Board Meeting Papers Pack A

Meeting Date:

10th May 2022

BOARD MEETING IN PUBLIC

Date:	**10th May 2022**
Venue:	MS Teams
Time:	2:00 – 5:00pm

AGENDA

			Paper/Verbal Presented by	Approx. Timing
	2:00 pm	**MAIN MEETING (Pack A Papers)**		
1.	**Welcome and Apologies:**			
2.	**Declaration of Interest** Board members are asked to declare if they have any direct or indirect interest in the items to be considered at the meeting		Amanda Cheesley Verbal	10 mins
3.	**Minutes of the Decisions in Writing:** To formally approve as a correct record the minutes of the following decisions made via written procedure: i. **CEO Sabbatical and Interim Arrangements (25.03.22)** ii. **Appointments of the Director of Operations, the new Non-Executive Director & Interim Arrangement of the Transformation Directorate (20.04.22)**			
	2.10 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		Julie Sharma Paper	20 mins
5.	**Interim Medical Director Appointment** To formally approve the interim appointment whilst substantive recruitment processes are underway		Julie Sharma Paper	5 mins
6.	**Ratification of urgent decision on Companies House Director registrations** To formally approve and record the change to Director registrations in response to Board appointments		Julie Sharma Paper	5 mins
7.	**Chair and Non-Executive Directors' Report** To update the Board on matters not covered elsewhere on the agenda.		Chair & NEDS Verbal	5 mins
	2.45pm	**REGULAR ASSURANCE REPORTING**		
8.	**Quality & Outcomes Committee Summary** To present to the Board the Monthly key findings and provide assurance on the safe delivery of services		Paul May/ Mary Lewis Presentation	15 mins
9.	**Peoples Council Summary** To present to the Board the Monthly activities and decisions from meetings of the Peoples Council		Claire Valsler Verbal	15 mins
10.	**Finance Report** To account to the Board for the financial performance up to and including M11 - To include update on equipment purchases made in February/March		Clive Bassett Paper	15 mins

	3.30 to 3.40 pm	**BREAK**		
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	15 mins
12.	**Risk Register** To update the Board on the position of risks with a score of 15 or more and consider any new risks as defined within the Risk Management Policy		Mary Lewis Paper	10 mins
13.	**Annual Digital Report** To report to the Board on key activities and achievements within the Digital Programme		Clive Bassett Paper	10 mins
14.	**Staff Survey & Engagement** Progress update on action plans developed from the results of the annual survey		Sarah Margetts Paper	10 mins
15.	**Professional Council Summary** To present to the Board the Monthly activities and decisions from meetings of the Professional Council		Mary Lewis Presentation (tabled)	5 mins
16.	**Annual Quality Account** To receive a verbal update on development, noting the final version will be circulated for approval ahead of the publication deadline of 30th June		Mary Lewis Presentation	10 mins
	4.35pm	**CONSENT AGENDA ITEMS (Pack B Papers)**		
17.	**Consent Agenda Cover Report** To inform the Board of the items covered under this section of the agenda		Donna Cairns Paper	
18.	**NHSI (Monitor) Licence Conditions Compliance** To approve the Board's to self-assessment and confirm compliance with the NHS Improvement licence conditions		Donna Cairns Paper	
19.	**Annual EPRR Report** To receive the annual report for assurance following review by the SLT		Ceridwen Massey Paper	
	4.40pm	**PUBLIC QUESTIONS (Received in advance)** Questions will be dealt with earlier in the meeting, following the agenda items the questions relate to at the Chair's discretion.		
20.	**PUBLIC QUESTIONS** Boards response to questions received in advance relating to this agenda		Amanda Cheesley	5 mins
	CHAIRS SUMMING UP & CLOSE OF PUBLIC SESSION			
	4.50pm	**PRIVATE SESSION ITEMS (Pack C Papers – Board Only)**		
21.	**Incident Response Plan (private session item due to identifiable data)** To approve the plan as presented		Ceridwen Massey Paper	10 mins
22.	**Board Minutes** To approve the minutes of the Private Board meeting held on 8th March 2022		Amanda Cheesley	
23.	**Action List and Matters Arising** Update on actions arising from previous meetings		Amanda Cheesley	
24.	**5.00pm**	**CHAIRS SUMMING UP & CLOSE**		

	Forward Meeting Dates			
	DATE	**TIME**	**MEETING TYPE**	**VENUE**
	14th June 2022	**10 - 4pm**	**Seminar**	**In person - Well Led, CQC actions**
	12th July 2022	**2 – 5pm**	**Confidential**	**TBC**
	9th August 2022	**10 – 4pm**	**Seminar**	**In person – Pill**
	13th September 2022	**2 – 5pm**	**Public**	**TBC**
	11th October 2022	**10 – 4pm**	**Seminar**	**In person – Joint with Members**
	8th November 2022	**2 – 5pm**	**Public**	**TBC**
	13th December 2022	**10 – 4pm**	**Seminar**	**In Person - TBC**
	10th January 2023	**2 – 5pm**	**Confidential**	**TBC**
	14th February 2023	**2 – 5pm**	**Public**	**TBC**
	14th March 2023	**2 – 5pm**	**Confidential - Budget**	**TBC**

Business proposed for the Board 2022/23

The Board will receive the following reports at formal meetings other than seminars:

- Service User Story
- Chief Executive Briefing
- Chair and NEDs Briefing
- Committee Summary reports (at Board meetings following the recent Cttee meetings): Quality & Outcomes; Audit & Assurance; Professional Council, People's Council, EDI, Finance & Performance
- Quality Reporting
- Operational Performance Report
- Finance Report
- Risk Register

April
Seminar

- Board Evaluation

+ Approval of Director Appointments

May
Meeting in Public

- Public Questions on the Agenda
- CQC Report
- Staff Survey Results
- Digital Update
- NHSI (Monitor) Licence Condition compliance review
- Raising Concerns, FTSU & Whistleblowing Policy
- EPRR Annual Report

June
Seminar

Topic – Well Led and CQC Action Plan

July
Private meeting

- Quality Account
- Annual Health and Safety Report
- People & Development Annual Report
- Modern Slavery Statement and Action Plan
- Strategy and Business Plan Performance
- Board Assurance Framework Strategic Risks Update
- Gender Pay Gap Report
- Workforce Race Equality Standard Action Plans
-

August
Seminar

- Topic TBD

September
Meeting in Public

- Public Questions on the Agenda
- Annual Report and Finance Statements
- CIC Annual Report
- EDI Annual Report
- Medical Staff Appraisal & Revalidation
- Freedom to Speak up 6 month update

October
Seminar

- Strategy Review

November
Meeting in Public

- Public Questions on the Agenda
- Winter Planning
- Digital Update
- Estates Annual Report
- Strategy and Business Plan Performance
- Board Assurance Framework Strategic Risks Update
- IPC & Safeguarding Annual Reports

December
Seminar

- Topic TBD

January
Private meeting

- Freedom to Speak Up 6 month update
- Winter Plan Update
- Strategy and Business Plan Performance
- Board Assurance Framework Strategic Risks Update

February
Meeting in Public

- Public Questions on the Agenda
- Medical Revalidation
- Board Planner 2023/24
- Governance Framework Review

March
Private meeting

- Budget Setting
- Business Plan Update
- NED Term of Office Review

Items 01 & 02
VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	10th May 2022
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	01 – Welcome and Apologies 02 – Declarations of Interest
Presenter:	Amanda Cheesley
Notes:	To open the meeting outlining any special instructions for the running of the meeting on MS Teams and formally note apologies To receive any declarations of interest for formal noting in the minutes

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

Item 03.1 - Minute of Decision by Written Procedure – Sirona Board

Date of Decision	Friday 25th March 2022
Recipient of Directors' Responses	Donna Cairns, Head of Corporate Governance

Confirmation of votes Item 1:

VOTING COMPANY DIRECTORS		**IN FAVOUR**	**AGAINST**
Amanda Cheesley	Chair	✓	
Barbara Brown	Non-Executive Director	✓	
Lorna Harrison	Non-Executive Director	✓	
Simon MacSorley	Non-Executive Director		
Paul May	Non-Executive Director	✓	
Janet Rowse*	Chief Executive	✓*	
Clive Bassett	Finance Director	✓	
Julie Sharma*	Deputy Chief Executive (Director of Transformation)		
Mary Lewis	Director of Nursing & Quaity	✓	
OTHER BOARD MEMBERS			
Jenny Theed	Director	✓	
Ceridwen Massey	Acting Director of Operations		
Sarah Margetts	Director of People and Development		
Mike Richards	Director of Therapies		
Nura Aabe	Associate Non-Executive Director		

*Janet Rowse and Julie Sharma did not vote on decisions 1 and 2 due to conflicts of interest.

Item	Decision
1.	**INTERIM CHIEF EXECUTIVE AND EXECUTIVE DIRECTOR ARRANGEMENTS** Report of Amanda Cheesley, Chair of the Board and Sarah Margetts, Director of People and Development, 22nd March 202 **DECISION**: The Board approved the following: 1. The 12 month employment break (otherwise referred to as an "unpaid sabbatical") of Janet Rowse, Chief Executive from 1st April 2022 on the terms as set out in this report. 2. The appointment of Julie Sharma as Acting Chief Executive for the period of Janet's absence. 3. The registration of Sarah Margetts, Director of People and Development as a Company

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Item 03.2 - Minute of Decision by Written Procedure – Sirona Board

Date of Decisions	Wednesday 20th April 2022
Recipient of Directors' Responses	Donna Cairns, Head of Corporate Governance

Confirmation of votes Item 1: DIRECTOR OF OPERATIONS APPOINTMENT AND UPDATE ON INTERIM DIRECTOR OF TRANSFORMATION ARRANGEMENTS

VOTING COMPANY DIRECTORS		IN FAVOUR	AGAINST
Amanda Cheesley	Chair	✓	
Barbara Brown	Non-Executive Director	✓	
Lorna Harrison	Non-Executive Director	✓	
Simon MacSorley	Non-Executive Director	✓	
Paul May	Non-Executive Director	✓	
Julie Sharma	Acting Chief Executive	✓	
Clive Bassett	Finance Director	✓	
Mary Lewis	Director of Nursing & Quaity	✓	
OTHER BOARD MEMBERS			
Jenny Theed	Director	✓	
Ceridwen Massey*	Acting Director of Operations	✓*	
Sarah Margetts	Director of People and Development		
Mike Richards	Director of Therapies		

*Ceridwen Massey did not vote on the first recommendation due to a conflict of interest however she confirmed her support for the Director of Transformation Interim Arrangements.

Item	Decision
1.	**DIRECTOR OF OPERATIONS APPOINTMENT AND UPDATE ON INTERIM DIRECTOR OF TRANSFORMATION ARRANGEMENTS** **DECISION**: The Board ratifies the appointment of Ceridwen Massey as Director of Operations from a date to be agreed with the Acting Chief Executive. The Board also noted the short-term arrangements for a review of the Transformation portfolio and the commencement of a 10 week contract for a senior management advisor role. **REASONS FOR DECISION** The appointment of Ceridwen Massey followed a Formal, rigorous and transparent recruitment and selection procedure, detailed in the report. Ceridwen brings huge experience, knowledge and passion

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	to the role which has been demonstrated throughout the past six months whilst she has been filling the role on an interim basis and this was further reinforced at every stage of the recruitment process. The recruitment team have confirmed that Fit and Proper Person checks have been completed. The interim arrangements for the Transformation portfolio were set out in the report. Proposals for the longer-term provision will be brought to the Board in due course. **ACTION**: Ceridwen will be registered as a Director with Companies House within 14 days of appointment, by the Head of Corporate Governance.

Confirmation of votes Item 2: APPOINTMENT OF NEW NON-EXECUTIVE DIRECTOR

VOTING COMPANY DIRECTORS		**IN FAVOUR**	**AGAINST**
Amanda Cheesley	Chair	✓	
Barbara Brown	Non-Executive Director	✓	
Lorna Harrison	Non-Executive Director	✓	
Simon MacSorley	Non-Executive Director	✓	
Paul May	Non-Executive Director	✓	
Julie Sharma	Acting Chief Executive	✓	
Clive Bassett	Finance Director	✓	
Mary Lewis	Director of Nursing & Quaity	✓	
OTHER BOARD MEMBERS			
Jenny Theed	Director	✓	
Ceridwen Massey	Acting Director of Operations	✓	
Sarah Margetts	Director of People and Development		
Mike Richards	Director of Therapies		

Item	Decision
2.	**APPOINTMENT OF NEW NON-EXECUTIVE DIRECTOR** **DECISION**: That Anil Patil be appointed as a Non-Executive Director for a 3 year term of office, to commence on a date to be agreed with the Chair following satisfactory completion of the Fit and Proper Person checks. **REASONS FOR DECISION** Details of the recruitment and selection process were set out in the report. This was in line with the Procedure for NED Appointment and Re-election. The Nominations Committee has given assurance to the Board that the recruitment and selection process has been a formal, rigorous and transparent procedure and that the fair and open process has led to a recommended candidate being selected on merit based on objective criteria. **ACTION**: Anil will be registered as a Director with Companies House within 14 days of appointment, by the Head of Corporate Governance.

Report to: Board Meeting

Date	10 May 2022	**Agenda item**	04
Title	Chief Executive Report – May 2022		
Author	Julie Sharma, Acting Chief Executive		
Lead Director	Julie Sharma	**Date signed off**	3 May 2022
Presented by	Julie Sharma	**Version**	1.0
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ✓		

Aims/Summary
To update the Board on key areas of activity not covered elsewhere on the agenda.

Options and decisions
The Board is asked to note the report for information.

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

Quality considerations
N/A

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

Key points

1. System Pressures

The health and care system across Bristol, North Somerset and South Gloucestershire (BNSSG) continues to be challenged by the impact of Covid on both demand and on staffing levels. Nationally, we are seeing a decline in the overall number of people in hospital with Covid-19 (reduced from 16,000 – 11,000 nationally over recent weeks) although staffing capacity remains a significant challenge through both sickness and vacancies.

In addition, we know that there are a large number of people on waiting lists, over 20,000 of whom have been waiting more than 2 years for treatment. The government has set the NHS a target of eliminating all two year + waits by July 2022.

A key factor in addressing these challenges is to ensure that we can maintain flow through our hospitals so that those who are waiting for a planned procedure can be admitted and then discharged in as timely a way as possible. This has been part of the national Discharge to Assess Programme (now referred to as "Home First").

Within BNSSG a Business Case was approved in November 2021 for the on-going delivery of additional services to support:

- More people being able to return home from hospital without the need for additional NHS/Social Care support
- A more streamlined discharge process for all people leaving hospital to reduce the overall length of stay

This came with additional funding aligned to agreed services to achieve a set of initial targets by March 22 with full achievement of the Business Case objectives by March 2023.

Due to a number of different factors, not least of which has been the difficulty in recruiting new staff to support this initiative, initial targets have not been met and the timescales for Phase 1 have been extended to October 2022.

Sirona has made a proposal to the system to take ownership and leadership of this programme of work system wide. This would be led by our Director of Operations supported by a full-time senior Programme Director funded via the Business Case allocation. There would also be strong project management and transformation support provided and appropriately funded.

There will be a meeting during w/c 2 May to discuss this further with the system and the Director of Operations will give a verbal update at the Board meeting.

2. NHS Operational Plan 2022/23

The Board has previously received an update on the NHS Operational Plan 2022/23. The system has now submitted its response to the plan with the main emphasis being on Elective Recovery (i.e. reducing Waiting Lists) and a shift to more people being cared for in the community. The particular areas for Sirona are included within our own annual Business Plan, most notably the continued development of the Virtual Ward; ensuring we are meeting the Urgent Care Response standards to avoid admission into hospital; supporting timely discharges and reducing our own wait times for services.

We are now working closely with the system to ensure that we have fully assessed the demand and capacity requirements and expectations on our out of hospital services to meet the assumptions put forward by our acute colleagues. The national plan only requires detailed data for secondary care services to be submitted but the interdependencies are critical to successful delivery.

3. Integrated Care System and Integrated Care Partnerships

The Health and Care Bill received Royal Assent on 28 April 2022. This marks an important milestone in the establishment of Integrated Care Systems which take effect from 1 July 2022. The core aim of the Bill is to support the further integration of services to provide better care for our communities and to address the inequalities that exist beyond the role that any one part of the system can play alone.

Within BNSSG there have been 6 Integrated Care Partnerships established based around the six geographical localities of:

- Weston & Worle
- Woodspring
- Bristol South
- Inner City and East Bristol
- North & West Bristol
- South Gloucestershire

The aim of these partnerships is to bring together providers at a local level to ensure joined up provision of services and to work with local communities to plan and develop future service provision that best meets their local needs within the context of the overall framework of integrated health and care services.

We are advised that these ICPs will now become known as Locality Partnerships (given the confusion with the overarching Integrated Care Partnership as part of the new Integrated Care System arrangements).

Sirona senior leaders within our operational teams have been significant players in the locality through our Locality Associate Directors and through our Associate Directors for Specialist and Children's Services. Each Locality has been developing a local Partnership Agreement to confirm agreed ways of working and how organisations party to the agreement will share decision making; allocate resources and take shared responsibility for the delivery of key priorities for their respective communities.

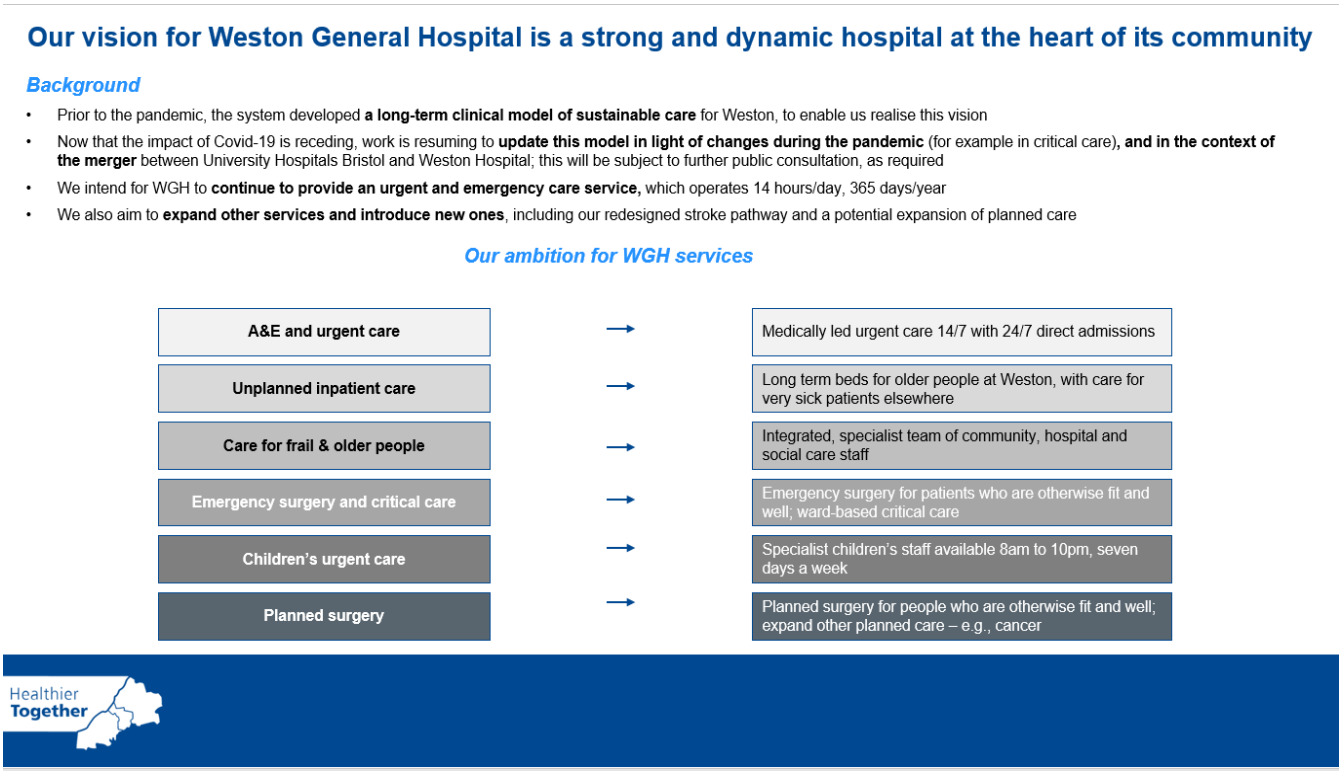
These agreements have been pulled together into a single overarching agreement which Sirona will be expected to sign (along with all other providers party to these arrangements). Our senior leaders have been key in its development, and we have been invited to comment on drafts as they have evolved. Although the agreement in itself will not be legally binding it is nonetheless a powerful statement of the commitment expected from each constituent body. We are therefore taking our own legal advice on its implications for Sirona and will be running a workshop for senior leaders with our legal advisors to consider this in more detail before asking the Board to give approval for its signing. Members of the Board will be invited to this workshop.

4. Healthy Weston

Weston General Hospital is one of the smallest acute hospitals in the country and a very important part of the overall health provision to that locality. Considerable work has been on-going over many years to ensure its on-going sustainability, supported by its partner hospital in Bristol (BRI) and the local community and primary care services.

The current proposals for the next phase of its development have recently been presented to the Health Overview and Scrutiny Committee of North Somerset Council who have supported the proposals. This means that work can continue on the development of more detailed plans and proposals which will be done in partnership with local communities with a final proposal ready for the Autumn.

A summary of the key changes is outlined in the slide below. It should be noted that the work of Sirona's locality team in Weston & Worle in helping the system to get to this position has been commended.



5. Social Enterprise and E3M

E3M is an initiative that supports a group of leaders from the largest and most successful UK social enterprises that trade in public service markets. It is aimed at providing shared expertise and knowledge to support successful social enterprise growth. Janet Rowse, our Chief Executive has been a key member of the network which is by personal invitation. I am pleased to share that following a meeting with their Managing Director I have been invited to join the network in Janet's absence and having shared some of the achievements of Sirona, will be addressing one of their national meetings in late May. This is a real opportunity to ensure that Sirona continues to be seen as a leading-edge social enterprise in the provision of healthcare nationally and will also help us to learn from others both nationally and internationally.

