demand – Corporate	0	0	0	0
Digital (IM&T)	6	11	24	18
EPRR / Business Continuity	7	7	9	9
Equality & Diversity	0	0	0	0
Infection Prevention & Control	2	3	6	6
Information Governance	2	4	6	5
Medical Devices	3	3	3	6
Medicines Management	8	8	11	11
Capacity & Demand - Operations	12	17	37	38
Learning & Development	7	7	8	7
Staff Wellbeing	4	2	7	6

Workforce	15	16	22	18
Programme, Planning & Projects	1	1	4	5
Research and Development	0	0	0	0
Safeguarding	2	3	5	5
Business / Finance	3	5	6	7
Performance	0	0	2	1
Engagement / Stakeholder Relationships	0	0	1	1
No category	2	2	2	1

2.3 Corporate Risk (all scores) by SLT Lead

SLT Lead	Number of risks
Director of Finance	**13**
Director of People and OD	**27**
Director of Operations	**129**
Director of Nursing	**24**
Director of Therapies	**10**
Medical Director	**15**
Director of Transformation	**4**

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

There is one new risk since the last report and 3 escalating risks. A summary is shown below but full details are included in Appendix 1

Risk No	Lead Director /AD or Risk owner	Risk Description	Initial Risk Score (LxI)	Current Risk Score (LxI)	Target Risk Score (LxI)
399	Head of IT/Director of Finance & Digital	**Digital** The Digital 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 IT staff being overstretched and under resourced to deliver IT support leads to more pressure on existing IT staff which could result in their wellbeing being effected and them leaving. This could also result in more challenges to meet the needs of the organisation to deliver safe services. Additionally colleagues across the organisation are already stretched and the time taken to resolve ongoing IT issues could result in their wellbeing impacted and also leaving. The backlog of emails, tasks for service desk and desk top including starters, leavers and smartcards could result in the inability to prioritise and resolve the most urgent incidents in a timely manner which could result in patient harm and leavers is an IG risk. There is a risk that the systems and processes are not meeting the organisation's needs. This could result in single points of failure including staff being unable to start when they are meant to putting further pressure on staff	4x4=16	4x4=16	2x3=6

		and leavers having access to information they should not which is also an IG issue. Staff not having the correct equipment when they start impacts their ability to do their jobs and meet patient needs Issues with infrastructure could result in staff being unable to access the core systems; the One Sirona Network migration has also affected staffs access. The existing issues that have led to the Digital ICC being set up could also mean One Sirona is delayed. This could result in additional money being spent on external contractors to support services.			
49	Acting Head of Specialist Services / Acting Director of Operations	**Heart Failure Service Capacity and Demand** Referrals for Bristol/S Gloucestershire (i.e. Early supportive discharge and outpatient referrals) from both hospital trusts have increased by 50% from April 2020-April 2021. Secondary care Heart Failure nurses have reported significantly increased cardiology admissions/referrals. This has resulted in increased referrals into the community team (for Early supportive discharge and secondary care OPD referrals) of complex Heart failure patients needing significant interventions and monitoring. This is in addition to GP referrals. The weight of referrals is in Bristol and South Gloucestershire with caseloads reaching near to capacity (Demand now starting to outstrip capacity) and staff feeling huge pressure which is starting to affect mental wellbeing. The option to hold a waiting list to mitigate increasing demand carries significant risk in terms of delaying care/ optimization of Heart failure medications, resulting in potential deterioration, poorer outcomes for patients and complaints.	4x3=12	4x4=16	3x2=6
143	Head of OD / Director of People Services	**Staff wellbeing** As a result of system escalation, phase 3 workload pressure, potential Covid-19 further wave, new/different ways of working, and large scale organisational change there is a risk of an increase in staff becoming unwell or experiencing stress, resulting in an increase in sickness absence and poor morale.	4x4=16	4x4=16	2x4=8
259	Head of HR / Director of People Services	As a result of the quick implementation of ESR and the current large scale organisational changes, there is a risk that the system does not contain accurate data, and lacks alignment and integration with other systems resulting in poor data quality, lack of engagement with ESR and reputational issues	2x5=10	3x5=15	2x2=4

There is one risk identified in Appendix 1 that is overdue for review at the time of the Ulysses extract. (Risk 213)

In previous reports there was an identified trend of increasing numbers of the risk types

- Patient Safety / Clinical Quality
- Service User Care/Treatment
- Digital

These numbers have not changed significantly from the September report but have all reduced in number. (Table 2)

Risks in the category of Capacity and Demand Operations, has increased by one. Of the 18 risks identified with a risk score of 15+, six risks fall into this category.

There is one risk scoring 15+ in each of the categories of

- Accommodation
- Digital
- Infection Prevention and Control
- Performance
- Programme and Planning
- Service User Care and Treatment
- Regulation and Compliance (not CQC)
- Staff Well-being

There are two risks scoring 15+ in the categories of

- Information Governance
- Patient Safety and Clinical Quality

(Details Appendix 1)

3. Recommendations

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

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
399	Clive Bassett - Director Of Finance	02/09/2021	Programmes / Planning / Projects	Risk of non-delivery of the Digital ICC	The Digital 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. IT staff being overstretched and under resourced to deliver IT support leads to more pressure on existing IT staff which could result in their wellbeing being effected and them leaving. This could also result in more challenges to meet the needs of the organisation to deliver safe services. Additionally colleagues across the organisation are already stretched and the time taken to resolve ongoing IT issues could result in their wellbeing impacted and also leaving. The backlog of emails, tasks for service desk and desk top including starters, leavers and smartcards could result in the inability to prioritise and resolve the most urgent incidents in a timely manner which could result in patient harm and leavers is an IG risk. There is a risk that the systems and processes are not meeting the organisation's needs. This could result in single points of failure including staff being unable to start when they are meant to putting further pressure on staff and leavers having access to information they should not which is also an IG issue.			16		16	6	30/09/2021	Sarah Davies	IT Equipment for starts sits under risk 164. SD to liaise with Sarah Margetts and will update on actions taken by Digital ICC	1 - Monthly (Risk Score 12-25)	30/10/2021
393	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	Without the identification of additional staffing resource, the risk is that there is insufficient capacity to manage day to day service, and increasing demand which could lead to clinical harm for patients on caseload and a failure to support the flu vaccination programme.	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	9	28/09/2021	Kerry Joyce	Risk reviewed - No change	1 - Monthly (Risk Score 12-25)	28/10/2021
379	Jenny Theed - Director Of Operations	30/07/2021	Patient Safety & Clinical Quality	EMIS transfer programme	As a result of the transfer of the SPA service to the single instance of EMIS it has resulted in a number of issues being identified by the SPA team and also the INT's, 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 managr referrals Lack of visibility of schedules and live caseload Unable to see Alerts between the instances of EMIS unless made visibile 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	Bristol S SPA Team	Bristol S	20	Internal Cirtical Incident Set up	16	9	29/09/2021	Nicola Woodland	Risk reviewed.ICI continues to run and provide oversight and assurance to SLT. SOPs and look-up tool being ammended to reflect changes in processes within the services. Risk score reduced.	1 - Monthly (Risk Score 12-25)	29/10/2021

380	Jenny Theed - Director Of Oper	30/07/2021	Patient Safety & Clinical Quality	Patients at risk of harm due to increased demand of Single point of access	As a result of increased demand and reduced staffing levels there is a risk that there may be delayed triage and management of referrrals 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, visit may be mis-allocated to staff member who does not have approriate skills,	Bristol S SPA Team	Bristol S	20	Urgent 2 hour responses phoned thorugh to INT coordinators	16	9	29/09/2021	Nicola Woodland	Risk reviewed. Risk description ammended and score reduced. Definition ammended to ensure greater clarity around the risk. Score reduced as recruitment nearing completion and staff starting induction which will support reduction in call waits and service being able to meet demand. Adverse evetns and customer conserns/complaints reviewed and	1 - Monthly (Risk Score 12-25)	29/10/2021
377	Jenny Theed - Director Of Oper	29/07/2021	Capacity & Demand (Operational)	Reduced capacity in SG INTs leading to increased patient risk, decreased staff wellbeing and reputational damage	Because of the reduced capacity in SG INTs there is a risk to patients and to staff wellbeing and of reputational damage		S.Glos	16	Staff incentives to work additional hours. Bank and agency usage. Prioritising visits. Caseload reviews. Integrated and holistic care. Enlisting carers and families in supporting Service users.	16	No score	29/09/2021	Alison Griffiths	Ongoing risk	1 - Monthly (Risk Score 12-25)	29/10/2021
372	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. The insufficient covid security measures in place at the UTC create the risk to the effective management of staff and patient safety	Bristol S Urgent Care Centre	Bristol S	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	22/10/2021	Lynn Haywood	Risk remains unchanged currently waiting for feedback regarding IPC OPEL escalation awaiting sign off for SBAR at professional council.	1 - Monthly (Risk Score 12-25)	22/11/2021
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	1 - Monthly (Risk Score 12-25)	26/08/2021

195	Jenny Theed - Director Of Operations	19/08/2020	Service User Care/Treatment	Increased use of agency staff causing quality and consistency concerns	Agency workers not working to required standards by providing high quality care to patients, not wearing uniform/ID, not making patient meals, and not feeding back to team properly.This increases the risk of patient dissatisfaction, complaints, patient harm and impact upon the reputatation of the organisation.	S BRIS - Community Therapy Team	Adult & Specialist Services	9	Co-ordinator SOP in place. Communicating closely with GRI to feedback issues with individual and agencies	16	12	27/07/2021	Jenny Theed	Generic risk remains due to sickness and self-isolation resulting in overdependency on agency staff. Controls reviewed and deemed sufficient. Agreed to Tolerate risk	3 - Six Monthly (Tolerated Ris	27/01/2022
143	Sarah Margetts - Director Of People	17/07/2020	Staff Wellbeing	Mental health/psychological safety of staff working through Covid	As a result of system escalation, phase 3 workload pressure, potential Covid-19 further wave, new/different ways of working, and large scale organisational change there is a risk of an increase in staff becoming unwell or experiencing stress, resulting in an increase in sickness absence and poor morale.		Sirona-Wide	16	Developed support and resources through Healthier Together Support Network offering psychologist support for teams and individuals and also developed and promoted 'At a Glance' overview, recommending wellbeing support and techniques. Staff support sessions in place. Recruited Wellbeing Lead into post for dedicated resource. Feedback now being collated through monthly Pulse Survey. Monitoring the use of resources taking place to understand usage and outcomes. Additional system wide funding secured to further develop the Mental Health and Wellbeing Hub and support/tools. Wellbeing working group now actively in place and reporting back to Chief Executive and Director of Nursing. Dedicated session taken place at Board around staff wellbeing.	16	8	11/10/2021	Ticki Toogood	Risk updated to include further controls in place. Developed support and resources through Healthier Together Support Network offering psychologist support for teams and individuals and also developed and promoted 'At a Glance' overview, recommending wellbeing support and techniques. Staff support sessions in place. Recruited Wellbeing Lead into post for dedicated resource. Feedback now being collated through monthly Pulse Survey. Monitoring the use of resources taking place to understand usage and outcomes. Additional system wide funding secured to further develop the Mental Health and Wellbeing Hub and support/tools. Wellbeing working group now actively in place and reporting back to Chief Executive and Director of Nursing. Dedicated session taken place at Board around staff wellbeing.	1 - Monthly (Risk Score 12-25)	10/11/2021
49	Jenny Theed - Director Of Operations	17/05/2020	Capacity & Demand (Operational)	The risk is that the Heart Failure Service cannot deliver a full service to patients, waiting times may increase because of reduced staffing levels.	There has been a noticeable increase in referrals to the team and on an increasing trajectory. March 2021- 179 April 2021 - 177 Referrals for Bristol/S Gloucestershire (ie Early supportive discharge and outpatient referrals)from both hospital trusts has increased by 50% from April 2020-April 2021. Secondary care Heart Failure nurses have reported significantly increased cardiology admissions/referrals, and feel this potentially is a result of patients not seeking medical advice during pandemic who are now presenting increasingly unwell into hospital and needing complex interventions. This has resulted in increased referrals into the community team (for Early supportive discharge and secondary care OPD referrals) of complex Heart failure patients needing significant interventions and monitoring. This is in addition to GP referrals The weight of referrals is in Bristol and South Gloucestershire with caseloads reaching near to capacity (Demand now starting to outstrip capacity) and staff feeling huge pressure which is starting to affect mental wellbeing. The option to hold a waiting list to mitigate increasing demand carries significant risk in terms of delaying care/ optimization of Heart failure medications, resulting in potential deterioration, poorer outcomes for patients and complaints.	SPEC - Heart Failure Service	Adult & Specialist Services	12	Meetings with finance and ALD to develop plan prioritising workload and holding wait list where applicable increasing the amount of digital methods to support capacity	16	6	28/09/2021	Jen Tomkinson	Increased risk level - Staffing issues increased - resignation of B6 nurse, impending retirement B7 nurse, 1xB6 pregnant and Clinical lead on long term sick. B7 nurse having planned surgery so will be unable to do F2F for months. Will significantly impact capacity. Recruitment underway but likely gap and staff require 2 year training programme Estates in Weston remain challenging - increased time for follow up due to space in clinics. Working with Sally Marquiss to explore options Increased risk in discussion with Sandra F to 16	1 - Monthly (Risk Score 12-25)	29/10/2021

387	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	30/09/2021	Kathie Knowles	BCP plans and being discussed with C Massey re this being included in central risk Reviewed by ICE Risk Owners and input by admin on their behalf	1 - Monthly (Risk Score 12-25)	30/10/2021
389	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	01/10/2021	Joanna Masters	Reviewed. Site visit carried out, discussed with management team. Next step to consult with staff across ICE.	1 - Monthly (Risk Score 12-25)	02/02/2022
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. The risk is that If reduced capacity continues, MSKI waiting times will increase and will affect patient care, delaying their pathway, impact on the 18 week RTT and contract delivery. 22/10/2021 MSKPOD Consultation remains paused whilst transformation team are working with RCOP members therefore recruitment on hold.	Ss MSK Interface - Bristol	MSK Interface CLOP	12	We have asked all staff if some 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	15	22/10/2021	Rebecca Poulton	Requested to review as overdue. Background updated. SBAR for use of recovery funds +/- 8a overtime submitted to SLT for consideration. Lowered and then re-instated previous risk score as Service KPIs unmet.	1 - Monthly (Risk Score 12-25)	21/11/2021
298	Michael Richards - Director Of Therapies	29/03/2021	Regulation & Compliance - Not CQC	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	18/10/2021	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. Both providers to be invited to attend a further presentation/demo - date to be arranged.	1 - Monthly (Risk Score 12-25)	18/11/2021
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	30/09/2021	Kathie Knowles	Progress made on one sirona network and most staff have sirona laptops which helps alleviate some of the issues. Ongoing discussion with sorona wifi at EBICC.	1 - Monthly (Risk Score 12-25)	30/12/2021

259	Sarah Margetts - Director Of People	14/12/2020	Information Governance	ESR accuracy and integration	As a result of the quick implementation of ESR and the current large scale organisational changes, there is a risk that the system does not contain accurate data, and lacks alignment and integration with other systems resulting in poor data quality, lack of engagement with ESR and reputational issues			10	Appointed an additional ESR Lead to review system training for colleagues and create guidance documentation. This will enable other members of the team to spend time on interrogating the system to highlight and identify compliance gaps.	15	4	11/10/2021	Sarah Osborne	Reviewed to update in light of additional resource and work being undertaken to try and address these issues. Although additional resource assigned, this is becoming an increasingly significant risk due to wider impact of the inaccurate data.	1 - Monthly (Risk Score 12-25)	10/11/2021
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 Inability 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 Service	12	12-11-2020 Ability to use video technology.	15	3	22/10/2021	Amanda Yates	situation remains poor within qualified staff we have failed to attract new staff to the band 6 posts and have had little success with recruiting to the mental health post band 6 continued work with recruitment to try and attract staff to post. possible 1.6 wte band 6 to be in post by the middle of January if successful completion of HV training	1 - Monthly (Risk Score 12-25)	22/11/2021
386				To be considered at Closed Session of Board												

Date	9 November 2021	**Agenda item**	11
Title	**Finance Report to Board**		
Author	Clive Bassett, Finance Director		
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 six month period to 30 September 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

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

Related Risk No. (If applicable)	

How has this report been developed

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 that Budget Holders are fully aware and acting to control the financial performance of their area.

As part of the review the Budget Holder and the Management Accountant look at trends and variances from budget. This will allow the Budget Holder to consider any actions necessary to remain within Financial Targets.

The Management Accountant and the Budget holder will also use their knowledge and the available information to estimate the future months Financial result and these are consolidated together to give the full year forecast, and to start the process of thinking about the subsequent Financial Years opportunites and challenges.

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

The forecast shows an improving position because of the difficulties in recruiting staff in some key staff groups, and it is likely that the year's Financial Performance will result in the reporting of a surplus.

The Board, in conjunction with Executives, may seek to invest some of the surplus in ways which benefit the organisation in future periods, or retain it to lessen the impact of future savings requirements.

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 September 2021, and the Full Year forecast.

There is no further action requested at this stage

The information that follows is the Management Accounts for the first six months (H1).

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 Green because the result in the month is above the budget level. Cumulatively the indicator is also green as the year to date surplus is ahead of budget.

