PACK A

Board

8th February 2022

Items 1 - 13

BOARD MEETING IN PUBLIC				
Date:	**8th February 2022**			
Venue:	MS Teams (recorded to YouTube)			
Time:	**2:00 – 5:00pm**			
AGENDA				
			Paper/Verbal Presented by	**Approx. Timings**
1.	**Welcome and Apologies**			
2.	**Service User Story – Long COVID**		Wendy Best Gayle Bryant	30 mins
3.	**Declarations 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	
	2:30 pm	**CHIEF EXECUTIVE'S AND CHAIRMAN'S REPORT**		
4.	**Chief Executive's Briefing** To alert the Board to issues of significance not covered elsewhere on the agenda.		Janet Rowse Paper	15 mins
5.	**Chair and Non-Executive Directors' Report** To update the Board on matters not covered elsewhere on the agenda including updates from Members meetings.		Chair & NEDS Verbal	5 mins
	2:50 pm	**QUALITY: PATIENT SAFETY, EFFECTIVENESS AND EXPERIENCE**		
6.	**People's Council Update** To welcome the Chair, Claire Valsler, and receive an update on the activities of the group		Janet Rowse Paper	10 mins
7.	**Quality Reporting & Quality & Outcomes Committee Summary Report** To present to the Board on key items relating to Quality and provide assurance on the safe delivery of services, including the report and recommendations from meetings of the Quality & Outcomes Committee.		Paul May/ Mary Lewis Presentation and Paper	20 mins
8.	**Professional Council Summary Report** To present to the Board the Monthly activities and decisions from meetings of the Professional Council and review and approve the revised Terms of Reference		Mary Lewis Paper	10 mins
	3:30 – 3:40pm	**BREAK**		

9.	**Workforce Report** To update the Board on key Workforce related matters highlighting any areas of special achievement or concern. **9.1 Equality, Diversity and Inclusion Report and Update on Workforce Race Equality Standard (WRES)** To update the Board on progress on Equality, Diversity and Inclusion activities as well as against actions underway as part of WRES.	Sarah Margetts Paper	20 mins
	4:00 pm	**OPERATIONAL PERFORMANCE AND USE OF RESOURCES**	
10.	**Finance Report** To account to the Board for the financial performance	Clive Bassett Paper	10 mins
11.	**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
	4:20 pm	**CORPORATE GOVERNANCE / RISK / REGULATORY**	
12.	**Risk Register** To update the Board on the position of risks with a score of 15 or more	Mary Lewis Paper	10 mins
13.	**Finance and Performance Committee** To agree the functions of the Committee and appoint the Chair and membership	Janet Rowse Presentation	5 mins
	4:35 – 4:45 pm	**Public Questions (Submitted in advance)** **Questions will be dealt with earlier in the meeting, following the agenda items the questions relate to at the Chair's discretion.**	
	4:45pm	**CONSENT AGENDA ITEMS**	
14.	**Governance Procedures and Terms of Reference Updates** To approve the revisions to the Framework, which include: • Procedure for written decisions outside of Board and Committees meetings and Procedure for written decisions outside of Members meetings • Consent Agenda Procedure • Updated Board Terms of Reference • Peoples Council Charter/Terms of Reference	Exec contact: Julie Sharma	
15.	**Updated Declarations of Interest Register**	Exec contact: Julie Sharma	
16.	**Forward Board Planner 2022/23**	Exec contact: Julie Sharma	
	4:45pm	**CLOSE of PUBLIC MEETING**	

	4.45pm	**Private Session Items**		
17.	**Minutes & Actions from Private Meeting – 11.01.22** To consider and approve the minutes and actions as an accurate representation of the January 2022 meeting		Amanda Cheesley Paper	5 mins
18.	**Freedom to Speak Up Report** To present the Board with the high level findings on reporting since September 2021		Sarah Margetts Paper	5 mins
19.	**Risk Report – Private** To consider those risks not within the public report due to being sensitive in nature.		Mary Lewis/ Clive Bassett Paper	5 mins
	5.00pm	**CLOSE OF MEETING**		

	DATE	TIME	MEETING TYPE	VENUE
	3rd March 2022	**PM - TBC**	**Seminar**	**(BAWA, Southmead Road)**
	8th March 2022	**2 – 5pm**	**Confidential - Budget**	**MS Teams**
	12th April 2022	**2 – 5pm**	**Seminar**	**TBC**
	10th May 2022	**2 – 5pm**	**Public**	**TBC**
	14th June 2022	**2 – 5pm**	**Seminar**	**TBC**
	12th July 2022	**2 – 5pm**	**Confidential**	**TBC**
	9th August 2022	**2 – 5pm**	**Seminar**	**TBC**
	13th September 2022	**2 – 5pm**	**Public**	**TBC**
	11th October 2022	**2 – 5pm**	**Seminar**	**TBC**
	8th November 2022	**2 – 5pm**	**Public**	**TBC**
	13th December 2022	**2 – 5pm**	**Seminar**	**TBC**
	10th January 2023	**2 – 5pm**	**Confidential**	**TBC**
	14th February 2023	**2 – 5pm**	**Public**	**TBC**
	14th March 2023	**2 – 5pm**	**Confidential - Budget**	**TBC**

Board Report

Date	8th February 2022	**Agenda item**	2
Title	**Service User Story**		
Author	Wendy Best, Head of Communications, Media and PR		
Presented by	Wendy Best	**Version**	1
For	Approval/decision ☐ Debate ☒ Assurance ☐ Information ☒		

Purpose of the report

The Board is committed to ensuring the voice of the service user is heard at all levels and today Richard Walker joins us. Richard has Long Covid and has been supported by our Long Covid Clinic. He will be supported by Gayle Bryant from the service.

The report is to help the Board's further understanding of issues relevant to those using different services provided by teams in the community

Why is this report coming to the Board

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

People are at the heart of all we do and hearing experiences first hand informs decisions and approaches across 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

Conversations with Richard

What is the process the report has been through internally

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

Chief Executive Janet Rowse

Summary and Key Issues Highlighted by these teams, including mitigations

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

Background

Richard Walker from Bristol is 62 and is currently on a phased return to work as a Client Director. He first had Covid in March 2020 and has experienced symptoms since.

Key points

“In that period of darkness, Sirona was a beacon of light”, is how Richard sums up his experience with our Long Covid Clinic.

He says the Clinic has provided support and comfort with strategies to cope with the ongoing symptoms of the virus.

Although Richard didn’t need to be hospitalised, he did use a CPAP machine at home to improve his intake of oxygen.

He has been impressed by the wealth of knowledge the Long Covid Team has but importantly their empathy and understanding in their contact with him.

Richard will also share ideas on ways the service could improve.

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 report and recommend any steps it requires to be taken in light of the experiences shared.

Board Report

Date	8th February, 2022	**Agenda item**	4
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. Executive Visits

Members of the Senior Leadership are continuing with their series of visits to teams across Sirona to ensure there is greater visibility of leaders across all areas and to hear directly from colleagues about how it feels at the moment; the impact of the pandemic – negative and positive – so we can ensure these feature in our plans and priorities moving forward. Some of the themes to date include: the challenges around IT and wider Digital infrastructure; shortages of staff and concerns especially around turnover and retention and the impact of the staff shortages and increased demand on staff wellbeing and the challenges around estates especially our interface with NHS Property Services and other landlords.

We have also seen excellent examples from teams of how they are managing some of the challenges especially in relation to new ways of working in partnership with service users e.g. allowing individuals to choose for themselves if and when they require a follow up appointment; use of specialist teams to both support and upskill our integrated community teams and flexible patterns of work to both attract and retain people.

All of our findings will be collated and used to inform our Business Plan and priorities for 2022/23 which we are bringing to the Board in March.

2. Twelve Week Plan

Members of SLT agreed to adopt the 12 week plan approach during the height of the latest pandemic surge to ensure we retained a focus on our more immediate and short term priorities which was essential for us to meet the day to day demands and challenges we were facing. Despite needing to revisit our plans regularly as the unpredictability of the situation unfolded we have nonetheless achieved what we set out to achieve most particularly:

- Ensuring robust plans in place to deal with the pandemic and the winter surge including the re-establishment of our metallic structure to monitor progress and facilitate quick and agile decision making
- Continuing with key elements of our work to support our medium and longer term planning and priorities so we are in a strong position as we move out of the pandemic. In particular, these have included:
    - Finalising our work on delegations and governance arrangements post April to ensure that our localities are well equipped and supported to contribute to the Locality Integrated Partnerships which are to become the corner stone of system wide planning and delivery
    - Pulling together the outputs of meetings with colleagues and partners to ensure we have a strong vision for the next 3 – 5 years and key plans in place to deliver against this
    - Greater visibility of Senior Leadership Team members through a programme of visits and engagement events with teams across Sirona
    - Continued focus on quality and risk management through the further development of Ulysees and undertaking work with the Board on our overall approach to Risk
    - Further strengthening of our Governance arrangements through the ongoing recruitment and increased involvement of Members in key aspects of our planning and thinking for the future

- There are a number of areas that we are continuing to address including:
    - A focus on our demand and capacity modelling
    - Further work around our Admin Development Programme
    - Development of our Leadership and Professional Strategies
- Further work is now being undertaken to look at the priorities for the coming twelve weeks and a summary of these will be shared with Non-Executive Directors through the regular Chief Executive and Non-Executive Directors' briefing meetings.

3. #OneSirona Week

Sirona took part in a system wide initiative often referred to as a "reset week" where all organisations were asked to relook at the challenges we are all facing and identify potential new ways of working to help address these and what it would take to implement them. We called this our #OneSironaWeek.

While the initiative focussed on ensuring flow from our hospitals and therefore predominately involved our adult services, there was fantastic support given by all colleagues from throughout the organisation.

We are currently looking at all of the outputs from that week both within Sirona and with our system partners to explore what we can do together and any changes we need to make across whole pathways. During the week there were a number of improvements to our processes that we identified and were able to implement immediately; others will take a little longer. Although the challenges have not gone away, this has helped to pull together all teams across Sirona – within and between localities; children's services supporting adult colleagues; operational and corporate teams reviewing opportunities for change and ensuring we are making the best use of our shared talents and strengths as well as the deployment of specific resources.

4. South Bristol Community Rehabilitation Centre (Bristol City Council)

Board members are aware of plans being considered by Bristol City Council to close their Rehabilitation facility in South Bristol and for patients who would previously have been admitted to that facility to be cared for at South Bristol Community Hospital. We continue to be in discussions with the Council on the impact of this on staff currently employed by the Council and whether these staff could transfer to Sirona.

5. Integrated Care System (ICS) Update: System Operational Team

Urgent care services across Bristol, North Somerset and South Gloucestershire (BNSSG) continue to operate under extreme pressure. All the partners within the ICS are acutely conscious of the need to coordinate efforts in the face of escalating pressures due both to increased non elective demand, workforce gaps and shortages and the toll that the covid response is having on all staff and systems. In response a System Operational Team has been established from senior personnel already within the system who will report to System Gold, which is made up of all the CEOs of the Healthier Together partners. Representatives on this team include Jon Scott from NBT, Anne Clarke from South Gloucestershire Council, Chris Burton from NBT and Jenny Theed from Sirona.

6. Internal service pressures

Significant internal pressures continue to be experienced as a consequence of rising demand,

compromised flow in the system and staffing gaps due to sickness absence, high turnover rates and a limited labour market. More detail will be given by the Director of Operations in her performance report.

7. CQC Core Service and Well Led Inspection

The draft CQC report has been received following the unannounced inspection in December of two of our core services and our corporate Well Led domain. We are currently in the process of checking factual accuracy and developing action plans for a small number of issues which required prompt attention. The date for the public release of the report by the CQC is not yet known. The final report will be embargoed until it is formally published by the CQC.

8. Equality & Diversity

The Equality & Diversity Steering Group has not met since September 2021 due to the cancellation of non-essential meetings due to Covid pressures. Work continues however and this is outlined in detail in the paper later on the agenda. This includes an update on our WRES action plan.

The report identifies that unfortunately, due to confusion caused by the change in national publication requirements, Sirona did not publish our gender pay gap report on 2020 data by the required statutory timescale. This has now been rectified and the data has been published on our own website. Action is in place to prevent this happening again. The 2021 data report will be brought to the next Board meeting in March for publication by the April 2022 deadline.

9. Medical Appraisal and Revalidation

For this year, there have been seven positive Revalidation recommendations, all accepted by the GMC. There have been, after discussion with GMC, two deferrals for 12 months. One is from CCHP where not enough information had been presented to make a Revalidation decision and one from LD Psychiatry who had not been with us long enough to collect all the information needed to present for Revalidation.

Currently Sirona has 26 Doctors with a connection needing a formal, annual appraisal by Sirona. To date for the year 2021/22 twenty-two of the twenty-six Doctors have had an appraisal. Of the remainder, three have an appraisal scheduled by the end of January and one is due at the end of March for which reminders to book have been sent.

There are a further 37 doctors who work in Sirona clinics either as individuals or as part of MDTs. They have other Designated Bodies and are annually appraised by them. NHS England have advised that as a consequence of the Patterson Report, that each of these should have an annual mini-appraisal and that the Sirona Responsible Officer (RO) be informed of the outcomes of these and of the summaries of their main appraisals done through their designated bodies. Since the task of doing the assessments on these 37 doctors and co-ordinating these with their main appraisal summaries is likely to be too big a task for the Sirona MD/RO, alternative arrangements will be put in place for this to take place via the senior clinical departmental managers co-ordinated through the HR Medical Staffing lead.

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 information provided within this report.

VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	8th February 2022
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	05 Chair & Non-Executive Directors Report
Presenter:	Amanda Cheesley
Notes:	To alert the Chair to introduce the Chair and NED updates on any items not included within the meeting papers pack, including updates from Members Meetings

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Board Report

Date	8th February, 2022	**Agenda item**	6
Title	**People's Council: Update**		
Author	Janet Rowse, Chief Executive Officer		
Presented by	Janet Rowse	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ☒		

Purpose of the report

To brief the Board on the work of the People's Council.

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 on the work of the People's Council.

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 has been prepared by the Chief Executive on the basis of the last meeting of the People's Council

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

N/A

Summary and Key Issues

At the last meeting of the Peoples' Council held on December 1st, 2021, the Council signed off the role profile for the Chair of the Council, to which Claire Vasler has been appointed.

Amendments to the Charter (Terms of Reference) were also agreed. The amended Charter is included in the Consent Agenda for Board's ratification.

The group received a briefing on Information Governance and then reviewed progress against key aspects of their workplan:

- One of the pioneers (ie one of the members) of the People's Council described the work to support Sirona becoming Dementia Friendly and the work of members assisting with environmental audits in the inpatient units and the Urgent Treatment Centre and Minor Injury Units. Training packges are being developed to recognise delerium and to recognise when to screen for dementia. Action plans are now being developed to support our sites to become more dementia friendly.

- A detailed discusson was held about the concerns reaised by one pioneer at the previous meeing regarding the Single Point of Access (SPA) and the very poor experience that they and others had had. The lead for the SPA was in attendance and gave a detailed presentation on the underlying issues, how they have been addressed, and the current improved performance. She thanked the pioneers for their assistance reviewing the patient experience and revising the recorded telephone message. Both staff and pioneers had found the experience of working together very positive and a good model for future collaboration to improve services.

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 information provided within this report.

Board Report

Date	8th February 2022	**Agenda item**	7
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 November 2021 and January 2022. The December 2021 meeting was cancelled due to system Opel 4 escalation, some papers were therefore carried forward to January 2022.

The Quality Report for Quarter 3 can be viewed on Glasscubes via the following link:

https://sirona.glasscubes.com/cube/documents/153508/1556641?56

(N.B. This link is for Board Members only and is not accessible to members of the public)

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?
The Board is asked to note the report and be assured of the work of the Quality and Outcomes Committee.

1. Key points from the November 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 **agreed** to slight updates and amendments to the Committee Terms of Reference

- The Committee received an update about key **Quality and Operational emerging issues** including an **update about the Covid 19 situation**

    - The BNSSG system is now reporting an OPEL 4 escalation and the Sirona continues to be challenged to support specific asks. The Committee discussed that the BNSSG system needs to understand the potential impact on our other community services; and was assured that this information will be shared through the Quality Impact Assessment (QIA)..

    - Covid 19 continues to be a rapidly changing environment; as a system we are aware that we have been particularly impacted by the PCR testing scenario, particularity seen in school age children and this has had an impact on our capacity through absences.

    - The emergence of the new Omicron variant has led to a huge amount of activity with our public health colleagues and Sirona will be issuing new guidance.

    - The booster programme is being ramped up, everyone aged 18 - 39 is being encouraged to have a booster and the gap from the second dose is being reduced

from 6 to 3 months. The other impact to Sirona is that 12 – 15 year olds will be receiving a second dose; this is a huge ask of the School Imms Team. The system has requested funding for a vaccination workforce as part of the BNSSG Vaccination Programme as to sustain this work will be a huge challenge.

- It was noted that there has been anti-vaccination associated aggression towards the Imms Teams, and a high level of complaints and concerns, and physical demonstrations at schools; this is difficult for children and staff and there is a risk about this on the Risk Register.

- The Committee received the **October Quality Report.**

  - 734 incidents were reported this month which is higher than the monthly average of 681. Staff are actively encouraged to report incidents of all levels of harm and also factors affecting care delivery such as staffing capacity.

  - The number of 72 Hour Reports requested remains high but this is not converting into serious harm, however there is learning as a result of these investigations and a trend emerging that reflects the pressures on team in delivering care.

  - The Quality and Safety teams are supporting operational teams with these investigations as the operational teams are under significant pressure

- The Committee received the **Quarter 2 Clinical Records Group (CRG) Report.** The Committee heard that as part of the initial appraisal of possible software platforms for storage of video and audio, four providers were considered, and Sirona is taking forward discussions with two providers, pulling information from BI and establishing costs. The Committee heard that there is ongoing work to make changes and improvements to the inconsistent approaches that are currently in place with the primary work streams being described in the CRG Work Plan. This is a significant undertaking that will be carried out over a period of many months.

- The Committee received the **Quarter 2 Safeguarding Report.** The Committee heard that a key focus continues to be the Level 3 Safeguarding Children's training as it is understood that there are difficulties for staff when reporting the core and specialist level training by hours. There is an overlap as the ESR system may not reflect across to the Learning Management System and there is confusion with assignment levels. The Committee was assured that the Learning and Development Team are working to refine this.

- The committee received the **Quarter 2 Health and Safety and Security Report** and heard that In Quarter 2 the Health, Safety and Security (HS&S) team focused on updating the intranet content, providing support for our Covid 19 response, reviewing our fire safety policies, incidents of violence and aggression towards staff and reviewing building compliance.

- The Committee received the **CAS Alerts Report for Quarter 2** and was assured that no alerts have been missed and all have been responded to appropriately.

- The Committee received a **review of risks identified for oversight by the Committee**. As at the 15th November; 85 corporate risks and 48 local risks (as defined in the Risk Management Policy) were assigned to Quality and Outcomes Committee as the monitoring committee.

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

  The Committee was advised that work is taking place to pull together the Pulse Survey Results and discussed how Sirona is planning to share the information with staff in a way that is meaningful.

2. Key points from the January Committee meeting

- The Committee reviewed and updated the **Quality and Outcomes Committee Terms of Reference** following a few changes in the Senior Team. It was agreed that the ToR be reviewed following the discussion and agreement that the Associate Directors and the Quality and Safety Team are key contributors to the meeting and therefore should be included as members rather than attendees.

- The Committee received an **update about Covid-19 situation** and heard that in general the Covid case rates are extremely high but appear to have plateaued (except under 10s), however the numbers of people in intensive care in hospital are at the lowest that we have seen during the pandemic. It was however noted that one of our partner organisations reported their worst week ever for delays with ambulances queuing for very long periods of time, and that combined with the issues in Weston and the staffing issues, the situation is very serious and Sirona and the system as a whole is under extreme pressure.

  The committee heard that whilst the pandemic is not over, there is a feeling that we will need to start looking at how we live with Covid and what this means for Sirona as we move into the next phase.

  The Committee discussed that there will be difficulty for staff as within health care settings, mandatory vaccines, social distancing and mask wearing will still be very much in place plus there will be there will be complexities due to backlogs and we are therefore likely to see and more violence and aggression issues as people will be frustrated.

  The Committee was advised that following press reports about the care hotel, whilst the hotel is not staffed by Sirona, Sirona representatives are joining conversations with Clinical Commissioning Group (CCG) about how we, as part of the system, provide the best care possible for those being discharged.

- The Committee received an update about emerging **Key Operational Issues;**

  The feedback from One Sirona Week is being collated and the learning will be shared.

  Action plans to cover short and longer term plans (2, 6 and 12 weeks) are being put in place to support improvement to patient flow. This will specifically include work about Right to Reside.

  The ongoing issues and challenges in the North Somerset and Weston area were discussed and the Committee was advised that an Incident Control Centre (ICC) has been suggested to unlock and address issues and review the longer term operational plans to support.

  The Committee was advised that conversations are taking place with those staff who have not yet been vaccinated against Covid and processes are being put in place to ensure that Sirona is compliant with the mandatory vaccine legislation by the deadline of 3 February.

- The Committee received the **December Quality Report** including the **Quarter 3 Dashboard and Quarter 3 Report** and was assured that levels of harm remain low.

  The key points are:

  - The increasing number of COVID-19 incidents towards the end of the quarter
  - There were no outbreaks were reported during Quarter 3.
  - There has been a significant improvement with safeguarding core level three compliance having increased from 66% (average for core and specialist) in October 2021 to 76% for December 2021
  - North Somerset continues to be the area of most Section 42 activity.
  - Adverse event reporting continues to be strong with a steady increase noted within Children's Services.
  - There was a continuing trend of Significant Incidents reported during the quarter with low levels of harm attributable to Sirona. The numbers of incidents concerning staffing levels, and missed or delayed visits continues to be closely monitored during this continued period of system escalation.
  - Duty of Candour compliance has dropped during the quarter compared with Quarter 2.
  - There has been continued development of the Ulysses dashboards at both Sirona-wide and Locality level providing real time adverse event information and greater visibility of data for staff.
  - There were a total of 15 complaints during Quarter 3 one of which remains open. This is an increase from Quarter 2 which reported 9 complaints.
  - There was an increase in compliments received in Quarter 3 compared with Quarter 2.

