Board Meeting
Consent Agenda Papers
Pack B

Meeting Date:
12th December 2023

BOARD MEETING

Date:	**12th December 2023**
Venue:	MS Teams
Time:	2:00 – 5:00pm

CONSENT AGENDA

			Paper/ Verbal Presented by	Approx. Timings
	2:00 – 4:40pm	**Main Agenda Items (Pack A Papers)**		
	4:40pm	**CONSENT AGENDA ITEMS (Pack B Papers)**		
1.	**Consent Agenda Cover Report**	To inform the Board of the items covered under this section of the agenda and arrangements for their approval.	Donna Cairns Paper	5 mins
2.	**Previous Minutes – Meeting in Public and Decisions in Writing**	To formally approve the minutes of the meeting in public held on 12th September 2023 and the Minute of the Decision in Writing – approval of the Wound Care App on 30th October 2023.	Amanda Cheesley Paper	
3.	**EPRR Policy**	To ratify the EPRR Policy	Ceridwen Massey Paper	
4.	**Quarterly Professional Council Summary**	To present to the Board with a summary of the recent activities and decisions from meetings of the Professional Council	Kathryn Bateman Paper	
	4.45pm	**PUBLIC QUESTIONS (Received in advance)** Questions will be dealt with earlier in the meeting, following the agenda items the questions relate to at the Chair's discretion.		
5.	**PUBLIC QUESTIONS**	Boards response to questions received in advance relating to this agenda	Amanda Cheesley	5 mins
22	**4:50pm CHAIRS SUMMING UP & CLOSE OF PUBLIC SESSION**			

FORWARD MEETING DATES

	DATE	TIME	MEETING TYPE	VENUE
	9th January 2024	**10 – 4pm**	**Seminar**	**TBC**
	13th February 2024	**10 – 4pm**	**Seminar**	**TBC**
	12th March 2024	**2 – 5pm**	**Quarterly Public**	**Virtual**

Board Report

Date	12th December 2023	**Agenda item**	16 – Consent Agenda
Title	Consent Agenda Cover Paper		
Author	Donna Cairns, Head of Corporate Governance		
Presented by	Amanda Cheesley	**Version**	1
For	Approval/decision ☒ Debate ☐ Assurance ☒ Information ☐		
Assurance Rating	High/Significant ☐ Medium/Partial ☐ Low/No Assurance ☐ Not applicable ☒		
If partial or no assurance, please outline steps to be taken in order to reach significant assurance, by when, and whom	Assurance ratings are provided on each report within the consent agenda pack, where applicable.		

N.B. This cover paper should not exceed 2 pages.

Purpose of report and reason for submission to Board

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

To set out the items on the Consent Agenda including:

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

Related Risk No. (If applicable)	

How has the assurance provided in this report been obtained?

What sources of information have been relied on? How has assurance been built up through the organisation?
Provide links to relevant evidence sources relied upon in this report.

Detailed on each paper within the Consent Agenda pack.

What is the process the report has been through internally

Which teams or groups have reviewed the report or the information that informs it

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

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

Summary and Key Issues to be highlighted

Please highlight in summary the key messages from this report, including matters of escalation from Committees, significant issues, risks and actions to address them
Alert the Board to of areas where assurance is not sufficient.
Advise the Board of steps taken to address areas where assurance needs to be improved. (please ref relevant section of the report, where more information can be found).

Not Applicable

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

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

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

17. Minutes

The Board is asked to approve as a true record the minutes of the meeting in public held on 12th September 2023 and the Minute of the Decision in Writing – approval of the Wound Care App on 30th October 2023.

18. EPRR Policy

The Board is asked to ratify the revised EPRR Policy.

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

19. Quarterly Professional Council Summary

The Board is asked to note the activities of Professional Council, there are no decisions required or options for consideration.

Item
Minutes Sirona Board

Date	12th September, 2:00pm-5:00pm
Location	MS Teams (Meeting in Public)

Attendees

The following Board attendance was noted:

Attendees		**Present**	**Apologies**
Amanda Cheesley	Chair	✓	
Paul May	Non-Executive Director	✓	
Lorna Harrison	Non- Executive Director	✓	
Simon MacSorley	Non-Executive Director	✓	
Barbara Brown	Non-Executive Director	✓	
Anil Patil	Non-Executive Director	✓	
Sue Porto	Chief Executive	✓	
Clive Bassett	Chief Finance Officer	✓	
Ceridwen Massey	Chief of Operations	✓	
Julian Fleming	Chief Digital & Information Officer	✓	
Sheridan Flavin	Chief People Officer (Interim)	✓	
Mary Lewis	Chief Nursing Officer	✓	
Penny Agent	Chief of Allied Health Professionals & Therapists	✓	
Kathryn Bateman	Chief Medical officer	✓	

In attendance

Donna Cairns	Head of Corporate Governance (Minute Taker)
Wendy Best	Head of Communications and Freedom to Speak Up Guardian
Tayo Gaji	Corporate Governance Administration Manager
Presenters:	
Donna Thomas	Clinical Falls Lead – for Item 2

Chair	Amanda Cheesley

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Item	Notes	Action
1.	**Welcome and Apologies** The Chair welcomed everyone to the meeting and explained how the meeting would be conducted. There were no apologies for absence as all Board members were in attendance.	
2.	**Our People Story** **Service User Story – Falls Awareness** Amanda Cheesley, Chair of the Board, welcomed Donna Thomas, Clinical Falls Lead, and Wendy Best, Head of Communications, explaining that unfortunately the service user due to join us, Marie, was not able to attend. Wendy shared some points from Marie on her behalf. Marie had experienced a number of falls over recent years and remarked on the improvement in the service she had experienced. She commented that she would like to see more home visits being offered as attending group sessions was tricky due to reduced mobility. Marie had asked that the Board be made aware how impressed she was with the kindness shown to her by all Sirona staff. Donna Thomas explained the key features of the falls service and why the new programme was designed. A number of pathways and collaborative multi-stakeholder working arrangements are in place to provide the right support that our service users need and to support urgent responses. She outlined the traffic light system used to assess the category for the assistance needed and how care home staff are trained to identify when they can support a patient themselves, utilising equipment that have received training to use (Raizer), and when they need to call an ambulance. As a specialist falls service, Donna shared how passionate they are as a team, and she talked about the impact a fall has on a person. Swift intervention can decrease the time it can take for individuals to regain confidence and mobility which can have a significant impact on their quality of life, demonstrating the principle of “aging well” in action. Donna illustrated the success of the Raizer project with some recent data: In the last 30 days, there had been 163 falls across BNSSG care homes, from 23 out of 42 homes we have supplied equipment to. The Raizer was used 98 times. The traffic light assessment was used throughout, resulting in 10 ambulance call outs and only 4 people conveyed to hospital. Before this project, almost all of these falls would have resulted in ambulance call outs. So far in the last 60 days, the interventions have saved the system £174.5k through a reduction in costs of ambulance and admissions. This is in addition to the impact on the patient, able to stay in their own homes. A video was shown that demonstrated the tools used within the project, including a Raizer chair that care home staff were trained to use in appropriate situations. A care home resident (Elizabeth) who had used the Raizer chair after a fall described her experience. Board members asked about how the project was being promoted and suggested submitting applications for national awards. Donna explained the expansion plans to bring more care homes into the programme and expand the roll out with domiciliary care. A media plan was in place around the step	

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	programme and the research and data they had collected on falls prevention was being written up and submitted to an academic journal. Engagement is also taking place with stakeholders, e.g. Alzheimer's Society. Donna confirmed that all Sirona integrated network teams have Raizer chairs for use in people's homes. A loan service was also being trialled, which can support funding bids for people to have their own equipment in their home. Work was extending to domiciliary care agencies to bring them into use in their services. Mary Lewis, Chief Nursing Officer, commented that the project was linked to the work on maximising access for all service users. The Board noted how transformative the impact could be from a relatively straightforward piece of equipment for the wellbeing of the individual as well as the system savings from preventing admissions. The Board thanked Donna and Wendy for attending and sharing Marie's story and the video of other people's experiences.	
3.	**Declaration of Interest** None other than that previously recorded for Board by Paul May as a Councillor in BANES Council, now serving as a Cabinet Member for Children and Young People and the Chair of the Health and Wellbeing Board.	
4.	**Chair and Non-Executive Directors' Report** Amanda Cheesley, Chair of the Board, outlined some recent activity of herself and the other NEDs including re-establishing service visits with a new schedule organised for a visit every 2-3 months. Amanda, Barbara and Anil were invited to attend a recent Leadership engagement day and she passed on her thanks for the positive outcomes and productive day. As Chair, Amanda is a member of the Integrated Care Partnership, which is represented by a number of system partners, members of the public and representatives of the voluntary sector. Amanda is also a member of the Primary Care Committee which is providing scrutiny and oversight of the expansion of primary care commissioned by the ICB e.g. dentistry that were previously commissioned by NHSE. The Committee recognised the challenge in access to services such as dentistry. The NEDs attending other ICB Committees included Paul May attending Outcomes, Quality & Performance and Lorna Harrison attending the Audit Committee. Amanda also presented the report recommending that Lorna Harrison be re-appointed for a second term of office, following the review from the Nominations Committee and assurance on her on-going performance and independence as a Non-Executive Director. **Decision** That Lorna Harrison be re-elected for a second term of office, from 1st January 2024 to 31st December 2026.	
5.	**Chief Executive Report** Sue Porto, Chief Executive, presented the paper which drew the Board's attention to some matters not otherwise on the agenda.	

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	Sue highlighted key points for the Board including: • Consideration of the implications arising from the Letby trial - internally we are strengthening areas we are already working on including our restorative just and learning culture and reviewing our Freedom to Speak Up process. We continue to ensure colleagues feel confident to speak up about any concerns, whilst we review wider learning that will come from the judicial inquiry. • Acceleration of the COVID vaccination roll out and launch of our staff vaccination programme for COVID and flu. • South Bristol Community Hospital taking part in National health care associated infection point prevalence study. • Executive changes – Sue noted Julie Sharma's retirement (as Deputy Chief Executive) and that this was Sheridan Flavin's last meeting as interim Chief People Officer. Sonya Wallbank would be starting as the newly appointed Chief People and Culture Officer from 25th September. • System and partnership working – the paper detailed the groups Sue is now part of, taking over from Julie Sharma (formally acting as interim Chief Executive). Sue informed the Board of the meetings she had held during her induction with system partners. • Awards Ceremony –taking place on 12th October and is fully booked • Update on our strategic objectives and delivery on our business plan through the Hoshin Kanri methodology. 14 milestones were on track, 6 were behind target and 3 were still to be scoped. The report drew out the key areas where progress was slower than anticipated. • NHS@Home programme – further detail in the operational performance report. ICB public meeting asked about our progress. We are now at 120 beds (improved position from the data in the report) and conversations are taking place on speeding up recruitment to ensure we are improving performance and prepared for winter. Amanda Cheesley, Chair of the Board, asked for an explanation of the comment on ICB's approach to VCSE being not as expected, provided in relation to the model for community neighbourhood teams. Ceridwen Massey, Chief Operating Officer, to cover under operational performance report.	
6.	**Equality, Diversity and Inclusion Action Plan** Sue Porto, Chief Executive, presented the draft plan prepared by Executives following the audit of our ED&I processes and practices by Diverse Matters. The Board were asked for comments to aid the development of the plan. Diverse Matters had identified some positive areas within Sirona but also made a number of recommendations to improve our arrangements and improve our inclusivity. The report was received by the Board at the seminar in August and a commitment was given to develop an action plan to implement the recommendations. Sue had worked with the People & Development leads – Sheridan Flavin (Chief People Officer), Ticki (Head of Organisational Development) and Dan Whalley (Interim EDI Consultant) to pull the plan together. The plan provided for this meeting was a draft as further consideration was needed on the level of the roles to support EDI and the governance arrangements for monitoring and supporting EDI through a steering group. The proposal for the governance structure was set out in the report.	

