Board

Meeting Papers

11th May 2021

BOARD MEETING				
Date:	**11th May 2021**			
Venue:	MS Teams & Live Stream via YouTube			
Time:	2:00 – 4:30pm			
AGENDA				
			Paper/Verbal Presented by	**Approx. Timings**
	2:00pm	**PUBLIC SESSION**		
1.		**PUBLIC WELCOME, INTRODUCTIONS & APOLOGIES** **Apologies: Kate Rush**		
2.	**Service User Story - Experience of the Autism Waiting List & Assessment, Marking a Year of the Autism Hub** The Parent and Child Experience		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
	2.35 pm	**CHIEF EXECUTIVE'S AND CHAIRMAN'S REPORT**		
4.	**Chief Executive's Briefing** To alert the Board to issues of significance not covered elsewhere on the agenda, including the latest information in relation to COVID-19		Janet Rowse Paper	10 mins
5.	**Integrated Care System and Integrated Care Partnerships** To provide an update on the Healthier Together Integrated Care System development within Bristol, North Somerset and South Gloucestershire		Janet Rowse Paper	5 mins
6.	**Chair and Non-Executive Directors' Report** To inform the Board of Chair and Non-Executive activities, advising of any notable actions or recommendations		Chair & NEDS Paper & Verbal	5 mins
	2.55pm	**QUALITY: PATIENT SAFETY, EFFECTIVENESS AND EXPERIENCE**		
7.	**Quality & Outcomes Committee Summary** To present to the Board the Quarterly key findings and recommendations from meetings of the Quality & Outcomes Committee		Paul May Paper	10 mins
8.	**Professional Council Quarterly Summary** To present to the Board the Quarterly activities and decisions from meetings of the Professional Council		Michael Richards Paper	10 mins
9.	**People's Council Update and Approval of Terms of Reference** To present an update to the Board on the recent meetings of the People's Council and to ratify the Terms of Reference and Charter for the Council.		Janet Rowse Paper	5mins

	3:20pm	**Public Q & A**		
		Break 3:30 – 3:40pm		
	3.40pm	**OPERATIONAL PERFORMANCE AND USE OF RESOURCES**		
10.	**Operational and Performance Report** To update the Board on operational matters and the current performance position, including COVID-19, highlighting both the positive and negative performing services within a summary report • To include a summary report from the Director of People & Development on key workforce activities		Jenny Theed Paper Sarah Margetts Dashboard	15 mins 5 mins
11.	**Digital Report** To update the Board on all matters relating to Digital, including progress on activities detailed within the March 2021 report		Clive Bassett Paper	10 mins
	4.10pm	**CORPORATE GOVERNANCE / RISK / REGULATORY**		
12.	**Risk Register** To update the Board on the position of existing risks with a score of 15 or more and to consider new emerging risks with a potential score of 15 and rising		Mary Lewis Paper	10 mins
13.	**Audit & Assurance Committee Summary** To present to the Board the key findings and recommendations arising from the meeting held on 6th April 2021		Lorna Harrison Paper	5 mins
14.	**NHSI Licence Conditions – Compliance Review** To enable the Board to self-assess and confirm compliance with the NHS Improvement licence conditions		Janet Rowse Paper	5 mins
15.	**Board Assurance Framework** To report to the Board on the development of the BAF, for the Board to note the update		Julie Sharma Paper	5 mins
16.	**Non-Executive Director Appointment & Re-Election Process** Board approval required for formal sign off		Julie Sharma Paper	5 mins
17.	**Associate Non-Executive Director Role** Board approval required for the proposal		Julie Sharma Paper	
	4:40pm	**Public Q & A**		
	4.50pm	**Public Meeting Close** The Board will meet in a private session following the conclusion of the public session.		

	DATE	TIME	MEETING TYPE	VENUE
	8th June 2021	2 – 5pm	Seminar	MS Teams
	13th July 2021	2 – 5pm	Confidential	TBC
	10th August 2021	2 – 5pm	Seminar - HOLD	TBC
	14th September 2021	2 – 5pm	Public	TBC
	12th October 2021	2 – 5pm	Seminar – Joint with Members Group	TBC
	9th November 2021	2 – 5pm	Public	TBC
	14th December 2021	2 – 5pm	Seminar	TBC
	11th January 2021	2 – 5pm	Seminar - HOLD	TBC
	8th February 2021	2 – 5pm	Public	TBC
	8th March 2021	2 – 5pm	Confidential - Budget	TBC

Report to: Board Meeting

Date	11th May 2021	**Agenda item**	02
Title	Service User Story		
Author	Wendy Best, Head of Communications		
Lead Director	Julie Sharma, Director of Transformation / Mary Lewis, Director of Nursing	**Date signed off**	30.04.21
Presented by	Wendy Best	**Version**	1.0
For	Approval/decision ☐ Debate ☒ Assurance ☐ Information ☐		

Aims/Summary

The Board is committed to ensuring the voice of the service user is heard at all levels and today Lorna and her daughter Damson will share their experiences of the Autism Hub launched in September 2020.

Options and decisions

The report is to help the Board's further understanding of issues which children, young people, parents and carers experience.

Resource implications (financial/staffing/other resources)

N/A

Quality considerations

N/A

Paper/information previously considered by	Date
N/A	

1. Background

11-year-old Damson will be joining Board with her mum Lorna.

Damson will be sharing her experience of the Autism Hub assessment process. The Autism Hub was launched last September – full details can be found here https://www.sirona-cic.org.uk/blog/2020/09/05/autism-hub/

The new approach allows most children and young people referred for an autism diagnostic assessment to be assessed in a single visit, with access to a wide range of clinicians in one place on the same day.

Damson had a positive experience and is awaiting the report following the diagnosis which took place a couple of weeks ago.

However, the journey to this point was an anxious and frustrating time for her parents, exacerbated by the pandemic, and Lorna will share her experience of this and her concerns for her daughter in the future.

They will be supported by Laura Pearce, Specialist Speech and Language Therapy with the Autism Assessment Service run by Sirona under the Community Children's Health Partnership (CCHP) banner.

Over the last year 192 children have had completed assessments with 88 per cent receiving a diagnosis of autism.

Staff at the hub have received a lot of praise for their interaction with children, young people, parents and carers and Damson found her session enjoyable.

2. Key points

Damson found the assessment enjoyable and was very upbeat when she left. Lorna felt the staff put a lot of effort into making it easy for her and in talking to her so she could understand what was happening.

However, Damson's appointment was two years from referral and Lorna will highlight the impact on this on her daughter and her family and how there can be assumptions that parents know how the services work when they are new to the potential diagnosis.

3. Recommendations

The Board is asked to note the report and recommend any steps it requires to be taken in light of the experiences shared.

Report to: Board Meeting

Date	11th May 2021	**Agenda item**	04
Title	Chief Executive Report – May 2021		
Author	Janet Rowse, Chief Executive		
Lead Director	Janet Rowse	**Date signed off**	30.04.21
Presented by	Janet Rowse	**Version**	1.0
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ✓		

Aims/Summary
To inform the Board regarding items not covered elsewhere on the agenda.

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

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

Quality considerations
N/A

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

Key points

1. System wide Escalation

The health and care system across Bristol, North Somerset and South Gloucestershire (BNSSG) continues to be challenged by the impact of Covid on both demand and on staffing levels. Given the rapidly changing situation, a verbal update will be given at the Board meeting.

2. Year End Financial Reporting

Year-end financial reporting is necessarily more complex and time consuming than in other months and will be complete by 18th May. The report will be circulated to Board members as soon as it is complete.

3. Service transformation and transition

On 1st April 2021 management of the two in-patient wards at South Bristol Community Hospital transferred to Sirona from University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). One ward currently provides 30 beds, including for people post stroke and for people requiring intensive rehabilitation following an acute in patient stay. It is intended that the second 30 bed ward, which was previously vacant, will reopen in a phased manner during April and May so that it is fully operational by the end of May.

This has been a complex piece of work, with workforce and infrastructure risks addressed through considerable efforts of both front line and corporate support services. The transfer also took place over the four day Easter bank holiday weekend. It is a huge achievement for those managing the transition to have achieved the transfer without adverse impact on patient experience. The staff working on the wards will be a mix of those staff who have TUPE transferred to Sirona from UHBW and staff newly appointed to work on site. There is therefore further ongoing work taking place to build the new teams and embed new patterns of working.

Also on 1st April, our Integrated Network Teams moved into the new structures that we consulted on last year. Again this is a considerable achievement not just for those immediate staff, but for the many corporate services that supported the transition.

4. CQC

The Care Quality Commission (CQC) brought in Transitional Monitoring Arrangements (TMA) as a result of Covid but also as it is moving towards a risk based approach to regulation. The TMA is not an inspection and services are not given a rating following the process but it is a rigorous process and forms the basis for how an organisation is viewed by and engages with CQC going forward. We have been through the TMA during the early part of this year and I am delighted to be able to report that the inspectors have been impressed with the work we undertook to inform the TMA process and the reflection of much of the hard work teams had clearly been doing through the last year. A huge thanks is due not only to those who pulled the evidence together but also to all our staff as we were able to clearly document the hard work which has taken place to ensure people have been kept safe despite challenging circumstances.

However both we and the CQC recognise there is work to do to improve services both for our staff and for service users. Working closely with service leads and our Registered Managers we are now developing an action plan following the regulator's feedback and we will be reviewing this at quarterly meetings with the CQC. This detail will also be shared with the Board and staff in the coming weeks.

5. Governance Framework

There are several governance items on this agenda and progress has been made over the last few months with the establishment of committees and other groups, including the approval of their Terms of Reference. For example, there is an update on the People's Council later on the agenda. The overarching Governance Framework document that was last approved in September 2020 is under review to update the structure and descriptions of the committees and groups to align with their terms of reference and other changes in practice as well as within the system. The changes to the Framework will be brought to a future Board meeting for approval.

6. EU Transition Update

Since the last update to the board the EU transition period ended and the UK and the EU agreed a trade deal. The main areas of risk for Sirona related to the supply of consumables and equipment, and the impact on employees from the EU.

There has been no noticeable impact for the supply of medical equipment, clinical and non-clinical supplies. Suppliers were contacted in December to seek confirmation of continuing supply and although one supplier stated that there may be some delays, our experience has been that supplies are being received within normal timescales.

The HR team have contacted any individuals who are currently employed in a substantive or bank role and recorded as EU citizens on the Electronic Staff Record (ESR) system to offer guidance and support on making applications for settled status.

Currently of those individuals recorded as potentially being EU citizens on ESR:

- 35 have advised they have settled status, 31 of which we have verified using the share code provided
- 6 are British citizens or have indefinite leave to remain so do not need to apply for settled status
- 21 have not responded to our attempts to contact them to date

The HR team have recently contacted line managers of those who have yet to respond to ask them to ensure the individual is aware that they may need to make an application and to request that they update the HR team on the status of any application. Although we have not heard back from everyone who is recorded as an EU citizen on the ESR system and we cannot require them to confirm whether or not they have made an application as potentially it could be considered discriminatory to do so. Government guidance and guidance from NHS employers indicates that as long as adequate checks were completed at the point the employee joined the organisation retrospective checks will not be a requirement for European Economic Area (EEA) nationals who were employed on or before 30 June 2021.

In March Sirona secured a sponsor's licence under the Skilled Worker Immigration route (previously was Tier 2 visa). This allows Sirona to now recruit people to work in the organisation in a specific job in an eligible skilled occupation (nursing and therapy included) and applies to both EEA nationals who arrive in the UK post Brexit and non-EEA nationals who apply for entry clearance. This licence will now enable Sirona to progress with international recruitment of nurses with support from Yeovil Trust and also independent recruitment from abroad.

7. Equality & Diversity

The following is an update on the recent activities of the Equality & Diversity team:

1. We are passionate about growing our Staff Networks to ensure the views and voices of all our colleagues are listened to and are seen as instrumental vehicles to support our workforce in line with the NHS People Plan 2020. There are some emerging current themes across all the networks which include: Training, Development, Career Progression, Recruitment and Outreach. Sirona recognises the unique opportunity to listen and to learn from our diverse staff views, and future areas of work include:
    - Mentoring and reciprocal mentoring with our Global Majority
    - Language and Representation, preparation for a Sirona stall at the Bristol's Pride event with our LGBT Network
    - Sickness Absence Policy and Practice and Disability Equality training with our Disabled Staff Network

We have gained some written feedback and qualitative data from a Network Survey which stated that 65% of staff who completed the survey were completely satisfied with the Networks and 35% reasonably satisfied.

- *"The Staff Network has given me the opportunity and confidence to raise any concerns or issues I may have as a BAME member of Sirona in a safe and secure environment. It is also a space where we can celebrate and embrace our culture, diversity and successes with other BAME colleagues"*
- *"Inclusion"*
- *"The network has given me a voice in important matters and I'm proud to be a part of something that will make a difference*"

2. Supported our Head of Nursing with a presentation on Sirona's contribution to Race Equality actions which was shared at the Regional Director of Nursing network

3. As part of the Healthier Together Equality, Diversity & Inclusion (EDI) Network, all partner Recruitment Leads have been invited to attend a Specialist Workshop on 04/05/21. This will involve meeting with EDI Leads and identifying key areas for improvement as part of a BNSSG collective response. We are hoping this is of value to all those attending, and the first of many collaborative best practice sessions to challenge and support BNSSG race equality targets.
4. University of West England (UWE) Pledge - Sirona have signed up to the BAME Healthcare Students Support in Practice. This will ensure that all students from UWE on placement in Sirona will receive the Pledge which outlines our commitment in ensuring that all students have a positive healthcare experience whilst on placement along with our co-partners. This will be accessed as part of an Induction package, sharing the wider links of Sirona Network's and contact details. There will also be a Briefing Pack for Managers to support students on placement on Human Resources, Wellbeing and Learning and Development issues.
5. Digital Inclusion:
   - Digital Connectors
     - We are recruiting 6 volunteers to support patients' skills, knowledge and confidence to access health services online
     - There are 2 pilots in Respiratory and MSK Physio Bristol:
       - Respiratory – 10 tablet devices purchased from The Sirona Foundation to loan to less digitally enabled patients to support access to remote pulmonary group rehab, long covid and asthma exacerbation support.
       - MSK Physio Bristol – supporting patients to access AccuRx video consultations and online Escape Pain course (Osteo-arthritis).
   - Sirona Foundation agreed to fund an initial number of devices. Scoping dependency on IT, with future aim of developing a Sirona device library.

6. The Health Links Team has continued to support many of our non-English speaking communities in accessing their Covid Vaccinations. Future plans include on-going pop up clinics in many community venues across Bristol. There has been very positive feedback about this approach and successful links re-established with our community partners.

7. We have worked in Partnership with the Bangladeshi Women's Community association and local mental health charity Rethink to set up on-going check in and chats for the Bangladeshi Community. Utilising the interpretation skills of Health links we are able to now provide on-going opportunities for local women to share their concerns or to seek advice and guidance in their native tongue, and to access wider mental health support

8. International Day of the Nurse (12th May 2021)

Cupcakes and/or biscuits will be delivered to different teams across all six localities to celebrate International Nursing Day 2021 on 12th May. Throughout the week, members of the Senior Leadership team and the Board will visit teams with pictures of these visits shared internally and on our social media and website. The comms team will also schedule a number of short videos on social media that will feature different nurses talking about what they love most about working in the community. There are also plans for a press release focussing on the benefits of becoming a community nurse for industry and local media to pick up. Similar celebrations are planned to mark key dates for our therapists and non-clinical/ admin and support staff.

Recommendations

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

Report to: Board Meeting

Date	11th May 2021	**Agenda item**	05
Title	Integrated Care System and Integrated Care Partnerships		
Author	Janet Rowse, CEO		
Lead Director	Janet Rowse	**Date signed off**	30.4.2021
Presented by	Janet Rowse	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ☒		

Aims/Summary

To update the Board on the development of the Healthier Together Integrated Care System (ICS) via the attached presentation.

Options and decisions

For information

Resource implications (financial/staffing/other resources)

None

Quality considerations

ICS are being set up to improve the outcomes and the experience of care for local people and to make best use of available resources. The development of place based care within the ICS is intended to ensure more locally sensitive models of care and better connectivity with the social capital within our local communities in support of this agenda.

Paper/information previously considered by	Date
N/A	

Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Developing our Integrated Care System in Bristol North Somerset and South Gloucestershire

Sirona care & health Board

11th May, 2021

Healthier Together was established as a partnership in 2016 to improve health and wellbeing for the people of Bristol, North Somerset and South Gloucestershire (BNSSG)

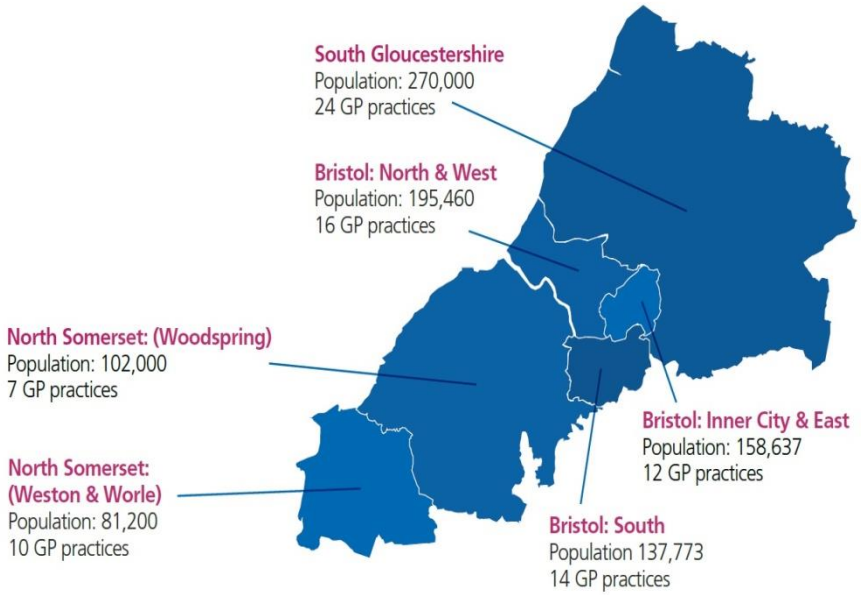
The 10 *Healthier Together* ICS partners are:

Clinical Commissioning Group:
- Bristol, North Somerset and South Gloucestershire CCG (BNSSG CCG)

Local Authorities:
- Bristol City Council (BCC)
- North Somerset Council (NSC)
- South Gloucestershire Council (SGC)

Healthcare Providers:
- Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)
- North Bristol NHS Trust (NBT)
- One Care (BNSSG) Ltd (One Care)
- Sirona Care and Health (Sirona)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

We are building integrated care partnerships (ICPs) in six localities



We were designated as a 'maturing' Integrated Care System in December 2020, in recognition of what we have achieved together…. The next phase of the journey involves transition to a new statutory form by April 2022

2016	2019	2020	Feb 2021	Sept 2021	April 2022
Partnership formed	Long term plan	ICS designation	White Paper published	ICS Memorandum of Understanding	ICSs operating in new statutory form

From the beginning we focused on integration and, as a Partnership, we confirmed our vision and ambition in the Long Term Plan of 2019

Our ambition is to build an integrated health and care system where the community becomes the default setting of care, 24/7, where high quality hospital services are used only when needed, and where people can maximise their health, independence and be active in their own wellbeing. We want to increase the number of years people in BNSSG live in good health, reduce inequality in health outcomes between social groups, and help to create communities that are healthy, safe and positive places to live. In redesigning our system, we also want to make it easier for staff to work productively together and develop a healthy and fulfilled workforce.

We have already achieved a lot by working in partnership; this has been strengthened through our response to the Covid 19 Pandemic

100% of GP practices offering telephone and online consultations

Transforming urgent care through 'think NHS 111 First'

Collaboration in acute care to improve quality and safety in cardiac and cancer surgery

Partnership with local VCSE organisations to improve support for vulnerable groups

Wrap around health support for social care made available 24/7

Mutual aid to support care homes in accessing Personal Protective Equipment (PPE)

Rapid roll out of Covid-19 vaccinations and working in partnership with communities to maximise uptake

24/7 access to crisis support in Mental Health

Development of 'virtual ward' models of care to support people at home

Improving access to Mental Health specialist support for Children and Young People and reducing out of area placements

Awarded the status of Academic Health Science Centre (1 of 8 in England)

Innovation in access to hospital outpatients clinics: telephone and online consultations

Transforming hospital discharge pathways and reducing delays by up to 60%

The White Paper seeks to put ICS on a statutory footing

Aims	• Improving health and wellbeing • Reducing inequalities • Maximising value for money • Promoting social and economic development
Principles	• Collaboration • Equal partnership • Subsidiarity
ICS Statutory form	• ICS Statutory Body • Health and Care Partnership
Functions	• Public and patient engagement • Commissioning • Service delivery • System oversight and assurance
Place	• Primacy of place • Building on existing structures • Determined locally
Health and Wellbeing Boards	• Population health needs assessment • Health and wellbeing strategy • ICS must 'have regard'
Scrutiny	• CCG duties transferred to ICS Body • LA powers maintained

We have identified 12 themes for our ICS development…

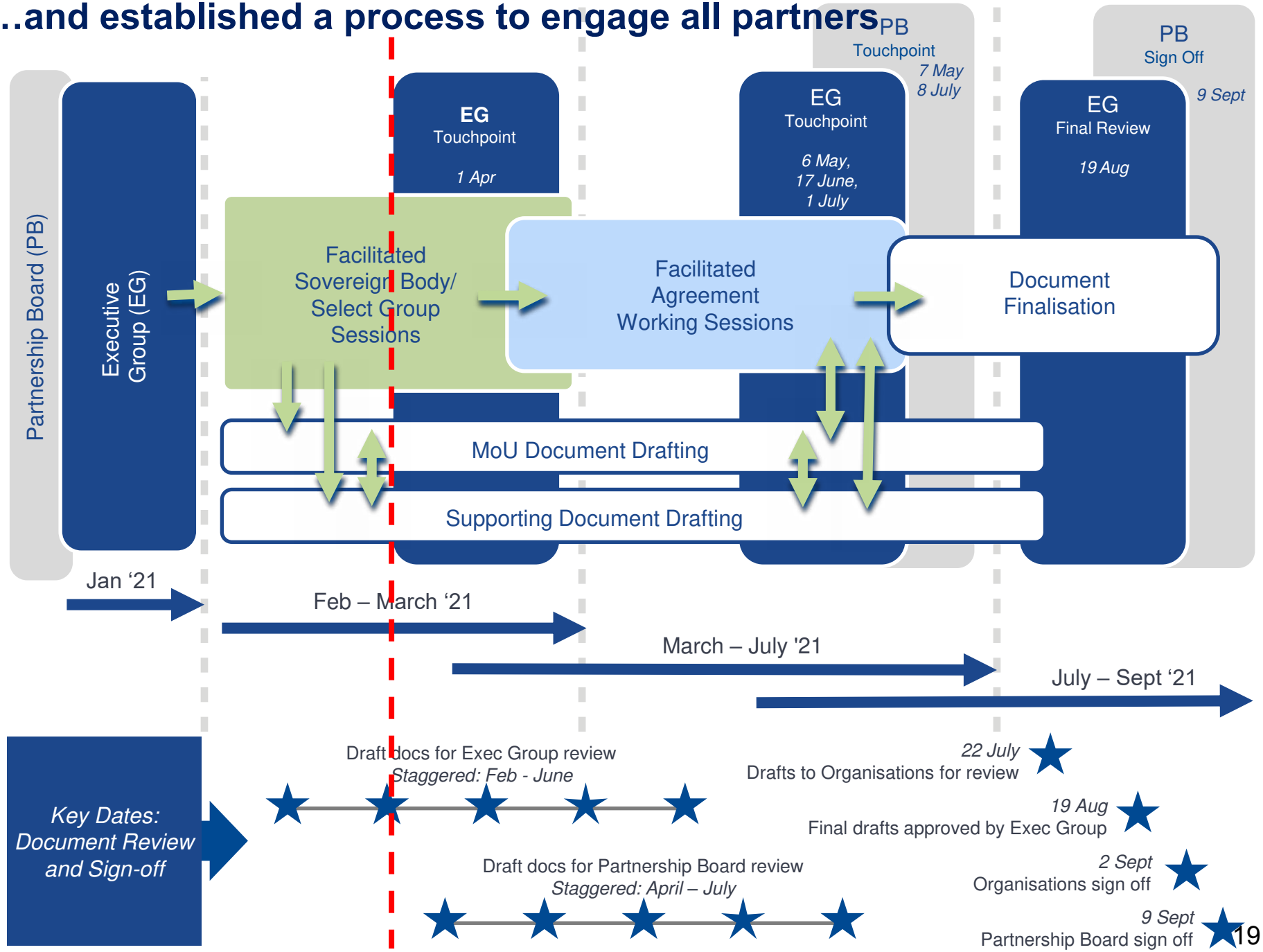
1. **Governance & accountability**
   - Public accountability
   - Decision-making principles/delegation
   - ICS NHS Body
   - Health and Care Partnership
2. **Clinical & professional leadership**
3. **Commissioning**
   - Strategic commissioning
   - Tactical commissioning
4. **Place based partnerships**
5. **Provider collaboratives**
6. **System oversight/assurance**
   - Outcomes framework
   - Quality improvement and oversight
   - Performance improvement
7. **Health and wellbeing transformation and enabling programmes**
8. **Finance**
   - Resource allocations
   - Capital planning
   - Risk management
   - Control total management
9. **Digital & data**
   - Digital capabilities and infrastructure
   - Data sharing agreements
   - Integrated care records
   - Population health management
10. **People & organisational development**
    - Development of ICS People function
    - Delivery of BNSSG People Plan
    - Organisational development plan
11. **Transition**
    - System development plan submissions
    - HR
    - NHSEI system support (TBD)
    - Transfer of functions, assets and other resources
12. **Engagement & coproduction**
    - Communications
    - Voice of public and patients

Key

Work in progress

Additional focus areas

…and established a process to engage all partners



Important messages have emerged from organisational workshops

Theme	Example feedback
Engagement and co-production	***Our vision / ambition*** • "We need to start with agreement on **what we're trying to achieve and for whom**" ***Engagement*** • "It is critical to **capture the voice** of people we are serving"
Governance and accountability	***Governance*** • "We need to commit to a **scheme of delegation** that empowers people to get on" ***Accountability*** • "How do we ensure democratic accountability for decision making?" ***Subsidiarity*** • "Start from a position where **decisions are taken at the lowest level possible**"
System oversight / assurance	***Quality and Performance Improvement*** • "We need to decide some **system outcomes measures** that can drive how we change the discussion at the board level to be more system-focused" • "Our performance framework should reflect our **health inequalities** goals, rather than solely hospital health; we have to find a way to drive the upstream working"
People and Organisational Development	***Bring our staff with us*** • "We need to **involve and engage staff** to make sure we're hearing their voices" • "Bring staff along with us and **support them through uncertainty**"

Next steps for ICS development are described in three phases over time

1. Transition (by April 2022)
    a. Design phase (March-September 2021)
    b. Mobilisation/shadow running phase (September 2021-April 2022)

2. Maturity – further development of capabilities of a thriving ICS (by April 2023)

3. Delivery – COVID recovery and 'Long Term Plan' delivery (to April 2024)

Report to: Board

Date	11th May 2021	**Agenda item**	06
Title	**Chair and Non-Executive Directors' Report**		
Presented by	Amanda Cheesley, Chair	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☒		

Aims/Summary
To provide the Board with an update from the Chair and Non-Executive Directors
Options and decisions
For Board to approve the appointment of Non-Executive Directors to the Board's Committees.
Resource implications (financial/staffing/other resources)
None arising from this report
Quality considerations
None arising from this report

1. Key points

Vice-Chair Arrangements

As Board Members will be aware, following the end of David Purdon's term of office in December, Simon MacSorley was appointed as the Vice-Chair of the Board. It is proposed that the Vice Chair role will be appointed for a year and then the position shall rotate to another Non-Executive Director. The Vice-Chair role will provide a development opportunity as well as providing additional cover and support for the Chair, attending meetings when the Chair is unavailable or to get insights into particular areas. Simon MacSorley will continue in this role until March 2022.