- The Committee received an update about the **Action Plan for Looked After Children** and agreed that whilst the historic Contract Notice has been removed, the percentage of Initial Health Assessment (IHAs) and Regular Health Assessments (RHA's) within timescale needs improvement and therefore **agreed** that quarterly updates will about looked after Children will remain on the Committee work plan.
- The Committee received the **Medicines Optimisation Report** including key areas; storage of controlled drugs, antimicrobial stewardship, medicines reconciliation supporting safe transfer of care, reducing harm from omitted doses and sharing learning from medicines incidents.
- The Committee received the **Quarter 2 Infection Prevention and Control (IPC) Report.** The key points were:
    - One Covid-19 outbreak in the Integrated Nursing Team (INT) Severnvale. A 72 Hour Report followed and to ensure learning a number of actions were completed as part of an overall team action plan with advice from the IPC team.
    - Statutory Mandatory training compliance fell in Quarter 2 but early indicators for quarter 3 suggest this is now improving.
    - Standard Operating Procedures continue to be updated as necessary for Covid-19 in line with National Guidance that changes frequently
    - The Influenza and Diarrhoea and Vomiting Policies were reviewed and updated.
    - No IPC specific complaints were noted.
- The Committee received the **Quarter 3 NICE Guidance Report** and was assured that all relevant guidance has been acted on appropriately following triage. Of 65 pieces of guidance issued during Quarter 3 of those only 15 were deemed relevant to Sirona services. There were 9 pieces of relevant guidance for which a response is still awaited from services 1 that is on-going and 5 that were deemed compliant.
- The Committee received the **Review of risks identified for oversight by the Committee.**
    - 26 risks scoring 12 or above are assigned to the Committee as the monitoring committee
    - 1 new corporate risk has been assigned to the committee since the last report.
    - 6 risks have a current risk score of 15 or above (two less than reported in December).
    - No risks scoring 15 or above have an escalating score since the last report.
    - Following a discussion risks associated with safe staffing levels, it was agreed that this be a future seminar subject for the Committee work plan.

- The Committee received the **People and Development Group (PDG) update, and an update about the work in plan** including the **People and Development Dashboard.**

The operational members of the Group shared feedback and the Group as a whole discussed the priorities for the People and Development Team for year ahead, agreeing that the focus should be on retention, data at a local levels and streamlining processes (ESR etc.).

The Committee was advised that a dedicated Workforce Bureau was set up at to support requests and the need to redeploy people to different services whilst in the current period of escalation. Sirona also set up incentivised rates for staff offering to do the extra shifts required to maintain our services.

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.

Board Report

Date	8th February 2022	**Agenda item**	8
Title	Professional Council Summary Report		
Author	Mary Lewis, Director of Nursing and Quality		
Presented by	Mary Lewis	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

The purpose of this report is:

- To provide the Board with an overview of the activities of Professional Council
- To request approval of the revised Terms of Reference

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 is presented as a regular update from Professional Council, as described within the Corporate governance scheme of reporting.

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 (Interim Chair of Professional Council) as a culmination of the minutes and actions at the meetings. The revised Terms of Reference have been developed through discussions at the meetings and comments from members incorporated outside of the meeting for members' agreement.

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 is a summary report and as such has not been considered by other groups. .

Summary and Key Issues Highlighted by these teams, including mitigations

Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them
The key issues and summary are detailed in the attached report. The revised Terms of Reference are attached as Appendix 1 for the Board's consideration and approval.
Actions for the Board (including any decisions required and options for consideration)
Are there any matters that require a Board decision or discussion to address issues of concern?
The Board is asked to note the activities of Professional Council and to approve the revised Terms of Reference.

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

Resource implications (financial/staffing/other resources)
None
Quality considerations
Professional Council is a key part of the organisations corporate governance structure.

1. Background

Professional Council has met three times during the month of January 2022 in order to be in a position to respond to clinical issues and priorities during the escalation and Omicron surge pressures. Health and wellbeing updates and updates from system pathway groups and BNSSG Clinical Cabinet are standing agenda items for Professional Council and will not be noted specifically in this summary report.

2. Summary of Key areas

The following summarises items, papers and discussions that were undertaken by Professional Council during the month of January 2022. At each meeting in this time period the Terms of Reference for the council have been discussed in order to develop them to be available for presentation and approval to Board.

10th January 2022

- Band 4 Registered Nursing Associate competency framework to provide consistency across Sirona for training and support. The framework had been developed by a working group. Approach and framework was commended and agreed in principle with some further work to be overseen by the Medicines Optimisation group before final version in place. The piece of work would be noted by the Competency group also.

- A change to the delivery of statutory mandatory moving and handling training was agreed to tailor for staff require undertaking more complex manual handling and ensuring all staff receive training required for health and safety of both staff and patients.

- The key link between the Council and the Winter Assurance group and Surge / escalation planning and Sirona Silver meeting was highlighted and noted to be part of the overall governance during this period of time

17th January 2022

- An addition of Accessible Information Standard (AIS) framework training into mandatory training plan through an e-learning platform was agreed and noted to be part of a programme of work ensuring we move towards becoming compliant with the overall NHS compliance framework. Noted this will support in some way a move to a more consistent offer and experience for patients.

- Agreed participation in an established national research study linked to Sirona's Pulmonary Rehabilitation service, relating to strengths based training. Going forward the reporting from this study would be to the Research and Development group.

- A community nursing RAG rating framework for community nursing visit prioritisation and management was presented and discussed. It was recognised this was an important

developmental piece of work to support the standardisation and harmonisation across all the Integrated Network teams (INT) for nursing practice and while recognizing it is not a validated tool, plans were noted for audit and consistency checking. A similar piece of work is underway for the therapy caseloads in the INT, the aim being for these two frameworks to be integrated in line with the ongoing transformation of the INT ways of working. The framework to also be incorporated in the EMIS transformation plans.

24th January 2022

Due to sickness and diary clashes the meeting was noted as not quorate however discussion was undertaken to assist progression of pieces of work presented

- A therapy RAG framework that is being developed was presented for information and discussion. The framework is at the stage of being tested and views sought while plans to integrate with the community nursing framework in the INT's were noted. The meeting supported the direction of travel and noted the steps being taken to continue this work and oversee timescales. Professional council scheduled an update on the integration of the professional agendas demonstrated through the frameworks for a future agenda item.

3. Recommendations

i. To note the activities and business of the Professional Council for the month of January 2022

ii. To approve the revised Terms of Reference as presented.

Terms of Reference

Professional Council

Version Control:

Version	Date	Author	Owner	Status (Active or Dissolved)	Review Date
2.0	Feb 2022	Mary Lewis	Director of Nursing	Active Draft	

Approval Process:

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

Name	Position	Signature	Date
Amanda Cheesley	**Chair, Board of Directors**	*Amanda Cheesley*	1**8.01.22**

Purpose *(the why and how)*

The Sirona Professional Council has three core functions:

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

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

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

- To oversee and provide a co-ordinated clinical response and assurance on the delivery of services:
  - Supporting clinical decision making – from individual complex cases to wider service developments
  - Identifying and supporting the management of clinical priorities
  - Make recommendations following presentation of clinical or professional queries and record these and the discussions relating to them.
  - To identify new risks relating to clinical service/ delivery and to provide feedback or make recommendations to risk responsible managers in support of the management of new or known risks relevant to the work of Professional Council. In addition Professional Council will

escalate concerns relating any risks within its scope of concern to the Board.

- To provide clinical guidance and assurance to Senior Leadership Team (SLT) and the Board
- To identify and respond to key ethical challenges and provide advice, support and assurance to staff, SLT and Board about this
- To give, receive and understand guidance to and from BNSSG Clinical Cabinet as required
- To ensure clear / effective communication of clinical guidance and the activities and business of Professional Council to the relevant areas of the business and to the whole organisation as relevant in a timely manner.

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

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

SCOPE

All clinical activity related to Sirona delivered services

PRINCIPLES FOR ESCALATION TO SLT AND THE BOARD

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

REPORTING COMMITTEES/GROUPS

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

- Operational and Corporate Delivery Groups
- SLT
- Subject Matter Clinical groups when recommending significant policy / pathway changes
- Resource Allocation Group (when established)

The Professional Council will have a key relationship with the BNSSG Clinical Cabinet through the membership of the Clinical Executives in both forum. .

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

Frequency of meetings is determined by clinical needs on a flexible basis. The minimum frequency of PC is monthly, but at times of escalation this is adjusted to reflect the needs of the organisation. The standing agenda is provided at the end of the Terms of Reference, but is subject to change. Regular attendance by Medical Director PA to take minutes and record actions. If PA not available alternative support to be identified.

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

The core Professional Council Team is:

Role
Medical Director (Chair)
Director of Nursing (Vice Chair)
Director of Therapies
Director of Operations
Chair/ Non-Executive Clinical lead
Associate Director for Service Transformation
Senior Pharmacist (Medicines management representative)
PA representative
In attendance
Head of Quality Improvement and Patient Experience
Head of Clinical Governance
Children's Operational Representative
SASS Operational Representative
Adult's Operational Representative
People and Development Representative
Director of Finance
Rotating members

Professional Council will offer 3 memberships on a rotating annual basis for the purposes of development opportunities for interested prospective members, and ensuring breadth of clinical perspectives in PC consideration. Potential members can be nominated by operational representatives and nominations will be considered and agreed by core members. Core members will consider how equitable opportunities are for individual and how the needs of services to be reflected is captured.

The membership may extend to others as required in relation to specific topics or areas of focus.

QUORUM

The group will be quorate when 2 or more directors are present and at least 5 in total.

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

Identify key communication issues, actions and messages information, implementation and where relevant for escalation and to cascade to relevant specific staff groups where appropriate.
Ensure an open culture within Professional Council with access to minutes, papers and key decisions for information and interest, as well as action.
External communications as relevant and necessary in relation to topic area.

GDPR

Privacy Notice for attendees

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.

Individual's Rights
In accordance with the Data Protection Act 2018 individuals have rights, including a right of access to personal data that is held about them. Therefore, if the meeting is intending to discuss and record information about individuals (data subjects), then the above Act of legislation will apply.

Notification of recording, (including Video Conferencing)
If the meeting is to be recorded then all those attending the meeting must be notified in advance of the intention to record proceedings.
Any objections to recording must be considered by the Chair and the Chair will ultimately decide whether the recording is appropriate in light of any objection.
The Chair of the meeting will make it clear to all attendees if recording will be happening and outline our 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.

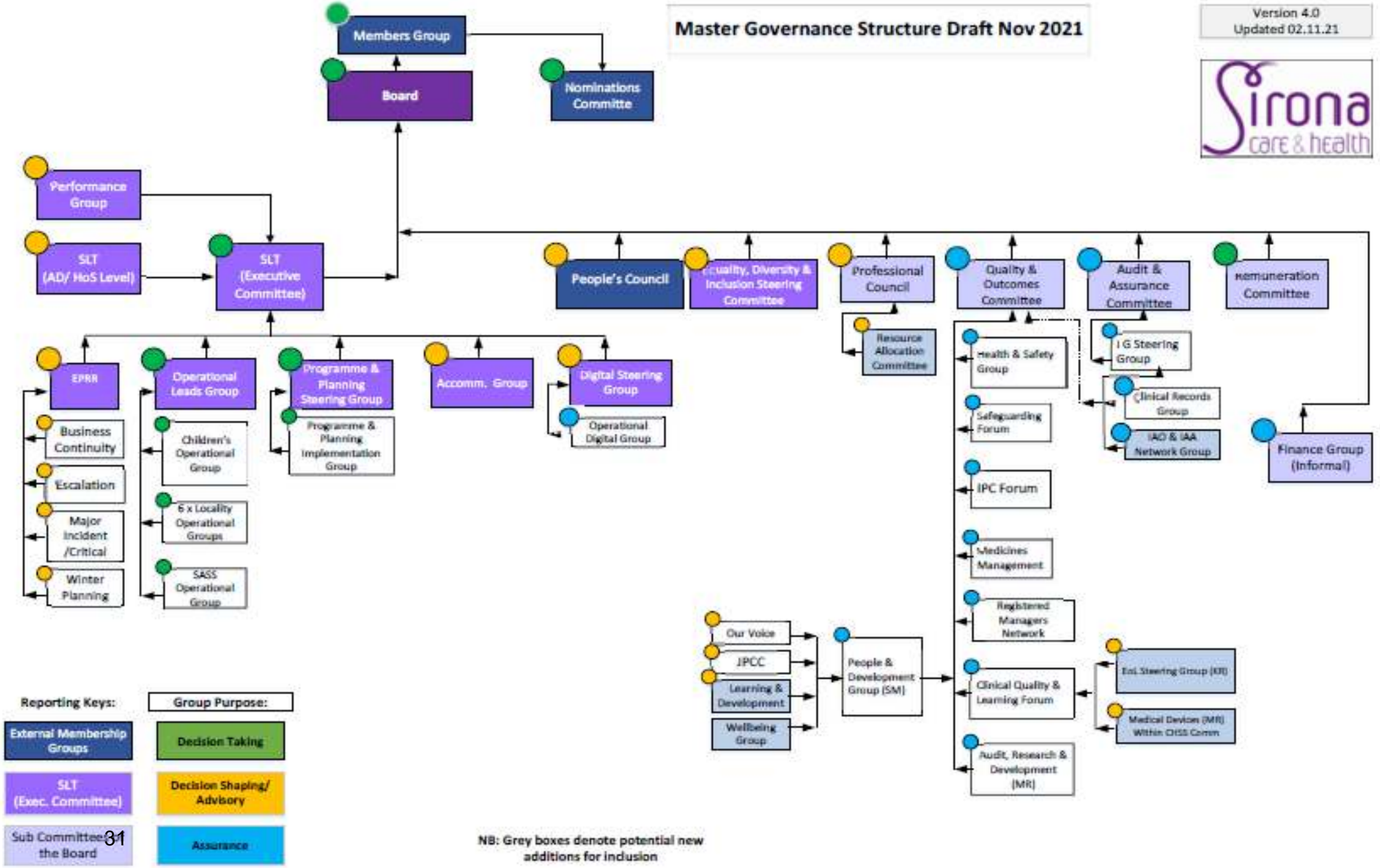
Meeting participants should be informed that when meetings on MS Teams are recorded, the resulting video file is stored on the NHSmail cloud for all in the NHSmail population, i.e. nationally available to the NHS Mail network.
This means that the following elements **should not be included** in external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

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

Standing Agenda Items

Item no.	Detail
	Professional Council main meeting
1.	**Welcome and apologies**
2.	**Review of action log**
3.	**Clinical areas for decision/discussion/update**
4.	**System or service pathway updates** **Update from BNSSG clinical cabinet** **Update from Operational Leads Group**
5	**Ethical Challenges** **Health and Wellbeing**
6	• **Risks and issues identified for escalation**
7	• **AOB**

Appendix 1


Master Governance Structure Draft Nov 2021
Version 4.0
Updated 02.11.21
Sirona care & health
Members Group
Board
Nominations Committe
Performance Group
SLT (AD/ HoS Level)
SLT (Executive Committee)
People's Council
Equality, Diversity & Inclusion Steering Committee
Professional Council
Resource Allocation Committee
Quality & Outcomes Committee
Audit & Assurance Committee
Remuneration Committee
EPRR
Business Continuity
Escalation
Major Incident /Critical
Winter Planning
Operational Leads Group
Children's Operational Group
6 x Locality Operational Groups
SASS Operational Group
Programme & Planning Steering Group
Programme & Planning Implementation Group
Accomm. Group
Digital Steering Group
Operational Digital Group
Health & Safety Group
Safeguarding Forum
IPC Forum
Medicines Management
Registered Managers Network
Clinical Quality & Learning Forum
Audit, Research & Development (MR)
I G Steering Group
Clinical Records Group
IAO & IAA Network Group
Finance Group (Informal)
Our Voice
JPCC
Learning & Development
Wellbeing Group
People & Development Group (SM)
Reporting Keys:
External Membership Groups
SLT (Exec. Committee)
Sub Committees of the Board
Group Purpose:
Decision Taking
Decision Shaping/ Advisory
Assurance
NB: Grey boxes denote potential new additions for inclusion

Board Report

Date	8th February 2022	**Agenda item**	9
Title	**Workforce Update**		
Author	Sarah Margetts, Director of People & Development		
Presented by	Sarah Margetts	**Version**	1
For	Approval/decision ☐ Debate ☒ Assurance ☒ Information ☒		

Purpose of the report

This report is intended to provide Board assurance in relation to effective oversight of our workforce priorities, highlighting the significant investment placed on support and development of our staff and summarising the work of the People & Development team in achieving these objectives. This report also includes key data relating to our workforce. The Board are asked to review this report and provide any feedback at the Board meeting.

Why is this report coming to the Board

For assurance and information.

Related Risk No. (If applicable)	

How has this report been developed

This report is prepared by the Director of People & Development with the content produced by individual teams and the People & Development Senior Leadership Team; Sarah Osborne, Head of Resourcing & Systems, Kemi Oladapo, Head of Learning & Development, Nicky Shipman, Head of HR and Ticki Toogood, Head of Organisation Development. Workforce data has been taken from a variety of sources, including the Electronic Staff Record (ESR), the HR system used by Sirona and the rest of the NHS.

What is the process the report has been through internally

The content of this report has also been shared with the Quality & Outcomes Committee.

Summary and Key Issues Highlighted by these teams, including mitigations

The report includes the significant work taking place around resourcing to ensure we are able to support the significant workforce recruitment challenges faced by the NHS. This includes international recruitment and a number of significant campaigns underway. It highlights the specific challenges we are facing in Sirona around our staff turnover and the work we are doing to focus in particular on staff engagement and retention.

Our learning and development offer is also key, as we continue to develop career pathways and learning opportunities for our workforce to ensure they are developed and have the skills and competencies for their roles, and that we are putting significant effort into 'growing our own' workforce for the future through apprenticeships and student placements. We have also launched a range of management development programmes to support managers in their own development, and this has been incredibly well received.

We are also putting considerable investment into efficient and effective systems and processes including a large scale roll out of e-rostering across the organisation, and a new project is underway to streamline and automate our induction and on-boarding process for those joining Sirona.

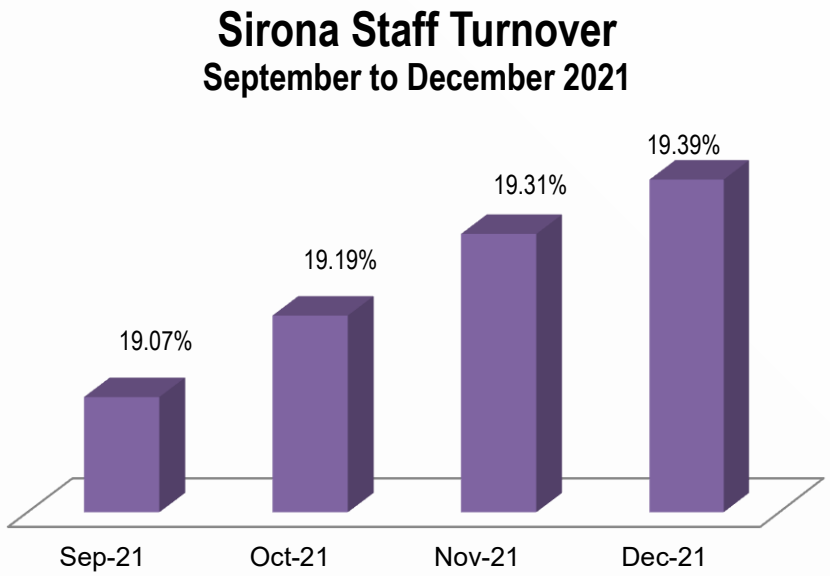
The report also highlights the additional challenges that we are managing around mandatory vaccinations for NHS staff, and increasing levels of stress and anxiety amongst our workforce. The report highlights the work we are doing to support colleagues with this, in particular our staff wellbeing offer, with a particular focus on mental health and trauma support.

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

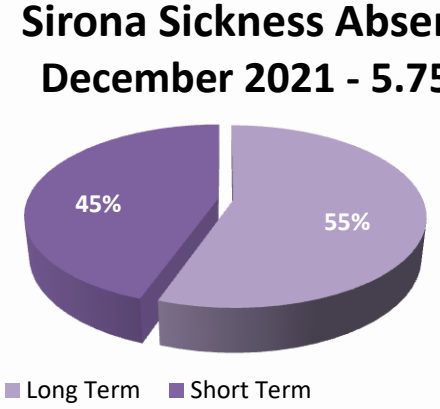
The Board is asked to note the report.

The Board should also note that this dashboard is being refreshed over the coming weeks in order to provide a greater level of detail to the Board around our key workforce metrics and this will be shared at the next Board meeting.

