



Board Meeting Papers 1st December 2020

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Date	1st December 2020	Agenda item	10
Title	Operational Performance Report		
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Lead Director	Jenny Theed	Date signed off	24 th November 2020
Presented by	Jenny Theed	Version	1.0
For	Approval/decision Debate Assurance Information ✓		

Aims/Summary

To advise the Board of our Community Services contribution to system wide performance in response to the Covid 19 outbreak , performance of the new Adults Contract at Month 7 and the Children’s contract at end of Quarter 2.

Options and decisions

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

Resource implications (financial/staffing/other resources)

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

Quality considerations

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

Paper/information previously considered by	Date

1. Background

The Business Intelligence Team continues to work with the Director of Operations, Associate Locality Directors, Associate Director for Specialist Services and the Associate Children’s Director to develop robust reporting arrangements to support service delivery.

Performance reporting for Board during Quarter 3 will continue to be developed over the coming months and will focus on providing the Board with the 3 agreed key areas of performance including :

- Actions taken to restore services during phase 3 Covid 19 restoration period (Covid 19 situation reports (SitRep) and the impact on our performance
- Performance against Sirona's lead responsibility for all Hospital Discharge Pathways within Bristol, North Somerset & South Glos. Commissioning Group (BNSSG)
- Performance within Sirona services against our service specifications for all adults and children's contracts

During month 7 reporting developments have included:

- the launch of Adult Referral to First Treatment dashboard which will help to demonstrate our ability to focus resource on priority service users.
- revised North Somerset Paediatric and Integrated Therapy data that includes service dashboards which is in the process of being validated by service leads.
- initial work on mapping further inequalities data using Population Health data that will provide the organisation with more sophisticated intelligence on health needs within each community and allow us in due course to focus our resources and services on those with highest health needs .
- refinement of the Access and Flow Dashboard to include Referrals by Referral Source and Discharge to assess pathway 3 (P3) delays data. This dashboard has been developed by Sirona and has become a key weekly system update as it evidences the impact of community services on all Hospital Discharge Pathways which have been introduced to maximise the efficient use of all acute and community services during the Level 4 pandemic

The Covid 19 reporting requirements developed in Quarter 1 and 2 of 20/21 have also been embedded within Sirona reporting mechanisms and continue to evolve to meet new requests including

- a daily submission of the NHS School Age Flu Vaccination Programme . This data capture) was mandated at short notice in October and NHSE/I have recently confirmed that Sirona was one of only three providers to meet this new request.
- a further new request relating to regular update of status of restoration of services . Sirona is on track to submit and meet this deadline.

2. Key points

2a Actions taken to restore services during phase 3 Covid 19 restoration period (Covid 19 Sitreps) and the impact on Sirona performance

Sirona is now required to provide regular monthly SitRep updates regarding the work we have undertaken to restore our adults and children's services and to outline our position in relation to a number of key parameters including:

- Restoring services to pre Covid 19 levels including an indication of the level of face to face consultations that have been restored
- Any reasons for ongoing reductions in capacity-predominantly in response to social distancing regulations
- A estimate of the percentage of consultations that are now being carried out using remote consultation techniques
- The current level of waiting lists in each service including an estimated trajectory of the time to address the backlog waiting list

2.1 Adult Health Services Restoration SitRep – October 2020

Given all of our core community nursing and community rehabilitation services have continued to function at full capacity since April 2020 the enclosed adult services restoration SitRep format has been developed for specialist services where there has been a need to significantly reduce our previous activity levels due to restricted access to clinic based accommodation and the need to redeploy staff during phase 1 of the pandemic.

The enclosed report demonstrates that certain key services have significant backlog waiting lists including Musculo-skeletal services (where high numbers of staff have been redeployed during phase 1 and now wave 2 of the pandemic) podiatry, heart failure, continence , respiratory, stroke, lymphoedema and neurorehabilitation which are all reporting waiting lists that will require between 6 to 12 months to clear.

Community specialist services SitRep re restoration of services post phase 1 Covid 19 October 2020							
Adults	Has service been restored to pre-Covid 19 form	Reasons for non/or partial restoration	Summary status of activity	Service experiencing backlog	Time to clear backlog	Has method of delivery changed from face to face to remote	Compared to pre-Covid level how much has this changed +
Podiatry	Yes	N/A	Reduced *	Yes	6-12 months	N/A	N/A
Wheelchair/orthotics	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Heart failure	Partially	Plans in place-not complete	Reduced	Yes	6-12 months	Yes	50-74%
Continence	Partially	Service reconfigured	Reduced	Yes	6-12 months	Yes	50-74%
Tissue Viability	Yes	N/A	Above pre Covid 19	No	N/A	Yes	0-74%
TB	Yes	N/A	Reduced	No	N/A	Yes	25-49%
Parkinsons	Partially	Service reconfigured	Reduced	Yes	6-12 month	Yes	75+%
Respiratory	Partially	Service reconfigured	Reduced	Yes	6-12 months	Yes	75+%
Stroke	Partially	Service reconfigured	Reduced	Yes	3-6 months	Yes	75+%
MS	Yes	N?A	N/A	Yes	6-12 months	Yes	75+%
MND (see Neuro)	N/A	N/A	N/A	N/A	6-12	N/A	N/A

					months		
Falls	Partially	Service reconfigured	Reduced	Yes	3 months	Yes	25-49%
Lymphoedema	Partially	Plan in place-not complete	Reduced	Yes	6-12 months	Yes	50-74%
Diabetes	Partially	Service reconfigured	Above pre Covid 19	Yes	3 -6 months	Yes	25-49%
Rehab (Integ/unidisciplinary)	Partially	Service reconfigured	Reduced **	Yes	Over 12 months	Yes	50-74%
Neuro Rehab	Partially	Service reconfigured	Reduced*	Yes	6-12 months	Yes	50-74%
Therapy interventions	Partially	Plans in place not complete	Reduced **	Yes	6-12 months	Yes	75+%
The Haven	Yes	N/A	Reduced***	No	N/A	yes	25-49%
Dermatology	Yes	N/A	Reduced ***	No	N/A	Yes	50-74%
Learning Difficulties	Partially	Other	Reduced***	No	N/A	Yes	0-24
Weight mgt	N/A	N/A	N/A	N/A	N/A	Yes	N/A
MSK Physio	Partially	Service reconfigured	Other	Other	Other	Yes	Other
MSK Interface	Partially	Service reconfigured	Other	Other	Other	Yes	Other

