Board Meeting Papers

PACK B –

Consent Agenda

Board Papers

Meeting Date:

8th November 2022

Board Report

Date	8th November 2022	**Agenda item**	14 - Consent Agenda Covering Items 15 to 18
Title	**Consent Agenda Cover Paper**		
Author	Rachel Corrigan, Corporate Governance Manager		
Presented by	Amanda Cheesley, Chair	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

To set out the items on the Consent Agenda including:

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

Why is this report coming to the Board

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

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

Related Risk No. (If applicable)	N/A

How has this report been developed

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

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

What is the process the report has been through internally

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

The individual papers have been provided electronically in advance for comment or query to Members of the Board.

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

Summary and Key Issues Highlighted by these teams, including mitigations

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

Not Applicable

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

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

The Board is asked to approve the following recommendations from each report:

15. Quarterly EDI Steering Committee Report

The Board is asked to note the content of this report and:

- Support the approach for ED&I internal audit and resourcing
- Support the activities of the Committee
- Note the information in relation to Statutory Reporting Regulations
- Commit to support One City campaign with Bristol City Council
- Champion through its leadership, our Strategic intention to tackle Health Inequalities & Improve Outcomes for All

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

16. Quarterly Finance & Performance Committee Report

- To note the update provided from the meeting on 17th October
- To note the planned work to review the Terms of Reference – to establish a Performance Committee and a separate Finance, Digital and Environment Committee.

17. Annual Safeguarding Report

To receive the annual report for assurance.

18. Annual Infection, Prevention and Control Report

To receive the annual report for assurance.

Board Report

Date	8th November 2022	**Agenda item**	Consent Agenda Item 15
Title	**Equality, Diversity & Inclusion Report**		
Author	Fiona Spence - Equalities & Community Development Manager		
Presented by		**Version**	
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

This paper is to inform the Board on the activities of of the EDI Steering Committee and assure them on the progress and plans of the Committee.

Why is this report coming to the Board

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

As the formal committee and decision-making body by which Sirona can implement plans and monitor progress to eliminate discrimination and maximise inclusion in our services and employment practices, as determined within our Vision of Improving Outcomes for All; this report is coming to Board to highlight our strategic plans, central to our contractual requirements, report on key activities, and share Committee decisions.

Related Risk No. (If applicable)	**Risks** -The EDI Steering Committee discussed the need to monitor current EDI risks and has requested a bespoke report on all EDI related risks to be extracted form Ulysses. This will help to ensure a coordinated understanding and response from the EDI committee. 12 - Equality and Diversity – organisational approach to addressing EDI requirements (Risk Score 9) 166 - Stress on BAME colleagues related to covid (Risk Score 6) **New risks:** 468 - Risk of non-compliance due to inconsistent approach to patient EDI data (Risk Score 12) 469 - Risk of inequitable access to services due to gaps in information and understanding of patient EDI data (Risk Score 9)

How has this report been developed

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

The Communities Manager and Head of OD have compiled this report.

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 development of this report has in part been informed with the support of staff network representatives and our involvement in both internal and system led EDI initiatives.

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

Strategic Intention

Health Inequalities remains a key strategic intention and will require focused resources and a coordinated response. In line with data improvement targets, we will need to align our focus at both a local and overall ICP level. Learning from both local best practice, regional and national projects will help us to inform our offer, and subsequently how we can support our teams in playing their part in supporting our communities and staff. As a result of the RESET programme, key actions have now been identified by the Board, and a wide cross section of leaders from across the organisation at a recent Board Planning event, and whilst the table below illustrates that we are seeing slight improvements to our ED & I data, there is some urgency to ensure sufficient resources are in place to build on this, due to the changes in structure and input from ED & I colleagues.

	Undisclosed/Unspecified Workforce Data March 2022	Undisclosed/Unspecified Workforce Data October 2022
Disability	42%	39%
Ethnicity	38%	34%
Sexual Orientation	42%	39%

Priorities & Resourcing

A thorough review of ED&I needs has been completed by the Head of OD and Communities Manager at the request of Julie Sharma (Acting CEO) to identify our ED&I needs and resourcing gaps. This has identified a significant imbalance in the resources available and the work that we need to complete as a larger organisation with an ambition to lead our ED&I commitments and assurance. The outcome of this has been an agreement to secure interim resources to complete an internal audit and to complete some of the work needed to meet the identified gaps. The selection process is underway with a desire to secure a short-term support as soon as possible.