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	Amanda Cheesley, Chair of the Board, was grateful for the action plan putting pace behind the implementation of the report's recommendations and pulled out the development of training as a key activity that should be started as soon as possible. Claire Valsler, Chair of the People's Council, commented that it was important to be led by the CEO to recognise the importance of the plan. Sue added that all Executives share the responsibility as EDI is integral to all service areas. Resourcing and funding for new roles was discussed. Sue advised that the new roles were not within budget and it would be important to look at ways to make the roles cost neutral in order to be financially sustainable. Amanda requested the Board be kept up to date on finalising the plan and the implementation. **Action** Chief Executive to provide update to People Committee on progress and the next Board meeting in public.	**Sue Porto**
7.	**Executives Exception Reporting**	
7.1	**Clinical Quality & Safety – Chief Nursing Officer** The report of the Chief Nursing Officer, Mary Lewis, provided a summary of quality and safety assurance from our contractual reporting, and demonstrating how Sirona is meeting CQC fundamental standards of care. The report noted a medium/partial level of assurance and improvement plans for key areas were outlined in the report. Mary highlighted some key points: • **Patient safety incidents** - There were no significant changes in themes with medication errors the top cause and pressure injuries being the cause of the 4 serious incidents recently reported. The Quality Improvement programme will be looking at addressing the serious incident themes. The new patient safety reporting framework (PSIRF) was being implemented with additional project management support in place. This would link to the restorative and just learning culture to make sure we are actively listening and learning from incidents and themes of concerns. • **Duty of Candour** – Mary advised the Board there is an action plan to address compliance with the legal requirements. • **Safeguarding** – Compliance with training needed to be improved and actions were under way to recover the position. Section 42 activity was also being investigated as North Somerset cases continued to be comparatively high. • **Complaints** – numbers remained consistent. • **Safer Staffing** – reporting had started and no changes to current staffing skill mix were recommended. • **Competency Governance** processes were being relaunched in September. • **CQC Preparedness** – activity to implement the new Single Assessment Framework was taking place.	

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	Claire expressed concern at the issues with safeguarding training compliance, and that it must be addressed. Mary explained that all staff are required to undertake safeguarding training and the percentage compliance referenced in the report was for enhanced level 3 training, which was more complex, multi-agency training that only certain roles are required to do. There were also issues with recording attendances at training.	
7.2	**Allied Health Professions (AHPs) & Therapies – Chief Therapy & AHP Officer** The report of the Chief Therapy and AHP Officer, Penny Agent, was provided for information as an overview of priorities within her directorate, including updating her portfolio as Chief Therapies and AHP Officer, review of the experience and engagement strategy, recruitment of new roles within personalised care (which Sirona leads/hosts for the system) and working with clinical systems. Penny updated the Board on the system work to support AHPs: • Personalised care was to take on green social prescribing and the ICB had provided some additional funding • Research – we have around 30-35 active studies at the moment. The governance on approval for new proposals is being developed, with the establishment of a new group. Sirona is named on a national bid for National Institute of Health Research funding to enable UWE to develop a Masters in research course. Being named on the bid enables Sirona staff to access the course. • Clinical systems – some issues needed to be resolved with the reporting requirements with the version of Adastra that had been installed within the MIUs. The Board noted the positive progress including recruitment into key roles.	
7.3	**Medical Professionals – Chief Medical Officer** Kathryn Bateman, Chief Medical Officer noted this was her first report for a Board meeting in public therefore she introduced herself and her role. In her report, she highlighted the medical revalidation and appraisal report that was contained in the Consent Agenda pack, noting the governance processes that were underway for medical staff. Kathryn explained the role of the Responsible Officer (RO) that she is taking on. Kathryn also updated the Board on development on integrated reviews and new harm panels to improving clinical governance, and assessment of risk. Externally, Kathryn noted her focus was using her role to raise the profile of Sirona, working with partners in primary care and hospital trusts, moving to a more person-centred care approach. Sue Porto, Chief Executive, informed the Board of an Executive-to-Executive meeting with representatives from Universities Hospitals Bristol and Weston Foundation Trust and that Kathryn would be involved in implementing learning from this partnership work, developing place-based approaches.	

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	It was noted that Kathryn was taking over the role as Caldicott Guardian from 15th September, taking over from Mary Lewis, Chief Nursing Officer, who the Board thanked for her work in the role. Anil Patil, Non-Executive Director, asked for an update on measures of success on the children's services review for monitoring effectiveness of the review. Sue advised that updates would be provided in due course following the diagnostic stage of the review for scoping the work that is needed. **Action** Chief Executive to provide further update on the Children's Services review to the Board.	**Sue Porto**
7.4	**Operational Performance – Chief Operating Officer** Ceridwen Massey, Chief Operating Officer, presented her report on operational performance which have a medium/partial level of assurance, noting that a review of performance monitoring data and analysis was underway to be reported on over the next quarter. The report provided details on performance issues to bring to the Board's attention, additional comments made by Ceridwen in the meeting included: ○ **Discharge to assess** – a different system approach was being utilised to look at transformation of D2A including sprint workshops looking at specific pathways, and targeting work with Bristol City Council to address links to adult social care to improve these pathways. ○ **Place-based urgent care** – further discussions are needed with the ICB as there is no funding available to support the increase in demand/activity. ○ **NHS@Home** – an options paper is being prepared to look at how to increase the performance. ○ **Children in Care** – there was some improvement across the quarter but was still under target for completion of initial health assessments. An action plan was in place to address this. ○ **Public Health Nursing** – a review of capacity and demand was taking place, which highlighted in issues in South Gloucestershire. ○ **Waiting times** – Podiatry action plan in place. Key risks in children's services waiting lists would be brought into the integrated review. Charts of performance data for quarter one were attached to the report. Areas of concern in adults and specialist services included: ○ Workforce and vacancies across a number of services ○ Referral and demand pressures from system partners ○ Issues in improving our capacity and demand modelling – the move to one EMIS would support developments in this area. Areas of concern in adults and specialist services included: ○ Capacity and demand modelling and clarity around clinic availability ○ Workforce gaps particularly in public health nursing ○ Clarity in delivery of core elements of the services	

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	Regarding working with the voluntary sector work within the clinical model review, the issue was around the financing of the ICB work with the VCSFE sector and different approaches to this across the system. Concerns were expressed in the waiting times in children's services and Ceridwen was asked when she expected to see improvements being made. Ceridwen advised the Board that demand continued to outstrip capacity and modelling showed it would continue to be a challenge. A waiting list initiative was in place however new ways of working needed to be looked at, such as graduated assessments. Sirona has a responsibility to push the transformation forward within the system.	
7.5	**Financial Performance – Chief Finance Officer** Clive Bassett, Chief Finance Officer, presented the finance report which provided a brief summary on month 4's results. The report had been reviewed at Executive Committee in August. The financial position at an operating level had declined, with a potential year end deficit of £2m. At an organisation level, this is mitigated by interest on cash balances. There is activity on-going to deliver savings this year and identify savings for next year. Clive led sessions with the leadership team to emphasise the need to end the year on the run rate as the starting position for next year and not carry forward a loss-making position. Amanda Cheesley, Chair of the Board, noted that the agency spend needed to be reduced to make a significant impact on the deficit. Clive confirmed agency controls was a key element of the leadership day in September. Clive explained that the overspend on staff costs included agency costs but also more staff on rota and on shift than expected (budgeted for). Shift coverage/planning was also covered at the leadership day. Lorna Harrison, Non-Executive Director, requested a breakdown of the staffing expenditure to show how much of the costs are bank and agency costs. It was agreed this would be taken to the FEED Committee, including the level of utilisation of agency and the increased amount in the cost per agency hour. **Action** Chief Finance Office to provide detailed report on agency costs to next FEED Committee Mary Lewis, Chief Nursing Officer, advised the Board that the system's strategic group on agency controls had restarted and was being attended by Su Monk, our Deputy Chief Nurse and Director for Professional Standards and Clinical Workforce.	**Clive Bassett**
7.6	**Workforce – Interim Chief People Officer** Sheridan Flavin, Interim Chief People Officer, outlined some high level points from her report. • **Agency** – Sirona has been driving down usage of high cost off framework agency staff, this has reduced significantly. However our new	

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	neutral vendor is filling vacancy shifts at a higher rate (85%). Although this is at a lower cost, it means that our overall agency spend has increased. We are expecting NHSE to put in place a tier 1 cap, above which we are not able to procure agency staffing at the higher rates. Our top priority is resourcing, to ensure we recruit suitable qualified and experienced staff in a timely way. This will help us drive down the use of bank and agency staff to fill shifts. • **Training compliance** – Oliver McGowan training on learning disability and autism was launched in July and is at 54% completion rate across the organisation. Phase 2 of this training is being launched to provide face to face training for all clinical staff. • **Communications** – support for all internal and external communications activity as outlined in the report. • **Implementation of learning and development team review** • **People Strategy** – will be finalised by the People & Development team with the new Chief People & Culture Officer, Sonya. Sheridan praised the People & Development team's achievements during her time with Sirona and wished Sonya the best when she starts later this month. The Board thanked Sheridan for her contributions to Sirona during her time with us.	
7.7	**Digital – Chief Digital & Information Officer** Julian Fleming, Chief Digital & Information Officer, informed the Board that his report was marked as providing low assurance and his team were asked to focus on addressing the costs of the service as well as improving the quality. A reporting structure was in place and improvements were anticipated to be seen during September. The report provided details on: • **information governance** - becoming more proactive with training and engagement and working on a more streamlined approach to data sharing agreements • **business intelligence** - developments on dashboards on KPIs. New EMIS data reporting is being introduced in December. • **IT transformation** - Processes are being reviewed to address asset management. • **digital transformation –** additional resources to support EMIS migration has been effective. Moving away from Glasscubes is being considered. The Board noted the positive movement in some areas of concern e.g. information governance compliance and cyber security.	
8.	**Risk Register** Mary Lewis, Chief Nursing Officer, presented the report, taking it as read. She noted the extract of the data was on 22nd August 2023. Chief Officers were working through Executive Committee to ensure that all risk reviews are kept up to date. The highest risk categories remained consistent with previous reporting.	

