

Virgin Care Commissioner Update Report – Sept 2020

1. Introduction

1.1 The report seeks to update the Panel and provider assurance on the work undertaken by Virgin Care in both its delivery of health and adult social care services and coordination of sub contracted services. The previous report in March 2020 provided information on the context and contract award and also the ongoing governance arrangement. This is not repeated in this report but if required can be found in the link below:

<https://democracy.bathnes.gov.uk/documents/g5544/Public%20reports%20pack%2010th-Mar-2020%2010.00%20Children%20Adults%20Health%20and%20Wellbeing%20Policy%20Development%20.pdf?T=10>

1.2 Virgin Care are one of a number of agencies providing adult social care and health services to individuals. An overview of the sector can be provided if required.

2. Contract Update

2.1 We are in year four of the seven year term with the option to extend for a further three years (2024/2025, 2025/2026 and 2026/2027). If a decision were taken to exercise the option to extend the contract term the Co-ordinating Commissioner must give written notice to Virgin Care no later than 24 months prior to the original expiry date (end of year 5 2021/2022 – March 2022 being the latest date). An options appraisal project scope has been developed and a decision on how to progress is being considered.

2.2 COVID-19 has resulted in year four contracting being approached differently, by BaNES, Swindon and Wiltshire Clinical Commissioning (BSWCCG) Group and the Council as joint commissioner. In the first instance the finance and reporting schedules have been prioritised for inclusion in 2020/21 contract with remaining schedules to be agreed and incorporated into the contract by end October 2020 through a local variation.

3. Governance of the Contract – changes relating to COVID-19

3.1 Due to the impact of COVID-19 the decision was taken to suspend some contract governance meetings in April and May 2020 to enable Virgin Care as the prime provider for health care and social care in Bath and North East Somerset to concentrate resources to respond to the public health emergency. The contract governance meetings that did not take place are outlined in the table below.

Month/Contract Year	Governance Meeting
March 2020 (2019/20)	<ul style="list-style-type: none">- Continuing Health Care (CHC new assessments ceased from 20th March to 31st August as mandated by Government)- Mental Health and Community Health Care

	<ul style="list-style-type: none"> - Quality (note quality reports for social care continued)
April 2020 (2020/21)	<ul style="list-style-type: none"> - Contract, Quality and Performance Meeting - Finance and Information Group - Specialist Health
May 2020 (2020/21)	<ul style="list-style-type: none"> - Quality - Public Health Wellness and Health Checks, - Mental Health and Community Mental Health - Learning Disabilities and Physical Sensory Impairment

3.2 The contract governance meetings continued after April 2020 for Council statutory functions adult social care. In June 2020 the Contract, Quality and Performance Meeting (CQPM), Finance Information Group (FIG) and Quality Sub Group (QSG) meetings resumed. It was also agreed with Virgin Care to recommence service level performance meetings (SLPM) from this time, recognising that some services were being delivered differently or had ceased in line with national guidance. During the initial part of the outbreak lockdown commissioners and service providers including Virgin Care held daily virtual meetings to ensure safe delivery of services.

3.3 There are five direct service specifications that are required to be included in the main contract for Virgin Care. These will be included into the main contract through local variation during 2020/21 and all outstanding service specifications are at the final stages of sign off between commissioners and Virgin Care service leads.

3.4 Two audits led by the Council have been completed since the last report. One was regarding the Council arrangements for the Virgin Care for Community Care Contract Management (Level 3 – reasonable assurance) and the second was the Council oversight of the Integrated Care Record Project Governance (Level 2 – limited assurance). Both audit outcomes have been ratified and a resulting action plan with completion deadlines agreed. The Head of Contracting and Performance is leading this work. To date one action from the Community Care Contract Management is still to be completed and the resulting actions from the Integrated Care Record Project Governance audit are due to be completed by end October 2020 with a revised decision, assurance and reporting approach to be introduced for Council oversight of transformation projects in the Virgin Care contract going forward, which needs to take into consideration joint monitoring with the CCG.