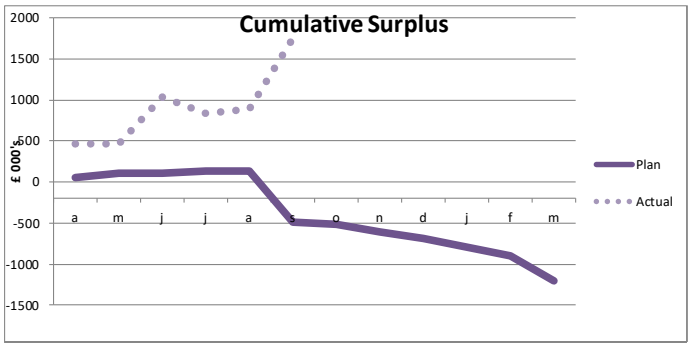
The Pay Bill indicators are green as total expenditure in the month and year are both currently below the budgeted level.

The level of cash remains green, as does the Liquidity ratio, which confirms that we have available liquid assets, such as cash, to meet financial liabilities as they fall due.

The greater than 90 day debtors have been discussed in the Finance meeting and are being chased to ensure payment is received.

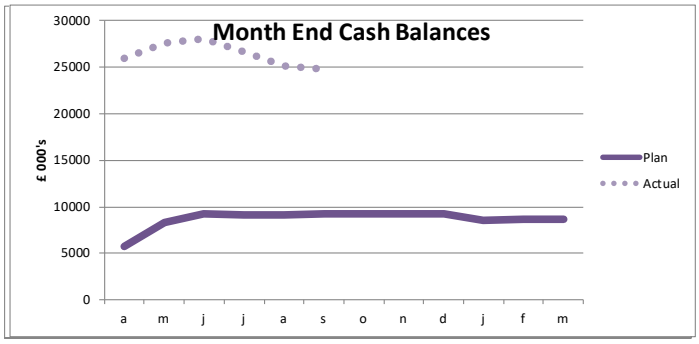
FINANCIAL DASHBOARD — Sep 21/22

Line Ref.	TRADING POSITION	£ 000's	RAG Rating
	This Month		
1	Planned Surplus	(626)	
2	Actual Surplus	860	
3	Planned Pay Bill	10,725	
4	Actual Pay Bill	10,151	
	Cumulative		
5	Planned Surplus	(488)	
6	Actual Surplus	1,746	
7	Planned Pay Bill	60,009	
8	Actual Pay Bill	58,921	



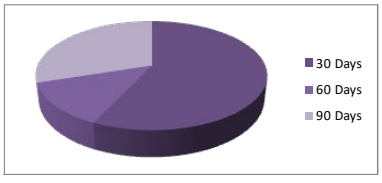
Line Ref.	WORKING CAPITAL	£ 000's	RAG Rating
9			
10	Actual Fixed Assets	1,616	
11	Plan Cash Balance	9,200	
12	Actual Cash Balance	24,759	
13	Comparative Liquidity Ratio 20/21	1.19	
14	Actual Liquidity Ratio *	1.31	

** The Liquidity Ratio is the number of times the Current Liabilities are covered by the Current Assets.*
** Cash balances shown are for group.*



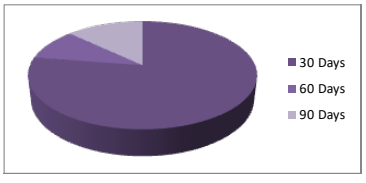
AGED DEBTORS

	£ 000's
30 Days	2,231
60 Days	511
90 Days	1,174
Total	**3,916**



AGED CREDITORS

	£ 000's
30 Days	3,931
60 Days	487
90 Days	661
Total	**5,079**



2. Operating Statement

The operating statement is shown below, with the columns being grouped as follows:

- Current Month (September),
- Full Year forecast (shaded), and
- Year to Date cumulative position and comparison to the last year.

Operating Statement

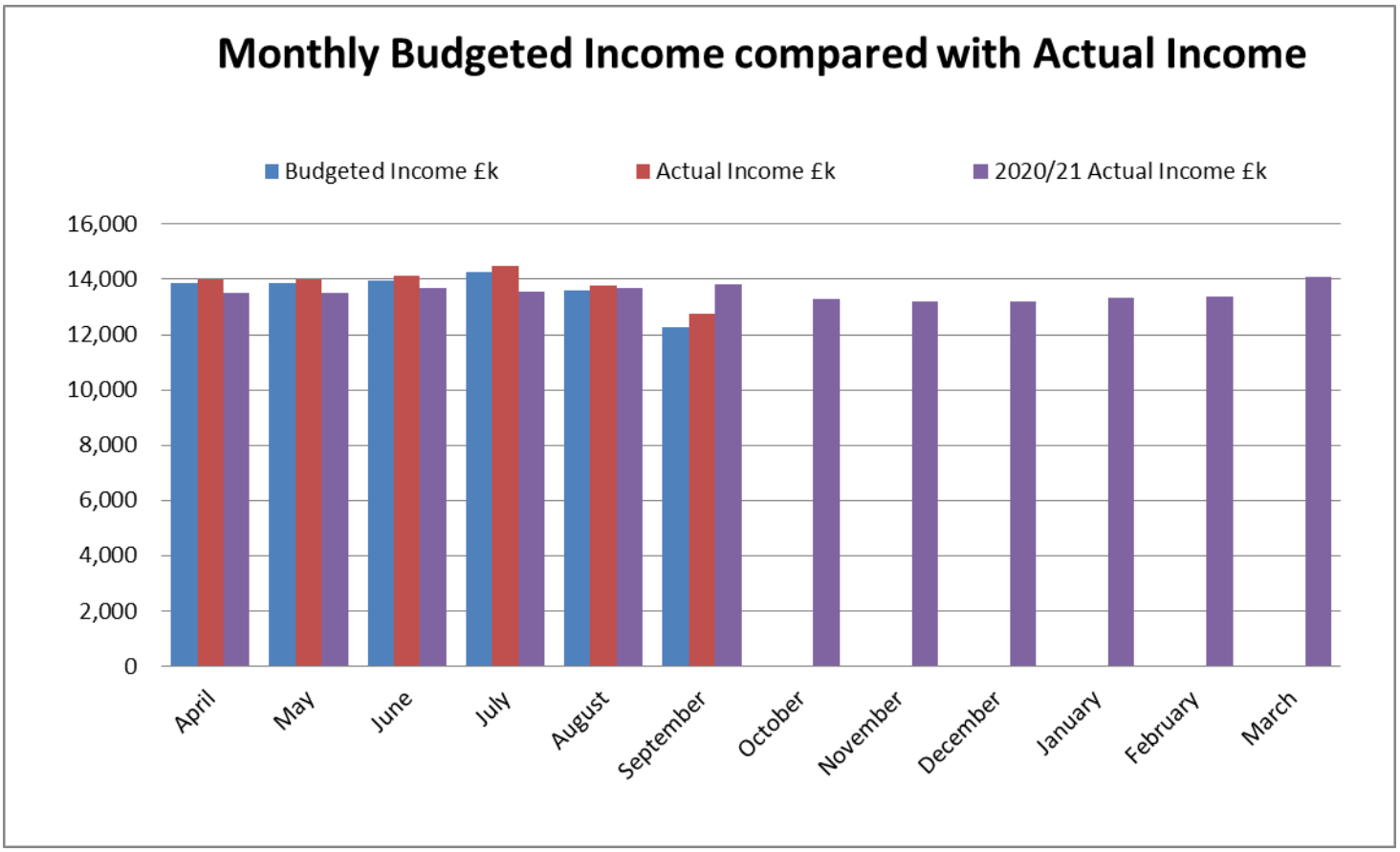
Period Sep-21

	Month				Full year				Year to date				
	Updated budget	Actual	Variance £s	Variance %	Revised Budget	Forecast	Variance £s	Variance %	Budget YTD	Current YTD	Variance to budget YTD	Last Year YTD	Variance to Last YTD
	£k	£k	£k	%	£k	£k	£k	%	£k	£k	£k	£k	£k
Operational Income													
Adults & Specialist	7,710	8,246	536	7.0%	114,428	116,221	1,793	1.6%	56,581	57,853	1,272	53,522	4,331
Children's Services	4,540	4,500	(40)	(0.9%)	50,898	50,959	61	0.1%	25,196	25,213	17	24,648	565
Director of Operations	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0	0
Total Income	***12,250***	***12,746***	***496***	***4.0%***	***165,326***	***167,180***	***1,854***	***1.1%***	***81,777***	***83,066***	***1,289***	***78,170***	***4,896***
Operational Expenditure													
Adults & Specialist													
ICE	78	101	(23)	(29.5%)	8,516	8,719	(203)	(2.4%)	4,229	4,343	(114)	3,534	(809)
Management (includes estates)	104	80	24	23.1%	8,182	7,954	228	2.8%	4,091	3,958	133	5,258	1,300
North & West	517	505	12	2.3%	5,496	5,613	(117)	(2.1%)	2,727	2,779	(52)	2,856	77
South Bristol	1,487	1,503	(16)	(1.1%)	14,587	14,648	(61)	(0.4%)	7,287	7,159	128	5,115	(2,044)
South Glos	1,178	1,258	(80)	(6.8%)	16,434	16,944	(510)	(3.1%)	8,172	8,512	(340)	7,397	(1,115)
Specialist Services	2,405	2,431	(26)	(1.1%)	26,904	26,775	129	0.5%	12,758	12,600	158	10,828	(1,772)
Weston & Worle	552	479	73	13.2%	5,877	5,456	421	7.2%	2,911	2,623	288	1,354	(1,269)
Woodspring	644	557	87	13.5%	9,125	8,869	256	2.8%	4,522	4,297	225	5,153	856
Adults & Specialist	6,965	6,914	51	0.7%	95,121	94,978	143	0.2%	46,697	46,271	426	41,495	(4,776)
Children's Services	4,530	4,257	273	6.0%	47,550	47,120	430	0.9%	23,724	23,310	414	22,393	(917)
Director of Operations	55	73	(18)	(32.7%)	689	761	(72)	(10.4%)	290	390	(100)	334	(56)
Operations Total	**11,550**	**11,244**	**306**	**2.6%**	**143,360**	**142,859**	**501**	**0.3%**	**70,711**	**69,971**	**740**	**64,222**	**(5,749)**
Operational Contribution													
Adults & Specialist	745	1,332	587	78.8%	19,307	21,243	1,936	10.0%	9,884	11,582	1,698	12,027	(445)
Children's Services	10	243	233	2330.0%	3,348	3,839	491	14.7%	1,472	1,903	431	2,255	(352)
Director of Operations	(55)	(73)	(18)	32.7%	(689)	(761)	(72)	10.4%	(290)	(390)	(100)	(334)	(56)
Operations Total	**700**	**1,502**	**802**	**114.6%**	**21,966**	**24,321**	**2,355**	**10.7%**	**11,066**	**13,095**	**2,029**	**13,948**	**(853)**
Corporate Services													
Administration & Board	152	164	(12)	(7.9%)	1,833	1,682	151	8.2%	916	858	58	701	(157)
Finance, Payroll & BI	270	227	43	15.9%	2,856	2,482	374	13.1%	1,428	1,184	244	1,245	61
BDT & Transformation	228	228	0	0.0%	2,656	2,670	(14)	(0.5%)	1,320	1,283	37	1,126	(157)
People & Development	349	316	33	9.5%	3,312	3,056	256	7.7%	1,626	1,305	321	984	(321)
Digital	766	826	(60)	(7.8%)	7,242	8,621	(1,379)	(19.0%)	3,619	4,392	(773)	3,631	(761)
Occupancy	138	138	0	0.0%	1,605	1,615	(10)	(0.6%)	802	803	(1)	442	(361)
Director of Nursing	256	228	28	10.9%	2,533	2,398	135	5.3%	1,265	1,165	100	896	(269)
Medicines Management	89	40	49	55.1%	716	595	121	16.9%	358	244	114	232	(12)
Reserves	(920)	(1,525)	605	(65.8%)	436	210	226	51.8%	229	116	113	1,090	974
Total Corporate Costs	**1,328**	**642**	**686**	**51.7%**	**23,189**	**23,329**	**(140)**	**(0.6%)**	**11,563**	**11,350**	**213**	**10,347**	**(1,003)**
Interest received	(2)	0	(2)	100.0%	(18)	(3)	(15)	(83.3%)	(9)	(1)	(8)	(14)	(13)
Contribution post exceptional costs	**(626)**	**860**	**1,486**	**(237%)**	**(1,205)**	**995**	**2,200**	**(1.3%)**	**(488)**	**1,746**	**2,234**	**3,615**	**(1,869)**

Further commentary on the Operating Statement is set out below, but at this point it is worth highlighting that the overspend of £1.2m for the year approved by the Board in March 2021 is now shown as the expected (budgeted) result. This is a change of presentation from the last Board report aimed to remove confusion.

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.

In September we have received the income in relation to the Accelerator work which accounts for most of the increase over budget. The costs relating to the Accelerator work have also been accounted for in September so there is no impact of surplus in the month.

Operational Expenditure

The Finance team have included an analysis of the Adult Division expenditure across the 6 Localities and Specialist Services to help the readers understanding of the scale of each area relative to the others. The variance to budget is largely in line with the variance shown in the section on staff costs below.

This month's results again show an underspend for Adults Services and Children Services in both the month and for the year to date. There is a relatively small overspend in the Director of Operations.

The underspend in Adults & Specialists is £51k in the month and £426k year to date. The later section on staff costs again 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 some are down to timing issues.

The Children's operational underspend of £273k in the month and £414k year to date is also lower than the underspend on staff costs. The average underspend on pay is £100k per month, and in September we have had to account for the back dated pay rise of 3% which means that the variance to budget is 3% of £600k higher or £18k. This month's result also incorporates a release to previous accruals not now expected.

The overspend in FP10's continues to be focused on and this is being raised both internally to see if practices can be changed and with Commissioners to explore if further funding is available.

Operational Contribution

The Operational Contribution is greater than budgeted by £802k in the month and £2,029k for the year to date. The forecast now expects this to be maintained and increased slightly to £2,355k.

Corporate Services

In the year to date the expenditure on corporate Services is £213k underspent, but this is after the release of the £250k well-being day budget; the actual cost will have crystallised across all areas of the Operations and Corporate budgets.

As with Operations most Corporate teams are underspent because of vacancies at greater than a net 4%.

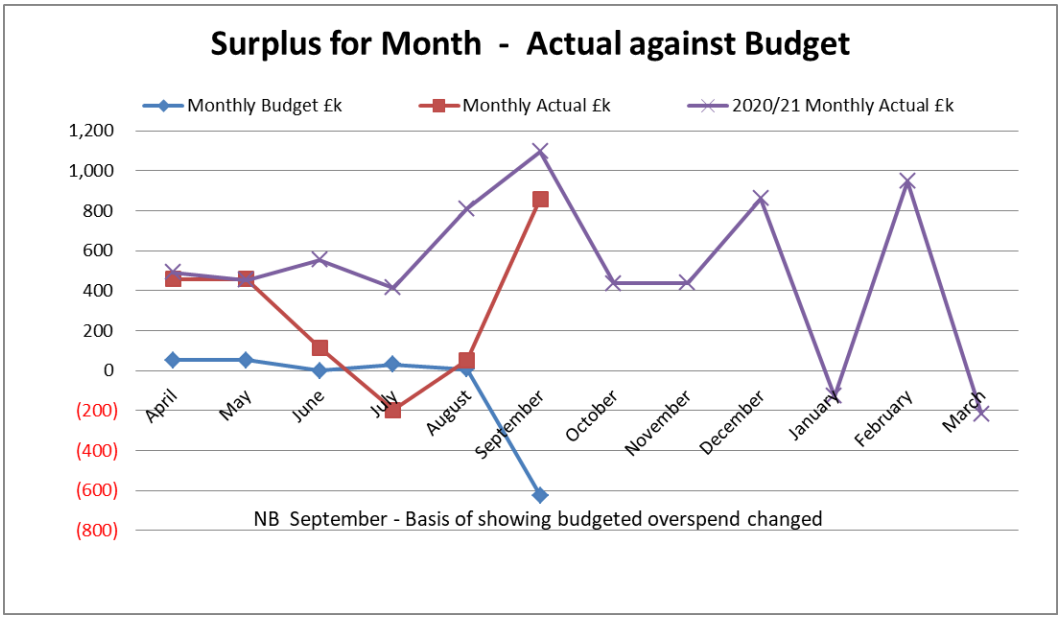
The Digital costs continue to be the most significant overspend compared to budget as the costs of bringing the three infrastructures of the three geographies together crystalises.

Overall performance

The year to date position is a Surplus of £1,746k against a budgeted overspend of £(488k), which is a £2,234k better than budget performance.

The graph shows the monthly surplus or deficit for this year, the budget and the comparative month last year.

The budget for September reflects the change in the reporting of the planned spend from reserves.



Full year Forecast

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

The work done above gives the forecast surplus as £995k, which is £2,200k better than budget. However if the level of underspend on Staff Costs for the second half of the year (H2) was the same as the first six months (H2) the level of Surplus could rise to over £2,000k, or £3,000k better than budget

The main changes behind this are the Children's division where the Forecast Contribution is only £60k above the current £431k, and savings on pay are currently running at about £90k a month – which could improve the Contribution by £540k rather than just £60k. Adults Services are Forecasting a further underspend of £240k, though vacancies level could contribute up to £500k.

3. Staff costs

The tables below show the total spend on staffing resources including bank and agency. The table confirms that in total there is an underspend on staffing costs of £1,088k year (1.8%) to date which is net of £645k unbudgeted spend on COVID related services; This is covered by additional income.

The right hand columns reports the vacancies against the budgeted establishment/ headcount, and show an overall 14.8% shortfall, which is 0.8% better than month 5. Vacancies are offset by use of bank and agencies, to give the net 1.8% underspend.