Non-Executive Director (NED) Committee Appointments and Portfolios

Following my appointment as Chair and Barbara Brown's appointment as Non-Executive Director, the appointments of the Non-Executive Directors to the Board's Committees and other groups have been reviewed. An updated table showing these appointments and portfolios is attached at **Appendix 1**. As Barbara Brown has only just commenced in her new role, NED appointments will be reviewed and updated once she has had opportunity to observe each committee. An updated table will be circulated to Board members for information and this will be noted at the next formal meeting.

2. Recommendations

That Board notes the update; approves the Board Committee appointments at May 2021 and delegates authority to the Chair to make changes to NED appointments following Barbara Brown's induction.

Appendix 1

Non-Executive Director Portfolios – April 2021

	No. of places†	Amanda Cheesley	Barbara Brown	Lorna Harrison	Simon MacSorley	Paul May	Nura Aabe
Board	5 (inc. Chair)	Chair	Member	Member	Vice-Chair	Member	Co-opted
Members	1	Chair					
Audit & Assurance Committee	3 (inc. Chair)	Drop In	Drop In	Chair	Member	Member	Drop In
Quality & Outcome Committee	3 (inc. Chair)	Drop In	Drop In	*Member**	Member	Chair	Drop In
Remuneration Committee	5	Chair	Member	Member	Member	Member	Drop In
Equality Diversity and Inclusion Committee	1						Member
Finance Group	2	Member		Member			
Performance Group	1				NED Rep		
Professional Council	1	Member					
Staff Council		Drop In					
People's Council		Drop In					
NED Lead/ Designated Champion		Advisory Committee on Clinical Excellence Awards	Wellbeing Champion for staff	Mental Health Champion	Estates Champion	Adults & Children's Safeguarding Champion	Equality & Diversity Champion
		*Freedom to Speak Up**			Emergency Planning	Health & Safety	
		All areas	South Bristol	North Somerset	South Gloucestershire	North Bristol	All areas

* *Interim positions*

† *The number of places/seats on each Committee are determined as per the Terms of Reference or otherwise agreed by the Board.*

Report to Board

Date	11th May 2021	**Agenda item**	07
Title	Quality & Outcomes Committee Summary		
Author	Mary Lewis, Director of Nursing		
Lead Director	Mary Lewis	**Date signed off**	30.04.21
Presented by	Paul May, Chair of Quality & Outcomes Committee	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ✓ Information ✓		

Aims/Summary

The following is as a summary of the items discussed at the Quality and Outcomes Committee meeting held on the 3 March 2021.

Options and decisions

N/A

Resource implications (financial/staffing/other resources)

N/A

Quality considerations

Covered in the body of the report.

Paper/information previously considered by	Date
N/A	

1. Background

The following report is to present to the Board the key findings and recommendations from the meeting of the Quality & Outcomes Committee held on the 23rd March 2021.

2. Key points

- The minutes were agreed as an accurate record of the meeting and the Action Log was reviewed and updated.
- The Committee Forward Planner for 2021 – 2022 was approved.
- The Committee was updated about the challenges and work taking place in relation to Covid 19 noting that Community Services are presently at the peak of demand; the three D2A pathways have over 200 people on the waiting lists, compounding the significant pressure to the Community Rehabilitation staff and our other services such as the Minor Injuries Units (MIU) and the Urgent Treatment Centres (UTC); a record 314 people came to the MIUs and UTC in a 24 hour period, the previous peak was 249. Sirona has been declaring Opel 4 for several weeks, which is a very long period of escalation.
- The Committee was advised that Sirona has been fully engaged with the Covid 19 Vaccination Programme and noted that we need to celebrate the attitude, effort and commitment of our staff who are working to vaccinate people in all sorts of settings.
- The Committee was updated about a recent Quality Surveillance Group (QSG) meeting that was called to discuss the removal of trainee doctors from Weston General Hospital and advised that Sirona and the system partners have mitigations in place to support.
- The Committee received the **Quality Report for the month of February**, the key points to note being:
    - Only 1 incident met the STEIS* criteria during this month and was related to a Covid outbreak at the Skylark Rehabilitation unit, this has been reported and investigated appropriately.
    - There were 199 pressure injuries reported this month, the highest yet, however levels of harm continue to remain very low. 10 incidents were found not to have met the STEIS criteria following Incident Review Group review which continues to be positive as this is indicative of no lapses in Sirona care. The Committee was assured that this is a positive and strong message for our front line staff that are looking after our service users incredibly well under extreme circumstances.
    - There were zero never events* in February.
    - There were 32 incidents that were COVID-19 related; this is a reduction of 11 on the previous month.
    - There were 103 medication errors, which is the second highest reporting category for February 2021. 40 of these were due to staff errors and all except 1 resulted in minor harm or less.
    - There were 91 incidents categorised as “Adverse Events Affecting Care Provision”. This is the lowest reporting month for this cause group since April 2020, and can be attributed to the change in how Children’s Services are now reporting “New Births - Communication Affecting Care”.
    - The number of falls incidents reported on in-patient units has reduced by 10 this month compared with January 2021 and is below the monthly average.

- There were 5 RIDDOR reportable incidents, only 3 were occupational exposure to Covid-19 and there were 2 manual handling incidents.
- There were 2 formal complaints received this month, 1 for Children's Services and 1 for Adult Services.
- There has been a decrease in concerns reported this month.
- There were 52 compliments received from both health professionals and families across all services.

- The Committee was updated about the **Care Quality Commission (CQC) Transitional Monitoring Approach (TMA)** meeting that took place on 10th March and was advised that the final copy of the TMA document will be shared when available.
- The Committee was assured that work is on track to produce the **Quality Account for 2021 – 2022** and it is expected that the report will be ready for publishing in June in line with NHSE requirements. Sirona is waiting for the 2021 - 2022 CQUINS* to be announced and this detail will be incorporated in the report.
- The Committee was updated about the ongoing work relating to the transfer of the **South Bristol Community Hospital** from University Hospitals Bristol and Weston NHS Foundation Trust to Sirona and was assured that plans are in place to ensure that staff and patients are fully supported.
- The Committee received a summary of the **People and Development Group** meeting held on 17 March and received the **People and Development Dashboard.**
- The Committee was advised that Sirona received a really good rating (4.2/5 star rating) in latest the **Clinical Placement Audit** of student feedback which is positive feedback for operational colleagues.
- **Staff Wellbeing** was further discussed specifically that we are doing what we can to support our staff at this challenging time and planning our support for staff as we move into the decompression phase when there is an expectation of long term issues.
- The Committee received the **Risk Report** for March and discussed the process for oversight of risks via the Groups and Forums reporting into the Committee.
- The Committee agreed that the governance structure be amended and that the **Clinical Records Group** report to the Quality and Outcomes Committee.

3. Recommendations

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

***STEIS = The Strategic Executive Information System, which captures all Serious Incidents. Serious Incidents (as defined in the Serious Incident Framework) can include but are not limited to patient safety incidents.**

*** Never Event = Never Events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented.**

*** CQUIN's = Commissioning for Quality and Innovation**

Professional Council

Quarterly Update to Board – May 2021

Quarterly Overview of Professional Council

- Professional Council has undertaken the following key areas of work in the last quarter:
  - Discussion and approval of Policies and Standard Operating Procedures (SOPs)
  - Discussion and agreement of various clinical areas of work across Bristol, North Somerset and South Gloucestershire (BNSSG)
  - Supporting Clinical Decision-making for teams
  - Discussion and approval of research projects undertaken by staff who are studying for an MSc or similar
  - Review of the Terms of Reference for the group

Summary of Policies, Standard Operating Procedures (SOPs) and Clinical Areas discussed

- Specialist Services:
  - Musculoskeletal injections, Oximetry at home, Long Covid, Diabetic Foot Pathway, Podiatry low risk caseload in South Gloucestershire, Partner2Care, End of Life BNSSG pack
- Adults' Services:
  - Emergency Department redirection, Transcribing Policy, Medicines Administration, Discharge to Assess updates, Syringe Driver training
- Children's Services:
  - Restoration of a range of Children's Services, Safeguarding children
- Corporate Areas:
  - Medicines Optimisation Strategy, Quality Priorities, Training matrix

Supporting Clinical Decision-making

- Completion and approval of a risk-based decision-making framework:
  - Standardise the management of waiting lists across BNSSG in Adults' Services
  - Focus on Quality Improvement methodology and consistent use of a Quality and Equality Impact Assessment
  - Building on the strengths of the teams and the knowledge/processes already in place – sharing best practice

Governance

- Moving to fortnightly meetings
- Quarterly reports to Board
- Re-setting the aims of Professional Council from the original bid as per the updated Terms of Reference:
  - Supporting clinical decision-making
  - Providing advice and process of approval for policies and SOPs
  - Linking with existing groups and governance structure:
    - Project/programme management through ‘One Front Door’ and Programme and Planning
    - Quality & Outcomes
    - Digital Board
    - Performance
    - Workforce
    - Competency Group
    - Senior Leadership Team

Report to: Board Meeting

Date	11th May 2021	**Agenda item**	09
Title	People's Council - April update		
Author	Janet Rowse, CEO		
Lead Director	Janet Rowse	**Date signed off**	30.4.2021
Presented by	Janet Rowse,	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☒		

Aims/Summary
To update the Board on the development phase of the People's Council and to seek approval of the Terms of Reference and Charter.

Options and decisions
For information and for Board to approve the Terms of Reference.

Resource implications (financial/staffing/other resources)
None at this stage

Quality considerations
Equality and diversity are key elements of the work of the Peoples council in ensuring a voice for those using our services. The People's Council Chair will be co-opted to the Sirona Board, to act as a critical friend in order to ensure a voice for all.

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

1. Background

The People's Council is intended to ensure that the voice of those using our services, either now or in the future, is heard and has influence at every level of the organisation. The group has been in the design phase over the last few months.

At the last meeting the group finalised its Terms of Reference, (also presented as a Charter), finalised the role specification for the Chair and agreed the need for a small working group to provide impetus to their work. The group also received a presentation on Dementia Friendly Communities.

2. Key points

Those participating in the group will be referred to as Pioneers rather than members in order to avoid any confusion with Sirona Members Group.

The Charter constitutes the Terms of Reference (Appendix 1) for this group, approval for which is sought from the Board. A poster version of the Charter (Appendix 2) has also been produced which, once approved by the Board will appear on the Sirona intranet and internet to promote the work of the group. It is proposed that the group will hold at least one public meeting a year to engage directly with the public on its work.

The next critical issues for the group will be to:

- Select a chair who will be co-opted onto Sirona Board
- Develop and agree their work programme for 2021/22
- Foster links with other agencies and individuals in order to ensure that whether represented through attendance at the People's Council meeting, or by any other means, there is a voice for everyone. The group is particularly thoughtful about how best to engage children and young people in a meaningful way, similarly those with a learning disability, those from a range of different cultural and ethnic backgrounds, and those who may be marginalised from society due to homelessness.

3. Recommendations

The Board are recommended to note the work of the People's Council and to approve their Terms of Reference/Charter.

Sirona People's Council Charter

Version Control:

Version	Date	Author	Owner	Status (Active or Dissolved)	Review Date
0.1		Pioneers	Pioneers	Active	
0.2	Feb 2021	Pioneers	Pioneers	Active	
0.3	Feb 2021	Pioneers	Pioneers	Active	
0.4	Mar 2021	Pioneers	Pioneers	Active	

Approval Process:

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

Name	Position	Signature	Date
Amanda Cheesley	Chair of the Board		

1. Purpose *(the why and how)*

1.1 The role of the Sirona People's Council is to ensure that the voice of those using services provided by Sirona is heard at every level of the organisation and taken into account in the planning, design and monitoring of services.

1.2 The Sirona People's Council acts collectively as a 'critical friend' to the Sirona Board in its planning and decision-making. They will contribute to Sirona's strategic planning where possible. They use their experiences to help the Board to take account of the views of those who use Sirona's services.

1.3 The role of the Sirona People's Council does not involve any responsibility or liability for running or managing Sirona.

1.4 The Sirona People's Council will be a source of knowledge and experience related to the public and patients that Sirona serve. They will provide consultancy, advice and feedback on proposals and actions made by Sirona.

1.5 The Sirona People's Council will be representative of the public, clients, users of community health services, and carers in Bristol, North Somerset and South Gloucestershire (hereafter BNSSG).

1.6 Membership of the Council may be by application from the public, or by invitation from the Council, Sirona, or by request from a primary care or user group or voluntary body. Acceptance of

applications or requests will be made jointly by the Peoples Council and Sirona's Head of Corporate Governance.

1.7 The Sirona People's Council will consist of members of the public, who may or may not currently be using Sirona services, who live in or are registered to a GP in BNSSG. Every effort will be made to ensure both geographic spread and representation from communities of interest, including those with protected characteristics.

The Council shall not be involved in any action or discussion of individual's complaints or comments of the quality of an individual's service that the C.I.C. provides.

1.8 The Chair of the People's Council will be elected by its members and will also chair the Working Group. Election to Chairmanship and deputy chairmanship shall take place every 2 years. The role of chairperson is not intended to assume greater power or responsibility than other members of the Council. The Chairperson also acts as the spokesperson for the People's Council on Sirona Board, and externally with regulatory bodies as required.

1.9 The Chair will be co-opted to the Board of Sirona.

2. Principal Function *(consider the decision making, assurance and delivery aims for the group)*

2.1 Sirona will provide secretarial support to the People's Council, assisting the Chairperson or agreed representative, attending meetings, taking minutes, and sending out communications and papers to Council members.

2.2 The agendas for the Council and working group meetings will be compiled by the same.

2.3 Officers from Sirona may request to attend or be invited to attend People's Council meetings to take part and to give presentations.

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

3.1 The Council shall hold at least one public meeting a year at which the working members will report on the activities of the Council in the previous year.

3.2 Members of the People's Council will be offered training and information to enable them to perform the tasks necessary to the fulfilment of their agreed annual plan.

3.3 Members will be guided at all times by the Data Protection Act (1998) as sensitive information will be discussed when viewing reports etc.

3.4 Members will sign a confidentiality clause.

4. Appointed Members	
Title	**Appointment Details**
Chair	Elected by the Management Committee/Pilot/Guide members
Vice Chair	Elected by the Management Committee/Pilot/Guide members
Secretary	Determined by Sirona C.I.C

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

5.1 Chair Person and Vice Chair (when required):

a) Planning agendas with members including timings, and who leads each item.

b) Agreeing the purpose of items being brought to the meeting against the key functions and whether they are for information, discussion or decision.

c) Ensuring agendas and papers are sent out in advance.

d) Keeping the meeting to time and the agenda.

e) Setting the scene for each item and clarifying the objective.

f) Allowing full participation of all members and freedom of expression

g) Identifying and communicating key messages regarding decisions, risks etc.

5.2 Other Dedicated Roles:

a) Secretary to the People's Council.

5.3 Everyone:

a) Exemplify good meeting behaviours.

b) Talk to colleagues outside of / in advance of meetings about key issues and items.

c) Provide challenge and support to peers where others may be struggling to deliver to their objectives.

d) Provide challenge and support for programmes and projects.

e) Highlight opportunities and potential risks as they emerge.

f) People's Council members should inform the Chairperson and/or People's Council members if they cannot continue, as soon as possible, in order for a replacement to be found so projects do not suffer.

6. Meeting Arrangements and Support

6.1 Secretarial Services

Sirona shall provide secretarial services to the People's Council.

7. Benefits and Payments to Members of the Council

7.1 The Members of the Council shall receive no remuneration or fees from the C.I.C., but out of pocket expenses that have prior approval of the C.I.C. may be paid.

8. Conflicts of Interest

8.1 Members must declare the nature and extent of any interest, direct or indirect, which he or she has in associated transactions or arrangements concerning the C.I.C.

9. Notice and Conduct of Meetings

9.1 The People's Council will meet in person or virtually, in the first instance bi-monthly and then at a frequency that is appropriate, at a date, time and place that meets the majority of Members requirements.

9.2 Unless otherwise agreed, notice of each meeting shall be made available to each member of the Council no later than five working days before the meeting date.

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

10.1 A People's Council Meeting shall be considered quorate when the Chair or Vice Chair plus two members of the working group plus at least four other members are present.

The People's Council Charter

View and Voices

Ensure that the voice of those using services provided by Sirona is heard at every level of the organisation and taken into account in the planning, design and monitoring of services.

A Critical Friend

Act as a 'critical friend' to the Sirona Board in its planning and decision-making ensuring it runs the organisation with due regard to the needs and wishes of those using its services, and those who will do so in the future.

Knowledge and Experience

Be a source of knowledge and experience related to the people that Sirona serve. Provide consultancy, advice and feedback on proposals and actions made by Sirona.

Representative

Be representative of the public, clients, users of community health services or carers in Bristol, North Somerset and South Gloucestershire (BNSSG). Members represent directly themselves, or indirectly by advocating for people who inform the group.

Join us!

Your voice counts. Everyone can join the People's Council. To find out more or to become a member contact....

Report to: Board Meeting

Date	11th May 2021	**Agenda item**	10
Title	Operational & Performance Report		
Author	Jenny Theed, Director of Operations		
Lead Director	Jenny Theed	**Date signed off**	30.4.21
Presented by	Jenny Theed	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ✓ Information ✓		

Aims/Summary

To advise the Board of our ongoing Community Services contribution to system wide perfomance in response to the management of wave 2 of the Covid 19 pandemic and performance of the new Adults contract and the Children's contract at year end 2020/21 .

Options and decisions

The Board is requested to note the contents of the report and progress in the implementation of the new adult contract service specifications

Resource implications (financial/staffing/other resources)

The paper summarises the performance of the operational services and will update where there are financial and staffing issues that affect performance

Quality considerations

The paper will update where there are performance issues affecting the quality of services being delivered.

Paper/information previously considered by	Date
N/A	

1. Background

Performance reporting for the Board is currently being reviewed in the light of the new Performance Group that has been established which will provide the Senior Leadership Team (SLT), Non-Executive Director, Simon MacSorley and senior managers with a forum to review performance data in more detail on a monthly basis.

At the inaugural meeting on 12th April 2021 the group reviewed a wide range of information and concluded that the enormity of the available data warranted splitting the meetings into bi monthly reviews of Specialist and Children's services one month and Adult services in the second month. The group will then have a joint quarterly review of all contract performance on a quarterly basis.

There was also recognition that the inclusion of contractual targets in the dashboards will improve the ease of monitoring contract delivery. As many of these are now being reviewed and agreed for the 2021/22 period, they will be included in future dashboard development.

In light of this new forum the enclosed report will continue to provide the Board with high level only data relating to:

Section 1: Managing services during the Covid 19 pandemic and the impact on our restoration of services during the current financial year

Section 2: Performance against Sirona's lead responsibility for all Hospital Discharge (DtA) Pathways within Bristol, North Somerset and South Glos. (BNSSG)

Section 3: Performance within Sirona services against our service specifications for adults and children's contracts

In particular the reports relating to Access and Flow have been refreshed and now provide an oversight of the whole of the pathway from admission to acute hospital, timescales to effect a discharge to one of the DtA pathways, length of stay on the DtA pathway, delays that compromise Sirona's DtA capacity and outcomes for individuals who receive rehabilitation from Sirona services.

Key points

Section 1: Managing services during Covid 19 and the impact on our performance

1.1 Adult Health Services Restoration Sitrep

SLT, Operational Leads and Business Intelligence (BI) leads have evaluated the activity data that is available following the year end of 20/21 as well as the planned activity for year 2 that was previously agreed as part of the new adult community services contract .There is general agreement that Q3 figures were an appropriate reference point for performance and allowing for ongoing Covid challenges, have been deemed to be able to be used as a reasonable baseline for planning activity levels for Year 2. At the request of the Clinical Commissioning Group (CCG), Sirona has resubmitted data based on forecasted levels of activity extrapolated from month 7 & 8 of 20/21, showing 7% variance against plan.

Table 1

		2020/21 - Q3			2020/21 - Q4			2020/21 - Year End	
			Quarter 3 Against Plan			Quarter 4 Against Plan		Year End Against Plan	
Service	Currency	Q3 Only Activity	Q3 Only Plan/Target	Variance	Q4 Only Activity			Year End	Variance
Community Nursing (including Active Ageing)	Contacts	128559	120625	7%	121682	120625	1%	494718	3%

The figures for Q4 have now been added which shows a slight reduction on Q3 activity but still 1% over plan. These will be closely monitored into 2021/22.

One area in particular that continues to be significantly compromised by the pandemic has been the lack of capacity to respond to planned rehabilitation referrals due to the need to prioritise referrals for the discharge to assess pathways (DtA) to ensure good flow from all acute hospitals within BNSSG.

Table 2

Planned Rehab P1&P3							
				YTD Against Plan			
Overall Category	Service	Description	Q4 Only Activity	Q4 Only Plan/Target	Variance	Annual Plan/Target	Comments
		Total contacts	32866	29456	12%	117824	Please note a large proportion of Agency staff contacts are not reflected in these figures. Please also notes that 'Double Up' visits are counted as one contact

The figures above show some recovery of the planned rehabilitation capacity by year end but a task and finish group is now working as part of the Integrated Network Teams/Locality Acute and Reactive Care (INT/LARC) implementation workstream to review the available capacity to manage planned referrals and the extent of these episodes of care. This work is being led by the Director of Therapies and the Associate Locality Director for the Inner City & East locality.

Another service that has been significantly impacted has been the Musculoskeletal (MSK) specialist services that redeployed 11 whole time equivalent staff to support the DtA pathways, resulting in a year end waiting list of circa 8000. The planned waiting list initiative to address this backlog of individuals waiting for a planned rehabilitation or a Musculoskeletal clinic appointment, as part of the service restoration period, will be shared with the performance group at the meeting in May. Section 3 of the enclosed report outlines the current waiting list position at the beginning of year 2 of the adult's contract.

There are also a small number of Specialist Services (SASS services) where the performance remains significantly below target at year end 20/21 including the pulmonary rehabilitation programme which has seen a marked reduction in the number of individuals who have been able to transfer to a digitally provided approach (see Table 3). Our specialist respiratory staff however have been focussing their available capacity on establishing at pace the new Covid virtual ward to provide a remote oximetry monitoring service for individuals who would otherwise require admission to hospital.

Table 3

Specialist respiratory and pulmonary rehabilitation						
				Quarter 4 Against Plan		
Overall Category	Service	Description	Q4 Only Activity	Q4 Only Plan/Target	Variance	Annual Plan/Target
		Total contacts	3098	5001	-38%	20002

Referrals to the SASS services are stabilising but remain lower than 2019/20 pre Covid levels. The capacity in restored services continues to be impacted with specialist services at best able to operate at 68% pre-Covid capacity. The reasons for this are multiple and include:

- IPC requirements e.g. pre Covid a 30 mins clinic appointment now takes 45 mins to allow for cleaning between contacts
- Our estate continues to be limited and restricts the potential occupancy due to social distancing regulations for both staff and service users
- Staff sickness and shielding levels throughout Q4

Work continues therefore within SASS services to:

- Data cleanse waiting times particularly in MSK, Neuro, Diabetes and Pulmonary Rehabilitation and waits are reducing.
- Develop new trajectories now that the MSK Physiotherapy band 4/5 staff members who were re-deployed to support community Integrated Nursing Teams have returned to the MSK service on 1st April.
- Review the current skill mix and resource allocation to align waiting lists across the area and provide more capacity in the South Gloucestershire locality due to a historical imbalance
- Retain some of the new ways of working that were initiated during the pandemic including remote consultations to redress capacity constraints.
- Update risk assessments for clinic estates that are planned to coincide with changes in Covid rules to define if clinic, and therefore service capacity can be increased.