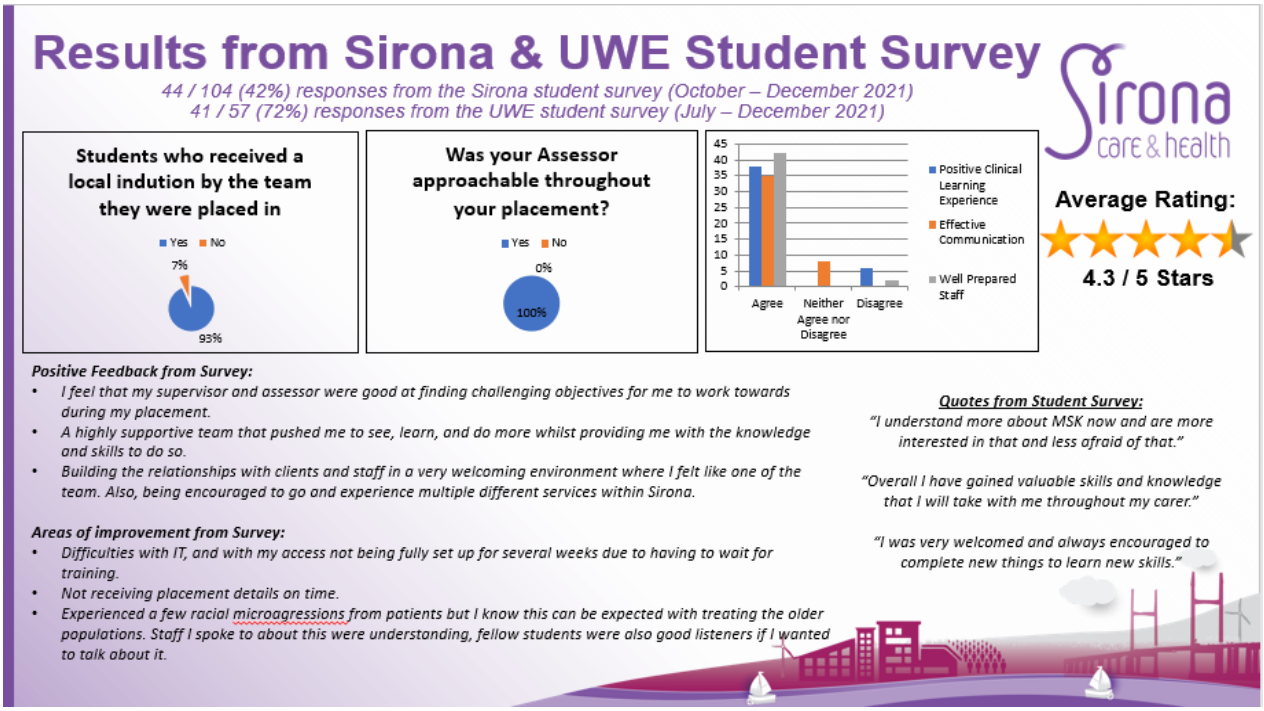
6. Health Education England

Health Education England is the national body responsible for funding and overseeing of clinical and clinical support staff across the NHS. They work through Local Education and Training Boards at a regional level. Sirona receives circa £1.5m funding from HEE to support various training activities and currently has:

- 78 apprentices working across 13 different apprenticeship programmes
- 406 students across nursing; therapy and medical groups
- 53 preceptorships
- Placements for Clinical Fellows

In April we received our annual "inspection" and review by HEE to ensure that we are continuing to meet the standards expected for training and for the students placed with us.

Although we have not yet received their formal report, the meeting was positive, and our team were commended on the excellent work we have undertaken throughout last year. The results from our student survey are shown below.



The work to support students is led through our Learning and Development team and they were supported at the annual review by myself, Mary Lewis, Director of Nursing and Dr Alison Wint, Medical Advisor.

7. ICP Consultancy Support

The Board has previously been notified of the allocation of £0.5m to Sirona to seek a consultancy support partner to work with our ICPs to enable them to take a leading role in planning and drive the system long-term plan refresh. The procurement for this and the oversight of the programme as a whole is being led by our Associate Directors for Transformation and Programme Management in partnership with our operational leads and system wide partners.

The Board gave delegated authority to the Chief Executive and the Director of Finance to approve the final selection of consultants. There was a rigorous tendering process led by colleagues in the South and West Central Commissioning Support Unit. There were six tenders in total and a preferred provider has been identified. This is currently subject to a 10-day standstill period ending on 5 May 2022, and a verbal update will be given at the Board meeting.

8. Okenden Report

The final report of the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was presented to the Secretary of State at end March 2022. The review was led by Donna Okenden, a senior Midwife, and is known as the Okenden report.

Although the report is focussed on maternity services its lessons are important ones for all providers of services. It highlights not only services that failed but a failure on behalf of the organisation to investigate concerns; to learn from events; failure to improve where standards were known to be lacking and overall failure in protecting and safeguarding the safety of those who were in their care.

Mary Lewis, our Director of Nursing, is currently working with system partners to identify the common themes for all organisations and will be holding a seminar for all senior leaders across Sirona to consider the findings and what this means for Sirona and our own practices. Board members will be invited to join that seminar as this is an important aspect of our overall leadership and governance and one that must be led from the most senior level within the organisation.

9. CQC

The Board has had separate briefings on the outcome of the CQC inspection held towards the end of last year and a clear action plan has been put in place to respond to the findings. This was the first inspection we have had since 2016/17 and the first ever of the Well-led assessment under the new regulatory framework.

The report emphasised and reflected the compassion that inspectors saw when staff were caring for patients and acknowledged how rewarding this was given the significant pressures that staff were facing during the pandemic. However, there were some areas of concern around safety especially in relation to triaging at our Urgent Care Centres and the safety of medicines on some ward rounds when they were not on a locked trolley. These have been addressed and we are confident that they are not systemic shortfalls, but situations observed at a moment in time.

The outcome of the inspection was:

- **Good** overall
- **Requires improvement** for Safety
- **Outstanding** for caring

10. South Bristol Rehabilitation Unit

The Board will recall the discussions that have been on-going with Bristol City Council in the context of the Council's proposed closure of their Rehabilitation Unit in South Bristol. Following legal advice, we confirmed with the Council that staff from the Unit did not have TUPE rights to transfer to South Bristol Community Hospital which, if they had, would have saved the Council considerable sums in redundancy payments. However, we do recognise that we need to work with partners to maintain skills within our overall system and in line with our social values we do want to support the on-going employment of people. We have therefore agreed with the Council that we will offer prior consideration for vacancies to any staff from the Unit who wishes to be considered for a post in South Bristol Community Hospital and that we would FastTrack the recruitment process, so they know early whether they are successful. To date 4 members of staff have expressed an interest and will be visiting the unit shortly to meet with staff and see the type of services provided there.

11. Clean Air Zone (CAZ)

Bristol City Council is planning to introduce a Clean Air Zone from September 2022 to meet their commitment to work towards reducing pollution levels and meet the legal requirements for clean air for its citizens.

This will be largely similar to Birmingham's Class D Zone and will affect Sirona staff who:

- Travel into the CAZ to visit patients
- Travel through the CAZ to visit patients
- Travel into the CAZ to their work base
- Travel through the CAZ to their work base

A non-compliant vehicle in the CAZ will be charged £9 per day and charges will apply 24 hours a day, every day of the week.

Sirona is keen to work with the Council to ensure that we are supporting green policies and encourage sustainability whilst at the same time wanting to ensure that staff's ability to work is not unduly affected either through increased costs to themselves or in having to make longer journeys to avoid the zone.

Sirona currently occupies 56 buildings across Bristol and, of these, only South Plaza, Marlborough Street, BS1 3NX will be affected and there is considerable car parking available outside of the zone within 10 minutes walking distance. There are also great public transport links into the city centre from the surrounding BNSSG area.

Of more concern are our teams who need to travel into and through the CAZ to visit patients. Teams that will be affected include North & West locality, South locality, ICE locality, some in Specialist Services and Children's Services.

Early indications suggest that over 70% of car users will be exempt from the charge. We are currently assessing how this might translate to Sirona car users and what options we have available to assist staff who need to cross the city for work. These might include:

- Re-imbursement of charges
- Availability of pool cars
- Support with access to grants/loans to upgrade cars

We have shared with staff that we are looking at this as a matter of urgency to ensure that we can relieve any anxieties they may have especially in relation to what could be significant additional costs for them over a long period.

12. Equality, Diversity and Inclusion

Sirona has submitted our Gender Pay Gap report for 2021 and this is now available for review on our public website. Our report for 2022 data will be shared with the Board in July.

Over the coming months we will be reviewing our approach to the EDI Steering Committee to ensure we have a clear strategic focus on how we plan to address issues around inequalities; equality, diversity and inclusion in line with our revised vision, mission, and strategic objectives. This is one of our highest strategic risk areas and an area of huge importance and relevance to so many of our workforce and our service users.

This will also include a review of our Equality Impact Assessment Policy and Processes including enhanced training to ensure that this is embedded in all aspects of our work and not just seen as an additional "add on" to reports or decisions.

I will be taking on the Chair of the ED&I group and would welcome support from a nominated Non-Executive Director now that Nura is no longer with us.

13. SLT Moving Forward

Following on from the work undertaken on our Scheme of Delegation, the Senior Leadership Team is currently reviewing its role and how it ensures we remain fit for purpose in the new devolved structure. Our considerations are based around the establishment of a more formal Executive Committee which will be a sub-committee of the Board to which issues and decisions that cannot be decided elsewhere will be either escalated or considered. It will also undertake a more formal assurance role of the delivery of our strategic and operational objectives with a regular report to Board similar to that of the other formal Board sub-committees. Our aim is to bring proposals back to the Board in June for discussion and agreement.

14. Last but certainly not Least

Jenny Theed, Sirona's current Director of Operations who has been on secondment to the BNSSG system has now formally submitted her resignation and will retire from Sirona at the end of June 2022. Jenny was a key member of the team that led to the establishment of Sirona and has worked tirelessly on its development as a leading edge provider of community services across the South West. In addition to this, Jenny has given over 42 years' service as a registered nurse to our NHS. Although there will be an opportunity for the Board and others to say a formal farewell to Jenny nearer to her retirement date, this is the last public Board meeting that she will be attending.

I know that the Board will want to join me in acknowledging the phenomenal contribution that Jenny has made to healthcare and to ensure that this is formally recognised and recorded as part of the legacy she leaves behind. She will be much missed by many across Sirona, the wider system and the NHS.

The Board has previously ratified the appointment of Ceridwen Massey as the new Director of Operations. Ceridwen will formally take up this role from 1 June and in the meantime will be known as Director of Operations Designate.

Recommendations

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

Board Cover Report

Date	10 May 2022	**Agenda item**	05
Title	Appointment of Interim Medical Director		
Author	Julie Sharma, Acting Chief Executive		
Presented by	Julie Sharma	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☐		

Purpose of the report

To seek the Board's approval for the appointment of Dr Alison Wint as Interim Medical Director.

Why is this report coming to the Board

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

The Board is required to approve the formal appointment of all permanent and interim Directors.

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 Acting Chief Executive in consultation with the Director of Nursing.

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 proposal has come jointly from the Chief Executive and Director of Nursing and discussed with SLT members

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

Sirona's previous Medical Director – Dr Kate Rush – resigned in January 2022. Mary Lewis, our Director of Nursing, took on many of the core responsibilities previously undertaken by the Medical Director supported by Dr Roy Sharma, Revalidation Officer and Dr Carol Naughton, GP Specialist and Medical Advisor. Dr Alison Wint was subsequently appointed for one day per week to provide additional medical support to the Executive Team.

The post of Medical Director was nationally advertised but following a robust recruitment and selection process we failed to make an appointment. We are currently reviewing the context of this role and its part time nature to see if there are any changes we need to make before going back out to advert to give us a greater chance of success.

Over the past month, the workload associated with the Medical Director has increased considerably both within Sirona and due to further demands from the system around clinical decision making and pathway redesign. To assist with this all 3 of our medical advisors have increased their hours.

In addition to the increased workload, we are also conscious that Sirona has missed out on a number of key discussions or events open only to Medical Directors. There are also occasions where our policies dictate that certain activities must be undertaken/overseen by the Medical Director.

In this context, I feel our position could be strengthened by having a formally designated Medical Director in place. Dr Alison Wint has extremely ably stepped into this role on a number of occasions when necessary and through this paper we are recommending that we formally designate her as our Interim Medical Director subject to our full HR checks being met.

We are planning to readvertise the role of Medical Director by early June, but it will take a minimum of 3 months (and probably longer) before any appointment is made/taken up. We are therefore recommending that this interim appointment is made initially until end September with approval for a month to month extension up to end December following which time the situation will be reviewed.

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

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

The Board is asked to approve the appointment of Dr Alison Wint as Interim Medical Director until end September with a potential month on month extension to end December as agreed with the Chief Executive. The final details relating to this appointment in terms of hours per week and associated salary level will be agreed by the Chief Executive in line with what has previously been approved by the Remuneration Committee.

Board Cover Report

Date	10th May 2022	**Agenda item**	6
Title	**Ratification of urgent decision on Companies House Director registrations**		
Author	Donna Cairns, Head of Corporate Governance		
Presented by	Julie Sharma	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☐		

Purpose of the report

To inform the Board of the decision taken under emergency powers to bring forward the registration of Mary Lewis as a company director and to ask the Board to ratify the decision.

Why is this report coming to the Board

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

Under the delegation scheme policy, when a decision is taken urgently on behalf of the Board, it must be reported to the next Board meeting to be ratified.

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 on behalf of the Acting 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

The decision was taken by Julie Sharma as Deputy Chief Executive at the time, following consultation with Amanda Cheesley as Chair and with two additional Non-Executive Directors – Simon MacSorley and Barbara Brown. The notification was sent to all Non-Executive Directors as well.

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 Board had previously agreed that Mary Lewis, Director of Nursing and Quality, be registered as a Director at Companies House at the same time as the appointment of the additional Non-Executive Director. This was to ensure balance between the voting Executive and Non-Executive Directors (not including the Chair) on the Board.

The number of registered Executive Directors was reduced due to Jenny Theed being removed from Companies House following her secondment and not being re-registered on her return to Sirona.

In March the Board was asked to consider proposals that affected Janet Rowse and Julie Sharma who therefore would be unable to vote due to conflicts of interests. As this left only one registered Executive, Clive Bassett, able to vote. Julie Sharma, as Deputy Chief Executive, therefore made the decision on behalf of the Board to bring forward the registration of Mary Lewis with Companies House. The Board remained balanced with 4 registered Executives and 4 registered Non-Executives (not including the Chair) but also ensured that a quorate decision could be taken on the proposals relating to Janet Rowse's sabbatical and Julie Sharma acting up as Chief Executive.

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 ratify the decision to register Mary Lewis, Director of Nursing and Quality, as a Director at Companies House in March rather than waiting for the appointment of the Non-Executive Director.

Item 07
VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	10th May 2022
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	07 – Chair & Non-Executive Directors' Report
Presenter:	Chair: Amanda Cheesley NEDs: Paul May, Lorna Harrison, Simon Macsorley, Barbara Brown, Anil Patil
Notes:	To verbally update the Board on matters not covered elsewhere on the agenda.

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

Item 08 - Quality Report Q4 (Jan-March 2022) data

Sirona Board May 2022

Mary Lewis Director of Nursing

Key Headlines – Patient Safety

- **Reporting levels** remain high with monthly average 743 incidents. Increased numbers of low level incidents are being reported too - positive reporting culture.
- Themes remain broadly the same - pressure injuries, medication, falls and incidents associated with discharge from hospital.
- **Zero never events** trend continues.
- **Low levels of harm** trend continues despite the challenges.
- **Serious incidents – 14 reported onto the Strategic Executive Information System (StEIS) in Q4** just under 50% were pressure injuries , two COVID-19 outbreaks and two delays in escalation and one allegation of neglect amongst the categories.
- **72 hour reports -** levels remain same ,emerging themes of concern are patient safety and delivery of care attributed to capacity and demand. System has been in escalation for most of Q4. Two Integrated Nursing Team's remain in Incident Co-ordination Control, Weston and Worle and North Bristol.
- Emerging trend around (South Bristol Rehab Unit) SBRU – increased number of falls incidents, 2 of the StEIS reportable incidents occurred on the unit, significant workforce issues and heavy reliance on agency staff.
- There were **14 complaints** received during Q4 (4 remain open). Themes: access , communication, staff attitude and quality of care.
- **Duty of Candour** compliance dipped last quarter and will be a key focus in Q1

Key Headlines - Patient Safety

- **Safeguarding** key points to note: the **training compliance** for level 3 core and specialist continues to be an issue with additional training put in place to achieve compliance and meet target of 90%.There continues to be discrepancies in how the data is being recorded and there is work with Learning &Development colleagues to rectify this to give a more accurate picture.
- Continued trend of high levels of **Section 42 enquiries** for North Somerset thought to be reflective of different thresholds and working practices within the three different local authorities. Not all enquiries are substantiated.
- **Infection Prevention and Control (IPC)**key points to note: there have been **6 outbreaks during Q4** These occurred mainly in our Skylark, Henderson and South Bristol Rehab units. IPC team supported the management of these outbreaks and reported appropriately where indicated.
- There have been **2 Healthcare Associated Infections (HCAI's)** during the quarter relating to c.diff which have been managed appropriately by the IPC team.
- **New guidance** on social distancing and an IPC manual has been published and IPC team are working through what this means for Sirona

Key Headlines – Quality and Safety

- **CQC Inspection report** was published on 9th Feb 2022.
- We were rated overall **Good** which remains unchanged since previous inspection in 2016/17. Positive outcome given the challenges Sirona has faced over the past two years.
- Action plan to address the **4 areas where we were deemed to be non compliant** with the regulations was submitted to CQC on18.03.22.
- Regulation 12 Safe Care and Treatment relating to triage, monitoring of patients for deterioration and evacuation procedures in our in patient units.
- Regulation 17 Good Governance relating to Urgent care oversight of governance across the core service and access to data to monitor overall performance.
- Progress updates will be provided to local inspector until all actions are signed off as complete by CQC.
- The **overarching CQC action plan** is being finalised which captures all of the recommendations and lessons learned from the inspection this will be tracked an monitored to completion via the Quality and Outcomes Committee.

Key Headlines - Quality and Safety

- **Quality Account 2021/22** is being finalised and on track to be published on 30.06.2022
- **Quality Priorities for 22/23** have been agreed. We have a set for Adults and Children for first time so much more representative of the Sirona portfolio of services
- **Commissioning for Quality and Innovation (CQUIN's)** targets have been agreed and 4 are relevant to community services for 22/23.
- CCG1: Flu Vaccinations for frontline healthcare workers.
- CCG13: Malnutrition Screening in the community (M.U.S.T).
- CCG14: Assessment , diagnosis and treatment of lower leg wounds.
- CCG15: Assessment and documentation of pressure ulcer risk.
- **Annual audit programme** is being developed to enable us to evidence all the requirements within our **Quality Contract for 22/23.**
- **Deep dive** into **Falls** on our in patient units carried out which will be repeated again during coming year.
- **Learning From Patient Safety Incidents** reporting tool has been successfully implemented on 4th April 2022. Sirona is an early adopter of this new system which NHS England require all providers to use by end of March 2023.

Key Headlines Quality and Safety

Key changes to IPC guidance

- **In-patient isolation** period to be stepped down from 10 to 7 days following two negative LFD's taken 24 hours apart, from day 6
- **In-patients considered contacts of COVID-19 +** are no longer required to isolate if displaying no symptoms
- **Pre-pandemic cleaning protocols to return**, enhanced cleaning only required in settings where suspected infectious / infectious patients are or have been
- **Pre-pandemic physical distancing to return across all settings of Sirona**
  - Risk assessment developed to support these changes in Sirona
  - Mitigation's checklist to be in place across Sirona
  - Vulnerable staff to discuss any concerns with line managers
  - SBAR developed for agreement amongst SLT to support changes across Sirona
- **Sirona IPC policies** to align with national IPC manual for England
- **Continuation of** good hand hygiene, respiratory hygiene and use of face masks/ coverings to support step down changes

Item 09
VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	10th May 2022
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	09 – Chair of Peoples' Council Report
Presenter:	Chair: Claire Valsler
Notes:	To present to the Board the Monthly activities and decisions from meetings of the Peoples Council

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

Board Cover Report

Date	10 May 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 period to 28 February 2022. The timetable for the full year accounts closure is slightly longer than the regular monthly timetable because of the need for extra reconcilitaions and closure routines.

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 with 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 for the full year surplus was unchanged at the end of February when compared to that forecast at the end of January. The forecast remains reporting significant surplus which reflects the impact of the Covid pandemic on funding, services and staff levels.

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 February 2022, and the Full Year forecast. There is no further action requested at this stage.

The information that follows is from the Management Accounts for 11 months to 28 February 2022.

1. Overview and KPIs

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

There is a small surplus in the month and the forecast for the full year has remained at a surplus of £6.5m.

There has been movement in results and forecasts at Divisional levels. For the Children's Division the position has further improved by £362k through a combination of higher income for Flu and FP10 and the delay in appointing the Agency Community Paediatrician for Weston.

For the Adults the position has further improved by £488k as we have now received income for the Premium Rates paid to encourage staff to take extra sifts, the funding for some drugs at SBCH as well as some other amounts previously not confirmed.

These are offset by the accounting for the approved replacement equipment expenditure (£750k) and recognition of reduced Income for training following less placements than planned.

RAG reporting

The indicator for the planned surplus for both the month and the year to date are green, as covered above.

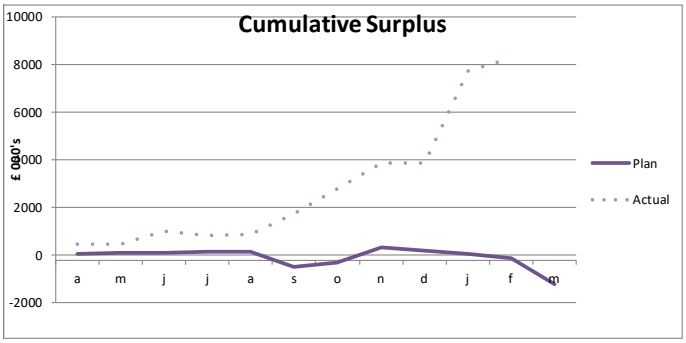
The Pay Bill indicators remains green as total expenditure in the month and year are both below the budgeted level.

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 reduced as the CCG have paid the majority of the additional service income invoices.

