Board Meeting Papers

Pack A

Meeting Date:

14th February 2023

BOARD MEETING				
Date:	**14th February 2023**			
Venue:	MS Teams			
Time:	1:45 – 5:00pm			
AGENDA				
			Paper/Verbal Presented by	**Approx. Timings**
	1:45pm	**MAIN MEETING (Pack A Papers)**		
1.	**Welcome and Apologies:**			
2.	**Our People Story- Integrated Care Making A Difference** To share with the Board the story of an individual and the impact of our services, the good and the not-so good.		Wendy Best	30 mins
3.	**Declaration of Interest** Board members are asked to declare if they have any direct or indirect interest in the items to be considered at the meeting		Amanda Cheesley Verbal	5 mins
	2.20 pm	**CHAIR AND CHIEF EXECUTIVE OFFICERS REPORT**		
4.	**Chair and Non-Executive Directors' Report** To update the Board on matters not covered elsewhere on the agenda, to include a verbal update on the key themes from the Audit & Assurance Committee meeting on the 8th February.		Chair & NEDS Verbal	5 mins
5.	**Executive Committee Report:** To update the Board on significant matters of business reported by the Executive Committee. *A financial update will be provided ahead of the quarter 3 financial performance being reviewed by the Finance, Estates, Environment & Digital Committee.*		Julie Sharma Paper	15 mins
	2:40pm	**QUALITY: PATIENT SAFETY, EFFECTIVENESS AND EXPERIENCE**		
6.	**People's Council** To present to the Board the activities and achievements of the People's Council		Claire Valsler Paper	10 mins
7.	**Quality & Outcomes Committee Summary** To present to the Board the Quarter 3 key findings and recommendations from meetings of the Quality & Outcomes Committee and provide assurance on the safe delivery of services		Paul May/ Mary Lewis Paper	10 mins
8.	**Safer Staffing Report** To receive and approve formal recommendations following review of the Workforce Safeguards Framework		Mary Lewis Paper	10 mins
9.	**Ockenden and Kirkup Reports** To present the action plan developed from the December Board Seminar		Mary Lewis Paper	10 mins
	3:20 – 3:30pm	**BREAK**		

10.	**Freedom to Speak Up Report** To present the Board with the high-level findings on reporting since February 2022		Sheridan Flavin Paper	10 mins
	3:40pm	**OPERATIONAL PERFORMANCE AND USE OF RESOURCES**		
11.	**Operational and Performance Report** To update the Board on operational matters and the performance position at the end of Quarter 3, highlighting both the positive and negative performing services, to include a high-level summary of Winter Delivery activities		Ceridwen Massey Paper	10 mins
12.	**Workforce Report** To update the Board on Workforce related matters at the end of Quarter 3, highlighting any areas of special achievement or concern.		Sheridan Flavin Paper	10 mins
	4:00pm	**CORPORATE GOVERNANCE / RISK / REGULATORY**		
13.	**Risk Register** To update the Board on the position of risks with a score of 15 or more		Mary Lewis Paper	10 mins
14.	**Articles of Association** To receive updates for recommendation to approve by the Members Group		Julie Sharma Paper	5 mins
	4:15pm	**CONSENT AGENDA ITEMS (Pack B Papers)**		
15.	**Consent Agenda Cover Report** To inform the Board of the items covered under this section of the agenda		Donna Cairns Paper	5 mins
16.	**Ratification of New Members** To receive the recommendation of the Members Group to formally approve the new membership of service user and strategic members		Julie Sharma Paper	
17.	**Quarterly Summary Report from the Performance Committee** To receive the quarterly report for assurance on key discussions, actions and decisions and to approve the Terms of Reference for the Committee.		Barbara Brown Paper	
18.	**Quarterly Summary Report from the Finance, Estates, Environment & Digital Committee** To receive the quarterly report for assurance on key discussions, actions and decisions and to approve the Terms of Reference for the Committee.		Simon Macsorley Paper	
19.	**Quarterly Summary Report from the People Committee** To receive an update report for assurance on key discussions, actions and decisions		Anil Patil Paper	
20.	**Quarterly Professional Council Summary** To present to the Board with a summary of the Quarter 3 activities and decisions from meetings of the Professional Council		Alison Wint /Mary Lewis Paper	
21.	**Consultation on NHS Risk Assessment Framework for Independent Sector Providers** To update the Board on the proposed changes to the framework and impact on Sirona following the launch of the consultation by NHS England.		Julie Sharma Paper	
	4.20pm	**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.		

22.	**PUBLIC QUESTIONS** Boards response to questions received in advance relating to this agenda	Amanda Cheesley	5 mins
	CHAIRS SUMMING UP & CLOSE OF PUBLIC SESSION		

FORWARD MEETING DATES				
	DATE	TIME	MEETING TYPE	VENUE
	14th February 2023	2 – 5pm	Quarterly Public	Virtual
	14th March 2023	10 – 4pm	Seminar/ Public - Budget	Penny Brohn (PM Public)
	11th April 2023	10 – 4pm	Seminar	TBC
	9th May 2023	10 – 4pm	Seminar	TBC
	13th June 2023	2 – 5pm	Quarterly Public	Virtual
	11th July 2023	10 – 4pm	Confidential/Seminar	TBC
	8th August 2023	10 – 4pm	Seminar	TBC
	12th September 2023	2 – 5pm	Quarterly Public	Virtual
	10th October 2023	10 – 4pm	Seminar/Joint with Members	TBC
	14th November 2023	10 – 4pm	Seminar	TBC
	12th December 2023	2 – 5pm	Quarterly Public	Virtual
	9th January 2024	10 – 4pm	Seminar	TBC
	13th February 2024	10 – 4pm	Seminar	TBC
	12th March 2024	2 – 5pm	Quarterly Public	Virtual

Board Report

Date	14 February 2023	**Agenda item**	02
Title	Our People Story: Integrated Care Making A Difference		
Author	Wendy Best - Head of Communications		
Presented by	Wendy Best	**Version**	1
For	Approval/decision ☐ Debate ☒ Assurance ☐ Information ☒		

Purpose of the report

To share with the Board the story of an individual and the impact of our services, the good and the not-so good.

Why is this report coming to the Board

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

People are at the heart of our Vision, Mission and Strategic Objectives

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

Interview with family.
Review of paper by interim Chief Executive Julie Sharma

What is the process the report has been through internally

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

N/A – individual experience

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

Today the Board will be meeting 19-month-old Oakley Moffatt and his parents Amy and Nick. Oakley, from Bristol, has a rare life limiting condition called Spinal Muscular Atrophy Type 1 (SMA); a muscle wasting condition. He is one of a handful nationwide to have received life changing gene therapy and his need for therapies following treatment are all supported by Sirona's community therapy services.

Mum Amy and Dad Nick will share his journey from devastating diagnosis through to the transformation of his ability to start to achieve developmental milestones. Amy and Oakley have taken part in a video which will be used to promote the benefits of aquatic therapy provided by Sirona in our hydrotherapy pool in South Gloucestershire.

Following his diagnosis, Oakley was one of few babies in the country to receive Zolgensma, dubbed the world's most expensive drug and full details on the drug, delivered as a one hour infusion, are on University Hospitals Bristol and Weston NHS Foundation Trust's website.

Oakley was diagnosed with SMA at just 12 weeks and just one week later, the family were then told he would be eligible to receive the infusion at 14 weeks, the drug had only become available the month he was born.

A year ago he was not moving and extremely floppy. Oakley also struggled to safely feed. Amy and Nick describe how Oakley continued to lose movement capability until he had none left at all. Now he is able to breathe without assistance, sit up to play, he feeds orally and is gaining all of his fine motor skills - he can even use his index fingers to help pick up foods like blueberries – to the casual observer he looks and acts like any child his age.

Nationally, more than 90 children have now had the gene therapy and their progress is constantly reviewed.

Amy says his phenomenal transformation is due to the therapies provided by Sirona and describes the community team as "superheroes".

But there are areas with room for improvement; it took eight months for Amy to be able to access counselling and it has at times been difficult to coordinate the different professionals involved in Oakley's journey. Amy will also highlight how important communication is for parents and families with children with complex needs.

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 may wish to ask Amy and Nick questions and request actions within Sirona as a result of the conversation.

VERBAL

PAGE INSERT TO MEETING PAPERS FOR VERBAL AGENDA ITEMS

Date:	14th February 2023
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	03 Declarations of Interest
Presenter:	Amanda Cheesley
Notes:	Verbal prompt to request any Declarations of Interest

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

VERBAL

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Date:	14th February 2023
Meeting Title:	Sirona Board Meeting
Agenda Item No. & Title:	04 Chair and Non-Executive Director's Report
Presenter:	Amanda Cheesley
Notes:	Verbal prompt for update from the Chair and any NED items not covered elsewhere on the agenda

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

Report to: Board Meeting

Date	14 February 2023	**Agenda item**	05
Title	Executive Committee Report – February 2023		
Author	Julie Sharma, Interim Chief Executive		
Lead Director	Julie Sharma	**Date signed off**	7 February 2023
Presented by	Julie Sharma	**Version**	1.0
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ✓		

Aims/Summary

To ensure the Board is appropriately sighted on issues being addressed by the Executive Committee.

Issues discussed at Executive Committee and requiring further reporting or approval by the Board will be subject to separate papers as appropriate.

Options and decisions

The Board is asked to note the report for information and assurance and to highlight any areas of concern or requests for further information.

Resource implications (financial/staffing/other resources)

N/A – any requests for additional resource will be subject to the normal governance processes including seeking Board approval where appropriate

Quality considerations

N/A – where there are issues of concern regarding Quality these will be reported through to the Quality Committee and highlighted to Board as appropriate

Paper/information previously considered by	Date
N/A – this is a summary of the work of the Executive Committee. Minutes of the Committee are shared with all Executives for comment.	

1. Background

Sirona's Executive Directors meet twice weekly:

- Monday am – a touchpoint meeting to plan for the week ahead; consider any key issues or meetings coming up; share information and to flag areas of concerns that individual Directors may need to be aware of. These are informal sessions although notes are taken.
- Thursday am – a more formal "Senior Leadership Team" meeting where issues of concern across the organisation are debated and discussed. This has historically been the key decision making body for Executive Directors. The meetings are minuted and an Action Log maintained

The Senior Leadership Team meeting does not report formally into any other part of the organisation although all Directors share the output of the meetings with their teams.

The Chief Executive meets with the Board Chair on a weekly basis to update her on key issues and also meets with NEDs informally once a month to ensure they are kept up to date with organisational business.

As part of the Governance Review of the organisation and in line with changes considered as part of the Reset Programme, it was agreed that we needed a more formal Executive Committee reporting into the Board. This will not take away from the other arrangements that are in place but will, as the Committee develops, become the main decision-making forum for those decisions requiring sign off by all Executives. This will also support the Board's wish to move to quarterly formal meetings and give assurance that the Executive function

The Committee will meet monthly on the fourth Thursday of the month, replacing the SLT meeting for that date. The Committee is currently serviced by members of the central governance team and Membership includes all Executive Directors. Other senior officers are invited to attend for relevant items.

The first meeting of the new Committee was held on 26 January 2023. There will be a transition from the old arrangements to the new which may result in an hiatus in the sequence of reporting to the Board; where this is the case, a summary of key information will be included within the Executive Committee report.

2. Key Issues from January Meeting

2.1 Terms of Reference Review

The Terms of Reference for the Committee were discussed, and a number of changes proposed.

The key issues being considered include:

- Clarity on the flow and content of information and reports between all Committees of the Board to ensure appropriate consideration and scrutiny at the right level and to avoid duplication.
- Process for the inclusion of items for discussion at Executive Committee and escalation routes to Board/Board Committees
- Impact of having a formal Executive Committee on other arrangements currently in place e.g. Operational Management Groups; Programme and Planning meetings; individual Director level led meetings with their teams and how these report into Executive Committee
- Communication from Executive Committee to the wider organisation
- Practical arrangements such as timing for papers;

A revised Terms of Reference will be submitted to the next meeting at end February and then circulated to the Board for comment and approval. All changes will be considered in the context of the scheme of delegation.

2.2 Sirona Awards

The Committee recognised the importance of the Awards event for staff as a way of acknowledging the excellent work of individuals and teams across the organisation. Feedback from staff was that this was highly valued.

A series of options for the 2023 Awards process and associated budget were discussed. The key approvals were:

- Sirona to continue with an Annual Awards ceremony for staff in October of each year
- The annual budget for the Awards to be capped at £35k.
- Sponsorship towards reducing the cost to Sirona to be sought
- Detailed arrangements regarding venue; format and award categories to be developed by the Awards Team with final sign off by Executive Committee as appropriate

Given this is a high-profile event for Sirona, the Board are especially asked to note this approval.

2.3 Workforce Safeguarding

The Committee discussed the need for greater assurance in relation to Workforce Safeguards to ensure that Sirona continues to make informed, safe and sustainable workforce decisions in line with best practice.

This included the completion of a self-assessment against 14 core Safeguard Standards and Recommendations and the development of an associated Action Plan.

This is a key element of our overall governance and the Board will need to be assured that our workforce decisions will:

- promote patient safety
- comply with the Care Quality Commission's fundamental standards
- inform our overall use of resources
- meet the Board's statutory duties to ensure that services achieve best outcomes and do not have an adverse impact on the quality of care or on user experience

In this context a separate paper has been prepared for the Board and features later on the Agenda.

2.4 Estates

The Committee did discuss a key proposal around aspects of our Estates Rationalisation Plan and Strategy. Given these have not yet been discussed widely with the organisation, a paper has been included within the Private section of the Board meeting today. If the proposals are supported these will be shared with staff and will be brought back to one of our Public Board meetings to demonstrate transparency.

2.4 Operational Performance

There is a separate Operational Performance Report included later on the Agenda.

In addition to the items within that report, the Committee noted that:

- the contract for our current provider of peer support for long Covid and Diabetes will cease at end March 2023. Further consideration will be given to alternative options moving forward
- two Integrated Network Teams in South Gloucestershire have merged to provide greater resilience and stability (Severn Vale and Stokes)

2.5 Workforce

There is a separate Workforce Report included for the Board later on the Agenda.

In addition to the items within that report, the Committee noted:

- on-going concerns from staff around the arrangements for reimbursement of charges for the Clean Air Zone. Board will recall that we agreed to reimburse these costs for staff who need to cross the zone to visit patients but not for those who needed to get to their base for daily work
- further work will be undertaken to clarify these arrangements and to ensure that we are striking the right balance between supporting sustainability measures whilst also supporting staff through the transition. These include looking at options to help mitigate the costs such as lease cars; car loans etc.

2.6 Quality

There is a separate Quality Report included for the Board later on the Agenda.

The Committee has approved the Quality Priorities for 2023/24. These are a mixture of National and Local Priorities and are grouped under the five CQC domains:

Safe

- **Insulin - reducing the medication errors and improving management of insulin administration.** *Why – medication errors associated with insulin are one of top incident cause groups. Several patients have had avoidable hospital admissions due to errors. The number of insulin dependent diabetics is increasing.*
- **Catheter management to improve how we consistently support patients within the community who have catheters.** *Why – we have had a number of serious incidents involving patients with a catheter and practice is variable across the three historic patches. A clear management policy and competencies are required and the use of Catheter passports across the whole geography.*

Effective

- **Pressure Injuries - assessment of pressure injuries risk in Sirona bedded units**. *Why – pressure injuries are leading cause of Sirona harm.*
- **Lower Limb Assessments - diagnosis and treatment of lower limb wounds**. *Why- lower leg wounds are prevalent on community caseloads and a number of investigations has seen that the care given is not always as it should be with delays to assess, diagnose and treat.*
- **MUST assessments (Malnutrition Universal Screening Tool) - use for all Sirona bedded units.** *Why – appropriate assessment of nutritional status is key within our caseloads, and it is not universally undertaken by staff.*

Caring

- **End of Life Experience – improve this for patients by the introduction of a pilot telephone triage service run by EOL Service for patients who are not in last 2 weeks of life**. *Why- Feedback from families has shown that this is not always optimal and has resulted in several complaints. We have one chance to get this right for patients.*
- **Flu vaccination for frontline worker - 75-80% frontline workers should be vaccinated.** *Why- we have a duty to protect our vulnerable patients and staff from seasonal Flu*

Responsive –

- **NEWS2 and PEWS (National Early Warning Score/Paediatric Early Warning Score) – improve use of these tools to help manage deteriorating patients be they adult or child.** *Why- there have been several 72-hour reports that have indicated that routine monitoring and failure to escalate deteriorating patients is still an issue*

Well Led –

- **Staff survey results key area (to be decided using Picker survey high level results).** *Why- staff feedback is vital to improving experience of working within Sirona and encouraging staff retention*.

- **Just Culture to have this developed and embedded to support patient safety culture.** *Why- as part of National Patient Safety Strategy requirement*

The Executive Committee will also consider a further proposal around the need to review our clinical records to ensure these are consistent across the organisation and that EMIS is being used appropriately. Although this will not be one of our formal Quality Priorities it will be a key issue for improvement in 2023/24

2.7 Finance

The Board will not be receiving a detailed Finance Report this month as this will go firstly to our newly established Finance, Estates, Environment and Digital Committee (FEED).

Key highlights for the Board to note are:

- The position as at month nine (December) is a Surplus of £1.9m against a planned deficit of £(0.9m)
- The full year forecast is a Surplus of £0.18m against a plan of £(3.0m) draw from reserves; therefore the forecast for the remaining three months is a further improvement in performance from budget of £0.2m.
- Within the plan and the forecast for the remaining three months is a significant proportion of the £2m budget for the Reset work, which is why the current Surplus of £1.9m reduces to just circa £0.2m
- The December result included the bonus payment of £75 for all staff, previously unplanned, at a total cost of £0.27m.
- The higher than anticipated use of agency, including Thornbury, continued in the month and, but this and other variances were offset by reduction in accrual for energy charges for NHS Property Services (NHSPS) premises because NHSPS have confirmed their existing contract continued beyond 31 March 2023 and therefore expected price increase would be avoided for a large proportion of our estate.

The main known items that could impact the forecast but are not currently included are:

- Possible positive impact
    - Over optimistic assumption on net recruitment before 31 March
    - Additional bank interest receipts on 'cash' balances
    - Possible underspend of Reset costs (up to £300k)
    - Strand 3 impact on agency usage
    - Net underspend of COVID funding which if confirmed as not refundable would need to be treated as income (up to £500k)

- Possible negative impact
    - Increase from expected level of agency costs
    - Bristol RSW income not being received (£1m)
    - CRES being applied to Stroke income (being disputed)

- Impact either way
    - Finalisation of Children contract funding for Pay award

The Balance sheet remains stable, and the cash balance of £47m, which includes payment in advance from the ICB, is earning interest on deposit.

2.8 Risk

There is a separate Risk Report included for the Board later on the Agenda.

3. Next Steps

This was the first meeting of the new Executive Committee and the arrangements will take time to bed in as we get into the rhythm of regular monthly meetings. It will be important that we maintain strong governance and discipline around our agreed processes whilst also ensuring we remain agile and responsive to the needs of individual managers and Directors in our decision making processes.

To assist with this, the Governance Team is helping to ensure we adopt a forward planning approach to our Agendas and we will start to use the weekly Senior Leadership Team meetings to introduce and build up items ready for formal sign off. This will also give us an opportunity to challenge ourselves on whether all items need to come to Executive Committee or can be resolved through other delegated functions.

Board Report

Date	14/02/2023	**Agenda item**	06
Title	People's Council Summary Report		
Author	Claire Valsler, Chair of Sirona's People's Council		
Presented by	Claire Valsler	**Version**	
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

To present to the Board the activities and achievements of the People's Council

Why is this report coming to the Board

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

The voice of service users is central to Sirona's decision-making and assurance arrangements; therefore the People's Council provides regular updates directly to the Board.

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 People's Council's work programme is steered by the Working Group of Pioneers, led by an independent Service User Chair, who prepares 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 content of this report reflects the meetings of the People's council in December & February

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

Peoples Council are looking to recruit new people from across the population Sirona serves, if you can assist with this please do get in touch and we can share our Charter to give people an idea of what is involved.

Overview of Key Discussions

1. **Transformation Update**
   The Programme Director joined the meeting explaining that following the award of the contract to deliver Community Services to Sirona, that Sirona are committed to transform and develop some of the services in a large number of areas, amounting to approximately 33 projects each with their own workstreams.

   Some of Sirona's achievements to date were highlighted, including the establishment of the Integrated Network Teams (INTs), introduction of practice-based Multi-Disciplinary Teams (MDTs), development of pathways linked to covid and long covid, wraparound support to care homes, and the progress made on improving pathways for patients with diabetes and heart failure. The People's Council heard that the 33 projects have been streamlined to 21 projects that are being pursued as part of the transformation programme. Recognition was given that this is still many projects to manage, but also that this reflects the commitment Sirona made to help the system and includes:

   - supporting the Discharge to Assess (D2A) agenda,
   - leading on the development of the community-based stroke programme,
   - taking forward the work around virtual wards and pathways,
   - the Children's Public Health Nursing change programme;
   - and, kick-starting a Reset Programme which will see some fast-paced changes to help set up Sirona to develop as an organisation. The People's council were informed about the six strands that form the Reset programme.

2. **Ageing well pilot projects**
   Following session Frailty research in June 2022, some of the team focussing on this project joined our December meeting to share the work that is taking place to introduce STEP (Start Today Exercise Programme) a 12-month project, focusing on housebound patients. Initially this will be introduced in Bristol North and West.

3. **Community Engagement and Patient Experience**
   Leads for Patient Experience joined the meeting to introduce the People's Council to the work they are carrying out to create an Engagement and Experience Strategy. This was just an introductory session which was followed by a well-attended workshop in January to gather views on how Sirona could be engaging with people and communities. This also covered how the group think the People's Council could improve and their preferences over how they could be involved. A key outcome from these discussions, was the idea of people having different levels of engagement within the People's Council, and how this might be facilitated.

4. **Quality Priorities**
   The Head of Compliance & Assurance joined the December meeting to provide the latest update on 2022/23 Priorities, reporting there had been progress in all areas. It was also noted that work on next year's priorities has begun, and that the Quality Team are keen to continue the involvement of People's Council members to feed into this. A subsequent subgroup has been created and held its first meeting at the end of January.

5. **Ockenden & Kirkup Reviews**
   February's People's Council meeting included a briefing covering Sirona's response to the Ockenden and Kirkup reviews, which was met with positive comments and commendation for looking at how reviews of services we do not provide can still provide helpful in providing learning and prompt useful reflection.

6. **The Green Agenda**
   Following a request at December's meeting we welcomed Jessica Burston who provided an overview of Sirona's approach to the green agenda and has shared the document with the People's Council for further information.

Forward Look

Following questions raised around Sirona's role in the discharge of patients from hospital, possibly triggered by recent media coverage, during February's meeting the Interim CEO provided an overview of the approach for getting people out of hospital and, following this Discharge to Assess, will form a key part of our April agenda.

With the enhanced admin support which we now have in place we will be focusing some time on improving our internal and external communication via workplace and our own webpage.

Finally, we continue our efforts to build the Peoples Council through our presence at the engagement locality meetings that are happening in February and March.

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 receive this report as assurance on the work of the People's Council

Board Report

Date	14 February 2023	**Agenda item**	07
Title	Q3 Quality Report		
Author	Paul May Chair of Quality and Outcomes Committee / Mary Lewis Chief Nursing Officer		
Presented by	Paul May/Mary Lewis	**Version**	
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

To provide Board with a Q3 Quality update following the Quality and Outcomes Committee on 31.01.2023

Why is this report coming to the Board

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

Quality reporting is a contractual requirement and provides assurance that Sirona is meeting the CQC fundamental standards of care.

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

Papers presented at the Quality and Outcomes committee and discussion that took place during the meeting. Papers have been produced using the quality and safety data held within Ulysses.

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

Quality and Outcomes Committee and subgroups that report to it.

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

Q3 Quality data has shown some positive improvements in terms of the following: (see Appendix1 for full report)

- Reduction in serious incidents compared with Q2.
- Reduction in complaints received (14 compared with 21 in Q2).
- Increase in compliments during Q3 (up to 193 from 122).
- Improvement in Duty of Candour compliance up from 29% to 76%
- Improvement continues in Level 3 safeguarding training compliance.
- Reduction in new Section 42 activity with just 3 new referrals opened in Q3 (11 cases closed and 3 remain open).
- Adverse event reporting has decreased compared with Q2 in terms of ratio of patient safety incidents to non-patient safety incidents.

Top cause group however remains medication incidents with pressure injuries and treatment procedure/delays also in the top three causes.

- The Committee heard that there has been a **deep dive** carried out into **insulin medication** errors and missed doses is a key area of focus. An action plan is being developed and progress will be reported via the Quarterly Medicines report to QAO committee unless by exception, and this will be included in the monthly Quality reports.

Q3 Compliance report and **CQC Action** plan progress was noted. CQC are to launch a new inspection approach later in 2023 and planning is underway within Sirona for that.

Children's SEND inspection in October 2022 final report showed that sufficient progress has been made in four out of five areas. The fractured relationships with parents and carers, lack of co-production and variable engagement and collaboration needs further work. It was noted this a particular issue for local authority; Sirona staff positively engaged with parent and carer groups and progress been made; the health elements of the inspection were however very positive.

Annual Quality Account Quality Priorities progress update Q3 – mostly on track but three priorities out of the total of thirteen will likely not be achieved. This is due to factors outside of Sirona control be that recruitment, digital solutions or funding required or system sign up. Work is currently underway to agree next years' priorities.

Children in Care presentation was heard concerning the current position and whilst some progress had been noted with Children's initial health assessments concern was raised that it remains non-compliant with requirements. Further work to address this will be undertaken via Executive Committee and a progress update be brought back to Quality and Outcomes Committee in April 2023.

End of Life Strategy 2022-2025 was presented and well received for the clear layout, excellent community engagement, caring and sensitive content. (Appendix 2 in report for information).

Risk the committee noted progress has been made and there are positive signs that the system is working well. All 15 and above risks have been updated. A new risk collar re Discharge to Assess was discussed and assurance received that it is being managed proactively noting that home care is more difficult than in hospital.

Terms of Reference are being worked through to reflect new structures.

Robust update of key operational and clinical issues and assurance was given from Chief Operations Officer and Chief Nursing Officer.

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 this report. To receive future progress updates on quality at next Board. To receive update regarding Children In Care in April 2023.

Board Report

Date	14th February 2023	**Agenda item**	08
Title	Safer Staffing and Workforce Safeguards		
Author	Su Monk Programme Director Clinical Workforce & Professional Standards/Interim Deputy Director of Nursing & Quality CNO Safe Staffing Fellow NHS England.		
Presented by	Su Monk	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

The purpose of this paper is to provide Board with an assessment of Sirona's current position in relation to the guidance and recommendations to meet NHS Developing Workforce Safeguards Developing-workforce-safeguards.pdf (england.nhs.uk). This document was published in 2018 and is designed to help NHS bodies to manage common workforce problems. It contains recommendations to support them in making informed, safe and sustainable workforce decisions, and identifies examples of best practice in the NHS.

By implementing this document's recommendations and with strong, effective governance, boards can be assured that their workforce decisions will promote patient safety and so comply with the Care Quality Commission's (CQC) fundamental standards, our Use of Resources assessment and the board's statutory duties.

The national document has been prepared primarily for Nursing and it is recognised that further work is necessary to develop a consistent approach to safe staffing levels across all clinical workforce groups. In particular, there is a need to develop evidence-based tools for assessing the impact of variations in acuity and dependency on medical, allied health professional (AHP) and other non-nursing clinical staff groups.

There are two papers included within this overall report:

Paper A

This is a position report for Sirona against the nationally published Workforce Standards Recommendations. It is a self- assessment and has been completed for both Nursing and Allied Health Professional staffing. The Board will note the compliance level assessed and the actions agreed at Executive Committee to move us towards full compliance against all the standards. From here on in, there will be a bi-annual safe staffing process for monitoring and ensuring safe staffing in line with current national recommendations. It is proposed that this is overseen by our People Committee and the outcome and any required escalations reported to the Board. Further assurance will also be provided through our annual governance statements and through the NHS Single Oversight Framework, the principles of which Sirona has signed up to as a full member of the Integrated Care Partnership.

Paper B

This is the first Workforce Safeguards Assessment and Safer Staffing report received by the Board and sets out the current position in relation to Nursing and Allied Health Professional (AHP) staffing. This is the report that will be undertaken bi-annually as referred to within the overall standards.