The scope of this work is:

- In conjunction with the work that has already been undertaken, undertake a full stock-take and review of our current position around workforce ED&I including national, regional, and local work programs and our delivery against system wide objectives
- Create a clear and measurable Equality, Diversity and Inclusion plan that is aligned to our People Strategy
- Make recommendations for a fit for purpose staffing structure and job specifications to meet the demands of our workforce ED&I plan – and linking to the infrastructure around the wider inequalities' agenda
- To allocate resources to deliver our short-term and immediate ED&I priorities whilst the longer-term plan is being developed
- Provide mentoring and support for existing colleagues working to support workforce ED&I objectives

ED&I Steering Committee

The EDI Steering Committee has not met since May 2022, following a series of cancelled meetings due to impact on resources as a result of an escalation in pandemic conditions. A new Committee Chair, (Julie Sharma), has been agreed and a Non-executive Board member, Anil Patil has been identified to lead on coordinating and reviewing the implementation and immediate progress of this committee. New dates will be prioritised in the next month to ensure greater take up and consistency is established.

Key areas of progress surrounding ED&I workplans were noted by the steering committee and include:

- Improving Equality Monitoring gaps on our staff recording system (ESR)
- An overhaul of our current Patient Data records, with a view to enhancing greater data input from our teams for patients, and a review of EDI online training to make recommendations for improvement
- Establishing the EDI Steering Committee as the main governance for all EDI related risks within Sirona
- Utilising our staff networks to influence and support our policies and procedures, e g, Sickness Absence policy and Dress Code policy.
- Increasing staff awareness of our responsibilities and commitment to EDI through our Workplace Platform

Equality Impact Assessments (EIA's)

This is an innovative area of system collaboration to embed a more effective approach and commitment to the function and impact of Equality Impact Assessments (EIA)'s. There has been updated guidance and a promotion of a new Sirona EIA template, and an ambitious plan to embed EIAs within the Sirona Ulysses System has been agreed.
A request for external EIA Management Training has been submitted and further updates on this area will be shared in future Board reports. It is essential that Sirona continues to ensure that EIAs become an effective mechanism and tool for measuring and reporting on equitable outcomes for our communities and our workforce plans and policies.

We would like to request that a Board representative with an EDI Lead focus will sit on a newly formed QIA/EIA Panel for final sign off and scrutiny of all finalized EIA's.

Local Health Inequalities Projects

The Health Links Team are finalizing their annual plan to roll out a rolling program of health promotion and wellbeing support to many of our diverse speaking communities. Many of the team have achieved external qualifications to promote wellbeing activities such as community fishing and badminton.
The Team are also in the final quarter of a one-year Health Partners Funded project, aimed at promoting improved bladder and bowel health for the female Somali community. Key outcomes will include a Sirona Animation to support women in accessing services via their GP's, as well as leaflets and resources in local languages. Further funding is being explored to review the wider impact and social value on this area of work.
Although, this is small scale work, it provides an excellent model for future work about the importance of engaging and listening to local people and supporting them to co-produce and feel empowered across their communities on health care issues.

Community Plans and Approaches

The Accessible Information Standard – mandatory AIS staff training content has been updated following feedback from Bristol Sight Loss Council, and Sirona colleagues with neurodiversity.

There has been progress regarding the Sirona feedback public webpages developed including a more accessible complaints process and aim to continue to improve accessibility e.g., more alternative formats and contact methods.

The Pilot for EDI data collection (protected characteristics and AIS needs) is still paused. The issue around capacity to use the EMIS template and need for new digital solutions to include self-population and automation is stalling roll-out beyond Dermatology the pilot team. Position paper submitted to Chief Executive as Exec Lead for discussion and agreement around approach.

A workshop has been proposed to explore and discuss digital options and EDI Data with key stakeholders, as a matter of urgency before the end of the year. The impact of not consistently collecting and acting on EDI data including people's

communication needs under the AIS remains a significant risk for our service users and affects service planning. It affects people's access, experience, and outcomes. It also affects our ability to restore services inclusively and target those most in need.