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	Mary highlighted the risks that had been updated since the extract from Ulysses was taken. Risk 430 had been reduced to 12 or 9 as a result of the actions taken. A deep dive on this risk had taken place at Audit, Assurance and Risk Committee. *Mary left the meeting for a few moments due to a fire alarm.* Sue Porto, Chief Executive, took over reporting in Mary's absence and informed the Board that more work was going on to improve our risk management processes and address the overdue risk reviews. Consideration needs to be given to the level of detail on risks that come to Board as the more detailed scrutiny takes place through our Committees, and the BAF should be more of a focus for the Board. **Action** Chief Executive to review with the Chair of the Board and Committee Chairs to consider level of risk reported to Board. Paul May, Non-Executive Director, noted that the risk register is a live system and updates are made to it following committee meetings which are not reflected in the report.	**Sue Porto & Amanda Cheesley**
9.	**Quality & Outcomes Committee Summary Repot and Annual Report Recommendations: Infection Prevention & Control Annual Report and Health, Safety & Security Annual Report** Paul May, Non-Executive Director and Chair of Quality & Outcomes Committee presented the report. Paul confirmed the two annual reports had been scrutinised by the Committee and recommended to Board. He advised that the focus of the Committee had seen the just and learning culture work being effective. Three areas that were the focus where assurance needed to be improved: • Podiatry service review and action plan • Duty of candour compliance • Children's services delivery programme. **Decision** The Board approved the Infection Prevention & Control Annual Report and the Health, Safety & Security Annual Report.	
10	**People's Council (renamed People's Voice)** Claire Valsler, Chair of the People's Council, explained to the Board the reason the group changed its name to People's Voice (to not be associated with local authorities and to reflect national naming of patient engagement groups. **Action** People's Council references in internal and external communications and governance documents to be amended to People's Voice. Claire talked about the work on-going to grow the group and was encouraged by the developing work on the patient engagement strategy.	**Communications Team/ Corporate Governance Team**

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	Claire encouraged Board members to identify anyone who might be interested in joining the People's Voice and pass on details to her. The Board thanked Claire for her hard work in her role and the work of the group.	
11	**Annual Report & Financial Statements for the year ending 31.03.23 and Annual Community Interest Company Report 2022/23** Clive Bassett, Chief Finance Officer, presented the report, outlining the three papers for approval, the annual report and financial statements for Sirona care & health CIC, the financial statements for Sirona Care Services Ltd and the Community Interest Report for 2022/23. Clive explained the scrutiny and review process that the documents had been through. Wendy Best (Head of Communications), Linda Frankland (Deputy Chief Finance Officer) and Donna Cairns (Head of Corporate Governance) were thanked for their work in production of the reports, particularly Wendy and Linda for the professional style of the Annual Report. **Decision** The Board approved: ○ the Annual Report and Financial Statements for the year ending 31st March 2023 for Sirona care & health CIC and for Sirona Care Services Ltd. ○ The CIC34 Community Interest Report for 2022/23. **Action** Chief Finance Officer to arrange for signing of Annual Reports and Financial Statements by himself and the Auditors, and the signing of the CIC34 Report. All reports to be filed at Companies House.	**Clive Bassett & Corporate Governance Team**
12	**NHS Provider Licence – Availability of Resources Self-Certification** Clive Bassett, Chief Finance Officer, updated the Board on the reporting requirements covered in this report as a result of the classification of Sirona by NHSE as a hard to replace provider, which the Board were informed of in August. The Availability of Resources certification, attached to the report, was explained and supported by the Board. Alongside this reporting, the Board was required to submit to NHSE a forecast and analysis of risks for the next financial year (no prescribed format for this). Clive had discussed the content of this document with Simon MacSorley, Chair of the Finance, Estates, Environment and Digital Committee. Clive explained that the forecast net reserves was lower than had been forecast in previous reports due to the updated financial position in the current year. The forecast showed NHSE that we are not in any immediate financial danger.	

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	The appendix was updated with the dates of the children's contract, which runs to 31st March 2027 (noting North Somerset has an option to extend). Once the requested information has been submitted to NHSE, Executives would be meeting with representatives from the independent providers team at NHSE to answer any questions and provide context on the details provided. **Decision** The Board approved the Availability of Resources Self-Certification with the wording of Option B as attached to the report and approved the high-level forecast for financial year 2025, attached as appendix 2 to the report for submission to NHS England. **Action** Chief Finance Officer to finalise the documentation for submission to NHSE.	**Clive/Corporate Governance Team**
13	**Emergency Preparedness, Resilience & Response (EPRR) Annual Report** Ceridwen Massey, Chief Operating Officer, presented the report advising that the assurance level was partial compliance. Sue Porto, Chief Executive, informed the Board that whilst Ceridwen had been on leave, the rating had increased to substantial. The Board thanked Greg Garrett (Head of EPRR) for his work supporting the assurance process and development of the report. All staff were also praised and thanked for their hard work in responding to the recent heat wave. **Decision** The Board approved the EPRR Annual Report. The Board also noted the medium/partial level of assurance due to full compliance with the NHS EPRR core standards not being possible at this time.	
14	**Mid-Year Freedom to Speak Up (FTSU) Report** Sheridan Flavin, Interim Chief People Officer, introduced the report and passed over to Wendy Best, Head of Communications and Freedom to Speak Up Guardian, to present. Wendy informed the Board of a systems wide Freedom to Speak Up event that was taking place later in September. She also assured the Board that people are speaking up and using her and Karen Gleave as FTSU guardians and the report explained how they are supported and the key themes that are raised. Wendy and Karen were thanked for their valuable efforts and the Board were pleased to hear there was interest in growing the number of champions to support this very important work.	

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15	**Consent Agenda Cover Report** All papers detailed below were approved under Consent Agenda arrangements.	

16	**Previous Minutes – Meeting in Public**
	
	The Board approved the following minutes as true and correct records:
	• Minutes of the meeting in public held on 13th June 2023
	• Minutes of decisions made by written procedure:
	  ○ New HQ Heads of Terms
	  ○ ICB Nomination
	  ○ Continence Product Procurement
	  ○ Appointment of Chief People and Culture Officer	

17	**Approval of the Delegated Authority Policy** **Decision** The Board approved the revised Delegated Authority Policy.	
18	**Modern Slavery Statement and Action Plan** It was noted that the statement had been updated following comments from the Chair of the People Committee, Anil Patil. The amended version was approved by the Board. **Decision** The Board: 1. approved the statement for filing with the regulatory body and publication on the Sirona website **2.** Noted and supported the activities detailed as part of our forward plans within the 2023/24 statement **Action** Modern Slavery Statement to be published on Sirona website and submitted to central government website.	**Corporate Governance**
19	**Medical Staff Revalidation Report** **Decision** The Board approved the Annual Board Report and Statement of Compliance.	
20	**Quality & Outcomes Committee Recommended Annual Reports:** **Infection Prevention & Control Annual Report** **Health, Safety & Security Annual Report** **Decision** The Board approved the Infection Prevention & Control Annual Report and the Health, Safety & Security Annual Report.	
21	**Quarterly Summary Report from the Audit, Assurance & Risk Committee** The Board received the report for assurance, noting the medium/partial level of assurance given by the Committee. It was noted that progress was sought in the updating of policy reviews and risk reviews to increase the level of assurance.	

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22	**Quarterly Summary Report from the Finance, Estates, Environment & Digital Committee** The Board received the report for assurance, noting the high/significant level of assurance given by the Committee.	
23	**Quarterly Summary Report from the People Committee** The Board received the report for assurance, noting the high/significant level of assurance given by the Committee.	
24	**Quarterly Summary Report from the Performance Committee** The Board received the report for assurance, noting the medium/partial level of assurance given by the Committee due to mitigations of issues in performance showing incremental improvement. As Sirona's operational performance sits within system processes, external relational and joint mitigations were also being developed.	
25	**Quarterly Professional Council Summary** The report was received for information on the recent activities of the group.	
26	**PUBLIC QUESTIONS** No public questions were received for this meeting.	
27	**CHAIRS SUMMING UP & CLOSE OF PUBLIC SESSION** Amanda thanked the Board for their attendance and contributions to the meeting. Key points highlighted from the meeting were: • Readiness to roll out the vaccination programme • Impact of the falls service and the use of new equipment and delivery of training within care homes • Equality, Diversity and Inclusion Action plan developments • Significant work being undertaken across Executive portfolios to meet our contractual obligations and address deficiencies in assurance identified by the Board, particularly the children's service review. • Utilisation of agency staff and issues with costs need to be addressed and continues to be a key focus for Executives, and is monitored through FEED and People Committees. • Improvements in our Board reporting and assurance reporting – contributors were thanked for implementing the new reporting template • Sue thanked for taking over leadership of these key areas of development and ensuring pace is put into the plans.	

Next meeting in public date	Tuesday, 12th December 2023, 2:00 – 5:00pm

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Minute of Decision by
Written Procedure – Sirona Board

Date of Decisions	30th October 2023
Recipient of Directors' Responses	Donna Cairns, Head of Corporate Governance

Confirmation of votes

VOTING COMPANY DIRECTORS		**IN FAVOUR**	**AGAINST**
Amanda Cheesley	Chair		
Barbara Brown	Non-Executive Director	✓	
Lorna Harrison	Non-Executive Director	✓	
Simon MacSorley	Non-Executive Director	✓	
Paul May	Non-Executive Director	✓	
Anil Patil	Non-Executive Director	✓	
Sue Porto	Chief Executive	✓	
Clive Bassett	Chief Finance Officer	✓	
Mary Lewis	Chief Nursing Officer	✓	
Ceridwen Massey	Chief Operating Officer	✓	
OTHER BOARD MEMBERS			
Penny Agent	Chief Therapies and AHP Officer	✓	
Kathryn Bateman	Chief Medical Officer		
Julian Fleming	Chief Digital & Information Officer	✓	
Sonya Wallbank	Chief People & Culture Officer	✓	

Item	Decision
1.	**APPROVAL FOR MINUTEFUL FOR WOUND APPLICATION EXTENSION** The Board approved the following recommendations: • Approve the procurement of MfW for an additional 3 years and extend to include all Sirona INT's and Podiatry. • Remodel tissue viability team to deliver remote oversight of the whole wound care caseload via a remote digital portal supported by photography with artificial intelligence analysis of wounds • Support INT workforce review with focus on non-registered staff/apprentices who have access to the digital solution and moving the management of wounds in the community to this cohort. • Redesign INT scheduling process to embed virtual portal data in mitigating deferred visit risk. **REASON FOR DECISION** The Board considered the report of the Chief Digital & Information Officer, Julian Fleming, dated 24th October 2023.

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

	The report set out the business case for the proposed contract, outlining the costs and benefits, and the findings of the pilot project which indicated the clinical and operational benefits of transforming delivery through digital innovation. In approving the recommendations, Board members made the following comments: • It is vital we move to different wants of working to maximise the benefits of this app. • A process needs to be in place to review implementation, including monitoring milestones and achievement of identified off-setting savings in required timescales. A post implemenation benefits realisation review must also take place. • Where savings in staffing costs are identified we must ensure this is not replaced by agency spend, negating the overall savings.

Board Report

Date	12th December 2023	**Agenda item**	18
Title	EPRR Policy		
Author	Greg Garrett, Head of EPRR		
Presented by	Ceridwen Massey, AEO	**Version**	6.1
For	Approval/decision ☒ Debate ☐ Assurance ☐ Information ☐		
Assurance Rating	High/Significant ☒ Medium/Partial ☐ Low/No Assurance ☐ Not applicable ☐		
If partial or no assurance, please outline steps to be taken in order to reach significant assurance, by when, and whom			

N.B. This cover paper should not exceed 2 pages.

Purpose of report and reason for submission to Board	
E.g., is this a regulatory/contractual requirement, linked to our Strategic Objectives or Risks?	
The attached Policy details how Sirona does, and will continue to ensure, that the EPRR arrangements required by legislative and contractual requirements are in place. Due to the necessary expansive nature of EPRR arrangements, the work covered by this Policy links to all five of Sirona's key strategic objectives.	
Related Risk No. (If applicable)	761

How has the assurance provided in this report been obtained?
What sources of information have been relied on? How has assurance been built up through the organisation? *Provide links to relevant evidence sources relied upon in this report.*
The EPRR Policy reflects requirements set by the NHS England EPRR Framework, the NHS Core Standards for EPRR, the NHS Standard Contract and ISO 22301: Business continuity Management Standards. A previous version of this Policy was submitted to NHS BNSSG ICB (on behalf of NHS England SW) during the annual assurance self-assessment process in September 2023 and has subsequently been confirmed as sufficient evidence to claim full compliance against the applicable NHS Core Standards for EPRR.

What is the process the report has been through internally
Which teams or groups have reviewed the report or the information that informs it
• Where Policy revisions have expanded scope, the relevant stakeholders have been consulted and involved in the change process.

- All previously identified stakeholders were consulted on the requirement to update the policy and comments of improvements to be incorporated into this version change were invited, and where appropriate adopted.
- A draft version of the EPRR Policy has been approved by the Accountable Emergency Officer, the strategic lead for EPRR and the EPRR Strategic Steering Group.
- The EPRR SSG recommended the Policy to the Executive Group for approval.
- The Executive Group have recommended to Board that the EPRR Policy is ratified.