New initiatives in our SASS services that have been developed more recently during Wave 2 of the pandemic and include:

- Remote escape pain classes have been re-started, the first within BNSSG and planning continues for a return to face to face pulmonary rehab and diabetes education sessions in Autumn 2021
- The Getubetter MSK self-management app is now available to staff in Bristol and S Gloucestershire but N Somerset remains a problem due to IT challenges.

1.2 Children's Health Services Sitrep

As reported previously our children's services workforce all returned to their substantive roles during quarter 3 and 4 and started to address the waiting lists that had built up when a significant number of staff were redeployed to support adult services that facilitated hospital discharges. Throughout wave 2 of the pandemic, in line with national guidance, no children's staff have been redeployed resulting in children's services being maintained at pre-Covid levels .

As schools have now all reopened our staff have started to address the significant backlog (see section 4.4.2) of children who require access to the standard immunisation programme. Children's services are currently planning a catch up programme to address this backlog which is anticipated to require staff to work throughout the summer months including school holidays to address the numbers of children's requiring immunisations. Progress will be reported to the performance steering group and Board over coming months.

1.3 Workforce

HR are now producing a weekly report, detailing the total level of vacant hours (including staff sickness, self-isolation and vacancies) across children's and adults services which continues to be used to support decision making regarding prioritisation of allocation of temporary staff (including bank and agency staff). This report is used on a weekly basis by the internal Operational Bronze meetings to deploy staffing resources to the areas with greatest capacity issues.

Table 4 – as of 22nd April 21

		Sickness & Self Isolation		Vacancies	Long Term Absent Staff			
	Total WTE	WTE Number of Sickness and Self Isolation	Total % of Sickness and Self Isolation	Budgeted FTE Vacancies*	Number of Staff on Maternity & Adoption Leave, External Secondment & Career Break	% of Staff on Maternity & Adoption Leave, External Secondment & Career Break	Total Absence Level (WTE)	%
Children's	651.0	18.79	3.0%	9.0	26.9	4.1%	54.7	8.4%
Corporate	265.2	5.11	2.0%	4.7	8.2	3.1%	18.1	6.8%
Ice	152.8	7.12	4.8%	-26.2	3.6	2.3%	-15.5	-10.2%
North and West	119.1	6.58	5.8%	17.6	6.2	5.2%	30.3	25.5%
North Somerset	286.2	11.67	4.2%	44.4	9.2	3.2%	65.3	22.8%
SASS	452.1	14.42	3.3%	16.1	14.6	3.2%	45.1	10.0%
South Bristol	310.6	14.91	5.1%	-40.5	16.7	5.4%	-8.9	-2.9%
South Glos.	324.9	14.43	4.5%	20.9	7.0	2.2%	42.4	13.0%
Overall	**2561.9**	**93.0**	**3.8%**	**46.0**	**92.4**	**3.6%**	**231.4**	**9.0%**

Absences from both Covid and non Covid reasons as well as those who are required to self-isolate continues to be monitored via our Operational bronze cell on a daily basis to allow the deployment of our bank and agency staff to the services with the highest level of absence.

Covid Lateral Flow Testing and Mass Vaccination

Lateral flow testing continues successfully, with a number of staff requiring second test kits.

Number of Kits Distributed

Total kits available for distribution	Nr of kits distributed to date	Nr of second kits recorded	Nr kits distributed excluding 2nd kits	Percentage of available kits distributed for use
6240	5433	998	4435	87.07%

In total, 2981 individuals are having regular screening across Adults and Children's services, with a 2.13% positive result.

Our Mass Vaccination programme is near completion and the numbers of staff who have reported vaccinations are summarised in Table 5

Table 5

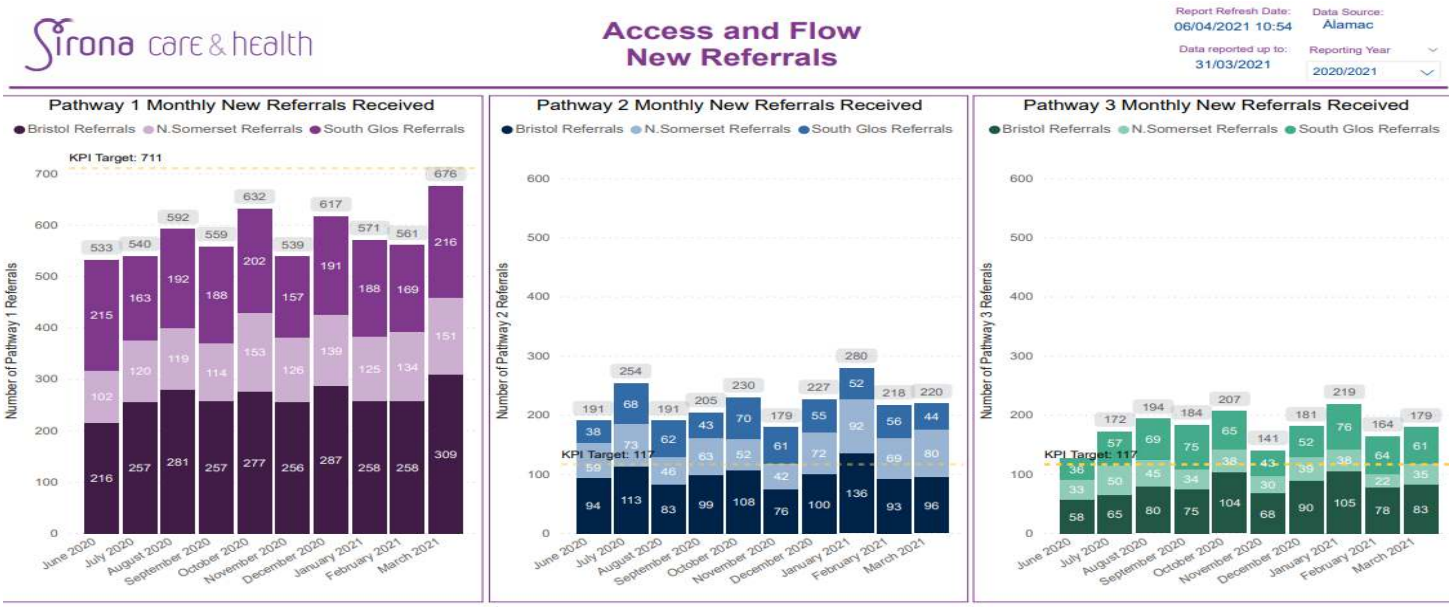
Sirona	Total No of Staff	No of Staff Vaccinated 1st Dose	%	No of Staff Vaccinated 2nd Dose	%
Frontline	3151	2594	82%	401	13%
Non-Frontline	238	158	66%	32	13%

A further People & Development update is attached to this report.

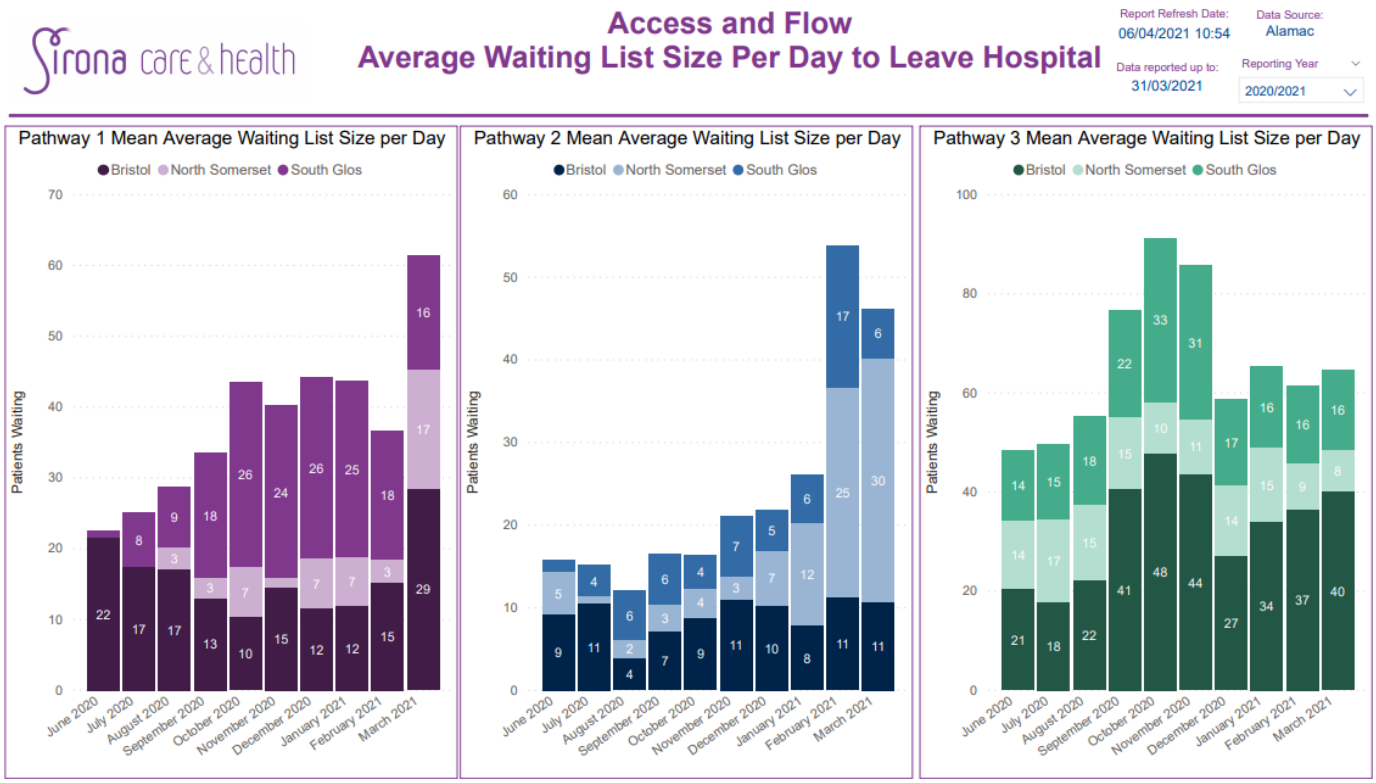
Section 2: Performance against Sirona's lead responsibility for all Hospital Discharge Pathways within BNSSG

2.1 Access & Flow Discharge to Assess Pathways 1, 2 & 3

The following tables show the unprecedented increase in referrals for all DtA pathways that have been received in February and March due to the high levels of hospitalisation rates as a result of wave 2 of the Covid pandemic and subsequent discharge of individuals with ongoing complex care needs. This has inevitably put significant pressure on all community teams and resulted in a growing waiting list of patients remaining in an acute hospital bed.



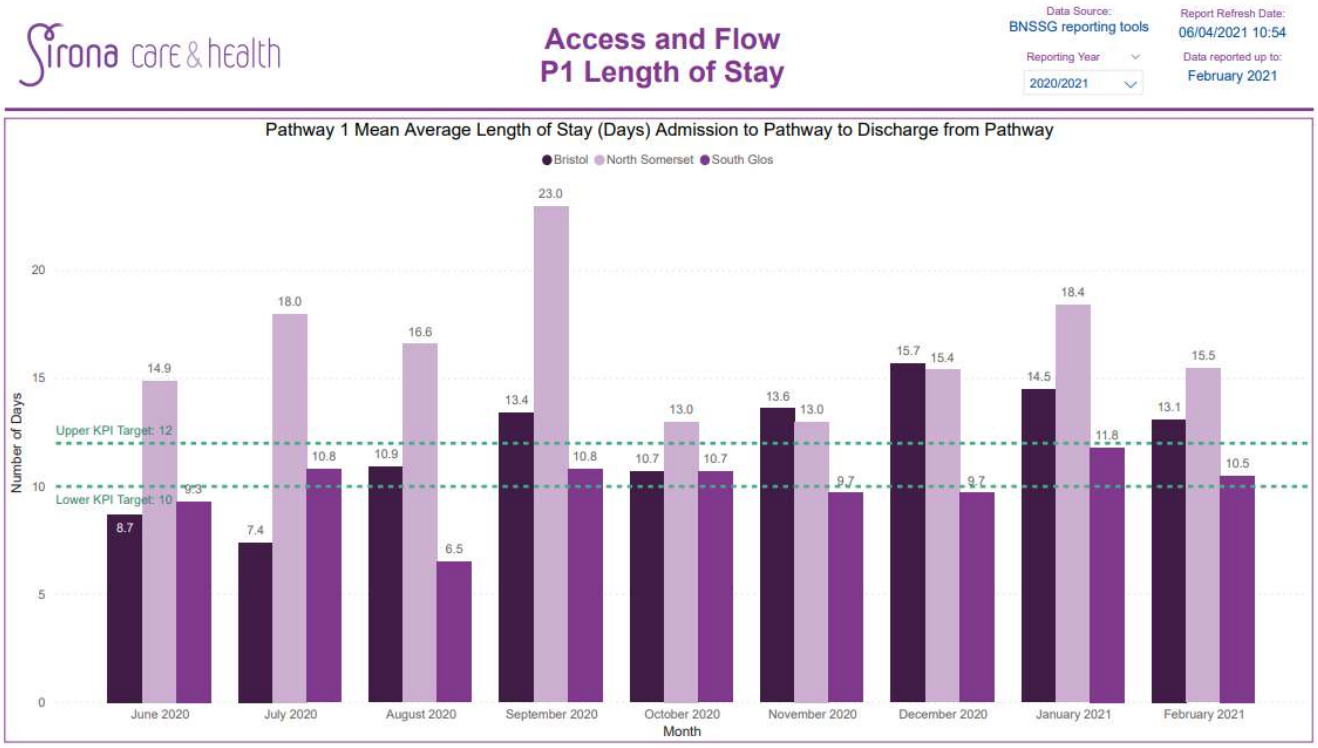
Our waiting list for transfers to the DtA pathways peaked in the week after Easter with circa 233 patients waiting transfer to a DtA pathway. This figure has been reduced in the last 2 weeks as services have undertaken waiting list initiatives to address this increase in demand.



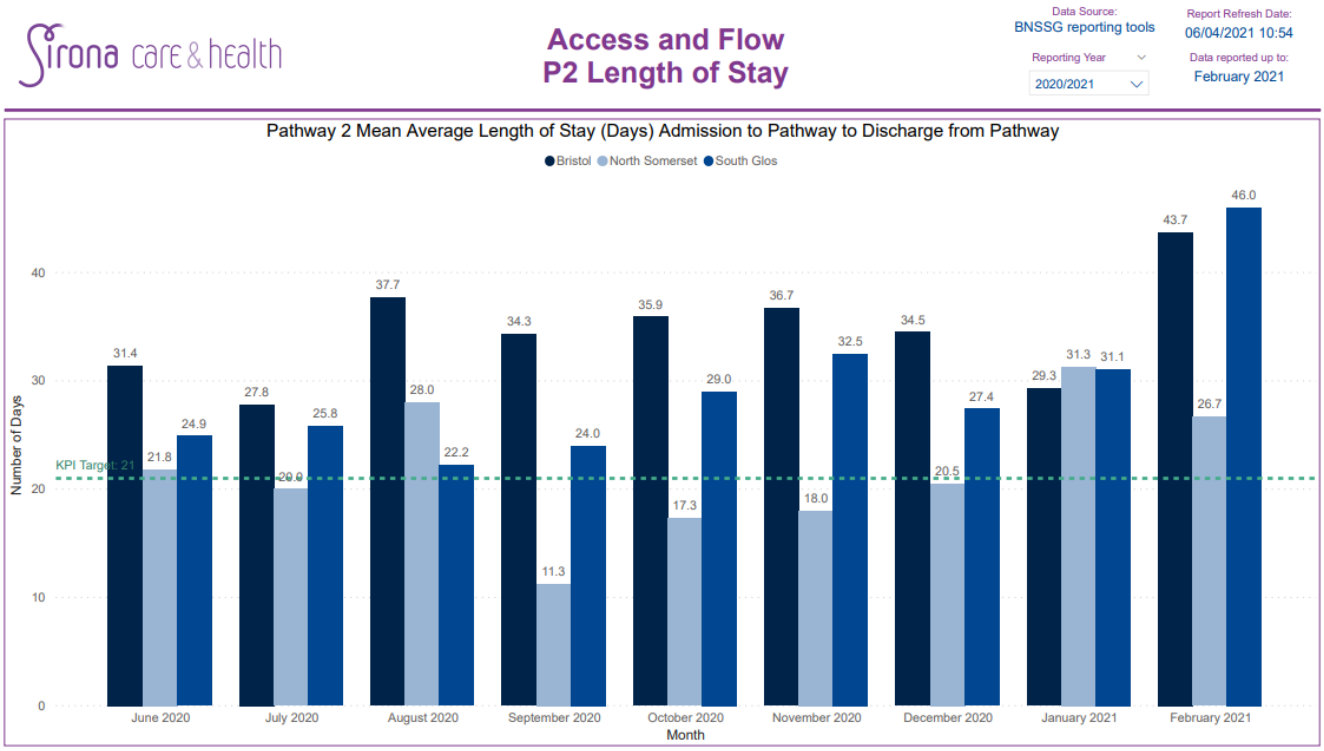
It is anticipated that the waiting list for facilitated acute discharges will continue to decrease as new capacity comes on line with the opening of ward 200 at S Bristol Community Hospital during May. The teams in N Somerset are also undertaking a waiting list initiative due to the impact of capping their capacity to take Pathway 1 patients in March due to high staff vacancy levels.

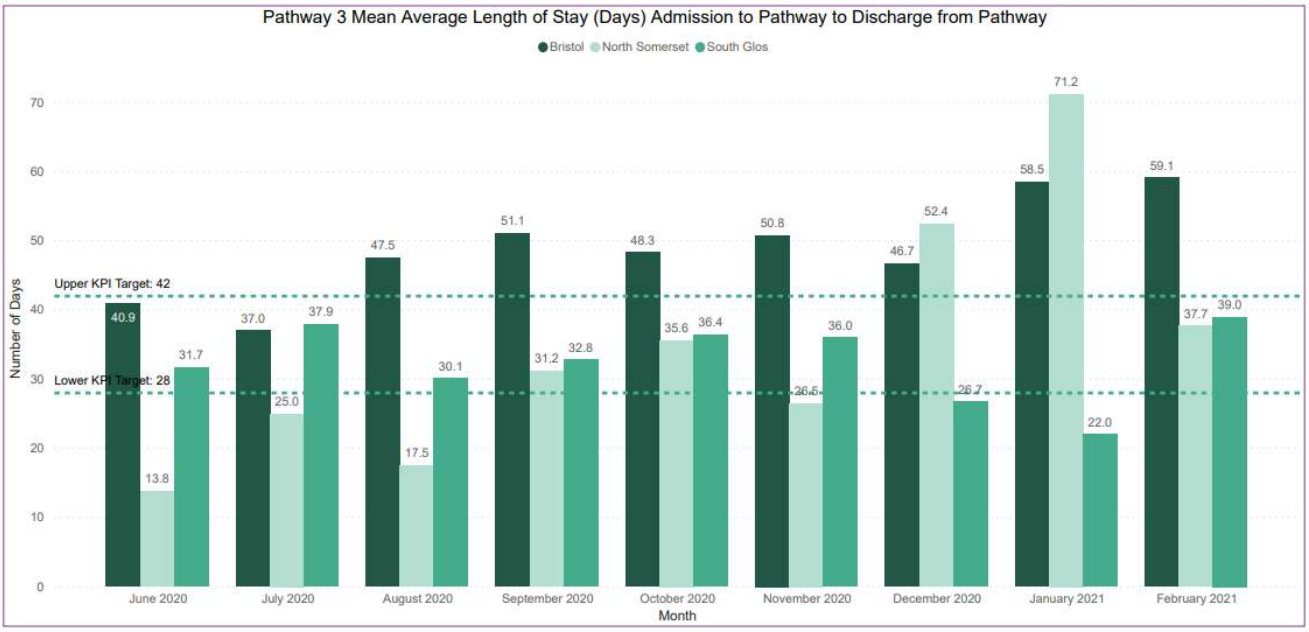
This demand pressure has also been compounded by our capacity being compromised with ongoing delays for patients from our DtA services who are awaiting ongoing long term social care.

The following tables show the impact these delays have had on lengths of stay in our DtA domiciliary Pathway 1 with marked differences across the 3 geographic areas within BNSSG.



The Pathway 1 Length of Stay differentials are also replicated in our DtA bedded pathways 2 and 3 (shown in the following 2 tables) due to multiple factors including the need to restrict discharges following Covid 19 outbreaks in some units as well as access to long term care services and actions to address these problems are being led by the Out of Hospital Steering Group chaired by the Director of Operations.





2.2 Innovative Developments in safe management of Access and flow into Community services

2.2.1 Working with University of Bristol

Our demand and capacity predictor tool is recognised as an example of best practice and is now being developed with the University of Bristol into a Community Capacity Simulation Model; this "stochastic" model means that the tool can

"More easily account for 'realistic variation' in parameters such as length of stay, patient numbers, and variations in discharge pathways to P1-P3"

An initial draft of the model has now been developed and will be demonstrated to SLT in May with a view to utilising it in the work to identify the anticipated demand for community services on an ongoing basis .

2.2.2 Working with CSU to develop a digital solution for the ICCBs

Our Integrated Community Care Bureaus (ICCBs) continue to manage access to the DtA pathways utilising the new Orion digital patient tracker that was outlined in last month's Board report. Orion monitors the progress of the ICCB's caseload of circa 650 receiving rehabilitative care within our DtA pathways. There has been a slight delay in rolling out the Orion system that was developed in partnership with the CSU to N Somerset and S Gloucestershire. The delay was due the new system being slow to operate in practice and has required work on the Connecting Care platform to resolve this issue . The roll out will now proceed as these operational glitches have been resolved and should be fully implemented by the end of May

Section 3: Performance within Sirona services against our service specifications for all adults and children's contracts

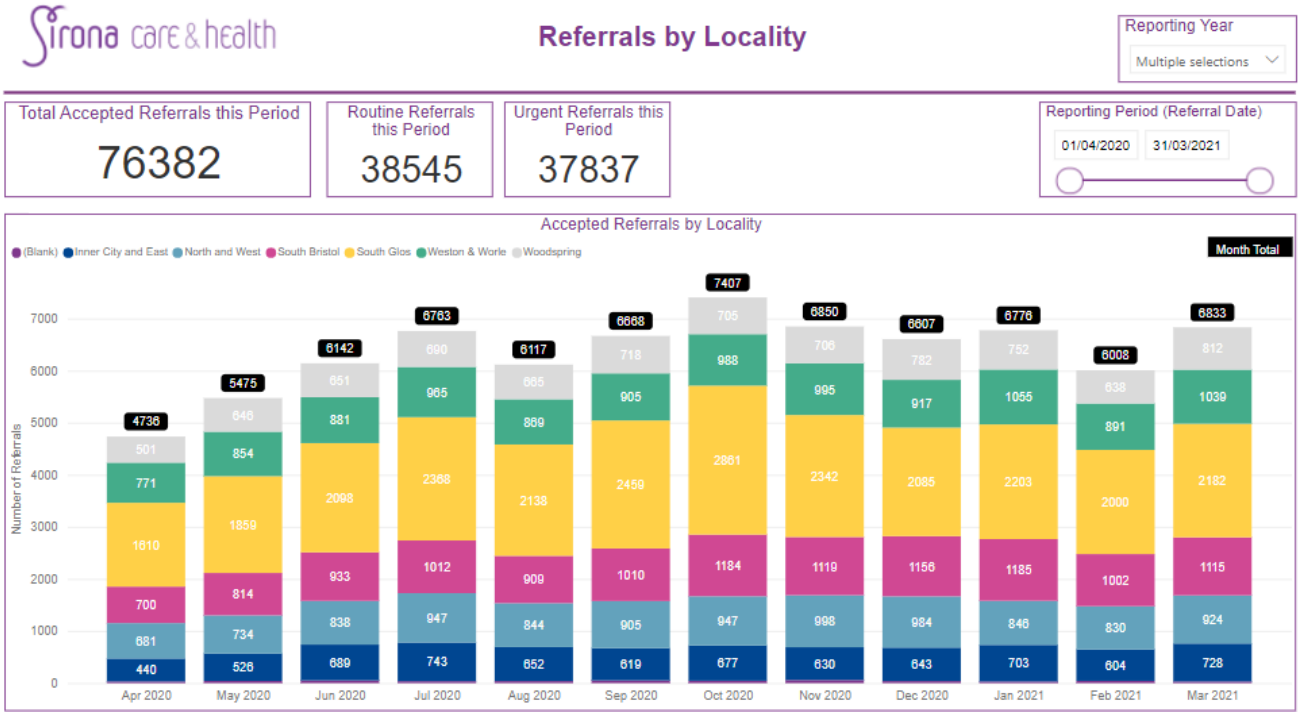
3.1 Adult services (extracted from Associate Locality Director Exception reports)

3.1.1 INT Transformation updates

A soft launch of the 18 INTs has now been completed with many of our staff moving into their new teams on 1st April. This launch required extensive work by our estates team to negotiate with landlords to ensure team bases could be accessible by teams during core hours of 8am to 8pm across the full 7 days working week. The launch was also highly dependent on our EMIS (patient record software) development team being able to develop extensive work arounds to the current multiple instances of EMIS that continue to be used by the INT in each part of BNSSG as the work to progress to a single instance of EMIS could not be achieved by the go live date.