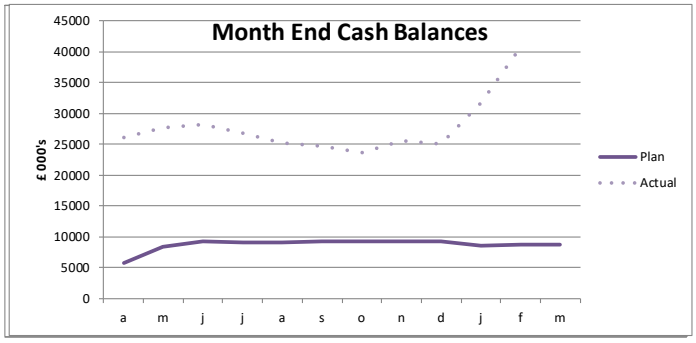
FINANCIAL DASHBOARD — Feb 21/22

Line Ref.	TRADING POSITION	£ 000's	RAG Rating
	This Month		
1	Planned Surplus	(273)	
2	Actual Surplus	520	
3	Planned Pay Bill	10,466	
4	Actual Pay Bill	9,978	
	Cumulative		
5	Planned Surplus	(134)	
6	Actual Surplus	8,252	
7	Planned Pay Bill	111,812	
8	Actual Pay Bill	108,967	



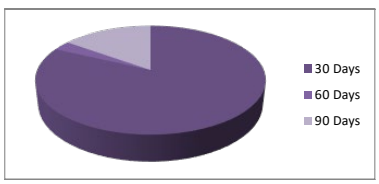
Line Ref.	WORKING CAPITAL	£ 000's	RAG Rating
9			
10	Actual Fixed Assets	1,903	
11	Plan Cash Balance	8,700	
12	Actual Cash Balance	40,791	
13	Comparative Liquidity Ratio 20/21	1.41	
14	Actual Liquidity Ratio *	1.33	

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



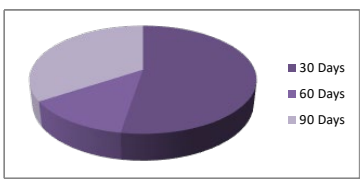
AGED DEBTORS

	£ 000's
30 Days	6,494
60 Days	229
90 Days	1,196
Total	**7,919**



AGED CREDITORS

	£ 000's
30 Days	1,629
60 Days	407
90 Days	1,060
Total	**3,096**



2. Operating Statement

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

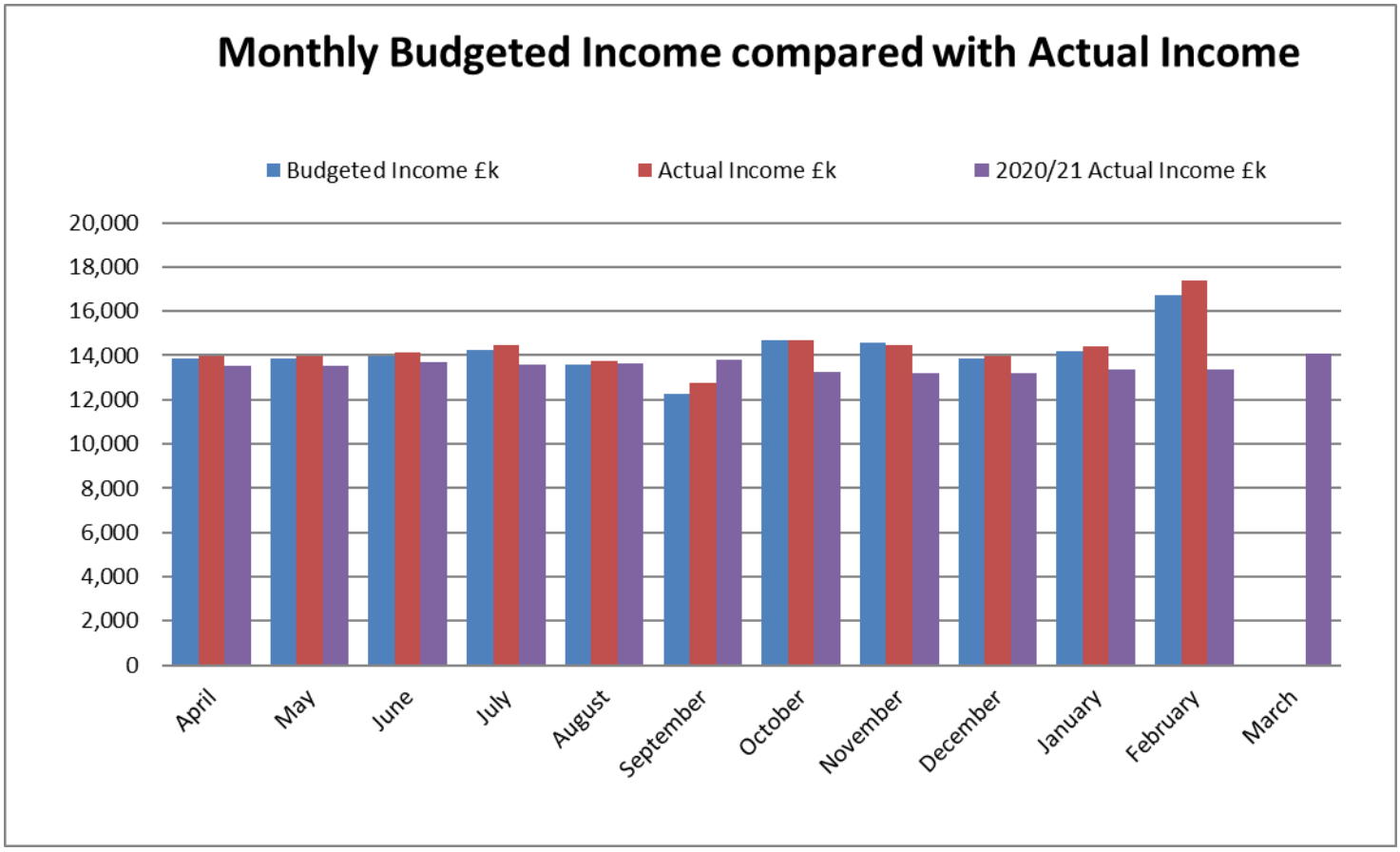
- Current Month (February),
- Full Year forecast (purple shaded), and
- Year to Date cumulative position and comparison to the last year (green shading).

Operating Statement

Period Feb-22

	Month				Full year				Year to date				
	Updated budget £k	Actual £k	Variance £s £k	Variance % %	Revised Budget £k	Forecast £k	Variance £s £k	Variance % %	Budget YTD £k	Current YTD £k	Variance to budget YTD £k	Last Year YTD £k	Variance to Last YTD £k
Operational Income													
Adults & Specialist	9,841	10,410	569	5.8%	115,391	117,981	2,590	2.2%	105,659	108,102	2,443	98,718	9,384
Children's Services	6,902	6,951	49	0.7%	54,670	54,326	(344)	(0.6%)	50,192	49,834	(358)	45,839	3,995
Director of Operations	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0	0
Total Income	***16,743***	***17,361***	***618***	***3.7%***	***170,061***	***172,307***	***2,246***	***1.3%***	***155,851***	***157,936***	***2,085***	***144,557***	***13,379***
Operational Expenditure													
Adults & Specialist													
ICE	716	757	(41)	(5.7%)	8,530	8,795	(265)	(3.1%)	7,814	8,008	(194)	6,654	(1,354)
Management (includes estates)	682	636	46	6.7%	8,185	7,388	797	9.7%	7,503	6,704	799	8,869	2,165
North & West	468	408	60	12.8%	5,558	5,366	192	3.5%	5,090	4,903	187	5,224	321
South Bristol	1,137	1,187	(50)	(4.4%)	13,620	13,285	335	2.5%	12,484	12,183	301	9,425	(2,758)
South Glos	1,526	1,578	(52)	(3.4%)	18,205	19,489	(1,284)	(7.1%)	16,679	17,851	(1,172)	13,755	(4,096)
Specialist Services	2,562	2,446	116	4.5%	27,565	26,750	815	3.0%	25,213	24,293	920	21,169	(3,124)
Weston & Worle	493	371	122	24.7%	5,857	5,076	781	13.3%	5,364	4,676	688	4,088	(588)
Woodspring	714	662	52	7.3%	8,513	8,023	490	5.8%	7,784	7,362	422	7,803	441
Adults & Specialist	8,298	8,045	253	3.0%	96,033	94,172	1,861	1.9%	87,931	85,980	1,951	76,987	(8,993)
Children's Services	6,648	6,533	115	1.7%	51,407	49,977	1,430	2.8%	46,243	45,075	1,168	41,620	(3,455)
Director of Operations	67	62	5	7.5%	689	777	(88)	(12.8%)	623	721	(98)	790	69
Operations Total	**15,013**	**14,640**	**373**	**2.5%**	**148,129**	**144,926**	**3,203**	**2.2%**	**134,797**	**131,776**	**3,021**	**119,397**	**(12,379)**
Operational Contribution													
Adults & Specialist	1,543	2,365	822	53.3%	19,358	23,809	4,451	23.0%	17,728	22,122	4,394	21,731	391
Children's Services	254	418	164	64.6%	3,263	4,349	1,086	33.3%	3,949	4,759	810	4,219	540
Director of Operations	(67)	(62)	5	(7.5%)	(689)	(777)	(88)	12.8%	(623)	(721)	(98)	(790)	69
Operations Total	**1,730**	**2,721**	**991**	**57.3%**	**21,932**	**27,381**	**5,449**	**24.8%**	**21,054**	**26,160**	**5,106**	**25,160**	**1,000**
Corporate Services													
Administration & Board	151	158	(7)	(4.6%)	1,820	1,661	159	8.7%	1,668	1,531	137	1,364	(167)
Finance, Payroll & BI	238	194	44	18.5%	2,856	2,382	474	16.6%	2,618	2,179	439	2,221	42
BDT & Transformation	305	244	61	20.0%	2,745	2,681	64	2.3%	2,457	2,416	41	2,097	(319)
People & Development	269	363	(94)	(34.9%)	3,312	2,908	404	12.2%	2,998	2,421	577	1,858	(563)
Digital	604	789	(185)	(30.6%)	7,249	9,146	(1,897)	(26.2%)	6,644	8,309	(1,665)	6,872	(1,437)
Occupancy	141	213	(72)	(51.1%)	1,699	1,513	186	10.9%	1,557	1,378	179	1,402	24
Director of Nursing	214	201	13	6.1%	2,560	2,357	203	7.9%	2,347	2,177	170	1,796	(381)
Reserves	82	46	36	43.9%	994	(1,706)	2,700	271.6%	915	(2,494)	3,409	1,280	3,774
Total Corporate Costs	**2,004**	**2,208**	**(204)**	**(10.2%)**	**23,235**	**20,942**	**2,293**	**9.9%**	**21,204**	**17,917**	**3,287**	**18,890**	**973**
Interest received	(1)	(7)	6	(600.0%)	(18)	(10)	(8)	(44.4%)	(16)	(9)	(7)	(17)	(8)
Contribution	**(273)**	**520**	**793**	**(290%)**	**(1,285)**	**6,449**	**7,734**	**(4.5%)**	**(134)**	**8,252**	**8,386**	**6,287**	**1,965**

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



The graph above compares income by month to budget and last year.

Operational Expenditure

The positive variance to budget for operational expenditure relates largely directly to the variance in staff costs and the release of budgets not being spent which was covered in more details above.

Operational Contribution

The Operational Contribution is greater than budgeted by £991k in the month and £5,106k for the year to date. The forecast now expects this to increase slightly to £5,449k better than budgeted.

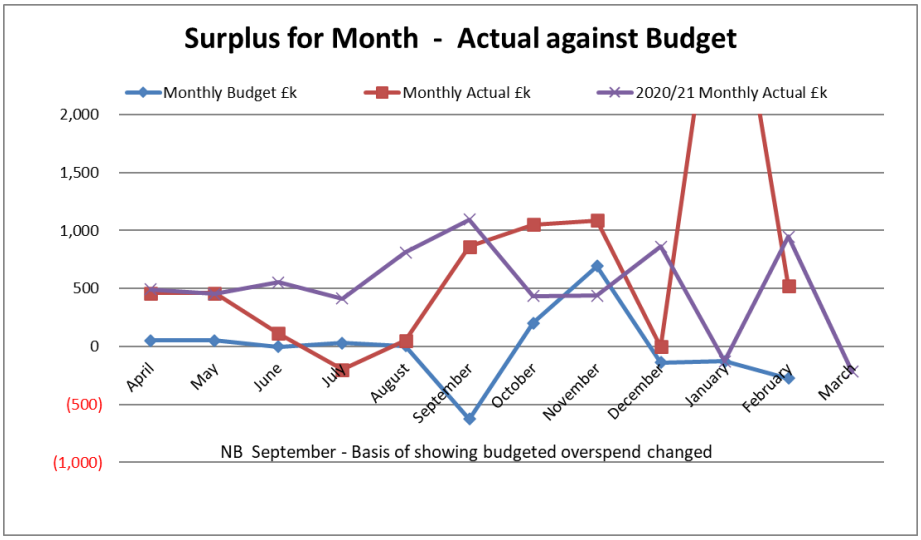
Corporate Services

The Corporate Services and Reserves are currently underspent and are forecast to remain underspent, however within the detail the Digital spend on infrastructure and systems is significantly overspent which has been offset by savings in the Reserves line; this includes items that have not proceeded because of the continued impact of COVID and the pressure on the services, such as the engagement event.

Overall performance

The year to date position is a Surplus of £8,252k, against a budget of £(134k); this is £8,386k better than budget.

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



Full year Forecast

The full year forecast has been produced following discussion between Management Accountants and the responsible Budget Holders. As noted above the forecast remains unchanged at a surplus of £7,734k.

3. Staff costs

The tables below show the total spend on staffing resources including bank and agency. The table confirms that in total there is an underspend on staffing costs of £2,845k year (2.5%) to date which is net of £1,019k 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 11.5% shortfall, which is largely unchanged from last report. Vacancies are offset by use of bank and agency staff to give the net 2.5% 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 Total Pay Variations

YTD to Feb 22

	Budget	Actual	Variance	% Variance - Pay Actual to Budget	Bank & Agency Included	% Pay used for Bank / Agency	Vacancy WTE	Vacancy %
Adult & Specialist								
ICE	6,756,308	6,970,955	(214,647)	(3.2%)	520,127	7.5%	23.79	12.1%
Management	232,506	27,935	204,571	88.0%	0	0.0%	0.00	
North & West	4,614,639	4,430,504	184,135	4.0%	416,383	9.4%	26.12	21.1%
South Bristol	11,502,777	11,187,834	314,943	2.7%	1,452,877	13.0%	56.32	18.8%
South Glos	14,997,593	16,085,193	(1,087,600)	(7.3%)	2,338,180	14.5%	28.89	7.0%
Specialist Services	21,331,937	20,304,685	1,027,251	4.8%	723,299	3.6%	63.60	10.8%
Weston & Worle	4,917,301	4,303,282	614,019	12.5%	746,477	17.3%	40.28	31.2%
Woodspring	7,066,178	6,717,658	348,520	4.9%	929,519	13.8%	44.16	21.9%
	71,419,239	70,028,048	1,391,191	1.9%	7,126,862	10.2%	283.16	14.5%
Children								
Children's Corporate Services	760,172	857,709	(97,537)	(12.8%)	22,536	2.6%	(0.32)	(1.5%)
Children's Paediatrics	4,228,131	4,126,640	101,491	2.4%	589,339	14.3%	8.81	11.5%
Children's Public Health Nursing	10,322,913	9,575,055	747,858	7.2%	175,963	1.8%	18.98	6.4%
Children's Public Health Nursing - NS	2,866,972	2,643,333	223,639	7.8%	16,057	0.6%	12.17	13.7%
Children's Specialist Services	2,166,888	1,482,499	684,389	31.6%	207,852	14.0%	5.15	13.9%
Children's Therapies, Autism & SEND	5,537,896	5,441,881	96,015	1.7%	20,770	0.4%	(7.95)	(5.6%)
Lifetime	1,856,725	1,800,548	56,177	3.0%	160,413	8.9%	6.87	11.9%
	27,739,697	25,927,664	1,812,033	6.5%	1,192,929	4.6%	43.72	6.1%
Director of Operations								
Management	680,468	660,221	20,247	3.0%	0	0.0%	0.10	1.3%
Covid	0	1,019,587	(1,019,587)		706,693	69.3%		
	680,468	1,679,808	(999,340)	(146.9%)	706,693	0.0%	0.10	1.3%
Corporate Services								
Board & Administration	1,078,118	1,108,293	(30,175)	(2.8%)	0	0.0%	0.72	4.1%
BDT & Transformation	1,416,073	1,332,802	83,271	5.9%	12,548	0.9%	0.23	0.8%
Corporate Reserves	0	68,124	(68,124)		0			
Finance, Payroll & BI	2,265,240	2,062,354	202,886	9.0%	278	0.0%	5.22	8.8%
Digital	1,887,738	1,689,289	198,449	10.5%	145,263	8.6%	5.00	9.3%
Occupancy	289,691	225,396	64,295	22.2%	0	0.0%	3.34	48.4%
People & Development	2,543,113	2,470,448	72,665	2.9%	287,399	11.6%	3.28	4.6%
Director of Nursing	2,493,010	2,374,899	118,111	4.7%	74,629	3.1%	0.53	1.1%
	11,972,983	11,331,604	641,379	5.4%	520,116	4.6%	18.33	6.4%
Grand Total	111,812,387	108,967,123	2,845,263	2.5%	9,546,600	8.8%	345.31	11.5%
For ref:	M10		2,357,730	2.3%	8,533,828	8.6%	357.31	12.1%

The total bank and agency spend is now 9,547k or 8.8% of total staff costs of which £707k relates to COVID services.

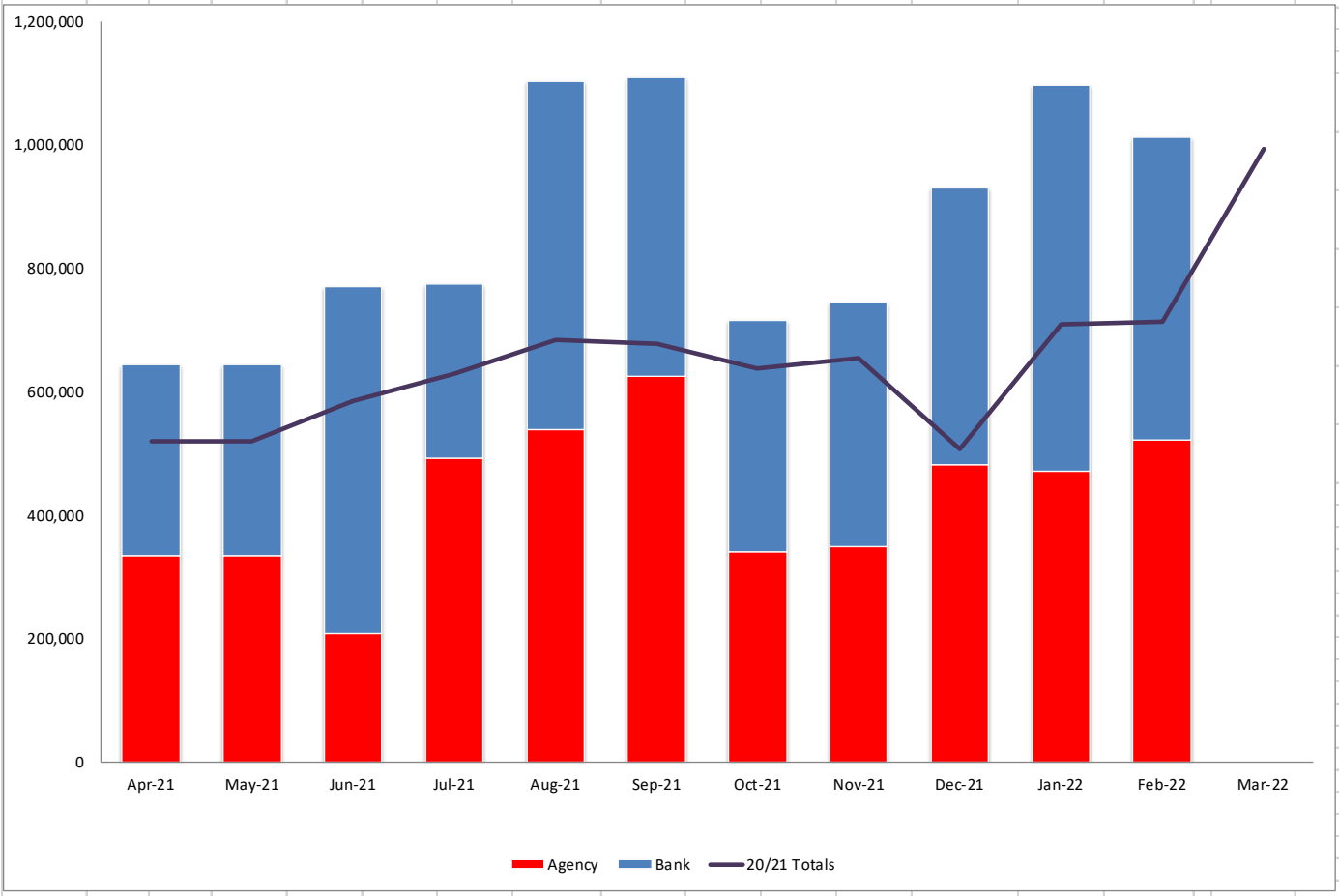
The table below analyses the spend on bank and agency staff by month and by service/area.

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	806,605	1,059,757		7,126,862	
Children	113,558	113,558	216,727	125,733	238,213	255,664	-34,906	8,976	165,754	140,145	-150,495		1,192,929	
Director of Operations	91,247	91,247	95,850	53,144	72,909	47,348	46,961	47,741	45,481	58,336	56,430		706,693	
Corporate Services	37,529	37,529	41,184	26,934	50,645	43,559	30,576	68,451	45,978	90,652	47,080		520,116	
Total	644,486	644,486	771,126	774,464	1,103,178	1,109,947	714,547	744,817	931,040	1,095,738	1,012,772	0	9,546,600	
Internal	309,366	309,366	561,864	281,196	563,637	484,345	373,533	395,291	448,846	624,149	491,486		4,843,079	50.7%
Agency	335,120	335,120	209,262	493,268	539,541	625,602	341,014	349,526	482,194	471,589	521,286		4,703,522	49.3%
20/21 Totals	519,242	519,242	584,770	629,290	683,611	677,878	638,312	654,311	507,710	710,022	713,682	992,385	7,830,457	



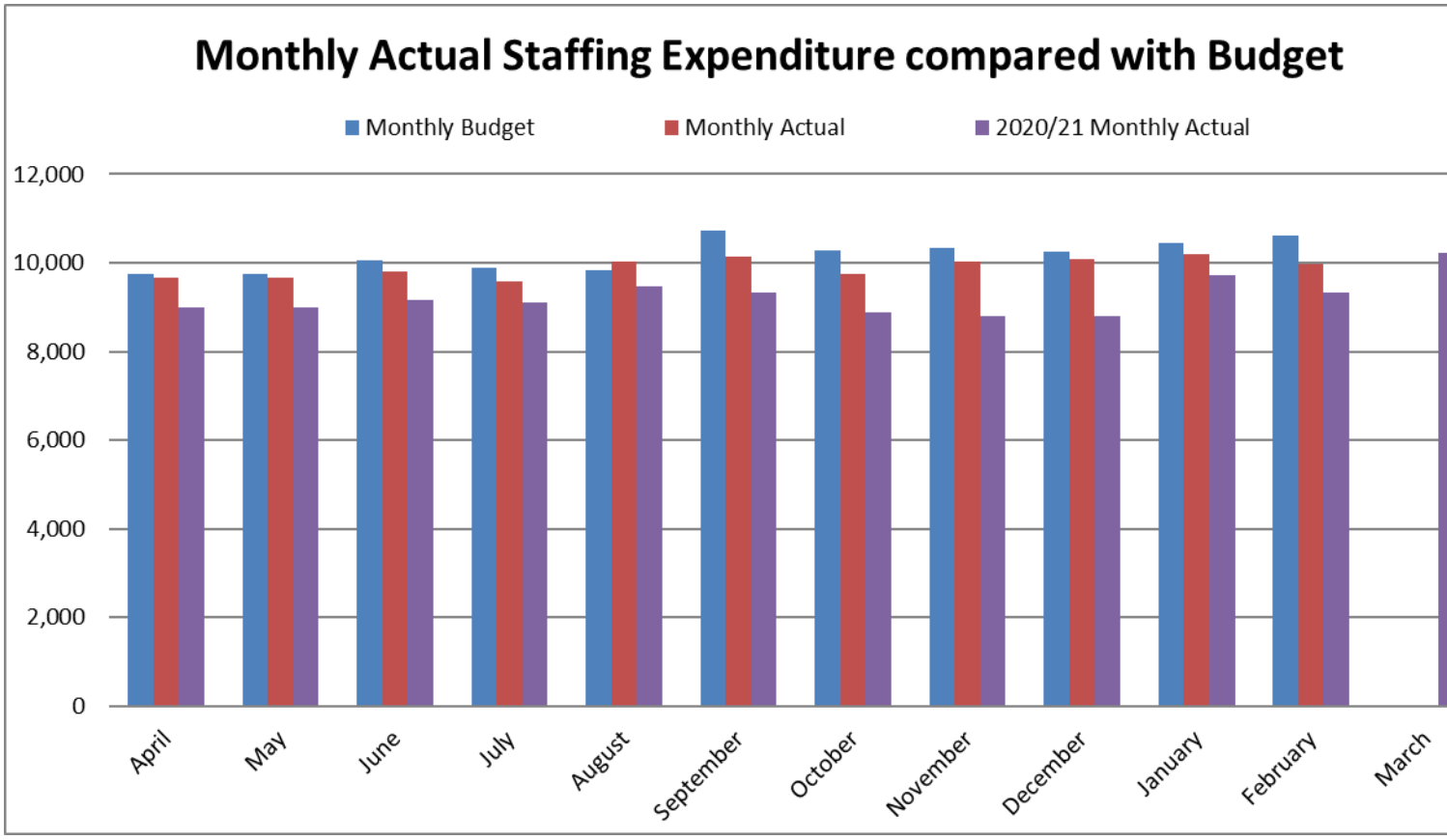
Service Area	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total ytd	
Adult & Specialist	242,873	242,873	164,644	320,012	353,787	331,041	360,028	310,195	270,908	317,866	424,006	601,357	3,939,590	
Children	107,255	107,255	128,822	138,920	86,528	89,321	138,271	203,746	73,746	148,688	98,207	178,811	1,499,571	
Residential & Extra Care	101,060	101,060	92,862	130,043	146,268	144,121	35,895	20,611	-1,092	-253	0	154	770,730	
Director of Operations	46,930	46,930	193,318	19,387	73,879	90,581	69,572	77,146	114,481	203,372	138,588	150,396	1,224,580	
Corporate Services	21,123	21,123	5,124	20,928	23,149	22,814	34,546	42,613	49,667	40,351	52,880	61,667	395,986	
Total	519,242	519,242	584,770	629,290	683,611	677,878	638,312	654,311	507,710	710,022	713,682	992,385	7,830,457	
Internal	351,201	351,201	385,729	372,606	424,394	409,823	368,362	367,994	222,769	429,882	338,863	419,305	4,442,128	56.7%
Agency	168,042	168,042	199,041	256,684	259,217	268,055	269,950	286,317	284,942	280,140	374,818	573,081	3,388,329	43.3%