Summary and Key Issues to be highlighted

Please highlight in summary the key messages from this report, including matters of escalation from Committees, significant issues, risks and actions to address them
Alert the Board to of areas where assurance is not sufficient.
Advise the Board of steps taken to address areas where assurance needs to be improved. (please ref relevant section of the report, where more information can be found).

In July 2023, the EPRR Policy was updated to reflect:

1. Role title changes of Executives
2. Arrangement alternations following a number of updated NHS England documents:
    a. The NHS England EPRR Framework 2022
    b. The NHS Core Standards for EPRR 2022
    c. The introduction of the NHS Minimal Occupational Standards (2022)
3. Changes to local commissioning arrangements and the introduction of the Health & Care Act 2022.

In October 2023, the EPRR Policy was updated to reflect changes brought about by the introduction of Sirona's Incident Command and Control Policy.

Please note that all changes from the previous ratified version have been highlighted in aqua for ease of reference.

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

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

Sirona's Board of Directors are asked to ratify the necessary changes to the EPRR Policy detailed in version 6.1.

Emergency Preparedness, Resilience and Response Policy

Version:	6.1
Name of originator/author:	Greg Garrett, Head of EPRR
Name of executive lead:	Ceridwen Massey, Accountable Emergency Officer
Date ratified:	TBC 2023
Review date:	Q2 2024 (annual)

Applicable to all staff

Executive Summary This policy provides a framework within which Emergency Preparedness, Resilience and Response (EPRR) plans, policies and procedures for Sirona care and health (herein Sirona) are created and monitored, taking into account:

- NHS EPRR Framework
- NHS Core Standards for EPRR
- NHS Standard Contract
- ISO 22301: Business continuity Management Standards

Implementation

All Sirona staff who may assume a command role must be familiar with the contents of this policy

IN THE EVENT OF A CRITICAL OR MAJOR INCIDENT
DO NOT READ THIS POLICY
REFER TO ACTION CARDS IN THE INCIDENT RESPONSE PLAN

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This document can only be considered valid when viewed via Sirona's internal communication channel, Workplace. 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.

Consultation Process

1.1. Key individuals involved in developing the document

Name	Designation
Greg Garrett	Head of Emergency Preparedness, Resilience and Response
Oliver Ortel	Senior Emergency Preparedness, Resilience and Response Officer
Teresa Candfield	Strategic Lead for Emergency Preparedness, Resilience & Response

1.2. Circulated to the following individuals/groups for consultation

Name of Individual & designation	Date approved
Sue Porto, Chief Executive Officer	29 November 2023
Donna Cairns, Head of Corporate Governance	13 November 2023
Rachel Corrigan, Corporate Governance Manager	2 November 2023
Clive Bassett, Chief Finance Officer	29 November 2023
Jessica Burston, Associate Director – Estates	31 October 2023
Mary Lewis, Chief Nursing Officer	29 November 2023
Andrew Smith, Head of Health, Safety and Security	9 August 2023
Julian Fleming, Chief Digital and Information Officer	9 August 2023
Wendy Best, Head of Communications, Media and Public Relations	27 July 2023
Ashleigh Taylor, Place Based Urgent Care Manager	3 November 2023

1.3. Details of approval by Lead Director

Director	Designation	Date approved
Ceridwen Massey	Chief Operating Officer & AEO	26 July 2023

1.4. Circulated to the following Committee for Ratification

Name of Committee(s)	Date ratified
EPRR Strategic Steering Group	15 Nov 2023

1.5. Version Control

Version	Updated By	Updated On	Summary of changes from previous version
6.1	Greg Garrett	October 2023	Updated to reflect changes brought about by the introduction of the Incident Command and Control Policy
6.0	Greg Garrett	July 2023	Updated to reflect role title changes of Executives; arrangements following the 2022 update of the EPRR Framework, core standards for EPRR and the introduction of the NHS

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			Minimal Occupational Standards; changes to commissioning arrangements and the introduction of the Health & Care Act 2022.
5.0	Greg Garrett	January 2022	Reflects modified governance structure: EPRR Strategic Steering Group replacing the EPRR Strategic Oversight Group Updated content in line with NHS England EPRR Core Standards requirements and updated Sirona template.

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1. Introduction

The Civil Contingencies Act 2004 (CCA); the NHS Act 2006 as amended by the Health and Social Care Act 2012 (NHS Act 2006 (as amended)); the Health and Care Act 2022; the NHS Standard Contract and the NHS England EPRR Framework 2022 place a number of statutory duties on NHS funded organisations.

The NHS needs to be able to plan for, and respond to, a wide range of incidents that could impact on health or patient care with the aim of maintaining continuous levels in key services when faced with disruption from identified local risks such as severe weather, fuel or supply shortages or industrial action.

Providers of NHS funded services must show that they can effectively respond to emergencies and business continuity incidents whilst maintaining services to patients. This work is referred to in the health service as emergency preparedness, resilience and response (EPRR).

The CCA does not categorise community health providers as responders, however NHS England as well as the Integrated Care Board (ICB) expect and require Sirona to plan for, and respond to, emergencies and incidents in a manner which is relevant, necessary and proportionate to the scale and services provided in the same spirit as organisations categorised under the act.

EPRR remains a key priority for the NHS and the requirements for EPRR are detailed in the NHS EPRR Framework 2022 and specified in the NHS Standard Contract. Service Condition 30 provides the contractual requirement for Sirona to adhere to the NHS England EPRR Core Standards; compliance being measured annually by Bristol, North Somerset and South Gloucestershire (BNSSG) ICB, on behalf of NHS England South West (NHSE-SW) regional team.

Sirona is committed to working with colleagues within the organisation and partner organisations to make EPRR a core organisational process and to ensure that it becomes an integral part of the company philosophy and activities.

As part of this, Sirona undertakes to ensure that sufficient and appropriate resource is made available in order that the Board is able to satisfy itself that the organisation can fully discharge its EPRR duties.

This policy describes how Sirona will undertake its duties to be properly prepared for dealing with incidents and emergencies.

2. Aim and Objectives

The aim of this document is to describe how Sirona will deliver on its legislative and contractual obligations and the EPRR arrangements in place to deliver appropriate care to patients affected by emergencies or significant disruptions and major incidents.

The objectives of Sirona's EPRR Policy are:

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2.1. to demonstrate Sirona's commitment and delivery of the NHS England EPRR Framework and core standards for EPRR

2.2. to enable the organisation to prepare for the common consequences of emergencies rather than for every individual emergency scenario

2.3. to enable the organisation to have flexible arrangements for responding to emergencies which can be scalable and adaptable to work in a wide-range of specific scenarios

2.4. to supplement arrangements with specific planning and capability building for the most concerning risks

2.5. to ensure that plans are in place to recover from incidents and to provide appropriate support to those affected.

2.6. to ensure that there is clear documented process and evidence for the purposes of assurance and audit

3. Purpose and Scope

This Policy describes the systems that Sirona care & health will use to embed EPRR throughout the company in order to provide assurance that risks are managed and effective arrangements are in place. The EPRR Policy is an organisation wide document, and is applicable to all employees, including seconded and sub-contracted staff at all levels of the company.

The Policy aims to continually improve the management of EPRR within the organisation and assist with implementation of, and ongoing Board assurance against the compliance to the NHS core standards for EPRR and regulatory requirements.

4. Definitions

Term	Definition
Emergency Preparedness	The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies
Resilience	Ability of the community, services, area or infrastructure to detect, prevent and, if necessary, to withstand, handle and recover from disruptive challenges
Response	Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders
Emergency	Under Section 1 of the CCA 2004 an "emergency" means • an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;

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	• an event or situation which threatens serious damage to the environment of a place in the United Kingdom; • war, or terrorism, which threatens serious damage to the security of the United Kingdom"
Business Continuity Incident	A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level
Critical Incident	A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.
Major Incident	A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency.
Business as Usual (BAU)	Pre-defined acceptable levels of expected service delivery
LHRP	Local Health Resilience Partnership
ASLRF	Avon and Somerset Local Resilience Forum
CBRN	Chemical Biological Radiological and Nuclear
BNSSG	Bristol, North Somerset and South Gloucestershire
ICS	Integrated Care System
ICB	Integrated Care Board

5. Underpinning Legislation

5.1 Health & Safety Legislation

The Health and Safety Executive are the enforcing body for health and safety. Health and Safety legislation requires NHS providers to have robust systems in place to identify hazards and associated controls and from this, evaluate the level of risk and to control all health and safety hazards to the lowest level reasonably practicable. Health and Safety legislation also requires organisations to plan and respond appropriately to emergency situations in the workplace.

5.2 Civil Contingencies Act 2004

The Civil Contingencies Act 2004 (CCA) delivers a single framework for the provision of civil protection in the UK. The principal objectives of the CCA 2004 are to ensure consistency of planning across all government departments and its agencies, whilst setting clear responsibilities for frontline responders at a local level.

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5.3 Health and Social Care Act 2012

The Health and Social Care Act 2012 embeds the requirement of providers of NHS funded services to respond effectively to incidents and emergencies. The key elements are:

5.3.1. NHS England and each ICB must take appropriate steps for ensuring that it is properly prepared for dealing with a relevant emergency

5.3.2. NHS England must take steps as it considers appropriate for ensuring that each relevant service provider is properly prepared for dealing with a relevant emergency

5.3.3. NHS England must take such steps as it considers appropriate for facilitating a co-ordinated response to an emergency by the clinical commissioning groups and relevant service providers for which it is a relevant emergency.

5.4 Health and Care Act 2022

The Health and Care Act 2022 contains the biggest reforms to the NHS in nearly a decade, laying the foundations to improve health outcomes by joining up NHS, social care and public health services at a local level and tackling growing health inequalities.

5.4.1. Placed integrated care systems (ICSs) on a statutory footing through the creation of integrated care boards (ICBs), with the aim of developing system working

5.4.2. Formally merged NHS Improvement into NHS England

5.4.3. Put the Healthcare Safety Investigation Branch (HSIB) onto a statutory footing

6. Organisational Obligations and Duties

6.1 Civil Protection Duties

All NHS funded organisations are expected to fulfil the following civil protection duties as underpinned by the CCA 2004:

6.1.1 Assess the risk of emergencies occurring and use this to inform contingency planning

6.1.2 Put in place emergency plans

6.1.3 Put in place business continuity management arrangements

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6.1.4 Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency

6.1.5 Share information with other local responders to enhance co-ordination

6.1.6 Co-operate with other local responders to enhance co-ordination and efficiency.

6.2 Underpinning principles for EPRR

6.2.1 Preparedness and anticipation – the organisation needs to anticipate and manage the consequences of incidents and emergencies through the identification of risks, and have an understanding of the direct and indirect consequences, where possible. All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. Sirona should be able to demonstrate through a clear training and exercising schedule which delivers against this principle.

6.2.2 Continuity – the response to incidents should be grounded within the organisations' existing functions and its familiar ways of working – although inevitably, actions will need to be carried out at greater pace, on a larger scale and in more testing circumstances during response to an incident

6.2.3 Subsidiarity – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an incident of any scale

6.2.4 Communication – good two way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public

6.2.5 Cooperation and Integration – positive engagement based on mutual trust and understanding will facilitate information sharing. Effective coordination should be exercised within the organisation and between other responder organisations via local, regional and national tiers of a response. Active mutual aid across organisational boundaries, within the UK and international as appropriate

6.2.6 Direction – clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident in order to effectively prioritise and focus the response

6.3 Cooperation between local responders

Under the CCA 2004, cooperation between local responder bodies is a legal duty. It is important that the planning for incidents is coordinated within individual NHS organisations, between health organisations and at a multi-agency level with partner organisations. NHS England, the UK Health Security Agency (UKHSA) and ICBs will

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undertake representation for health services at the Local Resilience Forum (LRF). ICBs coordinate across local health economies. The Local Health Resilience Partnership (LHRP) Executive Group provides strategic direction for EPRR planning and the LHRP Business Management Group (BMG) facilitates this work. Sirona is a member of the LHRP at both levels and is committed to cooperate and collaborate with all health partners.