The complexity of data collection should not be underestimated with a number of changes being made to the logic applied to data collection and collation within the data warehouse. The BI team work very closely with the Services and Systems team to track and monitor these changes to support evidencing of new ways of working.

The impact of the roll out of the new INT model will be evaluated over coming months to assess the delivery of the key benefits that were anticipated including greater efficiency of the integrated model as well as increasing the available time to care.



Accepted Referrals by Locality for April 2020 to March 2021
Including:

- Community Nursing
- Community Rehabilitation (DtA P1)
- Community Rehabilitation (Other)
- Rapid Response and Reactive Care
- REACT

3.1.2 Multidisciplinary Team (MDT) working roll out

The roll out of MDT working with primary care across BNSSG continues and has been completed in S Gloucestershire practices and the majority of Bristol GP practices. Work in N Somerset is ongoing due to the workload in GP practices with many practices highlighting the need to prioritise leading for the mass vaccination programme.

3.2 Locality Acute and Reactive Care (LARC) Services – these services are in a transitional phase

The Board will recall that the LARC services comprise 2 core elements:

- Acute Care Practitioners for Urgent Care (ACPu) undertaking domiciliary assessments as an admission avoidance intervention within a 2 hour framework of receipt of new referrals. As part of the INT consultation Band 7 practitioners have been secured to undertake this role; as the LARC service launched in April 2021 the majority of the 39 wte had been appointed to undertake this new role. This approach aligns the previous Rapid response and Emergency Care Practitioner (ECP) approach to provide a harmonised service offer across BNSSG.

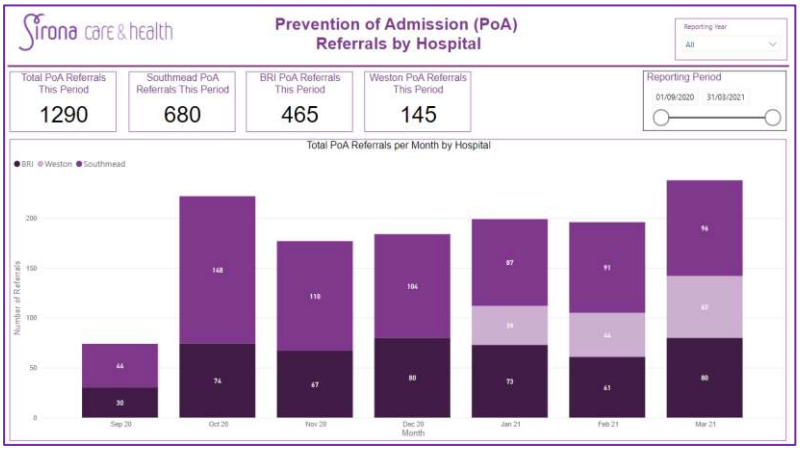
- LARC chairs operating in Clevedon, Cossham and S Bristol Hospitals as a service that can be used by the ACPus and GPs to provide a location for a more comprehensive intervention including diagnostic (X ray and Pathology) assessment. SLT anticipate that this day case chair service will be operational in the specified locations by winter 2021 and will provide a key part of our admission avoidance services.

Work is ongoing between Operational leads and BI to develop an effective tracking system to demonstrate the delivery of the 2 hour response time which went live in April 2021. Report development will commence in May for June presentation.

3.2.1 Rapid Emergency Assessment Care Team (REACT) services

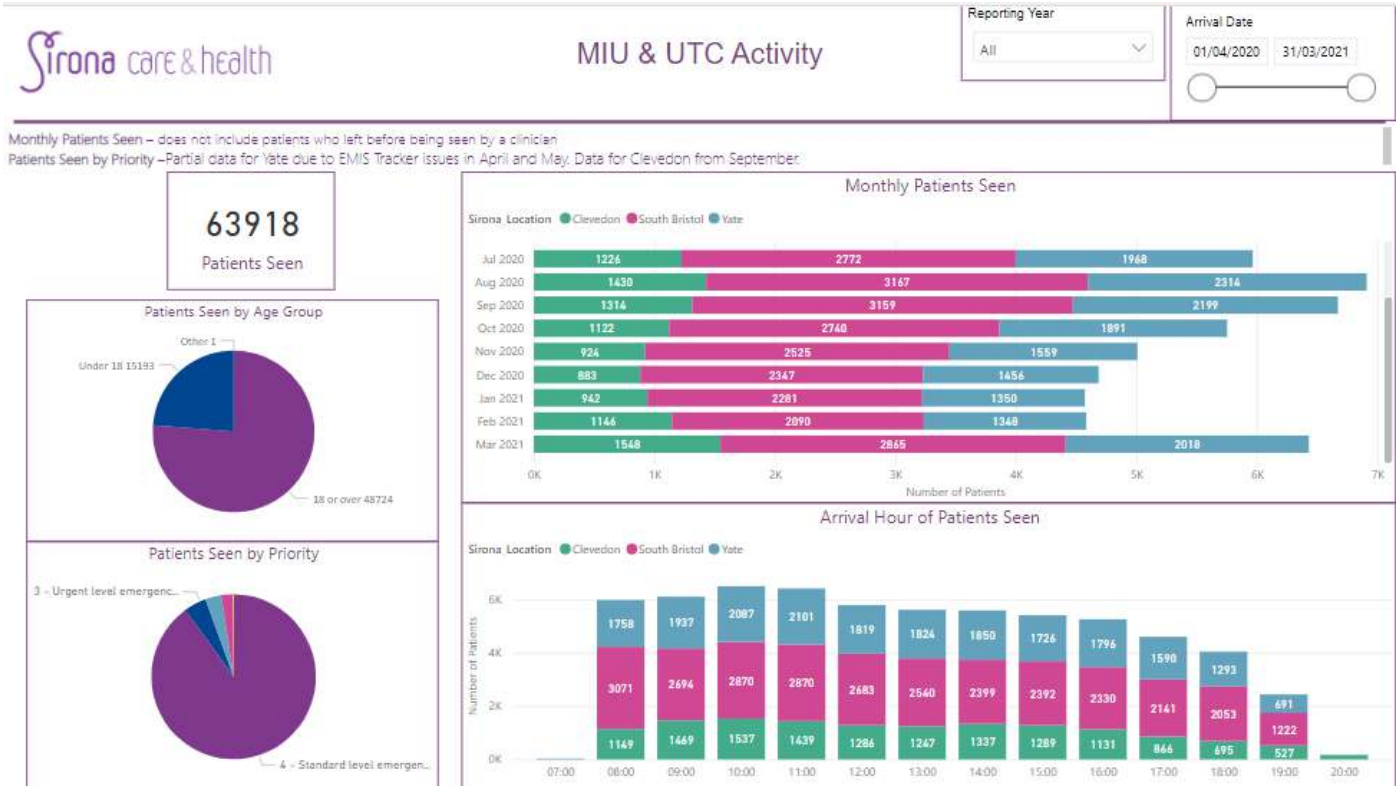
These services currently operate at the front door of the Emergency Departments (ED) in Southmead, BRI and Weston Hospitals to provide an assessment and intervention by returning patients home with the required level of community services as an alternative to a hospital admission. The numbers of patients reviewed within Weston's new service (see table below) continues to increase as the ED consultants familiarise themselves with the available offer

REACT POAs – September 2020 to March 2021



3.2.3 SAME DAY URGENT CARE (SDUC) SERVICES

The workload within our SDUC services continues to reach unprecedented levels as the lockdown restrictions are eased. With the opening of schools in early March the Urgent Treatment Centre (UTC) and Minor Injury Units (MIU) all saw a rapid increase in attendances. This demand has been further exacerbated by 2 ongoing pathway changes that are materially changing the way in which people can access care for urgent health issues.



NHS 111 First

Sirona continues to explore ways in which we can strengthen our relationship with Severnside and work towards developing an integrated enhanced CAS (Clinical Advice Service). The business case for implementation of telephone assessment for all 111 referrals into the UTC is currently being developed in partnership with Severnside, and with support from the Programme Management Office. This is due to be submitted to the CCG by the end of April with a proposed implementation of the service by autumn 2021.

ED Minors Redirection

A redirection standard operating procedure (SOP) has been developed in partnership with the CCG to allow all 3 Emergency Departments to redirect appropriate patients with minor illness and injury conditions to our SDEC services . The use of the SOP has been further extended into the third week of April. An urgent meeting has been requested with the CCG to review capacity and demand across the 3 urgent care sites before any further extensions can be approved.

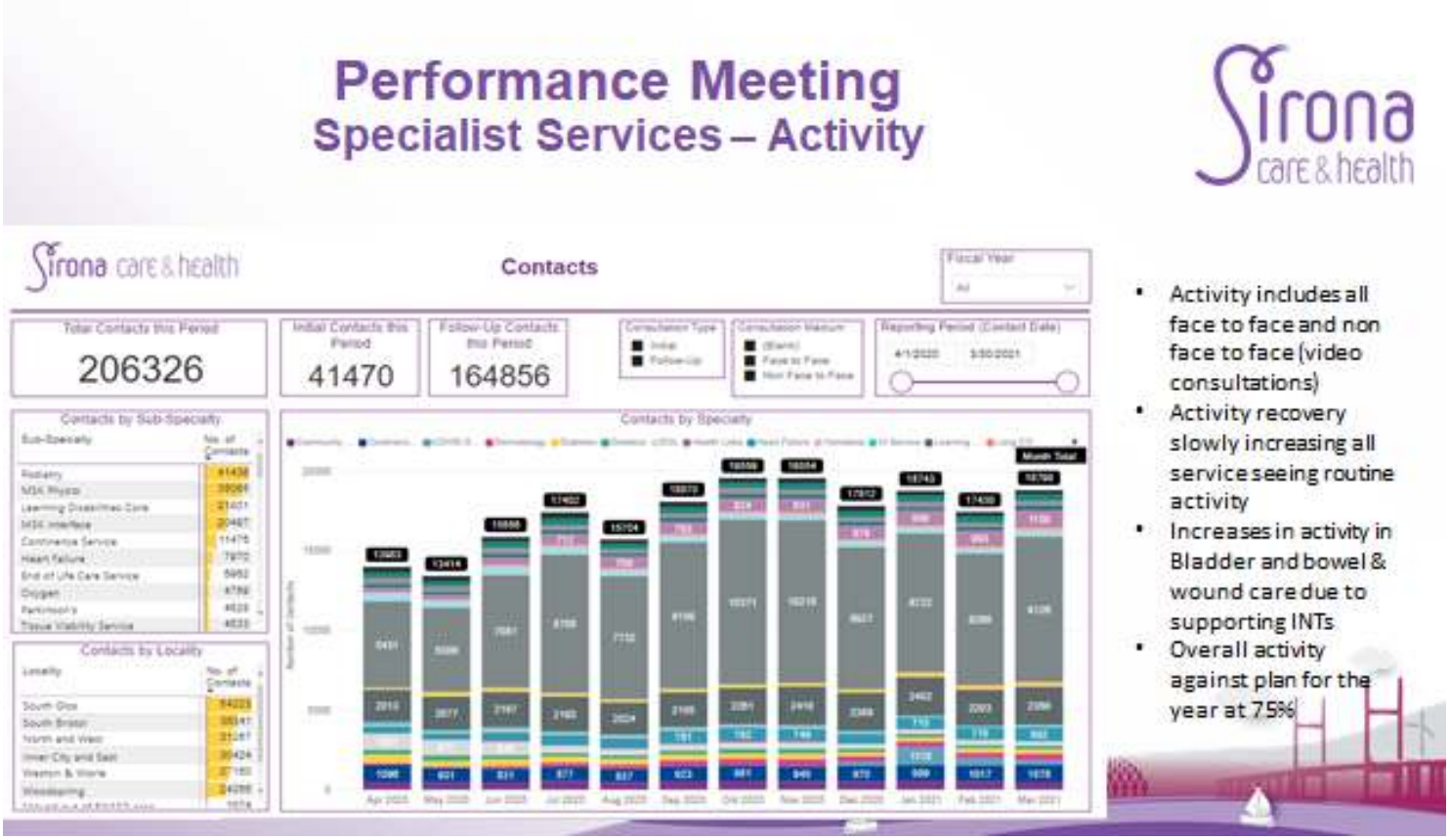
Activity Comparison- Baseline 202021- 202122

As with INT, SLT, Operational Leads and BI leads have evaluated the activity data that is available following the year end of 20/21 as well as the planned activity for year 2 that was previously agreed as part of the new adult community services contract. There is general agreement that Q3 figures were an appropriate reference point for performance and allowing for ongoing Covid challenges, have been deemed to be able to be used as a reasonable baseline for planning activity levels for Year 2. At the request of the CCG, Sirona has resubmitted data based on forecasted levels of activity extrapolated from months 7 and 8 of 20/21. UTC is an exception to this with Q3 experiencing an unsustainable increase in demand. In agreement with the CCG, Y2 baseline will be as originally proposed in the contract.

3.3 Specialist Services (SASS)

3.3.1 Year end SASS activity

As outlined in Section 2 Quarter 4 saw a significant increase in activity within many SASS services in relation to their core contract service specifications (resulting in a year end position of 75% against plan) as well as providing support to the INTs to manage the surge in demand as a result of wave 2 Covid .



3.3.2 Progress in redesign of key Long Term Condition (LTC) pathways

Apart from supporting the INTs in surge demand and delivering their core contract activity SASS services have worked with system partners to achieve some significant progress in pathway redesign .These include:

- **Respiratory**
  Our respiratory service saw a marked increase in new referrals for specialist support and follow-up for individuals with a post Covid oxygen dependency following discharge throughout Q4 of 20/21. These new pathways are part of the longer term response to the COVID pandemic rather than commissioned SASS activity and are being funded separately.

  Work continues with the SASS respiratory service inputting into further system wide developments including:

  - The Breathlessness Hub in Weston being developed with Pier Health and UHBW. Work has now reached the stage that a business case has been finalised for submission for an ongoing service delivery model
  - NW locality PCN has established a high impact users with respiratory conditions project pathway which our team will continue to support
  - Developing the model for Covid pulse oximetry @ home in partnership with NBT

- **Diabetes**
  The contacts with our new Advice & Guidance lines continues to embed with support to community practitioners and primary care remaining high; this change in approach will be reflected in our performance reporting in Quarter 1 2021/22 . Sirona clinical leads continue to support the Healthier Together Programme boards sub-groups to review a number of pathways including:

  - Foot care pathways
  - Type 1
  - Inpatient pathways
  - Treatment targets

- **MSK including First Contact Physiotherapy (FCP) services**

  Sirona FCP Service for the NW Bristol and South Gloucestershire localities is now fully implemented. Band 8a and Band 7 clinicians are now in place throughout these areas with agreed working hours and locations of work. Service data remains locally driven supported by a standardised clinical caseload tracker to enable robust supervision and provide local data regarding outcomes e.g. imaging referrals and injections to support communication with local GP's. Feedback remains very positive from all stakeholders. We are now focusing on the governance framework underpinning the FCP's and linking into the Health Education England roadmap for advance practice, supporting team members to provide evidence against the four pillars (Clinical, Leadership, Education and Research) to enable registration by April 2022.

- **Long Covid Pathway**
  There has been a spike in referrals to the new Long Covid pathway in March (40% up on February) resulting in the waiting time increasing to an average of 5 weeks. The services are continuing to recruit to posts to support service delivery but are awaiting a final decision from Healthier Together regarding ongoing funding from NHSE for 21/22 year; the outcome of discussions is likely to be in April 2021. The services are working with digital provider of Patient Reported Outcomes (Cemplicity) to implement the new monitoring tools to evaluate the impact of the new pathway.

- **Covid Oximetry@home**
  Slight reduction in referrals in March although not steep due to impact of case-finding work
  Continue to work with system partners re Q1 and Q2 funding to support integration and future model planning

3.3.3 Waiting list overview

Following a significant reduction in referrals for SASS services during wave 1 of the pandemic there has been a marked increase in referrals over Q3 and Q4. BI have been working closely with the Services to develop a dashboard that displays an overview of demand, waiting list, caseload and activity in one visual. The table below shows the current waiting list position for all specialties, with a year-end position of circa 15,000 individuals waiting for an outpatient appointment. This was launched on 22nd April, with the intention that this will provide each service with the full context of the demand in the context of contacts. Further dashboards provide a spotlight on specific services such as MSK and the plan is to work closely with the services to validate this and have confidence in the trajectories for focused attention. It is anticipated that this will vary by service.

3.4 Children's Contract Performance Report

As with all our services, this phase of the pandemic is bringing additional challenges to children's services capacity, namely staff availability, redeployment, volunteering for the mass vaccination, home schooling etc. The following sections provide an update regarding key issues within our children services.

3.4.1 Duty professional role- pilot project

The changes to the safeguarding in-reach pathway for the Bristol Royal Children's Hospital (BRCH) went live in April as agreed with UHBW and the CCG. The key changes to safeguarding children arrangements, service delivery model include:

- Sirona safeguarding offer is for children who are registered with a GP in the BNSSG area only, i.e. not for Out of Area children.
- One Safeguarding Rota across BNSSG Child Health Partnership, manned by Consultant, middle grade and a Duty Professional - Specialist community Public Health Nurse,
- The venue for medical examination has been centralised at BRHC, 9am-5pm weekdays instead of Drove Road and Eastgate.

3.4.2 School Closure and Impact on IMMs Programme

A letter outlining the challenges faced by Sirona's child health service in delivering the programme of work within the context of national school closures was sent to the commissioner and education leads on 4th February 21. This outlined the actions taken to maintain the children's health offer in BNSSG and some of the challenges and inconsistencies from schools. Since schools reopened the school nursing and imms teams have been implementing catch up plans to address the significant immunisation backlogs that have developed with schools closed for most of Q4 (see table below) This will require the imms teams to deliver catch up clinics during school holiday periods in a range of alternative community settings.

Community Children's Health Partnership

NHS

Immunisation & Flu Service

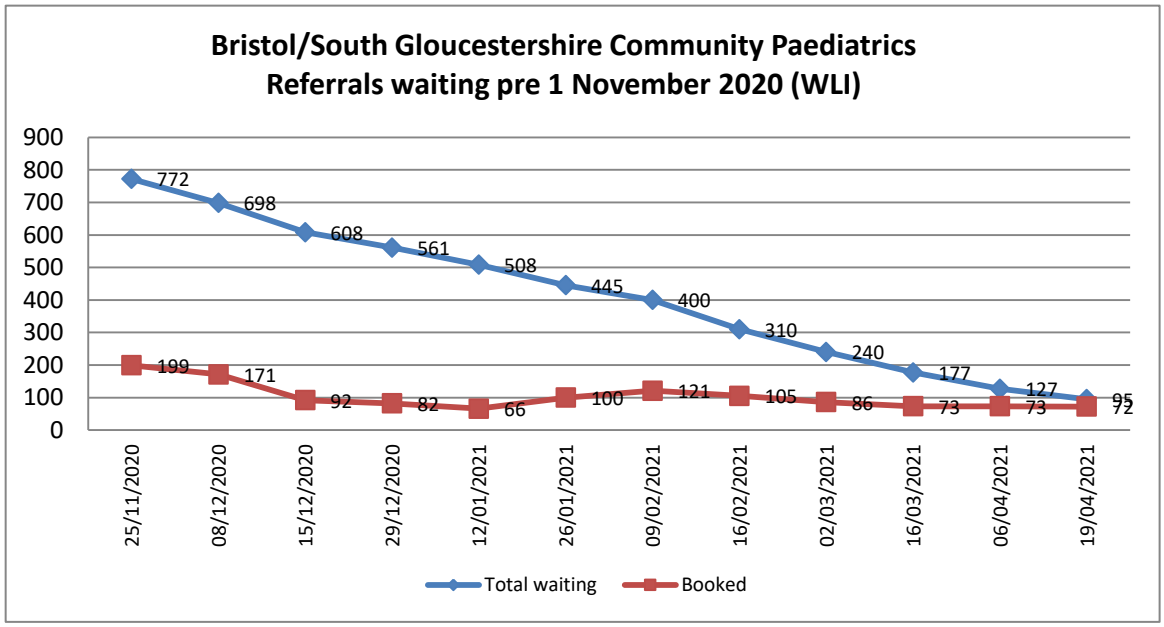
Bristol, North Somerset and South Gloucestershire

Figures to end of March 21 – Flu programme now complete

		Number in Cohort	Total Vaccinated to Date	% Completed
19/20 Cohort	Year 8 HPV1	11085	7861	70.92%
	Year 9 HPV2	5183	3399	65.58%
	MenACWY	10499	8290	78.96%
	DtP	10499	8197	78.07%
20/21 Cohort	Year 8 HPV1	11800	154	1.31%
	Year 9 HPV2	11085	542	4.89%
	MenACWY	11085	2097	18.92%
	DtP	11085	2115	19.08%

3.4.3 Paediatric Wait List Initiative (WLI)

The Board has been briefed previously on the WLI currently underway within the Paediatric Service which was focussed on reducing the waiting list of circa 772 children in December 2020.

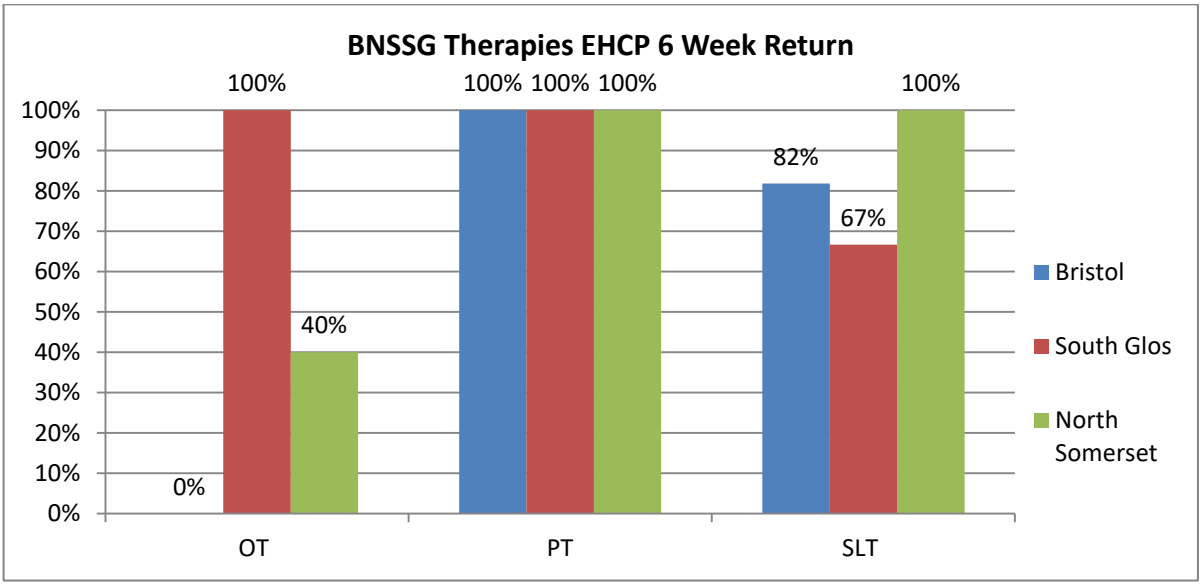


The service continues to make progress on reducing the waiting list form a reduced level of 442 in February 2021 to a year end position of only 95 children remaining.

3.4.4 Special Educational Needs and Disability (SEND)

The Strategic Lead for SEND now has an overview of issues across the whole of BNSSG which supports a consistent approach and sharing good practice and learning from the 3 local

authorities. The key areas of responsibility are to respond to referrals for therapy and medical assessments to be used as part of the Education Health and Care Planning (EHCP) process. Information is required to be supplied within 42 days of receipt of a referral.

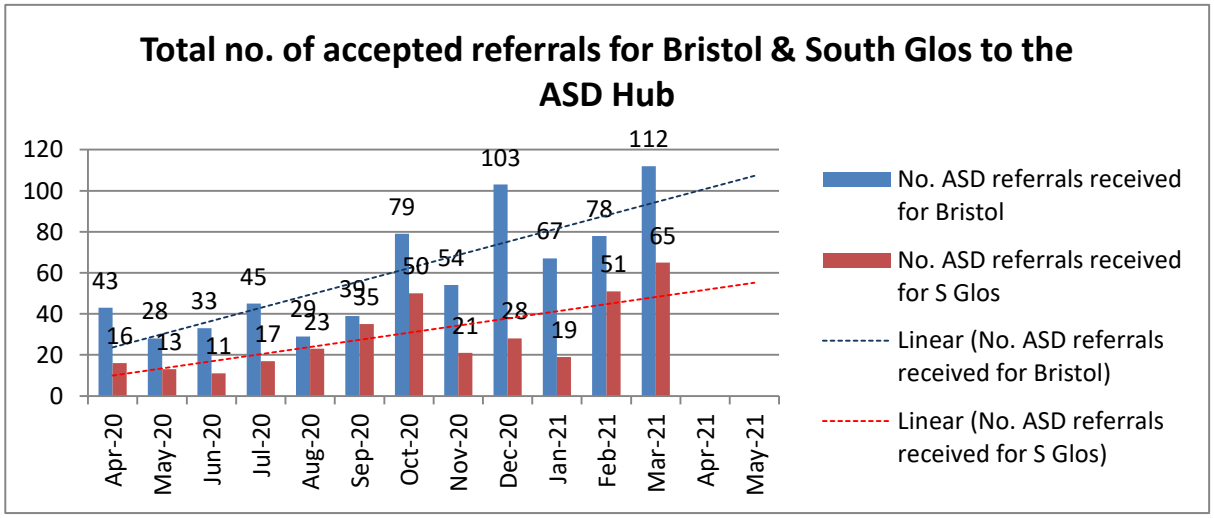


3.4.5 Specialist Health Advisors for SEND Team (SHAS)

The new SHAS team now has a full complement of 4 members and the service went live on 1st March 2021. Communications were shared with internal and external system partners in health, education and the local authorities regarding the launch of the new service which has been established to improve the timeliness of EHCP health contributions to the EHCP planning process. A significant amount of work has been undertaken to understand the EHCP request processes in the 3 local authorities and to align the internal administration processes for the team across CCHP.