Analysis of Salary Variations

YTD to Sep 21

	Budget	Actual	Variance	% Variance - Pay Actual to Budget	Bank & Agency Included	% Pay used for Bank / Agency	Vacancy WTE	Vacancy %
Adult & Specialist								
ICE	3,669,923	3,771,798	(101,875)	(2.8%)	261,431	6.9%	44.00	22.4%
Management	137,268	19,230	118,038	86.0%	0	0.0%	0.00	0.0%
North & West	2,476,136	2,524,802	(48,666)	(2.0%)	190,402	7.5%	6.00	4.8%
South Bristol	6,766,949	6,569,519	197,430	2.9%	467,324	7.1%	15.00	4.5%
South Glos	7,293,561	7,600,440	(306,879)	(4.2%)	1,158,920	15.2%	45.00	12.3%
Specialist Services	10,699,647	10,472,003	227,644	2.1%	315,481	3.0%	58.00	10.7%
Weston & Worle	2,665,868	2,409,473	256,395	9.6%	401,384	16.7%	44.00	20.0%
Woodspring	4,144,704	3,952,149	192,555	4.6%	500,164	12.7%	35.00	27.4%
	37,854,056	37,319,413	534,643	1.4%	3,295,107	8.8%	247.00	12.9%
Children								
Children's Corporate Services	563,146	576,202	(13,056)	(2.3%)	171,919	29.8%	(0.80)	(4.7%)
Children's Paediatrics	2,330,593	2,388,159	(57,566)	(2.5%)	459,329	19.2%	8.10	10.7%
Children's Public Health Nursing	5,580,219	5,216,259	363,960	6.5%	87,787	1.7%	29.01	9.7%
Children's Therapies, Autism & SEND	2,898,966	2,886,780	12,186	0.4%	10,523	0.4%	16.48	18.8%
Children's Public Health Nursing - NS	1,551,913	1,419,162	132,751	8.6%	2,947	0.2%	6.11	16.2%
Children's Specialist Services	983,211	855,815	127,396	13.0%	249,297	29.1%	(1.22)	(0.9%)
Lifetime	1,009,787	984,270	25,517	2.5%	81,651	8.3%	9.98	16.6%
	14,917,835	14,326,646	591,189	4.0%	1,063,454	7.4%	67.66	9.5%
Director of Operations								
Management	367,757	367,509	248	0.1%	0	0.0%	0.91	11.6%
Covid		645,079	(645,079)		451,745	70.0%		
	367,757	1,012,588	(644,831)	(175.3%)	451,745	0.0%	0.91	11.6%
Corporate Services								
Board & Administration	588,084	592,764	(4,680)	(0.8%)	0	0.0%	(0.88)	(5.0%)
BDT & Transformation	765,654	730,117	35,537	4.6%	6,049	0.8%	0.74	2.5%
Corporate Reserves	0	2,599	(2,599)		0			
Finance, Payroll & BI	1,233,731	1,120,047	113,684	9.2%	87	0.0%	6.90	11.6%
Digital	1,023,266	856,167	167,099	16.3%	51,085	6.0%	10.00	19.6%
Occupancy	157,605	136,907	20,698	13.1%	0	0.0%	1.34	19.4%
People & Development	1,404,394	1,297,563	106,831	7.6%	136,978	10.6%	3.77	5.6%
Director of Nursing	1,361,034	1,287,207	73,827	5.4%	43,182	3.4%	(0.30)	(0.6%)
Medicines Management	335,807	238,635	97,172	28.9%	0	0.0%	4.32	35.2%
	6,869,575	6,262,006	607,569	8.8%	237,380	3.8%	25.89	8.9%
Grand Total	60,009,223	58,920,653	1,088,570	1.8%	5,047,686	8.6%	341.45	14.8%
For ref:		M5	514,144	1.0%	3,937,739	8.1%	423.75	15.6%

The total bank and agency spend is now £5,047k or 8.6% of total staff costs of which £451k relates to COVID services.

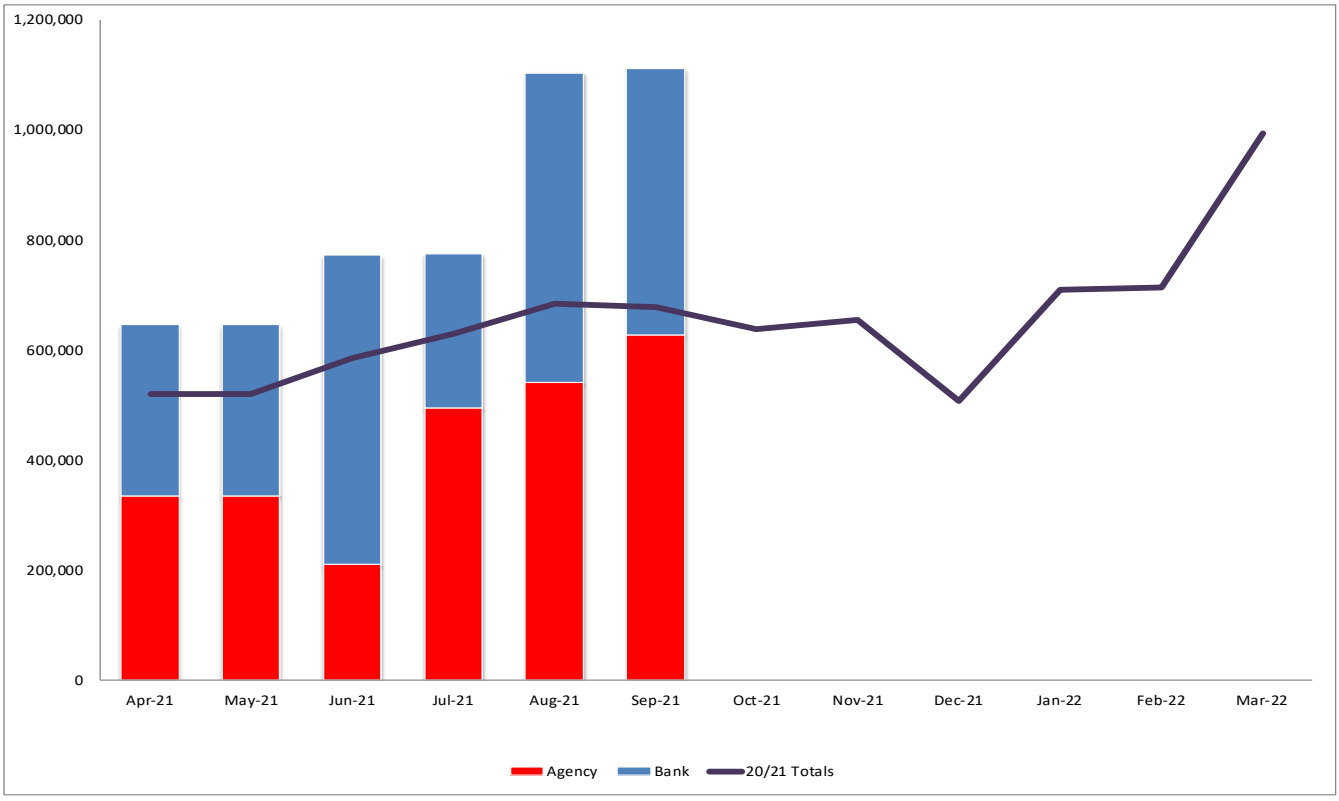
The next table analyses the spend on bank and agency by month and by service/area.

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

- Long Covid/Oximetry
- 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

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	741,411	763,376							3,295,107	
Children	113,558	113,558	216,727	125,733	238,213	255,664							1,063,454	
Director of Operations	91,247	91,247	95,850	53,144	72,909	47,348							451,745	
Corporate Services	37,529	37,529	41,184	26,934	50,645	43,559							237,380	
Total	644,486	644,486	771,126	774,464	1,103,178	1,109,947	0	0	0	0	0	0	5,047,686	
Internal	309,366	309,366	561,864	281,196	563,637	484,345							2,509,773	49.7%
Agency	335,120	335,120	209,262	493,268	539,541	625,602							2,537,913	50.3%
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	



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%

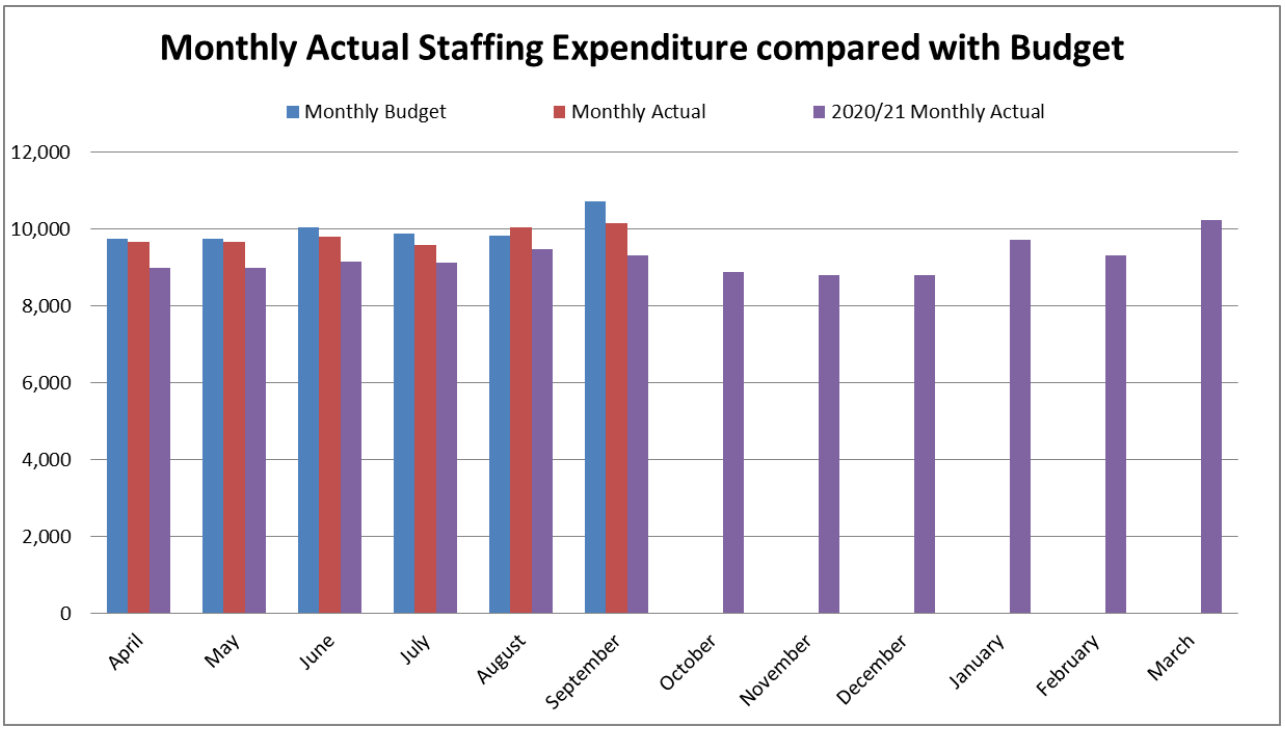
20/21 Totals	519,242	519,242	584,770	629,290	683,611	677,878	638,312	654,311	507,710	710,022	713,682	992,385	7,830,457	
19/20 Totals	313,703	313,703	285,298	332,860	384,182	309,273	287,098	295,022	230,648	224,879	305,241	347,707	3,629,614	
18/19 Totals	295,738	295,738	313,264	345,692	402,154	317,681	312,181	386,778	347,841	335,609	331,242	489,142	4,173,060	

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

Agency & Vacancy data - April 21 to March 22

Service Area	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total ytd
Adult & Specialist							
Agency spend	184,676	184,676	154,377	414,229	361,946	384,685	1,684,589
Bank spend	217,475	217,475	262,988	154,424	379,465	378,691	1,610,519
vacancy %	4.30%	4.30%	17.80%	17.8%	18.9%	12.9%	
Children's Services							
Agency spend	79,023	79,023	62,622	51,309	140,579	230,812	643,368
Bank spend	34,536	34,536	154,105	74,424	97,634	24,852	420,086
vacancy %	8.40%	8.40%	12.49%	12.5%	9.6%	9.5%	
Director of Operations							
Agency spend	43,461	43,460	43,606	24,838	33,918	9,899	199,181
Bank spend	47,787	47,787	52,244	28,306	38,991	37,449	252,564
vacancy %	2.6%	2.6%	2.6%	2.5%	11.6%	11.6%	
Corporate Services							
Agency spend	2,206	2,206	168	2,891	3,099	206	10,776
Bank spend	35,323	35,323	41,016	24,043	47,546	43,353	226,604
vacancy %	2.6%	2.6%	2.3%	6.9%	7.6%	8.9%	
Total	644,486	644,485	771,126	774,464	1,103,178	1,109,947	5,047,686

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, new service changes and the difficulties in obtaining staff in some key staffing groups (band 5 nurses and therapists).



4. Balance Sheet

Below is the summary level Balance Sheet as at 30 September 2021 (column 2) compared to the same period last year.

Balance Sheet

Period **Sep-21**

Line No.			Year to date				Total Year		
			Sep-20	Sep-21	Diff		Mar-21	Forecast	Diff
			£k	£k	£k		£k	£k	£k
1	**Fixed Assets**		*1,312*	*1,616*	*(304)*		*1,401*	*1,616*	*(215)*
	Current Assets								
2	*Trade Debtors*		*1,717*	*3,916*	*(2,199)*		*5,897*	*3,916*	*1,981*
3	*Other Debtors*		*46*	*144*	*(98)*		*1,865*	*144*	*1,721*
4	*Cash*		*17,293*	*24,759*	*7,466*		*21,693*	*24,759*	*3,066*
	Current Liabilities								
5	*Trade Creditors*		*646*	*5,079*	*(4,433)*		*6,252*	*5,079*	*1,173*
6	*VAT/Corporation Tax*		*(596)*	*(800)*	*204*		*67*	*67*	*0*
7	*PAYE/NI*		*8,399*	*4,492*	*3,907*		*626*	*4,492*	*(3,866)*
8	*Other Creditors*		*7,521*	*13,180*	*(5,659)*		*17,173*	*13,064*	*4,109*
9	**Net Current Assets**		*3,086*	*6,868*	*3,782*		*5,337*	*6,117*	*780*
10	**Total Net Assets**		***4,398***	***8,484***	***4,086***		***6,738***	***7,733***	***995***
11	*Reserves*		*566*	*6,738*	*6,172*		*566*	*6,738*	*6,172*
12	*Current Year Surplus*		*3,832*	*1,746*	*(2,086)*		*6,172*	*995*	*(5,177)*
13	**Total Reserves**		***4,398***	***8,484***	***4,086***		***6,738***	***7,733***	***995***

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 (£4.7m) and transformation projcts, including the Childrens Electronic Patient Record (£1.9m) which will be delivered over a number of periods.

As shown in the tables above the majority of cash is held in interest earning, but low risk, deposits.

The Finance team proactively work with the bank to sweep excess cash from the 'current' account to maximise the amount earning interest.

Cash Reserves and Borrowings

Period Ended Sep 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	1,061	3,663	3,970	690	13,868
B	UK Bank Treasury Deposits		24,061	21,062	19,610	12,061	24,061
C	UK Government Bonds		0	0	0	0	0
Total			25,122	24,725	23,580		

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	16	19	19	16	37
Total			16	19	19	16	37

Board Report

Date	09 November 2021	**Agenda item**	12
Title	Operational & Performance Report		
Author	Ceridwen Massey – Acting Director of Operations		
Presented by	Ceridwen Massey	**Version**	
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 Acting 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/1971806?notificationId=26031221

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 – Ceridwen Massey, Acting Director of Operations, Associate Directors (Lorraine McMullen, Nicki Carr, Carrie Wedgwood, Theresa Candfield, Cath Williams, Claire Chapman, Kerry Joyce) and BI & Contract leads (Caroline White, Russell Lee & 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

1. **Integrated Network Team - Planned Nursing Pathways**

***Issue**:* It is recognised that there has been a slight decrease in contact activity for community nursing over the last period. This is largely driven by referral demand, complexity of patients on the caseload and significant staffing vacancies across the localities, esepcially North West Bristol, South Gloucestershire and Weston Worle and the Villages. This is impacting on service delivery with visits for patients being deferred on a daily basis, in some instances our 'red' patients (those with the highest clinical need).

Actions:

- To reduce the risk associated with this the localities review daily staffing levels and mutal aid is requested and received across the area.
- Regular reivew of caseloads is done by clinical lead to ensure patient prioritisation is clear. This has included a rolling programme of reset weeks for each of the teams.
- A new process for agreeing incentivised rates has been put in place to encourgage a greater fill of vacant shifts, this is reviewed through our escalation processes.
- INT transformation programme has been paused with the exception of the administration review recognising this is key to supporting the shift of activities from clinicians to administrators.
- Standardisation of the Advanced Clinical Practice for Urgent Care Pathway is underway.
- Capacity and demand modelling across all INTs has commenced being led by the AD for South Gloucestershire, the purpose of which is to ensure that resource is allocated to the right teams.

2. **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.

Delivery of our performance against these pathways has continued to remain below contracted levels with P1 achievement against target sitting at 66% and P2 bed occupancy at 82% with length of stay in beds sitting at an average of 31days against a target of 21days. This is impacting on the waiting list showing a 25% increase in numbers of people waiting in September based on the average from the 3 previous months.

There are a number of causes for this predominately:

- delays in transferring of care of patient awaiting predominantly long term domiciliary care packages has risen to 153. 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.

Actions:

- Weekly review meetings are in place with system partners to manage specific issues and risks for individual patients
- Recent discussions through SLT have identified a key programme of work required to improve the retention of therapy workforce and ensure plan to achieve this, consideration for leadership, regular communication and further recommendations including ensuring the development of an AHP strategy and exploring rotational roles further. This work will include;

    - Comprehensive review of D2A delivery to include:
        - CICCB vision and standardisation where appropriate, consider inreach function and staffing roles
        - P1 review of delivery across geographies and plan to optimise and identify key actions likely to deliver greatest impact
    - Review and action plan for P2 improvement programme in pursuit of reduction in LOS and consistent processes.