People & Development Dashboard



Absence Reason	FTE Days Lost	Abs Estimated Cost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	12,136.97	£1,227,915.59	29.7
S13 Cold, Cough, Flu - Influenza	7,806.32	£811,360.83	19.1
S12 Other musculoskeletal problems	2,973.10	£249,517.57	7.3
S98 Other known causes - not elsewhere classified	2,682.53	£234,541.62	6.6
S25 Gastrointestinal problems	1,846.99	£173,695.48	4.5
S28 Injury, fracture	1,589.06	£142,156.38	3.9
S30 Pregnancy related disorders	1,382.38	£133,751.48	3.4
S99 Unknown causes / Not specified	1,374.73	£97,648.00	3.4
S11 Back Problems	1,370.94	£136,355.21	3.4
S17 Benign and malignant tumours, cancers	1,253.32	£116,783.80	3.1



Sirona Monthly Trajectory

Accreditation	May 2021 Actual	June 2021 Actual	July 2021 Actual	August 2021 Actual	September 2021 Actual	October 2021 Actual	November Actual 2021	December 2021 Actual
Awareness of Prevent - WRAP (Level 3)	96.33%	94.94%	96.55%	96.88%	96.34%	97.32%	96.84%	95.83%
Basic Prevent Awareness	95.89%	97.12%	97.00%	96.77%	96.28%	96.86%	96.97%	96.94%
Conflict Resolution Level 1	98.22%	98.52%	98.62%	98.59%	98.04%	98.35%	98.42%	98.00%
Equality Diversity & Inclusion	96.88%	97.38%	97.37%	97.31%	96.07%	97.83%	97.92%	98.13%
Fire Safety	90.92%	89.45%	89.66%	88.98%	88.67%	93.64%	95.76%	95.97%
Health, Safety & Welfare	94.79%	95.99%	95.99%	96.35%	95.29%	97.51%	97.76%	97.66%
Infection Prevention and Control Level 1	92.22%	94.30%	74.89%	72.11%	84.59%	90.18%	94.10%	95.09%
Infection Prevention and Control Level 2	82.36%	89.75%	88.91%	89.15%	87.34%	90.43%	93.03%	92.87%
Information Governance	95.06%	98.26%	96.23%	94.28%	92.39%	94.73%	95.72%	95.88%
Moving & Handling Level 1	90.28%	92.36%	79.20%	77.38%	88.69%	93.70%	96.02%	96.32%
Moving & Handling Level 2	64.42%	69.70%	61.66%	64.29%	67.97%	78.06%	83.53%	85.55%
Resuscitation Level 1 & 2	86.93%	89.63%	90.07%	89.94%	86.10%	89.76%	91.57%	92.29%
Safeguarding Adults Level 1	89.92%	90.65%	90.76%	91.03%	89.79%	91.60%	92.94%	93.65%
Safeguarding Adults Level 2	94.47%	93.63%	94.67%	94.43%	91.03%	93.63%	93.54%	94.38%
Safeguarding Adults Level 3	55.70%	57.19%	63.16%	62.33%	61.24%	63.43%	65.76%	65.44%
Safeguarding Children Level 1	87.18%	88.13%	87.79%	88.58%	87.14%	89.91%	91.00%	91.68%
Safeguarding Children Level 2	92.13%	89.63%	90.55%	89.48%	85.34%	88.29%	87.99%	89.46%
Safeguarding Children Level 3 - Core	57.22%	59.80%	65.57%	65.79%	68.88%	66.61%	64.87%	76.64%
Safeguarding Children Level 3 - Specialt	61.29%	60.75%	63.07%	62.24%	65.53%	66.89%	70.50%	75.84%
Safeguarding Children Level 4	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Learning & Development

Achievements:

- ✓ Successfully welcomed 36 new Clinical Staff and 12 new Non Clinical Staff through virtual induction
- ✓ First session - Line Management Induction training with positive feedback
- ✓ All new nursing apprenticeships started
- ✓ Successful launch of our new 'Leading Personally' mid manager development programme

Making progress

- ❖ Non-clinical training matrix
- ❖ Individual staff training reports in Learning Management System
- ❖ BAME student journey project with UWE – results coming in Jan
- ❖ Placement Expansion Project

On the horizon

- ❖ Level 3 Safeguarding Training Drop in Clinics
- ❖ New look Fire Safety Training
- ❖ Numeracy champions
- ❖ Podiatry apprenticeship
- ❖ Speech & Language Therapy (SALT) apprenticeship
- ❖ Apprenticeship celebration event
- ❖ T Levels
- ❖ Resourcing/on-boarding and induction streamlining project

Human Resources

Achievements

- Supporting the Sirona induction to provide a presentation, promoting and advising on HR Operations Support available to all employees
- Continued to provide support to managers with regards to the ongoing PDR process offering coaching and support where needed.
- Providing support to managers and employees on vaccinations in care homes
- Line Manager support sessions held across localities

Making good progress on:

- Support with Staff Retention Group
- Line Management Induction and Training Programme and toolkits
- Support with transformation and consultations across the organisation
- DBS Review process
- Working in partnership with Trade Union Colleagues to develop clear guidelines and principles and policy for organisational change and consultations
- Processes for medical staffing
- Recruitment to HR Admin position
- Annual Leave year change project
- Professional Registration reporting and support with lapses
- Mandatory vaccinations for all health care workers

On the horizon:

- Job Description, templates and introduction of shared database with Resourcing and Job Matching training and refresher sessions
- Toolkits
- HR Policy Reviews

Resourcing

Work completed:

- New recruitment processes to align with new mandatory Covid vaccination guidelines for staff working in care homes
- Successfully submitted bid and received funding of 50K upfront and 3K per nurse recruited from HealthTrust Europe and £125k Support Worker funding
- Relocation Expenses policy and process launched
- External careers event at Cribbs Causeway on 6th December
- 12 external SCPHNs and 9 internal students recruited and cleared to start 3rd January
- 130 payroll changes to go through for January payroll

On the horizon:

- Move to new NHS Jobs portal in April 22
- Engagement with Year 2 students during placements
- Recruitment Campaign for SBCH
- Director Recruitment including an additional Non-Executive Director, and replacement of Medical Director and Head of Operations posts
- Consultant Paediatrician Recruitment (3 Roles)
- Members of resourcing team to support on dedicated Workforce Bureau

Making good progress on:

- International Nurse Recruitment – first CV of suitable nurse received and all paperwork to recruit from Philippines completed and returned to Yeovil, Rehab Units have also signed off Yeovil's interview process
- Expansion of recruitment attraction campaign (to add to current bus & social media campaigns) to include extension of bus campaign and a new radio advert campaign to go live in February
- Updating Safer Recruitment Policy
- Live recruitment for new Director of Digital post
- Recruitment of new Designated Doctor for Looked After Children, interview date 23rd February
- Implementation of new annual leave year – changes to employment contracts and set up in ESR
- 45 external new recruits planned for February induction with more to be added
- Key project planning for Resourcing team

HR Systems

Work completed:

- Clevedon and SBCH payroll now live and December has been processed
- Premium uplifts have been assigned to all Bank weekly workers in ESR and HealthRoster.
- HealthRoster Intro, fundamentals and Employee Online now available to be assigned to users in LMS
- Moving the ESR and E-roster intranet pages to Workplace internal social network
- Processing WTD opts out from Ulysses and adding to ESR
- Payroll configuration for Christmas pay in Allocate

Making good progress on:

- Implementation of E-rostering for South Glos. INT therapy South. Due to go live 3rd Jan
- Annual leave date change to 1st of April
- The creation of LMS training courses for E-rostering with the Digital training team
- Creation of new process with Digital to request Manager ESR access for new starters and internal transfers/promotions
- Updating Organisational structure in Allocate to match ESR
- Updating OOH roster and creating roster for the NS and SG OOH teams. Jan 22 go live
- Supporting Mass Vaccination programme including creation of vaccinator rosters & providing bank vaccinators
- SPA restructure in Allocate. Go live Jan 22
- Loop user testing

- Processing pay for Premium uplifts for weekly bank
- Adding Premium uplifts for monthly bank workers in ESR and HealthRoster

On the horizon:

- Data cleansing ESR and Allocate systems
- MSK restructure in ESR and Allocate
- Roll out of Loop which will replace Employee Online
- Updating ESR training for managers and rolling it out
- Working with Digital to implement the directory
- Piloting Team based rostering
- Implementation of E-rostering for remaining INT units
- Updating ESR training material and revamp of ESR LMS courses with digital training

Bank & Agency

Work completed:

- Bank recruitment restarted for North Somerset, Bristol North & West and South Glos.
- 11 bank workers to attended Induction in Dec
- 12 bank workers due to attend Induction in Jan
- 13 applicants currently being processed for Feb
- Bank |Team Brief / news letter restarted & now included clinical update

On the horizon:

- Move to new NHS Jobs portal
- LOOP to replace messaging via Employee Online for Bank staff.
- Engagement with Year 2 students during placements
- Widening of Bank worker engagement campaign to increase shift fill
- Implementation of recording of Covid vaccination status for Bank & Agency workers & control of shift access for non-vaccinated workers.

Making good progress on:

- Bank Support ESR process in WFB with completing work and training
- Supporting North Locality in ICC – looking for admin and RN support
- New recruitment processes to align with new mandatory Covid vaccination guidelines for staff working in care homes
- Bank Immunisation Nurse & Support Worker Campaign for School Aged Children for Sept 21 intake
- Bank – Mandatory training non compliance rates continue to rise – working with L&D to manage this. Ongoing staff engagement and removal of non engaging staff and staff who have not worked for 6 months should help with this data
- Bank – Flu vaccination programme – bank staff engagement ongoing
- Refreshed Bank Worker engagement campaign launched & ongoing
- Updating Bank and Agency Recruitment Policies
- Updating Safer Recruitment Policy
- Bank Adverts particularly Schools Imms Nurses

Organisation Development

Work completed:
CQC inspection, evidence and interview
Organised REACTMH training (inc. funding from HTSN)
Winter Planning & reprioritisation

Making good progress on:
Winter Bureau and redirection planning and covid reporting
SLT Staff Engagement sessions
Development of standardised admin job descriptions
Team Support - SPA Wellbeing Training and evaluation
Promotion of Wellbeing Conversations Winter Priorities
Protecting the mental health/psychological safety of staff
Work with the Healthier Together Support Network for Trauma Support service and pathway
Winter Wellness Posters to be distributed across the estate
Help to ensure that basic physical needs are met.
Work with HR resourcing and HTSN on options for Psychosocial Support for Overseas Nurses
Our Culture and Values review themes to Board
Managers Brief
Director & NED candidate application packs
Distribution of Water Bottles
Itchy feet evaluation
INT/LARC redesign
Workplace internal social network development and launch
Lessons Learned for Transformation support – POD team
Hybrid Working - visioning seminar and booking system
SPA Review

On the horizon:
- REACTMH Training and train the trainer programme
- Rollout 'Supporting your Wellbeing' Training (Feb/March)
- Coaching through Covid/BNSSG coaching project
- NHS Staff Survey – initial review and action plan
- Disability Confident employer status
- Quality Account – quarter 3
- Stepping Up programme - 2 delegates
- WRES report
- Just and Learning Culture
- Hybrid Working – space planning and booking
- Review of Sickness Absence Managers Toolkit
- Pronouns email signature template
- Coaching sessions for Network Chairs
- Promoting Allies for Staff Networks
- HR & EDI Dashboards

Board Report

Date	8th February 2022	**Agenda item**	9.1
Title	**Equality Diversity & Inclusion**		
Author	Wilma Adams Equality, Diversity and Inclusion Workforce Lead Fiona Spence Equalities & Community Development Manager		
Presented by	Sarah Margetts, Director of People and Organisational Development	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

This paper is to assure the Sirona Board of the progress and plans of the Equality, Diversity and Inclusion (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)	12 - Equality and Diversity 166 - Stress on BAME colleagues related to Covid **New risks:** 468 - Risk of non-compliance due to inconsistent approach to Patient EDI data 469 - Risk of inequitable access to services due to gaps in information and understanding of Patient EDI data

How has this report been developed

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

In consultation with the Head of Organisational Development, the Director of People and Organisational Development and the Chief Executive.

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
Due to the EDI Steering Committee meetings having been suspended, this paper has not been taken to the Committee for review prior to submission 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
Key areas of progress for the steering committee include: - a review of EDI online training to make recommendations for improvement - Revising our EDI policy - improving our Equality Monitoring gaps on our staff recording system (ESR) - Education and Development of our Colleagues our networks - Increasing staff awareness of our responsibilities and commitment to EDI through The paper also highlights issues regarding statutory reporting. The Gender Pay Gap Report 2021 was not submitted by the statutory deadline however this has been rectified and arrangements put in place to ensure this does not re-occur. Progress on actions with staff networks and workforce developments is outlined, with no areas of concern to highlight. The paper also gives an update on the commencement of a substantial work stream around health inequalities to develop and roll out new templates for our EMIS patient record systems.
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?
Board is asked to note the report, in particular that arrangements have been made to ensure the process for reporting is revised to prevent late submission of statutory reporting. Board is also asked to note that close attention will be needed in order to monitor both the progress and the associated risks from the health inequalities project that has commenced. Due to wider system level changes at ICS level, there is a need to further understand and develop our internal plans and aspirations to synchronise with our system partners developments. In particular it is important to align with system level data in order that we can demonstrate our understanding of local and wider population health data. This in turn will help us develop intelligent internal systems in challenging and reducing health inequalities in our communities.

1.0 Equality Diversity & Inclusion Steering Committee

The EDI Steering Committee last met in September 2021. The meetings have been postponed due to system escalation and internal priorities and pressures including CQC inspection. However a number of key areas of work are progressing well.

The preparation for the CQC inspection highlighted our EDI progress and the areas requiring further development to improve outcomes for our workforce and communities.

Key areas of progress for the steering committee include:

- a review of EDI online training to make recommendations for improvement
- Revising our EDI policy
- improving our Equality Monitoring gaps on our staff recording system (ESR)
- Education and Development of our Colleagues our networks
- Increasing staff awareness of our responsibilities and commitment to EDI through

2.0 Statutory Reporting

The reporting timelines for both WRES and the Gender Pay Gap reports have been affected by the pandemics. This has included a suspension in submission and delays and changes with methods of reporting. Due to confusion with submission dates we have unfortunately made a late submission for our 2021 Gender Pay Gap data and missed the statutory deadline. This has now been rectified. The Gender Pay Gap report for 2021 will be shared with Board in March 2022.

2.1 Workforce Race Equality Standards

Sirona last submitted the Workforce Race Equality Standards (WRES) Report 2019 – 2020. A postponement has occurred for 2020 – 20021submissions. The WRES Regional and National team have informed us that Sirona's submissions have been historically on NHS Trust templates. As an Independent Health Provider (IHP) we should be using an IHP template. Our data has never been collated in any National Summaries or Reports from NHS England and Improvement. We are still waiting for the release of the IHP WRES template. Our concerns have been raised at System level and re-escalated regionally and nationally

Please see last Appendix 1, **WRES Report Action Plan** and the addition of 2020-2021 RAG Key. We need to resolve the gaps in our ESR data to give us clarity on the disparities and areas to improve.

We are actively participating in monthly EDI Leads System level meeting, contributing to the 3 key priority areas: -

1. **Fairer recruitment:** We are part of a pilot project to address systemic challenges to recruitment across our system. This will involve further training for managers, and collaborative work to develop an inclusive recruitment panel to support race equality targets.
2. **Talent Management:** we are sharing any development opportunities with our BAME staff and will share details for them to be part of the Talent Pool
3. **Network Support,** we are supporting our Network Chairs in collaborating at system level and aiming for protected time for planning and skills development.

2.1 Education and Development

The education and development of our staff remains an area of focus to develop our staff as well as our future leaders. The details of our current focus are detailed below:

Stepping Up Leadership Programme: We have one candidate completing Cohort 4. December saw the launch for Cohort 5 with our offer to sponsor 2 candidates.

BAME Healthcare Student Support in Practice: The Anti-Racist Pledge Posters are being circulated and Sirona Staff workshops took place in November to explore the journey a BAME students experience in practice. The workshop was described as informative with opportunity to explore inclusive leadership.

Believe: A Race Equality Talent Development Programme for BAME staff. We will be promoting this positive action Programme for Bands 5 - 8a or equivalent.

Induction: We are ensuring that we share the importance of everyone's EDI responsibilities during induction for all staff as well as attending the new manager's induction to raise awareness and understanding.

2.2 Our Colleagues & Networks

The support of our networks during our current times of challenge remain a priority and we were delighted that our representatives contributed positively to our CQC interviews sharing their experience and strategic input.

We aim to increase our Colleague Experience feedback and the Network Chairs will join the Our Voice Chair with our Director of People & Development which will then feed into Quality & Outcomes committee quarterly.

- January saw the first joint Network meeting this was a great opportunity for members to meet each other.
- The Disability and Long-Term Condition Network will be involved in our aim to achieve Disability Confident Leader Status (Level 3). Guidance will be attained from The West of England Centre for Inclusive Living (WECIL) and our Resourcing Team.
- Network representatives have shared their experience being a Network member during Corporate Induction presentation on EDI and Staff Networks. Resulting in new Network members particularly our Disability and Long-Term Condition Network.
- 18th November –18th December Disability History Month, we are proud to be a care and health provider that has a diverse workforce. We promoted local and regional webinars through our Communications team and an article was shared in Decembers Team Brief using infographics explaining Disabilities and long-term conditions, useful links and the request for to staff to share their disability status on ESR.

Mandatory Staff Covid Vaccinations

EDI Workforce Lead is a member of the working group ensuring there is equity for our under represented colleagues. Our Equalities Community Manager has assisted with the Equality Impact Assessment (EIA).

International Nurse Recruiting

EDI Workforce Lead participated in the Focus group with equality's lens in the selection of the Pastoral Care Manager in preparation to the recruitment of International Nurses.

Workplace

EDI Team and staff networks are co-developing their channel and sharing documents for the Knowledge library. The Staff Networks were involved in the Equality Impact Assessment for Workplace.

3. Our Communities

Vaccinations

As a result of system pressures, an important focus for the Communities and Partnerships Team has been to support the local Covid vaccination programme. Alongside our central teams delivering the vaccine, the Health Links Team has continued to provide essential interpreting and advocacy

support to communities who face language barriers to health services. Joint work with the recently CCG commissioned Caafi Health service and the Health Links team has ensured a local community based response to vaccination take up, including pop up clinics in local community venues and faith based venues to encourage greater take up of the Covid vaccine.

Partnership working

The Sirona Bladder & Bowel (BAB) service has successfully been awarded funding to deliver a one year community engagement project, by Bristol Health Partners. In conjunction with the Health Links team, and wider input from University of West of England's Centre for Health Research on Continence, an ambitious program is currently being developed to raise awareness around Bladder and Bowell health for the female Somali community. This project will not only support the BAB team with an innovative platform for community engagement, it will also provide other teams in Sirona with valuable resources and training opportunities to deliver culturally confident service delivery across our diverse speaking communities.

Health Inequalities

A substantial work stream has commenced to develop and roll out new templates for our EMIS patient record systems. This will ensure we are compliant for the NHS Accessible Information Standard (AIS), which requires all NHS funded and Adult Care organisations to ask and flag the needs of patients, and children who have additional sensory and communication support needs.

An additional template is being developed and piloted to begin a consistent approach to supporting our teams to collect equality and diversity patient information, with a particular emphasis on ethnicity recording, as stipulated in the NHS Health Inequalities Guidance.

This is a large scale long term strategic programme of work, that will support our teams and Sirona to play our part in intelligently recording and using our data at a system level. It will also provide valuable opportunities to our teams in utilising new resources via the new Workplace platform, which positions EDI as a central area, thus ensuring a more consistent 'golden thread' is established to advance equality of opportunity for our workforce, as well as our communities.

This is the first time that new risks have been entered in relation to compliance and the risk of inequitable access and service provision.

These risks will now be rigorously monitored by the EDI Steering Committee in line with other organisational risks in relation to both communities and workforce:

<u>New risks:</u>
468 - Risk of non-compliance due to inconsistent approach to Patient EDI data
469 - Risk of inequitable access to services due to gaps in information and understanding of Patient EDI data

Sirona care & health

Workforce Race Equality Standard

Report and Action Plan 2020/21

Introduction

The Workforce Race Equality Standard (WRES) has been developed as a tool to measure improvements in the workforce with respect to Black & Minority Ethnic (BME) staff.

It is an NHS initiative that has been created by the national NHS Equality & Diversity Council through collaboration with NHS staff and independent researchers. As a non-NHS organisation which provides NHS funded services to the communities of Bristol, North Somerset and South Gloucestershire we welcome the opportunity to use this tool to show, transparently, where improvements need to be made to ensure a culture of belonging for all staff.

Our Values

At Sirona care & health we live our Taking it Personally values and inclusivity and racial equality is integral to this. To us, Taking it personally means:

- Treating people with courtesy and respect so they feel welcome
- Having a welcoming and positive attitude
- Being warm, friendly and interested in you
- Valuing and respecting you as an individual
- Communicating effectively with people so they feel valued
- Involving people, listening to people and answering their questions

We are committed to providing an environment free from discrimination, bullying, harassment or victimisation, where everyone feels welcomes, supported, safe and valued. We aim to create a diverse work environment where everyone is valued for their contribution and individuality. To do this, we have six equality principles we follow – these are core to our Equality, Diversity and Inclusion Strategy 2019-2021 (available here), and focus on:

- Promoting accessibility
- Valuing cultural diversity
- Promoting participation
- Promoting inclusive communities
- Promoting equality of opportunity
- Reducing disadvantage and exclusion

WRES Indicators

Each of the WRES indicators are listed below, but if you would like to know more information about these please visit https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/

2020/21 Mandatory Return

Below is our mandatory return we are required to share with NHS England and Improvement and our commissioners, based on information about our organisation on 31st March 2020.

Indicator 1

"Percentage of staff by pay group compared with the percentage of staff in the overall workforce disaggregated by: Non-clinical staff, clinical staff, of which - non-medical staff - medical and dental staff"

	31st March 2019						31st March 2020					
Non-clinical	**White**	**%**	**BME**	**%**	**Unknown**	**%**	**White**	**%**	**BME**	**%**	**Unknown**	**%**
Band 1 - 4 (Support)	**200**	84.03%	**9**	3.78%	**29**	12.18%	**283**	84.48%	**9**	2.69%	**43**	12.84%
Band 6 - 7 (Middle)	**57**	87.69%	**1**	1.54%	**7**	10.77%	**25**	96.15%	**0**	0.00%	**1**	3.85%
Band 8 - 9 (Senior)	**25**	92.59%	**0**	0.00%	**2**	7.41%	**11**	100.00%	**0**	0.00%	**0**	0.00%
VSM (Directors)	**5**	100.00%	**0**	0.00%	**0**	0.00%	**11**	100.00%	**0**	0.00%	**0**	0.00%
Clinical	**White**	**%**	**BME**	**%**	**Unknown**	**%**	**White**	**%**	**BME**	**%**	**Unknown**	**%**
Band 1 - 4 (Support)	**355**	82.94%	**17**	3.97%	**56**	13.08%	**437**	83.72%	**18**	3.45%	**67**	12.84%
Band 6 - 7 (Middle)	**356**	86.41%	**6**	1.46%	**50**	12.14%	**666**	87.06%	**20**	2.61%	**79**	10.33%
Band 8 - 9 (Senior)	**18**	94.74%	**0**	0.00%	**1**	5.26%	**18**	90.00%	**0**	0.00%	**2**	10.00%
VSM (Directors)	**4**	100.00%	**0**	0.00%	**0**	0.00%	**0**	0.00%	**0**	0.00%	**0**	0.00%
Medical (consultants)	**12**	66.67%	**6**	33.33%	**0**	0.00%	**12**	70.59%	**0**	0.00%	**5**	29.41%
Medical (non-consultants)	**10**	76.92%	**3**	23.08%	**0**	0.00%	**11**	84.62%	**0**	0.00%	**2**	15.38%
Total	**1042**	84.78%	**42**	3.42%	**145**	11.80%	**1474**	85.70%	**47**	2.73%	**199**	11.57%

The above table shows that our workforce had grown significantly between March 2019 and March 2020 with a higher number of staff recruited from BME backgrounds overall, however the rate of recruitment of BME staff is much lower than that of white staff. We have seen a decrease in the number of BME staff in support roles (both clinical and non-clinical) but an increase in mid-level clinical roles.