3.4.6 Autism Diagnostic Services

A good deal of progress is being made in merging the Autism pathway offer across the BNSSG geographical areas, with the Bristol/South Gloucestershire Hub and North Somerset Hub (SCAMP) taking opportunities wherever possible to work and learn together, sharing resources and best practice. There are currently 1333 children and young people across BNSSG waiting for an autism assessment. Referral volume continues to increase with a 118% increase over the past 6 months.



Actions to mitigate the risk to CYP awaiting an Autism Assessment

The service continues to acknowledge that waiting times cause anxiety for families as we are unable to confirm if their referral has been accepted due to delays in triage. The service is actively engaged in improving the consistency and breadth of its digital information and sign-posting for families on the waiting list. The service is working closely with the Parent / Carer forums in order to publicise the Autism Service contact details and CCHP website through its social media channels.

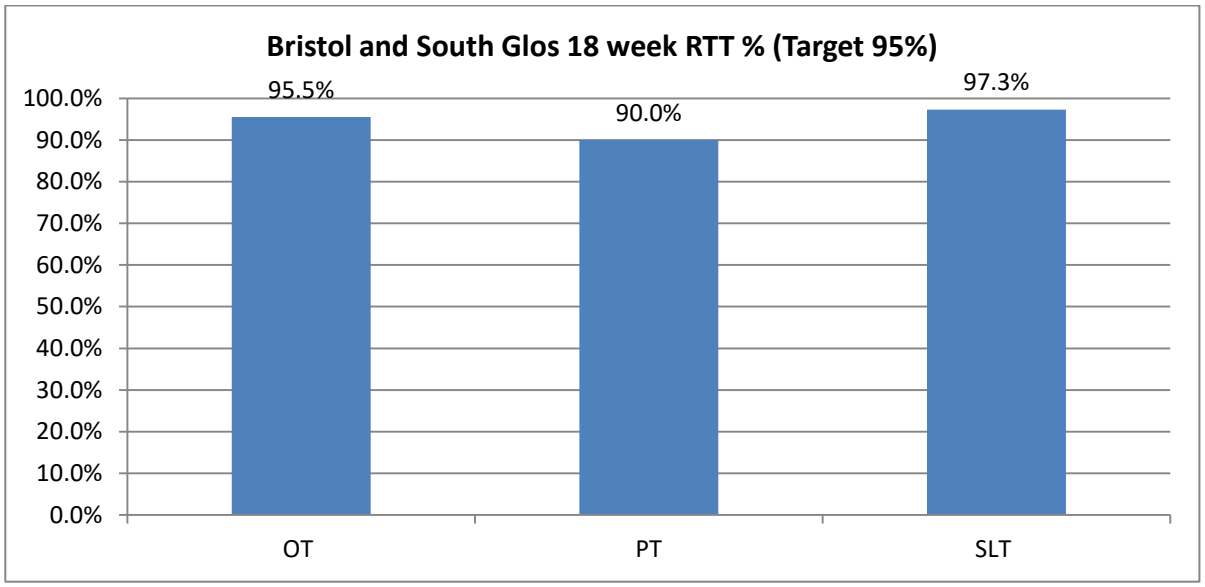
The service has broadened its use of telephone and video conferencing appointments as is shown in the data, with almost half of all consultations delivered via these media. Whilst the pandemic has necessitated remote contact, the service is planning to continue with a blended offer of contact options going forwards. The service is actively engaged in development of its triage process, in order to mitigate risk from the point of referral onwards. This involves greater multi-disciplinary involvement in the triage process, in order to identify and fully scope other appropriate referrals and provide advice and sign-posting to families while their child is on the waiting list. The service is also taking up the offer of multi-disciplinary, BNSSG-wide group Safeguarding Supervision, with a view to safeguarding children being seen for assessment as well as those on the waiting list.

The service is planning to use part of the role of Assistant Psychologist to take an overview of the Green and Amber RAG-rated children on the Clinical Psychology/Consultant Nurse waiting list, so that their needs and any associated risks remain visible to the service.

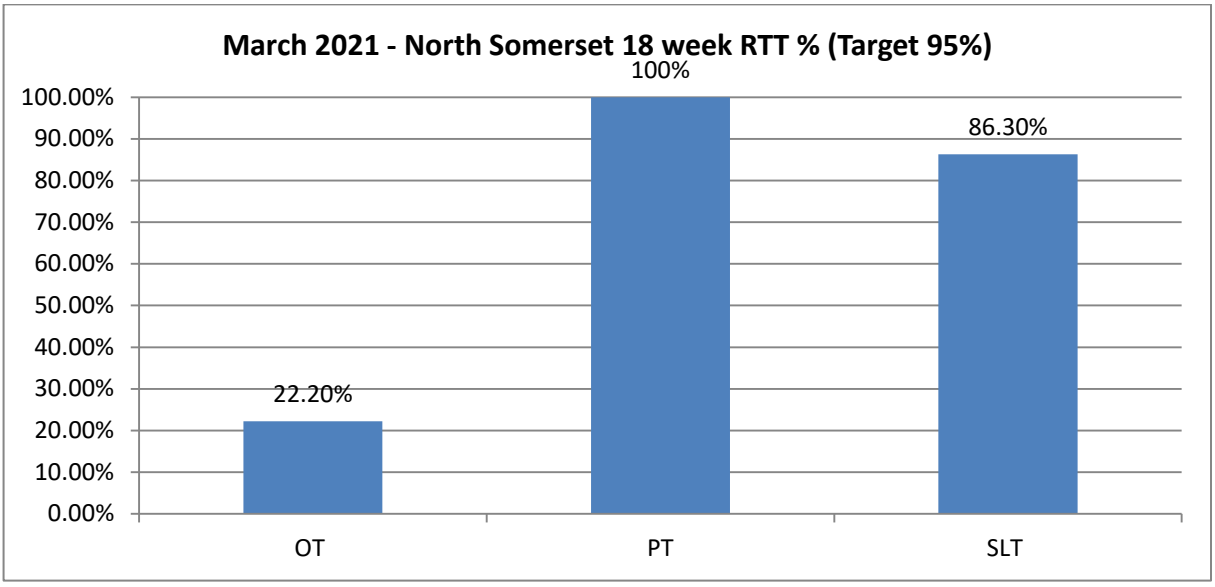
3.6.7 BNSSG Paediatric Therapies

Therapy services delivered in schools have resumed in the past month. Many schools are still operating in 'Bubbles' so there is still some limitation on the number of children able to be seen in schools due to these Covid-safe restrictions. In addition to this, for all age groups, Therapy services are unable to offer group interventions and face-to-face training for groups. Drop-Ins are still virtual.

Performance and Activity



Occupational Therapy and Speech and Language Therapy services in Bristol and S Gloucestershire are successfully meeting the 18 week target of 95%. Data cleansing indicates that Physiotherapy has achieved the expected performance target, with only one child seen for an initial assessment outside the 18 week target in the reporting month.



The Occupational Therapy service delivery in North Somerset is being impacted by staffing sickness levels and demand outstripping the small clinical capacity in this service. 119 children have waited longer than 18 weeks for an initial assessment. Over 50% of these children are waiting for a sensory pathway. To mitigate this, a new sensory pathway has been developed – parent/carers are being offered a parent training webinar and training session with members of the OT team. This will be a universal offer, accessible to all families without the need for a referral.

4.0 Recommendations

The Board is requested to note:

- the enclosed performance reports,
- the progress made in developing the new reporting formats using the PowerBI software
- the ongoing impact of the Covid 19 outbreak continues to have on the delivery of services across BNSSG.
- progress in implementing key elements of the new adult contract including the move to 8am to 8pm core hours and the roll out of the MDT approach to case management for individuals with complex needs
- work to align our children's services to deliver a consistent universal offer across BNSSG

People & Development – April 2021

Key Summary Points:

- **Staff turnover** remains at 14%
- **Retention** - Sirona participating in a system approach – including 'Itchy Feet' service, reviewing our data, publicising support and developing tools for managers
- **Sickness absence** reduced slightly to 3.8%. Small number of cases of Long Covid. HR team working on improvements to absence management templates/processes
- **Staff wellbeing** plan and BNSSG Mental Health Hub, health and wellbeing passport, REACT mental health training and Trauma Risk Management roll out
- **Mandatory training** trajectory improving, most figures showing upward trend
- **Staff vaccinations** 83.6% frontline colleagues reported vaccinated, 3.9% declined 12.4% unreported currently and 0.1% exempt
- **Staff survey** – analysis and supporting managers to develop clear action plans and organisation-wide themes captured and working group convened
- **Recruitment** - more than 250 vacancies still to be recruited - digital event to be run in mid May and project group set up to support campaign recruitment of Community Therapists & Nurses
- **New ways of working** – hybrid working team now in place to shape new ways of working post-pandemic/lockdown

Highlights: Key achievements, progress & future planning

- ✓ Partnership with Comms team & 'Our Voice' to develop **internal comms strategy**
- ✓ **Admin development** plan - progressing & fixed term contracts being addressed
- ✓ **Leadership Engagement Group** – with a focus on developing our future together
- ✓ **Leadership strategy** in first draft
- ✓ **Line managers toolkits** in progress to support with effective people management
- ✓ Confirmation of **sponsorship licence** to begin international recruitment
- ✓ Supporting **mass vaccination** programme including creation of vaccinator rosters & providing bank vaccinators
- ✓ Handover of Allocate for **Social Care Bank** bookings to B&NES Council on 1st April
- ✓ **IR35** legislation came into force 6th April with minimal impact on services
- ✓ **BNSSG system wide collaborative community, primary, social care bank** project underway
- ✓ **Learning & development** - finalised numbers for Physio, OT and Nursing apprentices this month, return to Practice Occupational Therapist's supported Preceptorship offer reviewed and policy updated
- ✓ Supported the range of successful **TUPE transfers** in April, South Bristol Community Hospital, End Of Life Services and Lifetime Service. Successful **move into INTs** in April following consultation. Successful senior management restructure **consultation for Children's Services**

People & Development – April 2021

Key Issues or Concerns:

- Ongoing management of **workload pressures** - Face to face HR sessions across the localities to provide additional support to managers and staff and online 'Ask HR Anything' Sessions
- **Long Covid** – management of this and ongoing support for these colleagues
- **Refusal of vaccine** – small number of individuals, conversations taking place with colleagues to understand reasons and provide support, HR decisions may need to be made around impact on role
- **Equipment issues** for existing colleagues and new starters impacting on Sirona culture – Digital colleagues working hard to resolve and resource to support now in place
- **Wellbeing day** – feedback on pro-rata entitlement and subsequent amendment of this to a 'normal day/night/shift' worked
- **Skills shortages and vacancies** – particularly Nursing, Therapy and RSW's – international recruitment, therapy campaign, skill mix models . Note: Funding for international recruitment only for Acute Trusts
- Differing approach with **DBS checks** – instigated new renewal process 3 year checks

Recommendations or items for decision:

Staff Wellbeing:

- ✓ Appointing a **dedicated role** (potential secondment utilising existing funding) to support and embed a whole range of staff wellbeing actions and interventions/support
- ✓ Further session at June Quality & Outcomes Committee (seminar) with our OD Lead Steve Thom around staff wellbeing and **defining our aspiration and measures** and a further session at Board with whole Board to ratify this
- ✓ Formal **appointment of our Wellbeing Guardian** (Barbara Brown, NED) to take an assurance role at Board level, to look at the organisation's activities through a holistic health and wellbeing lens. Purpose of role is to:
  - *Question decisions which might impact on the wellbeing of Sirona colleagues*
  - *Challenge behaviours which are likely to be detrimental*
  - *Challenge the Board to account for its decisions and their impact on the health and wellbeing of Sirona colleagues*
  - *Remind the board to consider any unintended consequences of organisational actions and review them with a view to mitigating these.*
  - *Best suited to a Non-Executive Director who does not need to have specialist knowledge about wellbeing, but should be confident and competent in their ability to check and challenge the executive team on behalf of the board.*
  - *Operating in an inclusive manner, actively encourage a dispersed model of wellbeing leadership which engages ownership and advocacy across the organisation, valuing and building upon existing internal resource. As this becomes routine practice for the Board, the requirement for the Wellbeing Guardian to fulfil this role should reduce over time.*

Report to: Board Meeting

Date	11th May 2021	**Agenda item**	11
Title	Digital Report		
Author	Clive Bassett, Finance Director		
Lead Director	Clive Bassett	**Date signed off**	29th April 2021
Presented by	Clive Bassett	**Version**	1.0
For	Approval/decision ☐ Debate ☐ Assurance ☐ Information ✓		

Aims/Summary
To update the Board on all matters relating to Digital

Options and decisions
For Board to note the report.

Resource implications (financial/staffing/other resources)
Considered within the scope of Digital Workstreams

Quality considerations
Considered within the scope of Digital Projects

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

1. Background

This report provides the Board an update on all matters relating to Digital so that the Board is informed of the progress on the transformational agenda and the short and medium term challenges.

2. Projects completed

a. South Bristol Community Hospital transfer

The Digital team were significantly involved in the complex project to transfer the South Bristol Community Hospital (SBCH) beds to Sirona from University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) on 1st April.

The team's role included:

- supply and install new equipment for the staff and wards,
- install new network connections to the unit
- install new phones and connections
- add the staff as new users to our clinical and other systems,
- and create a EMIS pathway for the service
- install Wi-Fi and provide new service user Wi-Fi access

This was a complex piece of work with a number of additional complications arising at short notice. Thanks are extended to the team for their diligence in working through these and ensuring a smooth transfer.

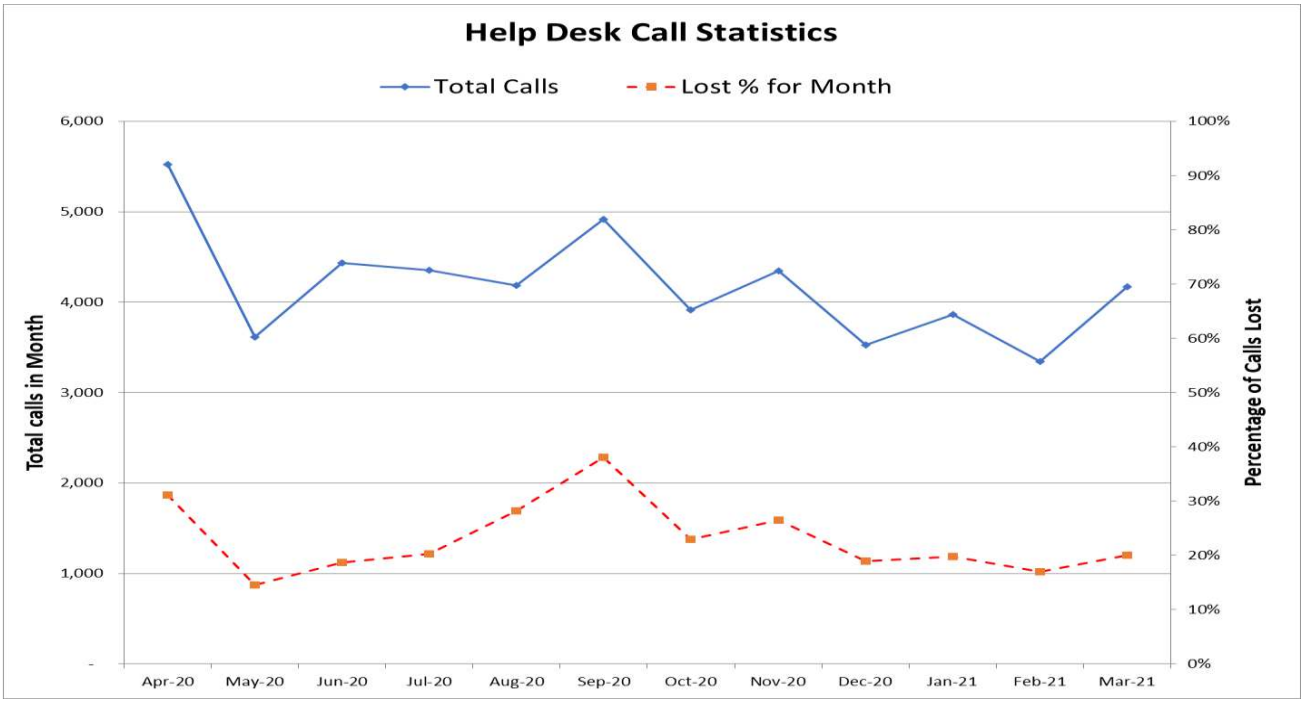
b. Across network access

Work has been completed to link the former Bristol Community Health (BCH) S network drive to the main Sirona network meaning staff with files on the ex BCH system can now access them via the Sirona network

3. Current performance

a. Service Desk

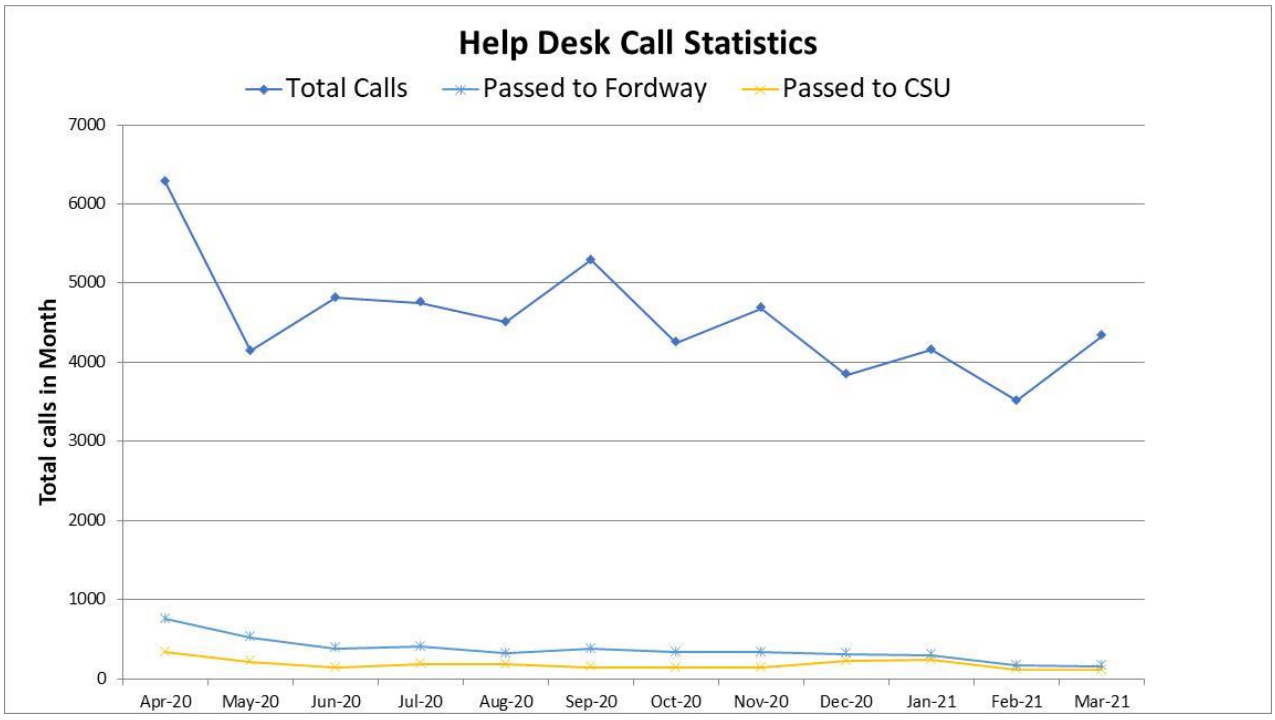
The number of calls taken by the Digital Service Desk is shown in the graph below:



The calls remain at an average of circa 190 per business day. The average percentage of calls dropped has remained reduced from the high numbers last year, but are still too high.

The consultation for digital teams and the appointments of all posts is nearing completion, with the Service Desk Supervisor appointed in the last week. This means we now have the structure and resource in place to focus on improving the response to Service Desk calls.

The next graph shows the total calls and the numbers that are being passed to our two inherited providers – Fordway and CSU:



The proportion of calls handed off has reduced from 14% to about 3%. The majority of calls to CSU relate to remote working connectivity issues which will be resolved by the One Sirona Network programme

We anticipate that the volume of calls to the Sirona Service will therefore not substantially increase as we move to the One Sirona Network, indeed we hope they will reduce as the complexities of running three separate networks and logins are removed.

b. Equipment

We have now deployed close to 1,000 laptops to staff and new joiners and we are due deliveries of another 244 over the next month; there have been extended lead times from the effects of Brexit, and Global demand.

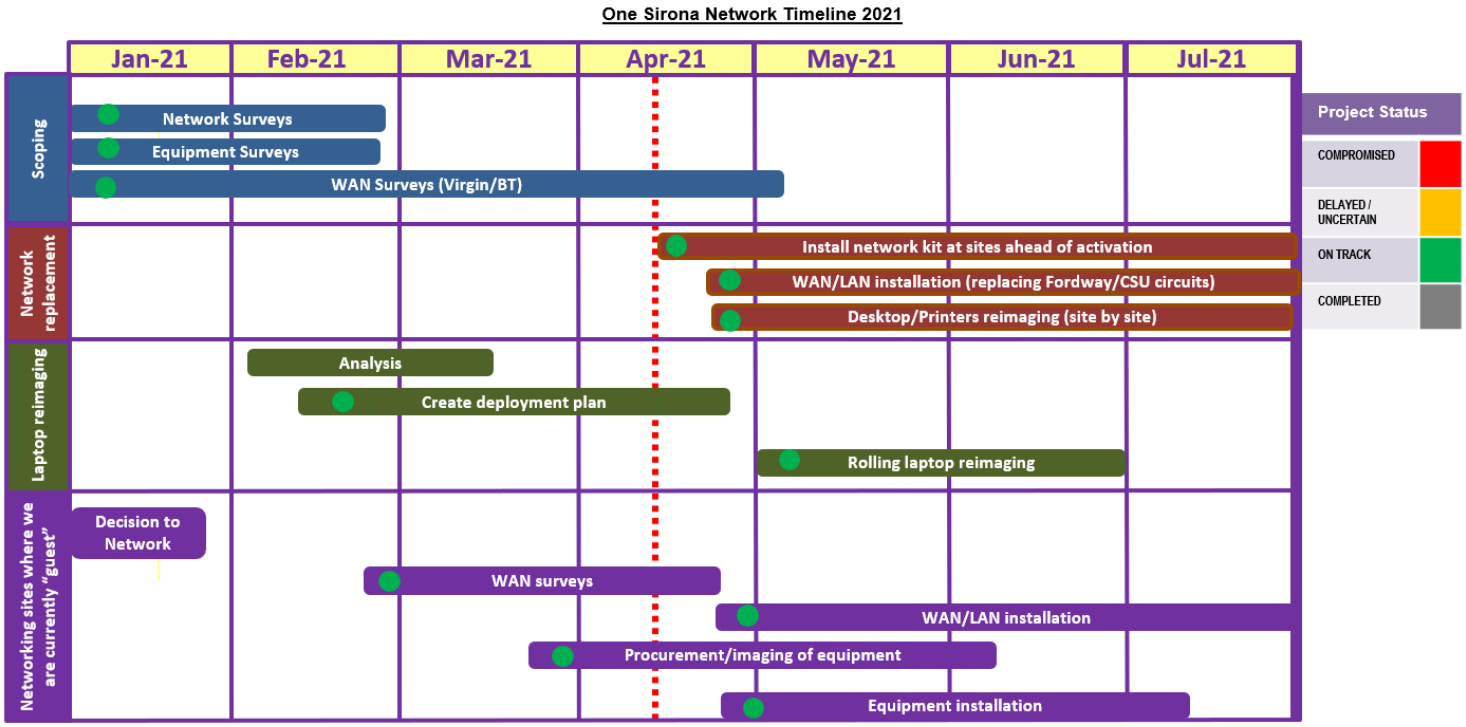
Associate Locality Directors now set priorities for deployment of equipment across their areas, working together as part of Operational Digital Group to agree overall priorities.

c. Connectivity

The One Sirona Network project to create a standard network for all users is progressing well and the latest statistics are:

- 23 sites have now had their connections installed and are ready for the next stage
- 7 are in progress with 3rd party network providers
- 6 are waiting conclusion but require landlord consent, or similar
- 3 are pending order confirmation

The graphic below has been shared at Program and Planning meetings internally and sets out the high level timeline that is being worked to.



SBCH was the first site to go live on the new One Sirona Network using the new technical solution. This solution provides the sites with faster service improving the experience for staff.

We have also installed a guest Wi-Fi network for Sirona service users on that site.