The report informs the Board of the Nursing and AHP workforce risks on the Risk Registers which are greater than 12, Nursing and AHP pay costs to date for the financial year 2022/23 and temporary workforce usage

Why is this report coming to the Board

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

Regulatory requirement Risk to CQC registration if standards are not met
CQC Regulation 9: Person Centred Care
CQC Regulation 12: Safe care and treatment
CQC Regulation 18: Staffing
CQC Regulation 19: Fit and proper persons employed
Non-compliance with National Quality Board and NICE requirements on staffing

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 paper has been developed by Mary Lewis, Chief Nursing Officer & Su Monk Programme Director Clinical Workforce & Professional Standards in collaboration with Sarah Osborne, Interim Deputy Chief People Officer and Associate Locality Leaders and key service leads.

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

Paper A Chief Nursing Officer; Executive Committee 26.1.2023
Paper B Chief Nursing Officer Associate Locality Leaders and key service leads. Executive Committee 26.01.2023

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

Paper A

The self-assessment of Sirona's current position against the 14 National Standards/Recommendations show our position as:

- Compliant against 1 of the Standards
- Partially Compliant against 8 of the Standards. Following the agreed actions summarised in the report, Sirona will be compliant against all 8
- Non-Complaint against 4 of the Standards. Following the agreed actions summarised in the report, Sirona will be compliant against all 4 although the date for the Workforce Plan is yet to be confirmed
- There is 1 Standard that has not previously related to Sirona. In the context of the new ICS arrangements, Sirona will now provide assurance through the Strategic Oversight Framework and will therefore be compliant against this Standard.

The outcome of this is that Sirona will be compliant against all 14 Standards during the first half of 2022/23.

Paper B

This is the first safe staffing report that the Board will have received since the commencement of the BNSSG adult contract and additions to the children's services' contracts in April 2020. The report informs on the Nursing and AHP workforce risks on the Risk Registers which are greater than 12.

The report includes the Nursing and AHP pay costs to date of the financial year 2022/23 to date.

The report highlights current staffing issues and explains actions taken to mitigate these concerns.

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

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

Board is asked to note this important work and the introduction of a bi-annual safe staffing process in line with national standards and recommendations. The output from these will be reported to the Board, via the People Committee.

Board Report

Paper A

Date	14th February 2023	**Agenda item**	8.1
Title	Developing Workforce Safeguards Compliance Assessment		
Author	Su Monk Programme Director Clinical Workforce & Professional Standards, Chief Nursing Officer Safe Staffing Fellow NHS England Sarah Osbourne, Interim Deputy Director of People & Development		
Presented by	Su Monk	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

The paper is an assessment of Sirona's current position in relation to the guidance and recommendations to meet NHS Developing Workforce Safeguards Developing-workforce-safeguards.pdf (england.nhs.uk).

Why is this report coming to the Board

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

The developing workforce safeguards published by NHS Improvement in October 2018 describes a triangulated approach to staffing planning in accordance with the National Quality Board guidance for all clinical staff and combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skill are in the right place and time.

NHS Organisation compliance with these safeguards will be assessed through the Single Oversight Framework and specific inclusions within the annual governance statements. Although the guidance applies to NHS Trusts, this assessment has been completed for Sirona to support the Board's understanding of the current compliance of the organisation as a Community Interest Company against these recommendations. This assessment and compliance will also contribute to a CQC assessment of well-led.

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 assessment has been completed by the Programme Director for Clinical Workforce and Professional standards in consultation with the interim Deputy Director of People & Development & Head of Corporate Governance.

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

Corporate Governance
People & Development
Chief Nursing Officer
Executive 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

The organisational assessment is summarised in Assessment table (appendix 1). The initial assessment undertaken in December 2022, identified that of the 14 recommendations within the workforce safeguards document the organisation assessment is:

- compliant with 1
- partially compliant with 8
- non-compliant with 4
- not applicable for a Community Interest Company 1

The recommendations for actions detailed (appendix 1) have been agreed by Executive Committee (26.01.2023) and will enable Sirona to be fully compliant with all the standards.

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

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

The Board is requested to note the information contained within the report and the progress made towards compliance including

- Confirmation that staffing governance processes are safe and sustainable will be included in annual governance statement
- Annual governance statements will be reviewed through regulatory arrangements
- Implementation of Quality Impact Assessments for new roles, skill mix changes.

The Board will be responsible for signing off the annual governance statement through our normal processes and the output from the bi-annual reviews will be reported to the Board via the People Committee.

Appendix 1: Developing Workforce Safeguards Compliance Assessment

	Developing Workforce Safeguards Recommendation	Organisational Assessment December 2022	Compliance December 2022	Actions agreed Executive Committee 26.01.2023	Impact of action and timescale
1	NQB's 2016 guidance is embedded safe staffing governance	First safe staffing position report to be presented to Board early 2023.	**Partial compliance**	Bi-annual safe staffing report to Board	**Compliant January 2023**
2	Three components are used in safe staffing processes a) Evidence based tools b) Professional judgement c) Outcomes	First organisational safe staffing review taking place which will include • Evidence based tools being implemented • Triangulation with quality outcome data • Professional judgement Implementation of E-Rostering in progress	**Partial compliance.**	1. Completion of e-rostering implementation in all clinical teams 2. Procurement and implementation of electronic job planning for medical staff and ACP's, specialist services.	**Compliant January 2023**
3	Confirm staffing governance processes are safe and sustainable in annual governance statement	Sirona does not currently publish an annual governance statement	**Non-compliant**	Board to publish within Annual Report	**Compliant Q1 2023/2024**
4	Annual governance statements reviewed through regulatory arrangements	Sirona does not currently publish an annual governance statement	**Non-compliant**	Board to publish within Annual Report	**Compliant Q1 2023/2024**
5	Assurance through the Single Oversight Framework, and performance monitored against five themes	As a Community Interest Company assessment and assurance though the SOF has not been required or completed.	**Not Applicable for a CiC**	Sirona will provide assurance through the Single Oversight Framework against the five themes of. 1. Quality of care, access and outcomes 2. Preventing ill health and reducing inequalities 3. Leadership and capability 4. Finance and Use of Resources 5. People	**Compliant Q1 2023/24**

6	The director of nursing and medical director must confirm in a statement to their board that they are satisfied that staffing is safe, effective and sustainable	Partial compliance while this has not undertaken previously the statement regarding nursing staffing will be included in bi-annual safe staffing report to board.	**Partial Compliance**	1. Chief Nursing Officer statement to be included in bi-annual safe staffing report to Board. 2. Chief Medical Officer statement to be reported to Board.	**Complaint January 2023** **Compliant Q1 2023/2024**
7	Must have an effective workforce plan that is updated annually, discussed in a public board meeting and signed off by the chief executive.	Sirona does not have a published workforce plan	**Non-compliant**	Development of a workforce plan. To be completed through strand 4 of the Reset programme.	**Impact date to be confirmed**
8	Must have an agreed local quality dashboard which report to board every month	No current reporting mechanism in place	**Non-compliant**	Development of a monthly reporting process, this is being developed within the Reset programme Strand 3 and it is recommended to include local quality measures such as falls, pressure injury, deferred care to be included alongside workforce data and fill rates for each month.	**Compliant Q1 2023/2024**
9	An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to board by ward or service area twice a year	Process for using evidence based tools where available has been developed for Sirona and first data collection planned for January 2023 with bi-annual review process planned going forward.	**Partial compliance**	Scheduling of bi-annual safe staffing reviews for Nursing & Allied Health Professional recommendation to be undertaken January/February & June/July	**Compliant January 2023**
10	There must be no local manipulation of the identified nursing resource from the evidence-based figures		**Partial compliance**	Implementation of evidence-based tools 1. Community Nursing Safer Staffing Tool (CNSST) license acquired. 2. Safer Nursing Carer Tool (SNCT) license acquired 3. There is no current validated AHP safe staffing tool available, therefore professional judgement, capacity and demand mapping	**Complaint January 2023**

				and job planning are the currently recommended modes available for this staff group. 4. The Royal College of Physicians (RCP) published guidance on safe medical staffing in 2018, it is recommended that this guidance is reviewed alongside the current workforce modelling for Sirona.	
11	Any service changes, including skill mix changes, must have a full quality impact assessment review	QIA in place for service delivery changes,	**Partial compliance**	QIA process implemented within new governance model for People Committee and bi-annual safe staffing process for new roles and skill mix changes.	**Complaint January 2023**
12	Any redesign or introduction of new roles must have a full QIA	QIA in place for service delivery changes, workforce and new roles to be embedded within newly reformed People and Workforce meeting structure.	**Partial compliance**	QIA process to be implemented new governance model for People and Workforce Committee.	**Complaint January 2023**
13	Undertake dynamic staffing risk assessments including formal escalation processes.	Safe Staffing SOP	**Compliant**		**Complaint**
14	Risks associated with staffing if unmitigated must be escalated to the board to maintain safety and care quality.	Risk register maintained and reported to Board through governance structure of Quality & Assurance Committee.	**Partial compliance**	Development of monthly reporting process to strengthen the process and enable triangulation of information.	**Compliant Q1 2023/2024**

Board Report

Paper B

Date	14th February 2023	**Agenda item**	8.2
Title	Bi-Annual Safer Staffing Report		
Author	Su Monk Programme Director Clinical Workforce & Professional Standards/Deputy Director of Nursing & Quality Chief Nursing Officer Safe Staffing Fellow NHS England.		
Presented by	Su Monk	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☐		

Purpose of the report

The purpose of this paper is to provide Board with a position report on Nursing and Allied Health Professional staffing and to provide assurance that the organisation has a bi-annual safe staffing process planned for monitoring and ensuring safer staffing in line with current national recommendations. This is the first safe staffing report that the Board will have received since the commencement of BNSSG adult contract and additions to children's services' contracts in April 2020. The report informs on the Nursing and AHP workforce risks on the Risk Registers which are greater than 12.

The report includes the Nursing and AHP pay costs to date of the financial year 2022/23 to date.

The report highlights current staffing issues and explains actions taken to mitigate these concerns.

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 receipt of a biannual Safer Staffing report is a contractual requirement within the Quality Schedule in contract.
Regulatory requirement Risk to CQC registration if standards are not met
CQC Regulation 9: Person Centred Care
CQC Regulation 12: Safe care and treatment
CQC Regulation 18: Staffing
CQC Regulation 19: Fit and proper persons employed
Non-compliance with National Quality Board and NICE requirements on staffing

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 developed by Mary Lewis, Chief Nursing Officer and Su Monk Programme Director Clinical Workforce & Professional Standards in collaboration with Associate Locality Leaders and key service leads.

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 developed in collaboration with Associate Locality Leaders and key service leads

Summary and Key Issues Highlighted by these teams, including mitigations

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

Key areas to note for the Board include:

- Although funded establishments have been assessed as adequate to meet the demand for services, there have been high levels of vacancies resulting in less-than-optimal staffing levels at all times
- There is a lack of detailed information to suggest any shift of staffing resource at this time although the introduction of new measures, together with a bi-annual review of staffing, may lead to proposals for change in the future
- The organisation does not currently have a process for the collation and monitoring of planned versus actual staffing data or Care Hours per Patient Day (CHPPD) which would provide greater assurance around safe staffing levels in real time. The roll out and implementation of Allocate E-Rostering across clinical services, including the SafeCare Allocate module of our in-patient rehabilitation units, will support the delivery of this.
- Sirona does not have access to Model Health and Community Services data. Participation in data submission and access to benchmarking data will be reviewed for future safe staffing reports.
- At the current time the breakdown of vacancy data within professional groups is unavailable, the people directorate is undertaking a programme of work and it is expected to be able to report on professional groups and level/band of staff groups in future papers.

Actions for 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:

1. Note the contents of this report which outlines the progress to date and further actions planned to ensure staffing levels are safe to meet the needs of our patients, are effectively managed in accordance with the National Quality Board (2016), NHS Improvement (2018) Developing Workforce Safeguards recommendations, NICE guidance and self-assessment of the NHS Improvement recommendations for safe staffing

2. Receive assurance that the Chief Nursing Officer has undertaken a review of safe staffing for areas as detailed within the report with a further review planned to commence in January 2023 with the commencement of bi-annual safe staffing reporting to Board scheduled.

3. Note that no changes to funded establishments will be undertaken until a fuller review of safe staffing levels has been completed.

Contents **Page**

1. Executive Summary 4
2. Purpose 4
3. Background 4
4. National Quality Board Expectations 5
   - 4.1. NQB 1: Right staff
   - 4.2. Model health benchmarking
   - 4.3. NQB 2: Right skills
   - 4.4. NQB 3: Right place, right time
   - 4.5. Managing safe staffing every day
5. Rehabilitation inpatient bedded unit nursing 6
6. Community Adult services 7
7. Community Child services 8
8. Specialist and Support Services (SASS) 9
9. Virtual Ward (NHS@Home) 9
10. Public Health Nursing 9
11. Workforce Risks 9
12. Workforce 10
13. Financial overview pay costs 10
14. Temporary Staffing 11
15. Patient Quality Measures 12
16. Conclusion 15
17. Recommendation 15
18. References 15

1. Executive Summary

The purpose of this paper is to provide the Board with a position report on Nursing and Allied Health Professional (AHP) staffing and to provide assurance that the organisation has a bi-annual safe staffing process planned for monitoring and ensuring safe staffing in line with current national recommendations. The report informs the Board of the Nursing and AHP workforce risks on the Risk Registers which are greater than 12, Nursing and AHP pay costs to date of the financial year 2022/23 to date and temporary workforce usage

Overall funded establishments were broadly adequate to meet current demand with recommendations for a further review to be undertaken between January & March 2023 using evidence-based tool where available. Sirona had a vacancy factor of 21.7% at the end of October 2022 and turnover is currently at 19.18% across all professional groups. Sirona has an active retention programme which is led by the Organisational Development Team within the People Team and has developed an international recruitment programme for Registered Nurses & Allied Health Professionals (AHP's).

Going forward, Sirona will follow guidance for data collection in January and June with upward reporting to Board. The data collection cycle is planned to commence in January 2023 for Community Nursing Safer Staffing Tool (CNSST) and Safer Nursing Care Tool (SNCT) in Quarter 1 2023. The Board should be aware that much of the national and evidence-based work on safer staffing has been applied solely to nurse staffing; within this paper we are including AHP staffing where at all possible and make a commitment to include all our multi-disciplinary clinical team in ongoing development of our safer staffing programme.

2. Purpose

The purpose of this paper is to provide the Board with a 6 monthly report on Nursing and Allied Health Professional staffing and to provide assurance that Sirona has a clear validated process in place for monitoring and ensuring safe staffing in line with current national recommendations. This is the first safe staffing report that the Board will have received since the commencement of BNSSG adult contract extension of children's services in April 2020.

3. Background

Following the Francis report, the National Quality Board (NQB) published guidance that set out the expectations for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for patients. The Lord Carter Review (2016) highlighted the importance of ensuring that workforce and financial plans are consistent in order to optimise delivery of clinical quality and use of resources.

The National Quality Board (NQB) publication *Supporting NHS Providers to Deliver the Right staff, with the Right skills, in the Right place at the Right time: Safe, Sustainable and Productive Staffing (2016)* outlines the expectations and framework within which decisions on safe staffing should be made to support the delivery of safe, effective, caring, responsive and well-led care on a sustainable basis

However, no national workforce tool can incorporate all factors and therefore triangulation is essential to arrive at optimal staffing levels. The role of professional judgement and local intelligence should not be underestimated and should be applied to increase confidence in recommended staffing levels and provide assurance. The use of workforce tools whilst recommending staffing establishment figure does not replace

professional judgment and it is recommended that no single data collection period should form the basis of altering establishments, due to the seasonal variances that can be seen in care settings.

Within inpatient services there are also a minimum number of nurses required to deliver safe care regardless of ward size, 11.5 whole time equivalent (wte) Registered Nurses (RN's) are required to provide 2 nurses 24/7 (Shelford Group, 2013).

Sirona is in the process of implementing E-Rostering in all clinical services and is reviewing the implementation of the Allocate SafeCare module to capture live acuity and dependency data to support daily deployment of nursing resource within the Inpatient rehabilitation units. SafeCare applies the Acuity and Dependency Measurement Tool and calculates the staffing requirement for each shift based on this information.

4. NQB Expectations: A Triangulated Approach to Staffing Decisions

The NQB three expectations (right staff, right skills, right place and time) support an approach to determining safe staffing levels based on patients' needs, acuity and risks, monitored from 'ward to board'. This triangulation approach to staffing decisions, rather than making judgments based solely on numbers or ratios of staff to patients, is supported by the Care Quality Commission (CQC).

4.1 NQB Expectation One: right staff (Workforce Plans)

The methodology used for these reviews includes patient acuity and dependency tools where they are available, professional judgment, quality metrics and the national resource tools available and evidence-based guidance from Royal Colleges including the Royal College of Nursing.

4.2 Model Health Benchmarking

The Model Health System is a data-driven improvement tool that enables NHS health providers and systems to benchmark quality and productivity through the identification of opportunities for improvement. The Model Health System incorporates the Model Community, which provides provider-level benchmarking to enable organisations to compare against peers to understand what good looks like and identify areas for improvement. Sirona as a Community Interest Company does not have access to Model Community services data.

Sirona will explore participation in data submission and access to benchmarking data be reviewed for future safer staffing reports.

4.3 NQB Expectation Two: right skills

Sirona is committed to ensuring that clinical staff have the appropriate training and the right competencies to support the patient care within services.

Sirona has demonstrated a commitment to investing in new roles and skill mix reviews which enables registered nurses to spend more time to focus on clinical duties and decisions about planning and implementing nursing care.

The *Shape of Caring* report (2015) recommended changes to education, training and career structures for registered nurses and care staff. In light of this Sirona has continued with the development of its workforce in support of this report. The following are examples of the roles that directly link to this report within Sirona currently.

- Assistant Practitioner
- Nurse Associates
- Rehabilitation Support Workers
- Lifetime support workers (children's community service)

- Advanced Care Practitioners (ACP)

The NHS Improvement Resource recommends taking account of the wider multidisciplinary team who may or may not be part of the core team establishments including allied health professionals, advanced clinical practitioners, administrative staff and volunteers. It is recognised that the range of specialist, enhanced and advanced practitioners at Sirona provide expert advice, intervention and support to clinical teams, along with the 'link' model which is in place for certain specialties for example Tissue viability, Infection Control.

There is a work programme being developed, led by the Head of Learning and Development and the Associate Director for Clinical Workforce Development, to continue to develop training and career opportunities within Sirona. This work will be embedded within the People Strategy.

4.4 NQB Expectation Three: right place and time

The organisation does not currently have a process for the collation and monitoring of planned versus actual staffing data or Care Hours per Patient Day (CHPPD). This has been identified as requiring immediate attention and a process for monthly reporting of safe staffing in the current Sirona operating structure is being explored by the Programme Director for Clinical Workforce and Professional Standards, a further recommendation will follow.

4.5 Managing safe staffing every day

The process for managing safe nurse and allied health professional staffing on a daily basis has been implemented in the organisation and is set out in a Safe Staffing Standard Operating Procedure (SOP) to ensure consistency in the process of managing safe staffing and a clear process for the escalation of shifts. This has brought together the previously separate SOPs for bank staff booking and agency staff booking to confirm an organisation wide approach to the management of temporary workforce booking. This SOP articulates the triangulated approach to safe staffing that NQB require and ensures robust decision-making for all staff around the safe care of our patients.

5. Rehabilitation Inpatient bedded nursing

Sirona currently operates four inpatient rehabilitation units in South Bristol Hospital (x2 wards), Clevedon Community Hospital, Henderson unit & Skylark unit with 118 funded inpatient beds provided across the five wards.

To date the establishment setting within the rehabilitation units has been undertaken utilising professional judgment. A review of the nursing establishments was undertaken in September 2022, this review was not completed utilising an evidence-based tool and is based on nurse-to-patient ratios as at this time the organisation did not have an approved license.

NICE: Safe Staffing for nursing in adult inpatient wards in acute hospitals (2014) recommends that the Registered Nurse (RN) to patient ratio should not be greater than 8 patients per RN during the day shift. There are currently no recommendations that relate directly to community hospital care settings where rehabilitation takes place after discharge from acute care setting. The Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 requires that there be sufficient numbers of suitably qualified, competent, skilled and experienced persons, to meet this this regulation, providers must provide sufficient numbers of appropriately qualified, competent staff to meet the needs of the client group. The CQC Registered Manager is expected to calculate the staff required based on the care needs of each resident. In completing the safer staffing review, it is acknowledged that the RN to patient ratio required for the rehabilitation units is lower than in an acute hospital acute care setting due the client group not meeting the criteria to reside within an acute care setting as identified with in the Department of Health Hospital discharge and community support guidance (2022) and are suitable for ongoing care within their own home under the discharge to assess, home first model.

The Safer Nursing Care Tool (Shelford Group, 2013) is the most commonly used method (previously known as the AUKUH Acuity and Dependency Measurement Tool). SNCT is one of a few validated tools available to review and set nursing establishments as recommended by the Developing Workforce Safeguards (2018).

The Safer Nursing Care Tool (SNCT):

- Is an evidence-based tool which allows nurses to assess patient acuity and dependency. The data is collected and matched with pre-set staffing multipliers to ensure that nursing establishments reflect patient needs in acuity / dependency terms. The recommended number of staff following analysis is in whole time equivalent only (i.e. registered and unregistered staff and includes 21% uplift (holiday, sickness, study leave etc.). There is no reference to skill mix, allocation for a supervisory ward co-coordinator (if appropriate) or supervisory ward leader.
- Recommended staffing levels are based on an analysis of the actual patient acuity and dependency on the ward at the time of data collection
- The tool is appropriate for use in any acute hospital and is also used in community hospital settings with professional judgment applied as there is currently no dedicated tool developed to cover these settings.

The Chief Nursing Officer has successfully applied for a license to utilise the tool within the inpatient rehabilitation units to support establishment setting and safe staffing, this will be implemented during quarter 1 2023 with the support of the Programme Director for Clinical Workforce Development and Professional Standards who is a national Chief Nursing Officer Safer Staffing fellow.

The current nurse to patient ratios within the units are as below.

Location	Beds	Registered Nurse: Patient Ratio Day	Unregistered HCSW: Patient Ratio Day	Registered Nurse: Patient Ratio Night	Unregistered HCSW: Patient Ratio Night
Clevedon Elton Ward	8	1:4	1:4	1:8	1:4
Henderson Thornbury	20	1:10	1:6	1:15	1:10
South Bristol 100	30	1:8	1:5	1:15	1:8
South Bristol 200	30	1:8	1:5	1:15	1:8
Skylark	30	1:10	1:6	1:15	1:10

During the day all wards are funded to support 1RN to 8-10 patients, with the exception of Elton due to the smaller number of patients at 1:4.

At night, all wards are funded to support 1RN to 15 patients with the exception of Elton ward which, due to its limited bed capacity has higher registered nurse (RN) to patient to ratio as a minimum number of nurses required to deliver safe care regardless of ward size, as 2 RNs are required 24/7 to provide safe care (Shelford 2013).

All wards have increased healthcare assistant support both during the day and at night to ensure the delivery of safe care, particularly as patients are within the rehabilitation stage of the care journey having been discharged from an acute hospital and not meeting the criteria to reside within an acute care setting as identified with in the Department of Health Hospital discharge and community support guidance (2022).

For future establishment setting and safe staffing reviews SNCT data may indicate that smaller wards are over established however the reality is reductions in staffing levels would be inappropriate, therefore caution is advised when interpreting results from smaller areas such as Elton ward.

Each unit has different requirements that need to be considered when setting establishments

- Isolated service or collocated services
- Fire evacuation processes and site management
- Enhanced Care Observations – service users who require line of sight observations due to falls, cognition and behavioural risks

The finding of the review completed in September 2022 has suggested establishment were broadly adequate to meet current demand with recommendations for an establishment increase of 1 wte per unit. The Chief Nurse review recommends that the establishments as currently set are able to deliver the care requirements of the patient group and that the organisation undertake a full establishment review of the inpatient rehabilitation units using SNCT prior to any request for investment being approved. In the interim the areas will manage safe staffing on a daily basis assessing the acuity and dependency of patient as described in the Sirona Safe Staffing SOP.

6. Community Nursing Adult

The Community Nursing Safer Staffing Tool (CNSST) was developed by NHS England clinical workforce specialists in collaboration with community nursing experts and practitioners with NHS England. The tool was developed with engagement from over 6,500 staff working in 642 best practice community teams in 58 provider organisations and was released for use in organisations providing NHS funded services in September in 2022. The Chief Nursing Officer successfully obtained a licence for use of this tool. Currently planning for implementing the CNSST tool with the pilot site to gone live in January 2023 is underway. This work is reporting through strand 4 of the reset programme.

Within Sirona this service is delivered as part of the Integrated Network Teams (INTs). Establishments for the Integrated Network Team which provide community nursing support have been planned using a resourcing tool adjusted to take into account of assumed demographic growth and impact on demand. Staffing requirements have been determined through predicted activity based on:

- Experience
- Benchmarking best practice
- Multi-professional workforce including both registered and unregistered and support workers
    - Demand modelled on the % of the population >75 years. Factoring higher levels of deprivation within the BNSSG footprint.

A review of the INT clinical delivery workforce was undertaken in April 2022 by the Locality Associate Directors and found that establishment were broadly adequate to meet current demand with recommendations for a further review of senior leadership roles.

This will be reviewed in June 2023 once CNSST data collection and establishment review has been completed as part of the bi-annual safe staffing review process.

7. Community Children's Nursing

Lifetime is a community service founded in 1993 when a need was identified that children who had non-malignant, life-threatening, and life-limiting conditions to allow children to live well for longer and thrive.

Services are provided by Sirona working closely with system partners, Avon and Wiltshire Mental Health Partnership NHS Trust, University Hospital Bristol NHS Foundation Trust, Barnardo's and Off the Record.

The service provides a community children's nursing and clinical psychology to children and families within BNSSG and is delivered through a variety of teams who reach into the child and young person's home, school or residential setting.

The Core Nursing Team

The Core Community Children's Nurses (CCN's) manage the clinical care of all the Lifetime caseload. Due to the complex needs of the Lifetime caseload, regular interventions are required to prevent inappropriate visits to the Emergency Department and unnecessary hospital admissions. Core CCN's are often the keyworkers or lead professionals that work closely with a child or young person, their family, and wider multiagency team.

The Continuing Care Team

The Continuing Care Team (CCT) is commissioned by the Bristol, North Somerset, and South Gloucestershire (BNSSG) to provide predominantly overnight care to children in their own homes. The constitutes Community Children's Nurses and Lifetime Support workers.

Lifetime Support Workers

Children that rely on technology to sustain their health must be monitored 24 hours a day. Lifetime Support Workers (LSW) provide holistic, person-centred care and support for children overnight within their home to allow parents/carers to sleep. Lifetime CCT also provide day care packages to a small number of children. The support workers that work during the day will often act as an escort in the transportation to and from school and manage all the child's healthcare requirements within the school setting.

The Lifetime service is managed under the Children's service governance structure and is utilising e-roster for roster management and staff deployment. The Management team have recently undertaken a review of activity against the contracted services, and this will be presented separately through the Operational management structure. The recent review identified that with the continued to advancement in technology and medicine children are living well for longer and while Lifetime's caseload figures have reduced the complexity of the children Lifetime care for across BNSSG has increased. The recent review findings recommended an increase in 1.9wte nurses which will be progressed via a separate business case and commissioning actions by the Children's leadership team. The daily management of safe staffing is being managed through use of temporary staffing where required.

8. Specialist and Support Services (SASS)

Specialist and support services provide expert care, guidance and advice for patients and professionals within BNSSG to support the management of complex and long-term health conditions for diabetes, end of life, wound care, learning disability services, long covid and musculoskeletal services, bladder & bowel care.

The clinical staffing establishment for specialist adult services are set through capacity and demand modelling and managed through the job planning processes. Daily safe staffing is overseen by the Associate Director and clinical leads for the service and safe staffing maintained through use of temporary staffing where required.

9. Virtual Wards (NHS@Home)

During 2020 in response to the pandemic Sirona, University Hospitals Bristol and Weston (UHBW), North Bristol Trust (NBT) developed a virtual ward providing an alternative to hospital admission: supporting people where they live, using remote technology and apps alongside high-quality, in-person clinical care. The NHS@Home service brings together providers from BNSSG partners in reach to deliver care in the comfort of people's own homes. The pathways offered by the virtual ward have expanded since 2020 where the initial services provided were Covid-19 Virtual Ward, and Outpatient Parenteral Intravenous Antimicrobial Therapy (OPAT) pathway. Pathways were expanded to include acute respiratory infection (ARI), exacerbations of chronic lung disease such as chronic obstructive pulmonary disease (COPD) and heart failure, with a frailty pathway being piloted at the current time.