6.4 Legal framework, public inquiries, Coroners inquests and civil action.

The day to day management of people and patients in the NHS is subject to legal frameworks, duty of care, candour and moral obligation. This does not change when responding to an incident however these events can lead to greater public and legal scrutiny.

7. Roles and Responsibilities

The key functions relating to Sirona's EPRR arrangements are described below. The governance structure for EPRR is included in section 10.

7.1	Position	**Chief Executive Officer**
	EPRR Role	Overall accountability
	EPRR Responsibilities	7.1.1. The Chief Executive has overall accountability for EPRR within Sirona care & health 7.1.2. The Chief Executive will ensure that a board level director is nominated as the Accountable Emergency Officer.

7.2	Position	**Accountable Emergency Officer**
	EPRR Role	Executive authority and responsibility
	EPRR Responsibilities	7.2.1. The Accountable Emergency Officer (AEO) is responsible for ensuring that the organisation complies with the legal and policy requirements in relation to EPRR 7.2.2. Chair of the EPRR Strategic Steering Group 7.2.3. Providing assurance to the Board that the present policy, strategies, systems, training and procedures to ensure an appropriate preparedness and response arrangements for the organisation in the event of an incident are in place 7.2.4. Maintaining awareness of the legal duties to ensure preparedness to respond to an incident and Sirona's remit to maintain the public's protection and maximise the NHS response 7.2.5. Facilitating the effective use of EPRR across the organisation; ensuring current arrangements are continually reviewed and fit for purpose

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		7.2.6. Providing specific assurance to the Chief Executive that Sirona is meeting its obligations with respect to EPRR including: 7.2.5.1. Ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR 7.2.5.2. Ensuring that the organisation is properly prepared and resourced for dealing with an incident or emergency by providing strategic direction in line with the objectives of the BNSSG LHRP Executive Group 7.2.5.3. Ensuring that the organisation, any providers they commission, and any sub- contractors have robust business continuity planning arrangements in place and providing assurance that these providers business continuity arrangements align and are interoperable with our own 7.2.5.4. Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served 7.2.5.5. Ensuring that the organisation complies with any requirements of NHS England, or agents of NHSE, in respect of monitoring compliance of EPRR arrangements 7.2.5.6. Providing NHSE and the BNSSG ICB with such information as it may require for the purpose of discharging its functions 7.2.5.7. Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub- groups or working groups of the LHRP and/or LRF, as required 7.2.5.8. Be supported by a Non-Executive Director (NED) to ensure that the Board is assured of meeting its obligations with respect to EPRR and relevant statutory duties under the CCA 2004 including to provide assurance that Sirona has allocated sufficient experienced and qualified resources to meet these requirements. The AEO also will ensure that the NED is briefed on the progress of the EPRR work plan outside of Board meetings to ensure

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		the identified NED can effectively review the annual assurance audit of core standards. 7.2.7. Assuming the role of Incident Director for Sirona in the event of an emergency, business continuity, critical or major incident during the in-hours period.

7.3	Position	**Non-Executive Directors**
	EPRR Role	Independent oversight
	EPRR Responsibilities	7.3.1. Support the AEO 7.3.2. Endorse assurance to the Board that Sirona is complying with its legal and policy requirements with respect to EPRR. This will include assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements 7.3.3. Hold the AEO to account, however responsibility for EPRR sits with the whole Board and therefore all NEDs should assure themselves that requirements are being met 7.3.4. Ensure that Sirona aligns itself to the principles laid out in the NHSE guidance *Enhancing board oversight: A new approach to NED champion roles (2021).*

7.4	Position	**Associate Director (Operational Performance & Delivery)**
	EPRR Role	Strategic lead for EPRR
	EPRR Responsibilities	7.4.1. Provide strategic perspective and leadership to develop and deliver the organisation's EPRR function, improving standards of such preparedness across the organisation 7.4.2. To ensure EPRR arrangements are in place in line with NHS guidance and the regulatory framework; clearly defining areas of priority 7.4.3. Support the organisational and operational response during a significant business continuity, critical or major incident. 7.4.4. Oversee and co-ordinate the on-call provision 7.4.5. Support the AEO and ensure that the governance structure enables and supports delivery of the role 7.4.6. To support the strategic focus for EPRR, ensuring an organisational approach is adopted.

7.5	Position	**Head of EPRR**
	EPRR Role	Direct management, leadership and development of the EPRR team

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	EPRR Responsibilities	7.5.1. To co-ordinate the EPRR activities and be responsible for monitoring the EPRR work plan, ensuring that the organisation complies with the requirements of the Civil Contingencies Act 2004, the NHS EPRR Framework 2022, NHS Core Standards for EPRR and all and any other relevant guidance 7.5.2. Lead on developing, maintaining and testing EPRR standards within policies, procedures and plans, in conjunction with both internal and external stakeholders 7.5.3. Implement and manage Sirona's Business Continuity Management System 7.5.4. Lead the review of the activation of the Incident Response Plan in order to identify and share good practice and lessons identified 7.5.5. Define and lead the EPRR audit programme; and manage and monitor any action or improvement plans arising from internal exercises, audits, or reviews; and external assurance, assessment, or audit to provide assurance that EPRR arrangements are in place, in line with NHS guidance and the regulatory framework 7.5.6. Provide a specialist source of expertise on EPRR 7.5.7. Lead on developing, delivering, and coordinating EPRR specific training to staff from across the organisation 7.5.8. Ensure that regular exercising of plans are in place, clearly documented and can provide a co-ordinated response to external exercises 7.5.9. Support Sirona's contribution to the relevant ICB, LHRP and regional EPRR arrangements 7.5.10. Monitor for new legislation and guidance, assessing the relevance and implication to EPRR in Sirona and ensure appropriate onward escalation / plans are in place. 7.5.11. Providing updates to the AEO, Strategic / AD Lead, EPRR Steering Group and the Board. 7.5.12. Raising issues of quality assurance with relevant role holders and supporting onward action plans as deemed appropriate 7.5.13. Driving close partnership working with services, in order to deliver all EPRR actions / requirements and to embed a culture whereby EPRR is everyone's business 7.5.14. Hold an overview of new, current and emerging EPRR risks, working with relevant stakeholders in order to assess and robustly mitigate 7.5.15. Collaborate with Sirona's Head of Communications to ensure an appropriate communications and media response by the NHS and Local Authorities to significant events and emergencies

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		7.5.16. Ensure the organisation optimises it's EPRR resources in order to deliver and enact all core functions.

7.6	Position	**Associate Directors**
	EPRR Role	Locality/service level assurance
	EPRR Responsibilities	7.6.1. Embedding an approach that EPRR is part of the everyday culture of the organisation 7.6.2. Ensuring the EPRR Policy is followed and implemented within their scope of responsibility 7.6.3. Ensuring that adequate resources from within their areas are made available for the response to incidents as required by the Incident Management Team 7.6.4. Providing compliance against relevant EPRR standards and therefore providing Sirona with assurance that EPRR arrangements, within the scope of responsibility, are in place and in line with NHS guidance and the regulatory framework 7.6.5. Identify risks that have the potential to impact on business continuity (within their scope of responsibility) and ensure appropriate plans are in place for risk mitigation; ensuring these are appropriately recorded, escalated and considered more broadly 7.6.6. Monitoring and exercising of their service's Business Continuity Plans, ensuring plans are updated in line with service changes and learning from incidents with reports being made available by the EPRR team 7.6.7. Ensuring that all staff they are responsible for, are conversant with emergency arrangements (or are at least clear on emergency and escalation protocols taking into consideration their role); business continuity plans; and are appropriately trained in line with their individual responsibilities in the event of an incident 7.6.8. Timely sharing of information with the EPRR team when an incident occurs, together with following organisational reporting procedures

7.7	Position	**On-call Director**
	EPRR Role	Incident Director (strategic command)
	EPRR Responsibilities	7.7.1. Ensuring that they remain contactable during the agreed on-call period and being capable of receiving notification at all times of a business continuity, critical or major incident 7.7.2. Assume the role of Incident Director for Sirona in the event of a business continuity, critical or major incident

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		during the agreed on-call period, unless otherwise directed by Chief Operating Officer / acting AEO 7.7.3. Obtaining appropriate advice from appointed strategic advisor(s) and/or specialist advice from subject matter experts (SMEs) based on their expertise relevant to the requirements and strategic challenges of the incident 7.7.4. Making effective strategic decisions based on the best available information and communicating those decisions as appropriate 7.7.5. Deploying funding, capacity, capability and resources to support business continuity, critical or major incidents as required to manage the incident response effectively and efficiently within the scope of their financial authority escalating to the Chief Executive where required, in line with the Delegations of Authority Policy 7.7.6. Ensuring that a comprehensive, contemporaneous record is kept of all events, decisions, reasoning behind key decisions and actions considered and discounted or taken in response to an incident in accordance with current information, policy and legislation 7.7.7. Representing Sirona and working effectively with partner organisations at a strategic level 7.7.8. Ensuring effective delegation to the tactical command (Incident Manager) level and ensuring effective two-way communication 7.7.9. Providing support to the On-call Manager during the agreed on-call period as required 7.7.10. Agreeing strategic messaging with the Head of Communications (or their nominated deputy with delegated authority) and, where necessary and appropriate, provide a public relations link with the wider community 7.7.11. Ensuring the EPRR Policy is followed and implemented within their scope of responsibility 7.7.12. Participating in any incident debriefing processes to evaluate the effectiveness of the response, and inform future practice and revision of Sirona's EPRR arrangements 7.7.13. Maintaining training and competence required for the Incident Director role.

7.8	Position	**On-call Manager**
	EPRR Role	Incident Manager (tactical command)
	EPRR Responsibilities	7.8.1. Ensuring that they remain contactable during the agreed on-call period and being capable of receiving notification at all times of a business continuity, critical or major incident 7.8.2. Assuming the role of Incident Manager as directed in the event of an incident

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		7.8.3. Obtaining sufficient information to determine the status and extent of an incident, making an assessment of the associated risks and threats, any mitigation in place and actions taken at the operational level 7.8.4. Obtaining and providing technical and professional advice from suitable sources to inform decision-making as Incident Manager where required 7.8.5. Determining where circumstances warrant a strategic level of command and engage with the strategic level (On-call Director/AEO) as the incident requires 7.8.6. Evaluating tactical options based on the best information available and communicating those decisions as appropriate 7.8.7. Formulating a tactical plan which takes account of all available information, including any pre-determined emergency plans and anticipated risks 7.8.8. Determine requirements and priorities for allocation and use of funding, capacity and resources where necessary to manage the incident effectively and efficiently 7.8.9. Ensuring that a comprehensive, contemporaneous record is kept of all events, decisions, reasoning behind key decisions and actions considered and taken in response to an incident in accordance with current information, policy and legislation 7.8.10. Ensuring that any individuals within scope of responsibility / span of control / divisions of command are fully briefed and debriefed 7.8.11. Ensuring actions to implement tactics are carried out, taking into account the impact on individuals, communities and the environment 7.8.12. Providing accurate and timely information to inform decision-making and protect communities 7.8.13. Monitoring and maintaining the health, safety and welfare of individuals providing the incident response 7.8.14. Ensuring Sirona staff involved in the response comply with Information Governance policies during incidents 7.8.15. Working in cooperation and communicating effectively with partner organisations as well as internally to relevant staff / teams 7.8.16. Ensuring engagement with multi-agency responders, providing a joined up and proportionate response 7.8.17. Supporting the On-call Director and/or AEO as Incident Director 7.8.18. Participating in any incident debriefing processes to evaluate the effectiveness of the response, and inform future practice and revision of Sirona's EPRR arrangements 7.8.19. Maintaining training and competence required of the Incident Manager role (tactical command).