There are some focused work around digital workshops for the Respiratory Team to support patients in managing their long-term conditions online. This is in partnership with Healthwatch and includes the use of loaned iPads from the ICB

BNSSG Equality Priorities

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

- **Fairer recruitment:** We are part of a pilot project to address systemic challenges to recruitment across our system. This will involve further training for managers, and collaborative work to develop an inclusive recruitment panel to support race equality targets. The learning and outcomes from this pilot project will form the development of new EDI Key Performance Indicators for system race equality targets.
- **Talent Management:** There are a range of talent development opportunities being promoted to support our BAME colleagues.
- **Network Support:** We are supporting our Network Chairs in collaborating at system level to enable them to have the time and capacity to lead these key groups. Advancing compliance with the NHS Accessible Information Standard (AIS) and **w**orking with other NHS partners, we are co-ordinating our resources and commitment to embedding AIS best practice.
  A proposal went to the Senior Leadership Team in relation to 'protected time' in their roles and, as a result of this we are going to hold a workshop with the networks to further define the roles and responsibilities of the networks and how we can ensure they have a strong voice into the Board, along with the Our Voice group.

Our Colleagues & Networks

The support of our networks remains a priority and we were delighted that our representatives are happy to be represented at future EDI Steering Committee meetings. The network members have shared their views and progress support and input on various Sirona policies, including the new Hybrid Working Policy, and the Ways of Working Charter, as well as reviewing the access for the Hybrid booking process.

Statutory Reporting

- WRES –data has been submitted to system partners and the data is being collated as art of a system approach. There remains a need to review our own data from the past two years as well as completion of the WRES action plan
- The GPGR has been professionally produced following sign off at Board in July also having received feedback form our networks

Partnership & System Working

The Senior Leadership Team have agreed to sponsor the OurCity 2030 programme*, a campaign lead by Bristol City Council and Babbasa+ to support our marginalised communities.

* **OurCity2030** is a unique, long-term transformational programme with a clear target – to support under-represented Black, Asian and Minoritised young people from the inner-city Bristol not just into the workplace, but into sustainable careers that deliver a Median Salary.
It spans the 2nd decade of Babbasa's activity, building on the foundation of supporting 2000 young people, developing the Babbasa Recruitment and Inclusion Service (BRIS) for employers, and winning the Queen's Award for Enterprise Promoting Opportunity.
It is supported by Bristol City Council as part of the Bristol OneCity Plan.

+ Babbasa is a Bristol based Social Enterprise who inspire and support under-represented young people in Bristol to pursue their ambitions through skills training, professional mentoring, event, and recruitment support services. Working with young people, businesses, and the community to address inequalities and produce a fairer city.

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 this report and:

- Support the approach for ED& I internal audit and resourcing
- Support the activities of the Committee
- Note the information in relation to Statutory Reporting Regulations
- Commitment to support One City campaign with Bristol City Council
- Champion through its leadership, our Strategic intention to tackle Health Inequalities & Improve Outcomes for All

Board Cover Report

Date	8th November 2022	**Agenda item**	Consent Agenda Item 16
Title	**Finance & Performance Committee Summary**		
Author	Rachel Corrigan, Corporate Governance Manager		
Presented by	Simon MacSorley	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

To inform the Board of the key items discussed at the Finance & Performance Committee meeting on 17th October 2022 and to give assurance on the matters within the Committee's remit.

Why is this report coming to the Board

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

The Committee is delegated by the Board to provide independent scrutiny and objective challenge on Sirona's financial and operational performance and to provide this report to the Board for assurance.

Related Risk No. (If applicable)	

How has this report been developed

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

The presentations to the Committee on the adults, specialist service and children's services were prepared by the Director of Operations and Deputy Director of Operations (Acting), with input from business intelligence, and adults and children's performance leads.
The finance report was prepared by the Finance Director, with the support of dedicated project resource and the Finance Team.
The update on the Reset Programme was prepared by the CEO, with the support of the Programme Director and following review by the SLT.

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 Finance & Performance Committee reviewed the reports provided to the meeting on 17th October 2022. It should be noted however that the papers had only been provided to the Committee at short notice and an offer was extended by Directors, to Committee members, to submit any further comments once the papers had been read more fully.

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

Further work is underway on the development of clear dashboards and it was understood that the small Task & Finish Subgroup of the Committee with a specific focus on data, and specifically Trend Analysis, would report back to the Committee at the next formal meeting in December.