*Reduced due to social distancing

** Reduced due to workforce constraint

***Reduced due to less referrals

+ % more remote consultations

The Director of Therapy and (Allied Health Practitioner) AHP services is also reviewing the current waiting lists for planned/admission avoidance therapy referrals with key clinical leads which developed as a result of the need, in line with national guidance, to focus our therapy resources on ensuring good flow through the Hospital Discharge Pathways in order to minimise delays in acute hospital beds.

This work is being progressed urgently to review the current waiting lists and the time required to clear them against the available capacity that was planned for in our bid assumptions and that was embedded in our modelled Integrated Nursing Team (INT) resource to meet our core contract requirements. This work will culminate in identifying any gap in capacity that has emerged as a result of a significant increase in demand for therapy resources to support the Hospital Discharge Pathways and will need to be discussed with the Clinical Commissioning Group (CCG) to agree how the organisation can meet this demand on an ongoing basis.

2.2 Children's Health Services SitRep – October 2020

A similar SitRep report is required for our children's services and the table below summarises our position including inevitable deterioration in our community paediatrics service waiting lists. In the light of this position and the emerging evidence that the impact of the pandemic has had a significant impact on children's health the CCG have agreed to fund a waiting list initiative to remove 750 children from the waiting lists by the end of March 2021.

Childrens	Has this service been restored to its pre-COVID-19 form?	If service has been fully or partially restored, what is the summary status of activity?	If service has been fully or partially restored, is it experiencing a backlog?	How long do you estimate it will take to clear the backlog:	If service has been fully or partially restored, has the method of delivering clinical interventions changed from face to face to remote?	If yes, compared against a baseline of pre-COVID-19 levels, how much has this changed?
Vision screening	NO	N/A	N/A		N/A	N/A
Community paediatric service	Yes	As at pre-COVID-19 levels	Yes	6-12 months	Yes	50-74%
Intergrated Therapies	Yes	As at pre-COVID-19 levels	Yes	less than 3 months	Yes	50-74%
Looked after Children	Yes	As at pre-COVID-19 levels	Yes	less than 3 months	Yes	25-49%
Nursing and Therapy teams support for long term conditions	Yes	As at pre-COVID-19 levels	No	N/A	No	N/A

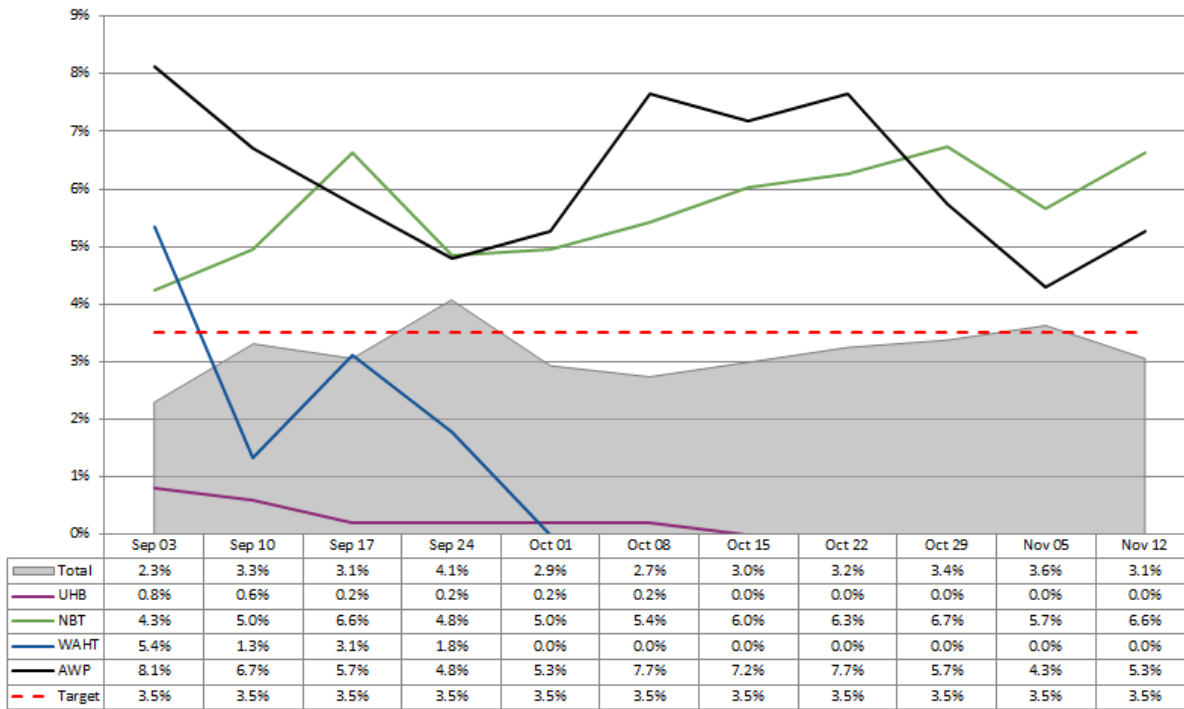
Key elements of the nationally mandated Healthy Child Programme did continue via remote consultations, albeit with a reduced workforce, throughout phase 1 of the pandemic and is not reporting significant backlogs. The National Child Measurement Programme however, which includes vision screening, was suspended in April 2020 but the organisation anticipates that we will be able to reinstate the vision screening programme in January 2021