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7.9	Position	**Chief Finance Officer**
	EPRR Role	Response and recovery strategic financial leadership
	EPRR Responsibilities	7.9.1. Ensuring that EPRR arrangements are considered as part of the procurement processes and that contracted third party organisations have appropriate business continuity arrangements in place 7.9.2. Ensuring there is a budget code available for EPRR arrangements 7.9.3. Ensuring budget codes are made available to support an incident response 7.9.4. Providing financial expertise to the recovery phase of an incident.

7.10	Position	**Associate Director – Estates**
	EPRR Role	Estates preparedness assurance
	EPRR Responsibilities	7.10.1. Identifying risks that have the potential to impact on business continuity within their scope of responsibility 7.10.2. Ensuring effective arrangements are in place to respond to the risks Sirona is exposed to in relation to loss of access to facilities, utilities or premises and that business continuity and emergency plans are in place 7.10.3. Monitoring and exercising of their service's business continuity plans, ensuring plans are updated in line with service changes and learning from incidents with reports being submitted to the EPRR team 7.10.4. Contributing to work to ensure that appropriate arrangements are in place for the safe evacuation of staff, contractors and the public from premises occupied by Sirona 7.10.5. Supporting relevant unit leads in the development of robust evacuation and shelter plans, with the support / advice from EPRR 7.10.6. Contributing to work to ensure that appropriate arrangements are in place to enable the safe lockdown of premises occupied by Sirona 7.10.7. Assuring that long term estates planning considers climate change and sustainability to minimise the risk of adverse weather related business continuity interruptions.

7.11	Position	**Head of Health, Safety and Security**
	EPRR Role	Health, safety and security preparedness assurance
	EPRR Responsibilities	7.11.1. Ensuring that there are effective arrangements are in place to ensure: 7.11.1.1. security of premises and staff including lockdown arrangements and protocols, in

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		collaboration with the EPRR and Estates teams 7.11.1.2. effective organisational security arrangements are in place in response to the UK Terrorism Threat Level in collaboration with the EPRR and Estates teams 7.11.1.3. for the safe evacuation of staff, contractors and the public from premises occupied by Sirona 7.11.1.4. lone workers are offered suitable support and protection as required 7.11.2. Ensuring that Sirona's security arrangements are identified and managed in accordance with the strategy for security management and security policy and in accordance with NHS Protect Standards for Providers 7.11.3. Developing and exercising business continuity plans in relation to services within their scope of responsibility, ensuring plans are updated in line with service changes and learning from incidents with reports submitted to the EPRR team. 7.11.4. Supporting other organisational services in the development of local business continuity plans with regards to issues relating to Health, Safety and Security.

7.12	Position	**Chief Digital and Information Officer**
	EPRR Role	Digital preparedness and data security assurance
	EPRR Responsibilities	7.12.1. Ensuring that effective arrangements are in place to respond to the risks Sirona is exposed to in relation to Sirona's information and communication technology capabilities 7.12.2. Monitoring and exercising a programme of business continuity and disaster recovery plans within their scope of responsibility, ensuring plans are updated in line with service changes and learning from incidents with reports submitted to the EPRR team 7.12.3. Certifying, on an annual basis, that Sirona is compliant with the Data Protection and Security Toolkit 7.12.4. Taking the lead role for Cyber Resilience, ensuring that Sirona is secure and resilient to cyber threats, prosperous and confident in the digital world 7.12.5. Ensuring a resilient provision for Sirona's on-call telephony system, making certain that the on-call manager and on-call director stipulated in the on-call rota are able to be contacted via the dedicated on-call telephone number 24/7.

7.13	Position	**Head of Communications**
	EPRR Role	Strategic communications management

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	EPRR Responsibilities	7.13.1. Delivering Sirona's duty to 'warn and inform the public' 7.13.2. Aligning communications planning and activity with the organisation's EPRR planning and activity, in collaboration with the EPRR team 7.13.3. Developing, training and exercising the Sirona Incident Communications Plan, which is in place and which can be enacted for communicating during an incident 7.13.4. Ensuring that Sirona has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a or business continuity, critical incident, or major incident 7.13.5. Ensuring that Sirona has arrangements in place to enable rapid and structured communication via the media and social media 7.13.6. Develop and deliver appropriate training for Sirona staff who are likely to be involved with handling the media before, during or after an emergency response 7.13.7. Represent Sirona at multi-agency working groups focussing on the duty to 'warn and inform the public' and handling the media 7.13.8. Providing strategic and tactical communications advice to the Incident Director and Incident Manager in the event of an emergency.

7.14	Position	**Loggist**
	EPRR Role	Emergency Loggist
	EPRR Responsibilities	7.14.1. Providing support to Sirona's emergency response during an incident 7.14.2. Recording of events, decisions, reasoning behind key decision making, options discounted and actions taken in the management of an incident 7.14.3. Making recordings of appropriate quality and completeness for use, if necessary, in any subsequent review or inquiry, whether internal or public 7.14.4. Maintaining standards of emergency logbook entries, in line with training received.

7.15	Position	**Place Based Urgent Care Manager - EPRR Champion**
	EPRR Role	EPRR liaison
	EPRR Responsibilities	7.15.1. Promoting emergency preparedness, business continuity and incident response arrangements amongst colleagues 7.15.2. Acting as a local EPRR liaison, embedding robust organisational resilience

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		7.15.3. Supporting their locality Associate Director in ensuring the EPRR Policy is followed and implemented within their area 7.15.4. Lead on local arrangements and cascade training in Initial Operational Response (IOR). 7.15.5. Responsible for ensuring PBUC arrangements are in place for a CBRN response, in line with Sirona's CBRN Framework 7.15.6. Responsible for ensuring PBUC arrangements are in place for a mass casualty major incident response

7.16	Position	**PBUC Unit Manager - CBRN Champion**
	EPRR Role	Local leadership in CBRN response at MIU/UTC
	EPRR Responsibilities	7.16.1. Provide local leadership of CBRN response to contaminated patients self-presenting to a MIU/UTC 7.16.2. Be the single point of contact for CBRN at the local site, being responsible for update cascade training in liaison with the EPRR team 7.16.3. Providing assurance of the readiness of the unit to respond to CBRN incidents 7.16.4. Escalate issues affecting this capability to the EPRR team at the earliest opportunity. N.B. this role may be supported by or delegated to an appropriate member of staff, as agreed with the PBUC Manager

7.17	Position	**All staff (including sub-contractors)**
	EPRR Role	Preparedness and response
	EPRR Responsibilities	7.17.1. Familiarising themselves with and adhering to EPRR policies, procedures and plans designed to minimise the impact of disruption to service provision. 7.17.2. Supporting the preparation and implementation of emergency and business continuity plans, including alternatives which are available to their systems of work, working practices and locations which of these alternatives provides them with a suitable contingency for the local incidents and emergencies that they may reasonably anticipate 7.17.3. Cooperating and participating in the implementation of EPRR activities and take part in appropriate, related training and exercising 7.17.4. For teams to consider emergency planning as part of their induction for new starters.

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8. EPRR Resourcing

EPRR is managed within the Operations Directorate, and is available to support all areas of the organisation. The EPRR team consists of:

- Head of EPRR
- Senior EPRR Officer
- EPRR Officer
- EPRR Team Administrator

The designated Associate Director will provide strategic leadership for EPRR and report to the Chief Operating Officer as the AEO.

9. Budget and Financial Commitment

The non-pay budget for EPRR is made available from the operations budget and is provided for:

- EPRR training
- EPRR exercising
- EPRR incident management equipment
- EPRR incident management and mass communication software
- Any other EPRR spending required and authorised by the AEO.

Separate funding is available for spending necessary to support the organisation's response to an incident. A process is in place for Incident Directors to access funding in the event of an emergency and should initially be shown against the EPRR cost code: **WEP**.

10. EPRR Core Standards

10.1. Governance

The Accountable Emergency Officer (AEO) is a board level director who possess the executive authority, resources and budget to ensure that the organisation complies with legal and policy requirements relating to EPRR.

The AEO responsibility forms part of the Chief Operating Officer's Executive portfolio. In the Chief Operating Officer's absence, the AEO responsibility reverts to the CEO. In the absence of both the Chief Operating Officer and the CEO, the responsibility of AEO is assumed by the rostered On-call Director, unless otherwise stipulated by the Chair of the Board of Directors.

The overall EPRR Policy Statement for Sirona is *"to deliver and maintain robust EPRR arrangements as per the NHS England EPRR Framework and NHS core standards for EPRR, in line with arrangements under the Civil Contingencies Act (2004)"*.

Although Sirona is not categorised under the CCA 2004, we strive to engage and deliver as a category one responder.

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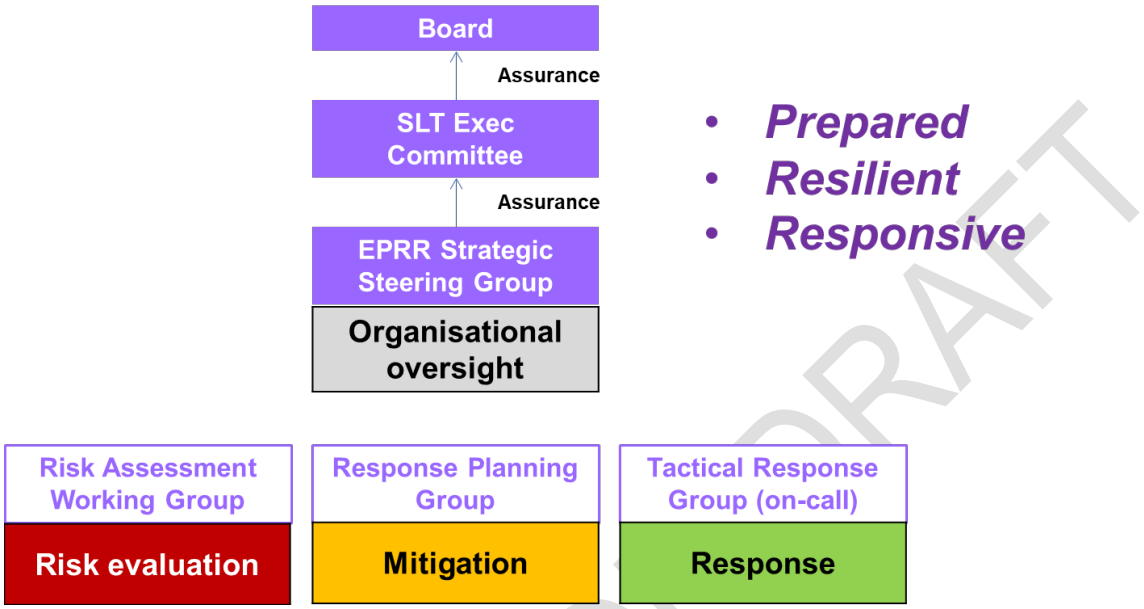
Board reports and assurance will be provided on request, and as a minimum:

- Annually to Board
- Quarterly at every Strategic Steering Group (SSG) meeting.
- Quarterly at every Tactical Response Group (TRG) sub-group meeting.



The EPRR annual work programme forms part of Sirona's emergency preparedness and is informed by:

- Lessons identified from incidents and exercises
- Identified risks
- Outcomes of assurance and audit processes
- NHS core standards for EPRR.