Virtual wards deliver Level 4 care under the NHS@Home operating model (NHS England 2022), the staffing model for the virtual ward provides face to face care, virtual care and navigators to triage and direct care needs to the most appropriate clinical care. The staffing model has been developed using professional judgment and there is not current evidence-based tool to support establishment setting for virtual wards. The provision of safe staffing is monitored and managed daily though an activity and demand tool which calculates the number of visits available per day and is overseen by the Associate Director and Clinical lead for the service, the staffing model is currently based on each practitioner managing a caseload of 8 patients. A review of activity and future capacity planning with associated business case for the expansion of the service is being developed though the NHS@Home collaboration.

10. Public Health Nursing

As part of the North Somerset tender for Public Health Nursing a resource tool was developed and used to calculate the required safe staffing levels that would be needed to deliver the contracted service requirements. This tool is now being further developed and tested by the Children's transformation accountant and service leads, a review of safe staffing across BNSSG public health nursing is planned for early 2023.

11. Workforce Risk

As of the 15th December 2022 there are 14 workforce risks on the risk register relating to clinical workforce, 8 of which are scoring 12 or above see table 1. The workforce risk register is reviewed monthly to Quality and Outcomes Committee (in future will be the People Committee) and upward reporting to Board.

Number	Risk Level	Risk Type	Title	Directorate	Initial Risk Rate Score (before controls)	Current Risk Rate Score
580	02 Corporate	Workforce	ALDH Service - team of concern	Community Learning Disability	20	20
568	02 Corporate	Workforce	Unable to safely deliver Virtual Ward service	Virtual Ward	16	16
450	02 Corporate	Workforce	Staff Turnover	Sirona-Wide	12	16
459	02 Corporate	Workforce	Recruitment challenges due to national shortage of health professionals	Sirona-Wide	16	16
551	02 Corporate	Workforce	Excessive use of off-framework agencies		16	16
326	02 Corporate	Workforce	SBRU - Staffing	Bristol S Rehab Unit	15	12
559	02 Corporate	Workforce	Governance and assurances-reliance upon agency workforce.	Bristol NW	16	12
579	02 Corporate	Workforce	There is a potential lack of staff (registered and unregistered) to work in Elton Rehab Unit especially overnight.	N.Somerset Rehab Unit	16	12

Table 1 clinical workforce risk scored 12 or above

12. Workforce

The current vacancy rates are shown below in Table 2, particular challenges are being seen within Adult and Specialist services with vacancy factor of 21.7% at the end of October 2022 and turnover is currently at 19.18% across all professional groups. At the current time the breakdown within professional groups is unavailable, a programme of work is currently taking place and it is expected to be able to report on professional groups and level/band of staff groups in future papers. The organisation has an active retention programme which is led by the Organisational Development Team within the People Team.

Vacancy data October 2022	Vacancy WTE	Vacancy %
Adult & Specialist	**466.53**	**21.7%**
Children	**72.17**	**9.5%**

Table 2 vacancy against funded establishment

During 2022 the organisation commenced an international recruitment programme for Registered Nurses & Allied Health Professionals (AHP) with an ambition to recruit 30 Registered Nurses and 23 AHP's by the end of March 2023. To date there are 12 nurses who have arrived in UK with 5 having completed their OSCE programme and assessment of competence to register with the NMC.

Within the Sirona Reset programme the organisation is developing a workforce plan and a further business case for international recruitment demand over the next 3-5 years is being developed and is expected to be completed by the end of Quarter 4 2022/2023.

13. Financial

The current pay costs for clinical services can be seen in Table 2 with finance against the funded budget 2022/2023 financial year. Currently the pay costs are underspent by £2,400,000 which is driven by the current vacancy rates within the organisation and includes temporary workforce costs which currently are seen below. While the budgets remain underspent the impact of the cost of agency to fill the vacancies remains a significant concern however it is noted that the worked wte continues to run below the funded wte establishments.

	YTD to Nov 22								
	Budget	Actual	Variance	% Variance - Pay Actual to Budget	Bank & Agency Included	% Pay used for Bank / Agency	Vacancy WTE	Vacancy %	Estimated bank & agency wte
Adult & Specialist									
ICE	3,656,360	3,675,434	(19,074)	(0.5%)	439,797	12.0%	6.17	5.1%	10.56
Management	548,421	171,625	376,796	68.7%	(7,509)	(4.4%)	97.97	94.3%	0.00
North & West	3,171,356	3,563,706	(392,350)	(12.4%)	1,245,108	34.9%	35.98	31.1%	26.19
South Bristol	10,956,333	11,517,558	(561,225)	(5.1%)	2,678,923	23.3%	91.36	22.3%	61.03
South Glos	10,052,911	11,065,368	(1,012,457)	(10.1%)	2,365,541	21.4%	50.67	14.2%	62.03
Specialist Services	19,014,376	16,594,540	2,419,836	12.7%	823,415	5.0%	133.79	19.4%	21.26
Weston & Worle	3,874,568	3,489,490	385,078	9.9%	770,675	22.1%	49.50	35.3%	18.25
Woodspring	7,049,631	7,503,914	(454,283)	(6.4%)	1,103,711	14.7%	39.85	15.8%	28.07
	58,323,956	57,581,635	742,321	1.3%	9,419,661	16.4%	505.29	23.1%	227.39
Children									
Children's Corporate Services	755,160	785,526	(30,366)	(4.0%)	20,322	2.6%	2.08	9.3%	0.75
Children's Paediatrics	3,158,481	2,600,540	557,941	17.7%	89,791	3.5%	10.42	13.8%	0.88
Children's Public Health Nursing	8,115,170	7,547,995	567,175	7.0%	162,788	2.2%	32.16	10.6%	4.99
Children's Public Health Nursing - NS	5,295,443	4,946,513	348,930	6.6%	19,900	0.4%	10.65	14.5%	0.90
Children's Specialist Services	1,936,411	1,746,028	190,383	9.8%	28,560	1.6%	2.57	5.6%	6.48
Children's Therapies, Autism & SEND	1,438,423	1,369,758	68,665	4.8%	220,309	16.1%	3.74	2.1%	0.73
Lifetime	1,338,378	1,319,356	19,022	1.4%	93,086	7.1%	7.56	13.3%	2.91
Integrated Imms Team	74,951	67,372	7,579	10.1%	0		1.98	79.8%	0.00
	22,112,417	20,383,088	1,729,329	7.8%	634,756	3.1%	71.16	9.3%	17.63

Table 3 Pay Cost Year to Date: April – Nov 2022

14. Temporary staffing

The overall organisational position shows the impact of the vacancies on temporary staffing use. The recruitment of both registered and non-registered clinical staff to the temporary staffing bank continues to be a priority however the bank remains unable at present to meet the demands due to the number of vacancies across the organisation as can be seen in Table 4 with the number of shift requests for temporary workforce increasing from 3419 per month in April 2022 to 5173 in November 2022.

		Apr-22	Apr-22	May-22	May-22	Jun-22	Jun-22	Jul-22	Jul-22	Aug-22	Aug-22	Sep-22	Sep-22	Oct-22	Oct-22	Nov-22	Nov-22	Total
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	
Temporaray stafing demand	no shifts	3419		3346		3476		4038		4138		4309		4737		5173		32636
Sirona Bank Fill	no shifts	2801	82%	2695	81%	2706	78%	2961	73%	2973	72%	3013	70%	3262	69%	3566	69%	23977
Framework Agewncy	no shifts	229	7%	290	9%	303	9%	363	9%	373	9%	550	13%	684	14%	794	15%	3586
Non- Framework Agency	no shifts	387	11%	376	11%	561	16%	835	21%	971	23%	978	23%	1003	21%	911	18%	6022
Total Fill		3417	100%	6707	100%	7046	103%	8197	103%	8455	104%	8850	105%	9686	104%	10444	102%	33585

Table 4

Distribution of temporary staffing providers can be seen in **Table 5**, between April and November 2022. 73% of temporary workforce requests filled were filled by Sirona bank staff, 11% through the neutral vendor contract with framework agency (tier 1 and 3) and 18% were filled through off-framework (tier 4) agencies. Sirona is working towards a reduction in the use of agency nursing staff in line with the NHS Improvement agency rules. The organisation has recently reviewed the agency control booking and has changed the approval process for the booking of Tier 4 (off framework) agency nurse is via the Associate Director of and on call Manager out of hours. The development of a Safe Staffing SOP provides an oversight framework and escalation process for temporary staffing management. **Table 5** shows that during this period fill rates exceeded requested shifts on several occasion with up to 105% fill against the bank shift request during September. This is due to the practice of directly booking agency staff in areas of the organisation; standardisation of booking processes is being managed as part of the organisation roll out of electronic rostering and the revised agency controls booking noted above.

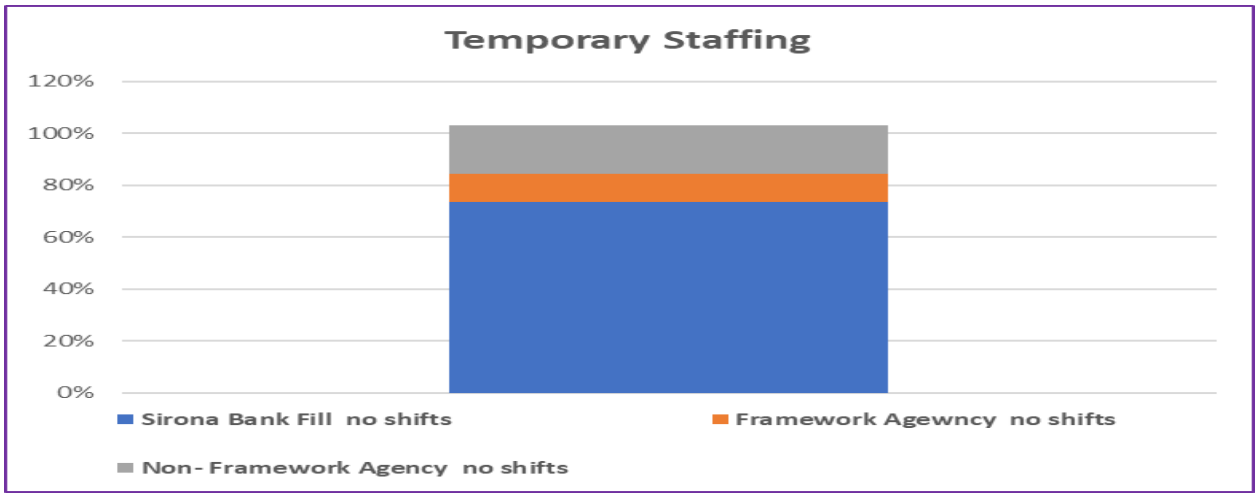


Table 5: Temporary staffing

15. Patient quality measures

Current analysis of patient feedback is undertaken through reviews of complaints, concerns, letters of appreciation and friends and family feedback. In completing the 2023 safe staffing reviews the organisation will include clinical sensitive indicators appropriate to each care setting of which will include

- Medication errors

- Complaints/Concerns
- Number of serious incidents
- Deferred visits/care
- Pressure injuries acquired
- Falls

An integrated governance reporting process is being developed and this information will provide both performance and quality and safety data to allow managers to triangulate information and support managers to provide assurance of safe staffing. At the current time the reporting functionality within Ulysses is mapped to geographical localities and does not contain all of the clinical indicators, while the integrated governance reporting project is in development to support the safe staffing review data relating to clinical incidents and patient experience has been reviewed for the purposes of this report and is detailed below.

15.1 Clinical Incidents

Medication incidents, pressure injuries acquired under care of Sirona and pressure injuries present on referral to Sirona remaining the top clinical incident categories reported, with no significant variation seen between 2021 and 2022. The category pressure injuries present on referral are not attributable to the organisation and are shown to reflect the prevalence of pressure injury within the population group. Quality indicators will be monitored and reported going forward within the integrated governance reporting process being developed to provide both performance and quality and safety data to allow managers to triangulate information and support managers to provide assurance of safe staffing

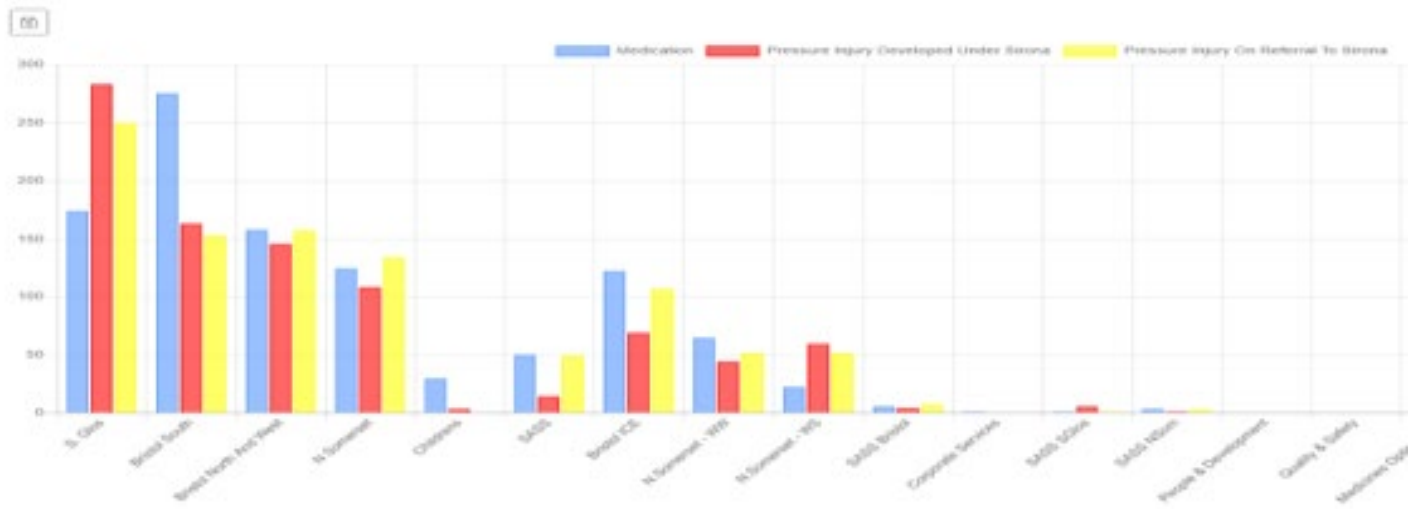


Table 6: Localities - Top 3 Incident Categories 01/04/2021 - 31/03/2022

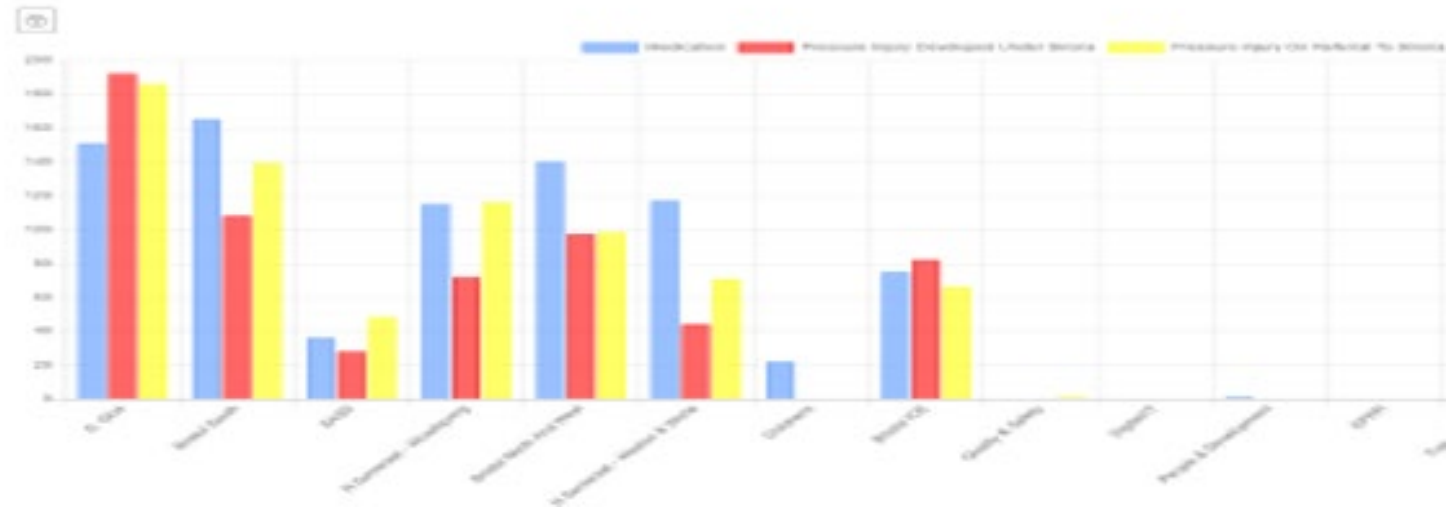


Table 7: Localities - Top 3 Incident Categories 01/04/2022 – to date

5.2 Patient Experience

Overall compliments exceed concerns/complaints received over the last 12 months with the exception of Children's services as can be seen in which relate to referral to treatment waiting times.

Key

	Complaint
	Compliment
	Concern

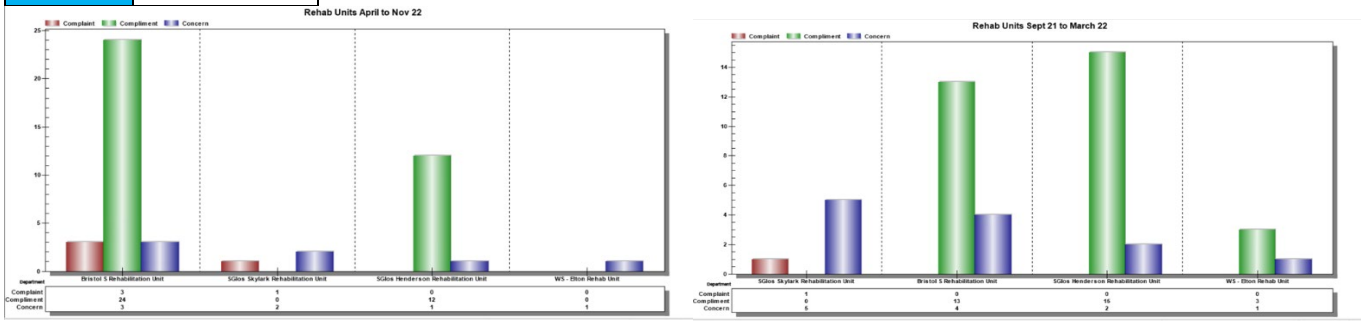


Table 8 Inpatient Rehabilitation Units

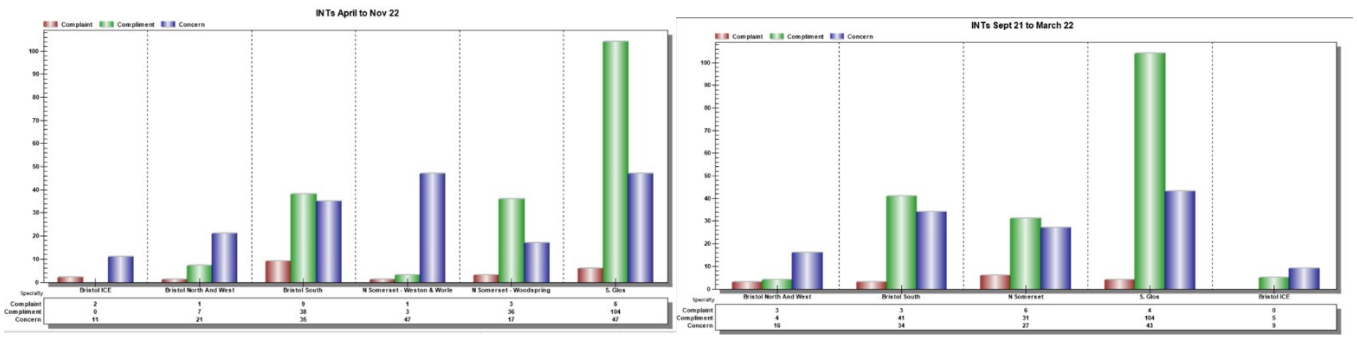
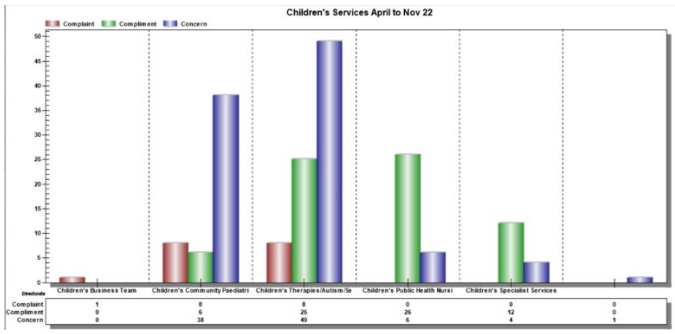


Table 9 Community Nursing Adult



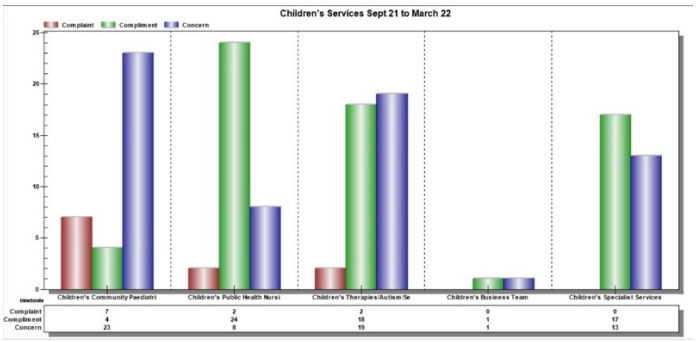
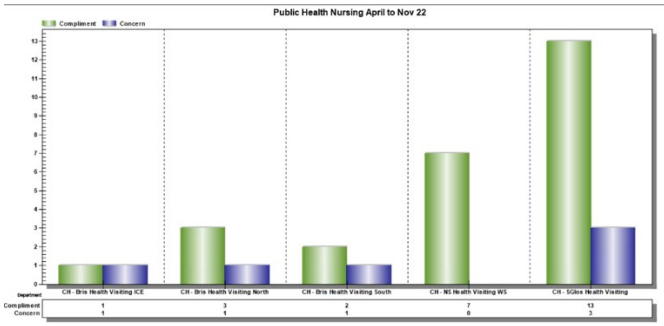


Table 10 Community Nursing Child



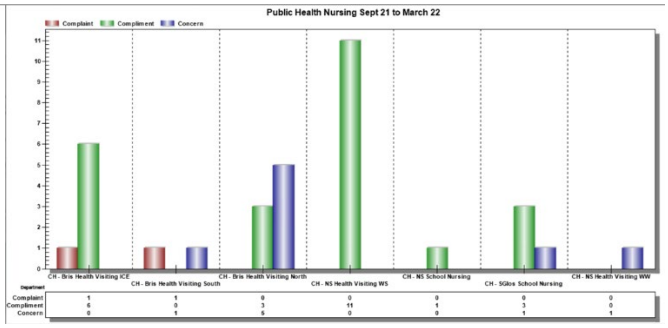


Table 11 Public Health Nursing

16. Conclusion

This paper has provided an overview of reviewed the approach the organisation takes to manage safe staffing for nurses and AHP's within the services provided within the areas detailed within this report, providing a current and baseline position. The current actions to support recruitment and retention and how staffing is managed daily to support safe and quality patient care is also included. Safer staffing will continue to be reviewed daily by the Associate Directors and managed through the Operational Flow meeting structure. The data collection cycle is planned to commence in January 2023 for CNSST and during quarter 1 2023 for SNCT once training and implementation planning have been completed. The organisation going forward will follow guidance for data collection in January and June with upward reports being overseen by People Committee and upward reporting to Board for assurance.

References

Department of Health & Social Care (2008) *The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.*

Department of Health & Social Care (2022) *Hospital discharge and community support guidance.*

Lord Carter of Coles (2015) *Shape of Caring report*

National Quality Board (NQB) (2016) *Supporting NHS Providers to Deliver the Right staff, with the Right skills, in the Right place at the Right time: Safe, Sustainable and Productive Staffing*

NHS England (2022) *NHS Community Nursing Safer Staffing Tool (CNSST)*

NHS England (2022) *2022/23 priorities and operational planning guidance*

NHS Improvement (2018) *Developing Workforce Safeguards*

Shelford Group (2013) *The Safer Nursing Care Tool*

Board Report

Date	14 February 2023	**Agenda item**	09
Title	Kirkup/Ockendon Board Seminar report of findings		
Author	Jo Hudson Head of Assurance and Compliance. Completed on behalf of the Quality & Safety Team		
Presented by	Mary Lewis Chief Nursing Officer	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

To provide a summary of the outputs of the Board Seminar which took place on 13 December 2022, and set out any recommendations and next steps

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 provides a summary of how the findings of the Ockendon and the Kirkup reports, which were two reports about failings in maternity services which led to the death of both babies and mothers, were discussed as part of a facilitated session with Board members and senior members of the Quality and Safety team. The Seminar provided the Board with an opportunity to reflect on the reports and how the findings might resonate with Sirona.

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 content of the report is based on the outputs of the Seminar, providing a summary of the discussions and identifying key actions to be taken forward as agreed by 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 report has been reviewed by the Chief Nursing Officer.

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. Introduction

Several national reports have identified key failings in terms of the quality of services and associated assurance systems, both internal and external. While the reports related primarily to the provision of obstetric services, their findings resonated with wider themes for those providing health services. It was considered pertinent to review these findings in relation to systems and processes currently used by Sirona to allow us to test resilience, appropriateness and robustness of the assurance offered to ensure that the failings reported could not occur in Sirona.

2. Terms of Reference

- To review identified national reports – Ockenden and Kirkup – and establish any thematic learning applicable to Sirona current quality assurance systems and process
- To use themes extracted from the reports as a framework to review Sirona quality assurance systems and processes
- To appraise the Sirona Board of key findings of Reports and facilitate discussion and extract immediate response via seminar
- To collate responses from Board members against report themes, develop summary report and to recommend next steps.

The seminar session held on 13 December 2022 provided an opportunity for the Board to consider two independently commissioned reviews into maternity and neonatal services that were released last year **Ockenden Report** (March 2022) and **Kirkup Report** (October 2022). Whilst Sirona does not provide maternity services, it was felt important to consider learning from both reports plus previous reports/inquiries. The session gave an opportunity to begin to consider how these themes relate to Sirona.

Prior to the seminar the Board were issued with preparation material to read in relation to the Ockendon (March 2022) and Kirkup reports (October 2022).

The seminar opened with an interview with the lead of the Kirkup report.

Kirkup Report: Treatment of women and babies at East Kent Trust was 'deplorable and harrowing' | ITV News Meridian

Throughout the seminar the facilitators referred to a running theme of “Tuning In” as a lever for understanding the need to be listening, hearing, and scrutinising, information from systems and process across the business, including staff and people we see, relating to the following themes:

- Safety
- Communication
- Clinical Competence and Team Working
- Leadership

Board members worked in groups and a member of the Senior Quality and Safety team facilitated each session. The facilitators then canvassed and captured direct thoughts and ideas related to these themes. The groups considered what was working well and not so well and this demonstrated that there were areas of good practice but also some gaps which needed addressing.

3. Key Headlines

These were identified from the recurring themes captured within the group discussions:

Culture – It was recognised that Sirona is in a period of change with the Reset programme workstreams and that it is important to ensure that key activity continues to be a priority e.g., audit is the check and test of learning / service improvement and it was a "nice to do".

Information overload – It was recognised that there are lots of channels of information sharing and at times this can make it difficult to know which channels are the most important and where they originate. There were many examples of good practice shared in reports e.g., the Quality Account, Quality and reports to the Quality and Outcomes Committee. However, it was recognised that it is difficult to determine for what purpose information was shared and recognised at times this was quantitative rather than qualitative information. It was noted that it is important to be clear about what information the Board need to receive and how do we demonstrate the triangulation of data.

Accountability - The workshop confirmed that a business strategy and plan which is firmly linked to all aspects and requires a robust performance and accountability framework for monitoring is necessary. This work is already underway and links to the current reset programme strands of work.

Communication Strategy – It was recognised that within the organisation that there is a heavy reliance upon Workplace for all communication but with the volume of messages and communication in this forum this could be likened to a detuned radio – and it was not always clear what messages are being shared / heard. Questions were posed by the group; how is Sirona reaching those unheard?
Good communication methods already in place were identified with Team Brief and virtual linking, via Ask Anything, and staff engagement events and it was recognised how important it was to ensure all staff hear what they need to and sense check messages have got through.