3. Single Point of Access

Issue: As 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. In addition a significant number of Freedom to Speak Up and adverse events were being raised. With key performance indicators around time to answer calls and call abandonment not being met. Therefore an EPRR approach was adopted implementing an Incident Co-ordination Centre (ICC) on July 19th.
From the end of August the ICC has been supported by the AD for South Bristol and a new structure and reporting dashboard has been put in place. Recruitment over the last 3 month has been successful in part and we now have a full establishment of our Health Navigator workforce. The clinical workforce remains below required levels. Adverse event and Freedom to speak up incidence have decreased with a focus on detailed review of incidents and events and staff engagement session being key strands of the delivery group work.
Key metrics around urgent call waits are now under 2mins and call abandonment rate has dropped under 10%.

Actions:

- Recruitment to clinical leadership roles with interviews 27th October 21.
- Ongoing use of incentive schemes as required ensuring safe staffing levels.

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 months 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 9639 in September our highest monthly demand to date with particular peaks in demand at weekends and at certain times of the day. The pilot of the new remote assessment pathway commenced in October which allows staff to triage individuals via telephone and signpost them to the most appropriate service as well as encouraging self-care. The first two weekends have seen significant demand coming through this route which has further impacted on the need for the service to restrict their walk in service. Capacity within the services remains challenged due to ongoing Covid-19 IPC requirements.

Actions:

- •.Evaluation of the impact of the remote assessment service.
- • Staff have undertaken extra shifts as result of continued use of the incentivised bank rates
- • A Sirona wide UTC /MIU workshop to review a unified escalation process is planned for the 8th November.

5. **Waiting Lists**

Issue*:* Waiting Lists continue to give us cause for concern despite some improvement over recent months in some areas. Our Musculo-skeletal (MSK) waiting list currently stands at 11000 with a caseload of circa. 17000. The planned rehabilitation waiting list is also standing at circa 1700 with waits of 93 weeks. Recognising that waiting lists grew owing to the suspension of activity during the pandemic and the need to redeploy therapists into other services, measures have been taken to identify risk associated with waits and begin to improve the position. A detailed validation process has been undertaken between BI and Ops teams to ensure we are addressing those with greatest need rather than those with the longest waits. Capacity and demand modelling has been done to identify the additional resource required to reduce waits and funding secured via the CCG and other sources to secure this resource. New triage processes are in place to ensure consistency across services and patient need is appropriately identified.

Actions:

- Locums are being recruited into key services to begin waiting list initiatives (including Community Neurology service and MSK).
- Detailed capacity modelling in place for Planned Rehab with a short term action plan in development
- Letters are being sent to patients to inform them of the situation and advise when they will be seen / asked to book an appointment.
- Waiting List working group has been established to monitor progress but also ensure that national guidance adhered to where necessary.

6. **Community Paediatrics**

Issue: Performance in all Community Paediatric teams across Bristol and South Gloucestershire remain under capacity to meet demand with the most demand in S.Glos and North Somerset.
Community Paediatric forecast Referral to Treatment (RTT) times to be impacted when 2 locums finish their posts at the end of October. RTT times are increasing due to a number of factors

- The (waiting list initiative) WLI was carried out in Bristol and S.Glos – whilst this has been successful Sirona are aware of front end and backend data conflicts for waiting lists. We are confident of WLI data and success.
- Increases in referrals are being seen (following closure of WLI) – we are likely to see increase again.
- The WLI was non-recurrent and we are now aware there is no recurrent funding from the CCG due to ICS approach and therefore we are back at the same capacity

- Vacancies - we have a number of vacancies we have made little progress with permanent recruitment which mirrors the national picture and therefore we are going to have to think about how we structure the workforce going forward.
- The non-linear nature of referral volumes that Sirona receive.

Action:

- All Community Paediatric teams continue to meet their SEND statutory timescales by prioritising this clinical work.
- Recruitment and skill mixing is currently being looked at to support future demand and capacity hopefully to be in place during January next year
- Consultants interviews for South Gloucestershire & North Somerset are scheduled for January 2022

7. Community Children's Nursing and Psychology Service - (Lifetime Staffing & Recruitment)

Issue: The pressure on covering shifts remain as reported last month owing to the low numbers of paediatric nurses (with the necessary skills and experience) available even with Thornbury but remains a national trend with colleagues across the system reporting anecdotally this same pressure. The reasons for staff leaving remain pay as the majority of our Support Workers are paid as a Band 2, and therefore, staff is leaving for new opportunities either within Sirona or elsewhere, but as a higher banded role and compassion fatigue, with staff reporting that the pressure put on them by families is too great.

Actions:

- We have been actively out to recruitment and we are currently holding a series of interviews. Interviews held in August brought 2 new members of staff to the team, who will commence employment in October 2021.
- Met with the children's recruitment team and HR each month to discuss recruitment plans and strategy.
- If we do not get enough recruits, we will use 'The Voice' in targeted local areas of BNSSG to advertise this specific role, as this strategy has certainly been helpful in previous years. In discussion with Recruitment and Communication team, vacancies being advertised on social media. Planned attendance at Recruitment fair Sept 2021.
- Current vacancy has been increased to 9.36 WTE during the period of August 2021.

8. Children's Flu Immunisation Programme

Issue: This is the first year that we have been contracted to deliver Flu to all primary and all secondary school children across BNSSG). In addition at very short notice the decision was taken to COVID vaccinate all 12 – 15 year olds which needs to be completed by 31st November (date currently under review). This means we have had to delay the BNSSG primary school flu program until November start, needs to be completed by 30th January. This has made for unhappy parents and schools.
There have been some complications with the delivery of the program due to the use of E- consent and the operational system (RIVIAM) which was not field tested. We discovered that we cannot get good internet connections consistently in schools therefore working from a manual download in school (which has been time consuming). The time taken to complete both Flu and COVID vaccination has meant, in some cases, we have been unable to vaccinate all the children who have consent leading to angry schools and parents. We have to date been unable to upload the flu data to the national NIVS system which was a government requirement due to the connectivity issues this has not been possible. We are using a work around and uploading individually post school clinic. Our first deadline was midnight Monday 25th October, we achieved 98% of the 7023 records of the children vaccinated to that point. We used more than 40 people volunteering evenings/weekends plus 10 staff from the UWE team.

The Government decision to open up the mass vac centres for 12 – 15 year olds meant that the National Booking System went live in BNSSG on the 22nd October for 1200 slots these sold out and the team attended both days to support and administer the vaccine.

Our School plan for next 4 weeks forecasts another 9693 assuming a 50% uptake by school population, with UW doing another 4000 that will give a total of 21693 of an addressable population of 46,000. The Government target is likely to be 75% (34,500) so between our SAIS and UWE we will have another c13,000 children to vaccinate. Staffing issues remain a challenge.

There has also been activity related to both pro and anti-vaccination campaigners with schools and staff under pressure due to both. In order to manage this staff are ensuring equipment / organisational branding is not on show when at schools / UWE, security is brought in as required and we have centralised enquiries into Pill which we then triage and then escalate through Customer Care and the Comms team.

Actions:

- Revisiting the process to upload the flu data to the national NIVS system to identify an acceptable workaround to start bulk uploading for flu starting in November.
- Currently mapping admin requirements for the next 4 weeks, will endeavour to secure through UWE team. We have as of today vaccinated c 8000 COVID.
- Forward Thinking meeting planned for Thursday 4th November , in case the Government approves vaccination programme for 5 -10 year olds

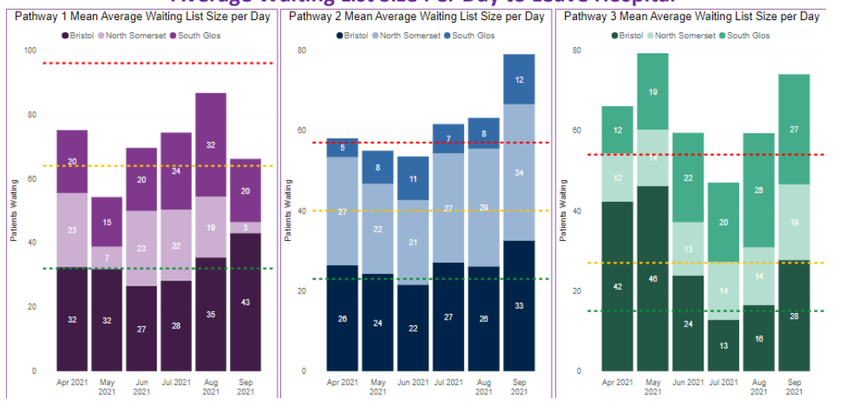
Actions for the Board (including any decisions required and options for consideration)

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 November Board which will outline proposed actions to manage the forecasted increase in demand for community services including the service areas highlighted within this report .

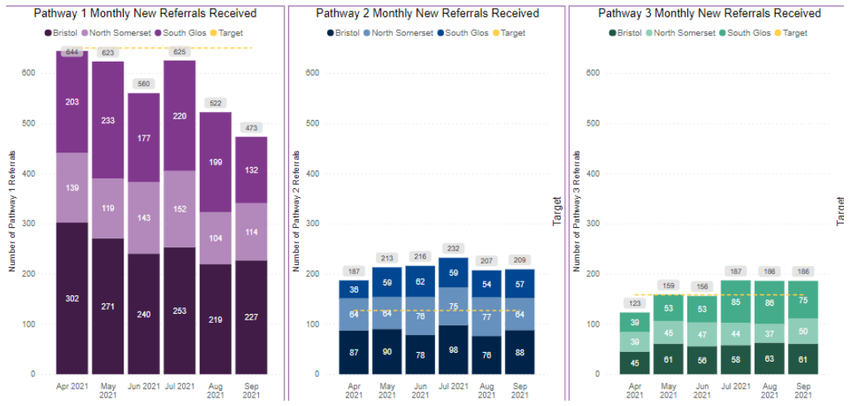
Operational Dashboard for Board Reporting

Board Dashboard - Adults Services

Average Waiting List Size Per Day to Leave Hospital



New Referrals



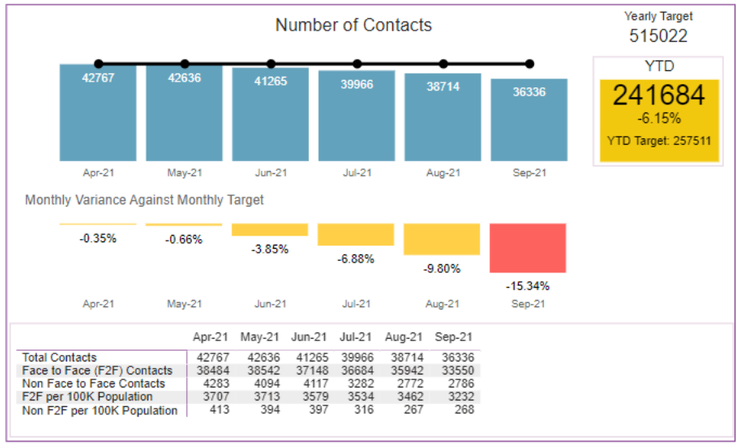
Commentary:
The Pathway 1 waiting list has significantly reduced in North Somerset but has been challenging in Bristol due to capacity restriction affecting bookings. Capacity has been linked to vacancies and higher levels of sickness in the INTs.
Continued delays for long term packages of care are impacting on flow and length of stay, as are those requiring support with long term medication needs. There have been particular challenges in dom care in Bristol with handbacks to the council from private agencies limiting Reablement capacity in September. Delays have reduced slightly in South Glos but length of time delayed is high, with some people waiting over 8 weeks.

Lower Pathway 1 referral rates in August follows the expected annual pattern, numbers have since increased in Bristol and North Somerset but decreased in South Glos. There has been a slight increase in the number of slots available in North Somerset as new colleagues join the team but utilisation is still reduced due to vacancy rates.

Pathway 2 referrals are above expected demand commissioned through the D2A business case and this has impacted the average waiting list. We are seeing higher dependency and an increase in cognitive complexity but continue to see really positive outcomes with people returning home.

Pathway 3 referrals remain high and demand is higher than supply. The waiting list remains high, however there is good flow and delays are low in most areas, demonstrating that the team and system partners are progressing cases well. Flow continues to be an issue in Bristol and therefore an increase in the waiting lists.

Community Nursing Number of Contacts



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Total Contacts	42767	42636	41265	39966	38714	36336
Face to Face (F2F) Contacts	38484	38542	37148	36684	35942	33550
Non Face to Face Contacts	4283	4094	4117	3282	2772	2786
F2F per 100K Population	3707	3713	3579	3534	3462	3232
Non F2F per 100K Population	413	394	397	316	267	268

Commentary:
Referrals and contacts are lower this month, due to service user complexity, resulting in smaller caseloads but additional length and frequency of visits. Data validation is being reviewed in some areas such as South Glos dressing clinics, and there has been a significant under reporting of activity due to the use of Agency nurses who do not have access to EMIS. New ways of working have been adopted and are working well within therapy to ensure resources are well utilised.
Staff capacity remains the biggest challenge in the INTs which have been affected by staff sickness, vacancies and service user complexity.

Proposed targets for H2 (October-March) have been sent to the CCG for sign off. For services such as Community Nursing where service user and operational issues have reduced contact numbers, new targets have been proposed in line with April-July 2021 activity.

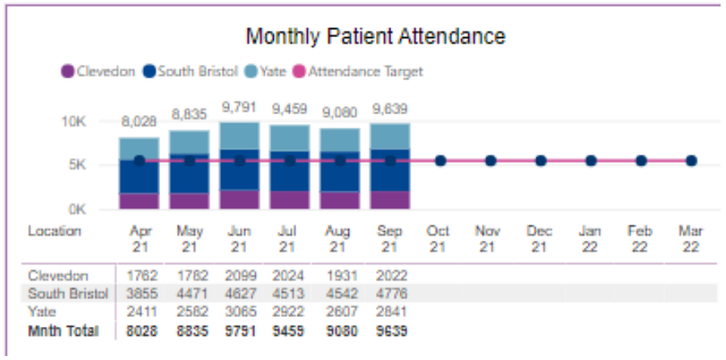
Demand, Caseload, Waiting List and Activity Comparison Planned Rehab

Due to data entry processes across the different instances of EMIS not being standardised the waiting list is under represented.

Commentary:
INT caseloads remain exceptionally high, impacting the planned therapy waiting list. Work is on-going to ensure Planned services can be restored on a needs led basis, as the Planned rehab waiting list continues to increase with therapy capacity focused on system escalation. The service is continuing to take Urgent planned therapy referrals on a triaged basis. The planned rehab work stream is looking to address this and the risk is on the risk register.

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	1931	2022						
South Bristol	3855	4471	4627	4513	4542	4776						
Yate	2411	2582	3065	2922	2607	2841						
Mnth Total	**8028**	**8835**	**9791**	**9459**	**9080**	**9639**						

Demand, Caseload, Waiting List and Activity Comparison MSK

Summary of Year-to-Date 2021/22 Percentage of Patients Seen Within 18 Weeks

Commentary:

MIUs and the UTC.continue to see unprecedented demand against targeted activity.

The UTC is consistently failing to achieve clinical triage within 15 minutes and 4 hour breaches are very high. The service is regularly restricting NHS 111 access to try and maintain safe patient levels. ED redirections are prioritised when capacity becomes stretched.
The service is over-established but staffing is insufficient to meet demand. Recruitment to additional Band 7 Emergency Nurse Practitioners has been unsuccessful.

Restriction of access occurs regularly at Yate and on occasion as early as 09:30. Staff are experiencing significant levels of verbal abuse and aggression. An enhanced risk assessment has been undertaken. The local PCSU has attended the unit and increased their presence at the Westgate centre. Work with the comms team to improve public messaging and develop increased zero tolerance posters has been helpful and new street signage has been requested to indicate that the Unit is not an ED or A&E.

At Clevedon risks remain around managing flow in line with social distancing and for those waiting outside of the waiting room in cars/ grounds of NSCH. Additional waiting space arrangements at Yate are working well.

Remote Clinical Assessment calls for all NHS111 referrals into the UTC went live in October. This creates opportunities for the Unit to better manage demand and Covid security, but may increase demand on the UTC as the offer of a clinical telephone call is preferable for many individuals calling NHS111.

Commentary:

The MSK service is going through a leadership consultation. This has been paused to facilitate enhanced engagement with the staff, which is impacting the service's ability to recruit to vacant posts and causing reduced capacity. We are reviewing options regarding moving forwards with the MSK physiotherapy consultation.

Capacity and demand modelling has been completed for the Interface and Physiotherapy services.
Waiting list trajectory options, based on the use of elective recovery funds to recruit short term extra capacity in the Interface service, is awaiting sign off by Sirona SLT. This will then require resourcing clinician with advance practice skills which due to FCP recruitment nationally is limited, even via agency.
The recovery plan with capacity and demand modelling and waiting list trajectory for Physiotherapy has been signed off by SLT. The service is adding more clinical and administrative capacity through, extra hours and bank and agency to the end of March 2022. Once confirmed we will be able to provide and update on projected waiting times.

Commentary:

Wait times in both Respiratory and Diabetes are impacted by the fact that classes are not currently recorded on EMIS. This is a significant proportion of activity for these services.