Overleaf 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	Jan-22	Feb-22	Mar-22	Total ytd
Adult & Specialist													
Agency spend	184,676	184,676	154,377	414,229	361,946	384,685	414,807	299,906	403,986	379,807	547,242		3,730,337
Bank spend	217,475	217,475	262,988	154,424	379,465	378,691	257,109	319,742	269,841	426,798	512,515		3,396,524
vacancy %	4.30%	4.30%	17.80%	17.8%	18.9%	12.9%	13.0%	13.1%	13.7%	14.4%	14.5%		
Children's Services													
Agency spend	79,023	79,023	62,622	51,309	140,579	230,812	-90,949	12,482	59,780	50,810	-36,563		638,928
Bank spend	34,536	34,536	154,105	74,424	97,634	24,852	56,043	-3,505	105,975	89,336	-113,933		554,001
vacancy %	8.40%	8.40%	12.49%	12.5%	9.6%	9.5%	8.0%	8.8%	9.5%	6.9%	6.1%		
Director of Operations													
Agency spend	43,461	43,460	43,606	24,838	33,918	9,899	16,681	13,967	11,150	7,858	6,470		255,307
Bank spend	47,787	47,787	52,244	28,306	38,991	37,449	30,280	33,774	34,331	50,478	49,960		451,386
vacancy %	2.6%	2.6%	2.6%	2.5%	11.6%	11.6%	11.6%	11.6%	11.6%	14.2%	1.3%		
Corporate Services													
Agency spend	2,206	2,206	168	2,891	3,099	206	474	23,171	7,278	33,114	4,137		78,949
Bank spend	35,323	35,323	41,016	24,043	47,546	43,353	30,102	45,280	38,700	57,538	42,943		441,167
vacancy %	2.6%	2.6%	2.3%	6.9%	7.6%	8.9%	10.2%	10.7%	7.9%	8.9%	6.4%		
Total	644,486	644,485	771,126	774,464	1,103,178	1,109,947	714,548	744,817	931,041	1,095,738	1,012,773	0	9,546,600

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 28 February 2022 (column 2) compared to the same period last year.

Balance Sheet — Period: Feb-22

Line No.		Year to date			Total Year		
		Feb-21	Feb-22	Diff	Mar-21	Forecast	Diff
		£k	£k	£k	£k	£k	£k
1	**Fixed Assets**	*1,288*	*1,903*	*(615)*	*1,401*	*1,903*	*(502)*
	Current Assets						
2	*Trade Debtors*	*3,496*	*7,919*	*(4,423)*	*5,897*	*7,919*	*(2,022)*
3	*Other Debtors*	*79*	*45*	*34*	*1,865*	*45*	*1,820*
4	*Cash*	*16,000*	*40,791*	*24,791*	*21,693*	*40,791*	*19,098*
	Current Liabilities						
5	*Trade Creditors*	*3,530*	*3,096*	*434*	*6,252*	*3,096*	*3,156*
6	*VAT/Corporation Tax*	*(409)*	*(301)*	*(108)*	*67*	*67*	*0*
7	*PAYE/NI*	*3,480*	*4,022*	*(542)*	*626*	*4,022*	*(3,396)*
8	*Other Creditors*	*7,308*	*29,734*	*(22,426)*	*17,173*	*31,169*	*(13,996)*
9	**Net Current Assets**	*5,666*	*12,204*	*6,538*	*5,337*	*10,401*	*5,064*
10	**Total Net Assets**	***6,954***	***14,107***	***7,153***	***6,738***	***12,304***	***5,566***
11	*Reserves*	*566*	*5,855*	*5,289*	*566*	*5,855*	*5,289*
12	*Current Year Surplus*	*6,388*	*8,252*	*1,864*	*6,172*	*6,449*	*277*
13	**Total Reserves**	***6,954***	***14,107***	***7,153***	***6,738***	***12,304***	***5,566***

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 amount earning interest.

Cash Reserves and Borrowings

Period Ended Feb 2022 £K

Specified Investments

Category	Description	Term	Opening Balance This Month	Closing Balance This Month	Average Balance This Month	Min. Balance This Month	Max. Balance This Month
A	Cash Balances	Daily	17,677	26,663	23,293	15,565	32,794
B	UK Bank Treasury Deposits		14,058	14,059	14,059	14,058	14,059
C	UK Government Bonds		0	0	0	0	0
Total			31,735	40,722	37,352		

Cash Reserves and Borrowings

Period Ended Jan 2022 £K

Specified Investments

Category	Description	Term	Opening Balance This Month	Closing Balance This Month	Average Balance This Month	Min. Balance This Month	Max. Balance This Month
A	Cash Balances	Daily	9,857	17,677	12,913	4,606	23,875
B	UK Bank Treasury Deposits		15,062	14,058	12,671	3,058	17,062
C	UK Government Bonds		0	0	0	0	0
Total			24,919	31,735	25,584		

6. Rolling Replacement and Medical Devices Purchases 2022

(Credit Dom Hardiman)

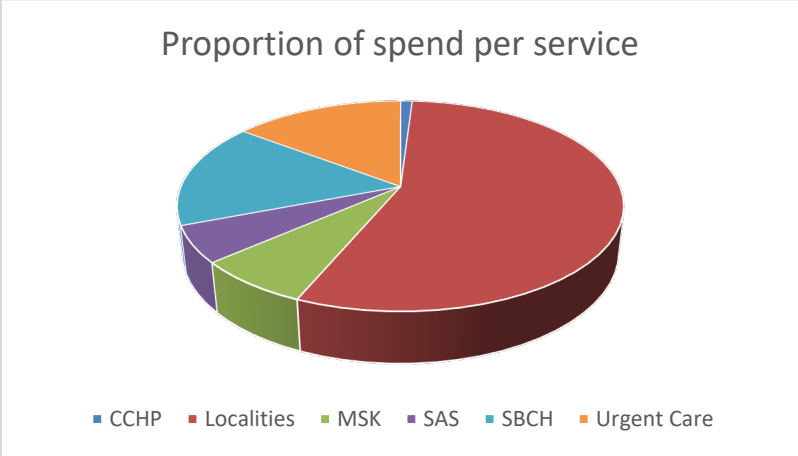
Background

Further to agreement from SLT and the Board to allocate funds to replace older (10 years plus) equipment a priority list was drawn up of items to purchase, including requests from MSK and Urgent Care Projects.

The Spend

With support from the Medical Equipment Devices Group and Professional Council a replacement equipment list of £1.2m of equipment was identified for purchase, and orders were placed to try and maximise the expenditure before the year end.

In terms of proportion of spend per service area the following chart provides a visual representation.



Some of the key spends were;

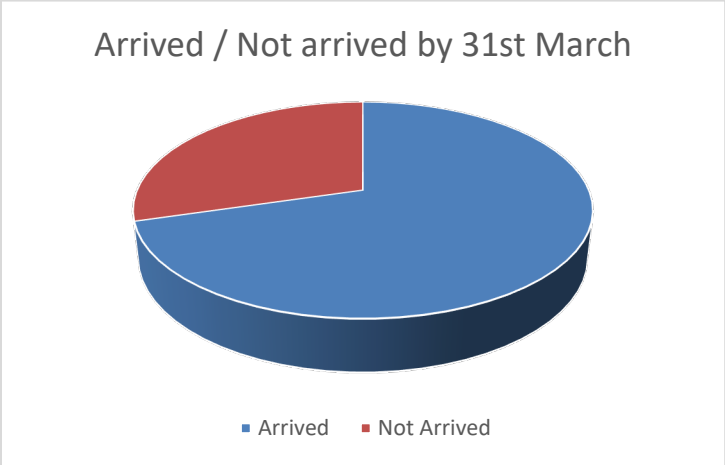
- Replacing the current ambulatory syringe pump with a simpler and more reliable model that will be much more cost effective to run - £277K
- Replacing old bed stock at South Bristol Community Rehab Centre with more Rehabilitation based models - £146k
- Replacing and increasing the number of bladder scanners in community – £105k
- Replacing Urgent care ECG machine and increasing numbers to ensure every Advanced Clinical Practitioner (Urgent Care) has access to a machine that can also link directly to EMIS records system - £98k

Delivery and receipt

The orders were placed with a short time frame to achieve receipt by the end of the financial year. The process to approving the orders included all relevant parts of the organisation including

- Requirement for agreement via specialist groups and SLT (Syringe Pumps, Beds)
- Areas of clarification required - Data protection impact assessments (ECGs)

The finance and procurement teams worked very closely with the Community Equipment Team to press suppliers for speedy dispatch of items to receipt the maximum amount possible by 31st March 2022.



70% of items, by value, were receipted by the deadline.

Some of the reasons for items missing the deadline

- On-going supply chain issues stemming from Brexit, demand for medical equipment due to Covid as well as reduced transport staffing levels due to Covid Absences
- NHS supplies with a few errors in deliveries – for example the carry bags and care mats arrived for the infant scales, but the scales did not arrive. NHS supplies were also let down by suppliers; as an example, Bailey appear to have decided not to fulfil orders for Huntleigh Dopplers due to the rapid increases in cost.

Currently the Community Equipment teams are chasing the remaining outstanding items and working alongside our Community Equipment Service and our partner Medical Equipment Management Organisation (MEMO) to get all of the 2000 items pre use checked, registered on the new data base, and distributed to the various locations and teams.

A full list of the equipment agreed is available for Board members who wish to access this.

Good News Story

As a result of the replacement programme, Sirona have been able to release 60 of the older beds from South Bristol to Mission and Relief, a charity that supports people in Romania and Eastern Europe by providing medical equipment.

Board Report

Date	10 May 2022	**Agenda item**	11
Title	Operational & Performance Report		
Author	Ceridwen Massey – Acting Director of Operations		
Presented by	Ceridwen Massey	**Version**	
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

The purpose of this report is to set out a summary of 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.

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: The position remains around activity being below target which continues to be driven by referral demand, complexity of patients on the caseload, issues recording activity by agency staff and significant staffing vacancies and sickness across the localities. Key risk areas remain in especially North West Bristol, South Gloucestershire and Weston Worle and the Villages.

Increased INT referrals and activity has been seen since last month with length of stay reducing demonstrating good discharge practice. Vacancies and sickness has meant that the number of deferred red visits in North and West has remained high. Turnover in support worker roles alang with vacancies remain a challenge in Weston and North and West Bristol.

Actions:

- Incident Control Centre continues in the Weston locality.
- Mutual aid continuing across localities with particularly Woodspring continuing to support Weston
- Work taking place with Voluntary, Community & Social Enterprise (VCSE) colleagues in South Bristol to see how they can contribute to Pathway 1 caseload review daily meetings.
- Woodspring development of locality coordination centre continues
- Progress with HUB at Worle health centre has improved communication between nursing Discharge to Assess (D2A), therapists and Locality Acute and Reactive Care (LARC).
- Routine Therapy waiting list review has started in North Somerset. Similar work in Bristol has reduced planned waiting lists by 61% in Bristol and 87% in Inner City & East (ICE).
- SPA performance being maintained with response to urgent calls within 5 minutes.
- Advanced Care Practitioners -Urgent (ACPU) continue to support INT's for red visits particularly in North and West Bristol

2. **Same Day Urgent Care (UTC) & Minor Injury Units (MIU) – continual growth of activity.**

Issue:

Activity at the UTC and MIU's continues to increase and remains above planned capacity. Staff morale is affected by pressures and capacity with verbal aggression by patients remains a concern. A business case has been submitted to the Clinical Commissioning Group in recognition of the growing demand at all 3 units. We have received verbal communication that this has been approved and are awaiting the formal contract variation.

Actions:

- Feedback to practice is taking place where inappropriate referrals are being received.
- Some vacant hours recruited to at UTC
- Recruitment to new roles identified in business case to start
- UTC is temporarily bringing patients back for appointment slots to manage the queue although this will lead to an increase in 4 hour breaches.
- Community Pharmacy pilot continues
- Concern over acuity of cases being referred by 111 to UTC has led to suspension of part of the referral process and involvement of acting medical director to support risk management

3. Discharge to Assess (D2A)

Issue: The discharge to assess business case is a key system investment to improve flow, invest in community provision and reduce acute length of stay. The key priority is to increase the P1 referrals taken by Sirona weekly from 164 in our baseline to 221 by April 2023 and then also reduce overall P2 and P3 referrals. Waiting lists for all pathways have been high and flow through our pathways and length of stay impacted by high numbers of patients waiting in our services for packages of care (termed 'no criteria to reside'). In March referrals have increased for P1 although waiting lists have reduced. In P2 referral and waiting lists have increased due to increased length of stay. For P3 referrals increased with waiting lists remaining high. There is particular pressure in North Somerset due to staffing vacancies.

Actions:

- New staff are anticipated to start in North Somerset in April.
- Processes have been agreed with the local authorities to validate the no criteria to reside patients and agree actions to improve flow
- Homes that were closed in North Somerset due to covid are now opening enabling service users to be transferred
- Service working with North Somerset Council brokerage team to fully utilise block booked beds for P3
- CCG has established a governance framework and system groups with Sirona representatives to oversee and monitor the implementation of the program.

4. Waiting Times

Issue: Musculoskeletal (MSK) Interface waiting times saw a high in February and there has been an increase in the wait list size. The team has been impacted by covid sickness and vacancies being held during the leadership consultation. Waiting times for MSK physio also increased by 4-5 weeks due to the redeployment of 80% of staff to support critical services since January but this has now been recovered. The Podiatry service has serious challenges recruiting to staff vacancies. Diabetes performance is also below target with a backlog of referrals waiting to be triaged and vacancies in the team. The continence service wait list has increased due to the team supporting system pressures in INTs

Action:

- Recruitment to MSK roles taking place.
- Agency staff recruited to support the MSK interface waiting list initiative funded by CCG
- Three candidates confirmed as part of an international recruitment pilot for Podiatry
- Podiatry also recruiting two apprentices to support a longer term workforce plan

- A recruitment drive is underway for the Diabetes vacancies..
- GP Care CIC working with the continence service to ensure more timeley access to urology diagnostics

Children's Services

5. Community Paediatrics Waiting Times growth in 18 week breaches

Issue: The paediatric waiting list continues to grow due to high numbers of referrals, several clinical vacancies, and priority ring fenced clinical slots to accommodate the increasing number of Initial Health Assessments required for Children in Care. Face to face activity continues to be delivered at a slightly reduced capacity to allow cleaning and social distancing between patients. Actions being taken to address this include:

Actions:

- 2 x 0.7 Whole Time Equivalent (WTE) consultants recruited with start dates May 2022 and Sept 2022
- Locum cover extended North Somerset
- Major review of ADHD pathway to align across BNSGG starting
- Additional estates being identified for North Bristol and North Somerset to meet demand in a place-based way
- Proactive process for addressing and mitigating Did Not Attend's implemented
- Work taking place with the Business Intelligence team to identify why referrals may have increased

6. Children in Care underperformance of Initial Health Assessments

Issue: Initial Health Assessments are statutorily required to be completed in 20 days. It is recognised by system partners that all organisations have a part to play in delivering this timescale and all parties signed up to a process which will be reviewed in June 2022. There has been an increase in assessments required and in March the service felt a greater impact from covid sickness on staff and service users than the start of the pandemic impacting on capacity and cancellations.

Actions:

- Increased appointments are being offered by paediatricians but knock-on impact to core paediatric clinic activity
- Pathways are being reviewed particularly in respect of asylum children
- Recruitment to vacancies ongoing with high level of applicants.
- Reminder calls to reduce DNA's and aim to book appointments within 12 days of a child coming into care.
- Additional admin being recruited and also centralisation of admin to support with booking of appointments.
- EMIS (clinical systems platform) templates being updated to enable capturing of reason for DNA and cancellations

7. Therapies

Issue: Clinical activity impacted by high levels of covid absence and demand for all services continues to increase. Impacts on referral to treatment times particularly seen in South Gloucestershire and North Somerset. In addition, the numbers of children waiting for an autism assessment now stands at 2,272.

Actions:

- Additional CCG funding for North Somerset Therapies will increase clinical staffing by 9WTE with staff beginning to take up roles.
- Waiting lists for Bristol and South Glos. being merged to provide more equitable waiting times.
- Bank sessions being used in North Somerset to provide additional capacity
- Phase 3 of the leadership transformation is progressing well
- Autism leadership team met with CCG to explore options to prioritise the autism assessment for children and young people with the most complex presentation. Further system meetings to take place for agreement and sign off

8. Lifetime

Issue: High vacancies for lifetime support workers (LSW) (13.63 WTE) continue to impact the service and there is a waiting list of 5 patients awaiting care.

Action: A business case was submitted to the CCG to uplift all band 2 LSW roles to band 3. This was not initailly supported but further meeting is planned for late April to discuss this.

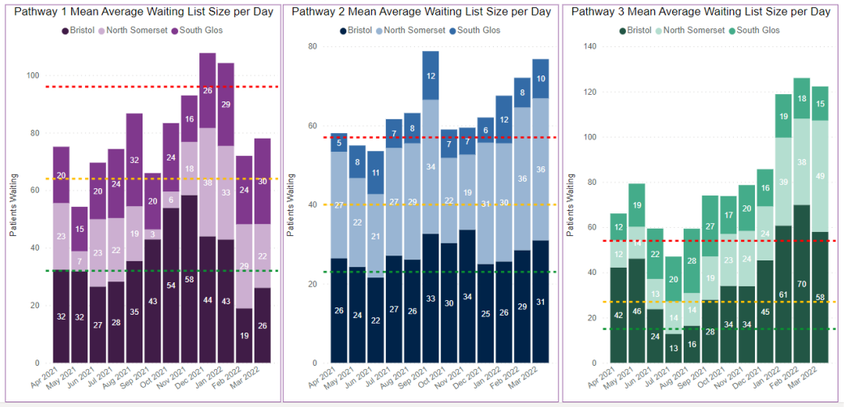
Actions for the Board (including any decisions required and options for consideration)

The Board is asked to note the current position and the actions that are being taken forward to mitigate key service pressures across Sirona.

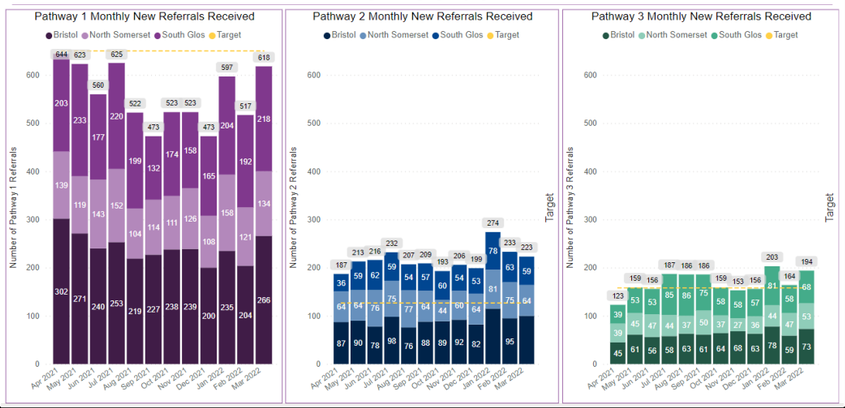
Item 11.1 - Operational Dashboard for Board Reporting

Board Dashboard - Adults Services

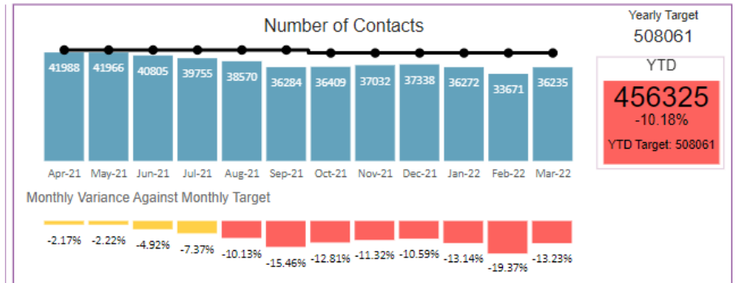
Average Waiting List Size Per Day to Leave Hospital



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	Jan-22	Feb-22	Mar-22
Total Contacts	41988	41966	40805	39755	38570	36284	36409	37032	37338	36272	33671	36235
Face to Face (F2F) Contacts	37569	37763	36562	36327	35612	33270	33439	33974	34184	33351	30943	33064
Non Face to Face Contacts	4419	4203	4243	3428	2958	3014	2970	3058	3154	2921	2728	3171
F2F per 100K Population	3619	3638	3522	3499	3431	3205	3221	3273	3293	3213	2981	3185
Non F2F per 100K Population	426	405	409	330	285	290	286	295	304	281	263	305

Demand, Caseload, Waiting List and Activity Comparison Planned Rehab

Planned Rehab Waiting Lists and Longest Wait

	10/01/2022	24/01/2022	04/02/2022	21/02/2022	03/03/2022	22/03/2022	04/04/2022	14/04/2022	Variance from 3/8/21 to current date	Variance from previous date to current date
Waiting list East Bristol Total	98	66	34	39	63	68	36	44	-87%	22%
Waiting list North Bristol Total	397	396	388	356	313	326	289	286	-49%	-1%
Waiting list South Bristol Total	228	255	241	220	197	188	175	163	-61%	-7%
ICCB Therapy Referrals Triage	21	6	12	3	20	14	4	16		
Total Bristol Planned Rehab Waiting List	744	723	675	618	593	596	504	509	-61%	1%
Waiting list North Somerset	406	382	419	417	444	393	404	439	71%	9%
Waiting list South Glos	132	127	141	155	177	195	160	172	3%	8%
Longest Wait East Bristol	96 Weeks	86 Weeks	88 Weeks	56 Weeks	60 Weeks	39 Weeks	26 Weeks	28 Weeks	NA	NA
Longest Wait North Bristol	104 Weeks	105 Weeks	101 Weeks	107 Weeks	109 Weeks	111 Weeks	90 Weeks	86 Weeks	NA	NA
Longest Wait South Bristol	105 Weeks	107 Weeks	109 Weeks	111 Weeks	113 Weeks	115 Weeks	108 Weeks	110 Weeks	NA	NA
Longest Wait North Somerset	43 Weeks	45 Weeks	46 Weeks	49 Weeks	51 Weeks	53 Weeks	45 Weeks	46 Weeks	NA	NA
Longest Wait South Glos	49 Weeks	51 Weeks	52 Weeks	43 Weeks	45 Weeks	39 Weeks	29 Weeks	30 Weeks	NA	NA

Pathway 1-
Referral numbers have increased in March to highest level since July 2021. There has not been the traditional increase in demand over the Winter months. This increase in March will be monitored to see if it is a delayed impact of the Winter Acute demand. The increased demand has not had a negative impact on the waiting lists, which have reduced from the Dec/January peak. We continue to focus on P1 flow with weekly meetings with BCC reablement team and weekly caseload reviews.