One of the next key phases is the 're-imaging' of the laptops and PCs that were previously BCH or NSCP equipment. After discussions with teams and with feedback from staff it has been agreed that staff will be able to register for a day when their existing laptop will be collected and swapped for a laptop that has the 'Sirona image' ready for their use. These exchanges will be done over a period of a month with a team of delivery drivers doing the handovers (in a Covid safe manner) and an office based team receiving and re-imaging the returned laptops ready for their next user.

4. Staff

The consultation is concluding and all existing staff have either slotted in or successfully applied for new posts. Recruitment has been completed for most of the additional posts. The infrastructure lead is out to advert and interviews have been arranged for the Head of Clinical Systems Transformation post.

As noted above the appointment New Service Desk supervisor post will provide closer day to day management of service desk and be the first point of escalation for all staff.

5. Transformation

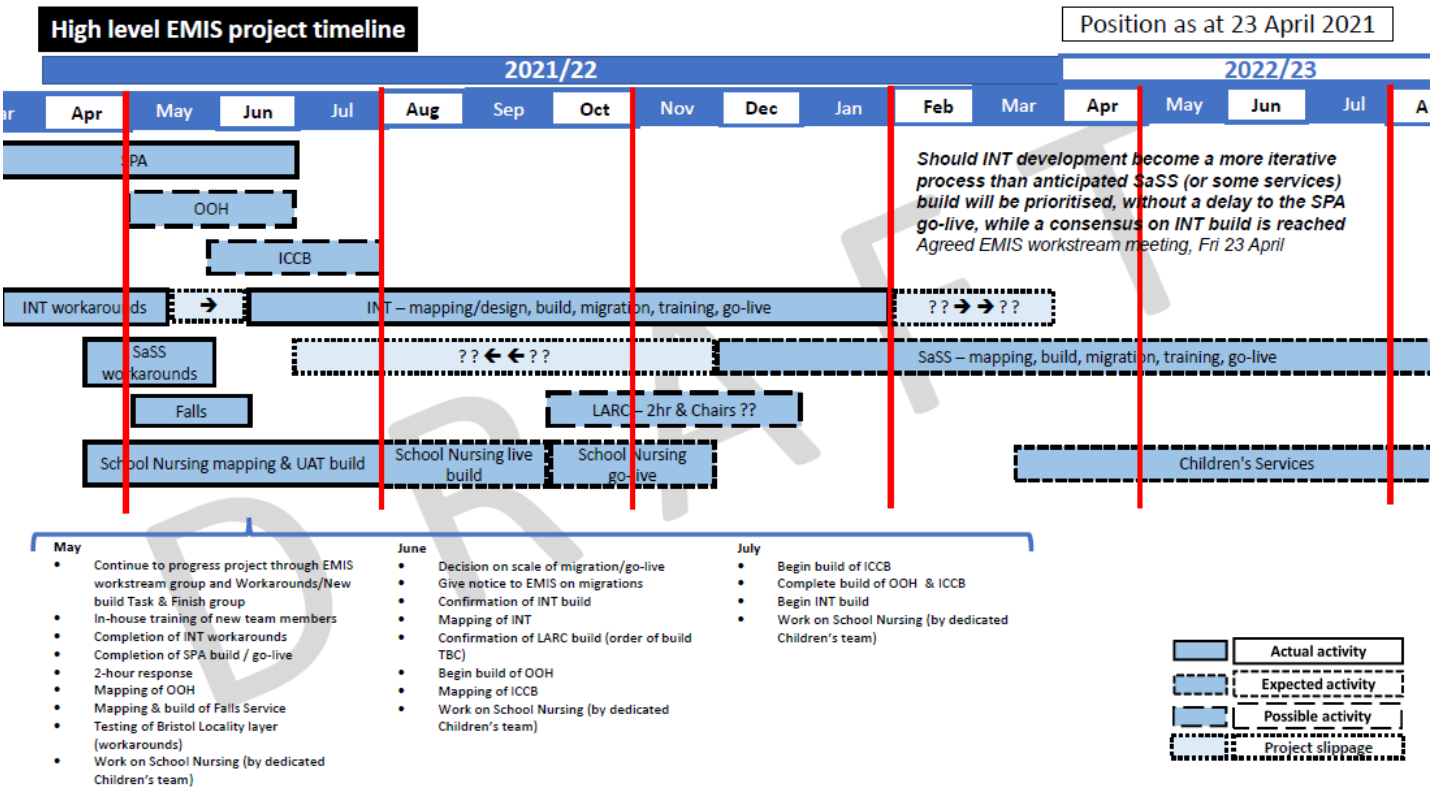
The Digital equipment, access and systems are a key aspect of the wider transformation agenda and the team are represented at the transformational meetings.

a. EMIS

As noted in the last report there are many aspects to the EMIS project and these are being coordinated with the support of the CSU Project Manager who has built strong relationships with the Project Sponsor, the Clinical Systems Lead and the Clinical Systems teams and the Assistant Localities Directors.

There are regular project meetings, with sub groups working on each aspect of the EMIS project and overall reporting into the Program and Planning Board on progress and risks.

The diagram below gives a very high level overview of the plan for the next 15 months, and this has been shared with all stakeholders.



Since the last Board report the Integrated Network Teams (INTs) have gone live and the combined teams have created new processes in the existing EMIS instances that allow the services to function as INTs, and to reduce the risks whilst the services define their processes which will then be built into one EMIS instances.

Through the Project team, timelines and milestones are being agreed which is allowing the Clinical Systems team to re-order their work to deliver various changes to instance either as agreed priorities or as part of the One EMIS.

With the support of the Project Management Office and the Transformation Team the services continue to work on 'mapping' their new processes. For SPA and INTs this is complex and is taking time. The Clinical Systems team are therefore building processes for some of the Specialist Services during the INT & SPA mapping phase to make best use of the Clinical Systems resource.

The planning is also factoring the funding received against the Children's Services Electronic Patient record so that progress can also be made towards that solution.

6. Governance

a. Strategic Digital Group

The Group has met once and is due to meet again before the Board meeting. The initial meeting has reviewed the Terms of Reference and made progress to ensure all aspects of strategy, internal and external, are incorporated into the agenda.

b. Operational Digital Group

This meeting is to deal with the immediate issues of equipment location. The first meeting reflecting its ongoing agenda is set for 7th May.

7. Recommendations

The Board is asked to note the update provided above.

Report to: Board

Date	11th May 2021	**Agenda item**	12
Title	Risk Report		
Author	Sandra Farmer, Head of Clinical Governance		
Lead Director	Mary Lewis, Director of Nursing	**Date signed off**	30.04.21
Presented by	Mary Lewis	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ✓ Information ✓		

Aims/Summary
To provide a summary to Board of current open risks scoring 15 and above from the Corporate Risk Register as at 22nd April 2021.

Options and decisions
The Board is requested to review the risks identified and is invited to provide comment and feedback to the risk owners to support them in their management of the risks.

Resource implications (financial/staffing/other resources)
Detailed against each risk.

Quality considerations
Detailed against each risk.

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

1. Background

This report is provided as a summary to the Board for scrutiny, review and to ask for recommendations to risk owners, of Sirona corporate risks. The report focusses on the risks scoring 15 or more and highlights any new and escalating risks of which there are 11.

An extract report from Ulysses Risk Management Module is provided to give details of each of the individual risks in these categories and is attached as Appendix 1. The extract includes the date the risk was identified, the last noted risk review date and the date of the next scheduled review. Overdue review dates are shown in red.

The alignment of the risk register to the amendments to the Risk Management Policy mean information is presented in a slightly different way to previous reports.

2. Key points

There are currently

- **198** risks identified on the Ulysses risk register (**increase of 16** from 172 reported to Feb Board)
- **111** risks are identified as corporate risks (**increase of 12** from the 99 reported to Feb Board)
- **45** risks with a risk score of 12 and above (**no change** 45 reported to Feb Board)

2.1 Risks scoring 12 and above April 2021

Numbers of risk by score April 2021

Risk score	12	15	16
Numbers of risk	**33** (35 - Feb 2021)	**5** (3 - Feb 2021)	**6** (7 - Feb 2021)

2.2 Number of Corporate risk by type

Risk Type	Number of Risks
Accommodation	**2**
Regulation & Compliance – CQC	**3**
Patient Safety / Clinical Quality	**1**
Service User Care/Treatment	**9**
Clinical Records	**1**
Contracts	**1**
Health, Safety & Security	**14**
Regulation & Compliance – not included elsewhere	**6**
Capacity & Demand – Corporate	**0**
Digital (Information, Management & Technology)	**6**
EPRR / Business Continuity	**7**
Equality & Diversity	**0**
Infection Prevention & Control	**2**
Information Governance	**2**
Medical Devices	**3**
Medicines Management	**8**
Capacity & Demand - Operations	**12**

Learning & Development	7
Staff Wellbeing	4
Workforce	15
Programme, Planning & Projects	1
Research and Development	0
Safeguarding	2
Business / Finance	3
Performance	0
Engagement / Stakeholder Relationships	0
No category	2

2.3 Corporate Risk (all scores) by SLT Lead

SLT Lead	Number of risks
Director of Finance	9
Director of People and OD	28
Director of Operations	37
Director of Nursing	16
Director of Therapies	6
Medical Director	14
Director of Transformation	1

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

Risk No	Lead Director/ Risk owner	Risk Description	Initial Risk Score	Current Risk Score	Target Risk Score
283	Lorraine McMullan/ Jenny Theed	Not all children are receiving a continence service when required. This can have a negative impact on their physical wellbeing and on the emotional wellbeing of the child and their family.	15	15	-
298	Glyn Young/ Mike Richards	As a result of there not being an appropriate storage facility/sufficient capacity or procedure within Sirona to file clinical photos, videos & audio recordings there is a risk that staff are storing them on unsecure/personal devices.	15	15	9

There are no risks identified with an increasing risk score.

3. Recommendations

The Board is asked to receive this report as the position of the Corporate Risk Register as at 22nd April 2021 and to note the increasing number of corporate risks and the expanded list of risk types in line with the amended Risk Management Policy. The most common risk types are Workforce (15) which links closely with Operations Capacity and Demand (12). Health Safety and Security account for the next highest group (14).

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before) controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
264	Jenny Theed - Director Of Operations	18/12/2020	Capacity & Demand (Operational)	DN services capacity to meet the demand for visits.	Due to capacity and demand, DN visits are being RAG rated, clinically triaged and seen based on urgency. This may lead to; - Potential delay in treatment compared to treatment plan - Potential delay in completing full documentation as per Sirona Policy - Then there could be an increase in complaints/adverse events for delayed treatments/workload - Risk of staff stress and sickness levels increasing due workload - Poor response from staff survey due to mental wellbeing. - Delayed ability to initiate and support the transformation work needed for development of PCN and Integrated working We have already seen; - DN Teams reporting via adverse events from re: staffing levels - Increased volume of 72 hour reports into serious incidents - increase in sickness levels within DN team in relation to stress	S GLOS - DNs Severnvale - Filton	Adult & Specialist Services	16	Agency DN staff from GRI and wider	16	12	19/04/2021	Heather Donald	Have completed an SBAR re: resourcing. Shared with ALD which is being looked at organisational wide	Monthly	19/05/2021
249	Jenny Theed - Director Of Operations	09/12/2020	Health, Safety & Security	Covid impact upon service delivery and staff	As a result of COVID. There is a risk of: 1. Covid fatigue. 2. Impact upon staff mental health. 3. Reduced staffing resource (due to isolating/shielding) 4. Impact upon supplies/budget. Which may result in: 1. Blase' approach to policy and guidelines. Placing staff and patients at risk. 2. Staff burnout, long term health issues. 3. Impact upon existing staff, poor patient outcomes, Increased bank staff costs. 4. Insufficient PPE for staff. Breaches of IPC.	N BRIS - Community Nursing Team	Adult & Specialist Services	12		16	12	29/01/2021	Neil Willison	Risk ongoing; teams now managing staff with long covid symptoms with support from HR. Impacting upon transformation (INT establishment) process. Staff have been issued with testing kits (audit to be completed regarding take up) Staff vaccination programme in place.	Monthly	03/05/2021
213	Jenny Theed - Director Of Operations	17/09/2020	Capacity & Demand (Operational)	Capacity of Operational Services to absorb additional demand	The risk is that because of additional demands on services patient safety may be impacted as well as adversely negatively affecting staff health and well being.		Sirona-Wide - All Directorates	16		16	8	08/03/2021	Carole Morgan	Risk type amended to reflect those in the updated Risk Management Policy.	Monthly	11/02/2021

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before) controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
195	Jenny Theed - Director Of Operations	19/08/2020	Service User Care/Treatment	Increased use of agency staff causing quality and consistency concerns	Agency workers not working to required standards by providing high quality care to patients, not wearing uniform/ID, not making patient meals, and not feeding back to team properly.This increases the risk of patient dissatisfaction, complaints, patient harm and impact upon the reputatation of the organisation.	S BRIS - Community Therapy Team	Adult & Specialist Services	9	Co-ordinator SOP in place. Communicating closely with GRI to feedback issues with individual and agencies	16	12	17/03/2021	Sarah Leggett	Monitoring Committee updated to Quality & Outcomes Committee as referenced in Risk Management Policy.	Monthly	15/01/2021
27	Jenny Theed - Director Of Operations	15/05/2020	Workforce	The risk is that reduced staffing levels will impact on the ability of coummnity nursing teams to complete all patient visits. This could impact on the safety of patients on the community nursing caseloads.	Reduced staffing due to sickness, vacancy and pregnancy related issues will have an impact on the ability of staff to complete all patient visits across all Weston & Worle. Due to limited recruitment prior to the consultation this has increased the vacancy gap, in addition to sickness and self-isolation resulting from the pandemic.	W SPRING - Community Nursing -	Adult & Specialist Services	12	31-10-19 Risk assessment have been completed for all pregnant staff and role have been reviewed to ensure they are able to contribute to patient care. Staffing has been reviewed across all of the community nursing teams and staff engagement has allowed the movement of staff into high need areas. Staff are working closely to ensure weekend working is safe. Bank staff have been used and requested. Agency has been requested when the risks have been escalated. Incident reports monitored."	16	6	08/03/2021	Carole Morgan	Risk type amended to reflect those in the updated Risk Management Policy.	Monthly	30/04/2021
18	Jenny Theed - Director Of Operations	01/03/2020	EPRR/Business Continuity	Business Continuity throughout organisation in the event of Pandemic Flu or other novel virus Outbreak	As a result of a pandemic flu or other novel virus outbreak there is a risk that a potential reduction of up to 40% of the workforce in health and other services. Which may result in an inability to maintain essential services and deliver safe and effective care throughout the organisation		Sirona-Wide - All Directorates	20	Staff flu vaccination campaign.	16	8	03/12/2020	Teresa Candfield	Results of BCP audit now completed and work in progress to ensure robustness across planning. Once pandemic situation improves we will look to support service wide standardisation of template.	Monthly	12/02/2021

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before) controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
298	Michael Richards - Director Of Therapies	29/03/2021	Regulation & Compliance	Lack of facility or standard process for storage of clinical photographs, video and audio recordings	As a result of there being not being an appropriate storage facility or procedure within Sirona to file these formats there's a risk that staff are storing them on unsecure/personal devices (1)which may result in patient's records being incomplete which may impact on their care (2)which may result in staff having inappropriate access to the information (3)which may result in Sirona not being able to provide a full set of records for Subject Access Requests (4)which may result in Sirona not holding records in line with the timeframes set out in the national retention period		Sirona-Wide - All Directorates	15	None in place	15	9	29/03/2021	Sarah Leggett	Risk added by Risk Team on behalf of Glyn Young	Monthly	28/04/2021
283	Jenny Theed - Director Of Operations	24/02/2021	Service User Care/Treatment	Children's Continence Service - a gap in service provision/commissioning.	_Many children are not receiving a continence service at all when they need it which can have a devastating impact on their physical well-being and also the emotional well-being of the child and their whole family. _Many children aged 4-19 are missing out on receiving the Healthy Child Programme when school nurses are focussed on providing a specialist continence service. _School nurses do not have the training or support to provide a specialist service. _Health visitors and school nurses are not receiving the training they need to equip them to provide a high quality preventative tier 1 service.			15		15	0	01/03/2021	Carole Morgan	Current risk score of 15 added by Risk Team. Initial risk score was 15 with no controls in place.	Monthly	31/03/2021

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before) controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
240	Jenny Theed - Director Of Operations	12/11/2020	Capacity & Demand (Operational)	reduced staffing capacity affecting the ability of the registered staff delivering services	The current risks are _failure to deliver the contractual requirements fully -increase in staff working over and above their contractual hours to manage all aspects of clinical delivery in line with the OPEL framework -children within the universal caseload with unknow need will not be identified to support early detection and intervention support for families _ in ability to provide a universal home visiting service in line with current PHE guidance _staff will seek employment in other areas where colleagues report working conditions as 'better' _increased risk or errors due to increase in individual caseload _Increased stress and sickness levels _Reduction in responsiveness to calls into the service -every month there are between 26 and 40 babies that the service do not know about in the ante-natal period meaning that we are not able to account for this in the allocation of	N SOM - Children's HV South	Children's And Family Health Services	12	12-11-2020 Ability to use video technology	15	3	08/03/2021	Carole Morgan	Risk type amended to reflect those in the updated Risk Management Policy. Monitoring group changed to SLT.	Monthly	02/04/2021

Risk Number	Executive Lead	Date Identified	Risk Category	Title	Description	Department	Directorate	Initial Risk Rate Score (before) controls)	Control Details	Current Risk Rate Score	Target Risk Rate Score	Reviewed Date	Reviewed By	Reviewed Details	Review Frequency	Next Review Date
183	Kathryn Rush - Medical Director	11/08/2020	Medicines Management	Electronic Prescribing Service (EPS)	The community module in EMIS does not allow for EPS to happen. There appears to be a number of technical issues especially around the way that the system is set up not recognising the ODS codes put into EMIS for transfer to EPS. As a result of us not having access to EPS, prescribers have to physically get the paper prescription to a community pharmacy. In times like these when patients are having remote consultations, getting the paper prescription to a pharmacy is harder and some prescribers are having to ask the GPs to write their prescription as they can send them directly to a pharmacy via EPS. This wastes time and resources and is not a good experience for the patient. This also is not a good use of our skill mix. Getting a GP to write a prescription also then adds some risk in terms of transcribing the correct drug to be prescribed.	CORP - Corporate Team - IT Ser	Corporate - Other	15	We were trying to get all prescribers to use EMIS to prescribe so that everyone is set up and ready for EPS when it can come. However, this is probably going to be delayed due to capacity and workload.	15	2	24/11/2020	Joanne Clarke	Risk register entry 168 merged into this one to include a statement on Covid. As agreed with Medicines Optimisation Committee.	Monthly	24/12/2020
2	Jenny Theed - Director Of Operations	22/05/2018	Capacity & Demand (Operational)	Impact of limited Home Care capacity in South Gloucestershire on Sirona Services	As a result of.. Allied Healthcare being unable to meet the requirements of their contract There is a risk that. Sirona will be required to support individuals for longer than necessary in the community and/or respond to ensure support is provided to individuals which Allied Healthcare are unable to pick up Which may result in. reduced flow from the Acute Hospitals into the community therefore adding additional pressure to the system overall	S GLOS - DNs Kingswood - Cadbury Heath	Adult & Specialist Services	15	Active monitoring of the situation via involvement with Council's Social Care Team and senior managers	15	4	20/04/2021	Alison Griffiths	Ongoing actions remain in place and regular meetings to try and move people off D2A1 caseload.	Monthly	20/05/2021

Report to: Board Meeting

Date	11th May 2021	**Agenda item**	13
Title	Audit and Assurance Committee Summary Report of the meeting on 6th April 2021		
Author	Donna Cairns, Head of Corporate Governance		
Lead Director	Lorna Harrison, Audit and Assurance Committee Chair	**Date signed off**	30.04.21
Presented by	Lorna Harrison	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ✓ Information ✓		

Aims/Summary
This report is to provide a summary of the items discussed at the Audit and Assurance Committee meetings held on 6th April 2021 and to give assurance of the matters within the Committee's remit.

Options and decisions
The Board is asked to note the report and comment on any issues raised or gaps in assurance.

Resource implications (financial/staffing/other resources)
None arising from this report.

Quality considerations
There are no direct quality considerations related to this report.

Paper/information previously considered by	**Date**
Audit and Assurance Committee	6.04.2021

1. Key points

The Audit and Assurance Committee meeting on 6th April 2021 was a short additional meeting in the schedule, added due to the February meeting being reduced due to Covid and winter pressures.

The following matters were considered under the relevant sections of the Committee's functions from its Terms of Reference:

1. Financial reporting

There were no matters relating to financial reporting considered at this meeting.

2. Governance, Internal controls, risk management systems and policies

Insurance

The key points highlighted were that there had been a large increase on premiums, mostly driven by the market; however we had also agreed to increase the limits on some areas of our cover, including public liability, medical malpractice and executive risks.

It was reported that a risk arising from the policy changes was that an exclusion had been applied to our public liability cover. The consequence of the exclusion is that we do not have insurance cover for claims made by anyone who catches Covid (or other communicable diseases) on Sirona premises This relates to patients or any visitors including contractors etc. but not staff as an exclusion cannot be legally applied to employer liability insurance. This does not impact on clinical negligence claims relating to the treatment of patients with Covid; both NHS Resolution and our commercial malpractice insurance will cover this. The Committee was confident that with the infection, prevention and control measures in place, the risk of claims falling under this exclusion was not very high.

The Committee can give assurance to Board that appropriate insurance policies are in place (noting the points below).

Gaps or further work required:

- Covid exclusion for public liability: A risk has been added to the corporate risk register to track and manage this issue and we will co-ordinate with other independent suppliers of NHS services to approach the Department for Health and Social Care to make indemnity over available to us through NHS Resolution as provided to NHS trusts.

- Cyber security cover: Whether we need cyber security insurance cover is still being explored as there are crossovers with aspects of our current policies (management risks and commercial cover). The brokers are to meet with finance, information governance and IT colleagues to assess the need for the policy.

- Broker contract: To ensure best value and for an independent review of our cover, it is intended that we re-tender for our broker arrangements later this year and/or appoint a consultant to conduct a full review.

Payroll Systems Merger

The implications of bank payroll moving to ESR and the aggregation of employment were discussed. After investigation, it was concluded that all deductions on the new system were correct. It was queried whether historically there was an issue with lower NI contributions being paid due to employments not being aggregated on the old systems. Having reviewed the HMRC guidance, it was considered that it had not been “reasonably practicable” to aggregate employment under the previous payroll system so no liability should arise and no further action would be taken.

The Committee welcomed the conclusion of the investigation and can give assurance that there are no issues of concern.

Reserves Policy

It had not been possible to update the policy with the figures as intended since the Board meeting on 30th March, as the year-end figures were needed. This will be brought to the next Audit and Assurance Committee meeting in May. The Committee agreed that they were satisfied with the principle for calculating the reserve levels as discussed at Board.

3. Whistle blowing and fraud

An update was given in relation to action under the Counter Fraud report from 2020 on the use and control of company credit cards. It was noted that five company credit cards are currently in use, with a maximum spend across all cards of £40,000, with lower amounts on each individual card up to a maximum of £7,500 for the Deputy Director of Finance. The Committee asked Clive to look into the policy and controls in place regarding the allocation and use of company credit cards and provide further information.

4. Internal Audit

Internal Audit Plan

The Strategic Internal Audit Plan identified key risks and areas of business that may benefit from an internal audit review during this audit review cycle. The Committee reviewed the Internal Audit Plan proposed for 2021/22 which suggested covering the following areas:

- Absence management
- Environmental obligations
- Cyber security
- Payroll
- Children's services
- Waiting list management
- Policy review process
- Equality, diversity and inclusion
- Risk management/BAF
- EPRR (Business Continuity Planning)

Melanie Watson, KPMG, advised that an increase in the number of audits was recommended due to less audits taking place during the Covid Pandemic and the growth of the organisation.

As waiting lists was the biggest area of concern in respect of children's services, it was agreed that KPMG and SLT would look at whether both were needed.

In respect of estates compliance, as this was not an area identified on the audit plan, the Committee sought assurance on how this is monitored and were advised that an additional post in

the estates team had been approved to focus on compliance issues. Whilst there had not been an audit, we were required to evidence our compliance to the CCG as part of the contract tender process in 2019/20 which provided a level of assurance of our compliance albeit not in the last year.

Gaps or further work required:

- Concerns were discussed from SLT and the Committee about the level of workload and whether all of the proposed audits were achievable. It was agreed that audits must be meaningful and provide a robust assurance and areas for improvement. Sufficient time and capacity for staff to engage with the process is needed to achieve this. The timing and sequencing of internal audits would be reviewed by SLT and KPMG.

5. External Audit

Lorna Harrison and Amanda Cheesley are to meet with the new account manager at RSM.

As discussed in February, procurement will be taking place later this year to appoint a new contract for our external auditor. A further update on the timetable for this is to be given in May.

2. Recommendations

That the Board notes the report and comments on any issues or gaps in assurance.

Report to: Board Meeting

Date	11th May 2021	**Agenda item**	12
Title	Annual Review of Compliance against conditions of NHS Improvement Licence		
Author	Donna Cairns, Head of Corporate Governance		
Lead Director	Janet Rowse, CEO	**Date signed off**	30.4.2021
Presented by	Janet Rowse	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☒ Information ☐		

Aims/Summary

To provide the Board with the information to enable Sirona to self-assess and confirm compliance with NHS Improvement (NHSI) licence conditions (previously known as the Monitor Licence).