This data also shows us that whilst the percentage of ethnic background information available remains very similar in both years, we are still unsighted on a significant proportion of our workforce's background – with over 10% being unknown to us.

Indicator 2

"Relative likelihood of staff being appointed from shortlisting across all posts"

Unfortunately we are not currently able to report on this data as it is not stored centrally.

Indicator 3

"Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation"

	2019			2020		
Description	**White**	**BME**	**Unknown**	**White**	**BME**	**Unknown**
Number of staff in workforce	1042	42	145	1474	47	199
Number of staff entering a formal disciplinary process	6	1	0	15	2	0
Likelihood of staff entering the formal disciplinary process	0.00576	0.02310	0	0.01018	0.04256	0
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		4.13			4.18	

We try hard to resolve disciplinary matters informally with staff where possible, and we therefore recognise that the sample size for this indicator is small. However, this data shows us that staffs from a BME background are 4.18 times more likely to enter into a formal disciplinary process than white staff. There has been little change between the results from 2019.

Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD.

Unfortunately we are not currently able to report on this data as it is not stored centrally.

Indicator 5, 6, 7, and 8

As we are not an NHS organisation, we aren't required to follow the same format as the NHS Staff Survey which is where the 4 indicators below are taken from. We have previously run our own annual staff survey, which although is similar to the NHS Staff Survey, some of the questions are a little different. This is why we aren't able to provide data for all 4 indicators.

	2019			2020		
Description	**White**	**BME**	**Unknown**	**White**	**BME**	**Unknown**
5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	1.50%	0%	20.00%	Unknown	Unknown	Unknown
6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	6.00%	28.50%	26.60%	6.91%	20.00%	15.56%
7 - Percentage believing that trust provides equal opportunities for career progression or promotion	64.70%	42.86%	33.33%	69.88%	20.00%	48.89%
8 - In the last 12 months have you personally experienced discrimination at work from their manager or colleagues	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

The data from our local survey was collected in November 2019, where 460 members of staff responded in total. Out of the 460 responses, 405 were made by white staff, 10 by BME staff and 45 by staff who did not wish to disclose their ethnic background.

When focussing on the BME responses, the data shows us there has been a decrease in percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months but less people believe that Sirona provides equal opportunities for career progression or promotion. We recognise however, that the sample size for BME staff is particularly low and this should be considered as part of the interpretation of the results.

Indicator 9

Percentage difference between the organisations' board membership and its overall workforce disaggregated:

- By voting membership of the board
- By executive membership of the board

	2019			2020		
Description	**White**	**BME**	**Unknown**	**White**	**BME**	**Unknown**
Total Board members	10	0	0	11		
Of which, voting Board members	10	0	0	7		
Of which, non-voting Board members	0	0	0	4		
Of which, executive Board members	7	0	0	X		
Of which, non-executive Board members	3	0	0	X		
Number of staff in overall workforce	1042	42	145	1474	47	199
Total Board members - % of ethnicity	100.0%	0%	0%			
Voting Board members - % of ethnicity	100.0%	0%	0%			
Non-voting Board members - % of ethnicity	0%	0%	0%			
Executive Board members - % of ethnicity	100.0%	0%	0%			
Non-executive Board members - % of ethnicity	100.0%	0%	0%			
Overall workforce - % by ethnicity	84.8%	3.4%	11.8%	85.7%	2.7%	11.6%
Difference (total board – overall workforce)	15.2%	-3.4%	-11.8%			

Moving forward, we are planning to ensure greater diversification of Board in 2021, including positive action measures to attract and secure a new Chair of the Board . These measures will include a review of current Board recruitment initiatives, so we that we can attract a wider and more diverse interest across the range of equality communities within BNSSG.

We will also carry out a review of existing application and interview systems for Board membership, including the role of Chair of the Board. These new systems will be in line with best practice recruitment and interview guidelines to mitigate any unconscious bias which may be present within the existing application and interview process.

Looking Beyond Our Mandatory Return …

In addition to adapting services for COVID-19, we have undergone a number of significant changes to our business this year which has resulted in our organisation nearly doubling in size. We are now delivering a wider range of services across a larger geographical area, with a much more diverse workforce.

On the 1st of April Sirona care & health mobilised the Adult Community Health Services contract across Bristol, North Somerset and South Gloucestershire and we welcomed staff

who previously supported these communities and services into Sirona. Children's Community Health Services from Bristol transferred to Sirona in February 2020 and those from North Somerset transferred into Sirona on April 1st 2020.

In September 2020 we said goodbye to friends, colleagues and tenants in our Residential and Extra Care services as these transferred to Bath and North East Council.

As a result of these business changes, our workforce demographics have significantly changed. For the purposes of WRES, we are required to submit data based on a snap shot in time (31st March), however we also think it's important to reflect on these changes and look to the future. We have therefore included further analysis on indicator 1 based on our total workforce as of April 2020 (Residential and Extra Care services).

	5th April 2020					
Non-clinical	**White**	**%**	**BME**	**%**	**Unknown**	**%**
Band 1 - 4 (Support)	**576**	94.58%	**22**	3.61%	**11**	1.81%
Band 6 - 7 (Middle)	**68**	95.77%	**2**	2.82%	**1**	1.41%
Band 8 - 9 (Senior)	**18**	94.74%	**1**	5.26%	**0**	0.00%
VSM (Directors)	**14**	100.00%	**0**	0.00%	**0**	0.00%

Clinical	**White**	**%**	**BME**	**%**	**Unknown**	**%**
Band 1 - 4 (Support)	**613**	91.08%	**34**	5.05%	**26**	3.86%
Band 6 - 7 (Middle)	**1618**	95.46%	**51**	3.01%	**26**	1.53%
Band 8 - 9 (Senior)	**32**	91.43%	**0**	0.00%	**3**	8.57%
VSM (Directors)	**0**	0.00%	**0**	0.00%	**0**	0.00%
Medical (consultants)	**12**	70.59%	**5**	29.41%	**0**	0.00%
Medical (non-consultants)	**15**	75.00%	**5**	25.00%	**0**	0.00%

Total	**2966**	94.07%	**120**	3.81%	**67**	2.12%

Overall, the number of BME staff we employ has almost tripled in headcount however the percentage of BME staff against the rest of the organisation is still low and has only increased by 1%, whereas for white staff this figure is almost 9%. The percentage of ethnic background information available to us via our central HR system has improved considerably.

When focussing on the BME data, we can see there is higher representation of BME staff in middle and senior management roles (although this is still very low in comparison to white staff). We can also see that the majority of BME staff occupy mid-level clinical roles – such as team leaders, supervisors or specialist roles – and our medical and consultant BME staff workforce has grown.

Action Plan.

Listed below is the action plan that has derived from completion and collation of the WRES 2019 – 2020. These actions will be reported against in the future WRES report and submission.
These actions will be more specific and monitored within the EDI Steering Group.

RAG KEY	
Deadline unknown	
Completed	
On track to deliver against deadline	
Risk to delivery against deadline	
Not on track to deliver against deadline	

Actions	Progress to date	
	2019-2020	2020-2021
Recruit an Equality, Diversity & Inclusion Partner from a BME background to support improvements to race equality across the organisation		
Establish a BME Staff Network within the organisation and act on ideas and suggestion to improve experiences of BME colleagues at work ○ Staff Network has positive engagement ○ Focussing on themes such as Wellbeing, Covid, Resilience, Talent Development and Career Progression. ○ Rebranded to Global Majority to encapsulate the diverse membership		
Actively promote staff to participate in the "Stepping Up" programme and provide organisational support ○ Organisational sponsorship for at least 2 candidates. ○ There is recognition to support Graduates and prospective candidates. ○ System wide approach addressing Talent Management.		
Continue to drive the recording of ethnic background information for all staff via Electronic Staff Register		
Develop an Equality, Inclusion & Diversity Steering Group (EDISG) which provides strategic direction and regularly reviews action taken. ○ Inauguration EDISG October 2020 ○ Terms of Reference in draft form, members gaining understanding of EDI in the workplace.		
Establish a means to record non-mandatory CPD information and equalities data ○ The Electronic Staff Register will assist our Learning and		

Development team in data collection once ethnic backgrounds are recorded by staff.		
Establish a means to record equalities data about our Board members ○ To ensure all Board members can access the Electronic Staff Register to record their ethnic background		
Review current Board recruitment initiatives in order to diversify Board membership and secure a new Chair of the Board. ○ We are also planning to ensure greater diversification of Board in 2021 ○ Positive action approaches to attract a new Chair of the Board ○ Review of current Board initiatives ○ Focus Groups will be utilised as part of the recruitment and selection process this will involve our Staff Networks.		
Provide more wellbeing services and listening events specifically for BAME staff ○ Our BAME colleagues mental wellbeing has severely been impacted by Covid 19 and social injustices ○ A contractual agreement has been made with a local provider for culturally sensitive Talking therapies.		
Develop an ethical decision making framework, embedded across our organisation ○ This has not yet started across the organisation the ED&I leads are collaborating with local NHS partners and Local Authority System wide		
Provide training to senior managers and board on unconscious bias		
Work with staff and managers to develop a comprehensive action place in relation to Equality, Diversity & Inclusion – including further actions to address race equality ○ This has not yet started across the organisation the ED&I leads are collaborating with local NHS partners and Local Authority System wide ○ We regularly attend the national and regional information webinars		

Board Report

Date	8th February 2022	**Agenda item**	10
Title	**Finance Report**		
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 nine month period to 31 December 2021.

The report also incorporates the financial budget for the year and the comparison of the results to date against the budget, and a forecast of the full year outcome based on the current information.

Why is this report coming to the Board

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

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

Related Risk No. (If applicable)	

How has this report been developed

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

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

The detailed Management Accounts are reviewed with Budget Holders to both validate the reporting and to ensure 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 continues to show an improving position. There are several factors affecting the result including the difficulties in recruiting staff in some key staff groups, the full funding of this year's pay-rises and the ongoing COVID funding.

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 December 2021, and the Full Year forecast.

There is no further action requested at this stage.

The information that follows is from the Management Accounts for 9 months to December 2021.

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.

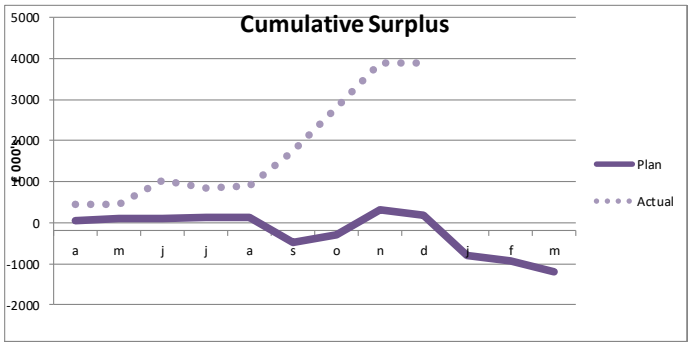
The level of cash remains green, as does the Liquidity ratio, which confirms that we have available liquid assets, such as cash, to meet financial liabilities as they fall due.

The general level of debtors has increased because of invoicing to the CCG for some additional service income. The debtors older than 90 day debtors have been discussed in the Finance meeting and are being chased to ensure payment is received.

FINANCIAL DASHBOARD — Dec 21/22

TRADING POSITION

Line Ref.		£ 000's	RAG Rating
	This Month		
1	Planned Surplus	(139)	
2	Actual Surplus	(1)	
3	Planned Pay Bill	10,266	
4	Actual Pay Bill	10,095	
	Cumulative		
5	Planned Surplus	178	
6	Actual Surplus	3,886	
7	Planned Pay Bill	90,893	
8	Actual Pay Bill	88,799	

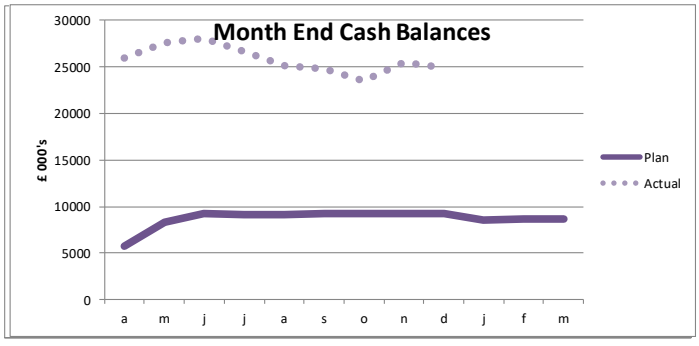


WORKING CAPITAL

Line Ref.		£ 000's	RAG Rating
9			
10	Actual Fixed Assets	1,966	
11	Plan Cash Balance	9,200	
12	Actual Cash Balance	26,961	
13	Comparative Liquidity Ratio 20/21	1.22	
14	Actual Liquidity Ratio *	1.30	

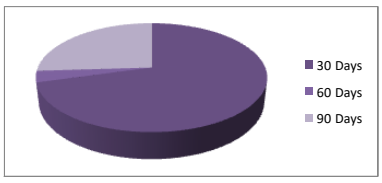
** The Liquidity Ratio is the number of times the Current Liabilities are covered by the Current Assets.*

** Cash balances shown are for group.*



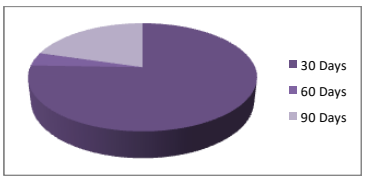
AGED DEBTORS

	£ 000's
30 Days	4,587
60 Days	219
90 Days	1,687
Total	**6,493**



AGED CREDITORS

	£ 000's
30 Days	2,874
60 Days	152
90 Days	778
Total	**3,804**



2. Operating Statement

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

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

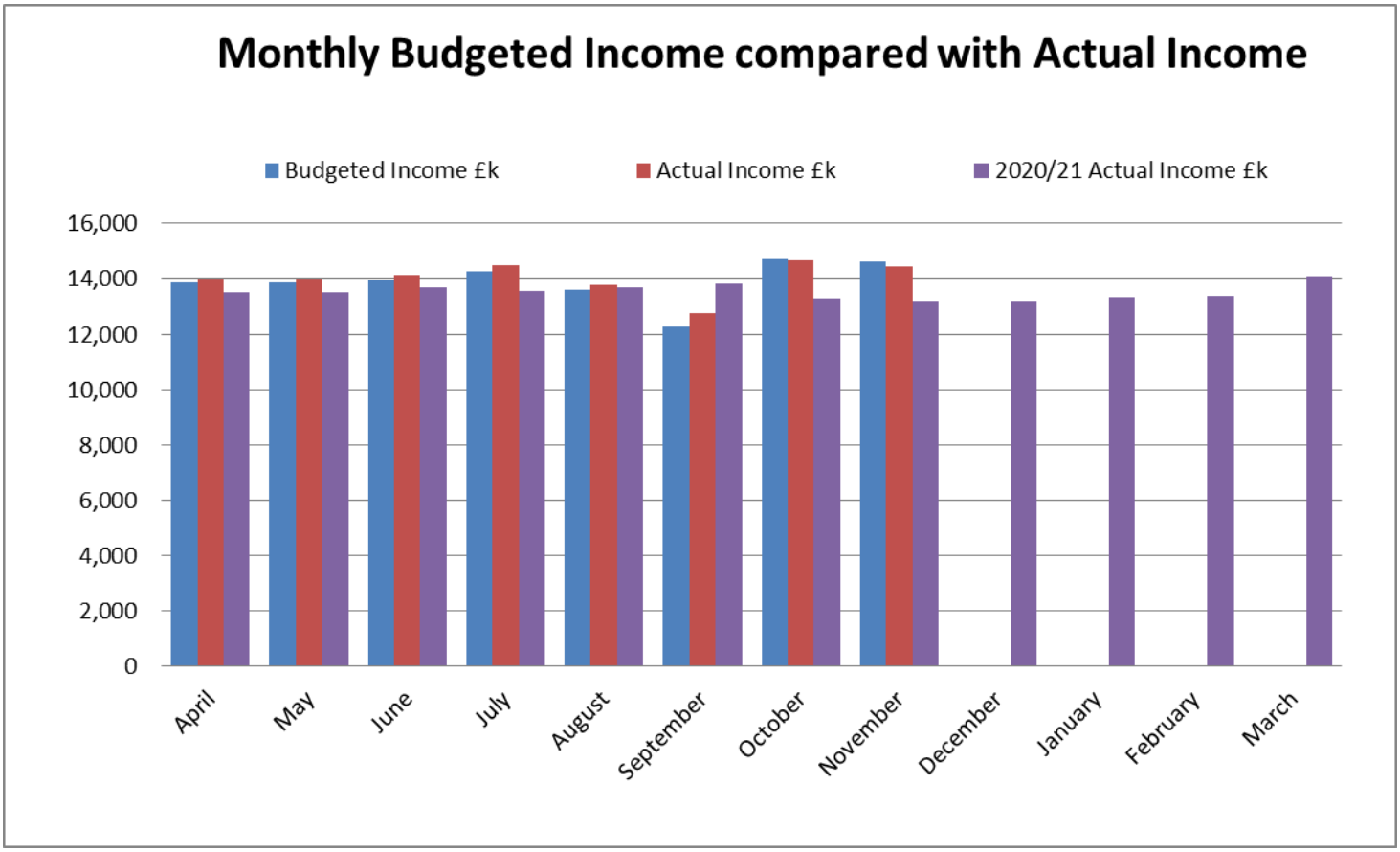
Operating Statement

Period Dec-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	9,612	9,698	86	0.9%	115,779	117,662	1,883	1.6%	85,998	87,557	1,559	80,476	7,081
Children's Services	4,231	4,264	33	0.8%	51,567	51,693	126	0.2%	38,929	38,588	(341)	37,376	1,212
Director of Operations	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0	0
Total Income	***13,843***	***13,962***	***119***	***0.9%***	***167,346***	***169,355***	***2,009***	***1.2%***	***124,927***	***126,145***	***1,218***	***117,852***	***8,293***
Operational Expenditure													
Adults & Specialist													
ICE	716	729	(13)	(1.8%)	8,530	8,725	(195)	(2.3%)	6,383	6,507	(124)	5,422	(1,085)
Management (includes estates)	679	616	63	9.3%	8,144	7,496	648	8.0%	6,108	5,433	675	7,040	1,607
North & West	463	432	31	6.7%	5,498	5,379	119	2.2%	4,108	4,065	43	4,318	253
South Bristol	1,125	1,081	44	3.9%	13,620	13,236	384	2.8%	10,211	9,922	289	7,709	(2,213)
South Glos	1,545	1,743	(198)	(12.8%)	18,145	19,515	(1,370)	(7.6%)	13,582	14,583	(1,001)	11,187	(3,396)
Specialist Services	2,343	2,292	51	2.2%	28,112	27,533	579	2.1%	20,264	19,563	701	16,931	(2,632)
Weston & Worle	492	415	77	15.7%	5,860	5,224	636	10.9%	4,381	3,874	507	2,101	(1,773)
Woodspring	700	685	15	2.1%	8,513	8,072	441	5.2%	6,356	6,013	343	7,684	1,671
Adults & Specialist	8,063	7,993	70	0.9%	96,422	95,180	1,242	1.3%	71,393	69,960	1,433	62,392	(7,568)
Children's Services	3,957	4,034	(77)	(1.9%)	48,304	47,799	505	1.0%	35,549	34,567	982	33,761	(806)
Director of Operations	67	69	(2)	(3.0%)	689	758	(69)	(10.0%)	490	582	(92)	633	51
Operations Total	**12,087**	**12,096**	**(9)**	**(0.1%)**	**145,415**	**143,737**	**1,678**	**1.2%**	**107,432**	**105,109**	**2,323**	**96,786**	**(8,323)**
Operational Contribution													
Adults & Specialist	1,549	1,705	156	10.1%	19,357	22,482	3,125	16.1%	14,605	17,597	2,992	18,084	(487)
Children's Services	274	230	(44)	(16.1%)	3,263	3,894	631	19.3%	3,380	4,021	641	3,615	406
Director of Operations	(67)	(69)	(2)	3.0%	(689)	(758)	(69)	10.0%	(490)	(582)	(92)	(633)	51
Operations Total	**1,756**	**1,866**	**110**	**6.3%**	**21,931**	**25,618**	**3,687**	**16.8%**	**17,495**	**21,036**	**3,541**	**21,066**	**(30)**
Corporate Services													
Administration & Board	152	120	32	21.1%	1,820	1,659	161	8.8%	1,365	1,232	133	1,103	(129)
Finance, Payroll & BI	238	199	39	16.4%	2,856	2,438	418	14.6%	2,142	1,778	364	1,820	42
BDT & Transformation	214	210	4	1.9%	2,745	2,634	111	4.0%	2,027	1,927	100	1,727	(200)
People & Development	251	267	(16)	(6.4%)	3,312	2,911	401	12.1%	2,416	1,926	490	1,537	(389)
Digital	605	693	(88)	(14.5%)	7,249	9,166	(1,917)	(26.4%)	5,436	6,748	(1,312)	5,727	(1,021)
Occupancy	161	124	37	23.0%	1,699	1,546	153	9.0%	1,274	1,139	135	1,124	(15)
Director of Nursing	213	190	23	10.8%	2,560	2,370	190	7.4%	1,919	1,774	145	1,434	(340)
Reserves	62	64	(2)	(3.2%)	993	(1,194)	2,187	220.2%	751	628	123	1,134	506
Total Corporate Costs	**1,896**	**1,867**	**29**	**1.5%**	**23,234**	**21,530**	**1,704**	**7.3%**	**17,330**	**17,152**	**178**	**15,606**	**(1,546)**
Interest received	(1)	0	(1)	100.0%	(18)	(3)	(15)	(83.3%)	(13)	(2)	(11)	(16)	(14)
Contribution	**(139)**	**(1)**	**138**	**(99%)**	**(1,285)**	**4,091**	**5,376**	**(3.2%)**	**178**	**3,886**	**3,708**	**5,476**	**(1,590)**

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.

The income received has been in line with contract and expected income for additional items such as COVID costs and commissioned work to support restoring services

Operational Expenditure

The positive variance to budget for operational expenditure relates largely directly to the variance in staff costs which is covered in more detail below.