Respiratory
Service referrals have levelled off, however Pulmonary Rehab continues to run both face to face and virtually leading to steady waiting times. The service has initiated a project to support recovery of PR programmes in line with NHSE project funding (reporting to Healthier Together Respiratory programme board)

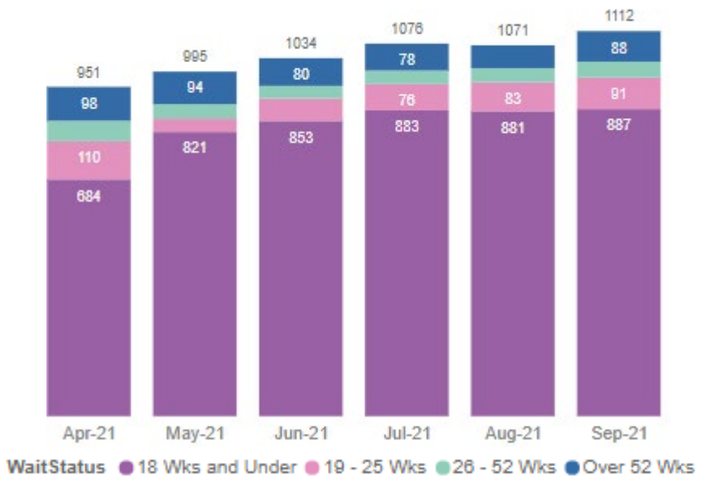
Diabetes
The waiting list continues to reduce month on month in line with recovery plans along with a reduction in wait times.
The programme manager for Healthier Together has left, leaving a gap in programme management. The service has commenced restoration of face to face Living with Diabetes (LWD) courses as of October at venues across BNSSG,
The transfer of the Weston dietetic service has completed in September and work is progressing on the 'levelling up' work including recruitment for gaps where staff did not transfer over.

Neuro
Note that a spike in discharges in July is due to data cleansing and closing off an old caseload, which has created artificially high YTD wait times in the report.
There are currently 2 locums in place to focus on waiting list reduction. Referral rates remain fairly static. 2 team members due to commence mat leave who cannot do face to face work and are supporting waiting list validation. Work continues on aligning waiting lists across geographical areas where there are still variations.

Board Dashboard - Children's Services

Community Paediatrics

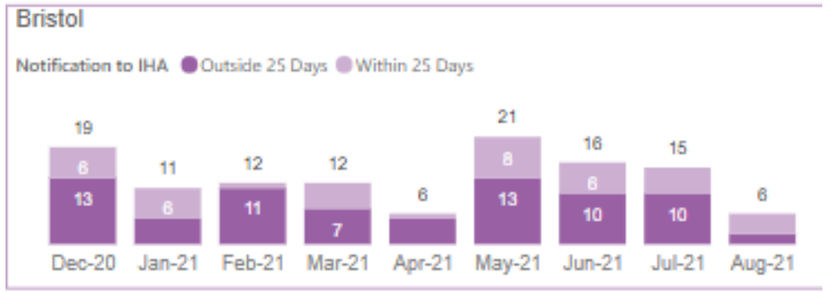
No of Children waiting for first appointment at month end – snapshot – Target 18weeks

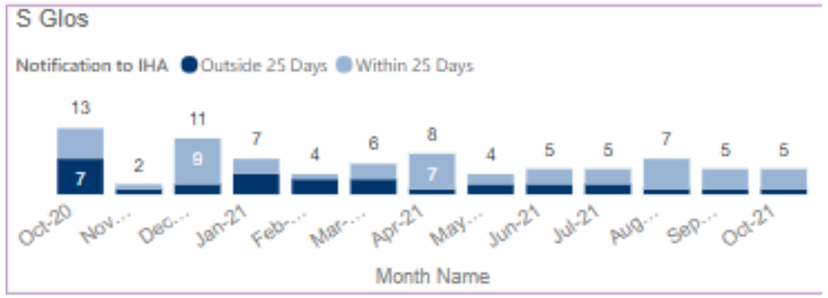


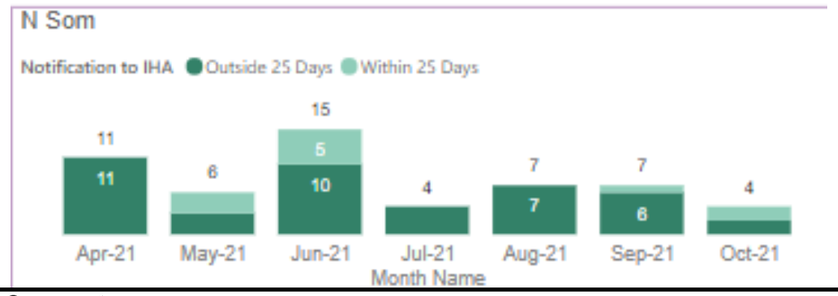
Children in Care (CIC) – Looked After Children (LAC)

The below tables do not show our statutory

No of Initial Health Assessments (IHA) within 25day target

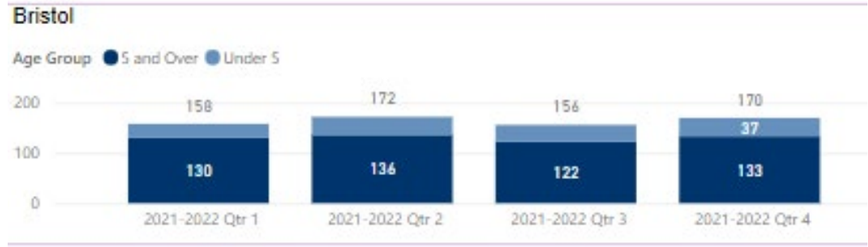


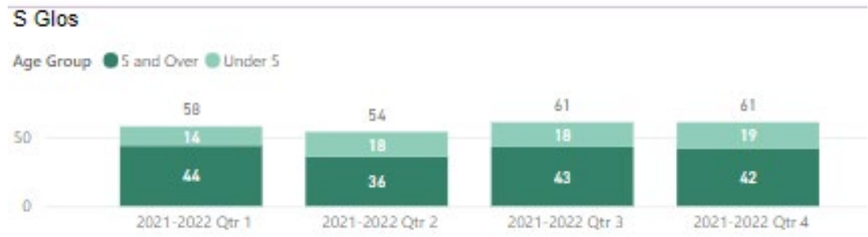




Children in Care (CIC) – Looked After Children (LAC)

Reviews Required





Note: currently unable to capture North Somerset Reviews required due to digital limitations. RHA currently held on different EMIS instance. Conversations on-going between NS LA and CCG regarding RHA novating to CCHP.

Commentary:

- *Performance in all Community Paediatric teams remain under capacity to meet demand with the most demand in S.Glos and North Somerset. All Community Paediatric teams continue to meet their SEND statutory timescales by prioritising this clinical work.*
- *Increase of 79 referrals between Aug-21 (196) and Sept-21 (275) of 16.8%. This is an anticipated trend as schools return and some more normality with GP's. September/October are busy months specifically around education anticipation is this will reach new volumes*
- *Community Paediatric forecast Referral to Treatment (RTT) times to be impacted when 2 locums finish their posts at the end of October. The service has made a decision not to currently replace these locums due. Recruitment and skill mixing is currently being looked at to support future demand and capacity hopefully to be in place during January next year*

RTT times already increasing due to a number of factors

1. *WLI was carried out in Bristol and Sglos – whilst this has been successful Sirona are aware of front end and backend data conflicts for waiting lists. We are now confident of WLI data and success.*
2. *Increase in referrals are being seen (following closure of WLI) – we are likely to see increase again.*
3. *WLI was non-recurrent and we are now aware there is no recurrent funding*

Commentary:

- Sirona and BNSSG CCG colleagues discussed and agreed at the recent ICQPM to hold a joint meeting to review the current CiC action log, reporting requirements and intercollegiate document in place; this would allow us as a system to outline and agree our next steps of what Sirona/CCG have control and can influence.
- Sirona are currently completing an internal audit looking at the timeliness of our IHA statutory responsibility (20 working days). This document will outline both the timeliness of LA notification and Sirona meeting the statutory requirement. Additional support will be required for EMIS build on templates to ensure this continues.
- Out of the 25 IHA requests we received 13 out of 25 notifications within 72 hours of coming into care, 12 notifications received after 72 hour.
- The Services has centralised across BNSSG; the administration teams are streamlining processes and providing overarching oversight for capacity and demand, especially as the IHA's requests are nonlinear in nature and we have both a static clinic schedule and workforce allowing limited flexibility.
- Clinic capacity for IHA assessments is currently under review to maximize opportunities for appointments when our service demand outweighs static capacity. We are proactively highlighting when additional clinic capacity is required to meet demand and utilising any of any vacant clinic slots eg vacant Star clinic slots.

Commentary: RHA

- These requests are at the highest level the BNSSG CiC Team has seen in the last 5 years, sine 1/04/2021. 48 requests for children placed in North Somerset. 70 requests for children placed in Bristol and South Gloucestershire
- The Service are streamlining and unifying the nursing services for Children in Care within BNSSG with the aim of streamlining the RHA's processes to maximise the capacity of the nursing team to meet increasing demands and timeliness of assessments.

Bristol & South Glos: RHA

- The number of RHA's in September increased – 54 in August and 84 in September (+30)
- 17 were sent out of area, 61 were seen by nurses, 6 were seen by paediatricians & 3 carried out on behalf of other areas
- Of the 61 Children allocated to CiC Nurses, 4 were SG children – of which 2 were seen within timescales. 57 were Bristol children and young people of which 21 seen within timeframes. 36 outside of timeframes due to multiple reasons such as refused no response and cancelled appointments.

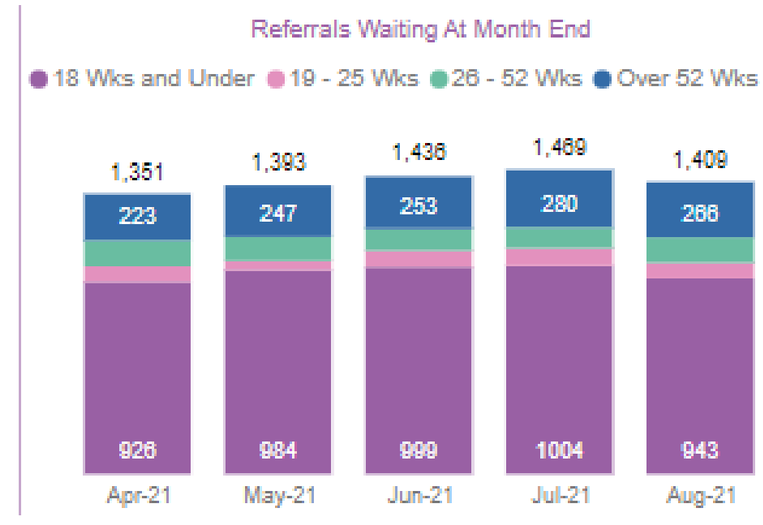
North Somerset: RHA

- North Somerset have now received 48 requests since 01/04/2021 for review health assessments for children and young people placed in North Somerset from out of area; this is the same as the total number requested for all of 2020.
- In North Somerset RHA - 3 children were not seen within timescales but seen at 4 and 12 days

from the CCG due to ICS approach and therefore we are back at the same capacity 4. *Vacancies - we have a number of vacancies we have made little progress with permanent recruitment which mirrors the national picture and therefore we are going to have to think about how we structure the workforce going forward. Consultants S-Glos & North Somerset (Interviews in January 2022)* 5. *The nonlinear nature of referral volumes that Sirona receive.*		after their due date. 1 was impacted by holidays of both nurse and carer; other 2 the carer cancelled the original appointment.

Board Dashboard - Children's Services

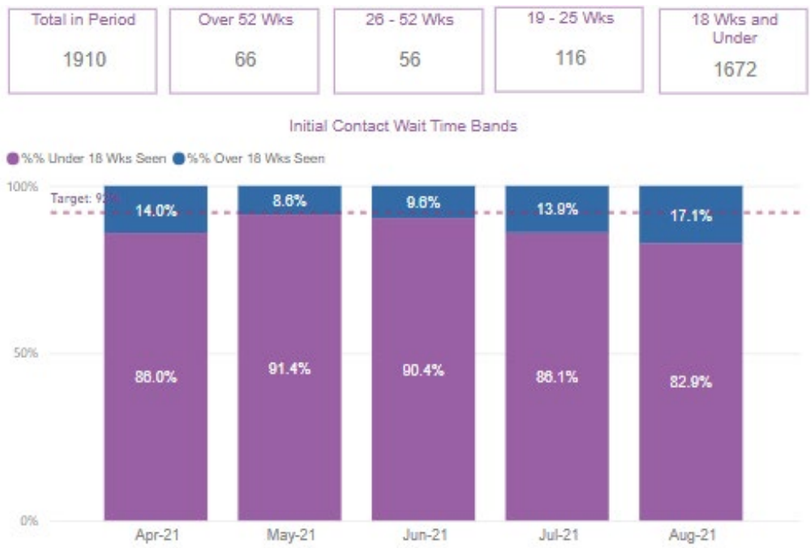
Therapies Wait Times



Commentary:

- Referral numbers decreased in August due to school holidays. Performance in all therapy services within Bristol and South Gloucestershire remain strong, however, demand for joint OT/PT assessments exceed capacity, resulting in breaches
- Following completion of phase 2 of the Children's Services re-organisation, Therapy Heads of Services are now leading the therapy teams across the BNSSG area. Work has commenced to align the clinical service offer where this is possible and make clear where this is not possible due to insufficient clinical resource in North Somerset. Staff in North Somerset are gradually integrating into their equivalent clinical teams in Bristol and South Gloucestershire. Phase 3 of the Children's Services reorganisation will commence in November.
- Recruitment to the Therapies Waiting List Initiative is progressing well with some staff already in place and others due to commence in Term 2. This project aims to meet the therapy needs of over 1000 children across BNSSG.

Therapies – Initial Contact within 18week target



Commentary:

- The average wait times from referral to initial contact since September 2020 also remains strong across BNSSG therapies with Speech and Language Therapy at 6 weeks, Physiotherapy at 9 weeks and Occupational Therapy at 13 weeks
- Data cleansing issues and errors in data entry have resulted in inaccurate OT figures for North Somerset – actual performance is higher than illustrated.

Autism Spectrum Disorder Hub (ASD)

- Staffing vacancies in the Hub have been filled and activity rates should increase in coming months. The referral rate dropped significantly in the reporting month (August) as expected. The waiting list continues to increase.
- Waiting List Initiative project planning has commenced and the process of re-triaging and allocating children to appropriate localities is in progress. Delivery of the Waiting List Initiative has started in North Somerset – 70 additional assessments will be completed by end Q4. External recruitment for ASD Assessment Practitioners is live -the WLI will commence in Bristol/South Gloucestershire once recruitment is complete and staff are in post.

Health Visitor – Mandatory Reviews – New Birth Visits

Commentary:

The performance has been mixed across BNSSG with some significant improvements especially in 2 year visit rates in Bristol and new birth visits have been maintained above 90% in North Somerset. In South Gloucestershire all mandated visits have remained above the 90% target. In North Somerset the service remains in OPEL 3 which has meant some of the timeframes for visits have been extended. 1 year visit rate has dropped but not due to any staffing issues and the adjustment plan agreed with commissioners has meant that the 6-8 week visiting targets have been met. In FNP the number of clients recruited by 16 weeks has fallen slightly and work is underway with midwives to improve the referral process. There are a number of training and development opportunities for staff across BNSSG. Recent recruitment has proved successful and newly qualified SCPHN Health visitors have been offered positions across all BNSSG teams when they qualify in January

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 – MSK - **Comparison Info: MSK** Planned Rehab - **Comparison Info: All Specialities** filtered to speciality*: INT Community Rehabilitation (Planned)* **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 **Paediatric Therapies – Initial Contact within 18week target – Dashboard** Child Health Contractual Reporting/ **tab** Therapies Wait Times **Health Visitor – Mandatory Reviews** – Depending on time of year/ Quarterly from Contractual & Interim from Children's Services – 2. Health Visiting Dashboard BNSSG/ Select each geography in turn/ tab New Birth Visits **Children's Services Monthly Contract Report - August-September 2021**

VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	9th November 2021
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	13 – Professional Council Update
Presenter:	Mary Lewis
Notes:	To introduce the verbal update

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

Consent Agenda

Date	9th November 2021	**Agenda item**	covering items 14 - 18
Title	**Consent Agenda**		
Author	Donna Cairns, Head of Corporate Governance		
Presented by	Amanda Cheesley, Chair	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

To set out the items on the Consent Agenda including:

- The recommendations for the Board to approve or ratify from the enclosed reports
- To present summary reports detailed within the Consent Agenda, received for information and/or assurance that are also attached.

Why is this report coming to the Board

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

To ensure the effective use of the Board's time, matters which require Board's ratification or updates for Board to note have been brought together under the Consent Agenda. Any matters which do require discussion in reaching a decision will be listed separately on the agenda for consideration.

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 papers brought under this item for ratification/approval and the papers to note have been agreed with the Chair and the Chief Executive. and provided electronically in advance for comment or question to Members of the Board.

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 individual papers have been provided electronically in advance for comment or query to Members of the Board.
If there are any matters Board members wish to query or comment on, please send your comments to the Chair in advance of the meeting. If there are any matters of escalation these will be outlined and brought to a future meeting for further consideration.

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
Not Applicable
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 following recommendations from each report:

15. Minutes & Actions of Board meeting in Public

To approve the minutes & actions of the meeting in public section of the Board meeting held on 14th September 2021

16. Ratification of new appointment to the Members Group

To ratify the appointment to the staff vacancy on the Members Group (Carole Pugh) and provide an update on the current Membership.