Pathway 2-
Referral numbers have reduced since January although they are still above YTD average.
Flow remains good in South Glos, reflected in a low wait list, although this is showing a gradual increase overall in BNSSG.

Pathway 3-
Referral numbers have increased again from February. The 37 commissioned beds in South Glos remain fully utilised, with an additional average of 20 spot purchase beds utilised at any one time.
Waiting list remains high particularly in North Somerset where a large number of transitional beds remain in use. North Somerset continues to see a large number of spot purchased beds and difficulties in admitting to the block booked beds. We are working with North Somerset Council Brokerage team to fully utilise the block booked beds.
The waiting list has dropped in Bristol with slightly improved flow and an increase in transition beds. In South Glos steady flow has maintained the waiting list.

Increased INT referrals and activity has been seen compares to last month. Development of a new deferred visit template will evidence and provide an audit trail for deferred visits.

We are in the process of reviewing and setting activity baselines for year 22/23. This includes reviewing 21/22 activity against target, benchmarking data, and information on EMIS schedules which give an indication of the number of activities being carried out during each contact. It is likely that we will propose setting the 22/23 baseline based on 21/22 contact figures.

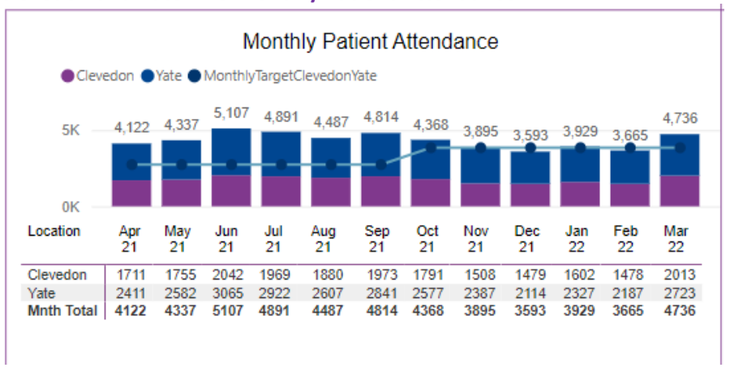
Work has commenced to review the routine therapy waiting list in North Somerset with good discharge rates via telephone review, progress is monitored through the Therapy Task and Finish group.
In Bristol improvements are being seen with the planned therapy waiting lists in South (reduced by 61% since August 21) and ICE (reduced by 87% since August) . However the focus of therapy capacity on P1 has impacted on planned waiting lists for North Bristol (down 49% overall since August, but progress has slowed in March). ICE available therapy capacity is supporting other localities with P1 slots and waiting list triage.

Operational Dashboard for Board Reporting

Board Dashboard - Adults Services

Same Day Urgent Care (SDUC)

Clevedon and Yate MIU monthly Patient Attendance



Location	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Clevedon	1711	1755	2042	1969	1880	1973	1791	1508	1479	1602	1478	2013
Yate	2411	2582	3065	2922	2607	2841	2577	2387	2114	2327	2187	2723
Mnth Total	4122	4337	5107	4891	4487	4814	4368	3895	3593	3929	3665	4736

Demand, Caseload, Waiting List and Activity Comparison MSK

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

A MIU and UTC Staffing paper has been submitted to the CCG and awaiting outcome.
Issues raised by CQC regarding triage times are being addressed.
Aggression remains a problem in the units.
UTC data has been suspended in power BI due to significant data quality concerns but will be provided as soon as possible.
The UTC is temporarily bringing patients back for appointment slots. This will lead to an increase in the number of 4 hour breaches, as patients are not admitted, discharged or treated until the time of their appointment. However, they are not on site for the full time and an appropriate clinical decision has been made.
Remote Clinical Assessment continues at the UTC. Operational demand (both from 111 and walk-in demand) with staffing pressures has led to frequent and prolonged DoS profile closures. Conversion from remote assessment to F2F appointment remains steady at approximately 20%.
Concern over queue management and the acuity of cases being referred to the UTC service has led to the suspension of parts of the UTC DoS profile and involvement of the acting medical director to support risk management.

MSK Interface
MSK wait times saw a high in February and there has been an increase in the wait list size in MSK Interface. The service has been holding vacancies during the leadership consultation but is now recruiting into posts. The teams have also been impacted by Covid sickness during this period. Initial use of elective recovery funds was limited due to the lack of available advance practice resource over the last six months. However we have had recent success in recruiting agency staff to support capacity. This additional resource will help maintain current waiting times whilst awaiting new substantive staff to start which will then enable a reduction in waiting times.

MSK Physio
80% of the MSK physio staff were redeployed into critical Sirona service from January through to March. Most staff have returned and we hope to be returned to full staffing by May. With the return of B5/6 staff and the additional staffing as part of elective recovery we have restarted seeing routine patients. During redeployment the average waiting time across Sirona BNSSG services increased by 4-5 weeks. This has already been recovered with a positive trajectory for waiting time reduction over the next three months. Initial target is an average 12 week waiting time for routine patients.

Respiratory -
Contacts have reduced slightly due to support to Covid Oximetry service through January & February.

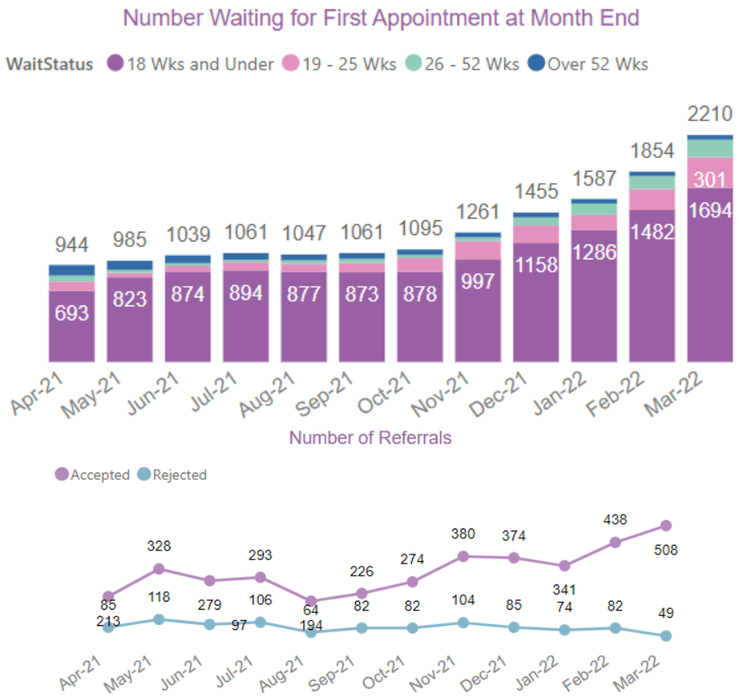
Diabetes -
A recruitment drive is ongoing due to vacancies.
Capacity in group DSE remains impacted by social distancing IPC requirements and is dependent on venue capacity to meet these requirements. DSE activity not reported separately via BI reporting currently, due to migrate to one EMIS during Q1 2022, when the service will be able to report via BI.
Development of BI reporting of advice and guidance also continues, to ensure reflection of true levels of activity.

TB -
Note that service users with known active or latent TB are treated promptly. Wait list figures are mainly people who have been called for latent TB testing and have not yet responded or DNAd, or contacts of someone with active TB who can't be screened for at least 12 weeks post contact.

Operational Dashboard for Board Reporting

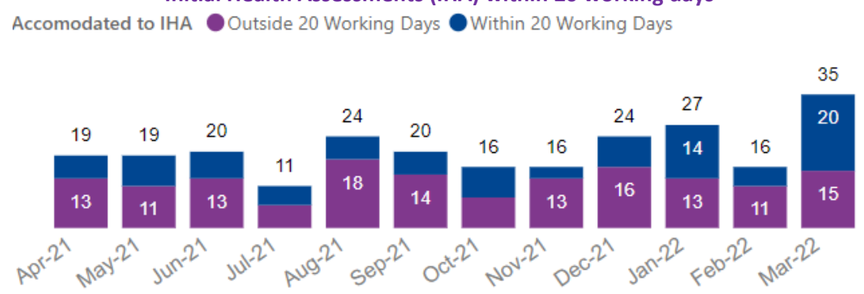
Board Dashboard - Children's Services

Community Paediatrics – March 2022



Children in Care (CIC) – March 2022

Initial Health Assessments (IHA) within 20 working days



HA's by Attendance Outcome and Contact Month

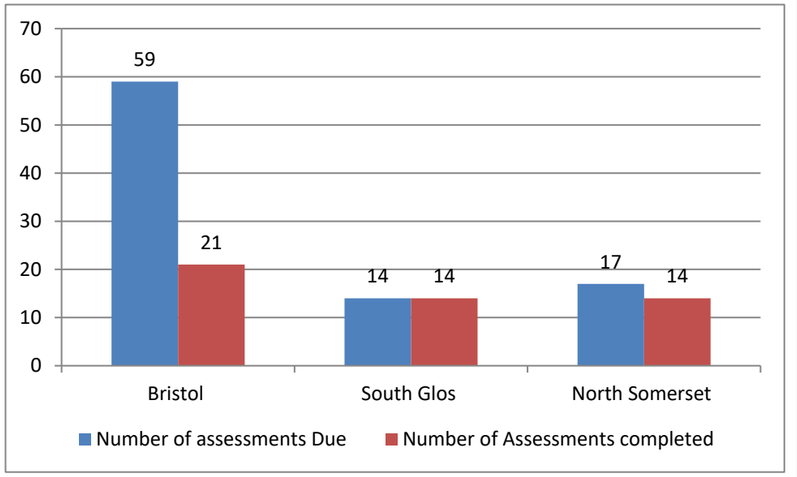
Attendance Status	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Attended	21	21	22	16	32	24	23	19	29	33	19	40	299
Cancelled by Health Care Provider	1	1	1			1	1			1	5	6	17
Cancelled by Patient	11	8	10	6	9	5	4	2	3	4	9	2	73
Did Not Attend	2	2	2	2	3	1	2	3	6		1	2	26
Total	35	32	35	24	44	31	30	24	38	38	34	50	415

% IHA's by Attendance Outcome and Contact Month

Attendance Status	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
Attended	60.0%	65.6%	62.9%	66.7%	72.7%	77.4%	76.7%	79.2%	76.3%	86.8%	55.9%	80.0%	72.0%
Cancelled by Health Care Provider	2.9%	3.1%	2.9%			3.2%	3.3%			2.6%	14.7%	12.0%	4.1%
Cancelled by Patient	31.4%	25.0%	28.6%	25.0%	20.5%	16.1%	13.3%	8.3%	7.9%	10.5%	26.5%	4.0%	17.6%
Did Not Attend	5.7%	6.3%	5.7%	8.3%	6.8%	3.2%	6.7%	12.5%	15.8%		2.9%	4.0%	6.3%

Children in Care (CIC) – March 2022

Review Health Assessments (RHA)



Performance in all Community Paediatric teams across Bristol, North Somerset and South Gloucestershire is below target and continues to rise. All areas remain under capacity to meet demand, with the highest pressures currently in SGlos and North Somerset due to the higher number of referrals and clinical vacancies.

Demand continues to outweigh capacity with high number of referrals and the need meet our statutory requirements for Initial Health Assessment Appointments for Children in Care, which at time can have a high cancellation rate by patients resulting in further clinical slots being prioritised. For February and March 2022 there are a reduced number of slots available to complete IHA's, resulting in the redirection of Paediatric resource to address this gap.
The Paediatric waiting list continues to grow month on month due to high numbers of referrals and priority ring fenced clinical slots to accommodate the increasing number of Initial Health Assessments required for Children in Care.

Referrals
February's report showed a significant increase in referrals from January 2022 to February 2022 (+126); going into March there has also been an increase, with an additional 70 referrals accepted onto our caseload. Rejected referrals have decreased from February by 33.

Children in Care continue to work closely with our paediatric colleagues to increase the offer of appointments available to complete Initial Health assessments and Adoption to meet our statutory responsibility. With Asylum children requiring two appointment slots supported by an interpreter to complete assessments, the service is aware that appointment demand has outstripped current availability. As a result, this is having a knock-on effect to both Paeds & ASD services.

IHA

- CIC have seen an increase from February with the 20-working day reporting timeframe. Due to the change in the reporting in February 22 we continue to check the accuracy of reporting through April 22 to ensure data is accurate However, this data now reflects the true picture of the IHA response within a system dependent pathway which meets the statutory guidance. Performance remains a concern which Sirona will continue to work closely with BNSSG CCG and Local Authority. March 2022 – Total number of children in care 57 compared to 40 in February increase of 42.5%.
- 3 children placed out of area. Referred to out of area local agreement practice for IHA completion.
- 2 children were placed in area from other local authorities
- New in to care Asylum seekers in March was 18 compared to 11 in February and 12 in January resulting in an increase of 63.6%.

Recognised within this partnership, timely notification to health triggers Initial Health Assessment completion within 20 working days along with annual Review Health Assessment completion; frequency based on age. All partners recognise the co-dependent system that health involvement is measured against.

There are currently system challenges across all services, vital roles and responsibilities within the critical time frame were discussed and in conclusion, parties signed up to a process which supported the timely completion of Part A of the BAAF forms ready for timely health submission.

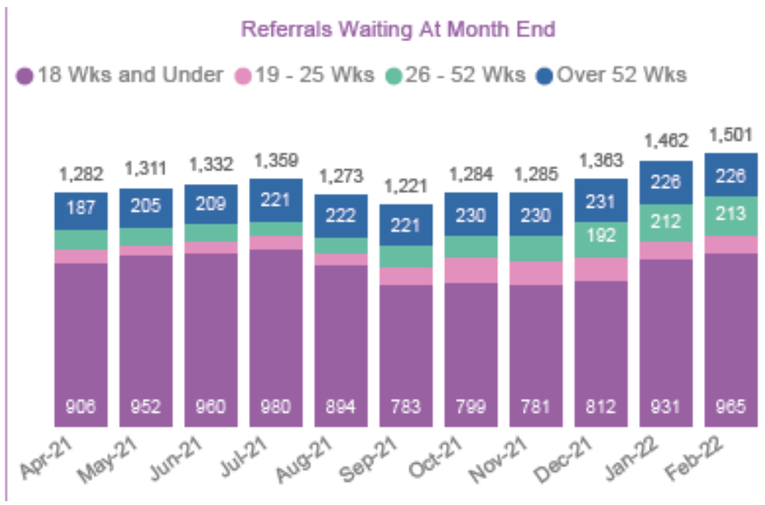
RHA

- March 2022: 49 children and young people were seen out of 90 RHA referrals.
- This data equates to 54 % of cohort with RHA's completed in comparison to 69 % in February and 61% in January.
- The decrease in cohort numbers for March 2022 due to clinical capacity and has also been linked to incomplete BAAF Part A's sent through within the critical timeframe.
- Reduced capacity and sickness in workforce not meeting service demand (BNSSG).

Operational Dashboard for Board Reporting

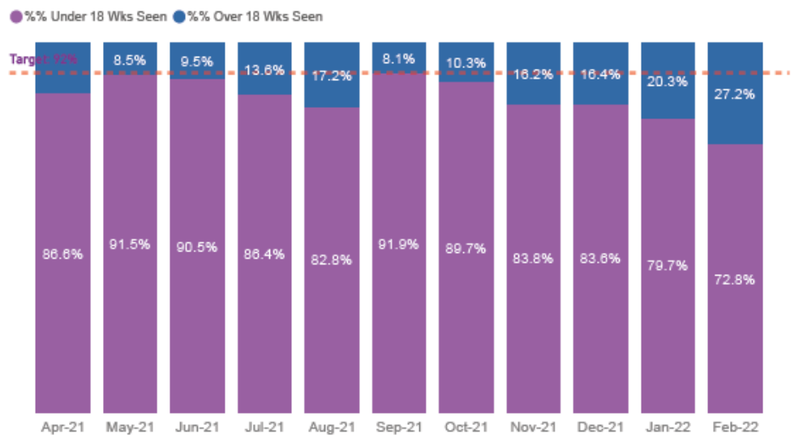
Board Dashboard - Children's Services

Therapies – Referrals Waiting at Month End (Feb)

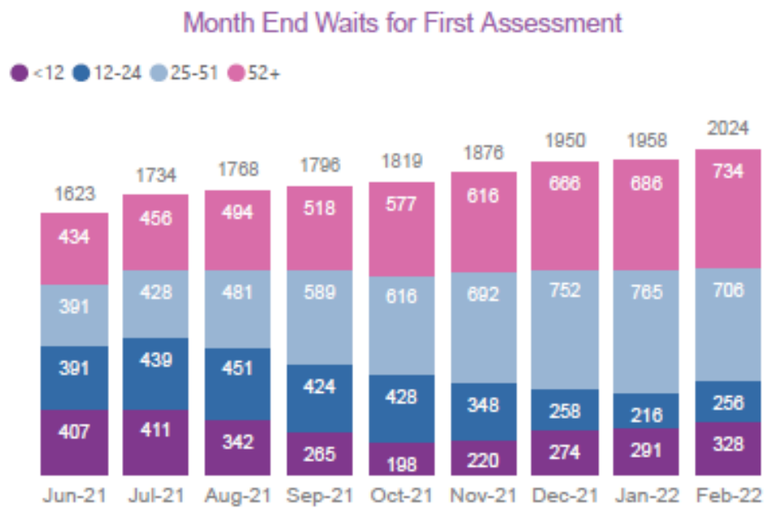


Therapies – Initial Contact within 18 week target (Feb)

Total in Period	Over 52 Wks	26 - 52 Wks	19 - 25 Wks	18 Wks and Under
4070	101	163	291	3515



Autism Spectrum Disorder Hub (ASD) (Feb)



Demand for all therapies services continues to increase. Increased demand, coupled with staff absence due to Covid, has impacted the Referral-to-Treatment times for all Children's Therapy Services. The impact of the discrepancy between demand and capacity is most evident in the reduced performance of the Occupational South Gloucestershire, and across all three-therapy service in North Somerset.

Additional funding for North Somerset Therapies will increase the clinical staffing by 9 wte across a skill mix of roles. The recruitment programme is proving successful, and staff are beginning to take up their roles. Increased clinical capacity in North Somerset will result in improved performance in the Quarter 2.

There have been some early inaccuracies in recording contacts, this was related to incorrect coding and is currently being addressed and so the data should be corrected next month. A trajectory table is being populated to map the performance for all 3 services, recognising the increase in demand.

There are a total of 47 breaches, the majority being in South Glos & North Somerset, a plan is in place to address capacity concerns moving forward for South Glos. North Somerset will utalise the uplift monies & recruitment to support capacity & improve figures.

RTT within 18 weeks	Bristol	South Glos	North Somerset
SLT	Breaches - 1	Breaches - 1	Breaches - 6
OT	Breaches - 2	Breaches - 18	Breaches - 11
PT	Breaches - 1	Breaches - 3	Breaches - 6

Speech and Language therapy
Higher than average staff sickness in January and February due to Covid and appointments cancelled while staff self-isolate awaiting PCR results. All vacant posts have now been filled.
North Somerset service transformation is underway with internal recruitment into new posts. This has left some vacant posts which will go out for external advert.

Occupational Therapy and Physiotherapy
The referrals in S Glos remain high and outstrip the capacity of the team meaning that a number of RTT targets are not being met. The Services are planning recovery initiatives in the summer break (July and August) to decrease the waiting list numbers for initial assessments. In addition waiting lists for Bristol and South Gloucestershire are being merged so that children have an equitable waiting time, and clinic appointments are used flexibly.

Bank sessions are being used in North Somerset to reduce the Occupational Therapy waiting list.

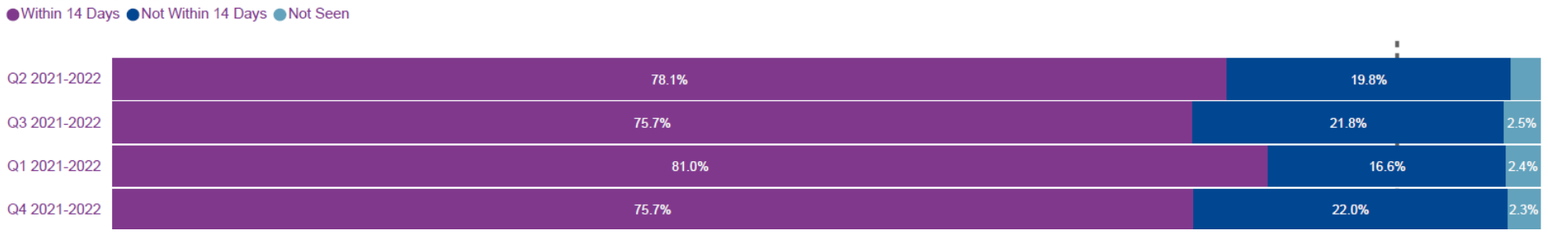
There has been no change in the increased demand for autism assessments, and the numbers of children waiting for an assessment across BNSSG now stands at **2272.**
It is recognized that the needs-led programme will provide support and guidance to children and families at an earlier stage. However, unless there are changes to the acceptance criteria for the autism assessment pathway, the numbers of children waiting, and the waiting times will continue to grow.

The Autism Leadership Team met with colleagues from the CCG to explore options to prioritise the autism assessment service for children and young people with the most complex presentation. The proposal will be presented at several system meetings for agreement and sign-off.