2b Hospital Discharge Performance Report - Performance against Sirona's lead responsibility for all Hospital Discharge Pathways within BNSSG

As the new community services provider for BNSSG, Sirona was given the responsibility to facilitate all hospital discharges from hospital beds throughout BNSSG as part of the response to the Covid 19 outbreak in line with the NHSE Hospital Discharge Guidance published on 19th March. The move of the Community Integrated Care Bureau (CICB) function, which is responsible for facilitating all discharges, from University Hospital Bristol & Weston (UHBW) and North Bristol Trust (NBT) into the community continues to have a significant impact on the discharge of patients from acute hospital beds.

The CICBs newly established systems and processes initially maintained strong flow from each Acute Hospital throughout Quarter 1 via the nationally mandated Discharge to Assess (DtA) pathways and maintained lower levels of occupancy and delayed transfers of care (DTCs) in each acute hospital throughout Quarter 2.

Despite strong performance in our DtA pathway 1 home rehabilitation services particularly in Bristol we have in the last month see marked pressures within the bedded DtA pathways due to a number of factors. The pressures within the DtA pathway 2 rehabilitation beds have largely been due to significant Covid 19 outbreaks within a key independent sector provider in Bristol and more recently in our Skylark rehabilitation unit. The outbreak in the care home in Bristol resulted in that facility being closed for over a month resulting in a loss of 24 beds. However through strong Infection Prevention & Control management of the outbreak in Skylark the unit was closed for less than 2 weeks which minimised the loss of the 30 beds to the system.



WAHT – Weston Area Health Trust
 AWP – Avon & Wiltshire Mental Health Partnership

The table above partially demonstrates the impact of the flow through all 3 DtA pathways although the table fails to demonstrate the impact within UHBW as they have discontinued monitoring delays in line with national guidance.

The system wide deterioration in flow has been as a result of a number of internal and external factors including:

Internal Sirona issues

The DtA pathway 1 flow in S Gloucestershire has been impacted by some hotspots of sickness within our teams in Severnvale causing some delayed transfers from NBT

External Issues:

- The higher level of dependency of patients who are being discharged via the DtA pathways has resulted in some waiting lists for access to DtA Pathway 3 (slow stream rehabilitation beds) rising as individuals have required longer lengths of stay
- A significant number of delays within the DtA Pathway 3 beds with up to 32 % of commissioned capacity being blocked largely due to delays in social care assessments
- A further deterioration in access to social care services particularly domiciliary care services to allow a timely step down from our Discharge to assess capacity

Update re action taken to address these flow challenges

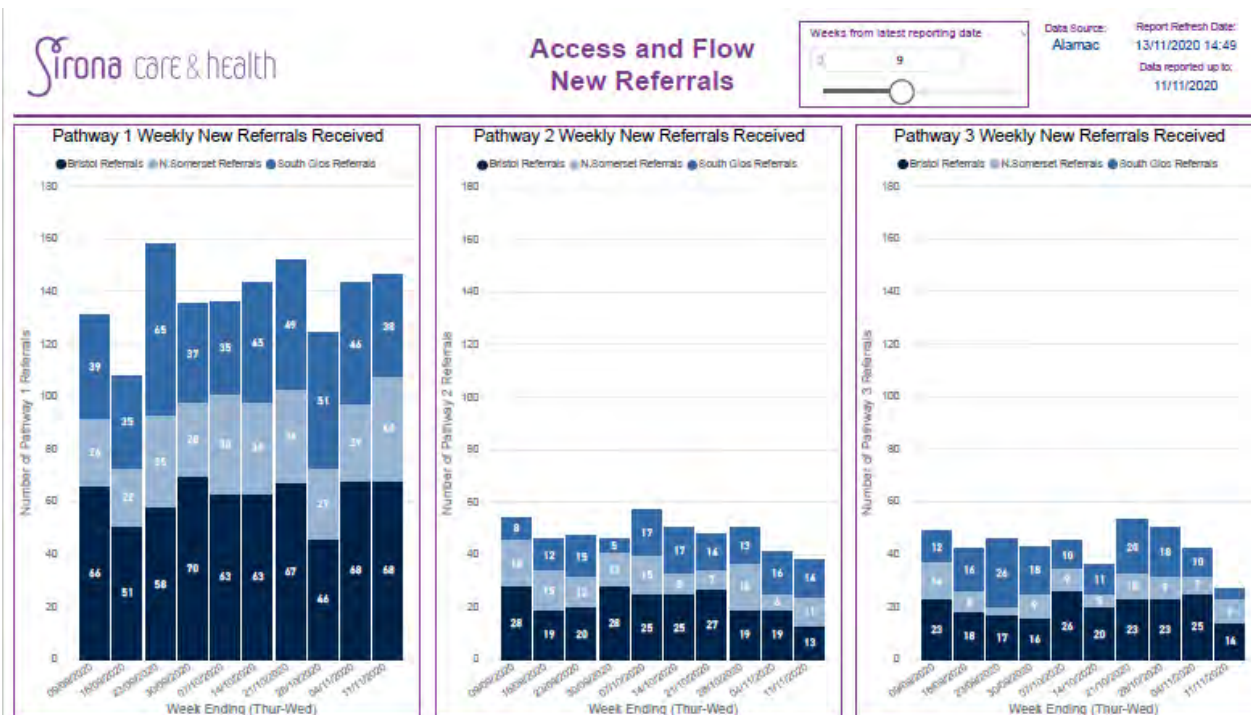
Sirona has undertaken a number of actions to address these issues including:

- Developing the concept; a “soft divert” of our DtA capacity to allow us to flex our available capacity to the Acute Hospital experiencing the highest level of pressure. This is achieved by flexing the capacity within the Bristol teams to allow them to

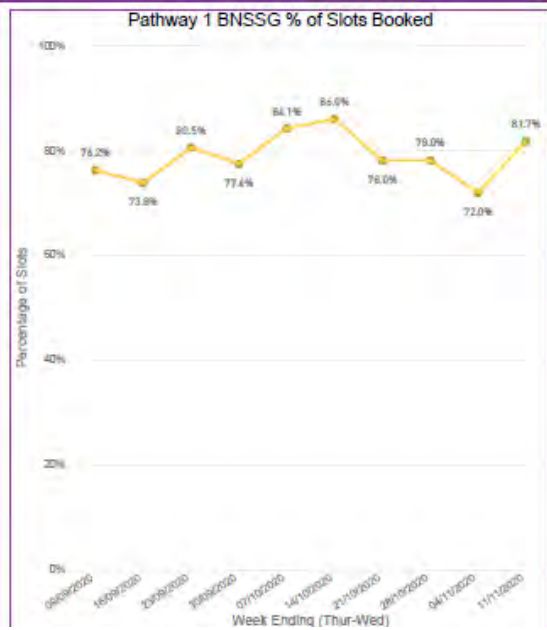
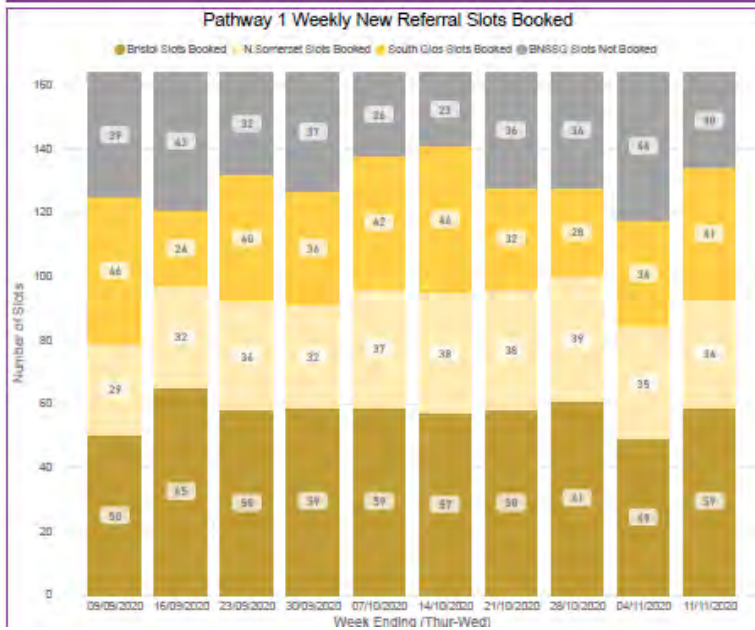
facilitate more discharges from either UHBW or NBT to rapidly decompress any individual acute hospital site

- Work is continuing led by Sirona within the Out of Hospital Services steering group to identify ways in which the health /social care interface can be strengthened as the BNSSG system continues to experience a lack of capacity in domiciliary care and a lack of resilience within the care home sector. This will be a key area of joint focus for the Director of Operations and Director of People over the winter period.
- Maximising the utilisation on a daily basis of all of our DtA pathways. DtA Pathway 1 referrals remain high across the 3 geographies with significant number of referrals for individuals with high dependency care needs of four times per day. In the last month good flow through this part of the service has been achieved by:
 - ✓ Bristol significantly improving the utilisation of their capacity.
 - ✓ North Somerset the majority of patients having been able to be booked into slots on the next day, which is an improvement from previous weeks when referrals were needing to be booked 2 to 3 days ahead due to capacity issues in the service

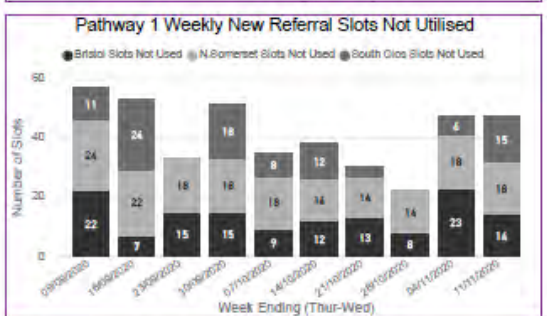
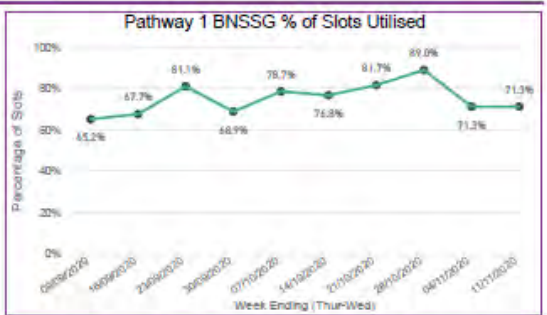
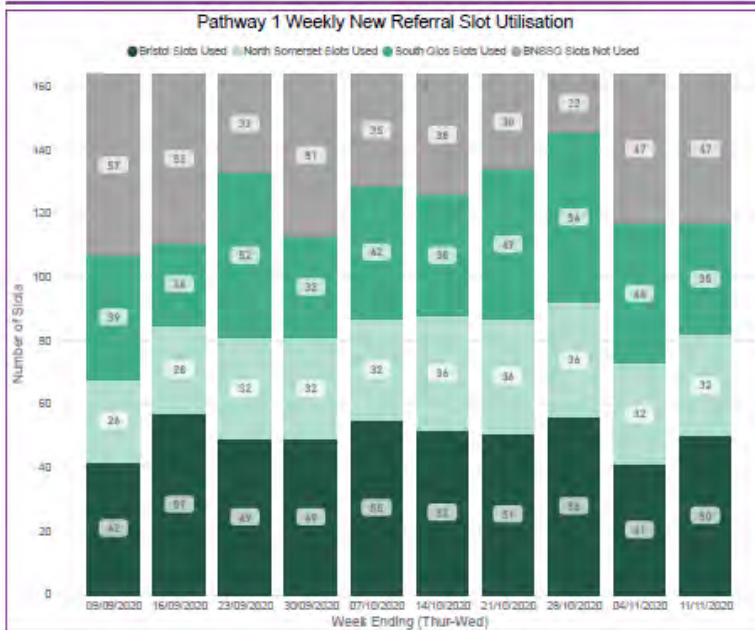
However South Glos continues to have a large waiting list for DtA P1 due to reduced capacity in Severnvalle to support and the large numbers of referrals previously.