Options and decisions

The Board is asked to:

i. review and confirm that the list provided in Appendix 1 accurately records Sirona's directors and those performing equivalent or similar functions.

ii. review and approve the information provided in Appendix 2: Compliance with NHSI licence conditions and approve Sirona's self-certification against NHSI licence conditions G4 and G6.

iii. note the arrangements for reviewing and approving the financial data to be submitted to NHSI

iv. note the timescales to ensure Sirona submits the signed G4 and G6 certificates, and the required financial data by the deadline of 31st May 2021.

Resource implications (financial/staffing/other resources)

None arising from this report.

Quality considerations

The NHSI Licence Conditions require Sirona to ensure compliance with various legal and financial provisions, but also with requirements of NHSI guidance and the NHS Constitution etc. focused on patient choice, transparency of eligibility criteria as well as ICS co-operation for the objections of improving the quality of health care services or their efficiency of provision; and reducing inequalities between persons with respect to their ability to access health care services and with respect to the outcomes achieved for them by the provision of those services.

Paper/information previously considered by	Date
N/A	

1. Background

The Health & Social Act 2012 required Monitor (now NHS Improvement) to introduce a licence for providers of NHS-funded services. This licence sets out various obligations for these providers and some specific obligations for NHS foundation trusts.

NHS foundation trusts were required to hold Monitor licences from April 2013 with other providers of NHS healthcare services from April 2014. Sirona has held a Monitor Licence since April 2014.

2. Key points

The list of Sirona directors and those performing equivalent or similar functions registered with NHSI is provided in Appendix 1. All those listed within the table has been asked to review and sign their Fit and Proper Persons Declaration in compliance with Condition G4 form by the 30th April 2021; confirmation of completion is also given in the table. For the first time this year, we are required to self-certify against licence Condition G4 by the end of May. A copy of the certificate is provided in Appendix 3. Details of the conditions and our compliance is set out in Appendix 2.

In order to maintain the Licence each year Sirona is also required to self-certify against licence condition G6 by the end of May and that prior to its submission to NHSI the self-certification must have been reviewed and approved by the Board.

Condition G6 requires providers to take all reasonable precautions against the risk of failure to comply with the licence and other related requirements under NHS Acts and with regard to the NHS Constitution. A full review of our compliance with the licence conditions is provided at Appendix 2, which also lists the sources of evidence which demonstrate our compliance.

Sirona is required by NHSI to publish the signed G6 self-declaration certificate, the wording of which is provided by NHSI, within one month of its submission to NHSI "in a manner that is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it". The G6 self-declaration certificate will be signed by the Chief Executive on behalf of all the Directors and published on our website. A copy of the certificate is provided in Appendix 4.

In addition to the self-certification Sirona is also required to complete and submit two revenue breakdown templates provided by NHSI. The financial data is currently being prepared by the Finance Team and a requirement of the self-certification is that the data is approved and signed off by a director before the documents are submitted to NHSI. The Director of Finance, Clive Bassett is asked to review and approve the financial information prior to its submission to NHSI.

TIMELINE FOR ACTIONS FOR SUBMISSION/PUBLICATION

By	Action
11th May	Board to review and approve the review of licence conditions compliance and the G4 and G6 self-certifications
14th May	Chief Executive to sign the G4 Certificate and the G6 certificate
21st May	Head of Corporate Governance to submit G4 and G6 certificates to NHSI via the portal
25th May	Financial data complete and reviewed and approved by the Director of Finance and confirmation of its approval provided to the Chief Executive and Head of Corporate Governance
31st May	Head of Corporate Governance to submit financial spreadsheet to NHSI via the portal
31st May	Signed copy of G6 certificate submitted to Communications Team to be upload onto Sirona's public website by 30th June

3. Recommendations

The Board is asked to:

1. review and confirm that the list provided in Appendix 1 accurately records Sirona's directors and those performing equivalent or similar functions.

2. review and approve the information provided in Appendix 2: Compliance with NHSI licence conditions and approve Sirona's self-certification against NHSI licence conditions G4 and G6.

3. note the arrangements for reviewing and approving the financial data to be submitted to NHSI

4. note the timescales to ensure Sirona submits the signed G4 and G6 certificates, and the required financial data by the deadline of 31st May 2021.

Appendix 1

NHS IMPROVEMENT - PROVIDER FITNESS

The table below provides the details of all Sirona executive and non-executive directors and those performing equivalent or similar functions.
(Changes during the past 12 months indicated in bold)

First Name	Surname	Function	Appointment Date	End Date	Fit and Proper Person Declaration Completed
Nura	**Aabe**	**Associate Non Executive Director**	**27/04/2021**		15/04/2021
Clive	Bassett	Director	03/03/2020		01/04/2021
Barbara	**Brown**	**Non-Executive Director**	**01/04/2021**		01/04/2021
Amanda	Cheesley	**Chair**	04/12/2017 as NED **01/04/2021 as Chair**		06/04/2021
Linda	Frankland	Deputy Director	01/04/2018		
Lorna	**Harrison**	**Non-Executive Director**	**01/10/2020**		05/04/2021
Simon	**Knighton**	**Chairman**	**01/04/2014**	**31/03/2021**	
Mary	Lewis	Director	01/04/2020		26/04/2021
Simon	MacSorley	Non-Executive Director	01/04/2020		01/04/2021
Sarah	Margetts	Director	01/07/2018		06/04/2021
Paul	May	Non-Executive Director	01/08/2015		01/04/2021
~~**David**~~	~~**Purdon**~~	~~**Non-Executive Director**~~	~~**01/04/2014**~~	~~**31/12/2020**~~	
Michael	Richards	Director	01/04/2020		12/04/2021
Janet	Rowse	Director	01/04/2014		06/04/2021
Kate	Rush	Director	02/03/2020		01/04/2021
Julie	Sharma	Director	01/04/2018		19/04/2021
Jennifer	Theed	Director	01/04/2014		14/04/2021

Donna Cairns, Head of Corporate Governance **Date: 8/4/2021**

APPENDIX 2 - SUMMARY OF NHS IMPROVEMENT (NHSI) LICENCE CONDITIONS AND SELF ASSESSMENT AGAINST CONDITIONS

Ref	Licence Condition	Summary Description	Compliance	Position, inc where applicable actions and timescales for completion	Evidence
Section 1: General Conditions					
G1:	**Provision of Information**	Obligation for licensees to provide NHSI with any information required for licensing functions	yes	Annual submission of confirmation of licence conditions in accordance with G6 of the NHSI licence - **by 31st May** Annual submission of revenue information relating to the financial year just ended - **by 31st May**	• NHSI – Monitor Portal of communications • Copies of annual certification letters and revenue information for each financial year
G2:	**Publication of Information**	Obligation to publish such information as NHSI may require	yes	Publish G4 and G6 self-declaration certificates, wording of which is provided by NHSI, within one month of its submission to NHSI in a manner that is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it – **publish certificates on Sirona Internet site by 30th June 2021**	• Annual G6 certificate on Sirona website - http://www.sirona-cic.org.uk/publications/
G3:	**Payment of Fees to NHSI**	Gives NHSI the ability to charge fees and obliges licence holders	yes	No fees required during 2020/21	Not Applicable as there are currently no plans to charge a fee to Licence holders.
G4:	**Fit and Proper Persons**	Prevents licensees from allowing unfit persons to become a Director. "Unfit persons are: undischarged bankrupts, individuals who have served a prison sentence of 3 months or longer during the previous 5 years, and disqualified directors. A company may also be an unfit person"	yes	Robust arrangements in place for new appointments to the Board Credit and DBS Checks on recruitment Appropriate provisions are included in all Director and other Board Member contracts for summary termination in the event of a Director being or becoming an unfit person. Appraisals take place to ensure each Director is suitably skilled and experienced and continues to meet the Fit and Proper Persons Test. All Board	• G4 Licence Condition Self-Certification required from 2021 • Credit and DBS check records held by Recruitment team • Annual Declarations completed by all Board Members held by Corporate Governance • Annual Appraisals records for each Director

Ref	Licence Condition	Summary Description	Compliance	Position, inc where applicable actions and timescales for completion	Evidence
				members were asked to review and re-sign their Fit and Proper Persons Declarations by 30th April 2021. No Directors have been found to have been unfit in this period of review.	
G5:	**NHSI Guidance**	Licensees must have regard to Guidance issued by NHSI	yes	Sirona complies with all NHS Improvement guidance when issued. NHS Improvement guidance, updates and publications are received via email by key people in the various corporate teams (Associate Director for Corporate Governance; Head of Corporate Governance; Director of Finance; Deputy Director of Finance; Head of Clinical Governance etc. as appropriate) and updates given to the Board as required. The Board has consistently has due regard to the NHS Codes of Governance in setting Sirona's own governance arrangements.	• Board reports referencing guidance • Circulation of updates and briefings by email when required

Ref	Licence Condition	Summary Description	Compliance	Position, inc where applicable actions and timescales for completion	Evidence
G6:	**Systems for Compliance with Licence conditions and related obligations**	Requires providers to take all reasonable precautions against the risk of failure to comply with the licence and other related requirements: under NHS Acts and with regard to NHS Constitution	yes	Sirona has robust arrangements in place for ensuring compliance with the Licence Conditions and related conditions as demonstrated in this report and accompanying evidence.	• Annual Board Report (i.e. this appendix) • Care Quality Commission (CQC) Compliance is overseen by the Head of Compliance and Assurance under the Director Nursing and alongside the Registered Managers Group • Compliance is monitored and will be reported quarterly to the Quality and Outcomes Committee from 2021/22. • Compliance report will report on external regulatory activity, internal self-assessments, registered managers network activity, engagement with the CQC regional relationship manager • Quality Accounts • CQC Reports and Action Plans • Corporate Risk Register and robust risk management arrangements (Risk Management Policy) • Internal Audit reports on internal controls
G7:	**Registration with the CQC**	Requires providers to be registered with the CQC (if required to do so by law) and notify NHSI if their registration is cancelled	yes	Sirona is registered with the CQC	• CQC Provider Status on website - https://www.cqc.org.uk/provider/1-290660061 • CQC Inspection report linked on Sirona website

Ref	Licence Condition	Summary Description	Compliance	Position, inc where applicable actions and timescales for completion	Evidence
G8:	**Patient eligibility and selection criteria**	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner	yes	Eligibility/selection criteria are set by the CCG in our contract. Descriptions of all of our services, including referral criteria, are provided on our website and in leaflets available to patients, and are also available via 111. Patient eligibility/referral criterial are built into EMIS (patient record software) templates for ensuring they are applied in a consistent manner. Standard Operating Procedures for all discharge to assess pathways are being developed All our Discharge pathway criteria for P1, P2 and P3 are in the system wide Bristol, North Somerset and South Gloucestershire (BNSSG) discharge policy which is currently under review. If referrals do not meet the service criteria then it is discharged with advice to referrer on why not appropriate / signposting if applicable.	Sirona website service descriptions For GP Referrals – BNSSG Remedy is the GP Referral Support Tool and information is publically available to anyone interested Community Children's Health Partnership website for clinicians and self-referrals EMIS Templates and patient records and letters to patients with outcomes of referrals BNSSG discharge policy For MSK - Intervention not normally funded (INNF) policy with criteria for surgical referral outlined by the CCG
G9:	**Application of Section 5 (Continuity of Services)**	Applies to all licence holders. It sets out the conditions under which a service will be designated as a Commissioner Requested Service (CRS). If a licensee provides any CRS the Continuity of Services Conditions apply to the licence holder.	N/A	No change since registration with Monitor April 2014 – the healthcare commissioners have not designated any service provided by Sirona as a Commissioner Required Service (CRS)	Not Applicable as Sirona does not deliver CRS

Ref	Licence Condition	Summary Description	Compliance	Position, inc where applicable actions and timescales for completion	Evidence
Section 2: Pricing					
P1	**Recording of Information**	NHSI may oblige licensees to record information, particularly information about their costs, in line with guidance to be published by NHSI	yes	We are not subject to NHS tariffs. But as part of our contract with the Clinical Commissioning Group (CCG) we have agreement that we will provide some financial summary information and have an open book approach	N/A
P2	**Provision of Information**	Having recorded the information in line with P1, licensees can then be required to submit this information to NHSI	yes	As above	N/A
P3	**Assurance report on Submissions to NHSI**	When collecting information for price setting, it will be important that the information submitted is accurate. This condition allows NHSI to oblige licences to submit an assurance report confirming that the information they have provided is accurate	yes	Not applicable	N/A
P4	**Compliance with National Tariff**	The Health & Social Care Act 2012 requires commissioners to pay providers a price that complies with, or is determined in accordance with, the national tariff for NHS healthcare services. The licence condition imposes a similar obligation on licensees i.e. the obligation to charge for NHS healthcare services in line with national tariff.	yes	Our contract is a block contract and our services are not subject to the national tariff	N/A
P5	**Constructive Engagement concerning local tariff**	The Health & Social Care Act '12 allows for local modifications to process. This licence condition requires licence holders to engage constructively with commissioners, and to try to reach agreement locally, before applying	yes	As above	N/A

Ref	Licence Condition	Summary Description	Compliance	Position, inc where applicable actions and timescales for completion	Evidence
	modifications	to NHSI for a modification			
Section 3: Choice and Competition					
CC1	**The rights of patients to make choices**	Protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider. This condition applies wherever patients have a choice of provider under the NHS Constitution or where a choice has been conferred locally by commissioners. The provider must not offer any gifts or other advantages by way of inducements for patients to be referred to commissioned services.	yes	As the sole provider of NHS community health adult and children's services, there are limited instances when patients have a choice of provider. Where they do under our contract with the CCG, for example MSK physio, this information is available and offered fairly. MSK Interface – currently all first appointments are delivered remotely but as we return to more face to face patients will be given a choice of remote vs face to face appointments. We also follow a system wide Managing Expectations policy Where possible, there is some consideration for service users moving into P2 and P3 pathways if there are specific asks around location eg rehab units. Where this is not possible, people are advised that they will be transferred into the next available bed unless there are clear reasons to await a specific unit/ home. We fully comply with the provision of clear and truthful information for service users	Details of patient choices provided on our website description of services and linked through to Remedy to ensure options are given at referral stage. Anti-Fraud and Bribery, Gifts and Hospitality Policies in place and declaration of interest procedure in place BNSSG Managing Expectations policy

Ref	Licence Condition	Summary Description	Compliance	Position, inc where applicable actions and timescales for completion	Evidence
				and do not offer or give any benefits or inducements to refer service users to our commissioned services.	
CC2	**Competition Oversight**	Prevents providers from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of healthcare users. It also prohibits licencees from engaging in other conduct which has the effect of preventing, restricting or distorting competition to the extent that it is against the interests of healthcare users.	yes	No competition compliance issues noted.	N/A
IC1	**The Integrated Care condition applies to all licence holders. It is a broadly defined condition**	The licensee shall not do anything that could be reasonably regarded as detrimental to enabling integrated care/co-operation between providers with a view to achieving the following objectives: 1. Improving the quality of health care services or their efficiency of provision 2. Reducing inequalities between persons with respect to their ability to access health care services 3. Reducing inequalities between persons with respect to the outcomes achieved for them by the provision of those services	yes	We are an active member of the Healthier Together Integrated Care System (ICS) and are members of the Partnership Board, Executive Group and Clinical Cabinet. We also regularly attend and contribute to health scrutiny committees and health and wellbeing board of the three local authorities. We work closely with the Voluntary, Community and Social Enterprise sector.	• Minutes of Healthier Together Meetings • Minutes of Scrutiny Committee and Health and Wellbeing Board meetings • Reports to Board with updates on the ICS • Participation in Healthier Together Equality Network • Targeted approaches to reducing inequalities within programmes, e.g. Covid Vaccination, Health Links etc. • Commitment to achieve accessible information standards • Monitoring data/accessibility of services

Ref	Licence Condition	Summary Description	Compliance	Position, inc where applicable actions and timescales for completion	Evidence
					• Quality Account and Quality Priorities – e.g. wrap-around care provider work that will ensure Sirona supports the system to reduce the inequalities for service users within a care home setting; and hospital discharge pathways

Appendix 3

Chief Executive's Office
2nd Floor
Kingswood Civic Centre
High Street
Kingswood
Bristol
BS15 9TR

t: 0300 124 5470
www:sirona-cic.org.uk

To: Sarah Dorje,

Deputy Director of Independent Providers,
NHS Improvement

Sent via the Licensing Portal

Date: 14th May 2021

Dear Sarah,

Re: self-certification against the G4 Licence Condition (Fit and proper Persons as Governors and Directors) for Sirona care & health CIC

Following a review of licence condition G4, the Directors of the Licensee confirm:

- that the Licensee has not, in the financial year most recently ended appointed any person as a Director who is unfit within the meaning of licence condition G4(5);
- that the Licensee's contracts of service with its Directors contain a provision permitting summary termination in the event of a Director being or becoming an unfit person; and
- that, in the financial year most recently ended the Licensee enforced that provision promptly upon discovering any Director to be an unfit person (if applicable).

'Director' is defined in licence condition D1 (Interpretation and definitions) and includes any person who performs the functions of, or functions equivalent or similar to those of, a director of a company constituted under the Companies Act 2006.

Signed:

Name: Janet Rowse

Position: Chief Executive

On behalf of the licensed entity's Board of Directors

Appendix 4

Chief Executive's Office
2nd Floor
Kingswood Civic Centre
High Street
Kingswood
Bristol
BS15 9TR

t: 0300 124 5470
www:sirona-cic.org.uk

To: Sarah Dorje,

Deputy Director of Independent Providers,
NHS Improvement

Sent via the Licensing Portal

Date: 14th May 2021

Dear Sarah,

Re: self-certification against the G6 Licence Condition (Systems for compliance with licence conditions and related obligations) for Sirona care & health CIC

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with condition G6.

Signed:

Name: Janet Rowse

Position: Chief Executive

On behalf of the licensed entity's Board of Directors

Report to: Board Meeting

Date	11th May 2021	**Agenda item**	15
Title	Board Assurance Framework Development		
Author	Donna Cairns, Head of Corporate Governance		
Lead Director	Julie Sharma, Director of Transformation	**Date signed off**	30.4.2021
Presented by	Julie Sharma	**Version**	1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		

Aims/Summary

To update the Board on the proposed development of the new Board Assurance Framework

Options and decisions

The Board is asked to consider and support the timeline for the development of the new BAF.

Resource implications (financial/staffing/other resources)

The the assurance mapping process needs resources (mainly time) to complete which will require input from management across the company to support.

Quality considerations

There are no direct quality considerations related to this report however ensuring the quality of our services is a significant objective underpinning the BAF arrangements.

Paper/information previously considered by	Date
N/A	

1. Background

A Board Assurance Framework should help to answer the questions, “how do we know what we think we know?” and “how do we equate the total accountability of the Board for all the organisation does, with the practical impossibility of knowing everything being done in the Board’s name”.

The BAF should provide a structure and process to ensure the Board can be confident that enables the organisation to focus on those risks that might compromise achieving its most important (strategic) objectives; and to map out both the key controls that should be in place to manage those objectives and confirm the Board has gained sufficient assurance about the effectiveness of these controls. The BAF strategic risk register is therefore a key document to highlight where the Board should be focussing its agenda and discussions, identifying areas where further assurance, challenge and investigations are needed, where concerns exist so the Board can be assured that everything possible is being done to manage the risks and to achieve Sirona’s objectives.

It is recognised that there has been limited reporting or progress with our Board Assurance Framework, primarily owing to the COVID-19 pandemic pressures and the expansion of the organisation implementing the new contract in 2020. Audit and Assurance Committee received an update on the BAF in February 2021 with a refreshed document setting out strategic risks, controls and assurance based around previously agreed Strategic Objectives.

2. Key points

The paper also outlines how our Board Assurance Framework for 2021 onwards will be developed during the next 12 months.

There are different approaches to BAFs and the models or terminology used to describe the different aspects. The Framework should include a number of elements to document and map sources of assurance information and understand what information is gathered and reported, as well as an assessment of strategic risks, controls and assurances linked to those risks.

The new model proposed for our BAF is described below, with a summary of the content of the different elements.

The Framework will comprise 3 documents:

1. **Board Assurance Strategy**
    - Our approach to Assurance Information
    - Our approach to identifying, monitoring and addressing Strategic Risks
    - Roles and responsibilities
    - Links to Risk Management Policy
    - Frequency of reporting/review of the BAF

2. **Assurance Information Directory**
    - Cataloguing our sources and types of assurance, frequency of reporting etc. by domains or categories of information
    - Include Committee Reports, Internal Audits, Clinical Audits, Regulatory/compliance reporting, empirical data on performance, finance, HR etc.
    - Ranking of types of assurance from External Inspection/Audit/Peer Review to Department level reports/managers feedback

3. **Strategic Risk Register** (Revamped/Refreshed)
    - Identify risks in achieving our strategy and objectives
    - More streamlined than previous version – to group themes together to avoid duplication/overlap (e.g. Workforce, Finance, Partnerships)
    - Risk Ratings
    - Controls
    - Assurances (identified from the mapping document)
    - Gaps in controls and gaps in assurances identified
    - Actions to address the gaps – Prioritised based on risk rating to identify the level of assurances required.

To progress the development of the BAF work and the production of the above documents, the following time line is proposed.

Short Term – next 3 months

- Board to identify strategic risks and measures for performance associated with our next 12 month strategy, Reflect, Restore, Renew – at Workshop on 4th May.
- Corporate Governance to compile the Assurance Information Directory
- Senior Leadership Team Review Assurance Information Directory to identify major gaps of immediate concern
- A workshop to take place with the Board to cover:
    - Risk Appetite (lead by Lorna Harrison) following on from Risk Management Policy Review
    - Training (requested by Audit and Assurance Committee) and developing a shared understanding of the BAF to provide a steer on the development of the BAF strategy.

Medium Term – 3 – 6 months

- Corporate Governance to develop a draft Board Assurance Strategy
- Draft Strategy and the Assurance Information Directory submitted to Audit and Assurance Committee
- Strategic Risk Register alongside restoration strategy to be developed following the May workshop
- Bring the Strategic Risk Register to Board

Longer Term – 6 months +

- Risk Workshop alongside new Strategy Development to develop new Strategic Risk Register
- Assurance Arrangement Preparedness Assessment to be conducted with the Board
- Redesign of how the strategic risk register is displayed – heat maps, trends, etc.
- Move strategic risk register onto Ulysses

3. Recommendations

That the Board notes and agrees the proposed work to develop the new Board Assurance Framework

Report to: Board

Date	11th May 2021	**Agenda item**	16
Title	**Non-Executive Director Appointment and Re-election Procedure**		
Author	Donna Cairns, Head of Corporate Governance		
Lead Director	Julie Sharma, Director of Transformation / Sarah Margetts, Director of People and Organisational Development	**Date signed off**	30.4.2021
Presented by	Julie Sharma	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☐		

Aims/Summary

This report is to advise the Board of the review of the Appointment and Re-election Procedure for Non-Executive Directors (NEDs) following the establishment of the Nominations Committee and reflecting the role of Members in the process.

Options and decisions

For the Board to consider and approve the revised NED Appointment and Re-election Procedure

Resource implications (financial/staffing/other resources)

There are no resource implications arising from this report. Non-Executive Director recruitment is co-ordinated with the Human Resources and Corporate Governance teams.

Quality considerations

The procedure supports the Board in ensuring it has the right composition including independent Non-Executive Directors.

Paper/information previously considered by	Date
N/A	

1. Background

The NED Appointment and Re-election Procedure was last reviewed by the Board in 2016 Since then, the Governance Framework has been updated with the establishment of the Nominations Committee of the Membership group to involve Members in oversight of the appointment process.

The Nominations Committee was established in July 2019 and the Terms of Reference for the Committee were agreed by the Members in November 2020 and ratified by the Board in December 2020.

2. Key points

This procedure describes the steps to be taken when a NED's term of office expires, they resign or their appointment is terminated. The procedure explains the roles for the Board, the Chair and the Nominations Committee and the principles to be followed in recruitment processes.

As the Chair is a NED, the procedure also covers the Chair. For the avoidance of doubt, in respect of internal appointments as Chair, previous terms as a NED count towards the overall total number of terms, and the Chair appointment does not restart the clock.

Changes in the procedure in comparison to the previous version include:

- Updated role profiles for the Chair and NED as agreed in recent recruitment exercises
- Inclusion of Chair recommendation for re-election of NEDs based on completed appraisal evaluations
- The role of the Nominations Committee in overseeing the appraisal process and receiving the Chair's recommendation to provide assurance
- Objectives for the recruitment process to follow have been added
- Further rationale has been added to provisions relating to third terms, explaining the need for additional scrutiny of independence after 6 years in post. The general view that the independence of a NED is likely to diminish over time is noted in the UK Code and the NHS Foundation Trust (FT) Code. The FT Code states that NEDs should only be extended beyond six years in exceptional circumstances. This criteria has not been added, but it is recommended that robust scrutiny should be applied. Advice on the criteria for judging independence will be given to the Nominations Committee and the Board when required.

3. Recommendations

That the Board approve the revised Appointment and Re-election Procedure for Non-Executive Directors.

Appendix 1

Appointment and Re-election of Non-Executive Directors Procedure

Version:	1
Name of originator/author:	Donna Cairns, Head of Corporate Governance
Name of executive lead:	Julie Sharma/Sarah Margetts
Date ratified:	May 2021
Review date:	May 2024

Applicable to

Non-Executive Directors, including the Chair. This procedure does not apply to Associate Non-Executive Directors.