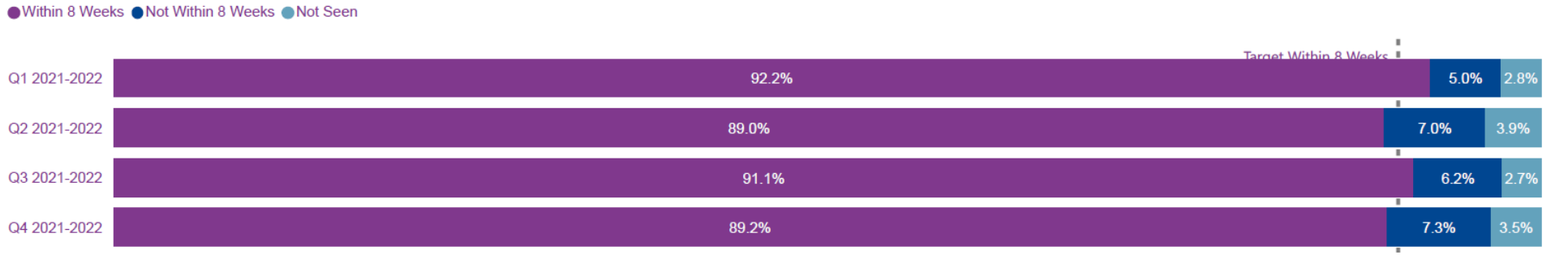
Operational Dashboard for Board Reporting

Public Health Nursing – BNSSG

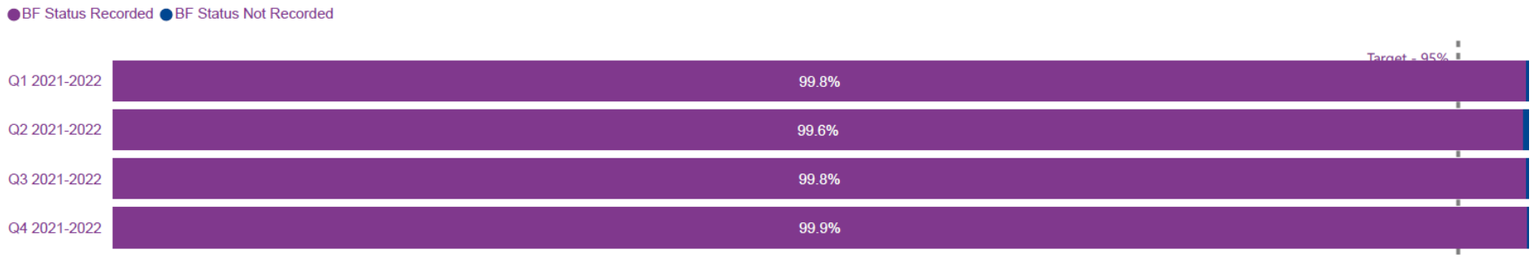
New Birth Visits



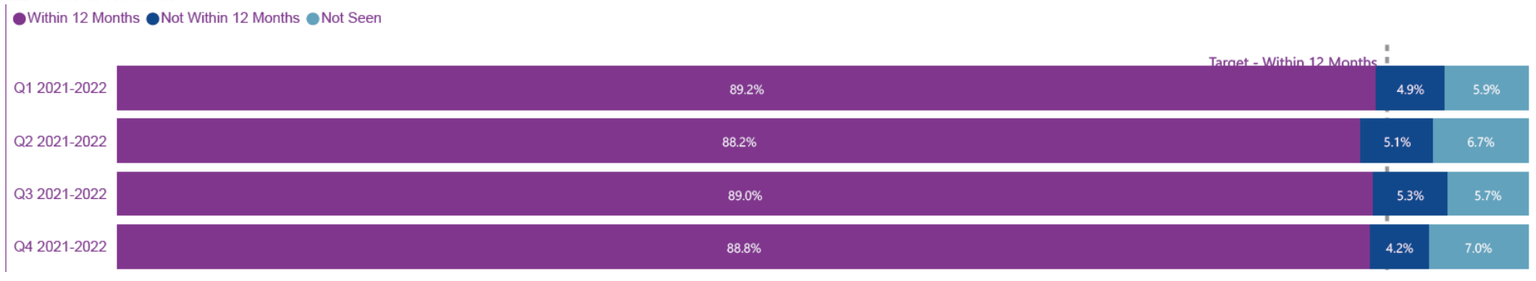
6-8 Week Reviews



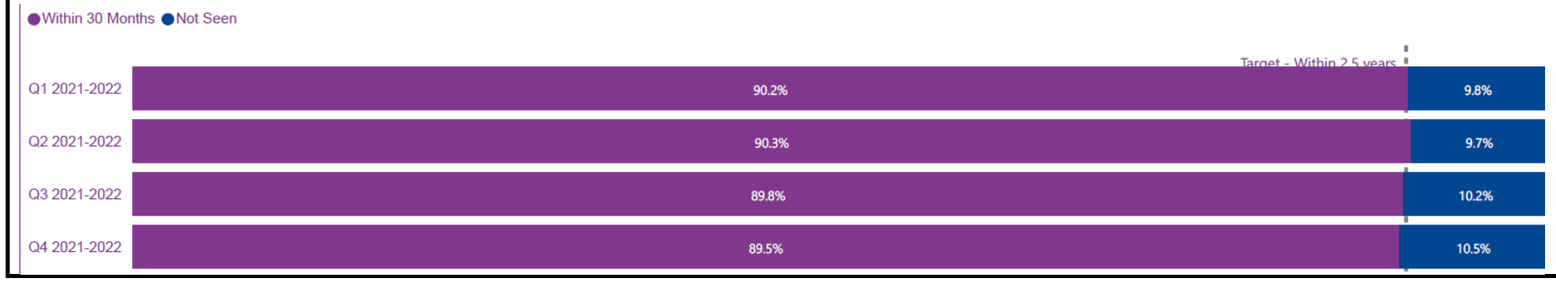
Breastfeeding Status



12 month Reviews



2 - 2.5 Year Reviews



There has been an improvement in mandated visit rates for most areas despite high rates of absences due to Covid 19 and other sickness. The North Somerset service continues to work to an adjustment plan due to the high numbers of vacancies and their rates remain static. There have been several training opportunities that include joint training with midwifery colleagues on managing conversations on healthy weight with pregnant women and calm family training. All areas are preparing for their UNICEF Baby Friendly initiative assessments and staff audits.

Operational Dashboard for Board Reporting

Source of Graphs – Adults	Source of Graphs – Children's
Average Waiting List Size Per Day to Leave Hospital Access and Flow Dashboard Monthly –Waiting list and New Referrals . **Demand, Caseload, Waiting List and Activity Comparisons** Demand, Waiting and Activity Dashboard – MSK - **Comparison Info: MSK** **Planned Rehab Wait list** – from spreadsheet in Glasscubes Transformation folder (formerly used **Demand, Waiting and Activity Dashboard –Comparison Info: All Specialities** filtered to speciality*: INT Community Rehabilitation (Planned)* – but spreadsheet is more accurate) **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	**Performance and exception narrative taken from 'Children's Services Monthly Contract Report - February 2022 - March 2022'** Children's Services Monthly Contract Rep **Community Paediatrics** – Children's Services Child Health Contractual Dashboard – 1. Community Paediatrics/**Dashboard** - Community Paediatric Reporting Dashboard/ **tab** - Month end No **Children in Care (CIC) —** – Children's Services Child Health Contractual Dashboard – 4. Children in Care/**Dashboard** Children in Care/ **tab** Number IHAs within 20Days **Children's Therapies –** Children's Services Child Health Contractual Dashboard- Initial **Contact within 18week target – Dashboard** Child Health Contractual Reporting/ **tab** Therapies Wait Times **Autism Spectrum Disorder Wait Times** – Children's Services Child Health Contractual Dashboard - Month End Waits for First Assessment **Health Visitor – Mandatory Reviews** – Depending on time of year/ Quarterly from Contractual & Interim from Children's Services – 2. Health Visiting Dashboard BNSSG

Board Report

Date	10th May 2022	**Agenda item**	12
Title	**Risk Report**		
Author	Carole Morgan, Joint Lead for Risk Management		
Presented by	Mary Lewis	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

To provide the Board with:

i. a report of the Equality & Diversity risks for which the Board is the Monitoring Committee
ii. a report of the risks scoring 15 and above from Sirona's Risk Register and
iii. 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 to Sirona as recorded on the Risk Register and supports the members of the Board to comply 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)	Not applicable

How has this report been developed

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

i. The content of the Report is based on an extraction on the risks with a score of 15 or more as at 21st April 2022. The author has used the data from the extractions to provide the summary information for the report.
ii. The report is supported by two appendices reflecting risks monitored by SLT (Appendix 1.1) and the Quality & Outcomes Committee (Appendix 1.2). Please note that there is not an appendix for the Audit & Assurance Committee risks as there are no risks currently scoring 15 or above for which the Audit & Assurance Committee is the designated monitoring committee.
iii. Appendix 2 is included detailing the Equaility & Divisersity risks on the Register for which the Board is the designated monitoring 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

i. The report has been reviewed by the Director of Nursing who holds the portfolio for Risk Management
ii. In line with the Risk Mangement Policy risk reports detailing risks with a score of 12 or more have also been received by the Committees reporting to the Board including the Senior Leadership Team, Quality & Outcome Committee and Audit & Assurance Committee.

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

(Please note the information is based on extractions from the risk register on 21st April 2022 and some risks may have been reviewed / updated in the period between when this report was written and the date of the Board meeting.)

The key points from the Report are:

Full Risk Register

- **230** risks are currently open on the Risk Register (increase of 12 since the last report to the Board).
- Of the 230 **risks** there are **54 risks on the Register with a risk score of 12 or more** (increase of 4 since the last report to the Board).
- **11** of the **54** risks **with a current score of 12 or more** are overdue for review.

Risks with a score of 15 or more

- There are currently **13 risks** with a **risk score of 15** and above (2 more than in the previous report to the Board.
- One new risk has been added to the Register with a score of 15 or more since the last report to the Board.

Equality and Diversity Risks:

- There are two Equality and Diversity risks on the Register for the Board to review as the Monitoring Committee for this risk category. Both of these risks were included in the last report to the Board.

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

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

The Board is asked to note the content of the report and to receive assurance that the risk register is being managed in line with the Risk Management Policy.

1. FULL RISK REGISTER

The following section summarises the details of the Risk Register:

1.1 Risk Scores

On the Risk Register as of 21st April 2022 there are:

- 208 Open risks
- 10 Tolerated Risks
- 12 Controlled Risks

TOTAL 230 "Open" Risks on the Register

This represents an increase of 12 risks since the last report to the Board.

Number of Risks, by Risk Type (all scores)

Risk Type	Monitoring Committee	May 21	Jul 21	Aug 21	Oct 21	Jan 22	Feb 22	Mar 22	Apr 22
Information Governance	A&A	2	4	6	5	8	7	6	6 ↔
Regulation & Compliance (not included elsewhere)	A&A	6	6	7	7	6	6	6	6 ↔
Equality & Diversity	Board	0	0	0	0	0	2	3	3 ↔
Capacity & Demand – Corporate	Dependant on risk	0	0	0	0	1	1	1	1 ↔
No Category	Dependant on risk	2	2	2	1	1	1	1	0 ↓
Clinical Records	Q&OC	1	1	1	4	5	5	5	6 ↑
Health, Safety & Security	Q&OC	14	13	21	21	18	18	17	17 ↔
Infection Prevention & Control	Q&OC	2	3	6	6	7	7	6	6 ↔
Learning & Development	Q&OC	7	7	8	7	8	8	7	7 ↔
Medical Devices	Q&OC	3	3	3	6	6	6	6	6 ↔
Medicines Management	Q&OC	8	8	11	11	6	7	6	7 ↑
Patient Safety / Clinical Quality	Q&OC	1	4	14	13	21	22	21	29 ↑
Regulation & Compliance – CQC	Q&OC	3	3	3	3	4	4	4	5 ↑
Research and Development	Q&OC	0	0	0	0	0	0	0	0 ↔
Safeguarding	Q&OC	2	3	5	5	4	4	4	4 ↔
Service User Care/Treatment	Q&OC	9	15	27	22	23	22	20	20 ↔
Staff Wellbeing	Q&OC	4	2	7	6	9	9	9	8 ↓
Workforce	Q&OC	15	16	22	18	20	19	20	20 ↔
Accommodation	SLT	2	3	7	7	4	4	4	4 ↔
Business / Finance	SLT	3	5	6	7	6	6	5	5 ↔
Capacity & Demand - Operations	SLT	12	17	37	38	40	39	38	35 ↓

Risk Type	Monitoring Committee	May 21	Jul 21	Aug 21	Oct 21	Jan 22	Feb 22	Mar 22	Apr 22
Contracts	SLT	1	2	2	1	1	1	1	1 ↔
Digital (IM&T)	SLT	6	11	24	18	16	15	12	15 ↑
Engagement/Stakeholder Relationships	SLT	0	0	1	1	1	1	1	1 ↔
EPRR / Business Continuity	SLT	7	7	9	9	9	9	9	10 ↑
Performance	SLT	0	0	2	1	3	3	3	5 ↑
Programme, Planning & Projects	SLT	1	1	4	5	5	5	3	3 ↔

1.2 Risk (all scores) by SLT Lead

SLT Lead	Feb 22 Number of risks	March 22 No of Risks	April 22 No of Risks
Director of Finance	11	8	9
Director of People and OD	32	32	32
Director of Operations	141	135	144
Director of Nursing	28	25	26
Director of Therapies	7	7	8
Medical Director	8	7	8
Director of Transformation	4	4	3
TOTAL	**231**	**218**	**230**

1.3 Risks with a current risk score of 15 or above

There are currently thirteen open risks on the risk register with a score of 15 or above. These risks are summarised in the table below and detailed information can be found in Appendices 1.1 and 1.2 (reports are pulled from Ulysses by monitoring committee so Appendix 1.1 relates to risks whereby SLT is the designated monitoring committee and Appendix 1.2 relates to risks whereby the Quality & Outcomes Committee is the designated monitoring committee). There are currently no risks with a score of 15 or above whereby the Audit and Assurance Committee is the designated monitoring committee.

Risk Ref	Risk Title	Monitoring Committee	Current Risk Score	Next Review Date	Page No in Appendices 1.1 and 1.2
49	Heart Function Service cannot deliver a full service to patients; waiting times may increase because of reduced staffing levels.	SLT	20 ↑	20/04/2022	App 1.1 Page 1
213	Capacity of operational services to absorb additional demand.	SLT	16 ↔	19/05/2022	App 1.1 Page 7
353	North Locality staffing recruitment and retention.	SLT	16 ↔	05/05/2022	App 1.1 Page 9
377	Reduced capacity in South Glos INTs leading to increased patient	SLT	16 ↔	19/05/2022	App 1.1 Page 5

Risk Ref	Risk Title	Monitoring Committee	Current Risk Score	Next Review Date	Page No in Appendices 1.1 and 1.2
	risk, decreased staff wellbeing and reputational damage.				
240	Children's Services – reduced staffing capacity affecting the ability of the registered staff delivering services.	SLT	15 ↔	25/03/2022	App 1.1 Page 11
363	MSKI staffing	SLT	15 ↔	19/05/2022	App 1.1 Page 14
143	Mental health / psychological safety of staff working through Covid.	QOC	16 ↔	17/03/2022	App 1.2 Page 11
195	Increased use of agency staff causing quality and consistency concerns	QOC	16 ↔	20/08/2022	App 1.2 Page 1
450	Staff Turnover Sirona-wide.	QOC	16 ↔	13/05/2022	App 1.2 Page 3
454	NW Bristol Planned Community Nursing – deferring of patient visits, risks of patient harm.	QOC	16 ↔	0/05/2022	App 1.2 Page 6
459	Recruitment challenges due to national shortage of health professionals.	QOC	16 ↔	06/05/2022	App 1.2 Page 8
218	Staff resilience – UTC	QOC	15 ↑	21/04/2022	App 1.2 Page 13
488	Delays in SWAST conveyance – from MIU / UTC	QOC	15 NEW	23/04/2022	App 1.2 Page 15

- One new risk has been added since the last report (risk no 488).
- Risk no 218 relating to staff resilience at the UTC was reviewed on 22/03/2022 and the risk score was increased from 10 to 15 and it is therefore now included in this report to the Board.
- One risk relating to staffing at SBRU has been reviewed and the risk score has been reduced from 16 to 12 so details of this risk are no longer included in this report to the Board as it will be managed at service level.
- No risks scoring 15 or above have been closed since the last report to SLT / Board.

1.4 Risk Reviews

Since November 2021 Risk Owners have been receiving a weekly email to ask that they review their risks when they are within 7 days of the review date and also that they review their allocated actions within the risk entries. Although the Risk Team has seen an improvement in the number of risks that are being reviewed within the required timeframe and continues to work with SLT and managers on this important aspect of a Risk Register, it is acknowledged that there is still work to be done to ensure that risks are routinely kept up-to-date and therefore the content of the Risk Register entry reflects the current position of the risk.

2. EQUALITY AND DIVERSITY RISKS (Appendix 2)

The Board is receiving a report of the two Equality and Diversity Risks with a score of 12 or above on the Register as the Monitoring Committee for these risks. One of the roles of the Monitoring Committees for risk is to receive assurance that the risks are being managed and can challenge any information provided that does not give adequate assurance. Also, in-line with the Risk Management Policy the Board may wish to request one of the other Monitoring Committees, either Audit & Assurance, Quality and Outcome Committee or SLT to monitor these risks.

3 REPORTS TO MONITORING COMMITTEES

The Risk Team continues to provide Risk Reports detailing the risks on the Register with a score of 12 or above to the meetings of the Senior Leadership Team, Quality & Outcomes Committee and the Audit & Assurance Committee in line with their role in monitoring designated types of risk as set out in the Risk Management Policy and their terms of reference. The Senior Leadership Team also receives a report of all risks scoring 15 or above (regardless of risk type) as a preview of these risks being presented to the Board.

4 RECOMMENDATIONS

The Board is asked:

a) to receive this report as the position of the Risk Register as of 21st April 2022.

b) Review and note the Equality and Diversity Risks for which the Board is the Monitoring Committee

APPENDICES:

Appendix 1.1: Risks with a score of 15+ for which SLT is the Monitoring Committee
Appendix 1.2: Risks with a score of 15+ for which the Quality & Outcomes Committee is the Monitoring Committee
Appendix 2: Equality & Diversity Risks

Note there is not an appendix for the Audit & Assurance Committee as there are no risks on the Register with a score of 15 or more in a category for which the Audit Committee is the Monitoring Committee

Risk

Risk No. & Ver.	49 v.22	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. Continmues to increase through 2022
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. Opened up to NSomerset referrals
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
Sickness in the team at very high levels - LT sickness of 2x B7 leads and 1x B6 - all NMPs and senior / experienced staff. Loss of 2x staff to retirement leaving inexperienced workforce
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

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Division / Specialty / Directorate	Likelihood	5	Likelihood	3
Specialist Services / SASS / Heart Failure	Severity	4	Severity	2
Specialist Services / SASS / Heart Failure	Risk Score	20	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 Dr X 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.
Senior HF nurse about to start mat leave but the service has successfully recruited into 12 month seconded post to cover mat leave (from June) to support the team. Upskilling and support will however be required as not a trained HF nurse.
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.

Action planning meetings weekly with service leads - working like an ICC to manage and prioritise actions to have maximum effect

Actions

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 Dr X (NBT consultant) and Dr X (BHI consultant) to update BNSSG formulary.						
Progress	no changes currently. Remains sat with formulary team in CCG						
Action No.	3	**Start Date**	04/05/2021	**Target Date**	30/06/2022	**Completion Date**	/ /
Action Description	Look at roles within INTs in supporting the team facilitate early discharge.						
Progress	INTs remain wtih challenged capacity. To share ongoing challenges with HF staffing with the ALDs to look at support to pass patients across for finalised up titration						
Action No.	8	**Start Date**	01/05/2021	**Target Date**	31/07/2022	**Completion Date**	/ /
Action Description	enhance estates - particularly South Bristol and Weston						
Progress	Potential clinic at WGH being explored - awaiting update from WGH re this and SLA Issues with SBristol remain Recruiting to post to support estates management within SASS Portfolio - should be in post by June 22						
Action No.	9	**Start Date**	01/03/2022	**Target Date**	30/06/2022	**Completion Date**	/ /
Action Description	Action planning meetings weekly with service leads - working like an ICC to manage and prioritise actions to have maximum effect						
Progress	Ongoing weekly meetings. Raised situation with Silver & SLT to inform of staffing issues						

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 20/04/2022

Review Date	21/03/2022	**Review Details**	Increased risk - staffing levels at critical secondary to LT sickness, retirement of 1xB7 and covid sickness in the team (3 further staff off)

			Developed action plan (see attachment in actions) that working through with leads. Escalated to SLT

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							
Action No.	5	**Start Date**	01/04/2022	**Target Date**	31/05/2022	**Completion Date**	/ /
Action Description	All actions in place do not reduce the risk due to high numbers of temporary staff and high levels of vacancy within all SG INTs						
Progress							

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 19/05/2022

Review Date	19/04/2022	**Review Details**	Risk remains high with all mitigated actions in place
Review Date	09/02/2022	**Review Details**	This remains a significant risk in SG INTs due to ongoing vacancies, staff sickness and increasing caseloads. Caseload prioritisation continues on a daily basis and RAG rating of all clinical visits in place.
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

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	30/04/2022	Completion Date	/ /
Action Description	Review of OPEL escalation cards across service areas						

Progress	Review of framework and operational daily structure underway, will link into the system response.

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** 19/05/2022

Review Date	19/04/2022	**Review Details**	Risk remains the same due to ongoing Covid and Easter challenges. Work underway to review framework
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.	353 v.3	Date	07/06/2021	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	4 x 4 = 16

Risk Title

North Locality Staffing Recruitment and Retention

Full Risk Description

Insufficient staff to meet service demands

Services affected by Risk

Division / Specialty / Directorate
Adult Services / Bristol North And West / Affinity
Adult Services / Bristol North And West / Northern Arc
Adult Services / Bristol North And West / Health West/Phoenix

Current Risk		Target Risk	
Likelihood	4	Likelihood	3
Severity	4	Severity	2
Risk Score	16	Risk Score	6

Categorisation & Monitoring Group

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

Controls

Details of Controls

Current Controls

Break the cycle plan in place Caseload reviews
Daily Triage of RAG rated schedules, completion of daily Sirona sitrep and record all deferred visits, incident submissions of issues and risks ongoing.
Forecasting and submitting staffing numbers within NW locality of ACP, P1 and INT staffing safe working levels in advance to predict gaps and risks. Information submitted to Director of operations and Silver Briefing for review.
Capacity support to be continuously reviewed : Wound care service to support Doppler assessments and bank staff 1x week to commence to support continence assessments ongoing. Agency / Bank and enhanced incentive rates continue ongoing.
Recruitment plan in place with incentives and creative advertising
NW has entered an ICC w/c 20.12.21 due to high number of deferred essential visits and vacancies/ sickness/ novice workforce. This is a 6 week programme to address key issues
New NW action plan to be developed to address staffing gaps, support retention and improve capacity issues

Actions

Action No.	2	Start Date	01/11/2021	Target Date	31/07/2022	Completion Date	/ /
Action Description	New NW Action Plan being developed to split the locality into 2 and focus on the priorities to support capacity as ongoing recruitment and retention issues and risks continue to rise. Nursing and Rehabilitation and action plans developed. Caseloads reviewed, forecasting of staffing and gaps being identified and reported ongoing to director of OPs.						
Progress	ICC paused in January due to Covid pandemic affect. ICC to restart 14.2.22. Staffing of concern Feb/March 2022 due to further leavers and low recruitment of new staff.						