It is worth highlighting that South Glos. large variance to budget includes the following:

- All of SPA is accounted for in South Glos. and this service is currently £388k over spent and forecast to be £523k at the year end,
- Henderson rehabilitation unit costs have been £260k greater than budget,
- The South Glos. budget for 21/22 included a savings target against staffing of £250k which, as it remains unachieved, shows as an overspend against budget.

The underspend in Children's Services staff costs is offsetting an overspend on their estates and FP10 prescribing costs; work to review and rationalise the estate to reduce future costs is ongoing, but hampered by COVID social distancing rules, and work is continuing with commissioners around FP10.

Operational Contribution

The Operational Contribution is greater than budgeted by £110k in the month and £3,541k for the year to date. The forecast now expects this to increase slightly to £3,687k.

Corporate Services

In the year to date the expenditure on corporate Services is £178k underspent, with savings in most areas being offset by the higher than budgeted costs of providing digital support and solutions.

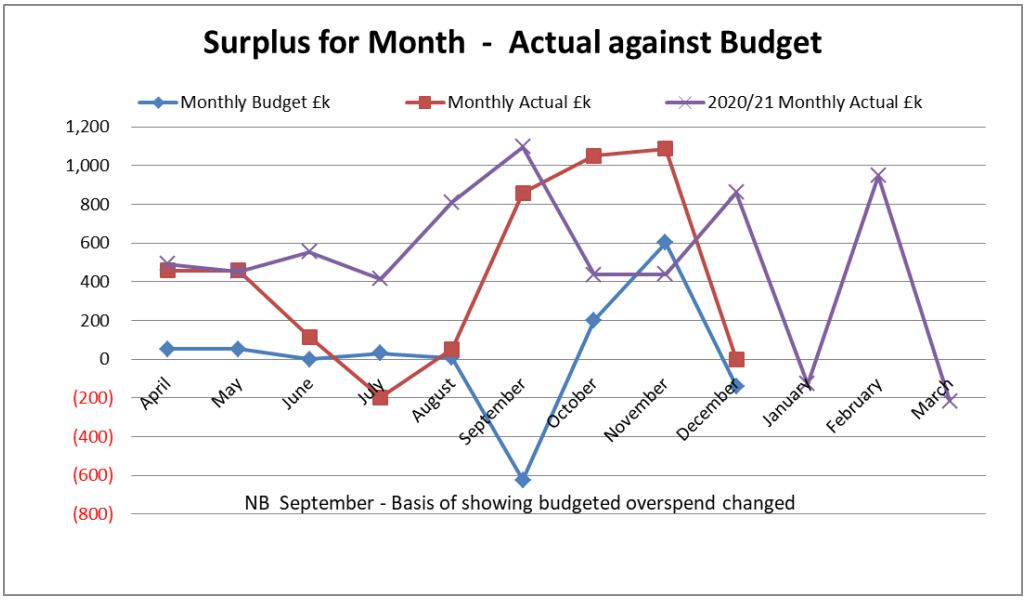
Overall performance

The year to date position is a Surplus of £3,886k, against a budget of £178k; this is £3,708k better than budget.

The last formal report to Board at month 6 was £2,234k better than budget.

Since the month 6 report we have received the full funding for this year's pay review as well as confirmation that, because of the ongoing pandemic, there was no Cash Releasing Efficiency Saving (CRES) being applied to our contract income. At the time of producing the last report neither of these were anticipated, and these are the main reason for the significant improvement in the current, and forecast, position.

The graphs to the right show 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.

With the exception of July, each month has been better than budget. The forecast surplus shown assumes this trend continues for the remaining three months.

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 work done above gives the forecast surplus as £4,091k, which is £2,200k better than budget, and over £1,000k better than forecast at month 6.

3. Staff costs

The tables below shows the total spend on staffing resources including bank and agency. The table confirms that in total there is an underspend on staffing costs of £2,093k year (2.3%) to date which is net of £855k unbudgeted spend on COVID related services; These services costs are covered by additional income.

The right hand columns reports the vacancies against the budgeted establishment/ headcount, and show an overall 12.1% shortfall, which is 2.7% better than month 5. Vacancies are offset by use of bank and agency staff to give the net 2.3% underspend. For information the budget also includes an assumption that there would normally be a 4% vacancy level in areas without set staffing levels.

Analysis of Salary Variations

	YTD to Dec 21							
	Budget	Actual	Variance	% Variance - Pay Actual to Budget	Bank & Agency Included	% Pay used for Bank / Agency	Vacancy WTE	Vacancy %
Adult & Specialist								
ICE	5,521,498	5,657,448	(135,950)	(2.5%)	392,774	6.9%	33.66	17.1%
Management	180,912	7,782	173,130	95.7%	0	0.0%	0.00	
North & West	3,722,621	3,668,544	54,077	1.5%	272,748	7.4%	18.21	14.8%
South Bristol	9,411,655	9,103,339	308,316	3.3%	809,477	8.9%	33.79	11.3%
South Glos	12,214,926	13,137,096	(922,170)	(7.5%)	1,906,291	14.5%	29.09	7.1%
Specialist Services	17,137,316	16,390,954	746,362	4.4%	525,203	3.2%	71.67	12.4%
Weston & Worle	4,020,198	3,543,823	476,375	11.8%	593,024	16.7%	37.27	28.8%
Woodspring	5,774,597	5,478,714	295,883	5.1%	760,983	13.9%	41.93	20.8%
	57,983,723	56,987,701	996,022	1.7%	5,260,500	9.2%	265.62	13.7%
Children								
Children's Corporate Services	589,032	685,046	(96,014)	(16.3%)	17,800	2.6%	(4.72)	(27.6%)
Children's Paediatrics	3,466,065	3,437,933	28,132	0.8%	582,996	17.0%	7.42	9.8%
Children's Public Health Nursing	8,402,441	7,808,485	593,956	7.1%	141,385	1.8%	37.97	12.7%
Children's Therapies, Autism & SEND	4,449,352	4,402,617	46,735	1.1%	15,219	0.3%	15.03	17.2%
Children's Public Health Nursing - NS	2,339,278	2,140,339	198,939	8.5%	6,742	0.3%	4.64	12.3%
Children's Specialist Services	1,806,658	1,279,573	527,085	29.2%	305,608	23.9%	(2.15)	(1.5%)
Lifetime	1,517,947	1,488,534	29,413	1.9%	133,530	9.0%	10.61	17.7%
	22,570,773	21,242,527	1,328,246	5.9%	1,203,279	5.7%	68.80	9.5%
Director of Operations								
Management	555,384	544,078	11,306	2.0%	0	0.0%	0.91	11.6%
Covid	0	855,107	(855,107)		591,927	69.2%		
	555,384	1,399,185	(843,801)	(151.9%)	591,927	0.0%	0.91	11.6%
Corporate Services								
Board & Administration	882,104	897,508	(15,404)	(1.7%)	0	0.0%	0.12	0.7%
BDT & Transformation	1,158,704	1,079,677	79,027	6.8%	9,462	0.9%	0.83	2.7%
Corporate Reserves	0	60,284	(60,284)		0			
Finance, Payroll & BI	1,849,232	1,683,673	165,559	9.0%	278	0.0%	7.60	12.5%
Digital	1,535,225	1,331,612	203,613	13.3%	93,426	7.0%	5.00	9.8%
Occupancy	236,856	196,091	40,765	17.2%	0	0.0%	3.34	48.4%
People & Development	2,080,126	1,988,973	91,153	4.4%	217,784	10.9%	4.28	6.2%
Director of Nursing	2,040,397	1,931,785	108,612	5.3%	61,435	3.2%	1.27	2.6%
	9,782,644	9,169,602	613,042	6.3%	382,384	4.2%	22.45	7.9%
Grand Total	90,892,524	88,799,015	2,093,509	2.3%	7,438,090	8.4%	357.78	12.1%
For ref:	M8		1,922,963	2.4%	6,507,050	8.3%	346.95	11.8%

The total bank and agency spend is now £7,438k or 8.4% of total staff costs of which £855k relates to COVID services.

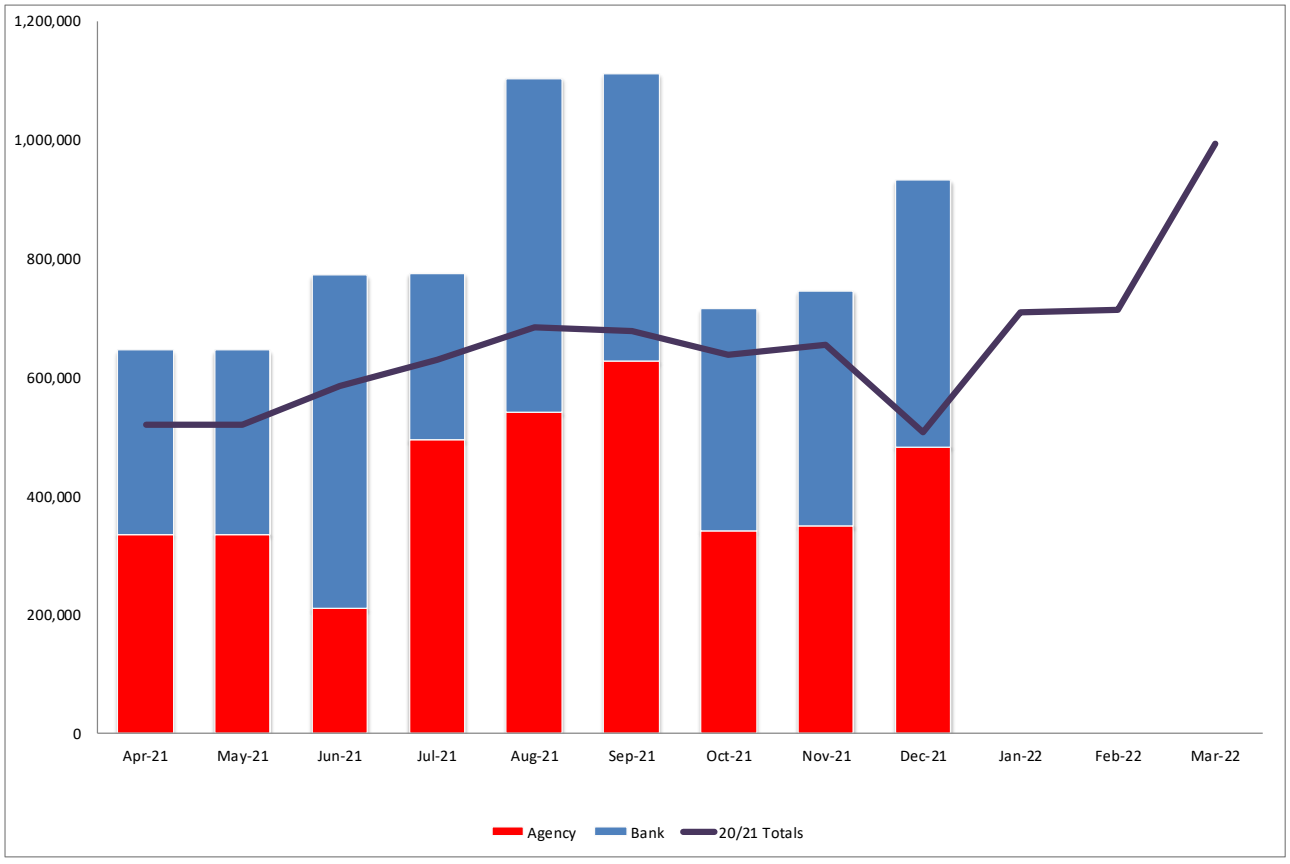
The table below analyses the spend on bank and agency staff by month and by service/area.

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	671,916	619,649	673,827				5,260,500	
Children	113,558	113,558	216,727	125,733	238,213	255,664	-34,906	8,976	165,754				1,203,279	
Director of Operations	91,247	91,247	95,850	53,144	72,909	47,348	46,961	47,741	45,481				591,927	
Corporate Services	37,529	37,529	41,184	26,934	50,645	43,559	30,576	68,451	45,978				382,384	
Total	644,486	644,486	771,126	774,464	1,103,178	1,109,947	714,547	744,817	931,040	0	0	0	7,438,090	
Internal	309,366	309,366	561,864	281,196	563,637	484,345	373,533	395,291	448,846				3,727,443	50.1%
Agency	335,120	335,120	209,262	493,268	539,541	625,602	341,014	349,526	482,194				3,710,647	49.9%
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	



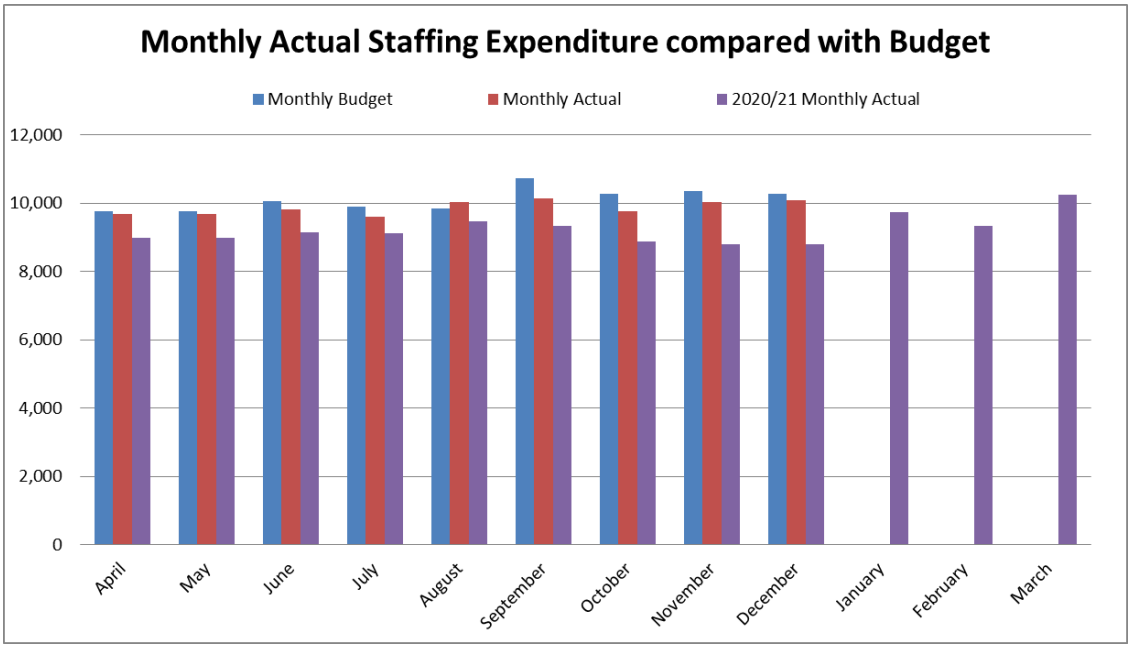
Service Area	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total ytd	
Adult & Specialist	242,873	242,873	164,644	320,012	353,787	331,041	360,028	310,195	270,908	317,866	424,006	601,357	3,939,590	
Children	107,255	107,255	128,822	138,920	86,528	89,321	138,271	203,746	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%

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

Agency & Vacancy data - 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	Total ytd
Adult & Specialist										
Agency spend	184,676	184,676	154,377	414,229	361,946	384,685	414,807	299,906	403,986	2,803,288
Bank spend	217,475	217,475	262,988	154,424	379,465	378,691	257,109	319,742	269,841	2,457,211
vacancy %	4.30%	4.30%	17.80%	17.8%	18.9%	12.9%	13.0%	13.1%	13.7%	
Children's Services										
Agency spend	79,023	79,023	62,622	51,309	140,579	230,812	-90,949	12,482	59,780	624,680
Bank spend	34,536	34,536	154,105	74,424	97,634	24,852	56,043	-3,505	105,975	578,599
vacancy %	8.40%	8.40%	12.49%	12.5%	9.6%	9.5%	8.0%	8.8%	9.5%	
Director of Operations										
Agency spend	43,461	43,460	43,606	24,838	33,918	9,899	16,681	13,967	11,150	240,979
Bank spend	47,787	47,787	52,244	28,306	38,991	37,449	30,280	33,774	34,331	350,948
vacancy %	2.6%	2.6%	2.6%	2.5%	11.6%	11.6%	11.6%	11.6%	11.6%	
Corporate Services										
Agency spend	2,206	2,206	168	2,891	3,099	206	474	23,171	7,278	41,699
Bank spend	35,323	35,323	41,016	24,043	47,546	43,353	30,102	45,280	38,700	340,685
vacancy %	2.6%	2.6%	2.3%	6.9%	7.6%	8.9%	10.2%	10.7%	7.9%	
Total	644,486	644,485	771,126	774,464	1,103,178	1,109,947	714,548	744,817	931,041	7,438,090

The final graph, below, 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 31 December 2021 (column 2) compared to the same period last year.

Balance Sheet

			Period		Dec-21			
Line No.			Year to date				Total Year	
			Dec-20	Dec-21	Diff	Mar-21	Forecast	Diff
			£k	£k	£k	£k	£k	£k
1	**Fixed Assets**		*1,403*	*1,966*	*(563)*	*1,401*	*1,966*	*(565)*
	Current Assets							
2	*Trade Debtors*		*1,773*	*6,493*	*(4,720)*	*5,897*	*6,493*	*(596)*
3	*Other Debtors*		*79*	*170*	*(91)*	*1,865*	*170*	*1,695*
4	*Cash*		*24,270*	*26,961*	*2,691*	*21,693*	*26,961*	*5,268*
	Current Liabilities							
5	*Trade Creditors*		*5,881*	*3,804*	*2,077*	*6,252*	*3,804*	*2,448*
6	*VAT/Corporation Tax*		*(732)*	*(659)*	*(73)*	*67*	*67*	*0*
7	*PAYE/NI*		*10,950*	*3,882*	*7,068*	*626*	*3,882*	*(3,256)*
8	*Other Creditors*		*5,278*	*18,822*	*(13,544)*	*17,173*	*17,891*	*(718)*
9	**Net Current Assets**		*4,745*	*7,775*	*3,030*	*5,337*	*7,980*	*2,643*
10	**Total Net Assets**		***6,148***	***9,741***	***3,593***	***6,738***	***9,946***	***3,208***
11	*Reserves*		*566*	*5,855*	*5,289*	*566*	*5,855*	*5,289*
12	*Current Year Surplus*		*5,582*	*3,886*	*(1,696)*	*6,172*	*4,091*	*(2,081)*
13	**Total Reserves**		***6,148***	***9,741***	***3,593***	***6,738***	***9,946***	***3,208***

5. Cash

Cash is high as a result of the surplus generated last year and the payments made in advance by the Commissioners for both services 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 below the majority of cash is held in interest earning, but low risk, deposits.

The Finance team proactviely work with the bank to sweep excess cash from the 'current' account to maximise the amoutn earnign interest.

Cash Reserves and Borrowings

Period Ended Dec 2021 £ 000

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	10,396	9,857	11,776	6,192	17,645
B	UK Bank Treasury Deposits		15,062	15,062	15,062	15,062	15,062
C	UK Government Bonds		0	0	0	0	0
Total			25,458	24,919	26,838		

Board Report

Date	8th February 2022	**Agenda item**	11
Title	Operational & Performance Report		
Author	Ceridwen Massey – Acting Director of Operations		
Presented by	Ceridwen Massey	**Version**	1
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 monthly 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). Please note however, due to operational capacity and demands, exception reporting was paused in Dec (Children's) and January (Children's and Adults).

https://sirona.glasscubes.com/catchall/folder/1938985?notificationId=28326505

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 Teams (INT) – Planned Nursing Pathway

Issue: There continues to be 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 and sickness across the localities, especially 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).

We continue to identify a large number of unlinked INT contacts in EMIS (approximately 5000) meaning that this activity is unable to be validated for reporting purposes. This is likely due to user error and potentially a result of the influx of new staff into the SPA and INTs and the impact of service pressures on the capacity to provide a comprehensive induction in the use of our electronic systems.

Actions:

- To reduce the risk associated with this the localities review daily staffing levels, apply the recently approved RAG rating framework to patient visits and identify the number of red visits required each day. These red visits are prioritised and reported at daily escalation meetings. A process for the identification of the need for mutual aid has been implemented and additional support is requested, and where possible received, across the organisation. An independent consistency checking exercise will be taken forward next week as a follow on action from One Sirona Week, to ensure that the RAG rating is being applied in a standardised way across all INTs.
- During One Sirona Week, a programme of caseload reviews was carried out by senior clinicians to scrutinise patient needs. These have been helpful in challenging the requirements of patients on our caseloads, resulting in a reduction in the number of visits required and additional discharges, thereby releasing capacity to visit other patients and reducing some of the pressure on INT staff.
- Incentivised rates have been moved to premium rates for essential shifts. These rates have now been extended until 14th February as they are resulting in the improved fill of vacant shifts.
- The INT transformation programme continues to be paused with the exception of the administration review which enters the consultation phase in February, recognising that this is essential in supporting the shift of activity from clinical staff to administrators.
- Standardisation of the Advanced Clinical Practice for Urgent Care Pathway is underway.
- The capacity and demand modelling review across all INTs involving Finance, Business Intelligence, Operational and Transformation colleagues continues, but has been slightly delayed due to system pressures. This will include the mapping of population health data against INT activity information and resource. This review should be completed and shared by early February.
- In the North West Bristol Locality and the Weston locality it has been agreed to step up an Incident control centre due to the current issues within the locality. North West Bristol was established in November and Weston will be established on the 31st January.

2. **Single Point of Access (SPA)**

Issue: The situation with the SPA has been much improved and the decision to step them out of an Incident Control Centre (ICC) was taken in November 2021, recognising that there was further work to be done as part of the longer term transformation. SPA are continuing to see an increase in the number of calls received daily with an average of 484 calls per day in January 2022. The average wait for urgent calls (both service user and professional) remains under 2 minutes, with non-urgent calls on average being answered in less than 3 minutes. However we continue to have issues with the longest waits for people that ring during our peak hours. The longest waits for urgent calls has been 9 minutes, whilst non-urgent calls has been 23 minutes, recognising the numbers waiting this length of time is very small. Work is ongoing around understanding and managing peaks, with staffing rotas to support this and communications with service users and stakeholders around call patterns which has been received positively by Primary care.