The Board is required to be able to satisfy itself that Sirona has sufficient and appropriate resources, proportionate to its size, to ensure it can fully discharge its EPRR duties, as documented in section six.

There is an agreed process for capturing learning from incidents and exercises to inform the development of future EPRR arrangements detailed in Sirona's Incident Response Plan.

N.B. Terms of Reference for Sirona's EPRR Governance arrangements are provided in a separate document.

10.1.1 Strategic Steering Group

The EPRR Strategic Steering Group (SSG) has overall responsibility for delivery of the company EPRR Policy. This includes setting the EPRR Strategy and the Business Continuity Strategy; maintaining an oversight of the impact of operational and corporate risks in relation to EPRR; receiving assurance of compliance with the EPRR core standards and reviewing and recommending of the EPRR Annual Report to the Board.

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10.1.2 Tactical Response Group

The EPRR Tactical Response Group (TRG) exists to ensure that the organisation meets its training and exercising requirements in relation to EPRR; to provide a forum to review on-call incidents (identifying themes and trends that need addressing), and any activation of the Incident Response Plan or Business Continuity Plans within the company in order to share good practice and disseminate lessons learned.

10.1.3 Response Planning Group

Subject matter experts (SMEs) from across Sirona will form the Response Planning Group (RPG) for the purpose of the generation and updating of policies, plans and procedures, relating to but not solely sitting within EPRR.

The RPG may be tasked by the SSG to form specific Task and Finish Groups for discrete work streams in response to EPRR requirements. The work of the RPG will be co-ordinated by the EPRR Team. The RPG may call upon other SMEs from across Sirona or other partner responder organisations across the system, LRF or region as required and directed by the SSG.

10.1.4 Risk Assessment Working Group

The EPRR Risk Assessment Working Group (RAWG) is responsible EPRR risk evaluation process - comparing an estimated risk provided by the lead assessor against Sirona's risk criteria, in order to determine the significance of the risk; and risk control – actions implementing risk evaluation decisions. The RAWG provides the SSG with assurance of EPRR risk assessment appropriateness.

10.1.5 Loggist Forum

The Loggists Forum provides for the co-ordination of training and exercising of Loggists; a platform to share best practice and peer support; and as a point of audit for skills, standards and performance. The Loggist Forum will provide Continuous Professional Development (CPD) opportunities to trained Loggists to support the maintenance of Loggists skills

10.2. Risk Assessment

Emergency and business continuity plans are prepared on the foundation of risk assessment including hazard mapping and coordinated multi agency response required for expected impacts of an event.

Risks associated with EPRR planning will be informed by:

10.2.1 National risks and threats considered against the Sirona context will inform EPRR planning and response arrangements. These risks will be captured on the EPRR risk system.

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10.2.2 Community Risk Registers from the Avon and Somerset Local Resilience Forum are to be reviewed annually. High and Very High risks noted on these risk registers are evaluated against the Sirona context, captured on the EPRR risk system, and inform EPRR planning and response arrangements

10.2.3 EPRR training, exercising and/or learning identified following incident debriefs. Such risks will be placed on the risk register either by the relevant department or the Head of EPRR and managed in line with the processes set out in the Risk Management Policy and Procedure.

The process listed allows Sirona to regularly assess the risks to the population it serves. Assessment of risks will be completed quarterly and monitored as a standing agenda item at the EPRR SSG.

EPRR will use Sirona's Risk Management Policy and Procedure and the Ulysses incident reporting software to report, record, monitor and escalate EPRR risks.

Risks identified on the EPRR risk register which affect the whole organisation or have a risk score of 12 or above will be escalated to the Corporate Risk Register in line with the Risk Management Policy and Procedure.

In addition to the required plans (described below in 10.3) any risks or threats assessed as a risk score of 12 or above will receive the integrated emergency management EPRR planning approach and associated response arrangements.

Any EPRR risks identified by Sirona which are not incorporated on the national or local risk registers will be escalated to the BNSSG ICB and shared with partner organisations via the BNSSG LHRP.

10.3. Duty to Maintain Plans

Sirona's relevant arrangements under the EPRR Framework domain 'Duty to Maintain Plans' will be maintained, and where necessary generated, collaboratively in cooperation with partners and service providers to ensure that the whole patient pathway is considered.

Plans will be reviewed on an annual basis, or sooner following and incident or exercise, or a change in the formation of a team / service, and where necessary be developed to reflect lesson identified as part of the continuous improvement process.

Revisions of plans will be generated in consultation with relevant stakeholders and managed within the Sirona EPRR governance structure, being approved by the AEO and ratified via the SSG.

EPRR core standards require Sirona to have a minimum suite of emergency plans covering a range of scenarios. A summary of the requirements and Sirona's provision is described below.

Scenario	Sirona's provision
Business continuity incidents	Incident Response Plan

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Critical incidents	Incident Response Plan
Major incidents	Incident Response Plan
Heatwave	Heatwave Plan
Cold weather	Cold Weather Plan
Pandemic influenza	Pandemic Influenza Plan
Infectious diseases	Outbreak Control Policy and Procedure
Mass countermeasures	BNSSG ICS Plan in development
Mass casualties	AS LHRP Medical Treatment Team SOP
Shelter and evacuation	Evacuation & Shelter Framework
Lockdown	Lockdown standard
Excess deaths	ASLRF Excess Deaths Guide

Copies of response plans, detailing organisational actions and responsibilities, and can be located on Glasscubes and in the Incident Coordination Centres (ICCs).

The overarching Incident Response Plan (IRP) provides the overall approach to all incidents and will include response and recovery arrangements. Scenario specific planning shall support the IRP and provide further detail and specific arrangements to allow for informed decision making.

10.4. Command & Control

Sirona maintain a resilient and dedicated EPRR on-call mechanism in place 24/7 to receive notifications relating to business continuity, critical and major incidents as detailed in the Incident Response Plan (IRP) adopting the recognised hierarchy of command (Strategic, Tactical and Operational).

To support the on-call structure a dedicated telephone number (0300 125 61 20) provides a single point of contact for escalation of incidents. The rota for staffing the on-call system is managed by nominated administrators within the localities (with support from EPRR if necessary) and the management of the on-call telephone system is owned by the IT Service Desk. A standard operating procedure (SOP) is available to describe this process.

On-call managers will be trained and competent to perform their role, and are in a position of delegated authority on behalf of the Accountable Emergency Officer relevant to the on-call role.

Identified individuals will:

- Receive training according to the NHS England Minimum Occupational Standards for Emergency Preparedness, Resilience and Response (EPRR) required for their role
- Receive localised induction programmes pertaining to the relevant geography

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- Determine whether a business continuity, critical or major incident has occurred
- Follow a specific process to adopt during the decision making
- Be aware who should be consulted and informed during decision making
- Ensure appropriate records are maintained throughout.

10.5. Training & Exercising

Sirona provides EPRR training in line with a training needs analysis to ensure staff with EPRR roles are competent.

The EPRR Training and Education Prospectus describes the training needs for each EPRR role across the organisation.

EPRR will maintain records of training completed, which must be refreshed every three years. Details should be added to individuals training records on Kallidus, Sirona's Learning Management System (LMS). EPRR will review training provided following each training session and will review training objectives and learner outcomes annually, or in response to feedback received.

Sirona has an EPRR Exercising and Testing Programme to safely test critical and major incident response arrangements. The exercising programme is designed to:

- Identify exercises relevant to local risks
- Meet the needs of Sirona and stakeholders
- Ensure warning and informing arrangements are effective
- Capture lessons which will be recorded and acted upon as part of continuous improvement as part of the continuous improvement programme.

As a minimum, Sirona is required to meet the following exercising and testing requirements:

Requirement	Frequency
Communication cascade	Six-monthly
Table top exercise	Annually
Live exercise	At least once every three years
Command post exercise	Every three years

Incident Directors and Incident Managers will maintain a continuous personal development (CPD) portfolio demonstrating training in accordance with the Minimum Occupational Standards, and/or incident and/or exercise participation.

This may be delivered through:

- The postholders substantive work
- CPD issued to commanders from EPRR
- Personal reflections
- EPRR one-to-one sessions

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- Additional training identified as part of an EPRR personal development plan
- Debriefs or incident reviews.

10.6. Response

Each NHS funded provider has the responsibility to provide a suitable environment for the Incident Response Team to manage an incident or an emergency. This is known as the Incident Coordination Centre (ICC). Sirona has a pre-identified ICC and an alternative fall-back location.

Incident Coordination Centre	
Room	2.07
Location	Castlewood
Address	Tickenham Road Clevedon BS21 6FW
Fall-back ICC 1	
Room	Ambulatory Care Unit
Location	North Somerset Community Hospital
Address	Old Street Clevedon BS21 6BS

ICC locations are audited quarterly and tested annually via “Exercise Crete Hill” to ensure each ICC is fit for purpose, and is supported with necessary documentation for its activation and operation.

The ICC facilities (building, access, furniture, etc.) are maintained by Sirona’s Estates team, with the delivery of an ICC remaining the responsibility of EPRR.

Version controlled, hard copies of all response arrangements are to be available to Sirona staff at all times. Staff should be familiar with the contents and aware of where they are stored:

- Workplace Emergency Preparedness pages
- Hard copies available in the ICC
- Hard copies available in commander packs

To ensure decisions are recorded during business continuity, critical and major incidents all on-call commanders are provided with log books and logging training. These key response staff are aware of the need for keeping their own personal records and logs to the required standards.

To support an incident a number of staff have been trained to deliver the role of a Loggist. Loggists must attend a training session delivered, or approved, by EPRR which meets the requirements of the Minimal Occupational Standards.

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In addition to the training, Emergency Loggists should complete the role of a Loggist at an incident or exercise at least once annually. EPRR will provide support, guidance and continual professional development to all Loggists via the Loggist Forum. The register of approved Emergency Loggists is maintained by EPRR and can be found in the On-Call Manager/Director workspace on Glasscubes.

In addition to the Emergency Loggist, an administrator should be present in the ICC and assume responsibility for receiving, completing, requesting authorisation and submitting situation reports (SitReps) and briefings during the response to business continuity, critical and major incidents using the following approved formats which are included as appendices to Sirona's Incident Response Plan:

- METHANE report
- Situation, Background, Assessment, Recommendations (SBAR)
- NHS England and Improvement incident SitRep

10.7. Warning and informing

The arrangements to communicate with partners and stakeholders during and after a business continuity, critical or major incident will be directed by the on-call manager and on-call director and will include:

- Channels of communications detailed in the Incident Response Plan
- Making use of local communication routes and relationships

The process for warning and informing the public (patients, visitors and wider population) and staff during business continuity, critical or major incidents will be completed by Sirona's Communication team and include pre-defined media messages.

Scenario specific media strategies to enable rapid and structured communication with the public (patients, visitors and wider population) and staff are included in the Incident Communications Plan.

Access to a trained media spokespeople able to represent the organisation in the media will be organised through the Head of Communications. All necessary on-call managers will receive media training as part of their on-call role and associated training.

10.8. Cooperation

The AEO will attend the BNSSG Local Health Resilience Partnership (BNSSG LHRP) Executive Group (EG) meetings on a quarterly basis.

The Head of EPRR (or nominated deputy) will attend the BNSSG LHRP Business Management Group meetings and BNSSG ICS EPRR Planning Group meetings as scheduled.

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Sirona will be represented at the Avon and Somerset Local Resilience Forum (ASLRF) by a member of the NHS England (NHSE) South West (SW) regional EPRR team and/or the BNSSG LHRP EG co-chair and/or the UK Health Security Agency.

As the largest provider of NHS-funded community services in the country, Sirona will seek opportunities to lead on and participate in ICS, LHRP and SW regional planning and response arrangements relevant to our applicable EPRR core standards.