- Working with all Acute Trusts to try to minimise the numbers of last minute cancelled DtA Pathway 1 discharges .Cancellations are due to a combination of issues including delays in discharging Covid + patients from Blue wards due to the need for patient testing as well as more avoidable delays such as access transport or discharge medication and patients becoming medically unwell on the day of discharge. This can be seen in the following graphs – Graph 1 capturing first booked slots and Graph 2 showing utilisation.



Graph 1:P1 Booked Slots



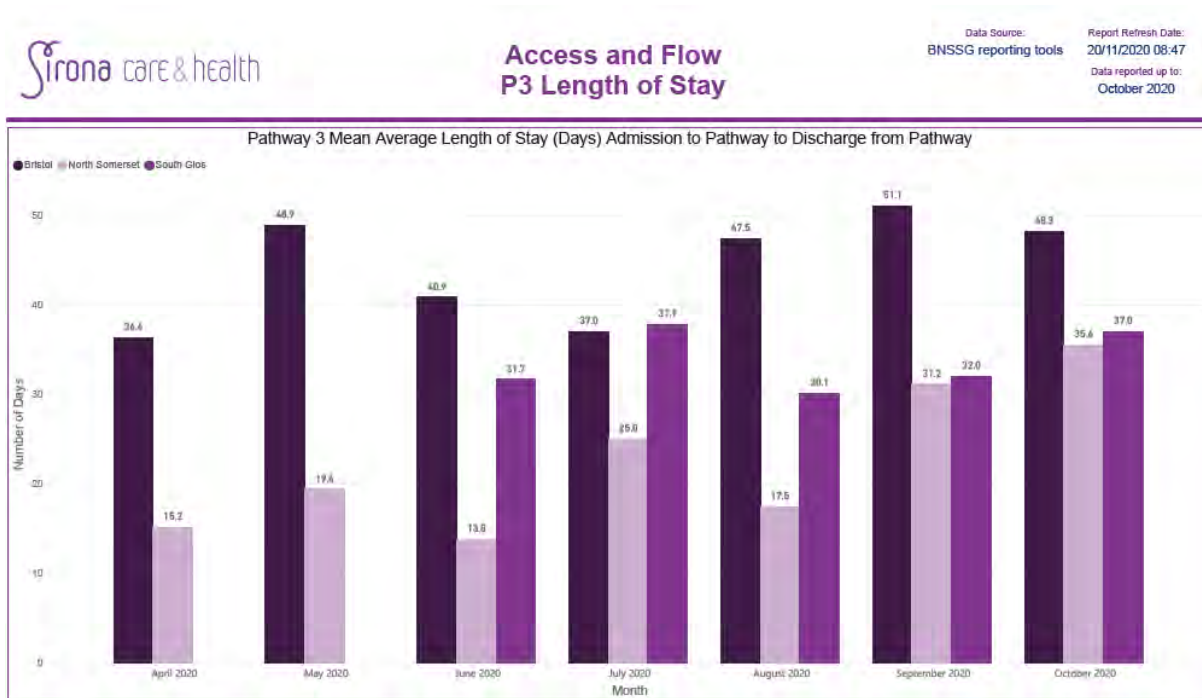
Graph 2:P1 Utilisation of available capacity

- Access to DtA pathway 3 slow stream rehabilitation beds

Further work is ongoing with each Local Authority to address the significant delays in Pathway 3 rehabilitation and assessment beds.

The delays have accumulated since phase 1 of the pandemic largely due to the lack of therapy input to these beds resulting in individuals decompensating, an increase in the complexity and frailty of individuals accessing these beds and the pace of social work assessment in parts of BNSSG during the individual's placement.

The system has recognised this service gap and has requested mutual aid from each Acute Trust to release therapists into the community to specifically work in each Pathway 3 bedded location to provide active therapy and assessment of the persons ongoing needs to increase flow through these NHS funded bed



3 Adults Core Contract Performance Report

3.1 Integrated Network Teams

3.1.1 Baselining the INT Transformation and Resource modelling – The Associate Locality Directors and Director of Operations have worked closely over the last month with Finance and BI colleagues to validate the actual activity in Q1&2 against the planned activity outlined in our bid submission. This was to ensure confidence in the INT transformation and apportionment of the available INT resource to each Locality to support the new model of working. This work has now been completed with the following findings

Summary of Q1&Q2 activity findings following above actions

	Actual Face to Face Activity V's Plan
South Glos	+5%
Bristol ICE	+13%
Bristol South	+19%
Bristol North	+2%
North Somerset	-7%

These figures demonstrate that activity in the first 2 quarters of operating the new contract has significantly outstripped even the planned activity level of Year 2. North Somerset has not exceeded the level of demand anticipated for next year, but is above the level planned for this year. Clearly there is some concern regarding the accuracy of some datasets which continue to be collected using several separate instances of the EMIS data system with the potential consequence of variance in data validity. The data has also been mapped into the new INT /LARC structures and is demonstrating the extraordinary demand on the admission avoidance elements of our community services as a result of the Covid 19 pandemic.