18.1. Audit & Assurance Committee Summary

To approve the amendments to the Committee's Terms of Reference

The Board is asked to note the following papers provided for assurance:

17. Quality & Outcomes Committee Summary

To present to the Board the Monthly key findings and recommendations from meetings of the Quality & Outcomes Committee on 31st August & 28th September and provide assurance on the safe delivery of services and a Workforce update

18. Audit & Assurance Committee Summary

To present to the Board the summary activity and decisions from the 25th October meeting of the Audit Committee

There are no matters for escalation within the above reports.

Date	Tuesday 14th September 2021 – Public 2:00 – 4:30pm (Closed 4:30 – 5:00pm)
Location	MS Teams (Virtual Meeting)

Attendees

The following Board attendance was noted:

Attendees		**Present**	**Apologies**
Amanda Cheesley	Chair	✓	
Paul May	Non-Executive Director	✓	
Lorna Harrison	Non- Executive Director		✓
Simon MacSorley	Non-Executive Director	✓	
Barbara Brown	Non-Executive Director	✓	
Nura Aabe	Associate Non-Executive Director	✓	
Janet Rowse	Chief Executive	✓	
Clive Bassett	Finance Director	✓	
Ceridwen Massey	Acting Director of Operations		✓
Julie Sharma	Director of Transformation	✓	
Sarah Margetts	Director of People and Development	✓	
Kate Rush	Medical Director	✓	
Mary Lewis	Director of Nursing	✓	
Mike Richards	Director or Therapies	✓	

In attendance

Donna Cairns	Head of Corporate Governance
Wendy Best	Head of Communications
Mike Owen	Associate Director Governance, Planning & Programme Management
Rachel Corrigan	Senior Project Manager, Corporate Governance (Minute Taker)
Presenters:	
Suzanne Golding-Ellis	Infection, Prevention, Control Lead

Chair	Amanda Cheesley

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

Item	Notes	Action
1.	**Welcome, Introductions & Apologies**: Welcome extended by Amanda and introductions were made from the attending Board members. Apologies noted for Lorna Harrison and Ceridwen Massey	
2.	**Declaration of Interest** Standing declaration from Paul May as a Councillor for BaNES.	
3.	**Chief Executive's Briefing** Janet presented her report highlighting the following: Interim changes in senior personnel, namely Jenny Theed taking a four month secondment to the CCG and that the decision to appoint Ceridwen Massey to be Acting Director of Operations required formal ratification in regards to the implementation of these arrangements. **DECISION:** Board members unanimously supported this secondment and interim appointment arrangement. For the duration of the secondment, Jenny Theed would resign as a company Director and be re-appointed following her return to post. **ACTION**: Companies House to be notified of the amendment to the registered Directors. **Systems Pressures** Board were informed of the setting up an incident control centre (ICC) to manage those areas of highest pressure – which are currently the SPA and Digital Systems. Mary reported that the national incidence of system downtime on both EMIS and ESR had been out of Sirona control, but that the combination of this with staff vacancies, high demand and general absence had led to the implementation of an organisational critical incident control. System support was requested for mutual aid and internally, staff had been invited to support critical areas with extra shifts to ensure that we maintained urgent and critical services. The mitigating actions put in place to respond ensured that levels were manageable until Monday 13th September and following a meeting this morning, Mary was glad to report that we have been able to step down from the organisational critical incident mode but retaining SPA only, in terms of services, at this level. Board members acknowledged the efforts of staff and extended their thanks to the tremendous response to address this incident. **COVID Vaccination Campaigns** Mary reported that Sirona Have been asked by commissioners to plan for: • A programme of third doses for those immune compromised and these will be identified by GP's • A booster programme for people of a certain age, deemed to be vulnerable or work in health or social care and these will be called by their GP although staff will be called to the mass vaccination site at the UWE (Frenchay Campus) • Children's programme – 12-15 year olds with underlying health conditions	**Donna Cairns**

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	currently but also healthy 16-17 are now also being called for their initial dose. • Imminent announcement around vaccination of all healthy 12-15 year olds – school immunisation team will add this to their usual programme of vaccinations. This programme will need a rapid response, only 5 days, and there will be support from our service partners to deliver this. In reply to whether the Flu & COVID vaccinations can be combined, Mary reported that we are awaiting clear instruction from central government in terms of delivering a combined programme but that the flu campaign is already underway. Mary advised that most people will not need a 7 day grace period between flu & COVID jabs but that we need this confirmed formally. **Blood Bottles** There is a Worldwide supply issue and Sirona is working with system partners to continue careful use. The Clinical Cabinet is managing priorities and a review is planned for later this week to establish how long it is safe to delay routine blood testing. Integrated Care System – Janet reported that announcements in regards to appointments to the senior management team are due this week. **Children's Public Health Service for North Somerset** Official notification of Sirona's award for this contract has been received. **HSJ Award & Others** The Freedom to Speak Up service has been nominated for an HSJ award and the team will present to the judges on 28th September. UNICEF have renewed our accreditation for the baby feeding programme, meaning Sirona retain our Gold status for a further three years. Municipals Journal shortlisting and awaiting outcome on Friday 17th September. Janet responded to Paul's query regarding review of transformation plans by advising that this would be considered once operational pressures had reduced. Board received this report for assurance and information.	
4.	**Chair and Non-Executive Directors' Report** Amanda reported that NEDs had been involved in a wide range of visits to staff and service bases, to better understand issues and concerns and extended the Non-Exec Directors thanks for the staff welcomes, dedication and hard work. Formal thanks extended to operational colleagues and a welcome to Ceridwen to the Board of Directors.. Amanda reported that as a partner in the ICS partnership Board, how delighted she was to be asked to be part in the selection process for ICS Chair. Paul May took part in the stakeholder interviews on her behalf.	
5.	**Quality Report** Mary presented a summary report highlighting key headlines for the Boards information and assurance.	

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	Board assured that June/July reporting detailed low levels of harm and serious incidents which mostly relate to pressure injuries as a result to delays in care related to scheduling. We are continuing to work very closely with Local Authority colleagues around Patient Safety and reviewing training compliance on Safeguarding. Patient Experience – Board advised that learning is being shared from these and that the 'have your say' portal system issue has now been dealt with and that we are catching up on those messages missed during technical issues. Mary reported increasing levels of incidents relating to staff and capacity and that another theme emerging in reporting is around violence and aggression towards staff. Board advised that the CQC have been kept informed on any incident control activities. Quality Account has now been uploaded to the NHS Choices website. Simon asked if training is provided to assist in de-escalating incidents of aggression and was informed that the Head of H & S is developing further training focussed on this particular issue. Sarah added that there are specific training modules to support this and that our wellbeing portals provide support to those staff who have experienced this. Amanda asked what actions we take to address with perpetrators and Mary advised that the Violence & Aggression standard provides guidance on how to manage these situations. Paul added that the Quality & Outcomes Committee is Board sub- committee providing assurance to the Board on issues and facilitates more robust scrutiny and support to address areas of concern. For people and Development, there will be a deep dive on recruitment for a future meeting. Paul shared that we are also establishing links with the research work being undertaken by the ICS partnership team. Board noted the content of the report for assurance.	
6.	**Infection, Prevention & Control – Annual Report** Suzanne was welcomed to the meeting to present a summary of her report for the Board's formal approval. She reported that the initial challenge had been to ensure that we had the appropriate level of IPC support within the team, and that we had been able to recruit from our Community Nursing Teams. The Health & Social Care Act dictates the shaping of the annual workplan for IPC and is reviewed in a structured way on a quarterly basis to ensure that we remain compliant and remain on course. It was noted that staff are compliant with reporting any incidents of infections and have a good culture of adverse event reporting, which helps identify themes and in turn develop focussed action plans. Board were advised that there were no alert organisms* identified as a result of the care delivered by Sirona clinicians. (*such as MRSA) All development IPC nurses have now begun their diplomas and will have rotations in acute and care home environments.	

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	Board were informed of the level of support provided to care homes during surges in infections of COVID and forward plans include partnership working across our provider area. This includes ensuring we mirror and comply with regulations and processes undertaken in other areas or providers. Amanda extended the Board's thanks in supporting staff in this area. Julie asked how the IPC team are feeling in relation to the targets set for this year now we're now 6 months in. Suzanne responded that in spite of constant changes, she is confident that we remain on course to achieve the actions set for this year. Mary added that we are working with our local CCG partner and local authority to continue to work with them on care home provision. Mary advised that Suzanne has been appointed to a national board and congratulated her on this achievement, adding that it was a great accolade for her and Sirona. Amanda noted that there are high levels of policies related to IPC and asked about the confidence to review and keep this volume updated; Suzanne responded that reviews are included within the annual work plan. **DECISION:** Board unanimously supported the approval of this report.	
7.	**Freedom to Speak Up – 6 monthly update** Sarah presented the report prepared by Wendy Best & Karen Gleave for the Board's assurance and information. With the significant increase in staff numbers, Sarah reported that we have recruited two new ambassadors working alongside Wendy & Karen to ensure that staff are able to access this service. Sarah shared that this service was one of a number of routes for staff to take if they wish to raise issues or concerns. Themes and trends are starting to be explored to develop action plans in co-ordination with the quality team in relation to incidents. **7.1 Recommendations of Non-Executive Director Appointment to Freedom to Speak up Guardian Role** Barbara Brown was nominated for the appointment to the NED role in place of Amanda Cheesley as she had moved into the position of Chair. **DECISION:** Report noted and Board approved the appointment of Barbara to this role.	
8.	**Risk Register** Mary presented the report detailing the status of risk as at 26th August. Board were directed to the 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) (Risks 379 & 380) Service User care and patient risks have increased and there is a high level of scrutiny being undertaken around our current risk status. Risk 372 – Controls for 'hot' & 'cold' patient categorisation. Mitigations underway in relation to shared waiting/consulting space, but risk still remains	

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	Risk 377 – Relates to regular reporting of understaffing of INT's and there is much work going on the background to address. Risk 393 – Management of Flu & COVID vaccinations for housebound patients, primarily in the North of Bristol, and this is being managed centrally and agreement in place with Primary Care and Acutes on how this is managed. Sirona will support delivery of housebound patient vaccinations for those patients on the Sirona caseload only. Risk 376 – Staffing & MSK patient waiting list Risk 387 – Third risk relating to SPA Risk 389 – ICE Management Team unable to access team or meeting space. Sarah reflected that there are currently two risks relating to recruitment and capacity on the register and that centrally these risks around staffing are gaining higher priority on the register and should have their scores increased. **ACTION: Mary suggested that SLT review the register to triangulate risks that are organisational as well as local and that they be managed by SLT.** Amanda observed that there are a number of risks that have been on the register for a period of time where there are gaps in information relating to updates and mitigations and that actions are therefore not clear. She shared her concerns that these are not getting under control in advance of winter pressures and sought further assurance that mitigations are underway to ensure that patients and staff are not being put at risk. That there should be some mechanism for Board members to be better sighted on new risks and escalating risks. Janet acknowledged concerns around the mechanics of reporting and responded that fortnightly Non Executive Meetings have been put in place and that other mechanisms, such as a Board WhatsApp Group chat, could be used for alerting. In regards to providing assurance, Janet advised that we are currently travelling uncharted waters, whilst the outside world is returning to normal in the working world, staff are succumbing to sickness, are burnt out and we have high levels of vacancy and therefore not able to provide assurance that we'll be fine but that we do have the mechanisms to address particular areas of escalation and to ensure that staff and patients are safe. Sarah responded that this was a fair challenge from Amanda and acknowledged that the current actions are not reflected in the Board report, due to the point in time the data is captured but should be considered going forwards. **ACTION: SLT to ensure that actions are updated in preparation to Board reporting.** Julie advised that, we are in unprecedented times and that the SLT have recognised the need to undertake a more focussed approach and that dashboard reporting is being developed, so that information can be reviewed at a glance and then taken away to review the impact scores. Over the next few weeks, dashboards should be available to provide assurance on both the awareness of risks, emergence of trends and where to direct activities. Paul suggested that the Audit & Assurance Committee take a further look at the management of risk to which Clive responded that the Board Assurance Framework and Risk process is on the Internal Audit Plan for the next cycle in the coming months. Mary advised that demands on capacity and staff time has also impacted the timely completion of updates and that the timely review by SLT colleagues would help provide further assurance.	**SLT** **SLT**

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	Report noted for information and assurance.	
9.	**Finance Report** Clive presented his report advising this to be the first report with a forecast. M4 reporting had highlighted an overspend which was in part attributed to the overspend on the One Sirona Network, majority of KPI's are running at green, although the staff underspend was noted as green only in terms of pay expenses. Clive provided additional context around the impact on reserves that staffing has on the forecast £600k surplus. Balance sheet and cash account remains healthy and we will be finalising arrangements with HSBC on new banking arrangements, with the Audit & Assurance Committee to receive a report on potential investments in October. Report noted for assurance.	
10.	**Approval of Annual Financial Statements** Clive reported that the statements had been approved by Audit & Assurance Committee on July 29th and recommended for formal approval by the Board. No issues of significant note from the Audit Committee, although Clive explained the impact of the pension arrangements detailed within the report. Simon advised that there was a small error on page 36 that noted his employment with UWE, which ended prior to his commencement in post with Sirona along with information on the start date of Paul Mays employment. Julie added that it was appreciated that the Audit & Assurance Committee had extended an invite to SLT members to receive the full detailed presentation on 29th July and was gratified to hear how professionally this audit had been undertaken at a time of increased pressure on the Finance Team. **DECISION:** Board approved the statements for sign off with the auditors and their due diligence and subsequent filing with Companies House.	**Donna Cairns**
11.	**Digital Update** Clive presented this report as an update to the Board on current activities and to provide assurance on the actions in place to address the priorities identified via the Incident Control Centre. Board understood that short term, when providing training, that resources might be reduced, but in the long term this ensures that new staff are appropriately trained. Julie stressed the critical nature of this service and its fundamental role in enabling the business to move forward. Clive advised that third party contractors could alleviate some of the pressures, although this may then transfer to a financial risk rather than a service delivery risk. Amanda added that recent visits to staff and service bases had highlighted the importance of addressing these issues to mitigate the pressures and stress on staff and supported further investment in this area. Clive advised that feedback from helpdesk users on the service provided when they had spoken to a member of the helpdesk team has been positive. Paul highlighted the need to take a longer term view on the digital plan rather than just focussing on the immediate short term issues. Clive responded that this is one of the work streams for the ICC as part of the eyes forward approach.	

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	Sarah advised that the People & Development team have recently undertaken some focussed support of the digital team and that the feedback is fairly positive. Mary added that patient safety has also been added to the ICC and therefore ensures that patient safety is directly included as part of the KPI's being considered. One Sirona Network – some issues around access to Bristol City Council sites. Roll out of laptops currently paused. Connecting Care activity growing. Accolades - Shona (Digital Team) is achieving national recognition in her work in the EMIS area. Board noted the progress on the Digital Programme of Work and were assured by the measures in place in relation to the Incident Control Centre.	
12.	**Operational and Performance Report** In the absence of Ceridwen Massey, Janet presented the key points from the report not yet noted elsewhere in the Boards discussions or reporting. • SPA - 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 • 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 – ongoing recruitment, re-deployment of SASS staff, Out of Hospital Steering Group prioritising therapy resource across Acute & Community services. • Prolonged period of high demand in same day Urgent Care • Staffing difficulties for Community Children's Nursing and Psychology Service • The Performance Group has met to consider in greater detail the issues detailed within this report and discuss agreed ways forward Board noted the current position and the actions that are being taken forward to mitigate key service pressures across Sirona. The Acting 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.	
13.	**Consent Agenda Cover** The papers brought under this item for ratification/approval and the papers to note have been agreed with the Chair and the Chief Executive and provided electronically in advance for comment or question to members of the Board. Julie reminded Board of the new process around Consent Agenda items to ensure that any items for approval or decisions are considered in advance and Mary added that this process would also provide the CQC with assurance in regards to Board processes.	
14.	**Healthier Together Integrated Care System – Memorandum Of Understanding** The Board is asked to: 1. Note that after being circulated to the Board by email, the MOU was approved with the delegated authority of the Board by the Chair and CEO.	

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	DECISION: Board agreed the ratification of the MOU.	
15.	**Ratification of new appointments to the Members Group** 1.The Board is requested to formally ratify the appointment of: • One candidate to the Service User Class - Lloyd Williams • Two candidates to the Independent Class - Rosie Fortune and Steve Strong • Two candidates to the Strategic Class - Jo Watson and Hayley Verrico 2.To note: •We are running a rolling programme of recruitment for Members •Ratifying the appointments will mean we still have the following vacancies: • Staff – 1 vacancy/total membership of 7 (2 suitable candidates are being considered) • Service Users – 3 vacancies/total membership of 7 • Strategic Partners – 2 vacancies/total membership of 5 • Independent Partners – 3 vacancies/total membership of 5 •This will take our total Membership to 18/26 as at 31.08.21 •We already have a number of people who have expressed an interest to join us over the coming months •That our plan is to build up a "waiting list" of potential Members to speed up the filling of posts in the future as individuals leave/their term of office comes to an end **DECISION:** Board ratification of the new Member Group appointments as detailed.	
16.	**Quality Committee Summary Report** Noted for assurance.	
17.	**Audit Committee Summary Report** Noted for assurance.	
18.	**Professional Council Report** Noted for assurance.	
19.	**Public Questions, Chairs Summing Up and Close of Public Meeting** **There were no public questions received for this meeting.**	

Next meeting date	Tuesday 9th November 2:00 pm – 4:30 pm MS Teams & available via YouTube post meeting

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Item

Active Actions Arising from Meeting in Public Board Meetings

	Completed		Progressing to plan		Minor delays/ COVID Deferment		Serious delays		Not started

No	Meeting Date	Action	Officer Responsible for Action	Update	Delivery Date	RAG
1.	**14.09.21** **Item 8**	**Risk Register** • SLT to review the register ahead of Board to triangulate risks that are organisational as well as local and that they are managed by SLT. • SLT Exec Risk owners to ensure actions are updated in preparation of Board reporting	**JR/SLT** **JR/SLT**	Verbal Update for November Board meeting	**Nov 2021**	
2.	**14.09.21** **Item 10**	**Approval of Annual Financial Statements** • Approved accounts and CIC annual report to be submitted to Companies House	**Corporate Governance**	**12.10.21 Update** Accounts signed and submitted to Companies House	**October 2021**	

Board Reporting

Date	9th November 2021	**Agenda item**	16
Title	**Ratification of New Members**		
Author	Rachel Corrigan (Senior Project Manager – Corporate Governance)		
Presented by	Julie Sharma	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☐		

Purpose of the report

The purpose of this report is to request that the Board ratify the appointment of the new Member for the Staff Member class detailed and to assure the Board that the selection and recruitment process has been conducted with the appropriate amount of due diligence and rigour.