Voice of people – Recognition that while some work was underway in relation to the voice of people who we serve, particularly through the People's Council, further work on a strategy for this was needed and the voice needs to be threaded throughout all of our business. Patient/service user stories currently come to each Board and it was recognised numbers are small compared to the population served. Reviews of processes and engagement are underway, in both customer care and live feedback is being sought by services but needs to be more frequent and consistent as well as community engagement review. Outputs will be brought to the Board in an Experience and Engagement strategy for approval in due course.

Clinical competence and Team working – The importance of having a highly skilled and recognised staff. It was noted that there is a review of how we develop staff and competency frameworks to support the delivery of safe effective care. There was feedback that the Board to floor visits demonstrated lots of highly motivated teams in Sirona.

Leadership – There was a commitment across all levels of leadership and a genuine interest and discussion at Board. It was noted that risk management was taken seriously, and that there is investment in leadership development within the organisation alongside a Board Development programme.

Safety – It was recognised that there was a good reporting culture but that the organisation could improve this with an increase in learning events and significant event analysis.
There was a recognition of the need to carry out more thematic reviews and triangulate with service user and staff feedback. The Quality and Safety team were seen as a strength. There is a balance to be held in supporting a Just and Learning culture where there is clarity of accountability and responsibility.

4. Feedback and Recommendations

The Board recognised the importance of the value of protected time to undertake this review and the necessity of looking from different perspectives collectively. It was clear that there are areas that can be improved and areas of strength in existence with current processes and systems.

The following recommendations have been developed and will be put into an action plan to provide assurance to the Board that the areas identified are addressed and this will be tracked via the Executive Committee and reported to Board in future.

- Repeat of the seminar session with Board members during late 2023 to review progress from the 2022 seminar and action plan.
- Use the information gained in the session to support a Well Led self-assessment process with Board late 2023.
- Repeat the seminar session with the wider senior leadership team (planned on 16 February 2023) to cascade the reflection, learning and review process and distil out further actions to ensure our processes and assurance systems are robust.
- Take the recommendations from the seminar to the reset programme for
    - |Strand 1 Operating Model – to address reporting lines and accountability in the integrated governance and performance framework.
    - Strand 2 Community Reset Model of Care – to address leadership and professionalism and accountability.
    - Strand 4 Workforce – address workforce indicators and give greater visibility to Board and safer staffing work.
    - Service user Experience and Engagement Strategy to describe how Sirona will improve how the service user voice is gathered, heard, and acted upon along with further development of Peoples Council.
- A review of the Communications Strategy to ensure the streamlining of important information so it is clear to staff.
- Staff engagement work to continue following the staff survey results and supporting teams and further developing Sirona culture.

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

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

The Board is asked to note the report and recommendations and receive future updates as to progress being made.

Board Report

Date	14 February 2023	**Agenda item**	10
Title	Freedom to Speak Up		
Author	Wendy Best - Head of Communications, Media and Public Relations & Freedom To Speak Up Guardian and Karen Gleave – Head of Learning and Development & Freedom to Speak Up Guardian		
Presented by	Wendy Best and Karen Gleave	**Version**	1.0
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

This report to the Board highlights the progress of Freedom to Speak Up within Sirona and enables the Board to maintain a good oversight of Freedom to Speak Up matters and issues.

It summarises the types of issues being raised with our two Sirona Guardians. It should be noted that due to the highly confidential and sensitive nature of the Freedom to Speak Up service, we will not provide specific information that may directly or indirectly identify individuals or services.

Why is this report coming to the Board

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

Regulatory

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 Guardians, Wendy Best and Karen Gleave, with oversight and input from the Interim Chief People Officer, Sheridan Flavin.

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

Interim Chief Executive Julie Sharma

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

Introduction

Speaking up protects people and is effective when leaders listen, respond and set the tone for the organisation regarding behaviour and standards and our organisational approach is to be open and transparent in all we do, encouraging people to feel able to speak up. However, Freedom to Speak Up is there to support those who feel unable to do so and is about more than the ability to raise concerns about person safety. It is about being able to speak up about anything which gets in the way of doing a great job.

Update since the last report

It should be noted that since the last report to the Board, there have been changes to the responsible personnel, including new post holders for Chief Executive, Non-Executive Director (NED) and Executive Director (ED) with accountability to provide oversight of Freedom to Speak Up in the organisation. The two Freedom to Speak Up Guardians remain unchanged.

The interim CEO is Julie Sharma, interim executive director is Sheridan Flavin and the NED is Barbara Brown.

To support better reporting and tracking of issues raised, the organisation is updating the Ulysses adverse event, risk and safety management/alert system for use by the two Guardians.

Our Guardians continue to link across the South West Network and we are working more closely with local colleagues across Bristol, North Somerset and South Gloucestershire (BNSSG) and Bath, Swindon and Wiltshire (BSW).

The National Education and Training Survey (NETS) data has been released for 2022 demonstrates that 33% of learners across the South West didn't know how to access Freedom to Speak Up and whilst this is still too high, a third of learning, it is a reduction from the previous year which was 50%

We are reviewing this situation with our system partners and Higher Education Institutes to improve the awareness of learners. It is noted here that learners/students do have mechanisms within their education provider to discuss any matters that are concerning them, however we aim for the student to know where and who to contact whilst on a placement. Induction has helped us an organisation with this, as students are present, however there is more to do.

We have worked together with our system colleagues so that we have had a standardised and consistent message sent throughout our agency suppliers in Bristol, North Somerset and South Gloucestershire. A joint letter was sent to all explaining and highlighting Freedom to Speak Up, so that as agency staff are amongst us they are aware of the contacts in each organisations in BNSSG.

We have promoted Freedom to Speak up month which is in October of each year, with feedback and promotion on workplace

We need to enhance our robust processes for assurance that action has been taken regarding cases which have been escalated, this is in line with the national framework from the Guardians office.

Unfortunately, we have seen repeated contact from particular areas/services which is a trend which we are investigating further.

Feedback from speaking up

We have received really positive from colleagues which has really highlighted the value of this service; below is a typical example:

I would just like to thank you so much for supporting me with the recent situation regarding bullying at work.

I found the process of being able to contact you and have a (Microsoft) Teams meeting supportive and personal and above all straightforward. To be able to see you as well as talk with you provided reassurance with a friendly face to communicate with.

You clearly spelt out the options available to me with one of them being to ensure the information was documented but not actually acted on at the early stage. This was perfect for me as I wanted to resolve the situation locally if possible. However, you also gave reassurance that if this was not possible there were other avenues of support available to me.

Whilst I know Sirona's values were there to support me, you were the vehicle in which I was able to feel reconnected to them.

The Board is asked to note the positive results of the staff survey last year in the numbers of people feeling able to speak up and knowing where to go to do so. We look to replicate and grow this year on year.

Assessment of cases

Since the last Board report there has continued to be regular concerns raised through the Freedom to Speak Up Guardians. A table outlining the themes of current cases is detailed below. However due to the anonymity required, specific details – including resulting actions - cannot be provided to ensure that individuals cannot be identified. However, the Guardians are aware in all cases, action is being taken in relation to the themes highlighted below.

Categories	Themes seen during 2022/23**	Themes relating to current cases*
Bullying/Harassment	x	x
Racism	x	x
Cultural/Morale	x	x
Patient Safety	x	x
Management/Leadership	x	
Staffing	x	
Fraud	x	x
Accessibility		x

This includes cases which are in-hand but there is not yet a confirmed outcome.
** This excludes calls or emails for advice which has not involved further Guardian intervention.

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 that the Guardians intention to utilise a tool produced by the National Guardians Office "Reflection and Planning Tool". This will assist us to evaluate the effectiveness of the Guardian role in the organisation and identify actions for improvement. The findings of the reflection and planning tool will be incorporated into the next Guardians report to the board.

The Board is asked to note this report

Board Report

Date	14th February 2023	**Agenda item**	11
Title	Operational & Performance Report		
Author	Ceridwen Massey – Chief Operating Officer		
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 Chief Operating Officer as a culmination of individual reports from each of the Associate Directors in Adult Services; Interim Deputy Director for 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 Committee

Click here for Performance Committee glasscubes folder

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, Chief Operating Officer, Associate Directors (Lorraine McMullen, Nicki Carr, Carrie Wedgwood, Theresa Candfield, Cath Williams, Claire Chapman, Kerry Joyce, Jen Tomkinson) and Business Intelligence & Contract leads (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's) – Planned Nursing Pathway

Issue: Activity remains below target. This is driven largely by staffing levels due to increase in short term sickness and high level of vacancies being a concern coupled with annual leave over the period. Service delivery remains focused on patients rated 'Red' according to the Nursing RAG (Risk) rating tool. Reporting is now available on the number of deferred visits across our community teams as a key measure to help us further understand the impact of any harm caused through our capacity challenges. Work has been finalised to trial a new safer staffing tool for our community teams.

Since August the INTs have been working through a focused programme looking at daily tactical and operational management, safer staffing, ways of working, clinical competencies, and caseload audits under the reset programme all with the intention of improving our daily operational capacity management and minimising patient harm. Localised 10-week improvement plans have now been developed for the teams.

Actions:

- Implement 10 week improvement plans across all localties
- Trial of new safer staffing Standard Operating Procedure (SOP) across the localities
- Analysis of the deferred visit information.

2. Integrated Network Teams – Urgent Community Response (UCR) Pathway

UCR encompasses a same day multi-disciplinary response to those people who are acutely unwell and at risk of an unplanned hospital admission or Emergency Department attendance. It also includes those people who require an urgent therapy response within 48 hours of referral. The 2-hour response is a component of the UCR.

In relation to the UCR 2hr target of recorded activity the teams are exceeding the 70% performance target with achievement currently sitting at 77%. However, the amount of activity that is recorded remains below targeted levels this is largely due to inconsistency in use of the EMIS* template, work is underway to develop a protocol to support this.
(*electronic patient records system)

Transformation work is ongoing to embed a single consistent UCR pathway and SOP across our localities from the point that a referral is accepted in Single Point of Access (SPA). The pathway will be personalised, and needs based, providing a holistic assessment led by Advanced Clinical practitioners supported by a multi-disciplinary workforce. Current activities undertaken include scoping the current situation to understand where the variations are, what the risks are and opportunities for improvement. The "to be" pathway has now been agreed and development plans will be written within each locality to reach the "to be" pathway.

As previously reported the Community Emergency Medicine Services (CEMS) pilot commenced across Bristol during the quarter however was paused on 16th December (restarting 9th January). Referrals have been extremely low so work with the pilot group is underway to understand the reasoning for this.

The Care Home Falls Pilots across South Bristol and North Somerset also commenced during the period, in Bristol there had been no referrals to the pilot during the period with a better uptake in North Somerset, with 13 of the referrals preventing the deployment of an ambulance over a 3 week period. Full evaluation of both pilots will be undertaken.

Actions

- Implement protocol for EMIS template
- Role out of consistent UCR pathway across the localities
- Evaluation of CEMS and Care Home pilot.

3. Place Based Urgent Care Urgent Treatment Centre's (UTC) and Minor Injury Units (MIU)

Issue:

Activity at the Yate and Clevedon MIUs was lower in November and December than previous months which is consistent with previous years and in line with capacity planning. The South Bristol Urgent Treatment Centre saw an increase in activity, and it is possible that this relates to an increase in minor illness attendance in young children as a result of the Strep A publicity, this was mirrored across other partners in the system.

Staff shortages continue to cause issues, particularly at the UTC, resulting in a heavy reliance on Agency staffing.

Remote Clinical Assessment of NHS111 referrals into the UTC was reinstated in November, for Emergency Treatment Centre dispositions only. The conversion rate from remote assessment to face to face assessment is still higher than the previous average but has reduced though December (currently 49%). The average conversion rate prior to the Adastra outage was around 30% through continued training and support to staff it is expected that the service will return to nearer to this figure.

Actions:

- Ongoing recruitment to roles identified in the previously agreed business case.
- Continued monitoring of remote assessment conversion.

4. Discharge to Assess

Issue: Activity within the D2A pathway 1 (P1) slot capacity increased to 96% of commissioned target in December and an increase was seen across all localities. This has resulted in a significant reduction in people waiting in acute and community services for P1 support. Daily operational focus on sustaining slot provision, sharing staffing capacity and supporting across localities as well as a reduction in planned activity contributed to sustaining discharge P1 slot capacity. Later in December the use of Emergency Personnel Homecare alongside our pathway as a bridge to long term care packages has helped with caseload management and community support worker capacity to sustain this increase in slots.

In addition, a pilot model of live -in care to support P1 discharges commenced in South Gloucestershire during November. Initial challenges with Abicare and recruitment have led to a delay in the anticipated impact.

Improvements in our reporting of people with no criteria to reside in our pathways is enabling us to further quantify the impact of this 'lost' capacity with reporting now in days as well as number of people. The P1 Multi – Disciplinary Meetings have been reviewed and refreshed with Local Authority colleagues in order to improve proactive caseload management, the impact on this related to a reduction in No Criteria to Reside (NCTR) will be monitored from January.

Admissions to our bedded units (P2) also increased in December by 21% with opening of additional 10 beds at South Bristol Rehab Unit and resulting in waiting list reduction. However, the length of stay across all our bedded units remains above target. This is the subject of a specific action in our winter plan to reduce our length of stay to a goal or 21 days.

Staff from our Transfer of Care Hub continue to in- reach to acute trusts to support navigation decisions for complex needs and identify opportunities to support navigation for patients being discharged from hospital.

Actions:

- Continued recruitment campaign
- Review of impact of new multi-disciplinary meeting process.
- Evaluation of the pilot in South Gloucestershire.

5. Waiting Times – Specialist Services

Issue: Waiting times for the majority of Specialist services are in line with agreed targets with the successful recovery of Musculoskeletal (MSK) Physio waiting times to 13weeks. System work is ongoing to ensure the MSK Physio pathway can support long waits at the acute trust. Full choice is being offered and this has led to a 34% increase in demand for Sirona's MSK service.

Exception to waiting time achievement are Musculoskeletal Interface, Diabetes and Nutrition Service, TB Service and the Neurology Service largely due to vacancies in the teams and a query for TB over the appropriateness of the target due to the patient pathway. Recovery is improving in the MSK interface service, but additional locum resource has not been sufficient to fully recover the waiting time, further capacity is being sought through January to March. Recruitment into the

Diabetes and Nutrition Service should enable recovery of the waiting times which has been further impacted through sickness and patient choice.

Work to fully understand our outpatient service delivery and capacity is being picked up through strand 3 of the Reset programme, this includes the development of and outpatient group and plans to address national requirement for delivery

Action:

- Recruitement into key service (Diabetes and Neurology).
- Completion of stocktake for outpatient services.

Children's Services

6. **Community Paediatrics**

Issue: The paediatric waiting list target continues to breach with performance sitting at 20.6% in December. This is 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. A revised plan has been developed to manage wait times for community paediatrics and autistic spectrum disorder hubs this includes WLI, revised criteria and an ask to the system for a transformation review of the pathway. We have received confirmation that the transformation request and revised criteria for acceptance to the service have now been agreed and the team are working up plans to implement this.

Actions:

- Implement new access criteria.
- Develop plan to manage backlog.

7. **Children in Care underperformance of Initial Health Assessments (IHA)**

Issue: Initial Health Assessments are statutorily required to be completed in 20 days. The service continues to be affected by the delayed response of the Local Authorities in their notifications and returning of required paperwork to start their processes however there are also delays within Sirona that need to be addressed including issues with consultant paediatrician capacity. To address this Sirona will support the timely notification and paperwork process, review Consultant paediatrician clinic capacity, improved monitoring of the IHA process internally and review of the Intercollegiate Document to inform our resourcing requirements which will be discussed with the system.

Actions:

- Consultant job planning to be reviewed.
- Implement new monitoring systems
- Review of resourcing requirements for the service delivery.

8. **Autistic Spectrum Disorder Hub**

Issue: There are currently 2792 children accepted on the hub waiting list with a 3 year waiting list. The activity is being driven by an increase in demand. The waiting list initiative continues and has been extended until June 2023 with an ask through the operational planning process for this being extended until March 2024. As noted above to manage the demand new referral criteria will be introduced.

Actions:

- Continuation of the waiting list initiative and develop business case for full year funding
- Implement new referral criteria.

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.

Board Report

Date	14 February 2023	**Agenda item**	12
Title	People Directorate – Workforce Update		
Author	Sheridan Flavin – Interim Chief People Officer (CPO)		
Presented by	Sheridan Flavin	**Version**	V1.0
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ☐		

Purpose of the report

To provide the Board with an overview of the current priorities within the People Directorate and gain feedback from directors on areas of focus.

Also included in this paper is the workforce data for Quarter 3 – October – December 2022

Why is this report coming to the Board

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

In accordance with the governance framework, a workforce update to identify key priorities and area of activity will be provided to ensure the board are aware of workforce activity and have an opportunity to put forward any queries.

This report includes workforce data to demonstrate the impact of people priorities and actions on key performance indicators (KPI's)

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

Source documents include the draft People Strategy, Reset Strand 4 work and Reset strands that have an interdependency on the Strand 4 work

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

Shared with the senior people leads for review, feedback, and amendment.

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

Following appointment of the interim CPO, the people leads are currently reviewing their portfolios to ensure that the team are focussed on the areas of work that are required to make the biggest impact on the organisation and areas of greatest need.

Areas of priority include.

- Finalisation of the People Strategy – to include socialisation with stakeholders and cross reference to the results of the NHS staff survey and Reset Strand 4 and other dependent reset strands
- E-roster – roll out, expansion and acceleration – subject to a business case being prepared for the senior leadership team (SLT).
- Agency Controls – gaining greater control of agency staffing, cleansing and growing the bank and implementation of clear processes including strict authorisation around rota building and agency booking
- Improving staff retention – to stem the current turnover rates and drive engagement to retain staff and improve attraction strategies (recruitment initiatives)
- Equality, Diversity, and Inclusion (EDI) – to develop an EDI plan to improve the diversity of our workforce to be more representative of the people who use our services
- Workforce Data – to develop a workforce dashboard to supply one source of information to cover staffing metrics that can be used by leaders and managers in the organisation to manage, support and develop the workforce. This level of data is also critical to support the organisation strategic workforce plans that will ultimately feed into the wider system workforce plans.
- ESR Restructure – to cleanse ESR and ensure hierarchies are correct. This strand of work is owned within the digital strategy but will require input from HR system and HR Operation teams.
- Digitalisation – to identify those areas within the people directorate that are currently using manual intervention where digitalisation increase efficiency, quality and productivity and reduce the likelihood of errors due to human intervention e.g. applicant tracking system for all recruitment activity, DocuSign to aid return of documents during recruitment process which will improve the onboard time frame (time to hire metric) and the candidate experience.
- Organisation Development – transformation work required to support the organisation and change required as a result of reset activity
- Job Evaluation – process review to ensure that job evaluation is efficient and effective to aid timely recruitment, support business changes and aid retention of staff
- NHS Staff Survey feedback – to develop reports for the organisation and by directorate as well as managers workshop to assist with action plan by directorate, locality, teams etc.
- Communication Strategy – refresh of the internal and external strategy
- Staff Award Ceremony – work on the staff award ceremony underway and decision to be made regarding the format and timing of the ceremony.
- Occupational Health (OH) & Wellbeing – move to one OH provider in mid-February 2023 to support the health and wellbeing of our staff and impact on staff sickness.

There is also linked priority work within strand 2.

- International Recruitment – to achieve nursing and allied health professional (AHP) commitments by 31 March 2023 (30 and 23 new members of staff respectively).
- Safer Staffing – to ensure the correct levels of staffing are established and recruited to ensure safe, quality care and workforce levels are correct e.g. the right staff, with the right skill are in the right place and time

Q3 Workforce Data

This data is a snapshot of the impact of people directorate actions on key performance indicators (KPIs) measured in the organisation.

Staff Turnover
Staff turnover has remained a concern for the last year and average turnover as compared to other providers in Bristol, North Somerset and South Gloucestershire (BNSSG), shows Sirona as the employer with the highest turnover rate. However monthly turnover data in the last quarter shows that turnover has decreased and in December 2022 was 18.6% compared to an average high of 19.7% from December 2021 to November 2022

To support the reduction of staff turnover a number of staff retention initiatives and wellbeing strategies have been implemented and hopefully this slight dip in turnover is as a direct result of this work.

Sickness Absence
The top three absence reasons are reported as 1) Cold, Cough, Flu – 31% 2) Anxiety / Stress / Depression – 17.7% and 3) Other Musculoskeletal problems – 10.9% and unfortunately these reasons codes present often as the top three reasons for absence in NHS and partner organisations. It is clear that as an organisation we need to do more to address the underlying reasons that drive these sickness reasons.

The data for sickness absence in the last 12 months as compared to other providers in BNSSG, shows Sirona to be in the middle of the pack with a high of circa 5.75% in December 2021 and at its lowest point in September 2022 at circa 4.40%

Sickness absence in December 2022 was 5.46% so just below the highest point in the previous year with a split of 39.4% short term absence (less than 28 days) and 60.60% for long term absence.

When reviewing the sickness absence reasons and level of absence, it is important that managers provide support to colleagues who are off work as a result of sickness and the importance of return-to-work interviews must be emphasised.

The level of OH support will be further enhanced with the move to one OH provider in mid-February.

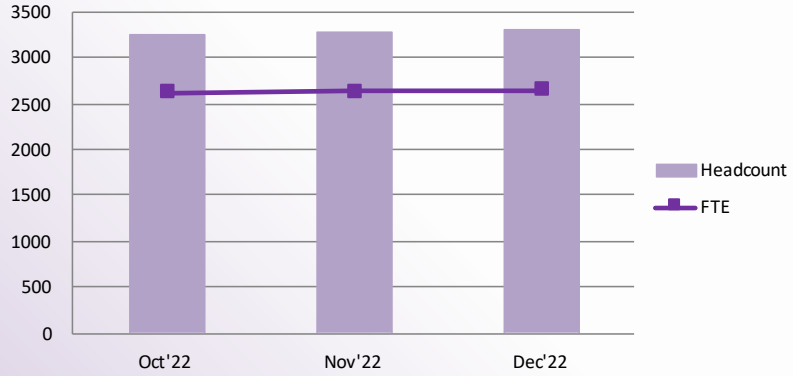
Actions for the Board (including any decisions required and options for consideration)

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

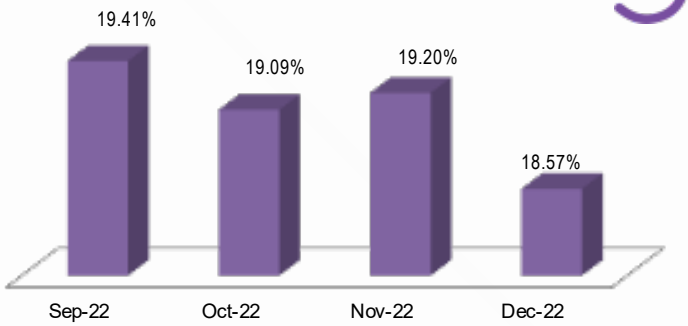
The Board is asked to note the areas of priority work during Q4 and note that the People Strategy will be finalised with a workplan to reinforce actions to support the Sirona business strategy.

People & Development Dashboard – Staff Turnover

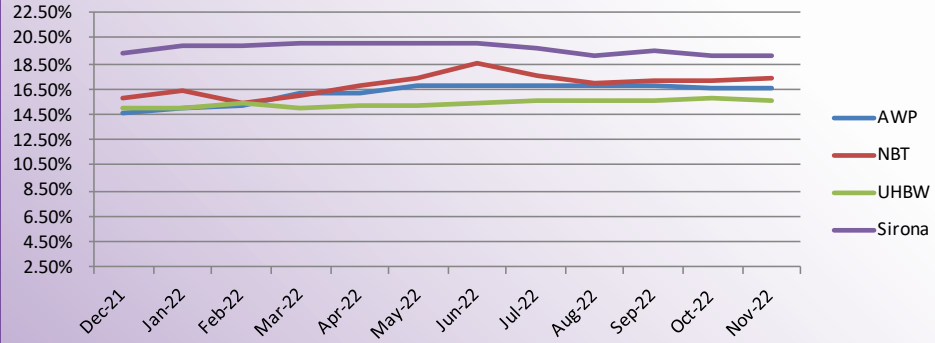
Sirona Staff Headcount
October to December 2022



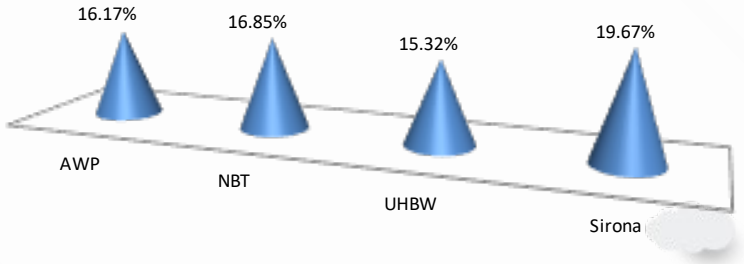
Sirona Staff Turnover
September 2022 to December 2022



BNSSG Turnover
12 Months - December 2021 to November 2022



BNSSG Average Staff Turnover
December 2021 to November 2022

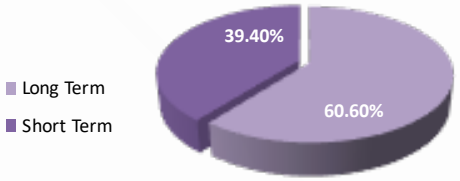


People & Development Dashboard – Sickness Absence

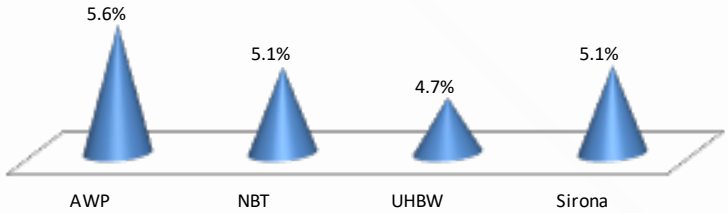
Top 10 Absence Reasons by FTE Days Lost

Absence Reason	FTE Days Lost	Abs Estimated Cost	%
S13 Cold, Cough, Flu - Influenza	1,412.62	£159,214.15	31.2
S10 Anxiety/stress/depression/other psychiatric illnesses	803.66	£90,826.14	17.7
S12 Other musculoskeletal problems	494.50	£45,506.45	10.9
S98 Other known causes - not elsewhere classified	359.39	£36,841.57	7.9
S17 Benign and malignant tumours, cancers	206.87	£7,801.90	4.6
S25 Gastrointestinal problems	192.82	£18,708.04	4.3
S16 Headache / migraine	159.63	£17,260.03	3.5
S11 Back Problems	150.68	£18,047.06	3.3
S21 Ear, nose, throat (ENT)	124.40	£11,499.50	2.7
S15 Chest & respiratory problems	115.93	£13,385.51	2.6

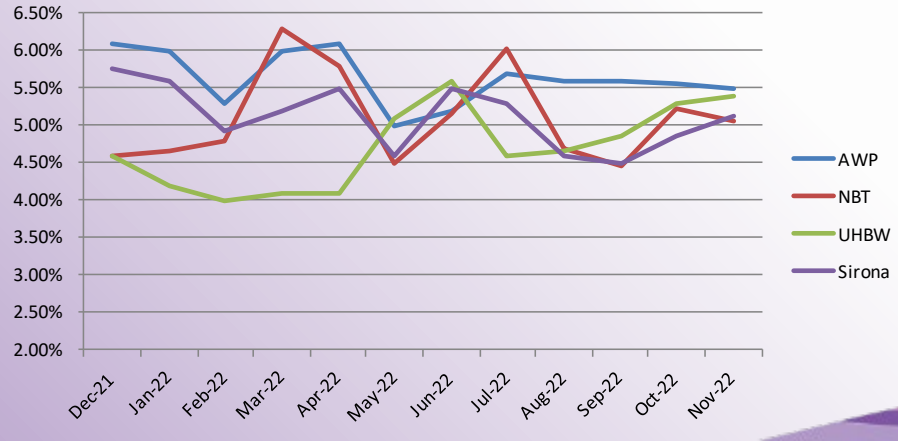
Sirona Sickness Absence
December 2022- 5.46%



BNSSG Average Sickness Absence
December 2021 to November 2022



BNSSG Sickness Absence
12 Months - December 2021to November 2022



Sickness absence NHS	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jun-22	Aug-22	Sep-22	Oct-22	Nov-22
AWP	6.10%	6.00%	5.73%	6.00%	6.11%	5.00%	5.20%	5.70%	5.60%	5.60%	5.56%	5.51%
NBT	4.6%	4.67%	4.78%	6.28%	5.80%	4.50%	5.16%	6.02%	4.69%	4.47%	5.23%	5.07%
UHBW	4.60%	4.20%	4.00%	4.10%	4.10%	5.10%	5.60%	4.60%	4.66%	4.84%	5.30%	5.40%
Sirona	5.75%	5.60%	4.93%	5.21%	5.49%	4.60%	5.50%	5.31%	4.59%	4.48%	4.87%	5.13%

Board Report

Date	14th February 2023	**Agenda item**	13
Title	**Risk Report**		
Author	Carole Morgan, Joint Lead for Risk Management		
Presented by	Mary Lewis, Chief Nursing Officer	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Purpose of the report

To provide to the Board with:

- a report of the current risks scoring 15 and above from Sirona's Risk Register
- 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

The content of the Report is based on an extraction from the risk register for risks with a current risk score of 15 or above as at 31st January 2023. The author has used the data from the extractions to provide the summary information for the report.