Mutual aid arrangements are captured in the ASLRF Mutual Aid Guidance which outlines the process for requesting, coordinating and maintaining mutual aid resources in the event of an emergency and when asked to do so. Sirona also maintains Memorandums of Understanding (MOUs) with various organisations to support response planning arrangements.

Sirona has agreed to adopt the ASLRF Information Sharing Protocol for sharing appropriate information with stakeholders, during business continuity, critical and major incidents.

10.9. Business Continuity

Sirona's Business Continuity Management System (BCMS) is aligned to the requirements of the International Organisation for Standardisation (ISO) standard 22301:2019 on societal security - business continuity management systems. Sirona is committed to robust business continuity planning and the Business Continuity Management Policy includes a statement of intent to undertake the continuous improvement of business continuity management across the organisation.

The scope of Sirona's BCMS covers all of the organisations departments, services and ICT systems. The objectives of the BCMS are to:

- Identify Sirona's prioritised activities, systems and estates
- Identify mitigating actions to protect the prioritised activities, systems and estates
- Manage a business continuity incident within standard response structures and arrangements.

Sirona annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).

Sirona's Digital and Information Technology department are responsible for the compliance with the Data Protection and Security Toolkit on an annual basis and provide EPRR with a copy of the Statement of Compliance for assurance against EPRR core standard 49. EPRR will contribute to the requirements of the toolkit as necessary.

Business continuity plans for the management of incidents detail how Sirona will respond to, recover from and manage its services during disruptions to:

- people

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- information and data
- premises
- suppliers and contractors
- IT and infrastructure.

Business continuity plans will be reviewed by their authors at least annually and following organisational change, incidents and/or exercises. Details will be forwarded to EPRR for centralised reporting and assurance.

The process in place to assess the effectiveness of Sirona's BCMS and take corrective action to ensure continual improvement will be captured as part of the EPRR work plan.

Procurement and contracting will assess the business continuity plans of commissioned providers or suppliers and seek assurance that these providers business continuity arrangements work with their own. EPRR can support assessment and testing planning assumptions for assurance.

10.10. Debriefing

In order to identify lessons from any incident it is important to capture as much detail about the incident and the experiences of those involved as soon as is reasonably practicable. A debrief, or a series of debriefs, post incident is seen as good practice and critical for continual improvement of EPRR arrangements.

The purpose of a debrief is to identify issues that need to be addressed. It is essential that they are attended by all staff that had a part in the response in order to review what went well, what did not go well and what needs to be changed. The process of de-brief should provide a support mechanism and identify staff welfare needs.

Debriefs should be held as follows:

Hot debrief	Immediately after the incident, exercise or period of duty	Incident Manager or local leader trained in debriefing available across Sirona. Suitable support and signposting made available
Cold/structured/ organisational debrief	Within two weeks post incident	Facilitated by a trained debriefer, not involved, and authorised by the AEO
Multi-agency debrief	Within four weeks of the close of the incident	Coordinated by EPRR with appropriate representation from Sirona

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Post incident reports	Within six weeks of the close of the incident	Coordinated by EPRR and authorised by the AEO

The post incident reports should be presented to the SSG and supported by:

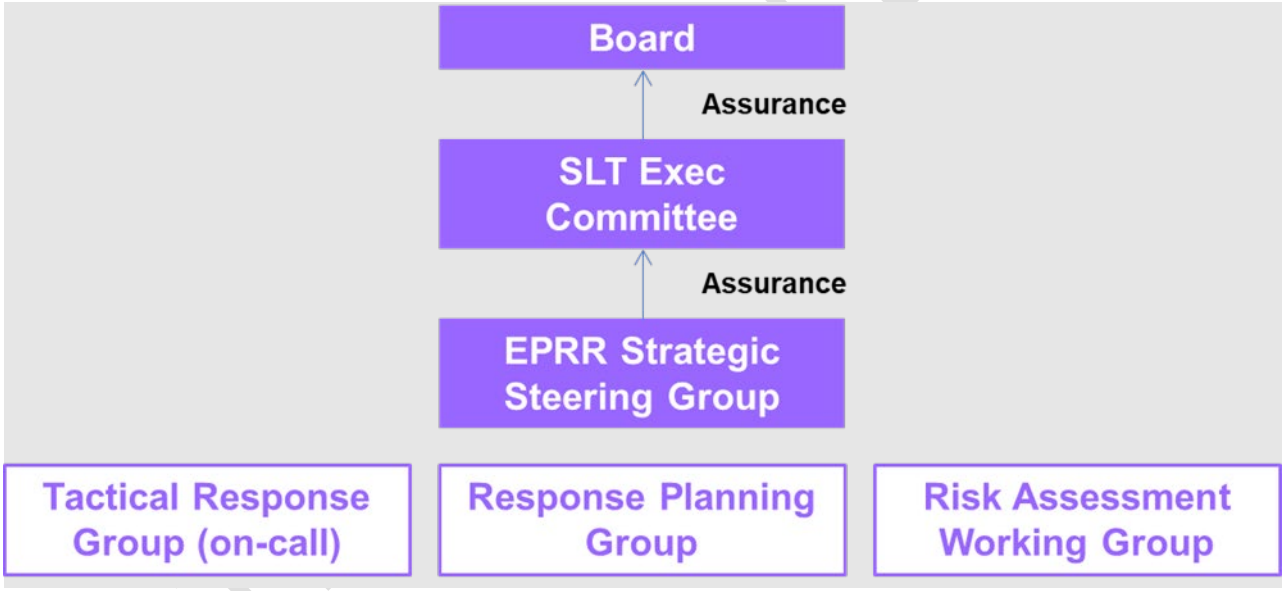
- action plans - with timescales and accountable owners
- recommendations - in order to update any relevant plans or procedures
- identification of any training or exercising required.

11. Monitoring compliance

This policy will be monitored for effectiveness and implementation regularly and no less than annually by EPRR, with progress reports provided as per the governance arrangements described in Section 10.1.

Compliance of EPRR across Sirona will be monitored by BNSSG ICB through the NHSE EPRR core standards assurance review.

The monitoring and governance structure for EPRR is:



Action	By	Frequency
Review and monitoring of assurance of compliance against NHSE's EPRR core standards	EPRR Strategic Steering Group	Quarterly
Review of EPRR Risks	EPRR Strategic Steering Group	Quarterly

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Review on-call incidents and activations of the Incident Response or Business Continuity Plans	Tactical Response Group	Quarterly
Monitoring of the Strategic EPRR risks, specific risks and/or actions	EPRR Risk Assessment Working Group	Quarterly
Review and monitoring of action logs of Task and Finish Groups related to EPRR	Response Planning Group	Quarterly
Review assurance provided in EPRR Report with overview on: • training and exercising • business continuity, critical incidents and major incidents experienced by the organisation • lessons identified from incidents and exercising • Sirona's compliance position in relation to the latest NHS England EPRR assurance process.	Board	At least annually

Monitoring EPRR (external):

- NHS England National EPRR
- NHS England Regional EPRR
- BNSSG ICS EPRR Planning Group.

12. References

Civil Contingencies Act 2004 UK. Available at: www.legislation.gov.uk/ukpga/2004/36/pdfs/ukpga_20040036_en.pdf
Cabinet Office (2012) *Emergency Preparedness, Revised Edition*. Available at: www.gov.uk/government/publications/emergency-preparedness
NHS England (2021) *Enhancing board oversight: A new approach to NED champion roles.* Available at: https://www.england.nhs.uk/wp-content/uploads/2021/12/B0994_Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles_December-2021.pdf
Health and Social Care Act 2012 UK. Available at: www.legislation.gov.uk/ukpga/2012/7/contents
Health and Care Act 2022 UK. Available at: https://www.legislation.gov.uk/ukpga/2022/31/contents
International Organization for Standardization (2019) *ISO 22301:2012 Societal security — Business continuity management systems — Requirements* Available at: https://www.iso.org/standard/75106.html
National Health Service Act 2006 UK. https://www.legislation.gov.uk/ukpga/2006/41/contents
NHS England *Core Standards for EPRR* (2022) Available at: https://www.england.nhs.uk/publication/emergency-preparedness-resilience-and-response-core-standards/

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NHS England *EPRR Framework* (2022) https://www.england.nhs.uk/wp-content/uploads/2022/07/B0900_emergency-preparedness-resilience-and-response-framework.pdf
NHS England *Business Continuity Management Framework (service resilience)* (2013) Available at: https://www.england.nhs.uk/ourwork/eprr/bc/
NHS England *Command and Control Framework for the NHS during significant incidents and emergencies (2013)* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215083/dh_133597.pdf
Cabinet Office (2013) *Preparation and planning for emergencies: responsibilities of responder agencies and others* Available at: https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others

RATIFICATION DRAFT

Appendix 1 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the document/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender (including gender reassignment)	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	No	
	• Disability – learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?**	No	
4.	**Is the impact of the document/guidance likely to be negative?**	No	
5.	**If so, can the impact be avoided?**	n/a	
6.	**What alternative is there to achieving the document/guidance without the impact?**	n/a	
7.	**Can we reduce the impact by taking different action?**	n/a	

RATIFICATION DRAFT

Professional Council Summary Report

Date	12th December 2023	**Agenda item**	Consent Agenda Item 19
Title	Professional Council Summary Report		
Author	Kathryn Bateman, Chief Medical Officer		
Presented by	Kathryn Bateman	**Version**	0.1
For	Approval/decision ☐ Debate ☐ Assurance ☒ Information ☒		
Assurance Rating	High/Significant ☐ Medium/Partial ☐ Low/No Assurance ☐ Not applicable ☒		
If partial or no assurance, please outline steps to be taken in order to reach significant assurance, by when, and whom			

N.B. This cover paper should not exceed 2 pages.

Purpose of report and reason for submission to Committee

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

To provide the Board with an overview of the activities of Professional Council Sep – Nov 2023.

This report is presented as a regular update from Professional Council, as described within the Corporate Governance Scheme of reporting.

Related Risk No. (If applicable)	

How has the assurance provided in this report been obtained?

What sources of information have been relied on? How has assurance been built up through the organisation?
Provide links to relevant evidence sources relied upon in this report.

This report is prepared by the Chief Medical Officer, Chair of Professional Council, as a summary of the minutes and actions at the meeting.

Professional Council meets monthly. The agenda covers clinical policies for discussion and awareness, potential Quality Improvement, and audit projects. Papers include associated risks and equality impact. A folder is on Glasscubes for papers, minutes, and action log for the meeting, accessible to group members. On occasion, routine updates of policies are signed off between meetings and any such decisions are noted in the minutes.

What is the process the report has been through internally

Which teams or groups have reviewed the report or the information that informs it

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

Summary and Key Issues to be highlighted

Please highlight in summary the key messages from this report, including matters of escalation from Committees, significant issues, risks and actions to address them
Alert the Committee to of areas where assurance is not sufficient.
Advise the Committee of steps taken to address areas where assurance needs to be improved. (please ref relevant section of the report, where more information can be found).

The following summarises policies review and approved, papers and discussions that were undertaken by Professional Council in Sep – Nov 2023. Relevant policies have also been through Medicines Optimisation Committee.

List of policies approved by Professional Council:
Recruitment Guidance for all staff policy
Sirona Prescribing Policy V5
Controlled Drugs Policy V6
Medicines Policy (for people receiving care in the community) V4
Medicines Policy (safe and secure handling of medicines in clinical basis
SFS Policy New 2023
Sirona Eating and Drinking Policy – Final Version 2023

Discussion:
Positive action and panel diversity guidance

QI projects/Audit discussed:
MySugar Diabetes QIP
Community IV Fluids
insulin Delegation to Care Homes

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

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

The Board is asked to note the activities of Professional Council. There are no decisions required or options for consideration.

Reporting and escalation to Board

Are there any matters requiring escalation to Board for decision or to escalate concerns?