Actions:

- Ongoing weekly Operational Project team meetings have been established and are reviewing enablers to support improved performance.
- Development of a 'Team Charter', in collaboration with Organisational Development partners as an 'early implementer' to support staff wellbeing in SPA.
- Appointment of a Band 8a SPA Lead joining early March 2022, which will focus a significant senior leadership resource into SPA to support service development.
- Reviewing the impact of one incidence of EMIS in place and efficiencies from this and how this released resource can be best used

3. **Same Day Urgent Care – continual growth of activity.**

Issue: Walk in activity has decreased at Urgent Treatment Centre (UTC) since remote assessment was implemented (which was as expected due to the way NHS111 referrals were previously reported as walk-in activity), but the trend does show that the total number of patients managed continues to rise. The decrease in activity seen in November / December across all units is expected and a usual pattern explained by staff sickness (Covid related) increasing restrictions, and seasonal variants followed by Omicron whereby potential service users were staying in, not undertaking activities as wanting to spend Christmas with friends/ family and not wanting to catch the variant.

Remote Assessment has been successfully implemented at the South Bristol UTC. Go-live was delayed by 2 months due to a number of technical issues and this meant that the staggered approach to implementation was not possible. Demand was significant as a result and the UTC team were required to manage this with minimal preparation. However, implementation has been very successful. A number of changes have been made to the Directory of Services (DoS) to try and manage the demand and to give the team the ability to close either Primary Care dispositions, Emergency Treatment Centre (ETC) dispositions, or both. This means that if capacity is limited at the UTC they can close the Unit to Primary Care dispositions but maintain the ETC dispositions which will protect the Emergency Departments.

Remote Assessment has been welcomed by staff who are beginning to feel the benefit. The Unit is consistently managing 80% of NHS111 referrals remotely (out-performing the predicted success rate of 60%) and over-crowding at the Unit has reduced significantly as a result. A full evaluation of the change will be completed in due course, including a review of the potential benefits of remote assessment to the MIUs.

Actions:

Urgent care project is being established to review short and long term actions to support demand management and relationships with system partners including Severnside and the acute hospitals.

4. Discharge to Assess

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. Work undertaken through our One Sirona Week with support from ECIST has identified a number of areas that need to be addressed to deliver our commissioned levels of activities. This includes work on daily multidisciplinary meetings for pathway 1 patients in our INTS, review of all patients in our pathway 2 bed base and review of our daily sitrep information to maximise capacity in our pathways.

Delivery of our performance against these pathways has continued to remain below contracted levels. In addition a target has been set for the system to reduce the number of patients waiting in hospital you are medically fit to discharge by 30% by the 31st January and 50% by 31st March, based on the baseline taken on the 14th December. Since this date the number of people has on the list has increased. A number of the people are currently waiting to access our discharge to assess pathways. Therefore a system action plan has been developed with trajectories established to deliver the required reductions. In addition Sirona have developed their own internal action plan to support this requirement.

Actions:

- Daily multidisciplinary meetings / board rounds in our pathway 1 and 2 services with council colleagues.
- Development of a single bed management process to support navigation to our bedded capacity
- Review of our Integrated community care bureau processes.
- Regular review of all people waiting to leave our services but are delayed.

5. Waiting Times

Issue: Waiting Lists continue to give us cause for concern despite some earlier improvements over recent months in some areas such as Musclo-skeletal physiotherapy and the Neuro Rehab service. A detailed validation process has been undertaken between Business Intelligence and Operations 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 Clinical Commissioning Group and other sources to secure this resource. However due to the new Omicron wave of Covid a further 24 staff have been redeployed from the MSK Service which has further impacted on the ability of the service to manage routine referrals. Locum staff employed to support the backlog have been retained in the service to manage the urgent cases that are referred. The impact of this will be detailed in the February performance report.

Action:

- Review of redeployed staff with a view to returning them to their substantive roles over the next period.
- Locums will continue to manage urgent referrals into the MSK service .
- Six week action plan in place for Planned Rehab being worked through by the planned rehab group.
- Waiting List working group has been established to monitor progress but also ensure that national guidance adhered to where necessary.

6. Community Paediatrics Waiting Times growth in 18 week breaches

Issue: Performance in all Community Paediatric teams across Bristol and South Gloucestershire remain under capacity to meet demand with the most demand in South Gloucestershire and North Somerset.
As detailed in previous reports the impact of 2 locum consultants finishing with the service in October has resulted in a significant growth in the waiting lists. A significant number of measures are being put in place to address the situation.

Actions:

- North Somerset locum funding now confirmed until march 2023; we may need to consider how best this funding could be used across the entire Community Paediatrics service to increase capacity
- Consultant recruitment at the end of January.
- Review of training and safeguarding priorities and workforce to release Community Paediatric capacity.
- Job planning is in development and a review of SPA time, specialities, designated roles, named roles alongside statutory duties such as children in care initial health assessments (CIC IHAs) to be prioritised.
- Autism Spectrum Disorder (ASD) needs led and waiting list investment as well as a new Neurodevelopment opportunity in ASD will allow the service to better utilise Community Paediatric resource from the ASD pathway release capacity.
- Developing a skill-mix workforce model that will permanently convert a percentage of Community Paediatrician vacancy into skill-mix posts. Exploratory work is underway to re-design condition-specific pathways to utilise other professions such as ND nurses, prescribing Physiotherapists and Advanced Clinical Practitioners. Pathways under review initially will include: ADHD, Sleep and the management of children with tone difficulties as well as prescribing costs.

7. Children in Care underperformance of Initial Health Assessments

Issue: The Children's Act 1989 stipulates that Clinical Commissioning Groups (CCGs) and NHS England have a duty to deliver health assessments for looked after children on behalf of the requesting local authority. Initial health assessments (IHAs) must be carried out by a medical practitioner and review health assessments by a registered nurse. The health assessment should not be an isolated event, but part of a continuous cycle of review, developing an understanding of a child's needs and within this, contribute to safe and holistic care planning. The current data does not reflect current expected performance compliance and we are working closely internally and externally with the CCG to identify and articulate reasons. Out of the 30 IHA requests 23 were outside of the 72 hours notification for children becoming looked after. The length of delay in notification varied with some taking up to 28 days to be notified.

Actions: An action plan is being developed to address performance in line with CCG expectations and statutory guidance. The content of the action plan is outlined below:

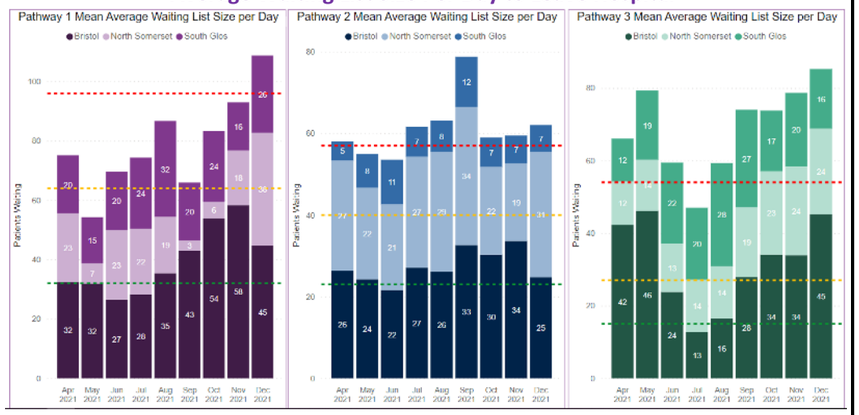
- Accurate performance data
- Relevant performance data i.e. dental
- Increasing the number of appointments offered for IHAs
- Enhanced flexibility within our appointment system
- Review and development of consistent processes across BNSSG
- Focus upon EMiS systems: different versions across the areas identified
- Nursing capacity review to complete review health assessment demand. This falls below the recommendations of the intercollegiate document, 2020.
- Working with stakeholders to identify the voice of the child in service planning, development and focus upon outcomes.
- A Deep dive into DNAs/were not brought to identify reasons to support service response and increase opportunity to meet assessment completion.

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.

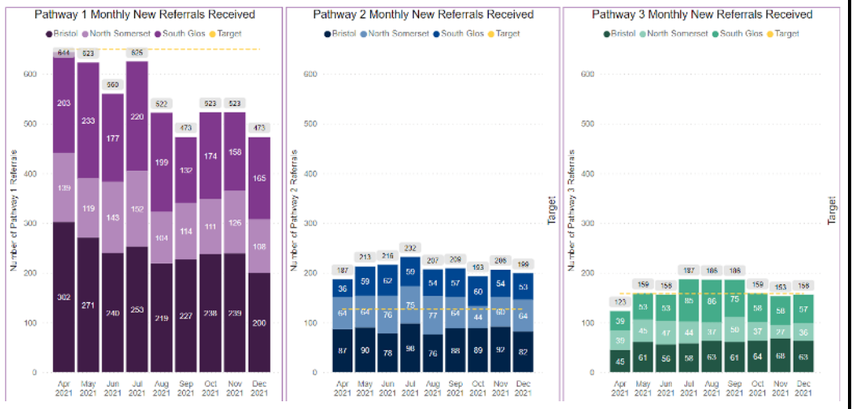
Operational Dashboard for Board Reporting

Board Dashboard - Adults Services

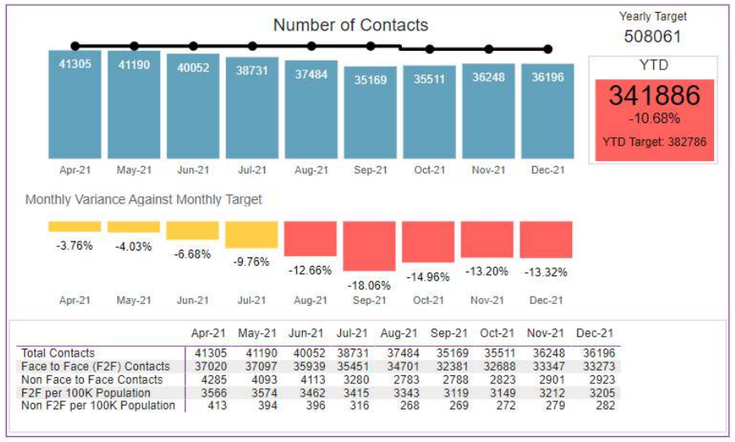
Average Waiting List Size Per Day to Leave Hospital



New Referrals

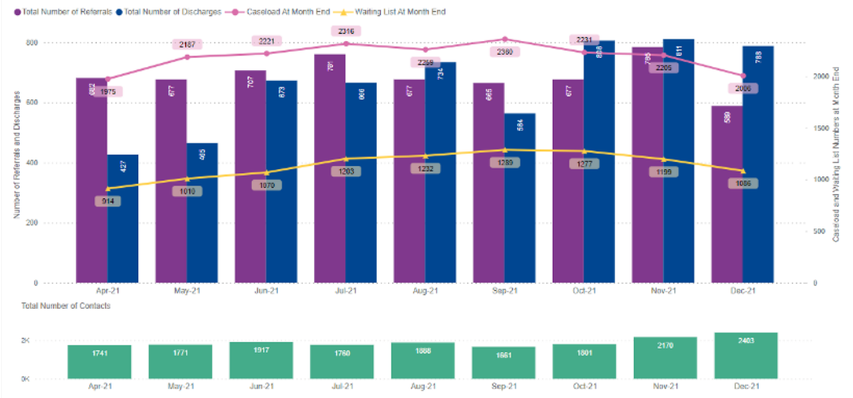


Community Nursing
Number of Contacts



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Total Contacts	41305	41190	40052	38731	37484	35169	35511	36248	36196
Face to Face (F2F) Contacts	37020	37097	35939	35451	34701	32381	32688	33347	33273
Non Face to Face Contacts	4285	4093	4113	3280	2783	2788	2823	2901	2923
F2F per 100K Population	3566	3574	3462	3415	3343	3119	3149	3212	3205
Non F2F per 100K Population	413	394	396	316	268	269	272	279	282

Demand, Caseload, Waiting List and Activity Comparison
Planned Rehab



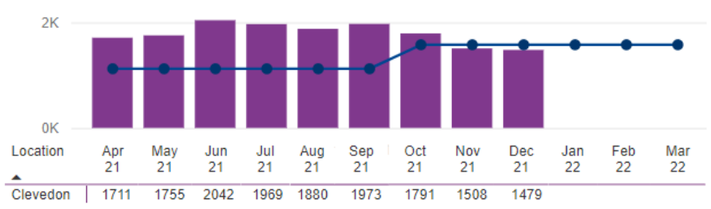
Due to data entry processes across the different instances of EMIS not being standardised the waiting list is under represented.

Operational Dashboard for Board Reporting

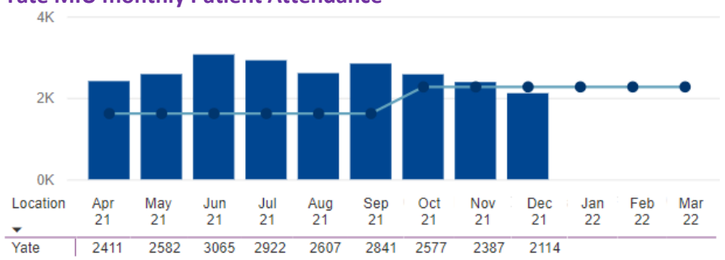
Board Dashboard - Adults Services

Same Day Urgent Care (SDUC)

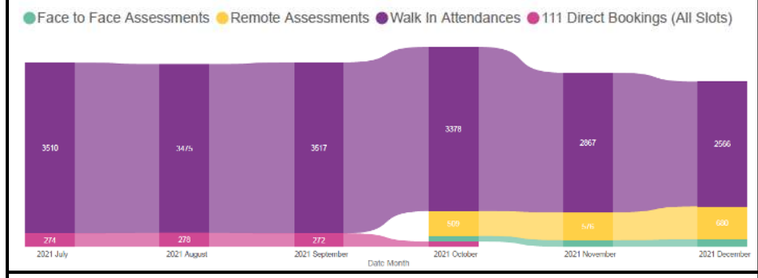
Clevedon MIU monthly Patient Attendance



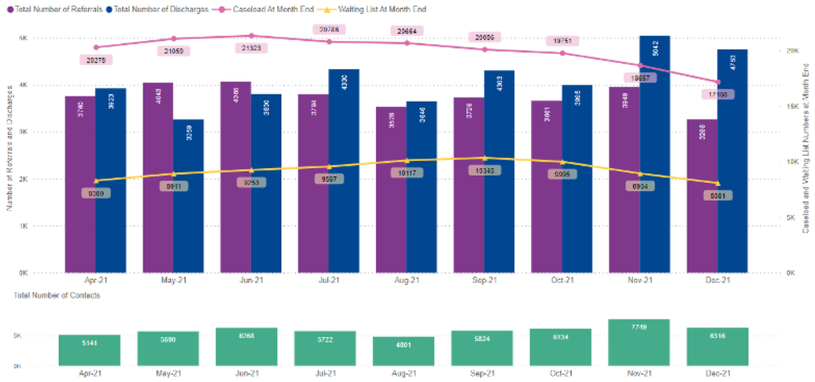
Yate MIU monthly Patient Attendance



Urgent Treatment Centre monthly Patient Attendance



Demand, Caseload, Waiting List and Activity Comparison
MSK



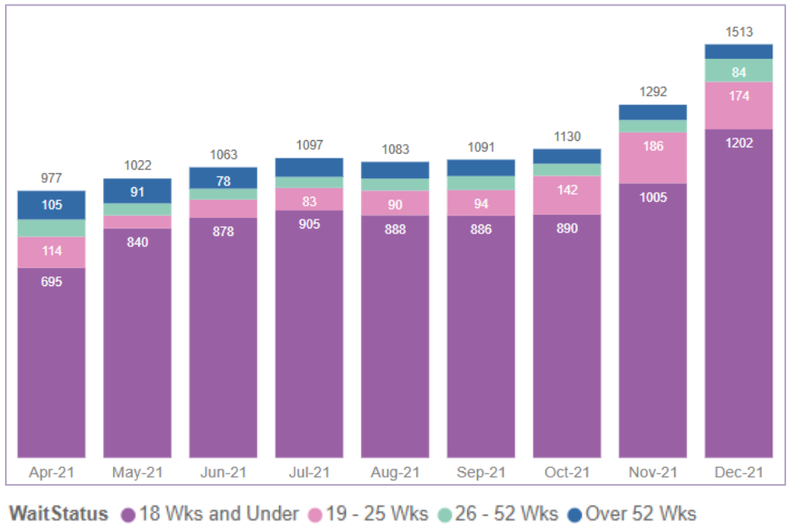
Summary of Year-to-Date 2021/22
Percentage of Patients Seen Within 18 Weeks

Operational Dashboard for Board Reporting

Board Dashboard - Children's Services

Community Paediatrics

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



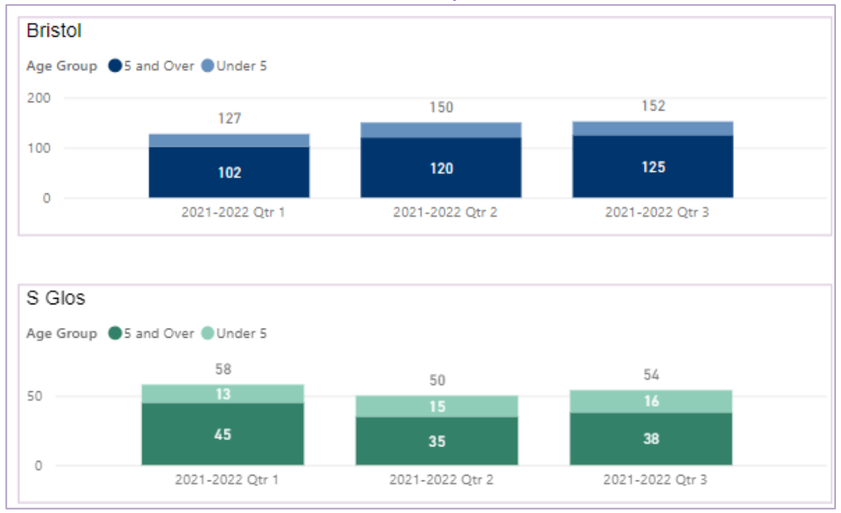
Children in Care (CIC) – Looked After Children (LAC)

The below tables do not show our statutory

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

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

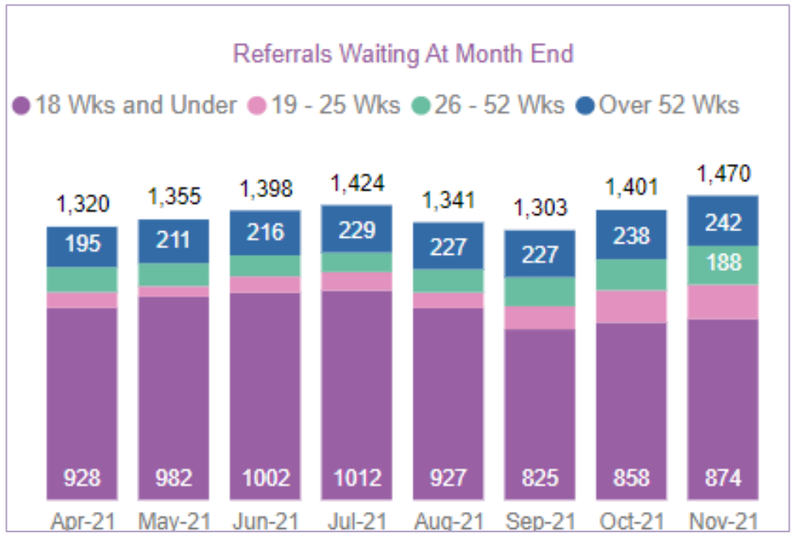
Reviews Required



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.

Board Dashboard - Children's Services

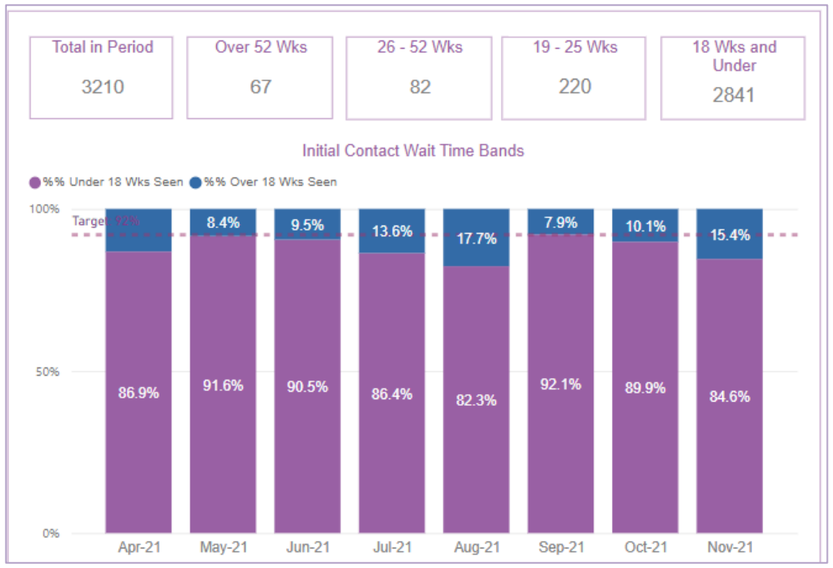
Therapies - Wait Times



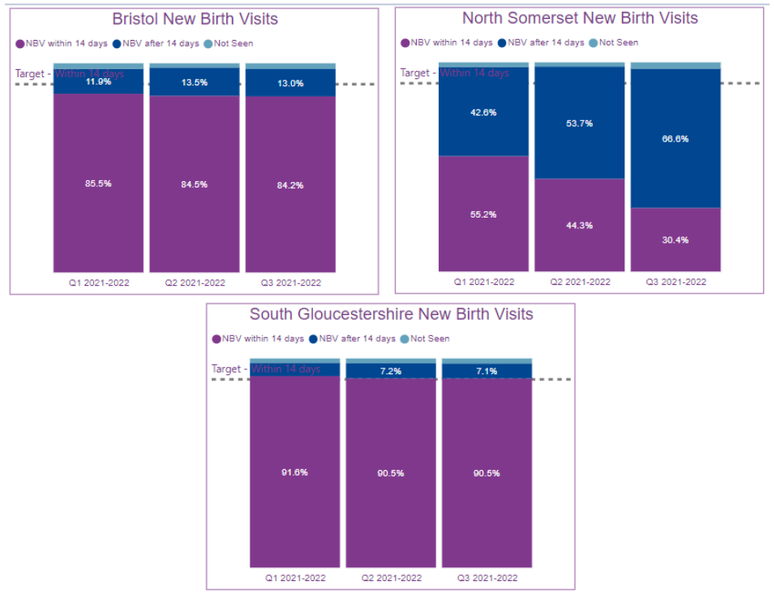
Average Wait in Period
22.5

Therapies – Initial Contact within 18 week target

Total in Period	Over 52 Wks	26 - 52 Wks	19 - 25 Wks	18 Wks and Under
3210	67	82	220	2841



Health Visitor – Mandatory Reviews – New Birth Visits



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)** - For Jan 2022 report used SDUC contractual dashboard separate Yate and Clevedon pages, and interim UTC report – Patient Pathways page. *Previously SDUC contractual dashboard – All Sites – Pt Seen and Discharged – once changes made can use overall MIU figure and UTC figure from separate dashboard.* **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 **Children's 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

Board Report

Date	8th February 2022	**Agenda item**	12
Title	**Risk Report**		
Author	Sandra Farmer – Head of Clinical Governance Carole Morgan – Joint Lead for Risk Management		
Presented by	Mary Lewis, Director of Nursing	**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 31st January 2022 and provide assurance that risks are being identified and added to the 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 31st January 2022 and includes all current risks with a score of 15 and above. The Head of Clinical Governance has used the data from the extract to provide the summary information included in the report. The report is supported by three appendices reflecting risks monitored by the committees reporting to the Board. The report has been reviewed 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 including the Senior Leadership Team.