The report is supported by three appendices reflecting risks monitored by the Senior Leadership Team (SLT) (Appendix 1.1), risks monitored by the Quality & Outcomes Committee (QOC) (Appendix 1.2) and risks monitored by the Audit & Assurance Committee (A&AC) (Appendix 1.3) as the designated monitoring committees according to risk types.

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 Director of Nursing
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 31st January 2023 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

- **229 r**isks are currently open on the Risk Register (a decrease of 16 since the last report to the Board).
- Of the **229** open risks there are **65** risks on the Register with a risk score of 12 or more (a decrease of 5 since the last report to the Board).
- **24** of the **65** risks with a current score of 12 or more are overdue for review at the time of writing this report.
- There are **139** corporate risks and **90** local risks on the risk register.

Risks with a score of 15 or more

- There are currently **21** risks with a risk score of 15 and above (a decrease of 4 since the last report to the Board).
- **6** new risks with a current risk score of 15 or above have been added to the risk register since the last report to the Board.
- **7** of the **21** risks with a current risk score of 15 or above are overdue for review at the time of writing this report.

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 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 full Risk Register:

1.1 Status of Risks / Risk Scores

On the Risk Register as of 31st January 2023 there are:

Open risks	214
Tolerated risks (open)	10
Controlled risks (open)	5
Total	**229**

This represents a decrease of 16 risks in total since the last report to the Board.

Number of Risks by Risk Type (all scores)

The graph in Fig 1 below shows the total number of open risks on the risk register by risk type and risk level.

Fig 2 below shows the total number of risks by risk level, the movement in numbers of risks for each risk type and the number of corporate and local level risks.

Fig 1

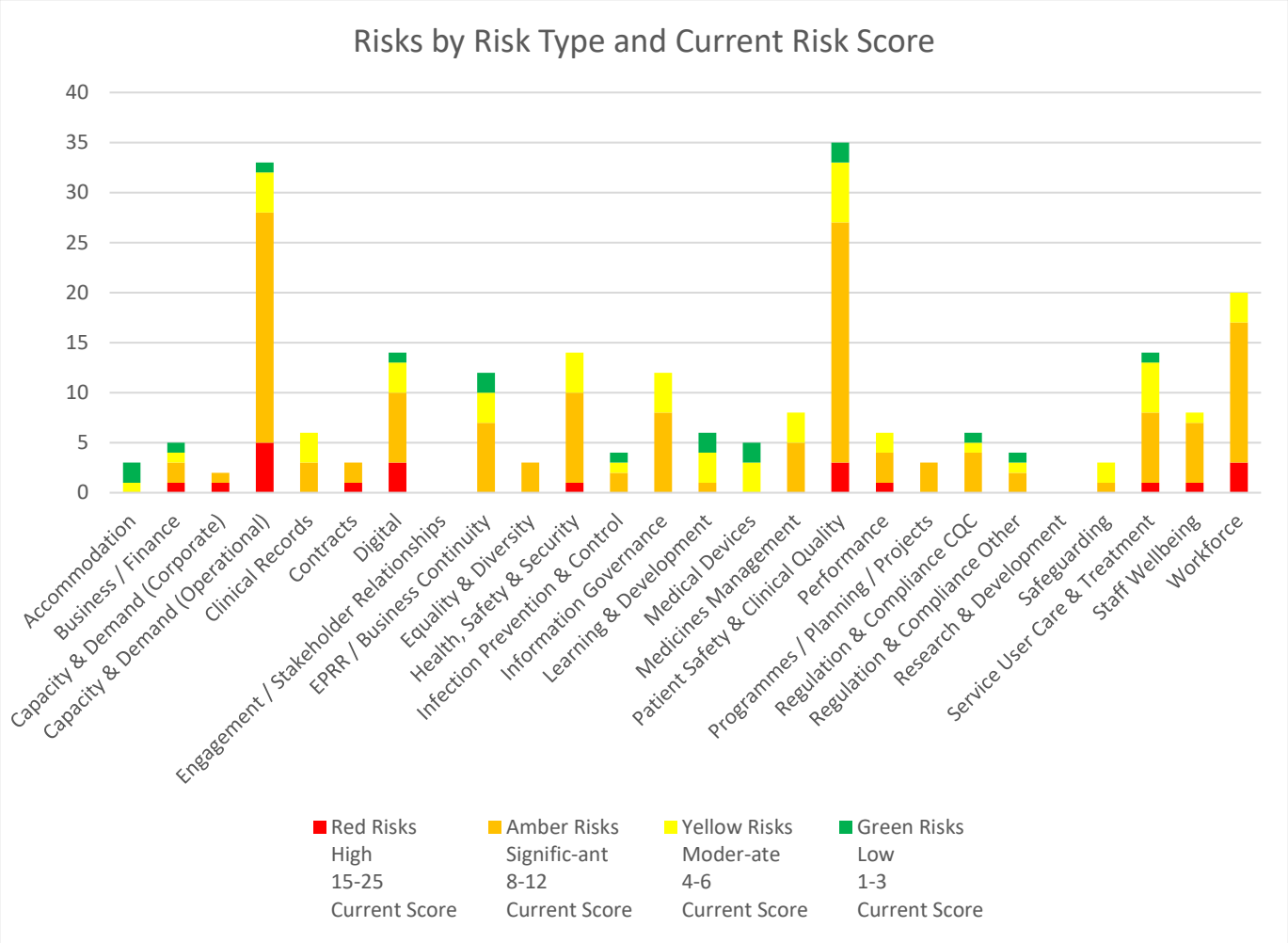


Fig 2

Type of Risk	Red Risks High 15-25 Current Score	Amber Risks Signific-ant 8-12 Current Score	Yellow Risks Moder-ate 4-6 Current Score	Green Risks Low 1-3 Current Score	Total	Move-ment in Number of risks since last report	No of Corporate Risks	No of Local Risks
Accommodation	**0**	**0**	**1**	**2**	**3**	↓	**1**	**2**
Business / Finance	**1**	**2**	**1**	**1**	**5**	↔	**3**	**2**
Capacity & Demand (Corporate)	**1**	**1**	**0**	**0**	**2**	↑	**2**	**0**
Capacity & Demand (Operational)	**5**	**23**	**4**	**1**	**33**	↓	**22**	**11**
Clinical Records	0	3	3	0	**6**	↔	5	1
Contracts	1	2			**3**	↑	2	1
Digital	3	7	3	1	**14**	↓	8	6
Engagement / Stakeholder Relationships	0	0	0	0	**0**	↔	0	0
EPRR / Business Continuity	0	7	3	2	**12**	↑	12	0
Equality & Diversity	0	3	0	0	**3**	↔	3	
Health, Safety & Security	1	9	4	0	**14**	↓	7	7
Infection Prevention & Control	0	2	1	1	**4**	↔	2	2
Information Governance	0	8	4	0	**12**	↑	7	5
Learning & Development	0	1	3	2	**6**	↓	5	1
Medical Devices	0	0	3	2	**5**	↔	2	3
Medicines Management	0	5	3	0	**8**	↑	6	2
Patient Safety & Clinical Quality	3	24	6	2	**35**	↓	15	20
Performance	1	3	2	0	**6**	↔	3	3
Programmes / Planning / Projects	0	3	0	0	**3**	↓	2	1

Type of Risk	Red Risks High 15-25 Current Score	Amber Risks Signific-ant 8-12 Current Score	Yellow Risks Moder-ate 4-6 Current Score	Green Risks Low 1-3 Current Score	Total	Move-ment in Number of risks since last report	No of Corporate Risks	No of Local Risks
Regulation & Compliance CQC	0	4	1	1	**6**	↑	5	1
Regulation & Compliance Other	0	2	1	1	**4**	↓	2	2
Research & Development	0	0	0	0	**0**	↔	0	0
Safeguarding		1	2	0	**3**	↑	0	3
Service User Care & Treatment	1	7	5	1	**14**	↓	4	10
Staff Wellbeing	1	6	1	0	**8**	↔	5	3
Workforce	3	14	3	0	**20**	↓	16	4
	21	**137**	**54**	**17**	**229**	↓	**139**	**90**

1.2 Risks (all scores) by SLT Lead

SLT Lead	April 22 No of Risks	June 22 No of Risks	August 22 No of Risks	Sept 22 No of Risks	Oct 22 No of Risks	Jan 23 No of Risks
Chief Finance Officer	9	13	8	8	8	4
Chief People Officer	32	34	36	36	32	24
Chief Operating Officer	144	144	146	144	143	161
Chief Nursing Officer	26	30	35	35	42	25
Chief Therapy and AHP Officer (these risks have been temporarily re-assigned)	8	5	5	5	2	0
Chief Medical Officer (these risks have been re-assigned)	8	5	5	5	5	0
Chief Transformation Officer	3	4	4	4	5	3
Chief Digital and Information Officer				6	7	12
TOTAL	**230**	**235**	**245**	**243**	**245**	**229**

2. RISKS WITH A CURRENT RISK SCORE OF 15 OR ABOVE (APPENDICES 1.1, 1.2 AND 1.3)

There are currently 21 open risks on the risk register with a score of 15 or above. These risks are summarised in the table below and detailed information, including controls and actions can be found in Appendices 1.1, 1.2 and 1.3 (reports are pulled from Ulysses by monitoring committee so Appendix 1.1 relates to risks whereby SLT is the designated monitoring committee,

Appendix 1.2 relates to risks whereby the Quality & Outcomes Committee is the designated monitoring committee and Appendix 1.3 relates to risk whereby the Audit & Assurance Committee is the designated monitoring committee).

Please note the following:

- Six new risks scoring 15 or above have been added to the risk register since the last report to the Board (risk nos 576, 581. 587, 593, 600 and 611).
- Two risks scoring 15 or above in the last report to the Board now have an increased risk score (risk nos 430 and 528).
- Two risks with a previous risk score of below 15 have been reviewed and the risk score has now increased to 15 or above (risk nos 135 and 428).
- Ten risks scoring 15 or above have the same risk score as when last reported to the Board.
- Seven risks with a current risk score of 15 or above are overdue for review at the time of writing this report.

Risk Ref	Risk Title	Monitoring Committee	SLT Lead	Current Risk Score	Next Review Date	Appendices Ref and Page No
430	Social care staffing - impact on service delivery – Community Learning Disability Service. This risk was reviewed on 28/10/2022 and the risk score was increased from 16 to 20.	SLT	CM	20 ↑	08/02/2023	Appendix 1.1 Page 1
528	Staffing shortages – Urgent Treatment Centre. This risk was reviewed on 05/12/2022 and the risk score was increased from 15 to 20.	SLT	CM	20 ↑	21/01/2023	Appendix 1.1 Page 4
54	Podiatry service does not have the capacity to manage patients within appropriate time frames which may result in patient harm.	SLT	CM	16 ↔	04/02/2023	Appendix 1.1 Page 8
213	Capacity of operational services to absorb additional demand.	SLT	CM	16 ↔	14/01/2023	Appendix 1.1 Page 6
377	Reduced capacity in South Glos INTs leading to increased patient risk, decreased staff wellbeing and reputational damage.	SLT	CM	16 ↔	18/02/2023	Appendix 1.1 Page 14
450	Staff Turnover Sirona-wide.	QOC	SF	16 ↔	16/02/2023	Appendix 1.2 Page 1
459	Recruitment challenges due to national shortage of health professionals – Sirona-wide.	QOC	SF	16 ↔	26/02/2023	Appendix 1.2 Page 5
524	No Access to the Freedom To Speak Up module on Ulysses.	SLT	SF	16 ↔	25/02/2023	Appendix 1.1 Page 10
525	Potential harm to patients due to inability to deliver timely wound care – North Somerset –	QOC	CM	16 ↔	04/02/2023	Appendix 1.2 Page 12

Risk Ref	Risk Title	Monitoring Committee	SLT Lead	Current Risk Score	Next Review Date	Appendices Ref and Page No
	Pier Health and Mendip Vale Worle.					
551	Excessive use of off-framework agencies.	QOC	SF	16 ↔	26/02/2023	Appendix 1.2 Page 9
581	Agency overspend – Minor Injury Unit, Clevedon.	SLT	CM	16 NEW	03/02/2023	Appendix 1.1 Page 16
593	Inadequate Process for IT Asset Management – Sirona-wide.	SLT	JF	16 NEW	13/01/2023	Appendix 1.1 Page 12
135	Autism Diagnostic waiting times for children and young people This risk was reviewed on 13/12/2022 and the risk score was increased from 9 to 15.	QOC	CM	15 ↑	12/01/2023	Appendix 1.2 Page 14
218	Staff resilience – Urgent Treatment Centre. This risk was reviewed on 21/12/2022 and the risk score was reduced from 16 to 15.	QOC	CM	15 ↓	21/01/2023	Appendix 1.2 Page 16
428	Capacity issues within Community Paediatric service regarding meeting current demands. This risk was reviewed on 15/12/2022 and the risk score was increased from 12 to 15.	SLT	CM	15 ↑	14/01/2023	Appendix 1.1 Page 20
526	Single Point of Access (SPA) Telephony failure that impacts on the ability to receive incoming urgent calls.	QOC	CM	15 ↔	22/02/2023	Appendix 1.2 Page 22
549	Violence and aggression at Yate Minor Injury Unit.	QOC	CM	15 ↔	19/02/2023	Appendix 1.2 Page 20
576	Single Point of Access (SPA) Telephony - Silent Calls	SLT	JF	15 NEW	25/02/2023	Appendix 1.1 Page 17
587	Non-compliance with requirement to log events during on-call period – Adult Services, Specialist Services, Corporate Services.	SLT	CM	15 NEW	01/01/2023	Appendix 1.1 Page 19
600	Collar care – Adult Services Sirona-wide.	QOC	CM	15 NEW	04/02/2023	Appendix 1.2 Page 18
611	Processing of Thornbury Nursing Services (TNS) timesheets & invoices – Finance & Payroll	A&AC	SF	15 NEW	26/02/2023	Appendix 1.3 Page 1

3. RISKS PREVIOUSLY SCORING 15 OR ABOVE WITH A REDUCED RISK SCORE SINCE THE LAST REPORT TO THE BOARD

The following eight risks were reported as having a risk score of 15 or above in the last risk report to the Board. These risks have since been reviewed and their risk scores have been reduced and are currently below 15. They will therefore continue to be monitored by the relevant monitoring committee / subject matter group as outlined in the Risk Management Policy. Full details of the reviews can be found in the risk entries on the risk register.

Risk Ref	Risk Title / Comments	Monitoring Committee	Current Risk Score	Next Review Date
49	Heart Function Service cannot deliver a full service to patients; waiting times may increase because of reduced staffing levels. This risk was reviewed 18/01/2023 and the risk score was reduced from 20 to 4.	SLT	4 ↓	26/04/2023
340	Minor Injury / Illness demand across BNSSG currently exceeds system capacity. This risk was reviewed 13/01/2023 and the risk score was reduced from 16 to 12.	QOC	12 ↓	12/02/2023
427	Urgent Treatment Centre X-ray safety audit. This risk was reviewed 22/12/2022 and the risk score was reduced from 15 to 9.	QOC	9 ↓	22/03/2023
517	GP with Special Interest cover in South Bristol Rehab Unit. This risk was reviewed on16/01/2023 and the risk score was reduced from 16 to 8.	SLT	8 ↓	15/02/2023
527	Demand for clinical triage outstripping clinical resource – Sirona Wide Single Point of Access (SPA). This risk was reviewed on 11/11/2022 and the risk score was reduced from 16 to 12.	QOC	12 ↓	22/02/2023
550	North & West Locality ability to deliver safe care. This risk was reviewed 20/01/2023 and the risk score was reduced from 15 to 12.	SLT	12 ↓	19/02/2023
568	Unable to safely deliver Virtual Ward service. This risk was reviewed on 19/12/2022 and the risk score was reduced from 16 to 12.	QOC	12 ↓	17/02/2023
574	Significant below safe staffing due to new Thornbury Nursing Service booking system. This risk was reviewed 28/11/2022 and the risk score was reduced from 16 to 9.	QOC	9 ↓	28/12/2022

4. RISKS PREVIOUSLY SCORING 15 OR ABOVE CLOSED SINCE THE LAST REPORT TO THE BOARD

The following four risks have been closed since the last report to the Board:

Risk Ref	Risk Title	Monitoring Committee	Closure Comments
508	Remote assessment queue at weekends – Bristol South Urgent Treatment Centre.	QOC	This was found to be a duplicate risk and has therefore been closed.
493	Lack of centralised recruitment attraction budget.	QOC	This risk has been eliminated as a reset budget has been assigned for recruitment attraction activities.
548	Reduced capacity in Severnvale and Stokes INT for district nursing visits.	SLT	This was found to be a duplicate risk and has therefore been closed.
552	Toilet facilities at Warmley Business Park	SLT	This was found to be a duplicate risk and has therefore been closed.

5. RISK REVIEWS

Weekly automated reminders continue to be sent out to risk owners where the risk entry is overdue for review or where the review is due within the next 7 days. Reminders are also sent to named staff who have been allocated an action within the risk entry which is either overdue for due for review or has a review date within the next 7 days.

Since the last report to the Board the Risk Team has begun its review of all open operational risks on the risk register, in liaison with the Chief Operating Officer. This work is to check that each risk entry is relevant, that the risk is correctly described, that all information is included and up to date (e.g. controls and actions) and that the risk is appropriately scored. The Risk Team has also been checking for duplicate risks and where several similar risks can be amalgamated into an overarching risk. This work is being progressed by focussing on each risk type in turn. To date this work has been completed for all risks within the risk types of Capacity & Demand and Workforce. The recommendations of the Risk Team have been sent to the Chief Operating Officer for action by the risk owners. Work is now commencing on the risk types of Patient Safety & Clinical Quality and Service User Care and Treatment. This work will continue until all risk types have been checked.

In addition to the above work, and to ensure that the quality of risk entries is maintained for all new risks added to the risk register, the Risk Team is now checking each new risk added and contacting the risk owner if further information or clarification is required. The Risk Team is also working with the Ulysses System Administrator to explore the addition of an 'accept / decline' button to the risk entry form for new risks. This would enable a notification to be sent to the associate director level person named within the risk entry when the risk is first added to the risk register. This person would then authorise the risk being added to the risk register, having checked the information included and the scoring of the risk.

6. RISK MANAGEMENT POLICY

The Risk Management Policy is currently being reviewed to ensure that it reflects the organisational and structural changes being made within Sirona. The Risk Team is also suggesting that some of the current risk types are amalgamated to simplify risk entry and for

ease of reporting. The need for this change became apparent when the Risk Team was carrying out the risk review work as outlined above. E.g. there was duplication of risks across the risk categories of Capacity & Demand and Workforce and again with the risk types Patient Safety & Clinical Quality and Service User Care & Treatment. The amended policy will be presented to the Audit & Assurance Committee for comment and/or approval.

7. RISK MANAGEMENT TRAINING

The Risk Team has developed the content of the training module, and this has now been sent to the Learning & Development Team to develop this into an interactive training module. It is hoped that this can be piloted shortly and then a final version rolled out.

8. ONGOING WORK ON THE RISK REGISTER MODULE ON ULYSSES

As part of a wider piece of work across all the modules on Ulysses reflecting the hierarchical changes within Sirona, the risk team will be checking the group securities for the risk register module to ensure that the correct staff have the correct permissions to be able to add and edit risks on the risk register and that they are allocated to the correct teams / services.

9. 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) on a monthly basis and as a preview of these risks prior to them being presented to the Board.

10. RECOMMENDATIONS

The Board is asked to approve this report as the position of the Risk Register as of 31st January 2023 and to receive assurance that the risk register is being managed in line with the Risk Management Policy.

APPENDICES:

- Appendix 1.1: Risks with a score of 15 or above for which SLT is the Monitoring Committee
- Appendix 1.2: Risks with a score of 15 or above for which the Quality & Outcomes Committee is the Monitoring Committee
- Appendix 1.3: Risks with a score of 15 or above for which the Audit & Assurance Committee is the Monitoring Committee.

Risk

Risk No. & Ver.	430 v.7	Date	16/11/2021	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 4 = 12

Risk Title

social care staffing - impact on service delivery

Full Risk Description

Because of challenges of social care provision, including safeguarding concerns, the impact on the usual functioning of the CLDT, ALDHS care plans are not being effectively and consistently implemented. This results in the risk to the flow of patients through the CDLT and additional impact on the capacity of the service to meet this demand. Within the context of multiagency working, the CLDT frequently feel unable to withdraw or move on because of the need to continually monitor care plans to keep service users as safe as possible.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	2
Specialist Services / BNSSG / Community Learning Disability	**Severity**	4	**Severity**	2
	Risk Score	20	**Risk Score**	4

Categorisation & Monitoring Group

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

Controls

Details of Controls

Current Controls

- Core Safeguarding training is available and the team ensure up to date
- Access to 'as and when' and formal safeguarding supervision in place
- 'As and when' support from Safeguarding to objectively check and test concerns, quality assure referrals and support escalation of concern where there are professional disputes relating to threshold application.
- caseload support
  - support to leads regarding discharge planning through supervision and MDTs
  - safeguarding flagging approach on Bristol EMIS to enable caseload identification
- meeting being arranged with head of safeguarding to raise concerns regarding BCC safeguarding process.

Action Not A Control

- training to staff - care and support needs vs safeguarding to increase ability for staff to communicate with social care in a way in which they can clearly understand their responsibilities and take action. Safeguarding team supporting with this - as yet no dates or training provision
- -

Controls

Details of Controls

Action Not A Control

- request to safeguarding team for supervision to clinical leads, but not able to provide support due to capacity

Control No Longer In Place

moved to other risk : staff wellbeing
- increased supervision and support where needed
- signposting to EAP where needed
- wellbeing champions in team

duplication of above 'caseload support' control
- marking caseload to track safeguarding cases to provide caseload support and balanced caseloads for staff (e.g. 1x band 5 nurse had 6 x safeguarding cases), including high emotional demand cases to support balanced caseload and prevent burnout

moved to review section -
- escalated on risk register internally from 16 - 20 as likelihood changed to certain and raised concern within 1to1 with Head of SASS.

Actions

Action No.	1	**Start Date**	17/11/2022	**Target Date**	31/03/2023	**Completion Date**	/ /
Action Description	-Continued attendance and raise concerns at the Bristol Multi agency meeting - catch-up Bristol Forum						
Progress	03-01-2023 target amended by risk team						
Action No.	2	**Start Date**	11/10/2022	**Target Date**	11/10/2022	**Completion Date**	17/11/2022
Action Description	Presented to LD&A programme board to alert system to issues and impacts and increase urgency of supporting people workstream						
Progress	SW attended October programme board						
Action No.	3	**Start Date**	15/11/2022	**Target Date**	15/11/2022	**Completion Date**	15/11/2022
Action Description	Escalated internally within Sirona Director of Nursing, Director of Operations and Head of Integrated Safeguarding for support with addressing concerns with safeguarding processes in Bristol						
Progress	completed via risk register 16 - 20 - 25 . met to discuss.						
Action No.	4	**Start Date**	17/11/2022	**Target Date**	28/02/2023	**Completion Date**	/ /
Action Description	-To scope and source, more detailed training relating to the care act and its provision so that the CLDT are more cognisant of the multitude of pathways of securing appropriate support for their client group.						
Progress	18-11-2022 Action owner changed to Service Lead and target date amended from 17-11-2022 to 28-02-2023 as will take time to identify and plan.						

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 05/02/2023

Review Date	06/01/2023	**Review Details**	attended meeting with (BCC) and Sirona safeguarding team. described issues and risks currently with with organisational safeguarding, quality and assurance. (Service Manager: Safeguarding Adults and MI Specialist Team) are reviewing the current Organisational Safeguarding Policy and will consider: - strategic review meetings that run parallel to operational safeguarding for entrenched homes (e.g. affinity) - clarifying escalation routes - regular meetings with BCC and Sirona for case discussion etc - as they do with acutes and AWP - consider how quality surveillance operates at the partnership level - consider how the health aspects of care can be overlooked / not prioritised in some care settings by provider staff (e.g. care plans not followed correctly) - and how safeguarding oversight can be better improved in this area by BCC
Review Date	20/12/2022	**Review Details**	risk remains the same. issues have been escalated to Director of Nursing and Quality, met with ICB and meeting has been arranged by them with BCC. awaiting outcome.
Review Date	17/11/2022	**Review Details**	risk reviewed - the background to the risk and the risk description have been reviewed and revised to fully reflect the current situation as relates to Sirona. Reduction from 25 -20 to reflect the focus on the risk.

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	528 v.5	Date	09/06/2022	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 5 = 15

Risk Title

staffing shortages

Full Risk Description

In December 2022 approximately 52% of the budgeted clinical workforce was available for clinical shifts. This poses the following risks to the service:

The UTC is frequently restricted to support safe demand management and it is therefore no longer possible to accurately predict full demand on the service.
Remaining staff are relatively new in post which has reduced the senior clinical oversight of the service, thus increasing the risk of clinical incidents and stress and anxiety in the remaining workforce.
The UTC is heavily reliant on agency staff who are unfamiliar with the UTC policies and pathways placing increased pressure on the existing UTC workforce and raising the risk of clinical error
Sickness within the UTC is increasing as a result of increased pressure

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	2
Specialist Services / Bristol South / Bristol S UTC	**Severity**	4	**Severity**	4
	Risk Score	20	**Risk Score**	8

Categorisation & Monitoring Group

Category of Risk	Performance	Monitoring Group	SLT

Controls

Details of Controls

Current Controls

- Short staffing SOP in place to support service restriction when numbers reduced.
- NHS111 Primary Care DoS profile closed until further notice, reducing demand on the service and enabling prioritisation of ED support.
- Weekly oversight of rota fill shared across all 3 PBUC Units to support movement of Agency resource if/when possible.
  Daily monitoring of rota and use of Tier 4 Agency providers to try and minimise gaps.

Action Not A Control

- management of capacity SOP in place to manage demand when staffing levels are critical
  Appointment slots available to manage demand with reduced staffing
  OPEL escalation process in place

Actions

Action No.	1	**Start Date**	01/06/2022	**Target Date**	31/01/2023	**Completion Date**	/ /
Action Description	Active recruitment drive via NHS jobs to fill vacancies						
Progress	No further recruitment to date. Adverts remain live. Further resignations in support worker team.						
Action No.	2	**Start Date**	01/12/2022	**Target Date**	31/01/2023	**Completion Date**	/ /
Action Description	Bank Desk to progress sign off of recently identified Agency ENPs.						
Progress							

Risk Reviews	**Review Frequency** 1 - Monthly (Risk Score 12-25)	**Next Review**	21/01/2023
Review Date	22/12/2022	**Review Details**	Risk amended to reflect current position. Additional controls and actions added.

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 / Adults Only	**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** 14/01/2023

Review Date	15/12/2022	**Review Details**	Risk remains despite further work through reset programme - outputs due end of December
Review Date	18/10/2022	**Review Details**	Risk reviewed in context of reset programme and development of INT Focus work. Capacity still remains below current demand - to be monitored through reset.
Review Date	30/08/2022	**Review Details**	Risk Team amended depts affected by risk - see attached email - as this risk relates to all adult services within Sirona.
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.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
54 v.12	17/05/2020	02 Corporate	1 - Open	3 x 3 = 9

Risk Title

The risk is that the Podiatry service does not have the capacity to manage patients within appropriate time frames which may result in patient harm.