The Committee received reports on Finance, Adults and Specialist Services performance, Children's Services performance, and arrangements and progress of the Reset Programme.

Finance

As part of the current review on Board Committees, it had been agreed at the Board Seminar on 11th October to move forward with a separate Committee to focus on Finance together with Digital, Estates and Environment. A new group was established to begin looking at these areas whilst also developing the Terms of Reference for the new Committee. This was therefore the last combined meeting of both the Finance and Performance areas.

Committee reviewed the financial results up to the end of August, noting that:

- We remain ahead of the forecasted surplus at the end of Month 5
- The variances in spend on Bank & Agency, which will be the subject of a Deep Dive session at the November meeting
- The worsening Corporate forecast due to accounting for the Reset Programme spend
- The increase to corporate overhead contributions from Adult Services
- The work of the Finance Team to produce more timely reporting to the committee

Overall, the Committee were assured by the Finance Reporting and noted the continued challenges surrounding recruitment and retention, to be covered in more detail at the November meeting.

Adult's and Specialist Service Performance

The Committee was advised that following a period of pause in reporting to commissioners, that contract reporting had now been reinstated. It was noted that generally demand and capacity remain an issue across our services.

The key issues highlighted in terms of performance are:

Community Nursing

Starting to see slight increases in the number of referrals which is expected as part of the seasonal level, and we are still negotiating the contract level with the ICB. Focus has been on red visits and case load audits have led to the development of delayed caseload visits. It was understood that the baseline reporting was under review with commissioners and likely to change as a result of changes in services.

Planned Rehab

We continue to underperform in this area but following a successful recruitment campaign for Rehab Support Workers and a review of Pathways 2 & 3, we are aiming to support teams to move people on to packages of care. Recruitment into the Therapy Workforce was shared as a challenge but working with recruitment colleagues to address this.

Urgent Response & Prevention of Admissions

Inaccuracies in data have been addressed and a baseline established to help identify how we can improve response times. Business Intelligence Team is supporting the implementation of capturing changes in record templates to ensure data consistency.

Specialist Services

Committee considered the reporting presented and it was agreed that future reporting would focus on those services rated as 'Red' to enable them to focus on those areas of greatest concern.

End of Life Outcome measures – new reporting developed for this service and illustrated to the committee as an example of how we could evidence outcomes for other services going forward.

It was understood that the introduction of a new outpatient standard is being rolled out for MSK, which will address some of the challenges in the delivery of face-to-face clinics.

Assurance was received in relation to the Heart Failure Service that there is minimal impact on the performance of this service, and that work underway within the Operational Grip strand of the Reset Programme will focus on the triangulation of risk and performance.

Committee were offered an update specifically on the Safer Staffing Programme by the Clinical Director and it was agreed that this would be presented at their meeting in December.

Children's Services

Performance was highlighted in respect of Children in Care health assessments, and the autism service.

A pause in commissioner reporting will resume in October, which provided us with some reporting respite and enabled sharper focus on our data and reporting. Committee were reminded of the issues created as a result of revised templates within the EMIS patient record system and assured that the ambition is to have some rejection criteria to enable us to strip out unnecessary data, although this will need resourcing to ensure we can adopt a step change approach.

Detailed reporting was provided for both Initial Health Assessments and Review Health Assessments, along with information surrounding the collaboration with our local authorities to address issues and concerns.

Children's Operational Delivery Board is supporting Sirona on defined areas to improve demand and capacity issues in Children community services BNSSG wide.

It was shared that there remain significant risks to therapy services, and it was noted that a small group of Directors was working to establish Neuro Diversity as a system issue, which will then move the risk into the system as a shared responsibility.

Detailed action plans were shared with the committee to provide further assurance on the issues and concerns identified when reviewing data and preparing reports and the Committee acknowledged the efforts of the Children's team in their approaches to collaborative partnership working to achieve better outcomes for those families using our services.

Reset Programme

Committee received a presentation outlining the progress of the newly established Reset Programme against agreed plans.

It was understood that an overall maturity summary will be brought to the Committee on a bi-monthly basis and Julie reported that a risk register for each strand will be developed and shared as part of this reporting.

There is currently an eight-week Business Plan sprint underway where agreement will be reached on:

- Agree with leadership group what we need to deliver in the next 8 weeks
- Agree framework: Index, content, and appendices
- Key Gap analysis
- Allocate leads and develop an 8-week delivery plan

Key objectives and deliverables are currently being established for future monitoring and reporting.