Why is this report coming to the Board

This report is coming to Board for formal approval and ratification of our new Member in accordance with the Corporate Governance arrangements set out within both the Members Agreement and Governance Framework.

Related Risk No. (If applicable)	Impact to group Quoracy if not recruited

How has this report been developed

This report has been developed in line with those previously brought to the Board in regards to Member ratification and has been reviewed by the Director of Transformation and Members Group Chair to agree its accuracy and content.

What is the process the report has been through internally

As a group with direct reporting into the Board, and in accordance with our governance arrangements, this report is brought directly to the Board for sign off and ratification. Canidates have been interviewed by the Chair and recommended to the current Members Group, who have electronically provided their support to the Chair's recommendations.

Summary and Key Issues Highlighted by these teams, including mitigations

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

- We are running a rolling programme of recruitment for Members
- Ratifying the appointments outlined in this report will mean we then still have the following

vacancies:
    - Staff – currently all filled – total membership of 7
    - Service Users – 4 vacancies/total membership of 7
    - Strategic Partners – 2 vacancies/total membership of 5
    - Independent Partners – 3 vacancies/total membership of 5
- This will take our total Membership to 18/26
- We already have a number of people who have expressed an interest to join us over the coming months
- Our plan is to build up a "waiting list" of potential Members to speed up the filling of posts in the future as individuals leave/their term of office comes to an end

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 requested to formally ratify the appointment of:

- One candidate to the Staff User Class

Resource implications (financial/staffing/other resources)

The resources associated with the phased programme of selection and appointment of our new Members is included within the Corporate Governance function of the PMO.

Quality considerations

To ensure that our Members are appointed because they have an appropriate combination of expertise, experience and capacity to contribute to this key governance role.

1. Background

Further to the agreement to reconstitute the Members Group by the existing Members of the Group and Board in March 2020, we embarked on an implementation plan for the recruitment of new members in May with a target completion date for all class of Members of September 2020.

With a new constitution agreed (see following table), we commenced a phased approach to the recruitment of each class of membership, starting with our Staff Members.

Recruitment Phase	Classes of Membership	% Vote	No. of Members
Phase 1 – May/June	Staff	24%	7
Phase 2 – July/Aug	Service Users	24%	7
Phase 3 – now Sept/Oct	Strategic Partners	21%	5
Phase 4 – now Sept/Oct	Independent Partners	20%	5
In post	Directors	11%	2

Phase 1 – Staff Recruitment – commenced in May 2020, with interviews and appointments confirmed in June 2020 and ratified at the September 2020 Board meeting.

Phase 2 – Service User Recruitment – commenced in August 2020, with interviews and appointments confirmed in September 2020 and ratified at the October 2020 Board meeting.

Phases 3 & 4 – Strategic & Independent Class recruitment was initially planned for the latter part of 2020 but delayed due to capacity and anticipated appetite from potential candidates during the second wave of the pandemic then was further postponed whilst focus was directed to recruitment activities for the new Chair of Sirona.

2. Key points

Further to the detail set out within the Members report brought to the Board at the September 2021 Board meeting, Member recruitment activities have continued, with available positions within classes periodically promoted on established communication platforms.

Following the report in September 2021, we would like to recommend the appointment of Carole Pugh to our Staff Member Class. Carole was a previous applicant in July 2020 to our Staff class, but narrowly missed out due to the number and diversity of applications at that time.

Having been previously interviewed and approved as suitable to recommend for appointment, four staff candidates not appointed in July 2020, were approached when a vacancy became available following the resignation of Chris Palmer in August 2021. Of the four, Carole expressed her keen interest to be reconsidered and was subsequently re-interviewed by the Chair.

The successful candidate information was shared with current Members and the candidate was notified and appointed.

In line with our Members Agreement, each Member can be appointed for an initial term of up to 3 years. To ensure that we have a rolling turnover of Members we propose that the terms of office are staggered for these appointments and have asked our new Members to indicate their preferred term of office, for which we are now able to confirm in the following table.

All Members will be able to put themselves forward for further terms if they so wish, to a maximum of 3 terms.

Future Appointments

Following the resignation of Brian Duffy from our Service User Class in October, we will reinvigorate our recruitment efforts and are confident that there will be further appointments to announce later this year/early in 2022 due to several of our applicants stating an interest to join once the current circumstances de-escalate. We have diarised return calls with these parties for later this year.

3. Recommendations

In accordance with the requirements set out within the Sirona Governance Framework, we are seeking the Board's ratification of the Members to each Class as detailed.

Proposed Member	Joining Date	Membership Class
Carole Pugh	1st October 2021	Staff

MEMBERS LIST AS AT 01.10.21

Current Members	Joined	Current or Previous	Membership Class
Janet Rowse (CEO)	2011	Current	Director
Amanda Cheesley (Chair)	2021	Current	Director
Nalin Parmar	1st Sept 2020 (1st)	Current (3 yr term)	Service User
Ron Hardie	1st Sept 2020 (1st)	Current (2 yr term)	Service User
Lloyd Williams	1st Oct 2021 (1st)	Current (2 yr Term)	Service User
VACANCY			Service User
VACANCY			Service User
VACANCY			Service User
VACANCY			Service User
Andrew Hunt	1st July 2020 (2nd)	Current (2nd Term, 1 yr)	Staff (IT Lead)
Corinne Robinson	1st July 2020 (1st)	Current (2 yr term)	Staff (Service Transformation Lead)
Ros Green	1st July 2020 (1st)	Current (3 yr term)	Staff (Urgent Care Practitioner)
Neil Gokani	1st July 2020 (1st)	Current (3 yr term)	Staff (Children's Specialist Physio)
Lauren Deadman	1st July 2020 (1st)	Current (3 yr term)	Staff (Clinical Systems Facilitator)
Sean Hegarty	1st July 2020 (1st)	Current (2 yr term)	Staff (SPA Case Manager)
Carole Pugh	Oct 2021 (1st)	Current (3 yr term)	Staff (SPA Triage Clinician)
Robert Griffin	Oct 2017 (1st)	Current (2nd Term 1 yr)	Strategic Partner (South Glos Council)
Jo Watson	Oct 2021 (1st)	Current (1 yr term)	Strategic Partner (Weston College)
Hayley Verrico	Oct 2021 (1st)	Current (2 yr term)	Strategic Partner (North Som. Council)
VACANCY		Current	Strategic Partner
VACANCY		Current	Strategic Partner
Rosie Fortune	Oct 2021 (1st)	Current (1 yr term)	Independent Partner (Barnardo's)
Steve Strong	Oct 2021 (1st)	Current (3 yr term)	Independent Partner
VACANCY		Current	Independent Partner
VACANCY		Current	Independent Partner
VACANCY		Current	Independent Partner

Report to: Board

Date	09.11.21	**Agenda item**	18.1
Title	Audit & Assurance Committee - Terms of Reference Review		
Authors	Donna Cairns, Head of Corporate Governance & Rachel Corrigan – Senior Project Manager for Corporate Governance		
Lead Director	Lorna Harrison	**Date signed off**	25.10.21 by Committee
Presented by	Lorna Harrison	**Version**	1
For	Approval/decision X Debate ☐ Assurance ☐ Information ☐		

Aims/Summary

To inform the Board of the updates following review of the Terms of Reference and obtain the Boards ratification of the revised document.

Options and decisions

The Board is asked to approve the revised draft, version 3.1.

Resource implications (financial/staffing/other resources)

Any resource implications from amendments proposed by the Committee were discussed and no resourcing implications were identified.

Quality considerations

There are no direct quality considerations arising from this report.

Paper/information previously considered by	Date
Audit & Assurance Committee	25.10.21

1. Key Points

A minor change to the Committee's Terms of Reference was approved by the Board to implement the Risk Management Policy. This introduced provisions for all Committees and Groups to fulfil their responsibilities in respect of the risks or categories of risk assigned to them for monitoring or review. This amendment to section 2 is shown in red on the attached Terms of Reference to show the update that has been made however the Committee is asked to note this is already approved by the Board rather than a proposed change.

The Committee is due to complete a full self-assessment early in 2022 which may help to identify aspects of the Terms of Reference that require further review.

The Terms of Reference was due for review and therefore presented to the Committee on 25th October 2021.

The following amendments were proposed:

- The Committee's role in overseeing the selection of internal auditors has been added
- Under Governance, the sections on Monitoring Effectiveness and Review have been combined to remove duplication
- Under Membership, a standing invitation for internal audit to attend meetings has been added.

The Chair had also requested that the membership and/or quorum be considered.

The Committee was asked to note that the current version of the Terms of Reference was signed by David Purdon who was the Chair at the time of approval.
When the new version is approved, it will be signed by the Chair of the Board as the parent body. This arrangement was agreed by the Board earlier this year.

2. Recommendations

The Board is asked to:

- note the considerations of the Committee and approve these revisions
- support the sign off by the Chair of the Board of Directors.

Terms of Reference

Audit & Assurance Committee

Version Control:

Version	Date	Author	Owner	Status (Active or Dissolved)	Review Date
V3.0	Aug 2020	Rachel Corrigan	Associate Director of Governance, Planning & Programme Management	Active – Board Ratification 06.10.20	Aug 2021
V3.1	Oct 2021	Donna Cairns	As Above	Active – Board Ratification 09.11.21	October 2022

Approval Process:

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

Name	Position	Signature	Date
David Purdon	**AAC Chair & Non-Executive Director**		**Aug 2020**
Amanda Cheesley	**Chair**		**Nov 2021**

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

The overarching purpose of the Audit and Assurance Committee, on behalf of the Board, is to:

- Provide the Board with an independent and objective review on Sirona's financial and non-financial systems, financial and non-financial information and compliance with laws, guidance and regulations
- Delegated to review and recommend to the Board for approval, the Financial Statement and Annual Accounts
- Provide assurance to the Board on the effectiveness of governance systems and processes, risk management and internal control; internal and external audit, counter fraud and security management and financial reporting
- Approving internal and external audit plans, reviewing progress against these and receive assurance on actions taken in response to audit reports
- Reviewing key assurance documents such as Quality Accounts, Governance Framework, Quality Assurance Framework

Purpose

The Committee should carry out the duties below:

1. Financial reporting

1.1. The Committee shall monitor the integrity of the financial statements of the Company, including its annual reports, interim management statements, and any other formal announcement relating to its financial performance, reviewing significant financial reporting issues and judgements which they contain. The Committee shall also review summary financial statements.

1.2. The Committee shall review and challenge where necessary:

1.2.1. the consistency of, and any changes to, accounting policies both on a year on year basis and across the Company

1.2.2. the methods used to account for significant or unusual transactions where different approaches are possible

1.2.3. whether the Company has followed appropriate accounting standards and made appropriate estimates and judgments, taking into account the views of the external auditor

1.2.4. the clarity of disclosure in the Company's financial reports and the context in which statements are made; and

1.2.5. all material information presented with the financial statements, such as the operating and financial review and the corporate governance statement (insofar as it relates to the audit and risk management);

2. Assurance: internal controls, risk management systems and policies

The Committee shall:

~~a) develop and maintain a risk register directly associated to the business of the Audit & Assurance Committee~~

a) to consider the entries on the corporate risk register which are assigned to the Committee and any risks that are escalated to them by the Subject Matter Groups, ensuring that the risks are appropriately prioritised and adequately controlled and that assurance is given to the Board that those risks are being appropriately managed. The Committee will include in each report to the Board a summary of the risks considered and details of any significant concerns as appropriate.

b) keep under review the effectiveness of the Company's internal controls and risk management systems; and in particular:

I. review the adequacy of all risk and control related disclosure statements (in particular the Statement of Internal Control and declaration of compliance with Care Quality Commission), together with any accompanying Internal Audit statement , external audit opinion or appropriate independent

assurances, prior to endorsement by the Board.

II. the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

III. the appropriate policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements

IV. Review register of Policies to be assured that internal controls in relation to policy reviews and updates are compliant.

c) review and approve the statements to be included in the annual report concerning internal controls and risk management

d) In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

3. Whistle blowing and fraud

3.1 The Committee shall:

a) review the Company's arrangements for its employees to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action;

b) review the Company's procedures for detecting fraud

c) review the Company's systems and controls for the prevention of bribery and receive reports on non-compliance

4. Internal Audit

4.1 The Committee shall consider annually whether there is a need for an internal audit function and make a recommendation to the Board accordingly and where such function exists will:

a) oversee the selection process for internal auditors where the function is outsourced

~~a)~~b) monitor and review the effectiveness of the Company's internal audit function in the context of the Company's overall risk management system

~~b)~~c) consider and approve the remit of the internal audit function and ensure it has adequate resources and appropriate access to information to enable it to perform its function effectively and in accordance with the relevant professional standards.
The Committee shall also ensure the function has adequate standing and is free from management or other restrictions

~~c)~~d) review and assess the annual internal audit plan

~~d)~~e) review promptly all reports on the Company from the internal auditors

~~e)~~f) give consideration to the major findings of the internal audit work and review and monitor management's responsiveness to the findings and recommendations of the internal auditor; and

5. External Audit

The Committee shall:

5.1 Consider and make recommendations to the ~~Board~~Members, in relation to the appointment, re-appointment and removal of the Company's external auditor. The Committee shall oversee the selection process for new auditors and if an auditor resigns the Committee shall investigate the issues leading to this and decide whether any action is required

5.2 Oversee the relationship with the external auditor including (but not limited to):

a) approval of their remuneration, whether fees for audit or non-audit services and that the level of fees is appropriate to enable an adequate audit to be conducted

b) approval of their terms of engagement, including any engagement letter issued at the start of each audit and the scope of the audit

c) assessing annually their independence and objectivity taking into account relevant UK professional and regulatory requirements and the relationship with the auditor as a whole, including the provision of any non-audit services

d) satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the auditor and the Company (other than in the ordinary course of business)

e) agreeing with the Board a policy on the employment of former employees of the Company's auditor

f) monitor the implementation of this policy by monitoring the auditor's compliance with relevant ethical and professional guidance on the rotation of audit partners, the level of fees paid by the Company compared to the overall fee income of the firm, office and partner and other related requirements

g) assessing annually their qualifications, expertise and resources and the effectiveness of the audit process which shall include a report from the external auditor on their own internal quality procedures

h) seeking to ensure co-ordination with the activities of the internal audit function, where this function is in place

5.3 meet regularly with the external auditor. The Committee shall meet the external auditor at least once a year, without management being present; to discuss their remit and any issues arising from the audit

5.4 review and approve the annual audit plan and ensure that it is consistent with the scope of the audit engagement

5.5 review the findings of the audit with the external auditor. This shall include but not be limited to, the following:

a) a discussion of any major issues which arose during the audit

b) any accounting and audit judgements

c) level of errors identified during the audit

5.6 review the effectiveness of the audit

5.7 review any representation letter(s) requested by the external auditor before they are signed by management

5.8 review the management letter and management's response to the auditor's findings and recommendations

5.9 develop and implement a policy on the supply of non-audit services by the external auditor, taking into account any relevant ethical guidance on the matter, and review as part of the Committee's work planner

Governance *(should include the groups delegated authority and reporting requirements)*

Reporting Responsibilities

The Chair shall report formally, by way of a Chair Summary Report, to the Board on the Committee's proceedings after each meeting on all matters within its duties and responsibilities

The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.

The Committee shall compile a report on its activities to be included in the Company's annual report.

Authority

The Committee has delegated authority by the Board to:

- seek any information it requires from any employee of the Company in order to perform its duties
- obtain, at the Company's expense, outside legal or other professional advice on any matter within its terms of reference
- call any employee to be questioned at a meeting of the Committee as and when required
- have the right to publish in the Company's annual report details of any issues that cannot be resolved between the Committee and the Board.

Monitoring Effectiveness and Review of Terms of Reference

To monitor the effectiveness of the Committee an annual retrospective review of its work programme will be undertaken to confirm whether the Committee has met the requirements as set out in the Terms of Reference for the preceding year. The Committee shall also review its constitution and terms of reference annually to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

~~This~~ The Committee's review of its effectiveness will be included in an end of year report to the Board summarising the work of Committee throughout the year.

Other Matters

The Committee shall:

a) have access to sufficient resources in order to carry out its duties, including access to the Company Secretariat for assistance as required

b) be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members

c) be responsible for co-ordination of the internal and external auditors

d) oversee any investigation of activities which are within its terms of reference

~~**Review**~~

~~The Committee will, at least annually, review its constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.~~

Meeting of Company Members

The Chair of the Committee shall, by invitation, attend any meeting of Company Members prepared to respond to any question from the Members on the Committee's activities

Membership

Members of the Committee shall be appointed by the Board. The Committee shall be made up of at least 3 members. (Currently Lorna Harrison~~David Purdon~~, Chair ~~until 31.10.20 – Amanda Cheesley~~ Paul May and Simon MacSorley, NED Members, ~~Lorna Harrison to take over as Chair 01.11.20~~)

The Board shall appoint the Committee Chairman who shall be an independent non-executive director with a financial background. In the absence of the Committee Chairman and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

All members of the Committee shall be independent non-executive directors at least one of whom shall have recent and relevant financial experience.

