



# **Board Meeting Papers 1<sup>st</sup> December 2020**

# Board Pack Contents

Page (s)	Title
3-4	Meeting Agenda
5-7	Service User Story
8-11	Chief Executive Report
12-14	Quality & Outcomes Committee Summary Report
15-17	Equality, Diversity & Inclusion Report
18-33	Operational Performance Report
34-50	Finance Report
51-53	Recruitment Process – New Board Chair
54-62	Risk Report
63-88	Governance Framework
89-92	Update on Sirona Strategy Development

<b>Date</b>	1st December 2020	<b>Agenda item</b>	04
<b>Title</b>	Chief Executive Report – December 2020		
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<b>Lead Director</b>	Janet Rowse	<b>Date signed off</b>	24 <sup>th</sup> November 2020
<b>Presented by</b>	Janet Rowse	<b>Version</b>	
<b>For</b>	Approval/decision   Debate   Assurance   Information ✓		

## Aims/Summary

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

## Options and decisions

Nil

## Resource implications (financial/staffing/other resources)

Nil

## Quality considerations

Paper/information previously considered by	Date

## 1. Key points

### 1. System wide Escalation

Bristol, North Somerset and South Gloucestershire (BNSSG) as a system is currently experiencing very high levels of Covid related activity, associated with the high levels of infection locally. The Healthier Together System has declared OPEL 4 status and this has been approved by NHSE. This is the highest level of escalation and indicates the severe pressure under which the system is operating.

All system partners are collaborating to protect system flow and a range of measures have been agreed which will bring additional capacity on line. A public campaign has been started with the support of local media in order to raise the awareness of local people regarding both the need to observe strict social distancing and hand hygiene, as well as alerting them to the pressure on local health and social care services.

At the time of writing Sirona has itself also declared OPEL 4 status for the fourth consecutive day. Services are being significantly adversely affected by:

- the ongoing increase in the number of people we are supporting at home to prevent admission,
- the impact of people being discharged at an earlier stage from hospital and therefore having more complex needs,
- staffing levels adversely affected by Covid related absence (including self-isolation).

Our community teams are running approximately 25% below their funded establishment of permanent staff. The impact is mitigated day by day through use of Bank and Agency, but these resources are themselves becoming constrained. Urgent actions are in had to provide additional resource to the teams, including additional agency, request for staff to volunteer for redeployment from less pressured teams, and fast tracking the on-boarding of new staff appointed but not yet in post.

Current modelling suggests the current surge in community activity may continue for the next two to three weeks.

The situation changes rapidly day by day. To ensure that the Board remains as informed as possible, the following updates will be given at the meeting itself:

- Jenny Theed will update on the most up to date position regarding our OPEL status and the effect of mitigations
- Mary Lewis will give an update on the current position regarding Mass Vaccinations
- Mary Lewis will update the Board on the assurance relating to the 10 Key Actions for Infection Prevention and Control and Testing issued nationally

We will also provide any further updates in line with latest guidance issued between now and the date of the Board meeting.

## **2. Staff Wellbeing**

The well-being of staff continues to be a concern given the considerable pressure under which many are working. Additional measures are being taken to increase available staffing wherever possible, including seeking volunteers for re-deployment. The Professional Council is overseeing the Quality Impact Assessments in order to ensure clear governance and oversight of any impact on non Covid services and we will ensure system awareness and support for any such measures as the situation requires.

Identification of specific staff pressure points will be through the triangulation of staff absences, non-availability of temporary staffing to cover such absences, and patterns of demand (referrals). This will allow the new group set up to oversee staff redeployment to ensure that we are directing our additional staff to the areas of greatest need.

A range of staff well-being support has been widely promoted on the intranet, and this is now being followed up with more directed support where it is clear this will be of more benefit.

The Quality and Outcomes Committee has now taken on the Board Assurance role for staffing issues, including staffing levels, training and well-being and will receive routine reports and presentations on all the mitigations that are being put in place.