4. Virgin Care Role and Response During COVID-19

4.1 Virgin Care have provided a prompt and responsive approach to the COVID-19 pandemic and have fully contributed to both Bath and North East Somerset locality and B&NES, Swindon and Wiltshire system activity. Some key activity has included:

- Implemented at speed the new Discharge to Assess Model in response to the DHSC Discharge Guidance published on 19th March 2020 (updated 21st

August 2020). New arrangements were required to support people swiftly out of the hospitals to release beds. Service users and patients have benefited from an integrated health and social care response as the service was able to respond quickly to the challenge. The new guidance was implemented from 1st September 2020

- All Business Continuity Plans updated in line with available COVID-19 information
- Critical services list and service priorities identified linked to business continuity were put in place and routinely updated and shared
- All services have completed a Safe Return review to ensure services provision is safe for both colleagues and people accessing services, this is a live document and ongoing risk assessments and reviews will be undertaken in light of new national guidance as it is produced
- Colleagues were redeployed from services that were no longer being provided or were working at a reduced level undertook training and induction into their new work area. Virgin Care introduced a training passport which then indicated what training has been completed should colleagues be required to redeploy in future (200 colleagues were redeployed to critical services). This provided the opportunity for colleagues to work within other services and share knowledge and skills but also to experience different methods of care delivery and insight into the work pressures of other services
- Colleague Wellbeing tools were developed
- Collaboration with the Council, Clinical Commissioning Group and third sector to establish the Compassionate Community Hub (CCH)
- Continue to be a key system partner during the COVID-19 outbreak

4.2 Adult Social Care

Adult Social Care teams responded quickly and effectively during COVID-19.

- The Virgin Care Principal Social Worker undertook risk assessments of the service areas to ensure that risks to service delivery from COVID-19 restrictions were mitigated. Professional practice guidance for home visits during COVID-19 was produced using the British Association of Social Work guidance and shared widely across social care teams. This was to ensure consistency across teams when undertaking home visits and aimed to keep colleagues and individuals we support safe
- Learning Disability and Autism Teams pro-actively conducted 'welfare checks' on people who were known to the service
- Day services were unable to continue in line with government guidance and some of the day service colleague were diverted to a variety of other teams including reablement and community hospitals to help. Some colleague continued to support individuals in the community and some colleague continued to provide a limited day service at the base to support people where there was a risk of carer breakdown. A virtual service was maintained and activity packs were sent. There has been a phased return to day services for individuals determined on a risk basis

- Supporting people with a Direct Payment - a small team contacted the individuals (prioritised according to risk) to update their contingency plans to reflect COVID-19 and the potential challenges they may face as well as offering practical advice, such as how to order PPE. The team also conducted 'welfare phone calls' to check in on Direct Payments users and responded to any questions or concerns that they had in relation to their care or responsibilities as an employer.
- Maintained safeguarding arrangements - despite the challenges, excellent performance was maintained by the Adult Safeguarding Team throughout the period. 100% of all decisions during the COVID-19 period were made within the expected timescales. This exceeded the performance target of 95%. Safeguarding meetings (virtually) and community visits continued throughout lockdown to ensure that the most vulnerable were safeguarded from abuse and neglect.

4.3 Adult Health Services

As with adult social care, health specific services responded quickly some of the highlights include:

- Setting up a community swabbing team in response to initial request from Public Health England (PHE), this then developed into a drive through testing facility at St Martins in the early stages of the pandemic
- Colleagues working in areas with a high risk of aerosol generation procedures have been mask fit tested for FFP3 masks. Currently mask fit testing community colleagues in preparation for a second surge
- Services embracing new ways of working and developing virtual consultations, Physiotherapy have started virtual exercise classes
- Continuing Health Care service supported infection control training in Care homes as new CHC assessments ceased in line with the guidance
- Provided training in mask fit testing to Dorothy House staff enabling them to test their staff
- Kept colleagues and service users safe during the pandemic, no cases of hospital acquired COVID-19 infection within community hospitals.