Executive Summary

This procedure sets out the provisions related to the appointments and terms of office of Non-Executive Directors on the Board and the steps to be followed in the recruitment and re-election process.

Implementation

Implementation of the procedure will be co-ordinated by the Head of Corporate Governance, with support from the Resourcing Team in HR as required.

The Board is responsible for all decisions on the appointment or re-election of Directors.

The Nominations Committee of the Members has oversight of the process to provide assurance that this procedure has been followed. (See the Nominations Committee Terms of Reference for more detail).

This document can only be considered valid when viewed via Sirona's intranet site. If this document is printed into hard copy or saved to another location you must check that the version number on your copy matches that of the one on-line. The document applies equally to full and part time employees, bank and agency staff.

Term of Office/Role Profiles

1. The term of office for Non-Executive Directors (NEDs), including the Chair, shall be for three years.
2. Subject to re-election by the Board an individual NED may serve up to a maximum of three terms of office, subject to point 17 below in respect of the third term.
3. Role Profiles for the Chair and for NEDs are attached at Appendices 1 and 2.

Resignation or Termination

4. In the event that a NED resigns or has their appointment terminated for any of the reasons detailed in Article 23a-g, then an external recruitment process will be initiated, overseen by the Nominations Committee – see point 10 below. The Board is responsible for taking all decisions on the appointment or re-election of Directors.
5. Notwithstanding of any formal notice periods detailed below, NEDs contemplating resignation are requested to advise the Chair with as much notice as possible.

Seeking Re-Election

6. Three months before the expiry of a Term of Office the Head of Corporate Governance will write to the respective NED to ask if they wish to seek re-election.
7. If the respective NED does wish to seek re-election and is not otherwise disqualified then the Head of Corporate Governance will give notice to the Chair.
8. The Chair shall inform the Nomination Committee that the NED wishes to be re-elected and also inform the Committee of the Chair's view on the recommendation to re-elect or not, based on the NEDs performance. With the Committee's assurance on the evaluation of the NED's performance and continuing independence, the Chair shall make a recommendation to the Board.
9. If the respective NED does not wish to seek re-election, the Head of Corporate Governance shall inform the Chair and the Nominations Committee, that an external recruitment process needs to be initiated, overseen by the Nominations Committee.

Recruitment Processes

10. Recruitment processes shall meet the following objectives:
    a. Formal, rigorous and transparent procedure
    b. Fair and open process including open advertisement
    c. Selection processes based on merit and objective criteria
    d. Promotion of equality and diversity including, but not limited to, gender, social and ethnic backgrounds
    e. Taking into account the future challenges, risks and opportunities faced and the skills and expertise required within the Board of Directors to meet them.
11. The Nominations Committee may appoint an interview panel to conduct the selection process and recommend a candidate for appointment. The Interview panel may comprise Directors, Members, and any other people considered appropriate for independence or balance on the panel.

12. The Nominations Committee will consider the outcome of the recruitment process and submit the Interview Panel's recommendation to the Board, with assurance that the process has followed the above objectives.

Board Approval

13. The Board shall determine whether to approve the appointment/re-election.
14. The individual NED seeking re-appointment would not normally be present during the re-appointment discussion at the Nomination Committee or the Board meeting.
15. In the event of a majority not being achieved for any individual nomination then an external recruitment process (or a further process, if one has already been conducted) will be triggered.

Commencement of Appointment

16. Newly appointed NEDs shall commence their position following the expiry of the term of office of the NED who has resigned or not been re-elected, however the new NED may be invited to shadow the NED they are to replace, or another appropriate member of the Board, in the period between confirmation of appointment and official commencement as a NED.

Third Terms of Office

17. Where an individual NED is seeking a third term of office, this is subject to additional scrutiny of the NED's continued independence and regard must be had to the need for progressive refreshing of the Board. This must be subject to particularly robust review by the Nominations Committee. By mutual agreement the Board and the NED seeking a third term may determine the term of office of a defined period up to, but not exceeding, three years. One year terms may be appropriate in some circumstances.

Resignation as a Director of the Company

18. In the event of any Non-Executive Director resigning from their substantive position, or being unable to carry out their substantive role for ill health or any other reason, or not being reappointed this will be deemed to be a resignation from the position of Director of the Company (Article 23.e refers) and Companies House will be advised accordingly.

Version Control

Version	Updated By	Updated On	Summary of changes from previous version
1	Donna Cairns	April 2021	New document (replaces previous version from 2016)

Appendix 1 – Role Profile – Chair of the Board

Role Summary

The Chair will lead both the Board of Directors (the Board) and the Membership (Members' Group) and is Sirona's representative within the local community. He/she must ensure high standards of probity and governance and that Sirona remains within its articles of association.

Principles

The Board of Directors is collectively responsible for the success of Sirona care & health, by directing and supervising its affairs. This includes responsibility to maintain financial viability, using resources effectively within appropriate financial controls, ensuring high levels of probity and value for money and to deliver high standards of clinical governance, ensuring that all health standards are met leading to high levels of patient and staff satisfaction.

The post holder should live in or have a strong connection to the area served by Sirona, and demonstrate high standards of corporate conduct and personal probity.

Term of Office

3 years, renewable, for a maximum period of 3 terms (i.e. 9 years)

Time commitment

It is anticipated the time commitment necessary for the performance of the role will be 3 days per week. This will include attendance at all Board meetings, (Board of Directors and Members Group meetings) meetings of committees where the post holder is a member, meetings with the CEO/other Executives and with Non-Executives and other meetings.

Eligibility

Chairs must have a close association with the geography and communities served by Sirona and must not be disqualified from being a Chair. The circumstances under which an applicant will not be considered for the post are if the person is:

- currently employed in the NHS
- is a healthcare professional removed from or suspended from the respective profession's register of practitioners;
- is a subject of a bankruptcy restriction order or interim order;
- under a disqualification order under the Company Directors Disqualification Act 1986;
- has been removed from trusteeship of a charity.

Remuneration:

£40,000 gross per annum

Role Overview

As the Chair, you will work alongside executive and other non-executive colleagues as the leader of the Board to ensure:

- the consolidation of staff and services from across Bristol, North Somerset and South Gloucestershire and help drive our inclusive culture, ensuring everyone is valued for their individual strengths
- a strong Strategic Vision for Sirona in the context of the changing national and local environment
- robust processes are in place to deliver on the vision and core objectives
- Sirona is a strong leader and influencer within the overall health and care system
- effective stakeholder engagement and management upholding the strong reputation of Sirona

You will share responsibility with the other members for the decisions made and for the success of the organisation in leading the local improvement of health and social care services.

Chair's Responsibilities

Your role will be to use your skills, expertise and your personal experience for the benefit of the organisation to fulfil the following responsibilities:

- Leadership of the Board and ensuring its effectiveness on all aspects of its role. The Chair is not responsible for executive matters.
- To develop a constructive, frank and open relationship with the Chief Executive through regular communication and meetings in the furtherance of Sirona's best interests, and to provide support and advice while respecting executive responsibility.
- To set the tone and style of Board discussions which facilitate constructive debate and effective decision-making and ensure, with the Chief Executive, effective implementation of decisions.
- To create and model a culture and approach within Sirona that effectively balances support and challenge, to deliver the highest level of Board performance.
- To promote a culture of transparency which engages stakeholders at all levels and leads to continuous improvement and delivery of the highest levels of care.
- To promote a culture of openness and debate by facilitating the effective contribution of Non-Executive Directors in particular and ensuring constructive relations between Executive and Non-Executive Directors.
- To role model through own behaviour a positive approach to equality, diversity and inclusion and ensure that the Trust promotes equality and diversity for all its service users, staff and other stakeholders.
- To ensure the provision of accurate, timely and clear information to Directors and Members where appropriate.
- To ensure regular performance evaluation of the Board, its committees and individual Directors, and act on the results of such evaluation, by ensuring appropriate training/ development where necessary to enhance its overall effectiveness as a team.
- To represent Sirona with national, regional or local bodies or individuals, to ensure that the views of a wide range of stakeholders are considered in all that Sirona does.

All Non-Executives' Responsibilities

The Chair's responsibilities above are in addition to those of all Non-Executive Directors as follows:

- Contribute to the development of strategic plans to enable the organisation to fulfil its leadership responsibilities for health and social care in the local community
- Ensure that service users' interest are always at the heart of decision making and that patient safety is paramount at all times
- Participate in the setting of challenging objectives for improving Board performance across the range of its functions
- Monitor and constructively challenge the performance of the Executive Team in meeting the agreed goals and improvement targets
- Ensure that financial controls and systems of risk management are robust, and that the Board is kept fully informed through timely and relevant information.
- Assist with the development of 'commercial' culture within the organisation which is consistent with values of the delivery of efficient and effective services
- Play an appropriate role in building relationships with GPs, other service providers, the voluntary sector and other stakeholders
- Contribute to the development strategies which will result in tangible improvements to the health and well-being of the population
- Ensure that the organisation values diversity in its workforce and demonstrates equality of opportunity in its treatment of staff and patients and in all aspects of its business
- Execute the responsibilities of a company director according to the lawful and ethical standards, as referenced in Company law and the Community Interest Company registration.
- Ensure best practice and quality measurement is in place.

Board Responsibilities

Ensure that, through the leadership of the Chief Executive, the Board:

- Establishes effective committees with appropriate non-executive director involvement.
- Establishes clear objectives to deliver the agreed plans and regularly to review performance against these objectives.
- Maintains financial viability, uses resources effectively and controls and reports its finances in accordance with the requirements set out for CICs and in our contracts
- Meets all statutory requirements, legal and contractual requirements, safety hazard notices and advice relating to safety of the public, staff and patients, personal privacy and patient confidentiality.

Members' Group Responsibilities

- Chair Member meetings and give direction to the work of the Members
- Ensure a proper flow of information between the Board and the Members
- Ensure an effective communications strategy is maintained to keep Members and stakeholders informed.
- Ensure that Members are given appropriate development for their role.

Other Responsibilities

- To represent Sirona at community events and meetings and act as a spokesperson and champion for our work
- Conduct a performance appraisal of the Chief Executive at least annually, and to conduct a process of self-appraisal.
- With the Associate Director (Governance), ensure that all administrative aspects of Board and Members meetings are properly executed

Person Specification

We are looking for candidates who want to use their energy, skills and experience to help drive the delivery of sustainable healthcare services for the people of BNSSG. You will have undertaken a range of board level leadership roles and be able to demonstrate that you have:

- Experience of leadership within comparably large and complex organisations through organisational and cultural change to secure performance and quality improvement, whether that be in the public, private or third sector.

- The ability to work effectively in a leadership role with a range of internal and external stakeholders, using strong people management and communication skills to secure commitment to a shared strategic vision and to work collaboratively and flexibly with partners to find new solutions to old problems.

- Considerable experience of building and developing strong and effective teams and providing robust and visible leadership in a range of public facing and challenging environments.

- The ability to provide strong challenge and be demanding on pace and sustainability in holding executives to account whilst also supporting them to achieve their best and to maintain their personal resilience and well being

- Proven understanding of the need for strong corporate and financial governance

- An understanding of the challenges facing health and care providers and Sirona in particular, in delivering high quality, safe services to patients that are clinically and financially sustainable.

- A commitment to equality, diversity and inclusion. We welcome candidates from diverse backgrounds who can apply their experience to this demanding role.

- Evidence of successfully demonstrating the competencies set out in the NHS Provider Chair Competencies document – Appendix 1.

In addition, candidates for the role will demonstrate behaviours that support Sirona's Taking it Personally values. These values and their associated behaviours underpin the way we do things, and are the hallmarks of our culture. As Chair, you have a key role and responsibility in bringing this culture to life, so that we can deliver on our strategic goals and ambitions which will provide outstanding care to the people who use our services, and to make sure that we are able to attract and retain the best staff. These are the personal qualities we are looking for:

Courtesy & Respect so that people feel Welcome

- Demonstrates a strong personal commitment to Sirona, its values and aims
- Listens to others ideas, and gives feedback
- Seeks to understand the perspective of others through personal contact and the investment of time
- Open and transparent in style, adaptable and flexible where appropriate
- Shows compassion in dealing with others, but can make tough decisions when necessary
- Understands own impact on others and actively seeks and acts upon feedback

Effective and Professional so that people feel Safe

- Strategic thinker, with ability to assimilate and communicate complex information
- Is optimistic and enthusiastic about the future, showing belief in the capability of others
- Enables others to learn from mistakes, building improvement
- Ambitious for Sirona and the local health and care system, has high standards and communicates them in a way which builds followership for the Board
- Pragmatic about how to continuously improve and grow
- Open to learning and personal development and actively pursues this
- Able to persuade and influence, using a variety of styles
- Rigorous and disciplined about making things happen and holding others to account, within the context of Sirona's structures and systems
- Is tenacious and able to find new and different ways to achieve goals

Effective Communications so that people feel Valued

- Collaborative style and approach
- Is an authentic leader, ensuring people know what is expected of them
- Ability to build and sustain relationships
- Able to look for and find common ground in the interests of performance
- Does what they say they will do, and encourages others to do the same
- Shares information appropriately
- Clear thinker, able to communicate complex information to a range of stakeholders in a way that is compelling and builds understanding
- Works in a way which drives performance through honesty, encouragement and feedback
- Leads the Non Executives in a way which harnesses their experiences and knowledge in the best interests of the Trust and of the NEDs as individuals

Caring and Supportive so that people feel Supported

- Is consistent in standards of behaviour, whatever the situation
- Respectful of others' time, efforts and situations
- Creates a culture where people feel they matter
- Invests time in building and nurturing relationships
- Understands how to create a positive culture which enables people to give of their best
- Expects continuous improvement and understands how organisations/complex systems function
- Inspires innovation and creativity in the interests of patients and carers
- Not afraid to take bold decisions

Appendix 2 – Role Profile – Non-Executive Director

Role and Responsibilities

As a Non-Executive Director you will work alongside executive and other non-executive colleagues as an equal member of the Board. You will share responsibility with the other members for the decisions made and for the success of the organisation in leading the local improvement of health and social care services. Your role will be to use your skills, expertise and your personal experience for the benefit of the organisation to:

- Contribute to the development of strategic plans to enable the organisation to fulfil its leadership responsibilities for health and social care in the local community
- Ensure that service users' interest are always at the heart of decision making and that patient safety is paramount at all times
- Participate in the setting of challenging objectives for improving Board performance across the range of its functions
- Monitor and constructively challenge the performance of the Executive Team in meeting the agreed goals and improvement targets
- Ensure that financial controls and systems of risk management are robust, and that the Board is kept fully informed through timely and relevant information.
- Assist with the development of 'commercial' culture within the organisation which is consistent with values of the delivery of efficient and effective services
- Play an appropriate role in building relationships with GPs, other service providers, the voluntary sector and other stakeholders
- Contribute to the development strategies which will result in tangible improvements to the health and well-being of the population
- Ensure that the organisation values diversity in its workforce and demonstrates equality of opportunity in its treatment of staff and patients and in all aspects of its business
- Execute the responsibilities of a company director according to the lawful and ethical standards, as referenced in Company law and the Community Interest Company registration.
- Ensure best practice and quality measurement is in place.

The skills, knowledge and experience weseek

For this post, we need someone who can demonstrate executive or non-executive experience of working in large and complex organisations with significant budgets. We are looking for general management and leadership experience, working with a range of different stakeholders. An understanding of health and social care service delivery and the needs of our local communities would also be an advantage.

As we are a values led organisation, and therefore it is essential that you have affinity with the aim, purpose and values that we share.

Specifically, we are looking for the following competencies:

- **Strategic thinking and alignment:**
  Share the values and aspirations of Sirona. Able to think forward to develop and articulate a clear vision and strategy for the organisation, and engage others with that vision

- **Effective influencing and communication:**
  Able to gain support and influence, manage conflict, build consensus to support the achievement of the organisations strategy.
- **Collaborative**:
  Able to work collaboratively to build a strong and effective Board, and creating a shared sense of purpose.

- **Service user/patient centred:**
  Commitment to patients, service users, carers and the community; to tackling health inequalities in disadvantaged groups and; ensuring services are delivered effectively and safely.

- **Innovation, change and continuous improvement:**
  Inspire continuous improvement to support both improved health and wellbeing outcomes and organisational performance. Willing to embrace change and innovation. Able to understand issues of changes and its impact on staff.

- **Willing to challenge:**
  Willing to hold to account Board peers, executives and senior manager for the organisation's performance (quality, safety and financial)

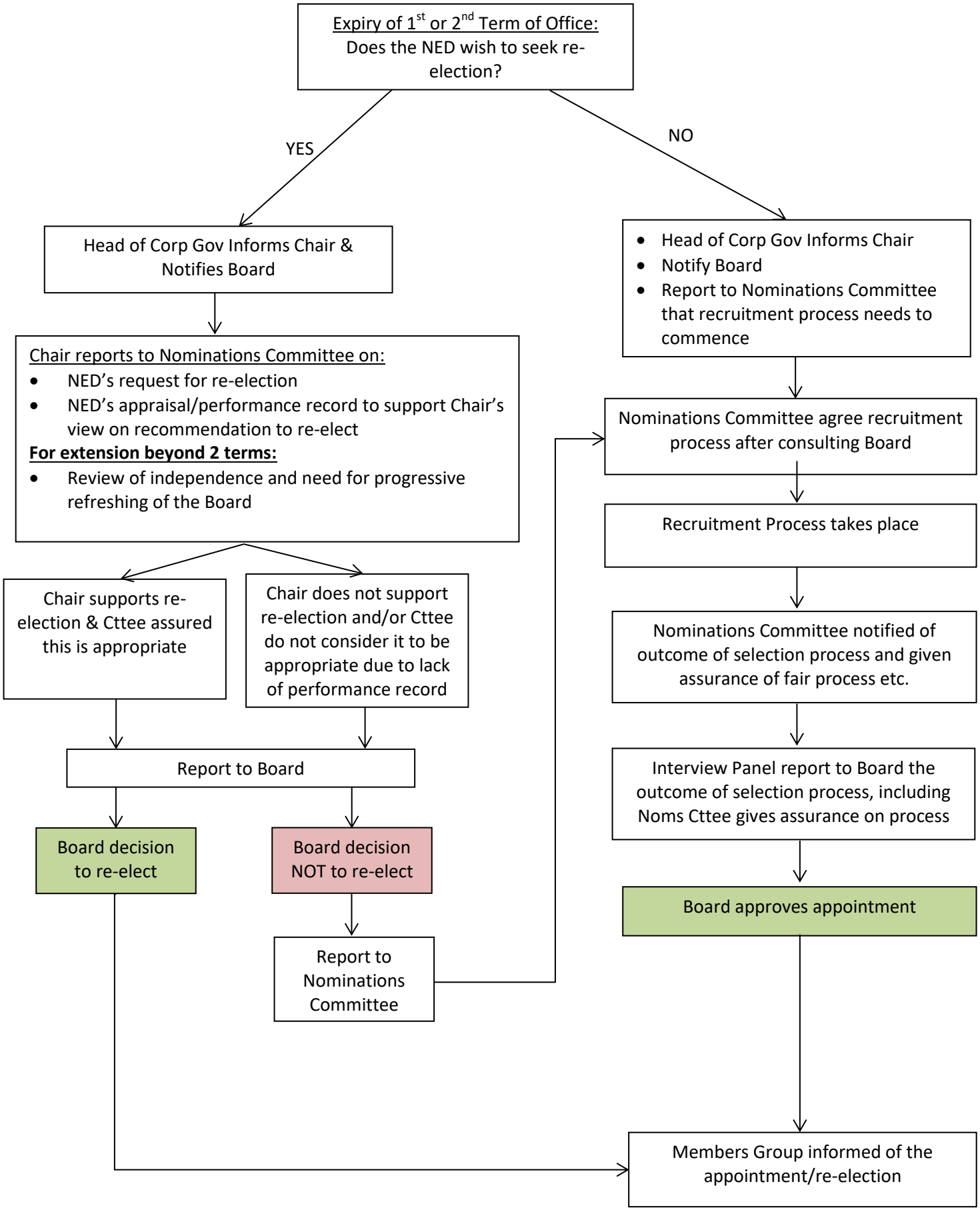
- **Data rational:**
  Strong verbal and numeric reasoning skills and good judgement. The ability to assimilate, assess and analyse, and draw conclusions and inferences from complex information

- **Commercial awareness/business acumen:**
  Broad business understanding and ability to identify and exploit opportunities for business growth

- **Personal characteristics: Integrity, confident and self-aware, tenacious**

Appendix 2

Non-Executive Director Appointment and Re-election Process



Report to: Board

Date	11th May 2021	**Agenda item**	17
Title	**Associate Non-Executive Director Role**		
Author	Donna Cairns, Head of Corporate Governance		
Lead Director	Julie Sharma, Director of Transformation / Sarah Margetts, Director of People and Organisational Development	**Date signed off**	30.4.2021
Presented by	Julie Sharma	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☐		

Aims/Summary

This report is to inform the Board of the proposed arrangements for the role of Associate Non Executive Director in terms of recruitment, development support, remuneration and term of office.

Options and decisions

For the Board to consider and agree the arrangements for the Associate NED role and request the Nominations Committee review the remuneration for the role.

Resource implications (financial/staffing/other resources)

The remuneration for the role will be reviewed by the Nominations Committee. There are also costs associated with the training.

Quality considerations

The Associate NED role is to provide a development opportunity for individuals wishing to gain Board level experience and also enables the Board to benefit from input from a diverse range of people with different backgrounds and perspectives. This assists the Board in succession planning and furthering its objective to include more diverse representation on the Board.

Paper/information previously considered by	Date
N/A	

1. Background

In July 2019 an interim Nominations Committee was appointed to oversee the recruitment of two Non-Executive Directors – one as a newly created position and one to replace David Purdon at the end of his term of office. The recruitment exercise commenced in January 2020 and two Non-Executive Directors were appointed as a result – Simon MacSorley and Lorna Harrison.

During the Board and the Nominations Committee preparation for the recruitment exercise, an objective was agreed to promote more diverse representation on the Board to reflect our communities, and to include people with protected characteristics, such as BAME, LGBT, disabled people etc. where they also met the requirements for the role of a Non-Executive Director.

It was agreed during this recruitment process, that a candidate who did not meet the requirements of the role but who would benefit from Board level experience and would have valuable input to the Board would be offered the position of Associate Non-Executive Director. This position was offered to Nura Aabe, who was known to the Board as the founder of Autism Independence and who has been in post since April 2020.

2. Key points

This paper sets out the key features, arrangements and purpose of the role of Associate Non-Executive Director to make the position clear and to prepare for future recruitment.

2.1 PURPOSE OF THE ROLE

The Associate NED role is a 'step up' role to offer an opportunity to an individual aspiring to take on a NED role but without sufficient experience but have the ability and potential to succeed in a Board-level role.

This is a developmental post for someone looking to take the next step in their career progression in strategic management/Board level roles. We are looking for someone who can help us to understand and engage better with the diverse communities we serve and to support decision making to benefit our diverse communities. Applications would be particularly welcomed from particular communities who are under represented on the Board, including but not limited to the Black and Minority Ethnic (BAME) community as the Board is currently under-represented in this respect at present. This may vary dependant on the Board composition at the time of Associate NED recruitment.

For the avoidance of doubt, Associate Non-Executive Directors are not Directors of the Company or full Board members and do not have the associated rights or liabilities.

After their term of office, the Associate NED may be able to apply for a NED position within Sirona if a vacancy were to become open, or they would be able to use their experience to apply for NED positions elsewhere – where the benefit of their training and development with Sirona could be applied elsewhere within the system.

Whilst expected to meet the fit and proper person criteria for appointment and to conduct themselves at Board meetings in a similar role to a NED, the Associate NED would not be expected to take on the same level of responsibilities and their role would reflect their associate status and development requirements.

A role profile is to be developed.

2.2 RECRUITMENT

It is intended that an Associate NED be appointed on an annual basis from April to March.

A recruitment process will be developed and overseen by the Nominations Committee, with the Board agreeing the appointments each year.

2.3 DEVELOPMENT AND TRAINING

The position of Associate NED would be supported with an internal training and development programme to get the most from their experience on the Board and within Sirona.

The NHS programmes such as Ready Now programme for senior BAME leaders or other appropriate Board level development programmes will be offered to the Associate NED.

2.4 ELIGIBILITY FOR NED APPOINTMENT

It is proposed that as a result of the Associate NED's experience and completion of their development within the role, should a full NED vacancy become open within 2 years, they will be guaranteed an interview offered an interview for the position.

The 2 year window is suggested to ensure the individual's experience is still recent, but also to recognise that if a vacancy does not become open during that time, Sirona would encourage and support the individual in applying for other roles elsewhere.

2.5 REMUNERATION

As the Associate NED role is not intended to be given the same level of responsibility as a full NED, the level of remuneration for this position should reflect a reduction from the NED level.

The Nominations Committee has delegated authority for determining remuneration rates for NEDs and it is proposed that the Committee be requested to conduct a review and bench-making exercise in order to set the rate of remuneration for the Associate NED.

In conducting the review, the Committee is asked to consider the possible economic disadvantage and financial hardship that some candidates may experience.

2.6 TERM OF OFFICE

The Associate NED term of office has been agreed at 1 year. Ordinarily it is not intended to be renewable, unless there are exceptional circumstances.

3. Recommendations

3.1 That the Board agree arrangements in respect of the purpose and features the Associate NED role, in particular that they to be guaranteed an interview for any NED vacancies that arise within 2 years of the completion of their term of office as an Associate NED.

3.2 That the Nominations Committee be requested to review and determine the level of remuneration for the role and to develop the recruitment process.