Full Risk Description

If capacity is not increased there is a risk of:
patient harm due to delayed care
lack of preventative care leading to more ulcerations
Increased referral to secondary care diabetes clinics
Increased pressure on INT's and PCNs

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	2
Specialist Services / SASS / Podiatry CLOP	**Severity**	4	**Severity**	4
	Risk Score	16	**Risk Score**	8

Categorisation & Monitoring Group

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

Controls

Details of Controls

Current Controls

Wait lists are rag rated so that the most urgent patients are seen timely.
Appropriate triage to ensure patients seen by appropriate clinician
Domiciliary visits are grouped together geographically for efficiency.
Domiciliary link podiatrists to be in place to ensure effective comms with INTs
Shared care put in place where appropriate with practice/treatment room nurses and community nursing teams.
Booking up to 6 weeks ahead for wound care patients and high risk diabetics to reduce DNA's
Protected appointments for urgent referrals and emergency follow up requests
clinical appointments offered over whole area, within Bristol, North Somerset and South Glos
Waiting list (including patients who are able to accept late cancellation
Active recruitment process when vacancies occur

Agency staff being recruited to help with the vacancies but this is still limited due to the national shortage of podiatrists

Actions

Action No.	1	Start Date	16/08/2020	Target Date	31/07/2022	Completion Date	28/07/2022

Open Board 15+ Monitoring Group Report

Action Description	Review current Sirona delivery in each location against agreed Sirona adult Community contract spec. Discuss with COO re handing in notice on work outside of contract or completing business case / SLA/ new costing for external services e.g. prison, hot foot clinics, low risk pathway. Income generation to map against current staffing and review regaring long term staffing and C+D.
Progress	Still very limited with offering assessments to the low risk existing caseload and wait list as to having to follow business continuity plan due to lack of capacity. Low risk referrals are rejected following previous Comms so waiting list for this cohort is not growing. UHNW has given notice for the diabetes foot clinics so have now confirmed these will not restore and NBT being invoiced for the staff we are supplying for their diabetes foot clinics. Prisons being invoiced for the podiatry delivered.

Risk Reviews		**Review Frequency** 1 - Monthly (Risk Score 12-25)		**Next Review** 04/02/2023
Review Date	05/01/2023	**Review Details**	Service continuing to see only ulcerated and high risk patients only due to level of vacancies within the service. Patients still able to access advice and guidance if their foot health deteriorates and services expedites appointments for them. Recruitment remains difficult but we have recently recruited 2 support workers who start in January and a band 6 clinician starting in March Out of our 3 international recruits 1 should be starting in mid January depending on confirmation HCPC registration and visa. 1 has passed her English exam and is starting the visa and HCPC registration process with the aim to be with us March/April. The 3rd recruit is having to resit her English exam. Requests out on Retinue for agency staff. Extra hours to existing staff offered.
Review Date	20/09/2022	**Review Details**	Service still currently seeing ulcerated and high risk patients only due to level of vacancies within the service. Patients able to access advice and guidance if their foot health deteriorates and services expedites appointments for them. Vacancies still difficult to recruit to. Adverts currently out on NHS jobs Podiatry apprenticeships x 2 signed off and start course this week International recruitment: 1 candidate has passed English test and in process of getting HCPC registration and visa. Other 2 candidates still have to pass their English test. HEE supporting training for this. Extra hours to existing staff offered. Bank and agency adverts out. SBAR being written to see if enhanced overtime rates for internal podiatry staff can be implemented.
Review Date	05/07/2022	**Review Details**	Remedy and website updated with comms regarding capacity situation and seeing mainly critical cases only. Text message to existing patient to highlight current capacity issues of service and signposting to self help resources currently being sent out to those patients who have a mobile number approximately 80% of our caseload.
Review Date	18/05/2022	**Review Details**	Bank and agency staff have been recruited where possible but we are still holding vacancies. Awaiting final response from Comms regarding the strategy agreed to make patients and the system aware of pressures.
Review Date	25/04/2022	**Review Details**	Extra hours being offered to staff Bank staff being used (very limited resource) recently advertised for bank staff twice with no applicants Agency staff being resourced but again limited. Long term workforce planning - 2 apprentice roles recruited to, start Sept 2022. Successful recruitment programme from Spain 3 candidates allocated to Sirona dependant on passing English exams and HCPC registration. Comms strategy agreed to advise system and current patient caseload of pressures of capacity

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
524 v.2	07/06/2022	02 Corporate	1 - Open	4 x 4 = 16

Risk Title

No Access to the FTSU module

Full Risk Description

If access to the FTSU module on Ulysses is not made available to the FTSU guardians the issues raised by staff can not be addressed

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	2
Adult Services / Sirona-Wide / Sirona-Wide	**Severity**	4	**Severity**	1
Children's Services / Sirona-Wide / Sirona-Wide	**Risk Score**	16	**Risk Score**	2
Corporate Services / Sirona-Wide / Sirona-Wide				
Specialist Services / Sirona-Wide / Sirona-Wide				

Categorisation & Monitoring Group

Category of Risk	Digital	Monitoring Group	SLT

Controls

Controls In Place

No Controls in Place recorded

Actions

Action No.	1	Start Date	07/06/2022	Target Date	07/06/2022	Completion Date	/ /
Action Description	Numerous emails/conversations have taken place with IT management to no avail.						
Progress	agreed with the FTSU module owner to arrange a meeting with all Ulysses and IT and themselves to get the situation resolved						

Action No.	2	Start Date	07/06/2022	Target Date	31/07/2022	Completion Date	23/08/2022
Action Description	meeting to be arranged with the FTSU guardians IT managers and Ulysses to try and get it resolved						
Progress	Wendy Best tried to resolve the issue with Ulysses on 18.8.22; they advised that they believed the issue was to be resolved by Sirona IT. Advice on what needed to happen was shared by Ulysses 22.8.22. A follow up meeting was had with Sirona IT 23.8.22. Now awaiting the return from leave of more senior IT staff to support the matter.						

Action No.	3	Start Date	18/08/2022	Target Date	30/09/2022	Completion Date	/ /
Action Description	After taking some time for the matter to progress through various stages, it is now apparent that the issue sits with Sirona IT (remote server). Action is now awaited from them. See e-mails below.						

Progress	

Risk Reviews		**Review Frequency** 1 - Monthly (Risk Score 12-25)		**Next Review** 25/02/2023
Review Date	26/01/2023	**Review Details**	One of the FTSU Guardians now has access to the FTSU system. However, there seems to be some issue with the other Guardian's password. I think this will be easily rectified once both Guardians and the Ulysses Facilitator meet. FTSU training has been arranged with Ulysses for the 31.3.2023. The FTSU link (currently inactive) on the main Ulysses web dashboard works well when tested so staff will be able to report once access is gained by both FTSU Guardians to the Window's side of the module.	
Review Date	13/12/2022	**Review Details**	Discussed with Ulysses System Administrator - risk score is to be reduced as there is now access to the module however risk review needs to be discussed with the risk owner prior to risk entry being formally updated.	
Review Date	05/10/2022	**Review Details**	IT provided direct access to the remote server rather than going via RD webclient. Advised this would resolve the issue of access to the FTSU module. Waiting to hear if this has rectified the issue for the staff who would manage the FTSU module. Other issues however have come to light for the other users of Ulysses with regarding to using direct access to the remote server including not being able to export the data into word or Excel. IT are aware of this and are trying to find a resolution that suits all users.	
Review Date	09/09/2022	**Review Details**	A meeting was had on 23.8.22 with the Ulysses Facilitator and a member of IT who is trying to resolve both access to the FTSU module and the issue of adding attachments to Ulysses. He believes both issues are related to the remote desktop. He was unable to progress further as the senior IT staff who are able to support were on annual leave until the beginning of September. The Ulysses Facilitator did not follow up at the beginning of September owing to the network outage and other issues with remote desktop. Emails have now been sent 6.9.22 and 8.9.22 to IT - now awaiting a response.	
Review Date	09/06/2022	**Review Details**	Risk Team amended monitoring committee to SLT due to risk type - in line with Risk Management Policy.	

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	593 v.1	Date	14/12/2022	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	4 x 4 = 16

Risk Title

Inadequate Process for IT Asset Management

Full Risk Description

Sirona currently has an ineffective process for managing IT assets with respect to new joiners, movers and leavers. Existing IT assets (laptops etc.) are not returned upon an employee leaving, but are retained by the line manager for re-issue. The machines are not wiped, rebuilt and do not receive a health check prior to re-issue. In addition, new machines are being procured when potentially reusable machines are retained within the organisation, presenting financial risk.

Machined managed in this way present cyber security risk and information governance risk as the contents of the machines are not actively reviewed or managed prior to re-issue.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	2
Not Assigned a Location	**Severity**	4	**Severity**	3
	Risk Score	16	**Risk Score**	6

Categorisation & Monitoring Group

Category of Risk	Digital	Monitoring Group	SLT

Controls

Controls In Place

No Controls in Place recorded

Actions

Action No.	1	Start Date	30/01/2023	Target Date	03/02/2023	Completion Date	/ /
Action Description / Progress	Confirm quantity of laptops and desktops that have been securely disposed since April 2020						
Action No.	2	Start Date	30/01/2023	Target Date	03/02/2023	Completion Date	/ /
Action Description / Progress	Confirm new equipment ordered from suppliers since Apr 2020 - to include Galtec, Dell and NHSE						

Risk Reviews

Risk Reviews
Risk Not Reviewed

Risk

Risk No. & Ver.	377 v.3	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 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

Action Not A Control

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

Controls

Details of Controls
Action Not A Control

Actions

Action No.	2	**Start Date**	01/11/2021	**Target Date**	15/01/2023	**Completion Date**	/ /
Action Description	Staff reviewing caselaods to minimise risk to service users						
Progress	All audits now completed and being pulled into a 10 week action plan with the support of the INT focus project team.						
Action No.	5	**Start Date**	01/04/2022	**Target Date**	01/03/2023	**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	Complexity audits complete in all SG INTS awaiting action plan from project team						
Action No.	6	**Start Date**	24/01/2023	**Target Date**	01/03/2023	**Completion Date**	/ /
Action Description	SBAR submitted to request merger of 2 INTs to increase resilience to improve patient safety and prevent harms and to improve levels of support to staff. Agreed at Ops Governance meeting and to be shared with staff over coming weeks. To move to new way of working by end of Feb 2023						
Progress							

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 18/02/2023

Review Date	19/01/2023	**Review Details**	On-going risk. All possible controls in place. Recruitment on-going but significant vacancies remain.

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	581 v.3	Date	09/11/2022	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	4 x 4 = 16

Risk Title

Agency overspend

Full Risk Description

Need for additional staffing so capacity meets demand- currently using Thornbury Nursing Services (TNS) which is expensive but the only agency that can reliably supply ENPs.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	3
Adult Services / N Somerset - Woodspring / N. Somerset MIU	**Severity**	4	**Severity**	2
	Risk Score	16	**Risk Score**	6

Categorisation & Monitoring Group

Category of Risk	Business / Finance	Monitoring Group	SLT

Controls

Details of Controls

Action Not A Control

Booking agency for mid shifts instead of long days wherever possible to reduce expenditure.

Actions

Actions

No Actions recorded

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 03/02/2023

Review Date	04/01/2023	Review Details	Ongoing TNS overspend. Review staffing daily, have also been booking 8 hour TNS shifts instead of 12 hour long days, so working short at either end of the day to save money.

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	576 v.1	Date	24/10/2022	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 5 = 15

Risk Title

SPA Telephony - Silent Calls

Full Risk Description

Ongoing issues as above.
Affects approximately 5% of calls per day.
Complaints from system partners within SWAST and Primary care

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	1
Adult Services / Sirona-Wide / SPA	**Severity**	3	**Severity**	3
Corporate Services / Digital/IT / Corporate - IT Services	**Risk Score**	15	**Risk Score**	3

Categorisation & Monitoring Group

Category of Risk	Digital	Monitoring Group	SLT

Controls

Controls In Place

No Controls in Place recorded

Actions

Action No.	1	Start Date	26/01/2023	Target Date	31/01/2023	Completion Date	/ /

Action Description	Agree resolution date of 31/1/23 with Node4 to achieve
Progress	

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) Next Review 25/02/2023

Review Date	26/01/2023	Review Details	The supplier has now pulled this issue together into a single problem call and assigned a team to manage this. The issue has also been escalated to the Director of Operations The issue has been identified as a BT fault and acknowledged by them as something they need to resolve on their side. Cisco have also been asked by NOde4 to review the phone setup and have confirmed it meets industry standards. Becky Smith is proving generally daily silent call lists to Node4 .

			Node4 are testing a number of resolutions with different staff and we have asking for regular updates along with a resolution time for BT
Review Date	25/10/2022	**Review Details**	Risk Team added SLT as monitoring committee due to risk type - in line with Risk Management Policy.

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	587 v.1	Date	02/12/2022	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 5 = 15

Risk Title

Non-compliance with requirement to log events during on-call period

Full Risk Description

We do not comply with the contractual requirement as an NHS funded organisation, furthermore Sirona's is unable to defend themself against claims brought up by stakeholder at a later time.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	1
Adult Services / Sirona-Wide / Undisclosed	**Severity**	3	**Severity**	3
Specialist Services / Sirona-Wide / Undisclosed	**Risk Score**	15	**Risk Score**	3
Specialist Services / Sirona-Wide / Undisclosed				
Corporate Services / Sirona-Wide / Undisclosed				

Categorisation & Monitoring Group

Category of Risk	Contracts	Monitoring Group	SLT

Controls

Details of Controls

Current Controls

On-Call Log audits and escalation via EPRR Strategic Lead

Actions

Actions

No Actions recorded

Risk Reviews

Risk Reviews

Risk Not Reviewed

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
428 v.6	16/11/2021	02 Corporate	1 - Open	3 x 4 = 12

Risk Title

Capacity issues within Community Paediatric service regarding to meet current demands for new referrals and children open to the service

Full Risk Description

If children are unable to be seen in a timely fashion for there initial assessments this increases the impact of their unrecognised or untreated medical issues which could have a negative impact on their outcomes.
If we are unable to meet the 18 week target to treatment which is one of the key performance indicators for Community Paediatrics there will be challenge from the Commissioners with potential implications both financial and reputational.
If children who are open to the service are not see in a timely fashion there is a risk that their health needs will not be met.
Clinicians with high caseloads are experiencing significant stress and anxiety which could result in increased sickness rates and issues with recruitment and retention

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	2
Children's Services / Childrens / Children's Community Paediatrics	**Severity**	3	**Severity**	3
	Risk Score	15	**Risk Score**	6

Categorisation & Monitoring Group

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

Controls

Details of Controls

Current Controls

- Clinicians have flagged children who need to be prioritised for follow up
- Waiting list initiative funding being offered to clinicians to offer additional clinical sessions
- Permanent member who are part time have been offered increased sessions
- Enhanced payments agreed for clinicians and admin staff to offer addtional sessions

Control Ineffective/not Working

- Locums had been employed to offer some additional capacity .However due to the identified quality issues with their work the short term locum's contract was ended early
- Recruitment to vacant post being undertaken - no applicants received

Actions

Open Board 15+ Monitoring Group Report

Action No.	1	**Start Date**	01/11/2021	**Target Date**	18/01/2023	**Completion Date**	/ /
Action Description	Review of workforce to consider opportunities for skill mixing to increase capacity						
Progress	Ongoing - still awaiting confirmation final budget for next year. Issues with recruitment regarding both speciality doctor and neurodevelopmental nursing posts in North Somerset						
Action No.	3	**Start Date**	20/01/2022	**Target Date**	03/04/2023	**Completion Date**	/ /
Action Description	Pathway refresh being undertaken with development of task and finish groups to look at 4 key clinical pathways to ensure consistent, effective and efficient processes in place. Will focus on opportunities for skill mixing						
Progress	ADHD pathway nearly complete and ready to launch once webinars completed and uploaded onto website. Will need formal launch with links to SENCos and GPs to understand new processes. Sleep pathway development underway and being led by Neurodisablity nursing lead						
Action No.	6	**Start Date**	01/11/2022	**Target Date**	01/02/2023	**Completion Date**	/ /
Action Description	Following Discussion at ICS Children's Operational Board agreed that immediate actions need to be taken to reduce number of referrals entering service whilst ongoing work to develop longer term options regarding service delivery models						
Progress	Internal agreement regarding Clinical prioritisation and restricted criteria agreed. Awaiting ICB sign off and and help desk. These should be completed by mid Jan 2023 and then criteria change can be implemented						
Action No.	7	**Start Date**	01/09/2022	**Target Date**	03/04/2023	**Completion Date**	/ /
Action Description	Transformation work to be completed to review Comm Paed offer alongside whole of Community Children's Services.						
Progress	No progress since last update - awaiting final sign off restricted referral criteria						

Risk Reviews

Risk Reviews

Risk Not Reviewed

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

Workforce Retention T&F group established to generate immediate action suggestions. Suggestions costed and package of initiatives agreed by SLT. Launched to all staff as #OneYou retention initiatives package phase 1. Managers' webinars, slides and guidance shared. To be embedded via managers - ongoing. Phase 1 evaluated. #OneYou retention initiatives package phase 2 scoped and costed, awaiting consideration by SLT

Control No Longer In Place

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

Actions

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

Action No.	2	Start Date	01/09/2021	Target Date	31/01/2022	Completion Date	29/07/2022

Action Description	Year-1 plan completed. Support requested from line manager to progress complete implementation and develop longer-term plan September 2021
Progress	These actions have been incorporated into a package of measures to support Workforce Retention which were approved created by the Workforce Retention T&F group led by Sarah Margetts and approved by SLT in July 2022

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.

Action No.	5	**Start Date**	08/07/2022	**Target Date**	01/08/2022	**Completion Date**	/ /

Action Description	Workforce Retention Task & Finish group established to generate new ideas. Suggestions costed and package of initiatives agreed by SLT. Launched to all staff as #OneYou retention initiative package phase 1. Managers' webinars, slides and guidance shared. To be embedded via managers - ongoing. Evaluation of phase 1 complete. #OneYou retention initiative package phase 2 scoped and costed, awaiting consideration by SLT
Progress	#OneYou retention initiative package phase 2 scoped and costed, awaiting consideration by SLT

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 16/02/2023

Review Date	17/01/2023	**Review Details**	#OneYou retention initiatives package phase 2 scoped and costed, awaiting consideration by SLT

Review Date	05/12/2022	**Review Details**	Full staff evaluation of phase 1 package complete. Testing appetite and gaining additional ideas for phase 2 package complete. Recommended next steps written, but seeking place to report evaluation and recommended next steps and to gain resource commitments. Also, 6 months of exit interview data analysed and recommendations written, but seeking place to report findings and recommendations to managers.
Review Date	07/11/2022	**Review Details**	19 out of 20 initiatives implemented. Rewards for service with Sirona not yet implemented, but project now progressing well. Full staff evaluation of phase 1 package and testing appetite for phase 2 ideas underway via T&F group, Our Voice, People & Development Group, and all staff comms and survey.
Review Date	10/10/2022	**Review Details**	Initial evaluation completed. Most initiatives implemented, further supporting information shared. Rewards for service at Sirona not yet implemented. T&F group to review success of phase 1 initiatives w/c 10 October. Ideas for phase 2 compiled for review, some exploration commenced
Review Date	12/09/2022	**Review Details**	#OneYou package of 20 retention initiatives being rolled out by managers. Managers webinars completed. Comms to staff and managers. Webinar recording, managers slides, and guidance on each initiative shared. Initial evaluation poll launched. Some initiatives still being developed for implementation.
Review Date	17/08/2022	**Review Details**	Package of workforce retention initiatives launched and initial response from staff and managers is positive. Feedback is that this package will support people to remain with Sirona
Review Date	22/07/2022	**Review Details**	Risk increasing. Being mitigated by exploration of costed suggested immediate organisation-wide actions generated by Workforce Retention Task & Finish group and consideration by SLT
Review Date	08/06/2022	**Review Details**	Risk reviewed - staff turnover remains high but fewer staff are now considering leaving than comparator organisations (NHS Staff Survey results)
Review Date	11/05/2022	**Review Details**	Risk reviewed - no change in position. In the last month we have launched exit interviews via an external provider for 6 months, starting 9 May 2022. We have also run a financial wellbeing campaign via Workplace. Also joined SW group sharing resources on HCA retention. Also discussed colleague retention at Our Voice meeting. Line manager to unblock ideas and actions related to colleague recognition.
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.	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

Action Not A Control

- 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**	31/03/2023	**Completion Date**	/ /
Action Description	Recruitment of international nurses to provide an additional talent pipeline from outside the UK.						
Progress	Funding period extended by NHSE to March 23						
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 .						
Action No.	7	**Start Date**	04/07/2022	**Target Date**	31/08/2022	**Completion Date**	30/08/2022
Action Description	Working with Healthier Together partners to develop Sirona EVP, targeting therapists & support workers for D2A.						
Progress	Healthier Together resource appointed for this piece of work and activity ongoing to develop EVP and adapt to Sirona.						
Action No.	8	**Start Date**	01/08/2022	**Target Date**	30/09/2022	**Completion Date**	/ /
Action Description	Booster awareness campaign for relocation and employee referral schemes						
Progress							
Action No.	9	**Start Date**	01/09/2022	**Target Date**	16/10/2022	**Completion Date**	/ /
Action Description	Attend national careers fairs for all professions						
Progress							
Action No.	10	**Start Date**	04/07/2022	**Target Date**	31/08/2022	**Completion Date**	30/08/2022

Action Description	Bid for NHSE funding to support international therapy recruitment with BNSSG partners
Progress	Bid successful and advised 25/08/22

Action No.	11	**Start Date**	01/09/2022	**Target Date**	30/09/2022	**Completion Date**	/ /

Action Description	Create international therapy recruitment pipeline with BNSSG partners
Progress	funding bid successful. Recruitment to be carried out by NHSProfessionals under UHBW contract. Next steps to identify details of Sirona placements, supervision, pastoral support etc. for 10 OT, 3 Podiatrists and potentially an additional 10 Physios

Action No.	12	**Start Date**	30/01/2023	**Target Date**	28/02/2023	**Completion Date**	/ /

Action Description	Recruitment attraction plan for 23/24 being prepared for submission to FEED committee/SLT for approval.
Progress	

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 26/02/2023

Review Date	27/01/2023	**Review Details**	Risk remains high. Recruitment Attraction plan with funding request to be prepared and submitted for approval.
Review Date	02/12/2022	**Review Details**	Risk remains high. Additional funding approved to carry out more recruitment attraction/advertising; international recruitment expanded to AHPs as well as Nurses; continue to work with system colleagues to develop EVP. Attraction plan for 23/24 being created for approval.
Review Date	17/08/2022	**Review Details**	Risk remains high due to ongoing shortages. Campaigns underway for D2A, HT@Home & Integrated Stroke Service. Attraction activities include back of bus; SmartScreen and radio advertising across BNSSG from September to November. National Careers Fairs booked x 4 in Sept and Oct. Additional funding for international recruitment of AHPs applied for. International nurse recruitment ongoing with 5 hires; 6 new starters scheduled for October and 6 in process.
Review Date	14/07/2022	**Review Details**	Risk remains high due to ongoing shortages. Campaigns underway for D2A, HT@Home & Integrated Stroke Service. D2A recruitment plan being formulated. Additional funding for international recruitment of AHPs applied for. International nurse recruitment ongoing with 3 starters this month, 2 for August and a further 11 in the pipeline for visas.
Review Date	15/06/2022	**Review Details**	Risk remains high due to ongoing shortages. Campaigns underway for D2A, HT@Home, Stroke Service. Additional recruitment resource being recruited to support D2A. Booked for four national careers fairs across next six months to target candidates outside BNSSG. International therapy recruitment funding bid to be submitted in July (BNSSG bid incorporating Sirona requirements).
Review Date	17/05/2022	**Review Details**	Risk remains high due to ongoing shortages. Campaigns underway for D2A, Healthier Together @ Home, Rehab Support Worker recruitment (have recruited over 50 Healthcare Support Workers in past 6 months). Next action will be to review social media activity to support out of BNSSG recruitment of therapists and nurses.
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)
551 v.1	04/08/2022	02 Corporate	1 - Open	4 x 4 = 16

Risk Title

Excessive use of off-framework agencies

Full Risk Description

As a result of the excessive use of off-framework agencies there is a risk that our agency costs escalate significantly and there are quality and performance issues with agency workers, resulting in a poor service user experience

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	2
Not Assigned a Location	**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

Actions are underway to address this (see actions below) and this work will form a key part of our People Programme. Issues have also been escalated to system partners to convene a system approach to this issue and address the matter together. Current issues with TNS agency have been escalated to Director of People & Development who is supporting with resolution.

Spend report and usage is being fed through to Silver meetings weekly, and Director of People & Development has requested this information for monitoring and reporting under the People Programme.

Actions

Action No.	Start Date	Target Date	Completion Date
1	04/08/2022	30/09/2022	/ /

Action Description

Current actions that we are exploring include:

- Consider long term strategy for agency migration
- Work with Retinue to increase shift fill and supply
- Regular meeting with TNS, Bank Team Managers and Senior manager from Sirona to discuss issues and develop solutions
- Discussion with acute partners to identify if they have issues or trends
- Develop robust & consistent SOP for authorisation and booking of TNS shifts
- More stringent reporting of incidents, cancellations & issues - Keep a detailed log
- Work with Risk team to identify all incidents in relation to TNS
- Stop block bookings with TNS - may impact immediate staffing levels & service provision

	Make Premium rates requesting easier than TNS requests. Bring forward BI for Bank Team to support with more accessible data Push Recruitment & retention proposal through quickly to facilitate bookings Look at what NBT / UHBW are offering as incentives IE "pool" / guaranteed hours - additional payments for this and if will work anywhere (ie allocate don the day will get higher % rate)
Progress	System partners are convening a joint meeting to address the issue together with them. Issues are also being experienced by UHBW, NBT and the RUH.

Action No.	2	**Start Date**	04/08/2022	**Target Date**	31/10/2022	**Completion Date**	/ /
Action Description	Medium and longer term options appraisal being undertaken with potential options to include: -Expand bank team to be able to manage higher levels of recruitment and improved staff engagement - currently have 2 additional posts on FTC for one year due to end in Dec & March. oDevelop business case for this oDevelop KPIs oConsider roles needed - recruitment coordinators and staff engagement & placement officer (filling shifts) -Expand recruitment team to enable expanded recruitment programme in to substantive posts - reducing need to utilise Bank & agency -Review & extension of recently proposed retention & recruitment incentives for bank workers.						
Progress	Additional resource from CSU to start beg September to assist with recruiting additional workers to Bank. BNSSG project to address overuse of Tier 4 agencies to begin September, including all organisations.						

Action No.	3	**Start Date**	01/11/2022	**Target Date**	02/12/2022	**Completion Date**	02/12/2022
Action Description	Secure resource to lead Sirona agency controls project and link with wider System agency controls work						
Progress	Quentin Lillis appointed as temporary consultant to lead Agency controls project from 21/11/22						

Action No.	4	**Start Date**	21/11/2022	**Target Date**	31/03/2023	**Completion Date**	/ /
Action Description	Create detailed plan to address overuse of agencies, particularly off-framework agencies. Plan to include mitigations via Bank use; improved systems & processes; improved use of on-framework agencies.						
Progress	External resource secured to review off-framework agency usage and devise plan to address this within Sirona. Paper due for completion by beg Feb 23 with remaining contract time until end March to be used for actioning approved plan.						

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 26/02/2023

Review Date	27/01/2023	**Review Details**	Resource in place to carry out review and produce action plan. Plan due to be submitted via Reset Steering in early Feb.
Review Date	04/08/2022	**Review Details**	Risk has been added due to the following issues: Multiple issues with booking & managing shifts with off framework agency Increased number of incidents in relation to TNS workers Vs bank & Retinue incidents including Medication errors, Shift cancellations, Inappropriate experience, Patient care complaints Slow response from TNS in relation to complaints. Inconsistent / inefficient approach to complaints No assurances that issues / training or outcomes have been agreed for prevention of future incidents. Slow response to send compliance pack requests Issues with invoicing and processing - currently being negotiated with TNS

			Multiple outstanding back dated invoices to be approved Approx.70 - This is going to take weeks / months to approach on WAP and address any issues Despite sending information to TNS for individual teams, contacts & budget codes processing and booking of shifts remain problematic (E.G mixed up addresses, incorrect locations etc) An email has gone out to the teams / services requesting Ulysses be completed for al incident in relation to TNS and some services are collating information Collating of data is a manual process and BI is not yet available to Bank Team - this makes data raw and collating time consuming TNS do not use Allocate system, so we are reliant on team adding TNS shifts & fill on to the system for Audit purposes Inconsistent supply of data from TNS re shift fill, charges and overall use. (previously supplied, but no longer) Rising financial burden of increased use of TNS

Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
525 v.4	09/06/2022	02 Corporate	1 - Open	4 x 4 = 16

Risk Title

Potential harm to patients due to inability to deliver timely wound care

Full Risk Description

As a result of internal escalation and pressures, the WWV coordination hub are triaging and deferring daily (as per agreed SOP), and those patients who are identified as red visits are prioritised. As the weeks go by and continued triaging continues, we are seeing an increase in amber wound care patients being escalated to red visit status.
This is resulting in the risk that patients wounds will deteriorate, and increased number of wound care adverse events reported.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	4	**Likelihood**	2
Adult Services / N Somerset - Weston & Worle / Pier Health	**Severity**	4	**Severity**	3
Adult Services / N Somerset - Weston & Worle / Mendip Vale Worle	**Risk Score**	16	**Risk Score**	6

Categorisation & Monitoring Group

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

Controls

Details of Controls

Current Controls

- Daily clinical triage via the Weston Coordination Centre to review all visits (red, amber & green). There are currently too many being deferred on a daily basis to complete the deferred template with EMIS.
- Bank and agency are being used to supplement workforce, although availability and fill rates are variable.
- Weekly monitoring and triangulation of quality metrics within the internal control centre dashboard
- Ongoing cleansing of caseload to ensure patients care needs are appropriately RAG rated.