Action No.	3	Start Date	23/11/2021	Target Date	31/07/2022	Completion Date	/ /
Action Description	Monitor vacancies - currently >28wte +						
Progress							

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 05/05/2022

Review Date	05/04/2022	Review Details	No change situation continues, continue to monitor and develop new NW action plan
Review Date	09/03/2022	**Review Details**	No change to risk score, forecasting data identifies further staffing shortfall particularly in nursing and ACP resources. Awaiting discussions with Director of Ops to agree next steps as ICC remains on hold.
Review Date	08/02/2022	**Review Details**	ICC on hold in January 2022 due to Covid pandemic affect. Plan to restart ICC 14.2.22. Staffing resource continue to reduce as staff levers increase/number of new recruits minimal.

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**	01/06/2022	**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	Action plan still in place and qualified HV staffing levels still not achieved unidentified midwifery discharges still happen although have now reduced to between 19 and 20 a month we are still not meeting all KPIs performance over all is amber						

Action No.	3	**Start Date**	23/02/2022	**Target Date**	06/06/2022	**Completion Date**	/ /
Action Description	Adjustment plan still in place and agreed with commissioners. Aim to recruit more staff so plan can be discontinues						
Progress	reduction over in in un notified children but performance still not in line with contractual requirements due to current staffing over all performance is amber						

	we have reduced the number of staff leaving but as yet have not been able to replace staff who have left in line with the wider national picture new processes have been put in place to aid the delivery of services and the majority of visits are all carried out face to face within the clients home unless sickness or client request specifies otherwise

Risk Reviews		Review Frequency	1 - Monthly (Risk Score 12-25)	Next Review	25/03/2022
Review Date	23/02/2022	**Review Details**	Some staff and skill mix have been employed and the service staffing levels are fairly static. staffing as is and in line with the current action plans is providing performance at an amber level for all trained staff visits and some green for skills mix staff. We have been notified of the resignation of a 0.6wte staff member and see the reduction of band 7 in the coming weeks by a further 1.2 wte due to retirement. we are currently facing significant sickness in staff for illness related reasons, some of which is Covid related we have not seen as much impact as we would have liked from the additional 1.6 wte band 6 staff in the team because of this. risk remains as is		
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.	363 v.5	Date	18/06/2021	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	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.

SBAR for partial restoration of F2F first appointments approved and implemented Feb 2022 to reduce duplication of appointments.

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** 19/05/2022

Review Date	19/04/2022	**Review Details**	MSKI capacity and demand remains unbalanced. NS wait time 12 weeks, SG 21 weeks, Bristol 40 weeks. Wait time inequitable across localities and between spinal & peripheral caseloads in Bristol. Some success in securing temporary additional capacity since christmas - in last month 1.5 WTE locums started in post & 0.4 WTE bank hours. 2 further suitable locums identified but only able to offer remote capacity therefore whilst awaiting confirmatio of their compliance we are reviewing NP:f/up capacity in substantive staff diaries as they will need to absorb any f2F appointments required, this has impact on continuity of patients and substantive staff. Further NS capacity being used for Bristol including triage, support for temporary staffing and some staff asked to move location temporarily for face to face capacity. Following completion of consultation initial substantive recruitment has taken place and further round of external and backfill recruitment out now. Scrutiny on MSKI wait times increased across system as secondary care recover make progress on recovering waiting times especially in shoulders. MSKI trajectories submitted to CCG and Sirona Ops Director. As further additional capacity is secured (temp & substantive) trajectories will be updated. MSKI expected to use the recovery funding over the full financial year.
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.

Sirona care & health

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** 20/08/2022

Review Date	Review Details
21/02/2022	The clinical lead in the bank team is focussing on a lot of these issues - liasing with GRI, blocking repeat offenders etc and generally

			managing the quality of agency staff coming out to teams. Review in 6 months and if position remains the same risk can be closed.
Review Date	27/07/2021	**Review Details**	Generic risk remains due to sickness and self-isolation resulting in overdependency on agency staff. Controls reviewed and deemed sufficient. Agreed to Tolerate risk

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
450 v.1	01/11/2021	02 Corporate	1 - Open	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.	Start Date	Target Date	Completion Date
1	01/04/2021	24/11/2021	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.	Start Date	Target Date	Completion Date
2	01/09/2021	31/01/2022	/ /

Action Description	Year-1 plan completed. Support requested from line manager to progress complete implementation and develop longer-term plan September 2021
Progress	New colleague retention activities being progressed eg career progression campaign on Workplace; discussions with external provider for exit interviews. Line manager will liaise with peers to progress complete implementation of year 1 plan.

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

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

Action No.	4	Start Date	09/05/2022	Target Date	09/05/2022	Completion Date	12/04/2022

Action Description	Engage external organisation to provide exit interviews and reports
Progress	Meetings with potential providers held. Selected HRDept and secured budget for 6 months. Process agreed. Go-live planned for 9 May 2022.

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 13/05/2022

Review Date	13/04/2022	**Review Details**	In the last month we have engaged an external organisation - HRDept - to provide exit interviews and reports for a 6 month period starting on 9 May 2022
Review Date	16/03/2022	**Review Details**	During the last month we have run a targeted campaign on career progression (the second most common reason for leaving). We are also discussing outsourcing exit interviews for better completion rates and organisational learning.
Review Date	15/02/2022	**Review Details**	No update in last 7 days. Will discuss colleague retention at People & Development Leads to unblock other ideas and actions on 15/2/22
Review Date	08/02/2022	**Review Details**	Risk reviewed - no change in position. Developing a campaign to target under-30s, as a high-turnover cohort. People & Development Leads requested to unblock other ideas and actions.
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.	454 v.2	Date	30/11/2021	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	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	31/07/2022	Completion Date	19/04/2022
Action Description	Revised NW Action plan in place which covers this risk						

Progress	Action plan drafted and planning in place to safely split the locality into two teams and two nursing caseloads

Action No.	2	**Start Date**	08/02/2022	**Target Date**	31/07/2022	**Completion Date**	/ /

Action Description	New Deferred EMIS template in place, BI develop reporting data extraction, plan to review data when available. Reports from staff is that it is useful, aids communication with SPA, supports incident reviews and improves documentation standards.
Progress	Deferred schedule template in place, BI data now ready to audit which will be completed by end March 2022. Over last 12 weeks >600 schedules deferred which includes approximately 100 RED RAG. Staffing remains of great concern. Awaiting meeting with Director of OPs 16.3.22 to discuss next steps regarding ICC.

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 05/05/2022

Review Date	05/04/2022	**Review Details**	NW continuing to complete deferred visit templates and daily frequency numbers continue as staff capacity not yet improved. Plan to use admin to support calling patients if visits are deferred to support clinical capacity and documentation.
Review Date	15/03/2022	**Review Details**	Deferred schedule template in place, BI data now ready to audit which will be completed by end March 2022. Over last 12 weeks >600 schedules deferred which includes approximately 100 RED RAG. Staffing remains of great concern. Awaiting meeting with Director of OPs 16.3.22 to discuss next steps regarding ICC.
Review Date	08/03/2022	**Review Details**	Deferred EMIS visit template continues to be populated, no data available within BI yet so manual paper processes continue alongside EMIS templates. No change with staffing capacity concerns in March and predicted to reduce further in April. ICC still on hold, unclear next steps, awaiting discussions with Ops Director to plan safe working and proactive management strategies. Attrition rates increased within management, ACP and nursing roles despite proactive recruitment
Review Date	08/02/2022	**Review Details**	Deferred EMIS Schedules template in place. Plan to review data when BI are able to extract reports in near future. Feedback form staff and managers positive.
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

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**	31/03/2022
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	This activity has moved to business as usual and will continue to generate actions for the resourcing team as part of the wider system.						
Action No.	6	**Start Date**	02/08/2021	**Target Date**	31/03/2022	**Completion Date**	31/03/2022
Action Description	Create Sirona attraction campaign as a mix of different activities including careers events; bus advertising; social media campaigns						
Progress	This campaign has run for 21/22. Further activities will be subject to award of more funding .						

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 06/05/2022

Review Date	06/04/2022	**Review Details**	Risk remains high due to ongoing shortages. Plan to represent to SLT on recruitment attraction funding to boost activities in 22/23 financial year. Campaigns being planned for D2A, Healthier together @ Home and Stroke projects. Vacancy levels remain very high (c. 325WTE vacancies)
Review Date	09/03/2022	**Review Details**	Risk remains high due to ongoing shortages. Mitigations will take a number of place to take full effect. Some success has been reported in recruitment of Band 5 roles but this has been balanced by internal promotions creating new gaps in nursing roles.
Review Date	09/02/2022	**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.
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.

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
143 v.6	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.

REACT Train the trainer being completed and internal REACT training programme being scoped and delivered

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							

Open Board 15+ Monitoring Group Report

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 following up with Pier Health re practice staff 5 Reassurance provided that 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**	28/04/2022	**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. We will also be putting on more REACTMH courses as we have been offered additional funding from the Healthier Together Support Networi 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**	17/03/2022
Review Date	15/02/2022	**Review Details**	Risk reviewed - no change in position		

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	218 v.10	Date	29/09/2020	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 5 = 15

Risk Title

Staff Resilience

Full Risk Description

There are visable signs of fatigue, resilience and low morale in UTC staff due to the increase work load. We have seen an increase of 27% of patients attendances which is due, in part, to GP practices currently running a reduced service. We have also seen an increase of inappropriate referals from the 111 service. This is leaving patients frustrated and they are verbalising their dissatisfaction for current health care provision to the team.
We have seen an increase of verbal informal complaints from patients as staff are trying to see patients quickly and are at risk of being more abrupt. We are concerned that if this continues formal complaints will be made and staff retention will be compromised.

We would like to be able to staff our service provision affectly, offer more training e.g conflict resolution, difficult conversations and resilience training to help address the situation.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	4
Adult Services / Bristol South / Bristol S UTC	**Severity**	3	**Severity**	2
	Risk Score	15	**Risk Score**	8

Categorisation & Monitoring Group

Category of Risk	Staff Wellbeing	Monitoring Group	Quality & Outcomes Committee

Controls

Details of Controls

Current Controls

- Capacity and demand modelling complete and request for additional resource submitted to CCG by Deputy Finance Director as part of 111 First workstream.
- Escalation framework drafted to support staff with management of patient flow.

Action Not A Control

escalation framework has been reviewed and updated.
New thresholds put in place
staff wellbeing continually monitored via 1:1 informal reviews

Actions

Action No.	1	Start Date	14/12/2021	Target Date	14/12/2021	Completion Date	/ /

Action Description	staff still showing signs of fatigue. Front door streaming instigated to support reception team. Additional indoor waiting space has been negotiated which

	should reduce patient dissatisfaction
Progress	

Action No.	2	**Start Date**	22/03/2022	**Target Date**	30/04/2022	**Completion Date**	/ /

Action Description	the UTC leadership team are monitoring staff through regular wellbeing meetings wellbeing posters are displayed in the UTC rest room Service restrictions are in place to manage demand
Progress	

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 13/08/2021

Review Date	14/07/2021	**Review Details**	Risk reviewed by Risk Team - review frequency amended, based on risk score, from monthly to Quarterly in line with the Timeframe for Reviewing Risks detailed in the Risk Mgt Policy

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	488 v.2	Date	23/03/2022	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 5 = 15

Risk Title

Delays in SWAST Conveyance

Full Risk Description

Due to unprecedented pressures across the whole of the urgent care system patients are waiting excessive amounts of time for conveyance from MIU/UTC services to ED/SDEC services by ambulance. This is causing a delay in them receiving definitive treatment which can lead to deterioration of their condition, it also causes a blockage to patient flow within the depts tying up a cubicle and a clinician and prevents staff from closing the units on time. This means on occasions staff working in excess of 13 hour shifts are then having to return to work the following day without the correct period of rest in between.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	5
Adult Services / N Somerset - Woodspring / N. Somerset MIU	**Severity**	3	**Severity**	1
	Risk Score	15	**Risk Score**	5

Categorisation & Monitoring Group

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

Controls

Details of Controls

Current Controls

SOP in place to support clinicians with dynamic risk assessment - going to professional council 4th April 22

Actions

Actions

No Actions recorded

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 23/04/2022

Review Date	24/03/2022	Review Details	Risk team amended risk level to corporate as current risk score is 15 - in line with risk management policy. Also added QOC as monitoring committee due to risk type.

Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
468 v.2	10/01/2022	02 Corporate	1 - Open	3 x 5 = 15

Risk Title

Risk of non-compliance due to inconsistent approach to Patient EDI data

Full Risk Description

As a result of an inconsistent approach to Patient EDI data
there's a risk that we are not able to demonstrate compliance with The Accessible Information Standard, PSED and NHS key priorities (COVID Phase 3 response)
which may result in
_legal challenge
_improvement notices
_complaints
_investigation
_negative media coverage
_reputational damage
_reduced CQC rating

Services affected by Risk	Responsible Persons		Current Risk		Target Risk	
Division / Specialty / Directorate	**Responsible Manager**		**Likelihood**	4	**Likelihood**	1
Corporate Services / Transformation / Sirona-Wide	**Assoc Locality Dir.**		**Severity**	3	**Severity**	3
	SLT Lead	Director Of Transformation	**Risk Score**	12	**Risk Score**	3

Categorisation & Monitoring Group

Category of Risk	Equality & Diversity	Monitoring Group	Board

Controls

Details of Controls

Current Controls

Some patient record systems have PC/AIS templates e.g. Adults EMIS.
Data partially captured.
AIS needs captured in HV Childrens services via SEND assessments.

GAPS IN CONTROL:
Merging of three organisations has resulted in multiple and diverse templates leading to an inconsistent approach.
Not all patient record systems have templates e.g. Adastra
Short template in Childrens services.
Incomplete dataset as PC/AIS templates not always completed as part of BAU and data not consistently updated.

Controls

Details of Controls

Current Controls

Data not universally extractable e.g. SEND assessments.

A level of awareness and training amongst staff around patient access needs.
Staff able to access BSL interpreters, alternative information formats.

GAPS IN CONTROL
Knowledge not consistent across teams and patient record systems have limitations which hinder capture and effective sharing of data.
Inconsistent use of condition codes on clinical systems which makes it difficult to link with patient EDI data and reporting is not yet set up.
Systems not able to translate letters into other languages.
Limited capacity within CLDT to create bespoke Easy read information.
AIS training required

In EMIS outside of templates it's possible to extract on:
- Gender
- Ethnicity
- Age

GAPS IN CONTROL:
Gender - only 4 codes available. EMIS sets the codes completed at patient registration stage (M/F/Not specified/Not known) - needs updating nationally.
We can build more expansive gender identity options on PC/AIS template but these will not be pulled through to patient record.
Ethnicity - needs to be manually grouped for CSDS reporting.

Actions

Action No.	1	Start Date	10/01/2022	Responsibility of	Patient Engagement Team	Target Date	02/03/2023	Completion Date	/ /

Action Description	Full action plan held by Project risk
Progress	Inaugural Programme Board next week. Action plan in progress to be held under project risk (also links with risk 469).

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 24/04/2022

Review Date	25/03/2022	**Review Details**	Risk remains at current score Mod x Likely =12 Single breach in statutory duty expected to occur at least weekly. Continuing issues with pilot teams capacity to collect data, especially the Haven. Review of project with a phased approach being considered focus on AIS first. AIS training content currently being developed aim to be on LMS by end April 2022. Supporting resources being produced and will build over time. Additional training opportunities scoped for sight loss training, and deaf awareness training in partnership. Recommendation for SLT to complete sight loss training as an inital cohort.	**Reviewed By**	Patient Engagement Team
Review Date	21/02/2022	**Review Details**	Risk reviewed including risk scores. Compliance will be built up over time as teams migrate to SG EMIS. Dashboard reporting to be built in Q1 2022-23. Limited ability to improve incoming (system) data feeds in the short term. New	**Reviewed By**	Patient Engagement Team

			Equality and Diversity EMIS template being piloted in Haven and Dermatology. Building awareness and support but lack of capacity in teams impacting ability to engage / collect data. SRO appointed. Inaugural Programme Board next week. Action plan in progress to be held under project risk (also links with risk 469). Risk remains at current score Mod x Likely =12 Single breach in statutory duty expected to occur at least weekly.		
Review Date	19/01/2022	**Review Details**	Risk team meeting with risk owner, Agreed to change risk category to Equality & Diversity, changes made and Monitoring Committee updated	**Reviewed By**	Risk Management Team

Monitoring Group 12+ Report

Risk

Risk No. & Ver.	475 v.1	Date	22/02/2022	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 5 = 15

Risk Title

Lack of disabled access at Church House for specialist wheelchairs - learning disability service

Full Risk Description

If access to Church House is not upgraded to enable independent wheelchair accessibility, there is a risk that the organisation is not providing due regard to the needs of likely building users and not making the legally required reasonable adjustments (equality act).

Services affected by Risk	Responsible Persons		Current Risk		Target Risk	
Division / Specialty / Directorate	**Responsible Manager**	LD Services Manager	**Likelihood**	3	**Likelihood**	1
Adult Services / S. Glos / Community Learning Disability	**Assoc Locality Dir.**		**Severity**	4	**Severity**	2
	SLT Lead	Director Of Operations	**Risk Score**	12	**Risk Score**	2

Categorisation & Monitoring Group

Category of Risk	Equality & Diversity	Monitoring Group	Board

Controls

Details of Controls

Current Controls

- home visits offered where required
- access around back of building where needed (though clearly not ideal)
- access through front door is possible for some - not all - though for those that can, is very tight, and lacking with dignity
- immediate access to meeting room enabled where required due to lack of access to waiting room

Actions

Action No.	1	Start Date	09/01/2022	Responsibility of	LD Services Manager	Target Date	01/04/2022	Completion Date	/ /
Action Description	request for funding and building accessibility work submitted to estates. waiting outcome.								
Progress									

Action No.	2	Start Date	22/02/2022	Responsibility of	Sirona Estates Team	Target Date	31/07/2022	Completion Date	/ /
Action Description	Request NHSPS (property landlord) review how they can improve the entrance to enable wheelchair users to access the building independently and with dignity.								

Progress	Email sent to NHSPS on 22nd Feb to say: The team at Church House have raised concern about the fact that the entrance to Church House does not allow independent access by wheelchair users. As you will be aware, under the Equalities Act 2010 'reasonable adjustment' must be made to ensure access by all users. Would you please arrange for the correct team in NHSPS to review how you can improve the entrance to enable wheelchair users to access the building independently and with dignity. Date Entered : 28/02/2022 11:06 Entered By : Risk Manager

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 19/05/2022

Review Date	19/04/2022	**Review Details**	meeting with estates and H&S team. plan in place to assess access at CH and then feedback to landlord through estates team. The clinical lead, (CL&OP) arranged site visit with H&S	**Reviewed By**	LD Services Manager
Review Date	28/02/2022	**Review Details**	Risk reviewed by risk team and shared with Estates Manager, Head of H&S and Director of Finance/Estates on 22-2-22 to ensure they were aware of the risk. The Estates manager contacted NHSPS - copy of email attached to the risk and action added to the risk.	**Reviewed By**	Risk Manager

Board Report

Date	10 May 2022	**Agenda item**	13
Title	**Digital Team Update Report**		
Author	Clive Bassett - Finance Director		
Presented by	Clive Bassett	**Version**	1.0
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ☒		

Purpose of the report

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

Why is this report coming to the Board

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

This report is coming to Board to provide information on the range of work being undertaken in the 'Digital' remit to both maintain the provision and to continue the development of systems and solutions. This area of activity has previously been identified as an area of high risk and was subject to our Internal Critical Incident measures.

Related Risk No. (If applicable)	

How has this report been developed

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

This report has been compiled from updates from the team managers and from information and reports produced for the Programme and Planning Board.

What is the process the report has been through internally

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

This report has been specifically written for Board to provide an update summary, though it has been shared with SLT and the Digital Managers.

Summary and Key Issues Highlighted by these teams, including mitigations
Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them
The key issues raised through the consideration of this report have been: **ISSUE:** The Digital provision is one of the key enablers for the organisation to both deliver services and to enable the internal infrastructure to support the 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?
ACTION: The Board is asked to note this report and to highlight any further actions or information required to assure the Board of Digital provision appropriateness.

1. Background and Strategy

Two years ago, Sirona embarked on delivering a significant increase in our contracted activity following our successful bid for BNSSG Community Adults Healthcare services. This contract was being mobilised at the same time we transferred in additional services including North Somerset Children's Services, and the children's Services previously sub-contracted to BCH. In total, this meant a transfer into Sirona of circa 2000 staff.

The contract award took effect from 1 April 2020. Key aspects of the go-live Digital mobilisation were scheduled for post contract start date to ensure a safe mobilisation of the contract.

On 23 March 2020, one week prior to contract start, the country went into national lockdown due to the Covid-19 outbreak. This resulted in the key Digital actions being further delayed as the pandemic brought with it a whole raft of challenges and digital needs including the acceleration of new ways of working including remote/video consultation and the significant shift to remote working which stretched all Digital provision to virtually breaking point.

In August 2021 the Digital team were moved into Internal Critical Incident (ICI) as the continued pressure from the pandemic, challenges in the mobilisation work, poor levels of recruitment to support desk roles, and mounting pressure on helpdesk were manifesting in unacceptably poor support levels for staff throughout the organisation. There are details later in the report of the ICI, and its positive impact.

The Digital ICI coincided with the Sirona wide work on restoring services as the pandemic response shifted. There was also a wider review of the Board and Executive structure to ensure we had the correct structures to meet the needs.

Late in 2021 the Board approved the creation of the new standalone post of Director of Digital Strategy & Delivery and following a successful recruitment, the new Director will be in place in June 2022.

The digital strategy outlined in the Adults Community Contract bid was predicated on moving to more mobile technology with Sirona wide standardise systems and processes. There are details later in this report of progress on the One Sirona Network and One EMIS as well as work towards the greater digitisation of the Children's services following Commissioner support for the project.

The Digital Strategy is due for an update to incorporate the way services have changed as a response to the pandemic, the new ways our staff work, the increased use of technology by patients and the new Integrated Care Systems. This report envisages that the Digital strategy review will be led by the new Digital Director with support from the Digital team, the Digital Steering Group (which has organisation wide representation) and the wider ICS network of Digital resources.

2. Digital Incident Command Centre

The Digital Incident Command Centre (ICC) was 'stood-up' in August 2021 as a direct response to poor service levels being provided to the organisation. In line with all approach to critical incidents, there are three main phases:

- Make it Safe
- Keep it Safe
- Eyes Forward/Fresh Eyes

The ICC met weekly and with Project Management Support focussed on 'making it safe'. With wide support from colleagues, the Digital team were able to recruit new staff, change processes and procedures and prioritise workloads. The ICC demonstrated that it had 'made it safe' and returned support levels to acceptable standards as a consequence the ICC was closed down in December.