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 are **12** risks with a risk score of 15 and above (no change from last report) • **5** risks with a score of 15+ are in the risk category of Capacity and Demand Operations • **0 new** risks with a score of 15+ have been added since the last report In addition • **231** risks identified on the Ulysses risk register (**reduction of 2** from 233 reported to Jan Board) • **122** risks are identified as corporate risks (**a reduction of 2 from the** Jan Board report) • **54** risks with a risk score of 12 and above (**reduction of 8** from the 62 reported to Jan 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 if asked to note the content of the report and to receive assurance that the risk register is being managed in line with the Risk Management Policy.

1. Background

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

Three reports from Ulysses Risk Management Module are provided to give details of individual risks scoring 15 and above. The three reports reflect the committees reporting to board

Appendix 1 15+ risks monitored by Quality and Outcomes Committee (Q&O)
Appendix 2 15+ risks monitored by Senior Leadership Team (SLT)

There are no 15+ risks monitored by Audit and Assurance Committee (A&A) detailed in this report. One risk is included in the private session of the meeting due to the sensitive nature of the risk.

2. Key points

There are currently:

- There are 12 risks with a risk score of 15 and above (no change from the last report)
- **5** risks with a score of 15+ are in the risk category of Capacity and Demand Operations

In addition

- **231** risks identified on the Ulysses risk register (**reduction of 2** from 233 reported to Jan Board)
- **122** risks are identified as corporate risks (**a reduction of 2** from report to Jan Board)
- **54** risks with a risk score of 12 and above (**reduction of 8** from the 62 reported to Jan Board)

2.1 Risks scoring 12 and above at time of extract 31st January 2022

Table 1 Numbers of risk by score January 2022

Risk score	12	15	16	20
Numbers of risk	42 (43 – Jan 2022)	2 (2 – Jan 2022)	10 (10 – Jan 2022)	0 (0 – Jan 2022)

2.2 Table 2 Numbers of risks by type (all scores) increases shown in Red

Risk Type	Number of Risks May 2021 Board Report	Number of Risks July 2021 Board Report	Number of Risks August 2021 Board Report	Number of Risks October 2021 Board Report	Number of Risks Jan 2022 Board Report	Number of Risks Feb 2022 Board Report
Accommodation	2	3	7	7	4	4
Regulation & Compliance – CQC	3	3	3	3	4	4
Patient Safety / Clinical Quality	1	4	14	13	21	22
Service User Care/Treatment	9	15	27	22	23	22
Clinical Records	1	1	1	4	5	5
Contracts	1	2	2	1	1	1
Health, Safety & Security	14	13	21	21	18	18
Regulation & Compliance – not included elsewhere	6	6	7	7	6	6
Capacity & Demand – Corporate	0	0	0	0	1	1
Digital (IM&T)	6	11	24	18	16	15
EPRR / Business Continuity	7	7	9	9	9	9
Equality & Diversity	0	0	0	0	0	2
Infection Prevention & Control	2	3	6	6	7	7
Information Governance	2	4	6	5	8	7
Medical Devices	3	3	3	6	6	6
Medicines Management	8	8	11	11	6	7
Capacity & Demand - Operations	12	17	37	38	40	39
Learning & Development	7	7	8	7	8	8
Staff Wellbeing	4	2	7	6	9	9
Workforce	15	16	22	18	20	19
Programme, Planning & Projects	1	1	4	5	5	5
Research and Development	0	0	0	0	0	0

Safeguarding	2	3	5	5	4	4
Business / Finance	3	5	6	7	6	6
Performance	0	0	2	1	3	3
Engagement / Stakeholder Relationships	0	0	1	1	1	1
No Category	2	2	2	1	1	1

2.3 Corporate Risk (all scores) by SLT Lead

SLT Lead	Number of risks
Director of Finance	**11**
Director of People and OD	**32**
Director of Operations	**141**
Director of Nursing	**28**
Director of Therapies	**7**
Medical Director	**8**
Director of Transformation	**4**

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

No new risks scoring 15 and above have been added to the risk register since the last board report (Jan 2022)
There are no risks that have escalated to a score of 15 or above since the last report.

The risk category of Capacity and Demand (Operational) continues to be the category with the highest number of risks but the number has reduced by one since the January Board Report.

Of the 12 risks identified with a risk score of 15+, five risks are in the category of Capacity and Demand Operational

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

- Infection Prevention and Control
- Patient Safety/Clinical Quality
- Service User Care and Treatment
- Staff Well-being
- Information Governance

There are two risks scoring 15+ in the category

- Workforce

There has been very little change in the composition of the risk register since the January report to Board.

During discussions at SLT the number of risks in the category of Capacity and Demand Operational were considered. As a result of the discussions the Risk Team will be meeting with the Director of Operations to assist with the review of risks in this category. Currently there are a number of similar risks affecting multiple teams / services, that where it is appropriate to do so, they may be better reflected as consolidated risks. This work will be undertaken as soon as possible.

3. Recommendations

The Board is asked to receive this report as the position of the Corporate Risk Register as at 31st January 2022.

Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
195 v.9	19/08/2020	02 Corporate	2 - Risk Tolerated (6 Monthly Review)	3 x 3 = 9

Risk Title

Increased use of agency staff causing quality and consistency concerns

Full Risk Description

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.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	3
Adult Services / Bristol South / Bristol S	**Severity**	4	**Severity**	4
Adult Services / Bristol North And West / Northern Arc	**Risk Score**	16	**Risk Score**	12
Adult Services / Bristol North And West / Health West/Phoenix				

Categorisation & Monitoring Group

Category of Risk	Service User Care/Treatment	Monitoring Group	Quality & Outcomes Committee

Controls

Details of Controls

Current Controls

- Co-ordinator SOP in place. Communicating closely with GRI to feedback issues with individual and agencies
- Discussion with GRI and clear protocols in place for agency staff re expectations. Staff with warnings against them have been removed form the agency list and not to be booked
- Monitor AE involving agency staff and ensure any concerns raised with relevant agency and practitioner

Actions

Action No.	Start Date	Target Date	Completion Date
1	27/07/2020	31/10/2020	/ /

Action Description	GRI attending weekly conference calls to raise issues
Progress	07/09/20 Update: incidents being reported through Ulysses, nil recorded in South. To monitor 15/10/20 issues being raised directly with GRI however there remains no way currently of ensuring quality on visits. Responding to patient feedback and monitoring incidents/complaints.

Risk Reviews

Review Frequency 3 - Six Monthly (Tolerated Risks) **Next Review** 23/01/2022

Review Date	Review Details
27/07/2021	Generic risk remains due to sickness and self-isolation resulting in overdependency on agency staff. Controls reviewed and deemed

			sufficient. Agreed to Tolerate risk

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Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
143 v.5	17/07/2020	02 Corporate	1 - Open	4 x 4 = 16

Risk Title

mental health/psychological safety of staff working through Covid

Full Risk Description

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.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	2
Corporate Services / Corporate Services / Sirona-Wide	**Severity**	4	**Severity**	4
	Risk Score	16	**Risk Score**	8

Categorisation & Monitoring Group

Category of Risk	Staff Wellbeing	Monitoring Group	Quality & Outcomes Committee

Controls

Details of Controls

Current Controls

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.

Wellbeing work being monitored and reviewed through 12 week plan reporting to SLT.

Actions

Action No.	1	Start Date	17/07/2020	Target Date	17/07/2020	Completion Date	/ /
Action Description	1 Staff wellbeing support (telephone and email) to be implemented						
Progress							
Action No.	2	**Start Date**	17/07/2020	**Target Date**	17/07/2020	**Completion Date**	/ /

Action Description	"2 To ensure staff have sight of national PPE guidance and home visiting SOP 3 Webinar 22/4/20 on COVID-19 infection, transmission, prevention and control"
Progress	

Action No.	3	**Start Date**	17/07/2020	**Target Date**	17/07/2020	**Completion Date**	/ /

Action Description	"4 ML and KR following up with Pier Health re practice staff 5 KR reassured there is insufficient evidence that there is an increased viral load for healthcare workers with appropriate PPE/ IPC"
Progress	

Action No.	4	**Start Date**	08/11/2021	**Target Date**	31/03/2022	**Completion Date**	/ /

Action Description	Focus group reviewing NHSEI framework to prioritise Health & Wellbeing priorities for Sirona as agree by board. Winter Group being initiated which will have a clear focus on HWB for staff
Progress	Work on Strategy and Framework has been paused. Winter Group updates still being submitted weekly.

Action No.	5	**Start Date**	15/12/2021	**Target Date**	26/02/2021	**Completion Date**	/ /

Action Description	Implementing a Programme of REACTMH Training to support managers to have supportive mental health conversations and to signpost accordingly.
Progress	First round of training has been completed, Train the Trainer is now full. Now working on admin of wider rollout and support for Train the Trainers.

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 13/02/2022

Review Date	14/01/2022	**Review Details**	REACT training is oversubscribed so we have put on extra dates. Train the Trainer programme is being filled also. We have also prepared guidance for staff being Redirected which includes a checklist, mental health support guidance as well as information on how to conduct a huddle.
Review Date	16/12/2021	**Review Details**	Risk updated to include further actions as above:
Review Date	16/11/2021	**Review Details**	Develop action plan following completion of NHSEI HWB frame work
Review Date	11/10/2021	**Review Details**	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.
Review Date	08/03/2021	**Review Details**	Risk type amended to reflect those in the updated Risk Management Policy.

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Risk

Risk No. & Ver.	372 v.6	Date	21/07/2021	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	4 x 4 = 16

Risk Title

Insufficient covid security measures in place at the UTC to effectively manage staff and patient safety.

Full Risk Description

Significant concerns have been raised by members of staff about the lack of appropriate controls in place to safely manage both possibly Covid positive and other 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

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	2
Adult Services / Bristol South / Bristol S	**Severity**	4	**Severity**	4
	Risk Score	16	**Risk Score**	8

Categorisation & Monitoring Group

Category of Risk	Infection, Prevention & Control	Monitoring Group	Quality & Outcomes Committee

Controls

Details of Controls

Current Controls

- 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 isolation room has been identified for possible COVID-19 positive patients.
- A second isolation room has been identified for vulnerable or shielding members of the public.

Actions

Action No.	1	Start Date	26/07/2021	Target Date	20/08/2021	Completion Date	13/08/2021

Action Description	Senior IP&C walk-around to be arranged at the UTC with Sirona and CCG representation. Recommendations for improvement to be made following the visit.

Progress	Sirona IP&C Lead completed walk around 30/7/21. Report submitted to Sirona Exec and to UHBW Director of Nursing. CCG Director of Nursing visit planned for 16th August and UHBW Deputy Director for IP&C visit planned for 20th August. Target date amended to reflect these additional visits.

Action No.	2	**Start Date**	01/08/2021	**Target Date**	31/08/2021	**Completion Date**	14/12/2021

Action Description	Recommendations from IP&C walk-around to be discussed with Clinical Team and developed into an options appraisal / SOP for implementation.
Progress	Agreement to use additional seating in the atrium on a more permanent basis secured with UHBW and arrangements now in place.

Action No.	3	**Start Date**	01/08/2021	**Target Date**	31/12/2021	**Completion Date**	14/12/2021

Action Description	Implement front door streaming, 7 days per week, at the UTC as soon as practically possible. Will require additional resource which needs to be costed and will be funded through the Covid budget.
Progress	Insufficient resource to enable front door streaming 7 days per week without significantly reducing the capacity of the unit. Current resource planning is considering how to make the shift lead super-numerary so that they can stream as and when needed. Action closed.

Action No.	4	**Start Date**	22/10/2021	**Target Date**	30/11/2021	**Completion Date**	10/01/2022

Action Description	SBAR written to address crowding and infection control risk in the waiting room
Progress	invite to professional council to present SBAR

Action No.	5	**Start Date**	22/11/2021	**Target Date**	31/12/2021	**Completion Date**	22/11/2021

Action Description	
Progress	ongoing discussions with UHBW to agree additional space within SBCH atrium to separate patients Remote clinical; assessment has gone live in October to allow patients to be assessed remotely. This would allow patients to remain safely in their cars until appointment time

Action No.	6	**Start Date**	14/12/2021	**Target Date**	14/12/2021	**Completion Date**	10/01/2022

Action Description	remote assessment in operation which will mitigate some of the risk for covid-19 Additional space has been secured in the atrium to allow more social distancing Screens have been purchased to enable a division for higher risk patients
Progress	all above actions now complete new national guidance followed adequate measures in place to meet national and Sirona guidelines

Risk Reviews	**Review Frequency** 1 - Monthly (Risk Score 12-25)	**Next Review** 09/02/2022
Review Date 10/01/2022	**Review Details**	

Review Date	14/12/2021	**Review Details**	screens purchased to enable segregation of the waiting room remote assessment now in operation additional space negotiated in the SBCH atrium
Review Date	22/11/2021	**Review Details**	risk remains unchanged currently waiting for feedback regarding IPC OPEL escalation awaiting sign off for SBAR at professional council

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Risk

Risk No. & Ver.	450 v.1	Date	01/11/2021	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	4 x 3 = 12

Risk Title

Staff Turnover

Full Risk Description

As a result of large scale organisational change, national workforce shortages, staff burnout, increased levels of demand on our services as a result of the Covid-19 pandemic there is a risk that our staff turnover increases impacting on our ability to deliver effective services and maintain staff morale.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	2
Corporate Services / Sirona-Wide / Sirona-Wide	**Severity**	4	**Severity**	4
	Risk Score	16	**Risk Score**	8

Categorisation & Monitoring Group

Category of Risk	Workforce	Monitoring Group	Quality & Outcomes Committee

Controls

Details of Controls

Current Controls

Specific dedicated piece of work underway to focus on staff retention. Itchy feet programme introduced. Data analysis to Quality and Outcomes committee in October 2021. Exit interview process fully embedded with support from People Partners. Further work underway as part of winter group to focus on specific interventions locally to support retention.

Actions

Action No.	1	Start Date	01/04/2021	Target Date	24/11/2021	Completion Date	24/11/2021
Action Description	Specific dedicated piece of work underway to focus on staff retention. Itchy feet programme introduced.						
Progress	Itchy feet programme introduced. Data analysis to Quality and Outcomes committee in October 2021. Exit interview process fully embedded with support from People Partners. Further work underway as part of winter group to focus on specific interventions locally to support retention.						

Action No.	2	Start Date	01/09/2021	Target Date	31/01/2022	Completion Date	/ /
Action Description	Year-1 plan completed. Support requested from line manager to progress complete implementation and develop longer-term plan September 2021						
Progress							

Action No.	3	Start Date	01/08/2020	Target Date	31/12/2021	Completion Date	31/12/2021

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Action Description	Completed actions to date: Aug 20 - Nov 21 - Participated in BNSSG Colleague Retention Collaboration group to develop resources together Jan 21 - Reviewed HR policies supporting colleague retention Feb 21 - Wrote Developing our Colleague Retention Strategy and Colleague Retention Plan Mar 21 - Introduced Wellbeing Leave days Apr 21 - Reviewed findings from Sirona's NHS Staff Survey Apr 21 - Introduced data collection via ESR on reasons for leaving May 21 & Oct 21 - Analysed Sirona's leavers data - deep dive May 21 onwards - Began publicising colleague retention events (16 to date, well attended) Jun 21 - Paper to People & Development Leads on colleague retention Jun 21 - Publicised HR policies and other support for colleague retention, focusing on main reasons for leaving Jun 21 - Developed managers' resource for coaching conversations and signposting, focusing on main reasons for leaving Jun 21 - Developed self-service signposting resource for all staff, based on main reasons for leaving Jun 21 - Created Sirona's colleague retention Community of Practice group, following engagement at EDI Networks and Our Voice Jun-Sept - Delivered self-determined programme Aug 21 - Introduced NHS Pulse Survey Aug 21 - Introduced Itchy Feet service pilot Sept 21 - Exit interviews commenced Sept 21 - Paper to People & Development Leads on colleague retention Community of Practice Oct 21 - Presentation to Quality and Outcomes Board Committee Dec 21 - Itchy Feet pilot interim evaluation
Progress	All actions completed

Risk Reviews	**Review Frequency** 1 - Monthly (Risk Score 12-25)	**Next Review** 26/02/2022

Review Date	27/01/2022	**Review Details**	Completed actions to date: Aug 20 - Nov 21 - Participated in BNSSG Colleague Retention Collaboration group to develop resources together Jan 21 - Reviewed HR policies supporting colleague retention Feb 21 - Wrote Developing our Colleague Retention Strategy and Colleague Retention Plan Mar 21 - Introduced Wellbeing Leave days Apr 21 - Reviewed findings from Sirona's NHS Staff Survey Apr 21 - Introduced data collection via ESR on reasons for leaving May 21 & Oct 21 - Analysed Sirona's leavers data - deep dive May 21 onwards - Began publicising colleague retention events (16 to date, well attended) Jun 21 - Paper to People & Development Leads on colleague retention Jun 21 - Publicised HR policies and other support for colleague retention, focusing on main reasons for leaving Jun 21 - Developed managers' resource for coaching conversations and signposting, focusing on main reasons for leaving Jun 21 - Developed self-service signposting resource for all staff, based on main reasons for leaving Jun 21 - Created Sirona's colleague retention Community of Practice group, following engagement at EDI Networks and Our Voice Jun-Sept - Delivered self-determined programme Aug 21 - Introduced NHS Pulse Survey Aug 21 - Introduced Itchy Feet service pilot Sept 21 - Exit interviews commenced Sept 21 - Paper to People & Development Leads on colleague retention Community of Practice Oct 21 - Presentation to Quality and Outcomes Board Committee Dec 21 - Itchy Feet pilot interim evaluation
Review Date	19/01/2022	**Review Details**	Risk reviewed - no change in position.

Review Date	22/12/2021	**Review Details**	Risk reviewed - no change in position Managers data requirements discussed at People & Development Group Dec 21. All information is currently available, some needs to be communicated and/or presented differently.

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
454 v.2	30/11/2021	02 Corporate	1 - Open	4 x 4 = 16

Risk Title

NW Bristol Planned Community Nursing - Deferring of patient visits risks to patient harm

Full Risk Description

Frequent risk of delayed, deferred or cancelled planned nursing patient visits due to service capacity and unavailable bank, agency or mutual aid support.

Staff morale and high workload risks due to daily frequency of deferring essential visits.

Increased patient and professional complaints.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	3
Adult Services / Bristol North And West / Affinity	**Severity**	4	**Severity**	3
Adult Services / Bristol North And West / Health West/Phoenix	**Risk Score**	16	**Risk Score**	9
Adult Services / Bristol North And West / Northern Arc				

Categorisation & Monitoring Group

Category of Risk	Patient Safety & Clinical Quality	Monitoring Group	Quality & Outcomes Committee

Controls

Details of Controls

Current Controls

All EMIS visits are RAG rated - Red / Amber / Green based on clinical need and frequency required. Coordination staff utilise wound care triage SOP and clinical judgement each day 08.00 - 20.00 to determine urgency, clinical need and frequency of which visits are allocated and those that are deferred or cancelled when no capacity is available
And aim to allocate all Red RAG rated visits each day. Review of any visits that have been deferred the previous day to allocate for urgent visit as soon after the date it was deferred when there is capacity.

Proactive planning and review of staff rotas, planned EMIS schedules and processes to produce data and information to plan ahead, reduce risk and request mutual aid and support. Book agency, bank and incentive rate payments to increase clinical capacity to reduce deferring activity

Completion of daily deferred patient lists for audit and review. Recording and documenting all deferred visits in EMIS. Record and document numbers of RAG deferred visits on daily sitrep, escalation to Bronze when numbers are >10 unallocated Red RAG visits each day. Daily Safety Briefing meeting to review situation, move resources, provide support to staff.

Aim to telephone all patients to advise we have deferred or cancelled a visit due to capacity

Actions

Action No.	1	Start Date	12/12/2021	Target Date	30/03/2021	Completion Date	/ /
Action Description	NW ICC Action plan in place which covers this risk						

Progress	ICC Action plan in place

Risk Reviews		**Review Frequency** 1 - Monthly (Risk Score 12-25)	**Next Review** 27/02/2022
Review Date	28/01/2022	**Review Details**	Deferred schedule template introduced to monitor deferred visits. high numbers persist due to vacancies, organisational sit rep ahs improved ability to request support in transparent way across Sirona
Review Date	29/12/2021	**Review Details**	NW ICC action plan in place

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Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
459 v.1	07/12/2021	02 Corporate	1 - Open	4 x 4 = 16

Risk Title

Recruitment challenges due to national shortage of health professionals

Full Risk Description

As a result of a national shortage of skilled and unskilled health professionals, there is a risk that we will be unable to fill our vacancies and maintain appropriate levels of staffing.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	3
Corporate Services / People & Development / Sirona-Wide	**Severity**	4	**Severity**	2
	Risk Score	16	**Risk Score**	6

Categorisation & Monitoring Group

Category of Risk	Workforce	Monitoring Group	Quality & Outcomes Committee

Controls

Details of Controls

Current Controls

- Creation of a recruitment attraction campaign implemented in August 2021, including social media updates and 'back of bus' advertising.
- Introduction of Employee Referral Scheme to encourage team members to introduce friends and family to Sirona. Two tiers of award available, based on high priority and standard priority vacancies.
- Introduction of Relocation Policy to encourage applications from suitably qualified candidates from outside BNSSG.
- Ongoing engagement with BNSSG Recruitment Group to identify methods of attracting and recruiting Health Care Support Workers and working together to enhance these.
- Obtained NHSE funding to support additional attraction and induction support for Health Care Support Workers (HCSW)
- Project running to recruit up to 30 nurses from overseas to join teams in rehab units and community nursing.
- Project started to recruit 3 podiatrists from overseas to join Specialist Services in late 2022.