The Chairman of the Board shall not be a member of the Committee.

Only members of the Committee have the right to attend Committee meetings, although, the Director of Finance shall normally attend meetings and the internal auditors will also be invited to attend meetings.

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

The external auditors will be invited to attend meetings of the Committee at least once a year at which meeting Executive Board members may be excluded for all or part of the meeting.

Roles and Duties: *(Consider Reporting and Communication of outcomes or decisions)*

Chair:

- Planning agendas with members including timings, and who leads each item.
- Agreeing the purpose of items being brought to the meeting against the principle functions and whether they are for information, discussion or decision.
- Working with nominated secretariat to ensure agendas and papers are sent out in 7 days advance.
- Keeping the meeting to time and the agenda.
- Setting the scene for each item and clarifying the objective.

- Allowing full participation of all members and freedom of expression
- Identifying and communicating key messages regarding decisions, risks etc. regularly to the Board

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

Secretariat

The Secretary to the Board or their nominee shall act as the secretary of the Committee.

Committee Arrangements

The Committee will meet at least four times a year at appropriate times in the reporting and audit cycle. The Secretary to the Board will liaise with the Chair to set the meeting dates for the year and these will be communicated to the members at the beginning of each financial year.

At the discretion of the Audit Committee Chair an extraordinary meeting can be arranged for specific purposes.

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

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

Minutes of Meetings

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

The Chair shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.

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

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

The quorum necessary for the transaction of business shall be 3 members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

GDPR PRIVACY NOTICE

In line with the General Data Protection Regulations (GDPR) and the Data Protection Act (DPA 2018) Sirona care & health is registered as a Data Controller. As an attendee of this meeting, you can find out how your personal data is processed by visiting our website www.sirona-cic.org.uk.

Video Conferencing
If the meeting is to be recorded then the Chair of that meeting will make it clear to all attendees that this will be happening and outline any plans for the recordings and/or transcripts (e.g. sharing with all attendees).
Any implications for attendees as a result of turning on their camera in order to participate in a video conference call or meeting will be explained at the start of the meeting, including if their image will become available to everyone in attendance.

Attendees may choose to participate via audio only, especially for Safeguarding, confidential or meetings of a sensitive nature.

Depending on how personal accounts are set up by external attendees, their name, email, etc. may be available to other attendees, and it is essential to ensure that they are informed that what they say may be recorded.

Clarity must be provided by the Chair at the beginning of the meeting in regards to the retention of any recordings gathered during the meeting, including screen sharing or discussions of a Safeguarding, confidential or sensitive nature.

Meeting participants should be informed that when meetings on MS Teams are recorded, the resulting video file is stored on the NHSmail cloud for all in the NHSmail population, i.e. nationally available to the NHS Mail network.
This means that the following elements **should not be included** in recordings of MS Teams conference meetings or calls:

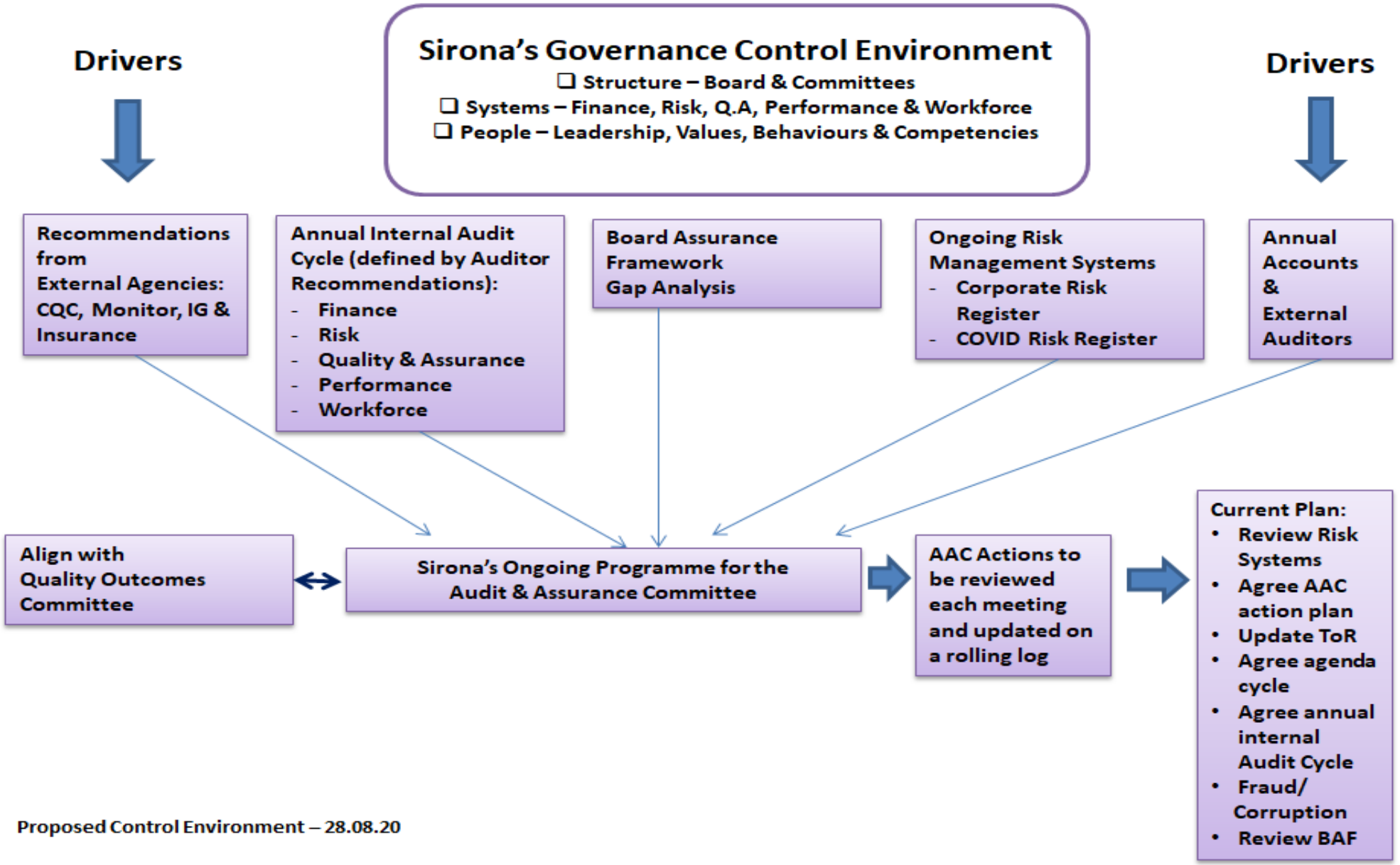
- patient identifiable information
- sensitive business information
- confidential corporate information

STANDING AGENDA & FORWARD PLANNING

See following examples

AUDIT & ASSURANCE COMMITTEE				
Date:				
Time				
Venue:				
AGENDA				
OPENING BUSINESS				
1.	**Apologies from Committee members**:			
	Unable to attend:			
2.	**Declaration of Interest** Those present are asked to declare if they have any direct or indirect interest in any way in the proposed transactions to be considered at the meeting		Chair Verbal	5 mins
3.	**Minutes from Previous Meeting** To approve the minutes of the meeting held on:		Chair Paper	
4.	**Action List and Matters Arising** Update on actions arising from previous meetings		Chair Paper	
	CORPORATE GOVERNANCE / RISK / ASSURANCE ITEMS			
5.				
	INTERNAL & EXTERNAL AUDIT ITEMS			
6.				
	REGULATORY ITEMS			
7.				
	CLOSING BUSINESS			
8.	**Closing Summary** To agree decisions and actions for the minutes and quarterly Board report **Next meeting** To discuss and agree items to be presented at the next meeting.		Chair	Verbal
9.	DATES FOR NEXT AND FUTURE MEETINGS:			

Appendix 1 – A & A Terms of Reference



Proposed Control Environment – 28.08.20

Board Report

Date	9th November 2021	**Agenda item**	17
Title	Quality and Outcomes Committee Summary		
Author	Mary Lewis, Director of Nursing		
Presented by	Paul May / Mary Lewis	**Version**	V1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

The purpose of this report is to update the Board on the key findings and recommendations from meetings of the Quality and Outcomes Committee held in September and October 2021.

Why is this report coming to the Board

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

The Quality and Outcomes committee are delegated by the Board to provide monitoring, scrutiny and assurance in relation to the delegated duties in relation to quality and safety in 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 Director of Nursing and the Paul May, Non-Executive Director and Chair of the Quality and Outcomes Committee.

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 summary report is provided following the Quality and Outcomes Committee and the arising minutes.

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
Key items considered by the Committee are detailed in bold below.
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?

1. Key points from the September Committee Meeting

- The Committee received an **update about the Covid 19 situation** and the **Vaccination Programme** including the impact on front line staff.

- The Committee received an update about **key operational issues**.

    - The SPA (Single Point of Access) is running under an ICC (Incident Control Centre); we have developed an assurance and reporting dashboard that is giving us the information to help us to understand the position.

    - There key pressures and challenges relating to capacity that are being addressed, including agreement to pay incentive rates to support immediate capacity issues.

- The Committee received the **August Quality Report a**nd was assured that levels of harm remain low. The Committee was advised that Sirona is developing a Preventable Harm Framework; this data will be used as part of our forward planning to help predict where teams are coming into risk and also to enable us to better articulate to the system what it means when we are in OPEL 4.
- The Committee received the **Quarter 1 CAS Guidance Report** and was assured that no alerts were missed and all alerts were responded to appropriately.

- The Committee received the **Quarter 1 Infection Prevention and Control (IPC) Report** and was assured that there have been no serious incidents reported in relation to IPC. Standard Operating Procedures continue to be updated as necessary for Covid-19 in line with National Guidance and the team have supported IPC work across BNSSG -19 IPC cell.

- The committee received the **Quarter 1 Clinical Record Group Report** detailing the key work completed in Quarter 1, and the key risks and key priorities for the Group moving forward.

- The Committee received a **review of risks identified for oversight by the Committee**. It was noted that there are a large number of high scoring operational risks; the Committee

discussed the pressures facing Sirona and the wider system at the moment, and agreed that this is a reflection of the live and active situation and whilst is not reasonable to think that these risks will come down in the very near future, the Committee was assured that there are processes in place to respond to challenges in the best way possible.

- The Committee received the **People and Development Update** including the **People and Development Dashboard.** This assured the committee about the work in place to support staff and efforts underway to address challenges relating to both sickness and retention.

2. Key points from the October Committee meeting

- The Committee reviewed and updated the **Quality and Outcomes Committee Terms of Reference** following a few changes in the Senior Team.
- The Committee received an **update about Covid-19 situation** and the **Flu and Covid 19 Booster Vaccination Programme.** The Committee was advised that Covid 19 numbers have increased significantly in the South West, this is causing concern, and Sirona is working with Local Authority partners about local messaging as this is recognised to be huge a risk to the BNSSG system
- The Committee received an update about **Key Operational Issues** specifically the immense workforce challenges facing teams that are expected to get worse as we move into winter.
- The Committee received that **September Quality Report** including the **Quarter 2 Dashboard and Quarter 2 Report** and was assured that levels of harm remain low.

  The key points are:

  - There was a notable increase in staffing incidents reported this month with North Bristol reporting 11 out of 26. North Somerset has been struggling equally and there is concern that staff may not be reporting incidents due to capacity.
  - There was an emerging trend with Minor Injury Units (MIU) and Urgent Treatment Centre (UTC) reporting 16 out of 38 incidents under cause group of assessment and review and also featuring under the cause group of factors affecting care with several unplanned closures. This is compounded by the social distancing measures that we still have to comply with.
  - There has been a decrease (33%) in the number of concerns raised in relation to Single Point of Access (SPA), however the number of contacts received by customer care in relation to SPA has remained constant at same levels as last month.
  - The overall number of complaints is increasing.
- The Committee received the **Quarter 2 Clinical Compliance Report** and was advised that whilst still a work in progress, the launch of reporting via the Ulysses system has been successful.
- The Committee received the **Service User Experience and Customer Care Report April – August 2021**

- Work to address the impact of the Have Your Say incident has been delayed however any serious complaints and concerns have been identified and triaged.
- There has been a 100% increase in the number of complaints and contacts from patients, carers and healthcare professionals to Customer Care team, about their inability to contact/access the SPA service.
- The content of calls and also of the callers into the Customer Care team have become very “emotional as well as explosive” with more callers being tearful and angry, this in turn has an effect on staff wellbeing which is currently being monitored at team level with the Head of Patient Experience being kept informed.

- The Committee received the **first Quality Account Priorities Report.** The report is to provide an update and assurance to the Committee on the progress made so far with the Quality Priorities set out in the Quality Account 2021/22.
- The Committee received the **Quarter 2 NICE Guidance Report** and was assured that Sirona has an established process for receiving and triaging for relevance all of the NICE guidance that has been issued. All relevant guidance has been acted on appropriately following triage.
- The Committee received the **Review of risks identified for oversight by the Committee**. The Committee was advised that this report and future reports will concentrate on corporate level risks. Local risks will be monitored at service level and by the relevant Subject Matter Groups that will in turn provide assurance via their reports to the Committee.
- The Committee received the **People and Development Update** including the **People and Development Dashboard.** The Committee also received a **presentation about Colleague Retention** including data on leavers, context specific to Sirona and our actions and the work that is taking place to support people at the difficult time.

3. Recommendations

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

Cover Sheet for Board Reporting

Date	9th November 2021	**Agenda item**	**18**
Title	**Audit and Assurance Committee Summary Report of meeting on 25th October 2021**		
Author	Rachel Corrigan, Senior Project Manager, Corporate Governance		
Presented by	Lorna Harrison (AAC Chair)	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

This report is to inform the Board of the key items discussed at the Audit and Assurance Committee meeting held on 25th October 2021 and to give assurance on the matters within the Committee's remit.

Why is this report coming to the Board

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

The Audit & Assurance Committee are delegated by the Board to provide independent scrutiny and objective challenge on Sirona's financial and non-financial information and provide this report to the Board for assurance.

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 has been gathered to inform this report from representative coporate services and external providers of contracted auditing services.

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 prepared as a summary of items and discussions undertaken by the Audit & Assurance Committee at their meeting in October as noted within the minutes of that meeting.

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 items raised through the consideration of this report are noted below.
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?
No items for escalation, discussion or decision required from this report, although Board is asked to comment on any issues or gaps in assurance.

1. Key points from the October Committee Meeting

External Auditor Appointment

Following a robust procurement process approved by the Members Group, the Committee received a recommendations paper from the dedicated re-procurement Task & Finish Group in relation to the appointment of our External Auditors. The Committee was satisfied with the recommendations presented to appoint Bishop Flemming and not to re-appoint RSM and supported the paper being taken to the Members Group for formal approval by written resolution.

Terms of Reference Update

As part of the planned annual review of the Committee's Terms of Reference, the Committee approved the changes detailed within the covering report in order for the revised version to be taken to the Board in November for formal ratification.

Treasury Management Policy

The Committee received recommendations from the Deputy Director of Finance on the revisions to the current policy, which were in response to significant increases in cash balances, improved flexibility in how we make investments and the benefits from transferring to new banking provisions.

Whilst the committee was supportive of the policy and approved the revisions set out within the paper, it was agreed that it would be further considered as part of the dedicated Risk Appetite Board Seminar later in the year.

Delegations Scheme Review

A short briefing was provided by the Finance Director on the progress of the focused work underway in relation to the review of current arrangements, and it was understood that a recommendations paper would be provided to the Committee for comment in advance of the January Board meeting, where approval for proposed changes would be sought.

Insurance Arrangements – Cyber Security

Following to the Committee's request to further investigate any risks associated with the provision of insurance arrangements in the area of Cyber Security, the Committee was assured that internal processes and links to the NHS Digital Service provided sufficient cover at the current time. An Internal Audit in this area is shortly to be undertaken as part of the planned cycle of audits for the 2021-22 period and any recommendations arising from this audit would be considered by the Committee in due course.

Budget Setting Process

The Committee was informed of the activities currently underway surrounding the preparations for the drafting of the 2022-23 Budget and took the opportunity to raise questions in order to be assured that there has been significant improvement on last year's budget activity.

Policy Reviews

It was reported that significant work had been undertaken in this area by both Corporate & Clinical Governance Teams in order to be assured that progress had been made in addressing those policies overdue or coming up for review; with 81% now in date and plans in place to address the remaining policies, based on their risk rating, within the next quarter.

Actions were taken away by owners of specific risk areas to complete their reviews within the required timeline.

Risk Management Quarterly Update

The Committee received a detailed report on the progress of improved procedures surrounding risk management, which included the roll out of a new reporting format developed within the reporting software and the adoption of new approaches to ensure that a consistent approach is taken to the reporting and updating of risks.
The Committee expressed concerns in regard to the number of lower scoring risks exceeding their review targets, but was assured that a high level of monitoring is in place.

Internal Audit

Our internal auditors reported that the internal audit timetable was being completed as planned and provided a findings report on the Risk Management and Board Assurance Framework audits and a progress report on Counter Fraud. There were no particular concerns and recommendations arising within these reports will be considered and managed by the Committee via their Third Party Actions Tracker.

Recommendations

The Board is asked to note the content of this report for information and assurance.

VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	9th November 2021
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	19 – Chairs Summary of Meeting
Presenter:	Amanda Cheesley
Notes:	Chair to provide a summary and close the in public meeting

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