Senior Leadership Team (SLT) has reviewed this outcome and have agreed that in order to provide stability to each Locality whilst the workforce transition to the new INT/LARC (Locality Acute and Reactive Care) structure, there will be no changes to proposed aligned staffing resource in any Locality at this time. The excess demand will therefore be addressed by using increased levels of bank and agency staff in the Localities of highest demand rather than moving resource from N Somerset which appears to have a lower level of demand.

SLT has agreed with the Associate Locality Directors that that we will review activity again at the end of the first 2 quarters of 2021/22 by which time we anticipate the INTs and LARC services will be reporting via a single EMIS instance which should address any data accuracy issues and SLT will then make any recommendations to the Resourcing sub-committee regarding any resource adjustments across the Localities

3.1.2 Summary of key elements of the Associate Locality Directors (ALD) Adult services exception reports

MDT Roll Out –rolling out the Multi-Disciplinary Team (MDT) approach at practice level in Bristol and N Somerset in line with S Gloucestershire remains a key part of our transformation programme. This is progressing well having ensured Advanced Clinical Practitioner (ACP) and an aligned therapist now attends each MDT meeting which is proving very beneficial and supporting patient outcomes.

Bristol

- **South** 11 out of 14 practices are functioning with 1 further practice to come on line in late November.
- **Inner City & East**, 8 of 12 practices are now engaged with meetings planned for the remaining practices.
- **North** 11 out of 14 practices are functioning ; the remaining practices may not engage this year due to large building works or due to the demographic make-up of their practice

South Glos - All MDT meetings in South Gloucestershire are now held on MS Teams which is proving to be effective.

North Somerset - MDT's with Tyntesfield Medical Group and Portishead Medical Group in Woodspring are due to commence before Christmas. Discussions in Weston Locality continue to further improve the virtual ward round approach that was developed in phase 1 of the Covid outbreak due the recognition of the 72 Care Homes in such a small area that required a slightly different approach .

3.2 Locality Acute and Reactive Care Service (LARC) services

The portfolios of services that fall within this service grouping include:

- our 2 hour response Advanced Clinical Practitioner Urgent Care (ACP-U) domiciliary service,
- the Rapid Emergency Assessment Care Team (REACT) service at the front door of the BRI and Southmead Emergency Departments
- the new LARC assessment and treatment chairs
- same day urgent care services (in Yate and Clevedon Minor Injuries Units and S Bristol Urgent Care Treatment Centre)
- our inpatient units (please see previous DtA pathway 2 report)
- the 3 community integrated care bureaus

Performance within these services in month 7 shows progress in all elements of the LARC services – the following sections are based on Associate Locality Director Exception reports:

3.2.1 Bristol

- **Advanced Clinical Practitioners (Urgent Response) ACPUs – 2 Hour Response**; all 3 Localities continue to receive referrals for admission avoidance supported by the ACPUs. Where identified that a patient requires a 2 hour response they respond accordingly. Activity has increased by 35% with an additional 94 referrals (359 citywide referrals this month compared with 265 this time last year.)
- **REACT UHBW** – returned to BRI from 21st September 2020. Mon-Fri service 7.30 – 7.30 is in place supporting flow from ED and the short stay wards as appropriate. The early data collected during month of October 2020 (n=75) showed
 - 72% patients assessed successfully avoided admission from the front door **i.e. 55 admissions saved**
 - 58% required no onward referrals, 25% required rapid response support to facilitate discharge
 - 64% primary reason for presenting to Emergency Department was a fall
 - 89% patients seen were over the age of >65yr old
- **REACT NBT** returned to NBT in September Mon-Fri only and for ad hoc weekends (pending winter funding confirmation) Summary of data collected during month of October 2020 for NBT (n=78)
 - 69% patients assessed successfully avoided admission from the front door **i.e. 54 admissions saved**
 - 44% required no onward referrals, 56% who required onward referrals to multiple agencies (i.e. Red Cross, falls, social services)
 - 56% primary reason for presenting to ED was a fall
 - 94% patients seen >65yr old
 - 29% of onward referrals were to D2A pathways in South Gloucestershire

In addition to the 78 patients assessed, 59 patients had a documented screen and this information either aided the discharge decision from ED or contributed to the Single Referral Form /Comprehensive Geriatric Assessment for early discharge planning

- Following the Urgent Care Network meeting on 11/11/20 an agreement was reached to implement the REACT service model into Weston hospital alongside a phase one LARC Chair implementation in the Woodspring locality. Both services are currently being scoped.

3.2.2 LARC chairs – Work is progressing with options on use of space and phased implementation of chairs in Cossham and Clevedon Hospital.

3.2.3 South Gloucestershire

Advanced Clinical Practitioners Urgent Care (ACP-U) 2 Hour Response

South Glos ACP-U moved to 7 day working with 8am to 8pm cover on 2.11.2020. During the transitional phase of the INT/LARC development as the number of referrals for this level of response has been relatively low the ACPu have been supporting the INT capacity in the areas of greatest escalation .

3.2.4 North Somerset

Currently the urgent response service is delivered as Rapid Response in North Somerset. The LARC project implementation plan is progressing, in conjunction with INT and wider staff consultation.