Actions

Action No.	1	Start Date	01/10/2021	Target Date	30/10/2021	Completion Date	31/10/2021
Action Description	Introduction of Employee Referral Scheme to encourage staff referrals for local and national suitable candidates						
Progress							

Action No.	2	**Start Date**	01/10/2021	**Target Date**	17/01/2021	**Completion Date**	05/01/2022
Action Description	Introduction of Relocation Policy to attract suitable candidates from outside BNSSG geography and support their relocation to the local area.						
Progress	Policy and associated launch comms issued, targeting high priority roles in line with employee referral scheme.						
Action No.	3	**Start Date**	01/04/2021	**Target Date**	30/06/2022	**Completion Date**	/ /
Action Description	Recruitment of international nurses to provide an additional talent pipeline from outside the UK.						
Progress	3 suitable candidates identified through Yeovil supply chain for international recruitment. Offers to be made w/c 31/01. Further candidates to be requested from Yeovil for manager review.						
Action No.	4	**Start Date**	01/10/2021	**Target Date**	31/01/2021	**Completion Date**	05/01/2022
Action Description	Funding big submitted to support international nurse recruitment.						
Progress	Funding award confirmed.						
Action No.	5	**Start Date**	01/04/2021	**Target Date**	31/03/2022	**Completion Date**	/ /
Action Description	Ongoing engagement with BNSSG Recruitment Group to identify methods of attracting and recruiting Health Care Support Workers and working together to enhance these.						
Progress	Ongoing with monthly meetings and a variety of activities including Indeed webinars; Employee Value Proposition development.						
Action No.	6	**Start Date**	02/08/2021	**Target Date**	31/03/2022	**Completion Date**	/ /
Action Description	Create Sirona attraction campaign as a mix of different activities including careers events; bus advertising; social media campaigns						
Progress	Tesco hoarding adverts to go live outside Tesco supermarkets across BNSSG geographies from 31/01 to 27/02						

Risk Reviews		**Review Frequency** 1 - Monthly (Risk Score 12-25)		**Next Review**	11/02/2022
Review Date	12/01/2022	**Review Details**	Risk remains high due to ongoing national shortages. Mitigations in place via relocation policy, employee referral and international nurse recruitment, backed up by extension of recruitment attraction campaigns but these will take a number of months to take full effect.		

Risk

Risk No. & Ver.	377 v.2	Date	29/07/2021	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	4 x 4 = 16

Risk Title

Reduced capacity in SG INTs leading to increased patient risk, decreased staff wellbeing and reputational damage

Full Risk Description

Because of the reduced capacity in SG INTs there is a risk to patients and to staff wellbeing and of reputational damage

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	3
Adult Services / S. Glos / Network 4	**Severity**	4	**Severity**	3
Adult Services / S. Glos / 4PCN	**Risk Score**	16	**Risk Score**	9
Adult Services / S. Glos / Severnvale				
Adult Services / S. Glos / The Stokes				
Adult Services / S. Glos / Yate And Frampton				

Categorisation & Monitoring Group

Category of Risk	Capacity & Demand (Operational)	Monitoring Group	SLT

Controls

Details of Controls

Current Controls

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

Staff are offered enhanced rates of pay. Staff encouraged to take adequate breaks. Bank and agency resourced where possible. Family and carer support enlisted where possible. Staff reviewing and reprioritising caseloads

Actions

Action No.	1	**Start Date**	01/11/2021	**Target Date**	29/12/2021	**Completion Date**	/ /
Action Description	Staff encouraged to record adverse events when capacity is impacting on activity						
Progress							
Action No.	2	**Start Date**	01/11/2021	**Target Date**	29/12/2021	**Completion Date**	/ /
Action Description	Staff reviewing caselaods to minimise risk to service users						
Progress							
Action No.	3	**Start Date**	01/11/2021	**Target Date**	29/12/2021	**Completion Date**	/ /
Action Description	Recruitment and skill mixing to all vacancies in INTs						
Progress							
Action No.	4	**Start Date**	01/11/2021	**Target Date**	29/12/2021	**Completion Date**	/ /
Action Description	Bank and agency staff being sourced where possible						
Progress							

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 04/02/2022

Review Date	05/01/2022	**Review Details**	Remains a significant risk, with recruitment looking better but increasing amounts of staff sickness due to Covid.
Review Date	25/11/2021	**Review Details**	Risk reviewed; no change but recruitment on-going
Review Date	29/09/2021	**Review Details**	Ongoing risk
Review Date	25/08/2021	**Review Details**	Risk level updated from local to corporate (based on risk score) in line with Risk Mgt Policy

Risk

Risk No. & Ver.	49 v.20	Date	17/05/2020	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 4 = 12

Risk Title

The risk is that the Heart Function Service cannot deliver a full service to patients, waiting times may increase because of reduced staffing levels.

Full Risk Description

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.
Staff are feeling overwhelmed with increasing new referrals into currently at capacity caseloads; it is apparent staff are very tired with low resilience (compounded by a busy 2020 Pandemic for the team) Staff are working extra hours (unpaid) to keep on top of workload and this is affecting work life balance and mental health.
Impact
- delay in assessment and treatment for patients; may lead to harm
-Staffing burnout , sickness and attrition
- unable to meet contractual requirements

Additionally:
-the variation in service model prior to transfer,(no service in SGlos, limited service NSom)
-significant increase in demand and complexity of patients following restoration and due to secondary care pressures (earlier d/c),
-expectations of the system to increase scope of the services now to include GP referrals from S Glos.
-Expectations to provide advice and guidance
-Expectations to support INT -MDT
-restrictions to service secondary to COVID -19. COVID has impacted on delivery model due to social distancing and issues with access to clinic space. Increasing time for each appt and reducing capacity of the service over all. Increased need to deliver home visits (which are time consuming)
-Access to clinics is challenging impacting capacity
-The team has reduced substantive experienced wte clinicians.(there is also 1 staff member on maternity leave. Admin also reduced due to vacancy)
Unable to source agency with appropriate skills and ability to operate without support (as this is limited),

Services affected by Risk	Current Risk	Target Risk

Open Board 15+ Monitoring Group Report

Division / Specialty / Directorate	Likelihood	4	Likelihood	3
Specialist Services / SASS / Heart Failure	Severity	4	Severity	2
Specialist Services / SASS / Heart Failure	Risk Score	16	Risk Score	6
Specialist Services / SASS / Heart Failure				

Categorisation & Monitoring Group

Category of Risk	Capacity & Demand (Operational)	Monitoring Group	SLT

Controls

Details of Controls

Current Controls

Meetings with team to develop plan
prioritising workload and holding wait list where applicable
increasing the amount of digital methods to support capacity

support to staff well being - regular caseload reviews, huddles as teams, work planning, opportunity to undertake well being activity within Sirona

Effective referral management processes - criteria/ forms/ SOP for waiting list management

Effective caseload managmeent

Action Not A Control

recruitment of extra staff to manage the expansion of service anticipated in the SGlos area.
Working with weston to get consultant to mirror the activity of Doctor in Bristol

Ongoing regular caseload reviews.
Newly appointed staff in post who are going through induction.
Diagnostic clinic starting in Weston being piloted Feb.
Waiting times manageable but ongoing significant referrals from both acute trusts of complex patients.
Twice weekly huddles with team and ongoing support to staff well being.
Uncertainties around NBT commitments to the service still to be decided to facilitate S Glos referrals fully.
Estates an ongoing problem with limited clinic availability in South Bristol particularly.

Ongoing variation in the delivery of service model throughout BNSSG. Contractual arrangements not in place with secondary care providers, hampered by lack of engagement.
Currently the service is fully staffed. Two wte undergoing induction and training, needing significant support and mentorship from senior team to upskill.
Waiting times are very good. Flow into the service from secondary care (ESD) has slowed somewhat but remains unpredictable.
Covid IPC restrictions limit clinic activity (Diagnostic and nurse led)
Estates remain a significant issue (will be added as new ongoing risk) to the efficient delivery of the service.

1. Risk raised with specialist services manager. Agreed initiate waiting list for those patients deemed more stable albeit there are risks to this.
2. Apply to change traffic light status (TLS) of Entresto from amber 3 month to amber 1 month, this will allow earlier discharge of this cohort of patients (if stable) back to GP for optimization.

Controls

Details of Controls

Action Not A Control

3. In liaison with secondary care to better streamline referrals so that the expertise of the team can be used effectively. Less complex patients discharged directly back to GP with management plan.
4.Ongoing caseload support by clinical lead to the team facilitating management plans and discharge planning.
5.Look at roles with INT's to support the team in facilitating earlier discharge with support.
6. Staff encouraged to access EAP in addition to sourcing resources available on Sirona intranet for staff wellbeing.

Developed referral form and criteria with more robust measure to support triage. From 1/8 there will be coordinator of the day to support team with queries. Staff having regular 121s and reducing caseloads in B7 to support regualar meetings with B6. Developed better system for allocation of work to unreg workforce increasing capacity in the registered.

Actions

Action No.	1	**Start Date**	05/11/2020	**Target Date**	20/11/2020	**Completion Date**	01/09/2021
Action Description	Create enhanced clinical triage process						
Progress							
Action No.	2	**Start Date**	04/05/2021	**Target Date**	25/05/2021	**Completion Date**	/ /
Action Description	Application to change TLS for Entresto from amber 3 to amber 1 with support from NBT consultant BHI consultant to update BNSSG formulary.						
Progress	No further progress made with this - sitting with formulary team in CCG. Further "monitoring" meds have come on line - dapagaflozin impacting demand on service also, although this requires one follow up review rather than as per protocol for Entresto						
Action No.	3	**Start Date**	04/05/2021	**Target Date**	31/12/2021	**Completion Date**	/ /
Action Description	Look at roles within INTs in supporting the team facilitate early discharge.						
Progress	Amended date secondary to INT issues with capacity - unable t progress						
Action No.	4	**Start Date**	10/05/2021	**Target Date**	31/05/2021	**Completion Date**	01/06/2021
Action Description	Start waiting list with controls to safety net patients.						
Progress							
Action No.	5	**Start Date**	04/05/2021	**Target Date**	19/08/2021	**Completion Date**	01/09/2021
Action Description	ongoing support to staff. Regular caseload review. Reminders of EAP, Sirona wellbeing resources. Ongoing twice weekly team huddles. Encouraged to raise concerns with line manager or operational lead.						
Progress							
Action No.	6	**Start Date**	04/05/2021	**Target Date**	25/05/2021	**Completion Date**	01/09/2021

Action Description	Look at staff modelling around capacity (caseloads) with support form specialist services manager. Specifically: 1. Expectation of safe number of patients on caseload 2. Expectation of limitations to new referrals onto caseloads 3. Explore moving staff to provide more equitable caseload management.
Progress	

Action No.	7	**Start Date**	30/07/2021	**Target Date**	30/09/2021	**Completion Date**	29/09/2021

Action Description	Initiate coordinator role
Progress	coordinator role implemented in B7 level to support day to day management of team / querie and complete A&G - take pressure off B6s

Action No.	8	**Start Date**	01/05/2021	**Target Date**	24/03/2022	**Completion Date**	/ /

Action Description	enhance estates - particularly South Bristol and Weston
Progress	Riverbank has been pulled as an option for estates (by NHSPS). Still looking for estates in area. Possible opportunity at WGH - contact4ed the sister in OP who is reviewing the financial element re a room. Raised with estates team again to look to source other clinics space. Increased space in South Bristol with Brooklea becoming an option. Still issue with consultant clinics at SBCH due to extension of UTC due to 111 first

Action No.	9	**Start Date**	09/09/2021	**Target Date**	01/12/2021	**Completion Date**	/ /

Action Description	Initiated request to other SASS services for HCA/AP staff to support clinical ESD patients in the community
Progress	Dermatology offered support 1-2 days per week to support consultant clinics and complete home vistis. Will focus on North Somerset in first instabce

Action No.	10	**Start Date**	15/11/2021	**Target Date**	30/11/2021	**Completion Date**	17/12/2021

Action Description	Complete data clensing using BI for patients with no follow up - to determine any lost to follow up in the team
Progress	worked through caseload to confirm that no patients have been missed. new process to avoid patients appearing to be left on caselaod.

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 01/03/2022

Review Date	30/01/2022	**Review Details**	Situation remains unchanged, reviewing management support to the service
Review Date	22/11/2021	**Review Details**	Risk remains at same level even with actions and controls. Furhter actions enacted to support the service. RTW of B8 lead although on phased return. Recruitment was not successful in last round so back to advert again. Risk in estates remains challenge also and work continues with estates team to mitigate
Review Date	28/09/2021	**Review Details**	Increased risk level - due to staffing levels. 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

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	213 v.5	Date	17/09/2020	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	4 x 4 = 16

Risk Title

Capacity of Operational Services to absorb additional demand

Full Risk Description

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.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	2
Adult Services / Adults Only / N.Somerset	**Severity**	4	**Severity**	4
Adult Services / Sirona-Wide / Sirona-Wide	**Risk Score**	16	**Risk Score**	8

Categorisation & Monitoring Group

Category of Risk	Capacity & Demand (Operational)	Monitoring Group	SLT

Controls

Details of Controls

Current Controls

- Same Day Urgent care, can restrict services using SoP on a daily basis;
- INT capacity monitored via daily Bronze escalation meeting
- Use mutual aid between localities and SASS to address areas of greatest pressure
- Operate waiting list for access to DtA pathways - monitored on a daily basis
- Close monitoring (monthly) of recruitment and retention across operational services
- Daily monitoring of delays off the P1, P2, P3 caseloads shared at system calls as required.
- New sitrep reporting processes in place
- Use of incentive and premium rates across high priority services

Actions

Action No.	1	Start Date	15/10/2020	Target Date	31/03/2022	Completion Date	/ /
Action Description	Review of OPEL escalation cards across service areas						

Progress	current review of OPEL RAG to ensure standardised across localities. This has involved LMs. Tony Page currently working with BI to see how we might present this in a dashboard / at a glance.

Action No.	3	**Start Date**	12/01/2021	**Target Date**	30/03/2022	**Completion Date**	/ /

Action Description	Daily winter cell is demonstrating prolonged and increasing demands across many service areas, notably due to staffing and system wide pressures resulting from the pandemic. System and Sirona currently declaring OPEL 4. 7/7 Winter Cell and many system level calls in place. Internally additional support via redeployment and resourcing cells are also in place.
Progress	ongoing system OPEL 4 escalation remains. Surge planning and extremis conversations ongoing.

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 01/03/2022

Review Date	30/01/2022	**Review Details**	Risk remains the same but updated to reflect ongoing and increase demands on services
Review Date	23/11/2021	**Review Details**	Risk reviewed. Risk score remains unchanged. Controls and actions regularly under review as part of escalation calls.

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	240 v.10	Date	12/11/2020	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 4 = 12

Risk Title

reduced staffing capacity affecting the ability of the registered staff delivering services

Full Risk Description

The current risks are
_failure to deliver the contractual requirements fully
-increase in staff working over and above their contractual hours to manage all aspects of clinical delivery in line with the OPEL framework
-children within the universal caseload with unknow need will not be identified to support early detection and intervention support for families
_ in ability to provide a universal home visiting service in line with current PHE guidance
_staff will seek employment in other areas where colleagues report working conditions as 'better'
_increased risk or errors due to increase in individual caseload
_Increased stress and sickness levels
_Reduction in responsiveness to calls into the service
-every month there are between 26 and 40 babies that the service do not know about in the ante-natal period meaning that we are not able to account for this in the allocation of work this risk has been raised to the CCG for action

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	3
Children's Services / Childrens / Children's Public Health Nursing	**Severity**	3	**Severity**	1
Children's Services / Childrens / Children's Public Health Nursing	**Risk Score**	15	**Risk Score**	3

Categorisation & Monitoring Group

Category of Risk	Capacity & Demand (Operational)	Monitoring Group	SLT

Controls

Details of Controls

Current Controls

12-11-2020 Ability to use video technology

12.11.2020 SLT for HV team aware and monitoring with staff increased support offered to those we know are vulnerable
_Discussion by AL with Safeguarding team to raise awareness

Controls

Details of Controls

Current Controls

12.11.2020 That the well-baby clinics have been suspended due to Covid 19 freeing up capacity _The rapid access clinics to be reviewed and staffed by HV to reduce duplication and increase access by extending access hours
12.11.2020 In line with the OPEL framework visiting for Health Visitors will still carry out Pro-rata allocation of all cases and triage by the HV will determine level of vulnerability along with any information passed to the service by partner agencies or the family themselves Visiting will be as follows; Antenatal - Only complete targeted antenatals via video link Primary Birth Visits - complete all face to face 6-8 weeks - complete via video link unless targeted/safeguarding
rolling advert for band 5 and 6 staff
request for Bank support
allocation of work to staff being supported by the Assistant Leads to monitor caseload and ensure equity
02.03.2021 Allocation of safeguarding cases to be carried out with the support of the AL and SG teams to assess the need to rag-rate cases and allocate centrally on a needs led basis
01.02.2021 staffing discussed with Children's Services Lead... to explore the use of agency staff and to review the use of the OPLE tool and score and review risk on register prepare brief paper outlining current situation
02.03.2021 meeting held with SLT in NS HV service to assess what work we can safely stop at this time we are prioritising vulnerable children/CP targeted ante-natal contacts and primary birth visits alongside 6-8 week reviews we need to assess the viability of not carrying out face to face visits as a final option to support the staff to spend time making contact with clients and reducing travel time
meeting with the midwifery service locally to share the impact the lack of communication is having on service provision and to address solutions to the current problems meeting on the 15th of March

Actions

Action No.	2	Start Date	23/09/2021	Target Date	27/01/2022	Completion Date	/ /
Action Description	further action plan agreed with commissioners around staff delivery timescales for KPIs and meeting attendance to support on going inability to recruit staff						
Progress							

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 06/02/2022

Review Date	07/01/2022	Review Details	Commissioner agreed plans still supporting delivery since the risk has been opened we have only been able to recruit 1.6 wte band 6 HV into post skills mix has been recruited in to post and taken up some of the funding from the band 6 which means that while there is an over all reduction in band 6 vacancy the workload and pressure on them as registered practitioners is still critical and the move to increase their ability to be at the fore front of all visits relating to the HCP is not possible at this time. the service is now seeing the impact of

			COVID on staff for the first time and because we have 6 positive and 4 with symptoms and awaiting PCR results and 3 staff with long term sickness the risk will remain at 15 until the review is due next month
Review Date	24/12/2021	**Review Details**	Staffing at Band 6 remains a challenge and we have only been able to appoint the 1.6 students to start in the new year and does not cover the significant gap in staffing that still remains
Review Date	23/11/2021	**Review Details**	Commissioner agreed action plans are reported by staff to be supportive. Impact of staffing now reflected within the KPIs exceptions and actions in place for this within the highlight report. still reflecting national picture with staffing at SCPHN level with no external applicants for the post situation remains the same and risk still considered to 15

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
363 v.5	18/06/2021	02 Corporate	1 - Open	3 x 4 = 12

Risk Title

MSKI Staffing

Full Risk Description

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.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	2
Specialist Services / SASS / MSK Interface CLOP	**Severity**	3	**Severity**	2
Specialist Services / SASS / MSK Interface CLOP	**Risk Score**	15	**Risk Score**	4
Specialist Services / SASS / MSK Interface CLOP				

Categorisation & Monitoring Group

Category of Risk	Capacity & Demand (Operational)	Monitoring Group	SLT

Controls

Details of Controls

Current Controls

SBAR to be submitted for consideration of enhanced rate for Sirona staff and locums if available utilising recovery funding received (SKE)

Control Ineffective/not Working

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.

SBAR submitted 08/10/2021

MSKI capacity and demand trajectory mapping identifies increasing average wait time across BNSSG with Bristol peripheral waits increasing disproportionately to other areas due to level of vacancy held. Clinical capacity from SG and NS is being utilised to support Bristol MSKI triage to optimise Bristol clinical capacity for patient contact.

Actions

Action No.	3	Start Date	29/11/2021	Target Date	20/12/2021	Completion Date	/ /

Action Description	To define staffing requirements post consultation and prepare for appropriate recruitment as soon as consultation has been completed to ensure appropriate staffing of service to support capacity and minimise risk

Progress							
Action No.	4	**Start Date**	30/12/2021	**Target Date**	30/12/2021	**Completion Date**	/ /
Action Description	To request that elective recovery money can be carried over into 2021/2022 financial year due to limited clinician availability currently and restrictions on recruitment to date due to ongoing consultation.						
Progress							

Risk Reviews		**Review Frequency** 1 - Monthly (Risk Score 12-25)	**Next Review** 01/03/2022
Review Date	30/01/2022	**Review Details**	Capacity still not sufficient to meet demand.
Review Date	30/12/2021	**Review Details**	SBAR for use of recovery funds and 8a incentivised rate approved. Hours coming into effect through November, December and January depending on availability. However, capacity offered still significantly less that demand. 1 member of staff offering hours now also off sick following surgery for acute MSK injury. Continuing to scope locum availability but as yet nil available therefore requesting that recovery funding can be carried over into 21/22 financial year. Existing capacity impacted by absence - sickness/compassionate/mat leave not specifically covid related as yet. MSKPOD consultation has been able to resume. Expression of interest phase closing 07/01/22 therefore planning to be able to start recruitment in late Jan/early Feb. SBAR approved in Professional Council 29/30/2021 for partial restoration of F2F 1st appointments for specific cohort of patients to reduce duplication and delay in patient pathway once reached top of waiting list and started care within the service.

VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	8th February 2022
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	13 Finance and Performance Committee Proposal
Presenter:	Janet Rowse
Notes:	To give a presentation setting out the proposal.

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