Action Not A Control

- All adverse incidents are reported using ulysses.
- Where required 72hrs reports are completed

Actions

Actions

No Actions recorded

Risk Reviews		Review Frequency 1 - Monthly (Risk Score 12-25)		Next Review 04/02/2023
Review Date	05/01/2023	**Review Details**	Ongoing deferred patients within the locality, regular reviews of patients with wounds and severity using the RAG rating and complexity tool. Business as usual for zonal reviews. during extreme pressures band 6 visiting patients within their zones to manage patients with complex wound to ensure correct treatment plans in place to support staff with decision making. Currently completing a wound audit as part of the INT focus for Sirona trust wide project.
Review Date	20/11/2022	**Review Details**	Agreed that the caseload audit reflects local understanding of service caseload. However, the audit has reduced number significantly as data was cleansed Recruitment to all grades remains an issue therefore big impact on daily capacity. Band 6 and some band 7 resource is pulled into coordination centre daily Band 6 expressions of interest from agency staff through Retinue for coordination centre Band 3 supporting after 5pm daily to support the triage role and allocation Admin consultation to increase substantive post to support Triage. Deferral template to be completed on all complex patients RAG rating being utilised for complex scoring for patients

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	135 v.14	Date	09/07/2020	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 4 = 12

Risk Title

Autism Diagnostic waiting times for children and young people

Full Risk Description

If children and young people continue to wait for up to 2 years for an Autism assessment, those with mental health difficulties are likely to deteriorate, and those experiencing difficulties managing education may experience educational placement break down.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	2
Children's Services / Childrens / Children's And Family Health Services	**Severity**	3	**Severity**	3
	Risk Score	15	**Risk Score**	6

Categorisation & Monitoring Group

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

Controls

Details of Controls

Current Controls

During lockdown SLT are offering telephone consults and some video assessments to reduce amount of face-to-face assessment time needed. Learning from lockdown has resulted in a blended digital/face-to-face pathway. All families have a telephone consultation at the start of the assessment.
Children and young people on the waiting list are being stratified for clinical complexity. Those rated 'red' are being seen as a priority
Parent/carers are being provided with information about the length of the wait for their child's assessment and are sign-posted to support and advice available while they wait.
Children who are 11+ and approaching secondary school age are prioritised
Young people who are 16 years + and approaching adulthood are prioritised
Increased capacity has reduced waiting times slightly
Waiting List Initiative operational from Jan-Dec 22 aims to reduce the waiting times
Waiting list initiative is seeing up to 75 additional children for ab autism assessment each month
Clinical pathways have been streamlined to maximise clinical efficiency
13 needs-led support offers funded by CCG and delivered by a range of organisations went live on 1st April. These offers will provide support to children and families while they wait for

Controls

Details of Controls

Current Controls

an assessment.

Prioritisation Process in place - parent/carers and referrers can request that a child's assessment is prioritised due to escalating concerns about the child's health and wellbeing, and increasing risk of family or education placement breakdown.

Additional advice and guidance pages have been added to the CCHP website to support families while they wait

Actions

Action No.	4	**Start Date**	09/11/2020	**Target Date**	09/11/2020	**Completion Date**	13/12/2022
Action Description	A demand-capacity toll has been completed with projected flight plan to reduce number of CYP waiting for an ASD assessment.						
Progress							

Action No.	8	**Start Date**	01/04/2022	**Target Date**	31/03/2023	**Completion Date**	13/12/2022
Action Description	SPACE service pilot. Will provide support for up to 100 families of young children with social communication difficulties. Funding provided for 12 months from CCG Needs-led project will provide an additional 11 support services for children and young people waiting for an autism assessment or presenting with social communication difficulties						
Progress							

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 12/01/2023

Review Date	13/12/2022	**Review Details**	In discussion with Children's AD, this risk has been increased. Waiting times have increased, families are reporting a detrimental impact on children and young people, and volume of complaints and concerns received by the service related to waiting times is increasing.

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	218 v.14	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

Staff working in the UTC have no resilience and are regularly displaying signs of emotional distress whilst on shift. There is a growing lack of confidence in the service leadership team and the organisation. The ability to problem solve and manage day to day situations (both clinically and operationally) is adversely affected by low morale and individuals have started to look elsewhere for alternative employment. As a result of this there is a risk that staffing levels will reduce further which will compound the situation. There is also a risk that clinical decision making is affected resulting in poor patient management and potential harm.

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

- Escalation framework drafted to support staff with management of patient flow.
- Interim DoS profile approved which reduces the demand on the UTC. To be review in September 2022.
- Proactive promotion of wellbeing initiatives and access to support.

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

Control No Longer In Place

Capacity and demand modelling complete and request for additional resource submitted to CCG by Deputy Finance Director as part of 111 First workstream.
Funding received and recruitment is underway.

Actions

Actions

No Actions recorded

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 21/01/2023

Review Date	22/12/2022	**Review Details**	Risk reviewed and current score amended to reflect position.

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	600 v.1	Date	05/01/2023	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	5 x 3 = 15

Risk Title

Collar care

Full Risk Description

Community support workers and clinicians are responsible for changing collars in the community on the discharge to assess pathway. There is a risk that a patient could sustain a catastrophic/life limiting injury during a visit where a collar needs to be removed and changed if procedures are not followed correctly.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	3	**Likelihood**	2
Adult Services / Sirona-Wide / Sirona-Wide	**Severity**	5	**Severity**	5
	Risk Score	15	**Risk Score**	10

Categorisation & Monitoring Group

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

Controls

Details of Controls

Current Controls

- See SBAR
- Spinal AHP lead training sessions to either PEFs (to roll out across teams) or direct to CSWs and therapist being arranged following meeting with Clinical Leads Jan 2023.
- INTS requested to update Competency Matrix for all staff involved in collar care to ensure level of competency is transparent.
- Teams informed that staff must not complete collar care if patients are discharged without formal guidance and risk assessment from hospital.
  Therapists informed that a further risk assessment must be completed in the home if guidance provided but further risk assessment of environment/situation required on discharge.
- NBT collar care competency to be adapted for use across Sirona in the short term.
  Meeting to be arranged with AHP spinal lead in NBT to develop a formal competency longer term.
- Sirona Collar care policy to be developed.
- Teams informed that staff must not complete collar care if they have not been trained and signed off as competent.

Actions

Action No.	1	Start Date	16/01/2023	Target Date	28/02/2023	Completion Date	/ /

Action Description	Meeting to be arranged with Spinal AHP lead to set dates and agree process for training sessions.						
Progress							
Action No.	2	**Start Date**	15/01/2023	**Target Date**	31/01/2023	**Completion Date**	/ /
Action Description	Current NBT competency to be adapted for use across Sirona in the short term.						
Progress							
Action No.	3	**Start Date**	15/01/2023	**Target Date**	28/02/2023	**Completion Date**	/ /
Action Description	Collar care policy to be written.						
Progress							

Risk Reviews

Risk Reviews

Risk Not Reviewed

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	549 v.7	Date	28/07/2022	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 5 = 15

Risk Title

Violence and aggression at Yate MIU

Full Risk Description

Increased episodes of reported and unreported Violence & aggression towards staff at yate MIU.
1 x episode of physical violence.
Multi-factorial causes, abuse mainly aimed at admin/ reception staff from service users, other building users and general public.
Some anti-social behaviour by youths around the area.
Increased episodes when yate MIU goes onto restricted access. Environment also causative factor.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	3
Not Assigned a Location	**Severity**	3	**Severity**	2
	Risk Score	15	**Risk Score**	6

Categorisation & Monitoring Group

Category of Risk	Health, Safety & Security	Monitoring Group	Quality & Outcomes Committee

Controls

Details of Controls

Current Controls

Multi- agency approach to reducing V&A at yate MIU including H&S, community police, head of Yate shopping centre security, estates, NHS property services, reception, and Yate MIU management. Other building users- GP surgery practice manager.
Additional training for reception staff on 'dealing with difficult conversations' ' wellbeing' and lone working.
Personal alarms for all reception/ admin staff
recording of all incidents on form provided and enter on Ulysses to understand true frequency and themes.
Mini microphones added to reception screen to aid with less raised voices and echoing sounds in the main reception area.
Environmental audit, with sound engineers to understand noise problem within main area, action plan and costs required.
Liaised with coms re: V&A problem, Zero tolerance posters displayed at yate MIU, media piece in local news all actioned.
Ensure Yate MIU website is accurate to reduce un- necessary trips by service users for complaints that MIU can not treat, for example, minor illness. Ensure Yate MIU website displays information regarding 'restricted access' NBT website information on yate MIU for its x-ray provision is the first entry on an internet search for Yate MIU. Liaise with NBT to ensure it is accurate.

Controls

Details of Controls

Current Controls

Episodes of restricted access to yate MIU increase likelihood of aggression, ensure appropriate information is provided to service users regarding what this means and other options of obtaining help for their injuries. This also links to risk 481 regarding staffing numbers. Increased staffing would result in decreased episodes of restricted access, in turn lessening frequency of aggression.
Informal agreement with community police that they can 'hot desk' out of Yate MIU reception area ad hoc to increase their presence, aiming to deter episodes of V&A
Improved signposting in main reception area to improve flow through building, reduce complaints directed at Yate MIU reception desk directed by general public towards all services within the building.
2nd set of doors through to Yate shopping centre remain closed to reduce use as thoroughfare and reduce anti-social behaviour by youths running through building or riding pushbikes into building.
Ensure reception/ admin lone working is reduced as far as possible, by increased funding to provide permanent budget for MIU reception staff for all of hours yate MIU is open, - this has been achieved. recruitment is currently in place for these funded hours. Funding for band 4 reception manager to support the admin and wider yate MIU team- achieved and recruited to.
Yate MIU management team to join new Sirona wide V&A meetings, to share learning and learn from others in similar situations.- in place
costing of security guard for ground floor Westgate centre.- NG has completed this piece of work
In adequate security footage within Yate MIU, to discuss / cost improved provision.
For all staff to understand how to 'lock down' the building in the event of an emergency situation- achieved.
2nd set of doors reopened in pilot inline with GP opening times September 2022. Await review of impact. SBAR completed for sound proofing work/ vending machine/ volunteers re- instated and signage work for MIU. escalated to CW & CC for further instruction, ? take to SLT. Interim medical director DR Wint also informed during Sept 22 visit.
Physical violence episode occurred to reception staff member in June 22. Unit managers do not believe any significant risk has been mitigated. ? risk level rising, risk level amended to reflect this.
New signage work carried out at yate Westgate building 19/1/23, improve patient experience, signpost to appropriate services, reduction in MIU reception staff being output of complaints for all services who utilise the building. Reduce pt queueing and impact on reception staff.

Actions

Actions

No Actions recorded

Risk Reviews

Review Frequency 1 - Monthly (Risk Score 12-25) **Next Review** 19/02/2023

Review Date	20/01/2023	**Review Details**	Improved signage work commenced, sound proofing await date to start work, vending machine pending, use of volunteers now given green light, await it appropriate recruitment.

Open Board 15+ Monitoring Group Report

Risk

Risk No. & Ver.	Date	Risk Level	Status	Initial Risk Rating (SxL=RR)
526 v.8	09/06/2022	02 Corporate	1 - Open	5 x 4 = 20

Risk Title

SPA Telephony failure that impacts on the ability to receive incoming urgent calls

Full Risk Description

There have been periods for greater than hour were the service has been uncontactable which represents a risk to patient safety leading to unnecessary ambulance or ED attendances, or patients in the last moments of life dying without symptom control.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	3	**Likelihood**	1
Adult Services / Sirona-Wide / SPA	**Severity**	5	**Severity**	5
Adult Services / Bristol South / SPA	**Risk Score**	15	**Risk Score**	5

Categorisation & Monitoring Group

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

Controls

Details of Controls

Current Controls

- Divert to legacy telephony solution, however handsets only placed in Withywood site. Use of mobile softphone is possible.
- Divert calls to email then evoking a call-back

Actions

Action No.	Start Date	Target Date	Completion Date
1	01/03/2022	30/09/2022	09/01/2023

Action Description	IT investigating with Node 4 the possibility of a full BCP solution with a secondary cloud based telephony provider to cut over to in the presence of service disruption
Progress	Requested an update from Andrew Hunt 2/11/22

Action No.	Start Date	Target Date	Completion Date
2	19/01/2023	03/03/2023	/ /

Action Description	Engage with and deliver a DR system
Progress	Kick off meeting 19/1/23 Node 4 provided access to DR system for SPA review SPA to create DR call flow

	SPA to meet pre sales to review full functionality of DR system 26/1/23

Risk Reviews

Risk Reviews

Risk Not Reviewed

Risk

Risk No. & Ver.	611 v.1	Date	27/01/2023	Risk Level	02 Corporate	Status	1 - Open	Initial Risk Rating (SxL=RR)	3 x 5 = 15

Risk Title

Processing of Agency timesheets & invoices

Full Risk Description

There is a risk, due to the high volume of work associated with checking and approving the large volume of TNS invoices, that the Bank & Agency team will be unable to process invoices in a timely manner to the Finance team for payment. This is having an impact on the Bank & Agency team's ability to complete other work around Bank worker clinical compliance and shift fill which is vital to address overall agency usage.

Services affected by Risk	Current Risk		Target Risk	
Division / Specialty / Directorate	**Likelihood**	5	**Likelihood**	1
Corporate Services / Finance & Payroll / Corporate - Finance	**Severity**	3	**Severity**	1
	Risk Score	15	**Risk Score**	1

Categorisation & Monitoring Group

Category of Risk	Capacity & Demand (Corporate)	Monitoring Group	Audit & Assurance Committee

Controls

Details of Controls

Current Controls

Additional resource via bank workers and overtime being used to address backlog of invoices.

Actions

Actions

No Actions recorded

Risk Reviews

Risk Reviews

Risk Not Reviewed

Board Report

Date	14th February 2023	**Agenda item**	14
Title	Articles of Association – Updates for recommendation to Members		
Author	Donna Cairns, Head of Corporate Governance		
Presented by	Julie Sharma/Donna Cairns	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☐		

Purpose of the report

To recommend amendments to our Articles of Association consequent to previous decisions updating our Governance Framework and Membership Agreement.

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 asked to review the proposals and recommend the amendments to the Members to approve. Amendments to our Articles of Association are reserved to Members in our Scheme of Delegation as a matter of company law. Amendments must be passed by the Members as a special resolution requiring a 75% majority.

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 Corporate Governance has identified the relevant sections of our Articles that needed updating based on previous decisions of the Members and the Board on our Membership Agreement and Governance Framework. This included review of previous reports, minutes and resolutions of Members and Board meetings since 2019 when the Membership classes were proposed to be expanded if the adults community contract was awarded to Sirona, and other subsequent amendments.

This covered updates to Membership classes and terms of office, NED terms of office and the appointment of a Vice-Chair. These updates were reviewed by our legal adviser on governance matters, Chris Brophy, Resolving Together, who assisted in the drafting of the amendments to the Articles.

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 Chair of the Board, the Interim Chief Executive and the Head of Corporate Governance have then reviewed the amendments that have been drafted.

Summary and Key Issues Highlighted by these teams, including mitigations
Please highlight in summary the key messages from this report, including matters of escalation from Committees or other Teams, significant issues, risks and actions to address them
This update of the Articles of Association has been limited to the updates identified to reflect previous decisions on our governance arrangements and not a more extensive review of alternative content or structures. The main amendments are to the Membership classes and terms of office, Vice-Chair provisions being added, and clarification of NED terms of office. Other minor corrections for accuracy have also been made. A summary of all the amendments is provided below. The detailed amendments are shown as tracked changes in Appendix 1.
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 requested to recommend the amendments to our Articles of Association to Members to approve.

1. Background

Our Articles of Association are our ultimate governing document or constitution. Our Governance Framework further describes the governance and operational management arrangements within Sirona. Our Membership Agreement details the governance arrangements in respect of the role of our Members. Further strategic and policy framework documents also detail the composition of the Board such as the Board's Terms of Reference and the Procedure on the Appointment and Re-election of Non-Executive Directors (NEDs).

Over the last few years, these documents have been reviewed and updated by the Board and Members Group. Not all of these changes relate to provisions within the Articles of Association: only relevant provisions in respect of the Directors and Members are being updated.

A full review of our Articles has not been identified as necessary at this time and this paper is limited to the amendments necessary to implement previously agreed changes.

2. Summary of Amendments

Model Articles of Association

- For the avoidance of doubt, reference to the model Articles for small membership CICs has been removed. Sirona's membership does not meet this definition and our Articles depart from the model Articles which are expressly excluded at Article 51.

NEDS and Directors

- Adding Vice-Chair appointment (Articles 9.2 and 16 and Schedule on Interpretation)
- Clarification on NED terms of office and ceasing to be a director at the end of a term of office. (Article 22.4 and 223 (h))

Members

- Specifying the numbers of Members per class – current wording could be read as all staff etc., not just a limited number of representatives (Article 26.3)

- The definition of the classes has been considered but left as they are to allow for flexibility in interpretation at the discretion of the Board when making appointments. (Article 26.3)

- Added wording to the provision on appointment process and terms of office for Members to state that the process will be approved by the Board. (Article 26.4)

- Specifying that the Director Members shall be the Chair and Chief Executive (Article 26.4)

- Additional grounds added for terminating a Member's appointment (Article 27)

    - No longer eligible for the membership class – e.g. a staff member is no longer employed by Sirona or a service user moves out of the area.
    - Failure to attend 3 consecutive meetings without reasonable cause
    - Long term absence and it is felt that they should be replaced
    - Unreasonable refusal to undertake training that all members are required to complete (We don't currently have any mandatory training that this would apply to but this provision gives the power to make training mandatory if required)
    - Resignation with a month's notice.

- Clarification that the Vice-Chair, another NED or a Director Member can chair Members meetings in the absence of the Chair (Article 34)

- Clarification of how voting shares for each class operate – i.e. the class as the full percentage of the vote allocated to them no matter how many Members from that class are present. (Article 38.1)

- The voting shares of each class of member are in line with previous proposals and as agreed in the Membership Agreement. This change is subject to formal consultation with each Membership class in accordance with Companies Act provisions on variation in class rights – 75% of each member of the class must consent to the changes . (Article 38.1)

The Companies Act 2006

Community Interest Company Limited by Guarantee

Articles of Association

of

Sirona Care & Health C.I.C.

Registration No: 07585003

~~(CIC Limited by Guarantee, Schedule 1, Small Membership)~~

The Companies Act 2006

Community Interest Company Limited by Guarantee

INDEX TO THE ARTICLES

INTERPRETATION **3**
1. Defined Terms 3
2. Community Interest Company 3
3. Asset Lock 3
4. Not for profit 3

OBJECTS, POWERS AND LIMITATION OF LIABILITY **4**
5. Objects 4
6. Powers 4
7. Liability of members 4

DIRECTORS **4**

DIRECTORS' POWERS AND RESPONSIBILITIES **4**
8. Directors' general authority 4
9. Chair 4
10. Directors may delegate 5
11. Committees 5

DECISION-MAKING BY DIRECTORS **5**
12. Directors to take decisions collectively 5
13. Calling a Directors' meeting 5
14. Participation in Directors' meetings 6
15. Quorum for Directors' meetings 6
16. Chairing of Directors' meetings 7
17. Decision-making at meetings 7
18. Decisions without a meeting 7
19. Conflicts of interest 7
20. Directors' power to authorise a conflict of interest 8
21. Register of Directors' interests 8

APPOINTMENT AND RETIREMENT OF DIRECTORS **9**
22. Methods of appointing Directors 9
23. Termination of Director's appointment 9
24. Directors' remuneration 9
25. Directors' expenses 10

MEMBERS **10**
BECOMING AND CEASING TO BE A MEMBER 10
26. Becoming a member 10
27. Termination of membership 11
DECISION MAKING BY MEMBERS **11**
28. Members' meetings 11
29. Length of notice 11
30. Contents of notice 12
31. Service of notice 12
32. Attendance and speaking at general meetings 12
33. Quorum for general meetings 12
34. Chairing general meetings 12
35. Attendance and speaking by directors and non-members 13
36. Adjournment 13
VOTING AT GENERAL MEETINGS **14**
37. Voting: general 14
38. Vote 14
39. Poll votes 15
40. Errors and disputes 16
41. Content of proxy notices 16
42. Delivery of proxy notices 17
43. Amendments to resolutions 17
44. Written resolutions 17
ADMINISTRATIVE ARRANGEMENTS AND MISCELLANEOUS **18**
45. Means of communication to be used 18
46. Irregularities 19
47. Minutes 19
48. Records and accounts 19
49. Indemnity 19
50. Insurance 20
51. Exclusion of model articles 20
SCHEDULE 21

The Companies Act 2006

Articles of Association

of

Sirona Care & Health C.I.C.

INTERPRETATION

1. Defined Terms

1.1 The interpretation of these Articles is governed by the provisions set out in the Schedule at the end of the Articles.

COMMUNITY INTEREST COMPANY AND ASSET LOCK

2. Community Interest Company

2.1 The Company is to be a community interest company.

3. Asset Lock

3.1 The Company shall not transfer any of its assets other than for full consideration.

3.2 Provided the conditions in Article 3.3 are satisfied, Article 3.1 shall not apply to:

(a) the transfer of assets to any specified asset-locked body, or (with the consent of the Regulator) to any other asset-locked body; and

(b) the transfer of assets made for the benefit of the community other than by way of a transfer of assets into an asset-locked body.

3.3 The conditions are that the transfer of assets must comply with any restrictions on the transfer of assets for less than full consideration which may be set out elsewhere in the memorandum and Articles of the Company.

3.4 If:

3.4.1 the Company is wound up under the Insolvency Act 1986; and

3.4.2 all its liabilities have been satisfied

any residual assets shall be given or transferred to the asset-locked body specified in Article 3.5 below.

3.5 For the purposes of this Article 3, the following asset-locked body is specified as a potential recipient of the Company's assets under Articles 3.2 and 3.4:

Name:	Sirona Foundation
Charity Registration Number:	1154787
Registered Office:	2nd Floor, Kingswood Civic Centre, High Street, Kingswood, Bristol BS15 9TR

]i

4. Not for profit

4.1 The Company is not established or conducted for private gain: any profits or assets are used principally for the benefit of the community.

OBJECTS, POWERS AND LIMITATION OF LIABILITY

5. Objects

The objects of the Company are to carry on activities which benefit the community and in particular (without limitation) to people who have a health and/or care need in the communities for which contracts for provision of service are held, the surrounding areas and nationally.

6. Powers

6.1 To further its objects the Company may do all such lawful things as may further the Company's objects and, in particular, but, without limitation, may borrow or raise and secure the payment of money for any purpose including for the purposes of investment or of raising funds.

7. Liability of members

The liability of each member is limited to £1, being the amount that each member undertakes to contribute to the assets of the Company in the event of its being wound up while he or she is a member or within one year after he or she ceases to be a member, for:

7.1 payment of the Company's debts and liabilities contracted before he or she ceases to be a member;

7.2 payment of the costs, charges and expenses of winding up; and

7.3 adjustment of the rights of the contributories among themselves.

DIRECTORS

DIRECTORS' POWERS AND RESPONSIBILITIES

8. Directors' general authority

Subject to the Articles, the Directors are responsible for the management of the Company's business, for which purpose they may exercise all the powers of the Company.

9. Chair

9.1 The Appointments Commission's Health and Social Care Appointments Committee shall appoint the first chair of the Directors.

9.2 Subject to Article 9.1, the Directors shall appoint the chair of the Directors. The Directors shall also appoint a vice-chair of the Directors.

10. Directors may delegate

10.1 Subject to the Articles, the Directors may delegate any of the powers which are conferred on them under the Articles or the implementation of their decisions or day to day management of the affairs of the Company:

10.1.1 to such person or committee;

10.1.2 by such means (including by power of attorney);

10.1.3 to such an extent;

10.1.4 in relation to such matters or territories; and

10.1.5 on such terms and conditions;

as they think fit.

10.2 If the Directors so specify, any such delegation of this power may authorise further delegation of the Directors' powers by any person to whom they are delegated.

10.3 The Directors may revoke any delegation in whole or part, or alter its terms and conditions.

11. Committees

11.1 Committees to which the Directors delegate any of their powers must follow procedures which are based as far as they are applicable on those provisions of the Articles which govern the taking of decisions by Directors.

11.2 The Directors may make rules of procedure for all or any committees, which prevail over rules derived from the Articles if they are not consistent with them.

DECISION-MAKING BY DIRECTORS

12. Directors to take decisions collectively

Any decision of the Directors must be either a majority decision at a meeting or a decision taken in accordance with Article 18. In the event of the Company having only one Director, a majority decision is made when that single Director makes a decision.

13. Calling a Directors' meeting

13.1 Two Directors may (and the Secretary, if any, must at the request of two Directors) call a Directors' meeting.

13.2 A Directors' meeting must be called by at least seven Clear Days' notice unless either:

13.2.1 all the Directors agree; or

13.2.2 urgent circumstances require shorter notice.

13.3 Notice of Directors' meetings must be given to each Director.

13.4 Every notice calling a Directors' meeting must specify:

13.4.1 the place, day and time of the meeting; and

13.4.2 if it is anticipated that Directors participating in the meeting will not be in the same place, how it is proposed that they should communicate with each other during the meeting.

13.5 Notice of Directors' meetings need not be in Writing.

13.6 Notice of Directors' meetings may be sent by Electronic Means to an Address provided by the Director for the purpose.

14. Participation in Directors' meetings

14.1 Subject to the Articles, Directors participate in a Directors' meeting, or part of a Directors' meeting, when:

14.1.1 the meeting has been called and takes place in accordance with the Articles; and

14.1.2 they can each communicate to the others any information or opinions they have on any particular item of the business of the meeting.

14.2 In determining whether Directors are participating in a Directors' meeting, it is irrelevant where any Director is or how they communicate with each other.

14.3 If all the Directors participating in a meeting are not in the same place, they may decide that the meeting is to be treated as taking place wherever any of them is.

15. Quorum for Directors' meetings

15.1 At a Directors' meeting, unless a quorum is participating, no proposal is to be voted on, except a proposal to call another meeting.

15.2 The quorum for Directors' meetings may be fixed from time to time by a decision of the Directors, but it must never be less than two (including at least one executive Director and one non-executive Director), and unless otherwise fixed it is two (including at least one executive Director and one non-executive Director).

15.3 If the total number of Directors for the time being is less than the quorum required, the Directors must not take any decision other than a decision:

15.3.1 to appoint further Directors; or

15.3.2 to call a general meeting so as to enable the members to appoint further Directors.

16. Chairing of Directors' meetings

The Chair, if any, or in his or her absence the Vice-Chair, if any, or in both of their absences another Director nominated by the Directors present shall preside as chair of each Directors' meeting.

17. Decision-making at meetings

17.1 Questions arising at a Directors' meeting shall be decided by a majority of votes.

17.2 In all proceedings of Directors each Director must not have more than one vote.

17.3 In case of an equality of votes, the Chair shall have a second or casting vote.

18. Decisions without a meeting

18.1 The Directors may take a unanimous decision without a Directors' meeting in accordance with this Article by indicating to each other by any means, including without limitation by Electronic Means, that they share a common view on a matter. Such a decision may, but need not, take the form of a resolution in Writing, copies of which have been signed by each Director or to which each Director has otherwise indicated agreement in Writing.

18.2 A decision which is made in accordance with Article 18.1 shall be as valid and effectual as if it had been passed at a meeting duly convened and held, provided the following conditions are complied with:

18.2.1 approval from each Director must be received by one person being either such person as all the Directors have nominated in advance for that purpose or such other person as volunteers if necessary ("the Recipient"), which person may, for the avoidance of doubt, be one of the Directors;

18.2.2 following receipt of responses from all of the Directors, the Recipient must communicate to all of the Directors by any means whether the resolution has been formally approved by the Directors in accordance with this Article 18.2;

18.2.3 the date of the decision shall be the date of the communication from the Recipient confirming formal approval;

18.2.4 the Recipient must prepare a minute of the decision in accordance with Article 47.