3.2.5 Same Day Urgent Care (SDUC)

3.2.5.1 NHS 111 First-progress in implementation in Sirona

The initial trial of the new NHS111 First to enable direct demand management and improve patient flow, was cancelled after 6 hours of operation due to a technical issue and concern about clinical risk holding overnight. Valuable lessons have been learned from this trial which have informed a revised plan due to be trialled from Monday 23rd November 2020.

Confirmation of additional resource in order to manage the requirements of 111 First is outstanding so staff recruitment has not yet started (there will be at least a 4 month delay once funding confirmation has been received).

3.2.5.2 UTC/MIUs

- One area of concern this month is the rise in the number of incidents of aggression and abusive behaviour towards staff in the UTC and MIUs, the majority of which relate to the requirement to wear face coverings. Posters have been developed in partnership with the CCG to raise awareness of the “human behind the mask” and these will be displayed in settings from November. Managers are also providing immediate support

South Bristol

- The UTC continues to see an increase in demand. Total walk-ins in October were 3,234 compared with 3,132 the previous year. The UTC’s revised escalation

framework coupled with additional triage resource at weekends has resulted in better management of patient flow and fewer instances of service restriction.

Yate and Clevedon MIUs

- A slight reduction in attendances during half term enabled team to manage reduced staffing due to Covid isolation and sickness and flow with no adverse impact. Clevedon MIU continues to manage demand amidst the challenges of maintaining safe flow through the department whilst adhering to social distancing restrictions. The unit have now created a “hot” room in the department by reorganisation of space which will mean treating patients with symptoms can now be safely undertaken inside.

3.3 Specialist Adult Services (SASS)

Progress in restoration and redesign of key Specialist services pathways include

- **Respiratory:** The Advice and Guidance line has been established since the summer and utilisation has increased over the last month, Work is underway with both Acutes for a new ED pathway to support the winter period for COPD and Asthma patients. Pulmonary Rehab (PR) is restoring currently in a digital format but planning is underway to start some face to face PR and Home Oxygen Service-AR where is it required in clinic based settings.
- **Diabetes:** The Advice and Guidance line has been established since August. Utilisation has been good with over 600 calls to date. Virtual clinics have been established in community nursing teams and with a number of GP practices but uptake are variable across BNSSG.

Diabetes Education is being restored virtually. The service is also working with the CCG on a pilot with Oviva to support patients where English is not their first language. The next phase of restoration is to restore face to face clinics where digital cannot support the contact.

- **MSK inc FCP:** The First Contact Physiotherapy (FCP) group is now working with project support from the Primary Care Network’s and Sirona Transformation team. All deliverables currently on track. South Gloucestershire and NW Bristol Contracts in the process of being signed off. Recruiting to approx. 16 full time equivalents (wte) MSK FCP’s now complete. Once processes around EMIS and data sharing agreements have been completed with OneCare an official start date will be agreed.
- **Learning Disability Service:** Has resumed face to face activity as part of phase 3 planning, including continued liaison nursing and support to care homes.. Advice and Guidance lines have been established in all 3 geographical areas, reporting on activity to be clarified. Further service developments will be required by the CCG following the publication of the new LeDer Report during October.

Learning Disability - Southmead Hospital Liaison Nurse Service only

Measure	Baseline (19/20 monthly avg)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Caseload numbers (pre covid 19/20 whole year vs now) (BRI data is not available now but has	36	28	36	42	44	46	57	42
Number of referral to LD liasion service by referral source Acute hospital and Community; again not	45	45	49	64	70	78	57	58
Number of inappropriate referrals and rejected referrals (hope to see a decrease)	14	4	9	4	7	6	4	7
Number of initial contact at weekend	0	2	12	13	11	11	6	5

- **Stroke:** Sirona have led on the design and costing of subacute rehabilitation units and community stroke rehabilitation models for inclusion in a stroke pathway pre-consultation business case to be presented to the Stroke programme board .

Sirona will continue to work within clinical design groups and partnership organisations to further refine the models and to enable full implementation of the pathway by October 2022, e.g. the planned transfer of community beds to Sirona in April 2021 and further discussion with health partners, social care and the voluntary sector.

4.0 Children's Contract Performance Report

The Children's services performance report for this month has been shortened given the extensive report and proposed actions to address performance deficits that were taken to the Quality and Outcomes Committee on 17th November.

4.1 Community Paediatrics

In summary the Covid pandemic continues to have a significant impact on the waiting times within all Paediatric services and in particular within community paediatrics. Throughout the last 6 months new referrals have continued to be triaged and all urgent referrals have been prioritised and the children have been seen.

	Target	Q1			Q2		
		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Bristol & South Glos Paediatric appointments DNAs %	6%	1.6%	0.5%	0.6%	2.0%	2.2%	1.8%
Bristol & South Glos Paediatric appointments % seen within 18 weeks	92%	24.4%	17.1%	16.2%	8.1%	9.7%	11.8%
Bristol & South Glos Paediatric patients who waited 26+ wks for 1st appointment		161	256	219	197	146	235
Bristol & South Glos Paediatric patients waiting 18+ weeks at end of month		84	48	276	519	543	483
% EHC Paediatric fulfilled within 6 weeks of request	100%	87.5%	90.9%	91.2%	92.5%	87.0%	83.3%

In response to this pressure the Clinical Director has agreed that all clinics during Q3 will be prioritized for new referrals to address some of this backlog. As mentioned in section 2 under restoration we have also secured extra funding to undertake extra clinics to allow Consultants and Specialist Nurses the opportunity to undertake waiting list initiatives which we anticipate removing 750 children from the waiting list by the end of March 2021.