The Digital team, with support from colleagues, continues to meet on a two-weekly basis under the 'keep It safe' banner to ensure that the service remains safe. At this meeting a dashboard is reviewed covering:

- Staffing levels (past week and future 3 months)
- Calls answered
- Calls abandoned
- Call waiting times
- Emails outstanding
- Service Desk task open
- Desktop tasks open

The meetings also discuss other 'key deliverables' as appropriate.

Below are the Dashboards for both the 4 and 11 April together with the March summary report.

There was a deterioration in the Dashboard from the 4 April to the 11 April. This is because the roll out of Office 365 upgrade had commenced and a direct rise in calls as a result whilst issues and snags are dealt with.

On both dashboards there is the trend against each KPI which is part of the data used by the Keep it safe meeting.

RAG STATUS FOR PROGRESS IN LAST 7 DAYS

GREEN

Digital: Keeping it Safe
Date prepared: 04/04/2022

FOR ESCALATION	INTENDED OUTCOME
N/A	For Information

STAFFING PROJECTED FOR THE COMING WEEK	04/04	05/04	06/04	07/04	08/04	09/04	10/04	11/04	12/04	13/04	14/04	15/04	16/04	17/04	18/04	19/04	20/04	21/04	22/04	23/04	23/04
Service Desk Staff Number of service desk staff working each day the * brackets reflect number on the phones that day due to training.	13 (8)	12 (7)	12 (7)	12 (7)	12 (7)			13 (9)	12 (8)	13 (9)	13 (9)	13 (13)			13 (13)	13 (8)	13 (8)	13 (8)	13 (8)		
Desktop Staff Number of desktop staff working each day. Including BAU and Project work (This may fluctuate based on need from Service Desk)	12	11	12	12	12			12	12	12	12	12			12	12	12	12	12		

SERVICE DESK STAFF RAG RATING	< =5 = R, 6-9= A, >=10 = G
DESKTOP STAFF RAG RATING	< =5 = R, 6-9= A, >=10 = G

KPIs	EXPLANATION	WEEKLY AVERAGE	PREVIOUS WEEK	Trend	KPIs	EXPLANATION	WEEKLY AVERAGE	PREVIOUS WEEK	Trend
Service Desk Staff	Number of staff in	13 (8) ↑	12 (6)		Average Call Wait	Call wait time (minutes)	3.27 ↓	8.40	
Desktop Staff	Number of staff in	11	11		Emails Outstanding	Emails remaining as of 5pm	48 ↑	24	
Calls Answered	Number of calls answered	187 (89%) ↑	157 (79%)		1st Line Tasks	Remaining tasks for Service Desk	424 ↓	482	
Calls Abandoned	Number of calls abandoned	26 (11%) ↓	49 (21%)		2nd Line Tasks	Remaining tasks for Desktop	1160 ↓	1179	

RAG STATUS FOR PROGRESS IN LAST 7 DAYS

AMBER

Digital: Keeping it Safe
Date prepared: 11/04/2022

FOR ESCALATION	INTENDED OUTCOME
N/A	For Information

STAFFING PROJECTED FOR THE COMING WEEK	11/04	12/04	13/04	14/04	15/04	16/04	17/04	18/04	19/04	20/04	21/04	22/04	23/04	24/04	25/04	26/04	27/04	28/04	29/04	30/04	01/05
Service Desk Staff Number of service desk staff working each day the * brackets reflect number on the phones that day due to training.	11 (7)	11 (7)	11 (7)	11 (7)	11 (7)			13 (9)	12 (8)	12 (8)	12 (8)	12 (8)			14 (9)	14 (9)	14 (9)	14 (9)	13 (9)		
Desktop Staff Number of desktop staff working each day. Including BAU and Project work (This may fluctuate based on need from Service Desk)	12	12	12	12	12			12	12	12	12	12			12	12	12	12	12		

SERVICE DESK STAFF RAG RATING	< =5 = R, 6-9= A, >=10 = G
DESKTOP STAFF RAG RATING	< =5 = R, 6-9= A, >=10 = G

KPIs	EXPLANATION	WEEKLY AVERAGE	PREVIOUS WEEK	Trend	KPIs	EXPLANATION	WEEKLY AVERAGE	PREVIOUS WEEK	Trend
Service Desk Staff	Number of staff in	11 (6) ↓	13 (8)		Average Call Wait	Call wait time (minutes)	9.5 ↑	3.27	
Desktop Staff	Number of staff in	12 ↑	11		Emails Outstanding	Emails remaining as of 5pm	139 ↑	48	
Calls Answered	Number of calls answered	224 (72%) ↓	187 (89%)		1st Line Tasks	Remaining tasks for Service Desk	403 ↓	424	
Calls Abandoned	Number of calls abandoned	92 (28%) ↑	26 (11%)		2nd Line Tasks	Remaining tasks for Desktop	1180 ↑	1160	

Digital: Keeping it Safe
March Summary

Team	No. of Tasks Closed	% Current	% Backlog
1st Line	1875	95%	5%
2nd Line	2161	80%	20%
3rd Line	73	25%	75%
Overall	5456	81%	19%

Timescales for Current Closures

Team	% Closed Same Day	% Closed 1 Day	% Closed 2 Days	% Closed 3 Days +
1st Line	67%	6%	1%	26%
2nd Line	62%	3%	2%	33%

Calls	Total
Calls Offered	3932
Calls Answered	3369
Calls Abandoned	563
Average Wait Time	2.8mins

86 % of calls which were made to the Service Desk were answered. 14% of calls were abandoned, this is a 2% increase from last month.

Emails	Total
Emails Actioned	3573

- There were 79 emails outstanding as of 5pm on 31st March.
- 16th-28th March the teams were short staffed due to COVID-19.
- 21st-28th March VPN issues

Mobile Phones	Total Reviewed	Resolved	Outstanding With Digital	Outstanding With User
Mobile Tasks	545 (all)	86 in March 455 total	57	6

Laptop	Total Reviewed	Resolved	Outstanding With Digital	Outstanding With User
Laptop Tasks	363 (all)	49 in March 351 total	17	4

Smartcards	Total	% Current	% Backlog
Smartcard Tasks Closed	415	89%	11%

The final aspect of the ICI is the 'Eyes forward' work which has commenced with the appointment of a new Digital Director and will be incorporated into the Strategy review.

3. One Sirona Network

As part of the go-live for the adults contract the action plan included bringing the 3 networks into one network covering all of the geography and allowing staff to connect and work in any Sirona base.

As well as making the infrastructure changes (replacing networks provided by CSU and Fordway with our own) all devices had to be 'Sirona*rised*' so that they worked in an identical way and could connect to the new infrastructure.

This project is now complete, and additionally Sirona connections have been made to two Bristol City Council buildings (North Bristol & South Bristol Intermediate Care centers) which had historically not been possible for BCH.

The One Sirona Network included 40 new network connections to buildings, and the conversion of 1,100 laptops and 300 desktop machines.

4. Mobile phone contract(s)

In the last 6 months the three inherited and existing mobile phone contracts have been brought under new fixed term (36 month) contracts which include greater call allowances, and data which will reduced total costs. The new contracts are now being used to supply new and replacement handsets.

Following the renegotiation, a program of work has also been completed to remove unused devices from both network providers which deactivates unused connections to further reduce costs.

5. Office365

Following Microsoft decision to stop supporting older products we, along with most NHS bodies, must upgrade to Office 365. This was included in the strategy set out in the Adults contract and was budgeted for in the contract costings.

A separate project is being run by the Digital team with a dedicated sub-team from the team managing and delivering the upgrades as well as operating a dedicated support line.

The project will rollout Office 365 to over 4000 devices across Sirona by the end of April 2022

6. Data Centre Migration

Sirona has historically maintained its own data centre. The data centre was housed in a building leased from NHS Property Services at the St Martin' Hospital site in Bath (Sirona's previous Headquarters). Over the years there have been issue with the maintenance of the data-centre's air conditioning and this has been the cause of significant issues for the digital team including many late night visits and the need to rent portable air-conditioning units. As the data centre is the 'nerve centre' for our networks both its 100% availability and its future proofing have been key.

Over the last year the Digital team have worked with Node 4 to plan and execute one of the biggest technical projects undertaken for Sirona, being to exit the old data centre in Bath in a controlled manor without interruption to our core systems.

As part of this work over 60 servers have been migrated to a new virtual setup hosted with Node 4. Some of the physical hardware has also been moved and restored, but the key servers are now hosted on a new fully redundant platform.

The vast majority of the work was to move the data from the servers (virtually) to the new ones and this work was done in the evenings over a 4 week period. The volume of data being moved would have slowed the whole of the 'network' for all users had it been 'moved' during standard working hours.

The work was planned to ensure minimal downtime for key systems such as Ulysses and WAP; both of these systems were limited to less than an hour downtime. For the vast majority of staff, the moves have gone unnoticed.

The project is now complete, and many old systems/servers have been decommissioned and replaced with fully supported hosted services. The final element of work was to reconfigure the entire infrastructure across Sirona in line with the server moves and utilising 6 brand new servers built to the latest specifications which will help increase speed and reliability of our systems.

7. Cyber Security

Work continues to take place to ensure protection of our systems from unauthorised access or from malicious attack. In the last year we have:

- Ensured that the New SDWAN network has security at its heart with a centralized monitoring platform
- Included InterceptX software as part of Sophos renewal to further increase our cyber protection
- Commissioned a Review of existing Sophos anti-virus and cyber protection commissioned – this is currently underway.

KPMG have recently commenced a Cyber Security review as part of the Internal Audit work program. The outputs from this review will be used to develop further our processes, procedures and action plans in this area.

8. Clinical Systems Achievements

To facilitate the delivery and reporting of the Adults Community Contract, work has been ongoing to bring together the Clinical records as far as possible under a One EMIS system.

The complexity of this project and its dependency on the standardisation of service delivery model across the three merged geographies through the transformation of teams and services is significant.

A dedicated project, linked directly to the Integrated Network Teams transformation project, continues and is making headway. This project regularly reports to the Program and Planning Board.

There is also a separate project running to move the Children's Services to an electronic patient record on EMIS, and to date the following has been achieved:

- Moved school nursing in Bristol and South Glos from paper/Careplus record to CCHP (Children's Community Healthcare Partnership) EMIS – this covered 87 staff and 1270 patients
- Commenced work on the ASD (Autistic Spectrum Disorder) Service project in January 2022. The processes used across the BNSSG geography has been aligned in preparation for migration on the 18th July 2022 to the CCHP instance of EMIS
- Established and agreed a project plan with the Service for the remaining teams.

Other services and teams in Sirona are also being supported with the following key points of note:

- Specialist Services moves to One EMIS will cover 24 services. The Tissue Viability build is ready as is Diabetes and Nutrition service. The team have almost completed Heart Failure build, and have commenced Respiratory, Bladder & Bowel service, and MSK (Musculo-skeletal) services
- Falls Specialist Service has successfully moved from 3 EMIS instances to 1 EMIS instance
- The team have supported the Community Learning Disability Team service with rebuilding the current setup, template and document work whilst they are transforming their service
- Work on generic templates for the organisation for clinical, local and national reporting requirements – NEWS2 (National Early Warning Score), Equality and Diversity, Long Covid, Flu, Emergency Department templates for children, Safeguarding
- New build for pilot of Stroke service – continue to work toward ICSS (Integrated Community Stroke Service "At Home" proposed Go Live July and "Sub – acute rehabilitation Units" proposed Go Live September
- We have set up training for a new EMIS "Enhanced User Group" where we train end users to have a higher access to EMIS to add and amend their own clinics and letters which is closely audited but gives back some autonomy to the service and helps prevent delays in requests
- HealthyTogether@Home pathways – exemplar pulse oximetry and virtual ward services – digital solutions embedded for service delivery.

9. Robotic Process Automation (RPA or BOTS)

Following business case approval, we have procured 5 'BOTS' from Blue Prism and are in the final stages of installing them onto our networks with the correct security and safeguards to allow them to operate to Automate Processes.

The BOTS will initially be used to migrate the data for the EMIS projects reducing the need for this to be done manually.

Further developments will be in line with the Business case.

In addition, we were part of a successful Integrated Care System wide bid for funding for RPA and we are working with system partners and external consultants funded through the successful bid to create automation for some of the HR data processes that from part of the recruitment process.

Recommendation

The Board is asked to note the content of this report for assurance and highlight any further actions or information required to assure the Board of Digital provision appropriateness.

Board Cover Report

Date	10th May 2022	**Agenda item**	14
Title	Staff Survey		
Author	Charlotte Morris, Organisation Development Partner		
Presented by	Sarah Margetts	**Version**	
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

The purpose of this report is to provide Board with a high-level overview of the NHS Staff Survey 2021:

- Highlighting key findings for the organisation – do we think this is adequately covered?
- What we have done so far
- What we are going to do with the results and how we are going to engage colleagues in the process
- How we are going to measure our success – not sure we have covered this

Why is this report coming to the Board

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

The report is to provide assurance to Board that we are listening and acting on the feedback from the Staff Survey to ensure we improve the overall colleague experience within Sirona, supporting our objective to be a great and inspiring place to work.

Related Risk No. (If applicable)	

How has this report been developed

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

This report has been developed by:

- Charlotte Morris (Organisation Development Partner)
- Ticki Toogood (Head of Organisation Development)
- Sarah Margetts (Director of People & Development)

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

A summary of where staff survey results have been presented so far.

Presentation to Board
On the 3rd of March 2022, survey providers Quality Health presented to Board the high-level finding.

Results Shared with Associate Locality Directors and Heads of Service
Ahead of the results being released to the organisation, we shared the high-level reports with Associate Locality Directors to prepare them for the reports and shared with them their high-level Directorate reports.

Communication to Colleagues – 30th March 2022
Upon the release of the results from embargo, we prepared and launched a high-level presentation and pre-recorded video from our Chief Executive, Janet Rowse, providing the high-level results, key messages, and areas of focus.

People & Development Group
On the 30th of March 2022 we also presented to our People and Development Group an overview of the results, as well as a reminder of what we did last year, lessons learnt and proposal of timeline of events going forward.

Senior Leadership Team Meetings
We have attended and presented a number of SBAR's to Senior Leadership Team (SLT) outlining the proposed approach and timeline of events.

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 next steps are summarised 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?

- This report is for information following the initial briefing to Board on the 03 March.
- Subsequently the next steps and approach were agreed at SLT on 14 April.
- Board is asked to continue to promote a listening approach and provide feedback information as part of our focus on Colleague Experience encounter during visits to teams
- Board members are asked to provide a short update to the Organisation Development Team following team visits.
- All Board members are being asked to offer a Personal Promise & Pledge for improvement to make Sirona a Great Place to work.

1. Background

We aspire to be a "great and inspiring place to work" and our staff survey is one of the areas that helps us to create a temperature check and develop a culture that encourages staff to tell us how they are feeling so we can respond to build on this objective.

As part of our commitment to providing high quality and compassionate care to our patients and service users, we recognise that our workforce is our greatest asset, and we want to ensure that we provide our colleagues with the best experience in work as possible.

To ensure that we achieve this we are 'actively listening' to our colleagues through a number of mechanisms, so that we can do regular temperature checks, and listen and make changes where relevant to provide a better experience.

As part of this commitment the NHS Staff Survey was completed for the second year running during October and November 2021, with the results being released from embargo on the 30th of March 2022.

Unfortunately, the response rate was slightly lower down from 51% in 2020 to 45.8% in 2021, meaning a total of 1,409 colleagues responded.

Whilst we tried out best to engage colleagues with the results last year, there are a number of lessons learned and things we would like to implement as a result:

- *Improve engagement in the process, including completion rates.*
- *Improve engagement in the results and ownership of actions as result.*

The 2021 survey questions were aligned to the NHS People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

- *We are compassionate and inclusive*
- *We are recognised and rewarded*
- *We each have a voice that counts*
- *We are safe and healthy*
- *We are always learning*
- *We work flexibly*
- *We are a team*

In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (*Staff Engagement and Morale*).

2. Summary of Key Issues

Quality Health recommended that we focus on four key themes that were identified as areas for improvement, these are:

- Compassionate Leadership Culture
- Engagement & Morale
- Safe & Healthy *(Burnout & Health & Safety)*
- Always Learning *(Quality of Appraisals)*

It was also agreed at SLT that we would have Executive Sponsors for each of the four key areas of organisational focus, supported by Organisation Development Leads, these have been agreed as:

- **Compassionate Leadership Culture**:
  - Julie Sharma (Chief Executive)
  - Wilma Adams (Equality, Diversity & Inclusion Lead)
  - Charlotte Morris (Organisation Development Partner)
- **Safe & Healthy**:
  - Ceridwen Massey (Director of Operations)
  - Lauren Wallace (Workforce Health & Wellbeing Consultant)
  - Justine Jones (Organisation Development Lead)
- **Engagement & Morale**:
  - Sarah Margetts (Director of People & Development)
  - Rebecca Wright (Organisation Development Lead)
  - Justine Jones (Organisation Development Lead)
- **Always Learning:**
  - Mary Lewis (Director of Nursing)
  - Steve Thom (Organisation Development Lead)

3. Next Steps

Focus Groups

Organisation Development Leads will work with Executive Leads to plan focus groups for each of the key areas. Exec Leads will attend and open the focus groups and then the Organisation Development leads will host the groups so that we can create an open conversation, and then take the outcomes back to the Exec Leads to create action plans of what we can do because of the conversations.

Support Localities

People Partners and Organisation Development Leads will work together to identify ways that we can support localities with their local results once we have received the heat maps in May 2022.

Specialist Areas

Data will be provided on specialist areas such as Health & Wellbeing, Equality, Diversity, and Inclusion so that they can analyse the data for their specific areas and create an action plan as a result which will feed into existing actions plans and working groups.

CQC Report

We will work with our colleagues to triangulate all the feedback we received from the CQC inspection and link it with the feedback we have received in the Staff Survey and reflected in our action plans.

Free text analysis

We are now in receipt of over 40 pages of free text comments from Quality Health that give more context and explanation to the standard survey questions. We will be reviewing and analysing these to help us to establish more specific examples and descriptions that staff are experiencing. These will assist us to also identify sources and solutions to address key issues either during the triangulation with the CQC report, focus groups or key actions with localities.

Regular Comms

We will create regular comms and conversations using the Workplace platform, specifically promoting the 'You Said, We Listened, Together We Did' page.

Measuring success – Key Performance Indicators

We have the ambition to make improvements and create KPI's for improvement of results and response rates. KPI's will be set to be achieved over a longer period such as 2-3 years to have a more realistic timeframe. These KPI's will be developed together through the focus groups so that we are working with staff to create One Sirona rather than creating a new level of reporting when staff are already under pressure.

Our key performance indicators will be :

- Completion rate of 60% in year 3
- Increased quantity and quality of Team Meetings and 121
- Increased response for the recommendation as a place to work

Corporate Meetings and 121's

SLT will promote the importance of team meetings and the benefits that they can have on teams. We will also aim to promote regular 121 meetings, ensuring that we encourage rich conversations with colleagues and line managers on a regular basis. This is identified as an area that will address all areas for improvement from the survey as well as expected improvement of staff feeling valued and subsequent staff retention. We aim to work on the quality of conversations that staff have as a well as the quantity however this will require time for educating staff to realise the benefits and to have the time to complete conversations with their teams and each other in a different and new way.

Pulse Survey

We will re-launch the Pulse Survey to ensure that we get regular comments and feedback from our colleagues, so that we can have a regular temperature check of how colleagues are feeling across the organisation.

Quality & Outcomes Committee

Reports will be presented to Quality & Outcomes committee on a quarterly basis, providing regular assurance to the Board of progress against our aim of creating a positive colleague experience within Sirona. This will incorporate all the feedback from the Staff Survey, Pulse Survey, and other avenues of feedback.

Engagement Events – summer 2022

A series of engagement events are being planned which will help to promote that we are listening to staff and acting on feedback. These events are being developed to promote our vision, mission, and strategic objectives as well as key areas of focus for our feedback from our Colleague Experience including the staff survey.

Personal Promise and Pledge

We are asking all board members to lead the way offering a personal promise and pledge to demonstrate how we all can make Sirona "A great place to work." This could be a simple area of responsibility that you will pledge through workplace or a personal ambition to lead by example and make improvements. We anticipate that this could be by using workplace or with team visits #ipledgeto…. This approach can then be driven throughout Sirona with everyone taking an aspect of responsibility and taking it personally for the improvement of our culture and how staff feel and making our staff feel connected, valued, and listened to.

Item 15
VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	10th May 2022
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	15 – Chair of Professional Council Report
Presenter:	Chair: Mary Lewis (acting)
Notes:	To present to the Board the Monthly activities and decisions from meetings of the Professional Council

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

Item 16 - Quality Account 21/22 progress update

Key Summary Points:

- **Quality Account 21/22 has to be published on Sirona website by 30.06.2022**
- **The draft document is being finalised and will be ready for this deadline to be met.**
- **The new Quality Priorities for 22/23 have been agreed in consultation with Peoples Council, SLT and senior operational colleagues and Associate Director's and shared with Quality and Outcomes Committee on 26.04.2022.**
- **All three stakeholder Local Authorities will receive a presentation of the key highlights and an outline of the new priorities on 03.05.2022.**
- **The final draft Quality Account will be shared with CCG, Health Watch and our three Local Authority partners for them to provide their statements w/c 9th May 2022 and with Sirona Members Group on 24th May.**
- **The final Quality Account 21/22 will be shared at the Quality and Outcomes Committee at the end of May for approval prior to publication on Sirona Website.**
- **We are not required to upload to NHS Choices this year.**

Business Area Highlights: Key achievements, progress & future planning

Last years priorities 21/22 progress

- **Safe :** Management of insulin patients –**partially achieved**
- **Effective**: End of Life project to support education - **achieved**
- **Effective**: Reduce poor hospital discharges- **partially achieved**
- **Caring**: Wellbeing support for staff and workforce culture work - **achieved**
- **Responsive**: Offer equitable and accessible Children's service – **partially achieved**
- Well Led: Develop a programme to address Health Inequalities across staff and service user population –**on target as this is a 2 year priority**
- Important to note the ongoing impact of Covid-19 and the sustained system pressure experienced throughout the year that has had an impact on our ability to fully achieve our quality priorities but we are proud of what has been achieved and the work started will continue.

Quality Account 21/22 progress update

Key Summary Points:

- **Quality priorities for 22/23**
- Followed same criteria as last year to reflect CQC domains
- Have a complete set for both Children and Adults for first time
- Progress for each priority will be monitored on a quarterly basis by the Quality and Outcomes Committee over the coming year.

- **Children**
- Safe: Develop Effective Sleep Pathway
- Effective: Review Autism Spectrum Disorder Pathways
- Caring: Review End of Life pathway
- Responsive: Immunisations (Flu and Covid-19)
- Well Led: i-Thrive model implementation

Business Area Highlights: Key achievements, progress & future planning

- **Adult**
- Safe: Introduce self administration of medicines onto 3 of our in patient rehabilitation units
- Effective: Establish a 7 day Hospital Learning Disability Liaison Service
- Effective: Remote Access for Urgent Care
- Caring: Actions from Staff survey 21/22 to improve staff experience
- Caring: Standardised assessment template for Frailty
- Responsive: Right to reside work to ensure patients are where care/rehab can be optimised
- Well Led: Continuation of last year Health Inequalities priority work
- Well Led: Urgent Care Transformation Programme - recommendations following CQC inspection.