It was understood that the first draft of the plan is aimed for mid-December and that the critical path was currently being defined.

The development of the future Business Planning cycle process is in train.

The Committee understood the need to develop a Budget Plan for review in February, to include the critical path to deliver.

Future Agenda Items

The Committee requested that the meeting in September is focussed on all aspects relating to Bank & Agency Staffing to better understand staffing concerns and financial impact, however as this meeting had been cancelled, these topics would now be considered at the meeting on 7th November.

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

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

Board is asked to:

- To note the update provided from the meeting on 17th October
- To note the planned work to review the Terms of Reference – to develop a Performance Committee and separate Finance, Digital & Environment Committee.

Board Report

Date	8th November 2022	**Agenda item**	Consent Agenda Item 17
Title	**Safeguarding Annual Report 2021 -2022**		
Author	Jocelyn Grimwood, Head of Safeguarding		
Presented by	Mary Lewis	**Version**	FINAL
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

The aim of this report is to provide evidence that Sirona is meeting its expected requirements and arrangements with regard to safeguarding children and adults at risk.

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 being presented to the Board for assurance of safeguarding activity against statutory and contractual obligations.

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 Head of Safeguarding has developed this report based upon safeguarding expectations and activity across all Sirona Services during the period 01/04/2021 – 31/03/2022.

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

Monthly reports are submitted to the Quality and Outcomes Committee and this report provides an overview of the key headlines, achievements and risks associated with all safeguarding work undertaken by Sirona during the reporting year. This report has been scrutinised and agreed via the Safeguarding Forum and the Quality and Outcomes 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

Detailed in the Executive Summary below.

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

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

The purpose of the report is to assure the Board that Sirona care and health CiC is meeting is safeguarding obligations in line with expectation.

Report Details

In summary, within 2021 - 2022, the Safeguarding Team have focussed upon:

- Continued collaboration with the Learning and Development team to maintain and progress current training compliance rates while targeting Level Three reporting issues. Key headlines include:
    - Review and deployment of revised Safeguarding Training Booklet to ensure training requirements are clear to staff
    - Staff access to individual training record via LMS to note and progress their own compliance needs
    - Safeguarding Team member seconded to review Think Family core package, support training delivery, develop series of webinars and link attendance / engagement for accreditation by LMS
- Developed and delivered a bespoke Think Family Safeguarding Professional Update session to over 160 participants. This session was supported by multi-agency partners who delivered sessions relating to domestic abuse, impact of gambling, peer on peer abuse and violent crime, Think Family & Learning Disabilities.
- Completed a comprehensive review of safeguarding supervision across all services leading to the development of a principle driven, evidence-based framework for the future delivery of responsive, consistent, high quality safeguarding supervision. Comprehensive policy developed and ratified. To implement new framework from September 2022.
- Collaborated with Learning and Development to commission a bespoke training package for the Safeguarding Team to ensure they understand and are well prepared to deliver the chosen 4x4x4 evidence based safeguarding supervision process.
- Development of a novel suite of EMIS templates in collaboration with EMIS team and Children's Service Leads. These were aimed at ensuring the capture, analysis, storage, and retrieval of safeguarding information across BNSSG is safe, appropriate, consistent and user friendly for staff to use. The templates put the child / adult at risk front and centre of the process. These have been well received into practice with positive feedback from a wide range of services.
- Devised and deployed into practice a Safeguarding Training Support Booklet containing key safeguarding pathways and guides as an aide memoire for staff. This has been well received and supports staff induction.
- Reviewed safeguarding training / supervision need and targeted hotspots such as the Lifetime service and MIU / UTC.
- Assumed responsibility for supervision and support to the Family Nurse Partnership from Avon and Wiltshire Partnership.
- Integrated safeguarding post led the work to integrate workstreams across BNSSG and across adult and child services. Integration of workstreams now strongly embedded as business as usual as a result.
- Support offered to Paediatric Services to scope the future needs of the STAR Clinic and develop a conceptual transformational model of working to support the safeguarding function of the Paediatricians. Collaborated with the Assistant Director of Children's Service to develop a business case relating to the latter.
- The SGA team are quorate members of the Incident review meetings (weekly) and RCA panel (monthly). This gives SGA insight and support but has also increased SGA team visibility within the organisation.
- Excellent partnership engagement across adult and child safeguarding workstreams across BNSSG partnerships evidenced by attendance at partnership meetings and pro-active engagement with the work of the subgroups.
- The team have engaged with a wide range of audits, single and multi-agency, to assure practice. Of note is the multi-agency Sn 11 Child Safeguarding Audit, which identified good practice within North Somerset and the Sirona Self Neglect A particular case in point was the high level of referrals that South Glos Local Authority were