### **3. Healthier Together taking the next steps towards becoming an Integrated Care System (ICS)**

NHSEI guidance published in August 2019 reaffirmed the policy commitment for all sustainability and transformation partnerships (STPs) to be 'maturing' as Integrated Care Systems by April 2021. Healthier Together submitted evidence to NHS England and NHS Improvement (NHSEI) in October to demonstrate that we are meeting the minimum operating requirements to be designated as an ICS and 'maturing' against the NHSEI maturity matrix for ICSs. The Executive Group confirmed support for the ICS Designation submission in a letter signed by the CEOs of the ten STP partners on 19 October.

Our ICS Designation submission was followed by a 'confirm and challenge' meeting with the NHSEI Regional Director on 21 October. A further request for additional information/assurance has been sought by the Regional Director and this is planned for return by 25 November 2020. Should the ICS Designation be recommended, then the next step is ratification by the NHSEI national team, which would take place in December 2020.

External facilitation has been sought by the Healthier Together partners to support the development of a Memorandum of Understanding (MoU). This will include a series of facilitated workshops, including, in Quarter Four of 2020/21, one in each sovereign body, including one with the Board of Sirona.

The MoU is an agreement between the BNSSG health and care partners. It will set out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health and wellbeing of the people who live in our area, and improve the quality of their health and care services.

The MoU will be based on an ethos that the partnership is here to serve the people of Bristol, North Somerset and South Gloucestershire, and to enable all of its member organisations to be the best they can be. It will be predicated on a commitment to co-production and deep engagement of our residents in service of eliminating health inequalities and delivering best possible outcomes for all the people of our area.

The MoU is not a legal contract but a formal agreement that provides a mutual accountability framework to underpin collective ownership of delivery. It will not replace or override the legal and statutory frameworks of the individual Partners, but rather sit alongside and complement these frameworks, creating the foundations for closer and more formal collaboration.

Further information will be shared once available and potential dates for our facilitated workshop will be shared with Board members as soon as available.

### **4. North Somerset Children's Public Health Nursing Services**

The Board was updated at our last meeting regarding the intention of North Somerset Council to tender its current contract for 0-19 public health nursing services.

When this was agreed at their Council meeting in September 2020 the timetable assumed procurement commencement in January 2021.

The Council is currently reviewing, in the light of the current second wave of Covid-19, the most appropriate timescale for this procurement. In the meantime, the Associate Director of Children's Services is continuing to prepare for the procurement pending further notification.

## **5. EU Transition Update**

The assurance and preparedness for the end of EU transition is part of the winter cell daily agenda with weekly meetings between the Emergency Preparedness, Resilience and Response (EPRR) lead and the Senior Responsible Officer.

The report to the last Board identified that the main area where assurance was required related to business continuity plans particularly relating to delivery of medical equipment, clinical and non-clinical supplies.

The review of business plans is expected to be complete by 27th November. Key actions are being collated and will be escalated through the winter cell and to the relevant Director.

The learning and development team have been contacting all EU nationals to ensure that we have the relevant information on their settlement status. This is approximately 65% complete.

The Clinical Commissioning Group has requested named leads which has been supplied for the key workstreams including Communications, Workforce, Procurement and Operations.

## **6. Staff Consultations**

Consultation with staff on how they transition into the Integrated Network Teams is now complete and the choices made by staff are being reviewed so that as many people as possible can be matched into their preferred roles.

Approximately 900 staff have been involved in this consultation and it has been a considerable source of anxiety for staff and additional work for our clinical managers and corporate support staff. Within the next few weeks staff will know which team they will be working in. This is an important stage in the creation of the new operational structures that will allow us to consistent community services across Bristol North Somerset and South Glos. (BNSSG)

Considerable work has also taken place with our Administrative Support Staff to review the services in their “as is” state as we have inherited them from the former incumbent organisations. Unsurprisingly there is considerable variation in roles and grades. It is also clear that this is a significant staff group with considerable untapped potential which could be transformational for the organisation if we develop effective operating models. This work will be taking place over the next few months, working closely with the staff themselves as well as clinical and corporate managers to design the model and develop an implementation programme.

There are other staff reconfigurations and reviews that are yet to take place and the Board will continue to be updated as these occur.

## **2. Recommendations**

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