4.2 The new ASD Hub Scorecard has been developed and approved by Service Leads and was submitted for the first time on 29th September. It is worth noting this is a manual work around with no digital ability to embed on EMIS as therapies not currently digital. Psychology indicators will be added following successful funding (recruitment in process).

Community Children's Health Partnership (Autistic Spectrum Disorder)

CCHP ASD Scorecard, Bristol and South Glos		2020/21						20/21 YTD Total	20/21 YTD Average
Aspirational Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
Number of Referrals	59	42	42	59	49	69	320	53	
% ASD Referrals Triaged within 10 Working Days	95%	6.8%	26.2%	23.8%	20.3%	2.0%	11.6%	14.4%	
% of ASD Referrals Leading to Assessment	96.6%	73.8%	71.4%	88.1%	87.8%	56.5%	0.0%	0.0%	
Number of C&YP Waiting Under 12 Wks to Start Assessment and Diagnosis Process	160	137	103	102	118	166	166		
Number of C&YP Waiting Between 12 – 24 Wks to Start Assessment and Diagnosis Process	199	184	186	159	144	103	103		
Number of C&YP Waiting Between 25– 51 Wks to Start Assessment and Diagnosis Process	201	256	289	335	397	420	420		
Number of C&YP Waiting More Than 52 Wks to Start Assessment and Diagnosis Process	68	61	71	111	119	131	131		
Total Waiting	628	638	649	707	778	820	520		
% of Assessments Started within 12 Weeks of Acceptance of Referral	95%	0.0%	3.4%	0.0%	5.9%	0.0%	2.8%	0.0%	
% of Assessments Started within 12 Weeks of Acceptance of Referral and Completed within 18 Weeks	95%	0.0%	3.4%	0.0%	5.9%	0.0%	2.8%	2.1%	
Number of Assessments in Qtr		73			71		144	72	
% of Assessments Completed in Qtr Leading to a Diagnosis of Autism		45.2%			36.6%		41.0%	41.0%	

Blue Font Shows latest value

4.3 Looked After Children (LAC)

At the end of October, Sirona was advised that the CCG had reviewed the LAC scorecards, performance & action plan and formally confirmed the closing of the contract performance notice (CPN) for the LAC service. There is however an on-going action plan being developed to address the recommendations of the LAC peer review to both maintain and improve our performance levels and additionally align the service to the statutory targets for Initial Health Assessments (IHAs) and Review Health Assessments (RHAs).

CCHP LAC Scorecard, Overall Performance		2020/21						19/20 Average	20/21 Average	19/20 and 20/21 Variance
Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20				
Total Number of Children/Young People Accommodated in Quarter		60			86		42	46	4	
Initial Health Assessments										
Number of initial health assessments required		16	17	27	29	22	35	22	24	3
Total number required for children aged under 5 years		9	6	11	9	11	14	8	10	3
Total number required for children aged 5 and over		7	11	16	20	11	21	14	14	0
Percentage of IHA's within 25 days of receiving referral from social care	90%	80%	87%	79%	45%	77%	68%	59.0%	71.2%	0
Number IHA's completed within required timeframes (28 days of being accommodated)		12	12	14	11	5	13	8	11	3
Percentage completed within required timeframes (28 days of being accommodated)	50%	80.0%	80.0%	58.3%	50.0%	38.5%	59.1%	40.2%	60.4%	0
Percentage completed outside required timeframes (28 days of being accommodated)		20.0%	20.0%	41.7%	50.0%	61.5%	40.9%	59.8%	39.6%	-20.1%
Review Health Assessments										
Total number of review health assessments (RHA's) required for children/young people who have been accommodated for 12 months or more (6 months if aged under 5)		166			234		171	200	30	
Total number required for children aged under 5 years		33			52		25	43	18	
Total number required for children aged 5 and over		133			182		146	158	12	
Number completed within required timeframes		116			129		114	123	9	
Percentage completed within required timeframes		69.9%			55.1%		66.8%	61.3%	-5.5%	

4.4 Immunisations and Flu

Sirona have committed to submitting monthly/quarterly data regarding immunization uptake directly to NHSE to ensure accurate data reporting that has been difficult to achieve using the current Child Health Information Service (CHIS) system reporting mechanism.

4.5 Public Health Nursing - Health Visiting

Impacts of Covid-19 - From 19th March all face to face meetings for routine visits ceased. The Antenatal, Primary Birth Visit and 6-8 week check were all adapted to be done remotely whilst 9-12 month and 2 year checks were ceased. Face to Face targeted visits continued to be offered to some families based on family needs assessment. Rapid Access Clinics and Specialist Infant Feeding clinic remained operational throughout supporting families where face to face contact was identified as necessary. 9-12 month checks resumed in mid-April in a reduced format. The Health Visiting service is now in the process of rapidly restoring face to face contacts for these checks in line with the organisation's restoration and recovery process.

Sirona has received central guidance regarding children's services and have been advised that these services should not redeploy staff to adult services during phase 3 of the pandemic. This will present the organization with challenges in the event the system experiencing a significant rise in the hospitalization of Covid + patients.

4.6 Somerset Lifetime contract was due to cease from November 30th 2020 but due to significant problems in Somerset CCG's recommissioning process Sirona has agreed to continue to support 2 children in the county on an ongoing basis whilst the TUPE staffing issues are resolved to avoid either child in having a gap in service .

5.0 Recommendations

The Board are requested to note:

- the performance reports detailed
- the progress made in developing the new reporting formats using the PowerBI software
- and the impact the Covid 19 outbreak continues to have on the delivery of services across BNSSG.
- progress in implementing key elements of the new contract including the move to 8am to 8 pm core hours and the roll out of the MDT approach to case management for individuals with complex needs