19. Conflicts of interest

19.1 Whenever a Director finds himself or herself in a situation that is reasonably likely to give rise to a Conflict of Interest, he or she must declare his or her interest to the Directors.

19.2 If any question arises as to whether a Director has a Conflict of Interest, the question shall be decided by a majority decision of the other Directors.

19.3 Whenever a matter is to be discussed at a meeting or decided in accordance with Article 18 and a Director has a Conflict of Interest in respect of that matter then, subject to Article 20, he or she must:

19.3.1 remain only for such part of the meeting as in the view of the other Directors is necessary to inform the debate;

19.3.2 not be counted in the quorum for that part of the meeting; and

19.3.3 withdraw during the vote and have no vote on the matter.

19.4 When a Director has a Conflict of Interest which he or she has declared to the Directors, he or she shall not be in breach of his or her duties to the Company by withholding confidential information from the Company if to disclose it would result in a breach of any other duty or obligation of confidence owed by him or her.

20. Directors' power to authorise a conflict of interest

20.1 The Directors have power to authorise a Director to be in a position of Conflict of Interest provided:

20.1.1 in relation to the decision to authorise a Conflict of Interest, the conflicted Director must comply with Article 19.3;

20.1.2 in authorising a Conflict of Interest, the Directors can decide the manner in which the Conflict of Interest may be dealt with and, for the avoidance of doubt, they can decide that the Director with a Conflict of Interest can participate in a vote on the matter and can be counted in the quorum;

20.1.3 the decision to authorise a Conflict of Interest can impose such terms as the Directors think fit and is subject always to their right to vary or terminate the authorisation.

20.2 If a matter, or office, employment or position, has been authorised by the Directors in accordance with Article 20.1 then, even if he or she has been authorised to remain at the meeting by the other Directors, the Director may absent himself or herself from meetings of the Directors at which anything relating to that matter, or that office, employment or position, will or may be discussed.

20.3 A Director shall not be accountable to the Company for any benefit which he or she derives from any matter, or from any office, employment or position, which has been authorised by the Directors in accordance with Article 20.1 (subject to any limits or conditions to which such approval was subject).

21. Register of Directors' interests

The Directors shall cause a register of Directors' interests to be kept. A Director must declare the nature and extent of any interest, direct or indirect, which he or she has in a proposed transaction or arrangement with the Company or in any transaction or arrangement entered into by the Company which has not previously been declared.

APPOINTMENT AND RETIREMENT OF DIRECTORS

22. Methods of appointing Directors

22.1 Those persons notified to the Registrar of Companies as the first Directors of the Company shall be the first Directors.

22.2 Any person who is willing to act as a Director, and is permitted by law to do so, may be appointed to be a Director by a decision of the Directors.

22.3 The Board when fully constituted shall have an equal number of non-executive (including a vice-chair) and executive directors plus a non-executive chair.

~~22.3~~22.4 Except where the Directors otherwise agree, non-executive directors shall hold office for an initial term of three years and they shall leave office when that term expires naturally, unless they are reappointed for a further term of three years. Upon the expiry of a second term of office they shall leave office unless they are reappointed for a further term of three years after that. A non-executive director may not hold office for more than nine consecutive years in total.

23. Termination of Director's appointment

A person ceases to be a Director as soon as:

(a) that person ceases to be a Director by virtue of any provision of the Companies Act 2006, or is prohibited from being a Director by law;

(b) a bankruptcy order is made against that person, or an order is made against that person in individual insolvency proceedings in a jurisdiction other than England and Wales or Northern Ireland which have an effect similar to that of bankruptcy;

(c) a composition is made with that person's creditors generally in satisfaction of that person's debts;

(d) the Directors reasonably believe he or she is suffering from mental disorder and incapable of acting and they resolve that he or she be removed from office;

(e) notification is received by the Company from the Director that the Director is resigning from office, and such resignation has taken effect in accordance with its terms (but only if at least two Directors will remain in office when such resignation has taken effect); or

(f) the Director fails to attend three consecutive meetings of the Directors and the Directors resolve that the Director be removed for this reason.

(g) at a general meeting of the Company, a resolution is passed that the Director be removed from office, provided the meeting has invited the views of the Director concerned and considered the matter in the light of such views.

(h) their term of office expires in accordance with paragraph 22.4.

24. Directors' remuneration

24.1 Directors may undertake any services for the Company that the Directors decide.

24.2 Directors are entitled to such remuneration as the Directors determine:

(a) for their services to the Company as Directors; and

(b) for any other service which they undertake for the Company.

24.3 Subject to the Articles, a Director's remuneration may:

(a) take any form; and

(b) include any arrangements in connection with the payment of a pension, allowance or gratuity, or any death, sickness or disability benefits, to or in respect of that director.

24.4 Unless the Directors decide otherwise, Directors' remuneration accrues from day to day.

24.5 Unless the Directors decide otherwise, Directors are not accountable to the Company for any remuneration which they receive as Directors or other officers or employees of the Company's subsidiaries or of any other body corporate in which the Company is interested.

25. Directors' expenses

25.1 The Company may pay any reasonable expenses which the Directors properly incur in connection with their attendance at:

(a) meetings of Directors or committees of Directors;

(b) general meetings; or

(c) separate meetings of any class of members or of the holders of any debentures of the Company,

or otherwise in connection with the exercise of their powers and the discharge of their responsibilities in relation to the Company.

MEMBERS

BECOMING AND CEASING TO BE A MEMBER

26. Becoming a member

26.1 The subscribers to the Memorandum are the first members of the Company.

26.2 Such other persons as are admitted to membership in accordance with the Articles shall be members of the Company.

26.3 There shall be five classes of membership:

26.3.1 'Staff Members' who shall comprise ~~be~~ up to a maximum of seven employees (but not including Directors) of the Company;

26.3.2 'Service User Members' who shall comprise~~be~~ up to a maximum of seven individuals who can represent the views of service users;

26.3.3 'Director Members' who shall comprise ~~be~~ up to a maximum of two~~the~~ Directors of the Company from time to time;

26.3.4 'Strategic Partner Members' who shall comprise~~be~~ up to a maximum of five senior individuals from organisations that work alongside the Company supporting and promoting the health and well-being of the populations served, including local clinicians, local business, higher education, and elected representatives or senior officers from local authorities, NHS organisations or voluntary sector organisations.

26.3.5 'Independent Partner Members' who shall comprise ~~be~~ up to a maximum of five

~~"Independent Partner Members' who shall be~~ individuals who bring additional skills, expertise or experience to the Members' g~~G~~roup that would be beneficial to Sirona"

26.4 No person shall be admitted a member of the Company unless he or she is approved by the Directors and the Directors shall agree the basis and procedures by which persons shall be chosen to be members from their class of membership, and the term which they shall serve as members, including any additional terms after the completion of their first term as a member. For the avoidance of doubt, members shall cease to be members at the expiry of any term unless they are reappointed for another term, and members would normally have a maximum of three terms. Except where the Directors otherwise agree for good reason, the Director Members shall be the Chair and the Chief Executive of the Company.

26.5 Every person who wishes to become a member shall deliver to the company an application for membership in such form (and containing such information) as the Directors require and executed by him or her.

27. Termination of membership

27.1 Membership is not transferable to anyone else.

27.2 Membership is terminated if:

27.2.1 the member dies or ceases to exist;

27.2.2 otherwise in accordance with the Articles;~~.~~

27.2.3 the Directors reasonably consider that the member has ceased to be part of the constituency from which he/she was appointed or otherwise ceases to be entitled under the Articles to be a member.

27.2.4 the member fails to attend three consecutive meetings of the members unless the Directors are satisfied that the absences were due to reasonable causes, and they will be able to start attending meetings of the members again within such a period of time as the Directors consider reasonable.

27.2.5 the member is unavailable to attend meetings as a result of long-term absence from work or similar activities for whatever reason and the Directors reasonably consider that another person from the member's class should replace that person.

27.2.6 the member has refused to undertake any training which all the members are required to complete, unless the Directors are satisfied that the refusal was reasonable, and that the member completes the training within such a further period of time as the Directors may reasonably require.

~~27.2.2~~27.2.7 the member resigns by giving not less than one month's prior written to the Directors.

~~27.2.3~~27.2.8 at a meeting of the Directors at which at least half of the Directors are present, a resolution is passed resolving that the member be expelled on the

~~ground thatground~~ that his or her continued membership is harmful to or is likely to become harmful to the interests of the Company. Such a resolution may not be passed unless the member has been given at least 14 Clear Days' notice that the resolution is to be proposed, specifying the circumstances alleged to justify expulsion, and has been afforded a reasonable opportunity of being heard by or of making written representations to the Directors. A member expelled by such a resolution will nevertheless remain liable to pay to the Company any subscription or other sum owed by him or her.

DECISION MAKING BY MEMBERS

28. General meetings

28.1 The Directors may call a general meeting at any time.

28.2 The Directors must call a general meeting if required to do so by the members under the Companies Acts.

29. Length of notice

All general meetings must be called by either:

29.1 at least 14 Clear Days' notice; or

29.2 shorter notice if it is so agreed by a majority of the members having a right to attend and vote at that meeting. Any such majority must together represent at least 90% of the total voting rights at that meeting of all the members.

30. Contents of notice

30.1 Every notice calling a general meeting must specify the place, day and time of the meeting, whether it is a general or an annual general meeting, and the general nature of the business to be transacted.

30.2 If a special resolution is to be proposed, the notice must include the proposed resolution and specify that it is proposed as a special resolution.

30.3 In every notice calling a meeting of the Company there must appear with reasonable prominence a statement informing the member of his or her rights to appoint another person as his or her proxy at a general meeting.

31. Service of notice

Notice of general meetings must be given to every member, to the Directors and to the auditors of the Company.

32. Attendance and speaking at general meetings

32.1 A person is able to exercise the right to speak at a general meeting when that person is in a position to communicate to all those attending the meeting, during the meeting, any information or opinions which that person has on the business of the meeting.

32.2 A person is able to exercise the right to vote at a general meeting when:

32.2.1 that person is able to vote, during the meeting, on resolutions put to the vote at the meeting; and

32.2.2 that person's vote can be taken into account in determining whether or not such resolutions are passed at the same time as the votes of all the other persons attending the meeting.

32.3 The Directors may make whatever arrangements they consider appropriate to enable those attending a general meeting to exercise their rights to speak or vote at it.

32.4 In determining attendance at a general meeting, it is immaterial whether any two or more members attending it are in the same place as each other.

32.5 Two or more persons who are not in the same place as each other attend a general meeting if their circumstances are such that if they have (or were to have) rights to speak and vote at that meeting, they are (or would be) able to exercise them.

33. Quorum for general meetings

33.1 No business (other than the appointment of the chair of the meeting) may be transacted at any general meeting unless a quorum is present.

33.2 20% of the total membership (represented in person or by proxy), whichever is greater, shall be a quorum including at least 1 of each class of Members.

33.3 If a quorum is not present within half an hour from the time appointed for the meeting, the meeting shall stand adjourned to the same day in the next week at the same time and place, or to such time and place as the Directors may determine, and if at the adjourned meeting a quorum is not present within half an hour from the time appointed for the meeting those present and entitled to vote shall be a quorum.

34. Chairing general meetings

34.1 The Chair (if any) or in his or her absence the Vice-Chair or in his or her absence some other non-executive Director (or an executive Director if he or she is also a member) nominated by the Directors will preside as chair of every general meeting.

34.2 If neither the Chair nor Vice-Chair nor such other Director nominated in accordance with Article 34.1 (if any) is present within fifteen minutes after the time appointed for holding the meeting and willing to act, the Directors present shall elect one of their number to chair the meeting and, if there is only one Director present and willing to act, he or she shall be chair of the meeting.

34.3 If no Director is willing to act as chair of the meeting, or if no Director is present within fifteen minutes after the time appointed for holding the meeting, the members present in person or by proxy and entitled to vote must choose one of their number to be chair of the meeting, save that a proxy holder who is not a member entitled to vote shall not be entitled to be appointed chair of the meeting.

35. Attendance and speaking by Directors and non-members

35.1 The cehair of the meeting may permit other persons who are not members of the Company to attend and speak at a general meeting.

36. Adjournment

36.1 The chair of the meeting may adjourn a general meeting at which a quorum is present if:

36.1.1 the meeting consents to an adjournment; or

36.1.2 it appears to the chair of the meeting that an adjournment is necessary to protect the safety of any person attending the meeting or ensure that the business of the meeting is conducted in an orderly manner.

36.2 The chair of the meeting must adjourn a general meeting if directed to do so by the meeting.

36.3 When adjourning a general meeting, the chair of the meeting must:

36.3.1 either specify the time and place to which it is adjourned or state that it is to continue at a time and place to be fixed by the Directors; and

36.3.2 have regard to any directions as to the time and place of any adjournment which have been given by the meeting.

36.4 If the continuation of an adjourned meeting is to take place more than 14 days after it was adjourned, the Company must give at least seven Clear Days' notice of it:

36.4.1 to the same persons to whom notice of the Company's general meetings is required to be given; and

36.4.2 containing the same information which such notice is required to contain.

36.5 No business may be transacted at an adjourned general meeting which could not properly have been transacted at the meeting if the adjournment had not taken place.

VOTING AT GENERAL MEETINGS

37. Voting: general

37.1 A resolution put to the vote of a general meeting must be decided on a show of hands unless a poll is duly demanded in accordance with the Articles.

37.2 A person who is not a member of the Company shall not have any right to vote at a general meeting of the Company; but this is without prejudice to any right to vote on a resolution affecting the rights attached to a class of the Company's debentures.

37.3 Article 37.2 shall not prevent a person who is a proxy for a member or a duly Authorised Representative from voting at a general meeting of the Company.

38. Votes

38.1 On any vote by the members, by whatever means, each member able to vote on the resolution in question shall have such a proportion of votes so as that in all circumstances each class of membership has the following percentage of votes no matter how many members from a particular class are voting (and each person voting in a Class has an equal share of the voting rights of that Class):

38.1.1 Staff Members: 2433% of total vote in any resolution.

38.1.2 Service User Members: 2428% of total vote in any resolution.

38.1.3 Strategic Partner Members: 218% of total vote in any resolution.

38.1.338.1.4 Independent Partner Members: 20% of total vote in any resolution.

38.1.438.1.5 Director Members: 11% of total vote in any resolution.

38.2 In the case of an equality of votes, whether on a show of hands or on a poll, the chair of the meeting shall not be entitled to a casting vote in addition to any other vote he or she may have.

38.3 No member shall be entitled to vote at any general meeting unless all monies presently payable by him, her or it to the Company have been paid.

38.4 The following provisions apply to any organisation that is a member ("a Member Organisation"):

38.4.1 a Member Organisation may nominate any individual to act as its representative ("an Authorised Representative") at any meeting of the Company;

38.4.2 the Member Organisation must give notice in Writing to the Company of the name of its Authorised Representative. The Authorised Representative will not be entitled to represent the Member Organisation at any meeting of the Company unless such notice has been received by the Company. The Authorised Representative may continue to represent the Member Organisation until notice in Writing is received by the Company to the contrary;

38.4.3 a Member Organisation may appoint an Authorised Representative to represent it at a particular meeting of the Company or at all meetings of the Company until notice in Writing to the contrary is received by the Company*;*

38.4.4 any notice in Writing received by the Company shall be conclusive evidence of the Authorised Representative's authority to represent the Member Organisation or that his or her authority has been revoked. The Company shall not be required to consider whether the Authorised Representative has been properly appointed by the Member Organisation;

38.4.5 an individual appointed by a Member Organisation to act as its Authorised Representative is entitled to exercise (on behalf of the Member Organisation) the same powers as the Member Organisation could exercise if it were an individual member;

38.4.6 on a vote on a resolution at a meeting of the Company, the Authorised Representative has the same voting rights as the Member Organisation would be entitled to if it was an individual member present in person at the meeting; and

38.4.7 the power to appoint an Authorised Representative under this Article 38.4 is without prejudice to any rights which the Member Organisation has under the

Companies Acts and the Articles to appoint a proxy or a corporate representative.

39. Poll votes

39.1 A poll on a resolution may be demanded:

39.1.1 in advance of the general meeting where it is to be put to the vote; or

39.1.2 at a general meeting, either before a show of hands on that resolution or immediately after the result of a show of hands on that resolution is declared.

39.2 A poll may be demanded by:

39.2.1 the chair of the meeting;

39.2.2 the Directors;

39.2.3 two or more persons having the right to vote on the resolution;

39.2.4 any person, who, by virtue of being appointed proxy for one or more members having the right to vote at the meeting, holds two or more votes; or

39.2.5 a person or persons representing not less than one tenth of the total voting rights of all the members having the right to vote on the resolution.

39.3 A demand for a poll may be withdrawn if:

39.3.1 the poll has not yet been taken; and

39.3.2 the chair of the meeting consents to the withdrawal.

39.4 Polls must be taken immediately and in such manner as the chair of the meeting directs.

40. Errors and disputes

40.1 No objection may be raised to the qualification of any person voting at a general meeting except at the meeting or adjourned meeting at which the vote objected to is tendered, and every vote not disallowed at the meeting is valid.

40.2 Any such objection must be referred to the chair of the meeting whose decision is final.

41. Content of proxy notices

41.1 Proxies may only validly be appointed by a notice in writing (a "Proxy Notice") which:

(a) states the name and address of the member appointing the proxy;

(b) identifies the person appointed to be that member's proxy and the general meeting in relation to which that person is appointed;

(c) is signed by or on behalf of the member appointing the proxy, or is authenticated in such manner as the directors may determine; and

(d) is delivered to the Company in accordance with the Articles and any instructions contained in the notice of the general meeting to which they relate.

41.2 The Company may require Proxy Notices to be delivered in a particular form, and may specify different forms for different purposes.

41.3 Proxy Notices may specify how the proxy appointed under them is to vote (or that the proxy is to abstain from voting) on one or more resolutions.

41.4 Unless a Proxy Notice indicates otherwise, it must be treated as:

(a) allowing the person appointed under it as a proxy discretion as to how to vote on any ancillary or procedural resolutions put to the meeting; and

(b) appointing that person as a proxy in relation to any adjournment of the general meeting to which it relates as well as the meeting itself.

42. Delivery of proxy notices

42.1 A person who is entitled to attend, speak or vote (either on a show of hands or on a poll) at a general meeting remains so entitled in respect of that meeting or any adjournment of it, even though a valid Proxy Notice has been delivered to the Company by or on behalf of that person.

42.2 An appointment under a Proxy Notice may be revoked by delivering to the Company a notice in Writing given by or on behalf of the person by whom or on whose behalf the Proxy Notice was given.

42.3 A notice revoking the appointment of a proxy only takes effect if it is delivered before the start of the meeting or adjourned meeting to which it relates.

43. Amendments to resolutions

43.1 An ordinary resolution to be proposed at a general meeting may be amended by ordinary resolution if:

43.1.1 notice of the proposed amendment is given to the Company in Writing by a person entitled to vote at the general meeting at which it is to be proposed not less than 48 hours before the meeting is to take place (or such later time as the chair of the meeting may determine); and

43.1.2 the proposed amendment does not, in the reasonable opinion of the chair of the meeting, materially alter the scope of the resolution.

43.2 A special resolution to be proposed at a general meeting may be amended by ordinary resolution, if:

43.2.1 the chair of the meeting proposes the amendment at the general meeting at which the resolution is to be proposed; and

43.2.2 the amendment does not go beyond what is necessary to correct a grammatical

or other non-substantive error in the resolution.

43.3 If the chair of the meeting, acting in good faith, wrongly decides that an amendment to a resolution is out of order, the chair's error does not invalidate the vote on that resolution.

44. Written resolutions

44.1 Subject to Article 44.3, a written resolution of the Company passed in accordance with this Article 44 shall have effect as if passed by the Company in general meeting:

44.1.1 A written resolution is passed as an ordinary resolution if it is passed by a simple majority of the total voting rights of eligible members.

44.1.2 A written resolution is passed as a special resolution if it is passed by members representing not less than 75% of the total voting rights of eligible members. A written resolution is not a special resolution unless it states that it was proposed as a special resolution.

44.2 In relation to a resolution proposed as a written resolution of the Company the eligible members are the members who would have been entitled to vote on the resolution on the circulation date of the resolution.

44.3 A members' resolution under the Companies Acts removing a Director or an auditor before the expiration of his or her term of office may not be passed as a written resolution.

44.4 A copy of the written resolution must be sent to every member together with a statement informing the member how to signify their agreement to the resolution and the date by which the resolution must be passed if it is not to lapse. Communications in relation to written notices shall be sent to the Company's auditors in accordance with the Companies Acts.

44.5 A member signifies their agreement to a proposed written resolution when the Company receives from him or her an authenticated Document identifying the resolution to which it relates and indicating his or her agreement to the resolution.

44.5.1 If the Document is sent to the Company in Hard Copy Form, it is authenticated if it bears the member's signature.

44.5.2 If the Document is sent to the Company by Electronic Means, it is authenticated if the identity of the member is confirmed in a manner agreed by the Directors

44.6 A written resolution is passed when the required majority of eligible members have signified their agreement to it.

44.7 A proposed written resolution lapses if it is not passed within 28 days beginning with the circulation date.

45. Means of communication to be used

45.1 Subject to the Articles, anything sent or supplied by or to the Company under the Articles may be sent or supplied in any way in which the Companies Act 2006 provides for Documents or information which are authorised or required by any provision of that Act to be sent or supplied by or to the Company.

45.2 Subject to the Articles, any notice or Document to be sent or supplied to a Director in connection with the taking of decisions by Directors may also be sent or supplied by the means by which that Director has asked to be sent or supplied with such notices or Documents for the time being.

45.3 A Director may agree with the Company that notices or Documents sent to that Director in a particular way are to be deemed to have been received within an agreed time of their being sent, and for the agreed time to be less than 48 hours.

46. Irregularities

The proceedings at any meeting or on the taking of any poll or the passing of a written resolution or the making of any decision shall not be invalidated by reason of any accidental informality or irregularity (including any accidental omission to give or any non-receipt of notice) or any want of qualification in any of the persons present or voting or by reason of any business being considered which is not referred to in the notice unless a provision of the Companies Acts specifies that such informality, irregularity or want of qualification shall invalidate it.

47. Minutes

47.1 The Directors must cause minutes to be made in books kept for the purpose:

47.1.1 of all appointments of officers made by the Directors;

47.1.2 of all resolutions of the Company and of the Directors (including, without limitation, decisions of the Directors made without a meeting); and

47.1.3 of all proceedings at meetings of the Company and of the Directors, and of committees of Directors, including the names of the Directors present at each such meeting;

and any such minute, if purported to be signed (or in the case of minutes of Directors' meetings signed or authenticated) by the chair of the meeting at which the proceedings were had, or by the chair of the next succeeding meeting, shall, as against any member or Director of the Company, be sufficient evidence of the proceedings.

47.2 The minutes must be kept for at least ten years from the date of the meeting, resolution or decision.

48. Records and accounts

The Directors shall comply with the requirements of the Companies Acts as to maintaining a members' register, keeping financial records, the audit or examination of accounts and the preparation and transmission to the Registrar of Companies and the Regulator of:

48.1 annual reports;

48.2 annual returns; and

48.3 annual statements of account.

48.4 Except as provided by law or authorised by the Directors or an ordinary resolution of the Company, no person is entitled to inspect any of the Company's accounting or other records or Documents merely by virtue of being a member.

49. Indemnity

49.1 Subject to Article 49.2, a relevant Director of the Company or an associated company may be indemnified out of the Company's assets against:

(a) any liability incurred by that Director in connection with any negligence, default, breach of duty or breach of trust in relation to the Company or an associated company;

(b) any liability incurred by that Director in connection with the activities of the Company or an associated company in its capacity as a trustee of an occupational pension scheme (as defined in section 235(6) of the Companies Act 2006); and

(c) any other liability incurred by that Director as an officer of the Company or an associated company.

49.2 This Article does not authorise any indemnity which would be prohibited or rendered void by any provision of the Companies Acts or by any other provision of law.

49.3 In this Article:

(a) companies are associated if one is a subsidiary of the other or both are subsidiaries of the same body corporate; and

(b) a "relevant Director" means any Director or former Director of the Company or an associated company.

50. Insurance

50.1 The Directors may decide to purchase and maintain insurance, at the expense of the Company, for the benefit of any relevant Director in respect of any relevant loss.

50.2 In this Article:

(a) a "relevant Director" means any Director or former Director of the Company or an associated company;

(b) a "relevant loss" means any loss or liability which has been or may be incurred by a relevant Director in connection with that Director's duties or powers in relation to the Company, any associated company or any pension fund or employees' share scheme of the company or associated company; and

(c) companies are associated if one is a subsidiary of the other or both are subsidiaries of the same body corporate.

51. Exclusion of model articles

The relevant model articles for a company limited by guarantee are hereby expressly excluded.

SCHEDULE

INTERPRETATION

Defined terms

1. In the Articles, unless the context requires otherwise, the following terms shall have the following meanings:

	Term	Meaning
1.1	"Address"	includes a number or address used for the purposes of sending or receiving Documents by Electronic Means;
1.2	"Articles"	the Company's articles of association;
1.3	"asset-locked body"	means (i) a community interest company, a charity or a Permitted Industrial and Provident Society; or (ii) a body established outside the United Kingdom that is equivalent to any of those;
1.4	"Authorised Representative"	means any individual nominated by a Member Organisation to act as its representative at any meeting of the Company in accordance with Article 38;
1.5	"bankruptcy"	includes individual insolvency proceedings in a jurisdiction other than England and Wales or Northern Ireland which have an effect similar to that of bankruptcy;
1.6	"Chair"	has the meaning given in Article 9;
1.7	"chairman of the meeting"	has the meaning given in Article 34;
1.8	"Circulation Date"	in relation to a written resolution, has the meaning given to it in the Companies Acts;
1.9	"Clear Days"	in relation to the period of a notice, that period excluding the day when the notice is given or deemed to be given and the day for which it is given or on which it is to take effect;
1.10	"community"	is to be construed in accordance with accordance with Section 35(5) of the Company's (Audit) Investigations and Community Enterprise) Act 2004;

1.11	"Companies Acts"	means the Companies Acts (as defined in Section 2 of the Companies Act 2006), in so far as they apply to the Company;
1.12	"Company"	Sirona care & health C.I.C.;
1.13	"Conflict of Interest"	any direct or indirect interest of a Director (whether personal, by virtue of a duty of loyalty to another organisation or otherwise) that conflicts, or might conflict with the interests of the Company;
1.14	"Director"	a director of the Company, and includes any person occupying the position of director, by whatever name called;
1.15	"Director Member"	has the meaning given in Article 26.3;
1.16	"Document"	includes, unless otherwise indicated, any document sent or supplied in Electronic Form;
1.17	"Electronic Form" and "Electronic Means"	have the meanings respectively given to them in Section 1168 of the Companies Act 2006;
1.18	"Hard Copy Form"	has the meaning given to it in the Companies Act 2006;
1.19	"Independent Partner Member"	has the meaning given in Article 26.3;
1.20	"Memorandum"	the Company's memorandum of association;
1.21	"paid"	means paid or credited as paid;
1.22	"participate"	in relation to a Directors' meeting, has the meaning given in Article 14;
1.23	"Permitted Industrial and Provident Society"	an industrial and provident society which has a restriction on the use of its assets in accordance with Regulation 4 of the Community Benefit Societies (Restriction on Use of Assets) Regulations 2006 or Regulation 4 of the Community Benefit Societies (Restriction on Use of Assets) Regulations (Northern Ireland) 2006;
1.24	"Proxy Notice"	has the meaning given in Article 41;
1.25	"the Regulator"	means the Regulator of Community Interest Companies;
1.26	"Secretary"	the secretary of the Company (if any);

1.27	"Service User Member"	has the meaning given in Article 26.3;
1.28	"Staff Member"	has the meaning given in Article 26.3;
1.29	"Strategic Partner Member"	has the meaning given in Article 26.3;
1.30	"transfer"	includes every description of disposition, payment, release or distribution, and the creation or extinction of an estate or interest in, or right over, any property;
1.31	"Vice-Chair"	has the meaning given in Article 9.2; and
1.32	"Writing"	the representation or reproduction of words, symbols or other information in a visible form by any method or combination of methods, whether sent or supplied in Electronic Form or otherwise.

2. **Subject to clause** 3 of this Schedule, any reference in the Articles to an enactment includes a reference to that enactment as re-enacted or amended from time to time and to any subordinate legislation made under it.

3. Unless the context otherwise requires, other words or expressions contained in these Articles bear the same meaning as in the Companies Acts as in force on the date when these Articles become binding on the Company.