attributing to Sirona staff. Scrutiny of the data by the Sirona Safeguarding Team identified that many of these cases were erroneously attributed to Sirona adult clinical services largely due to double counting by the Local Authority safeguarding team. The latter work has enhanced partnership working, more accurate system reporting and led to internal practice improvement with respect to the quality of referrals to the Local Authority.

- Utilised monthly reporting to share learning from incidents, Section 42 inquiries, formal reviews, and audits.

Work Objectives for 2022 – 2023

- Review of domestic abuse understanding and reporting by staff. To include re-write of domestic abuse policy in conjunction with the People and Development Team.
- Review and re-write of Safeguarding Dashboard to underpin identification of pertinent themes and patterns of safeguarding concern across the business as well key statutory reporting requirements.
- To embed the revised safeguarding supervision model across all identified services.
- Scope the strategies being used by staff in practice to identify and manage concerns relating to neglect / self-neglect.

Board Report

Date	8th November 2022	**Agenda item**	Consent Agenda Item 18
Title	**Annual Infection Prevention & Control Report 2021/22**		
Author	Caroline Laing/Suzanne Golding-Ellis / Infection Control Team		
Presented by	Mary Lewis	**Version**	V5 Final
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

The aim of this report is to provide evidence to the Board that Sirona is meeting its expected requirements and arrangements with regard to Infection Prevention & Control and to provide assurance that the organisation implements successful prevention and control of infection as a key factor in the delivery of high quality and safe care of our patients, and in the safety and wellbeing of our staff. All staff members understand that good infection prevention and control is essential to ensure that we provide safe and effective care. This report provides evidence of governance and accountability, and compliance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance and compliance with Schedule 2 of the NHS contract.

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 being presented to the Board for assurance of Infection Prevention & Control activities against statutory and contractual obligations

Related Risk No. (If applicable)	

How has this report been developed

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

The report is prepared annually by the IPC Team with oversight from the Director of Nursing and Director of Infection Prevention & Control

What is the process the report has been through internally

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

The report has been reviewed by the Infection Prevention and Control Team and the Infection Prevention and Control Group and presented for scrutiny to the Quality & Outcomes Committee in September 2022.

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 the report are:

- There have been zero cases of MRSA Bloodstream Infections (BSI) reported by Sirona
- There have been two reportable cases of CDI through the period 2021/22. Both cases were admissions from the acute trusts into Sirona care. A post infection review (PIR) was undertaken for both cases.
- There was a total of five COVID-19 outbreaks reported, one was an outbreak amongst Sirona staff and four were outbreaks in Sirona rehabilitation units. Two outbreaks were further reported to STEIS, the national incident reporting system.
- There was an annual total of 203 adverse events which related to IPC with the highest three categories being, COVID-19 related, sharps/ Needlestick injury/near miss and cleaning environment
- A task and finish group was initiated in October 2021 for three months to formulate an action plan to implement the National Standards of Healthcare Cleanliness 2021. In February 2022 a Cleaning and Environmental Standards Group was established
- Thirteen IPC environmental audits were carried out during 2021-2022, with the key themes identified being: sharps bins not being closed and documented appropriately, lack of 'I am clean' stickers in use on equipment in bases, storage of clinical items directly on the floor and poor standards of cleaning
- Hand hygiene audit returns saw a significant increase from January 2022 onwards with the IPC team sending mid-month reminders to link practitioners to encourage their teams to complete
- In November 2021 the Care Quality Commission (CQC) undertook an inspection visit at Sirona Care & Health. An extensive action plan has been developed from the visit which is being monitored by the Quality and Outcomes Committee.

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

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

To note the contents of the report for assurance.

Report Details

Full Report and supporting Appendices are available to review via the following link:
https://sirona.glasscubes.com/catchall/file/17822044?notificationId=32831512