4.4 Children's Health Services

- Children's Health Services have maintained strong performance throughout this period
- Colleagues redeployed from services that were no longer being provided or were working at a reduced level undertook training and induction into their new work area. In Children's Services this primarily affected the Children's Speech and Language Therapy Service
- Colleagues working in areas with a high risk of aerosol generation procedures have been mask fit tested for FFP3 masks. Currently mask fit testing community colleagues in preparation for a second surge
- Services have been embracing new ways of working and developing virtual consultations. An agreement has been reached with Commissioners to retain

much of this good new practice going forward and new ways of working for many families and children have elicited higher levels of engagement

- Have been a key system partner during the COVID 19 outbreak – Virgin Care Children's Services Lead has been fully engaged in all planning stages
- Community Children's Nurses have been extremely helpful and supportive to Personal Health Budget holders providing extra support where required and have often gone above and beyond the commissioned service to support children and young people and their families
- Children's Continuing Care contact has been comprehensive with Virgin Care Continuing Care Nurses maintaining good contact with their families throughout the COVID-19 period
- Special Educational Needs Statutory Health Assessments – Virgin Care have continued to carry out all required assessments, virtually where appropriate but face to face where necessary
- The Children's Audiology Service has been impacted disproportionately to other Children's services

4.5 Compassionate Community Hub (CCH)

Virgin Care have been instrumental in leading the development and operation of the Compassionate Community Hub, alongside colleagues from 3SG, their members, BSW CCG and the Council. The Hub has provided a single point of access for community response and provides the most appropriate, joined-up intervention for anyone seeking support or guidance on COVID-19. Response teams include; food support, welfare support, mental wellbeing, housing support and physical wellbeing advice. Since 20th March to 28th August 2020 the service has supported over 7,500 calls, the coordination of over 1,500 volunteer tasks, delivered over 330 food parcels and over 17,000 frozen meals. The Hub was set up in response to COVID-19 but its effectiveness has meant that it will now develop into an ongoing service for joined-up community response to support the wellbeing of residents into the long term.

5. Performance and Activity

5.1 Performance overview

Detailed performance and quality information continues to be reviewed as part of Contract Quality Performance Meeting (CQPM bi-monthly); Finance and Information Group (FIG bi-monthly), Quality Sub Group (QSG 6 weekly) and the Service Level Performance Meetings (SLPM 2 monthly and 7 quarterly). Actions to address areas of poor performance are undertaken in line with contractual provisions, which can include the issue of a Contract Performance Notice, of which none have been issued since the last report.

The performance of the contract contributes to nationally benchmarked results for both health and social care. For health measures, Virgin Care contributes to Clinical Commissioning Group (CCG) performance against key NHS Constitution targets. For social care, contract performance contributes to the Council's Adult Social Care Outcomes Framework performance which is required by NHS Digital. Local contract reporting provides detail about the activity and performance of the services, so that

the factors affecting nationally published performance are understood and that there is oversight of the level of service received by B&NES residents and GP registered patients in B&NES.

During the COVID-19 emergency period a number of Virgin Care services were either not able to operate at all or were only able to serve the most urgent needs (this was mandated by the Department for Health and Social Care) so performance – particularly in relation to timeliness measures and sizes of waiting lists – has been affected. Note that Care Act duties such as assessments and reviews were still required. Clearly, however this has been a national issue, and the impacts on performance for Virgin Care are consistent with the national position. In the performance annex attached some measures are rated red because of variance to target but this does not represent underperformance because services were unable to operate as normal. As the focus on recovery continues, performance is expected to improve but social distancing means that capacity in clinics, for example, is not at pre COVID-19 levels and this will impact on the time to recover.

As mentioned in the last report, work is continuing to develop a higher level of sophistication in the performance information collected from the strengths-based-practice model of social work. Prior to the COVID-19 emergency period, a project group was reviewing the systems and processes in operation to ensure that both the Council and Virgin Care could report on the effectiveness of social work practice in addition to reporting on timeliness of assessments and reviews. The project is nearing its conclusion and we expect recording in line with the new process to begin in the autumn of 2020 with reporting commencing in the following month.

The following sections summarise B&NES performance against national standards noted in the last report and provide narrative about the latest performance.

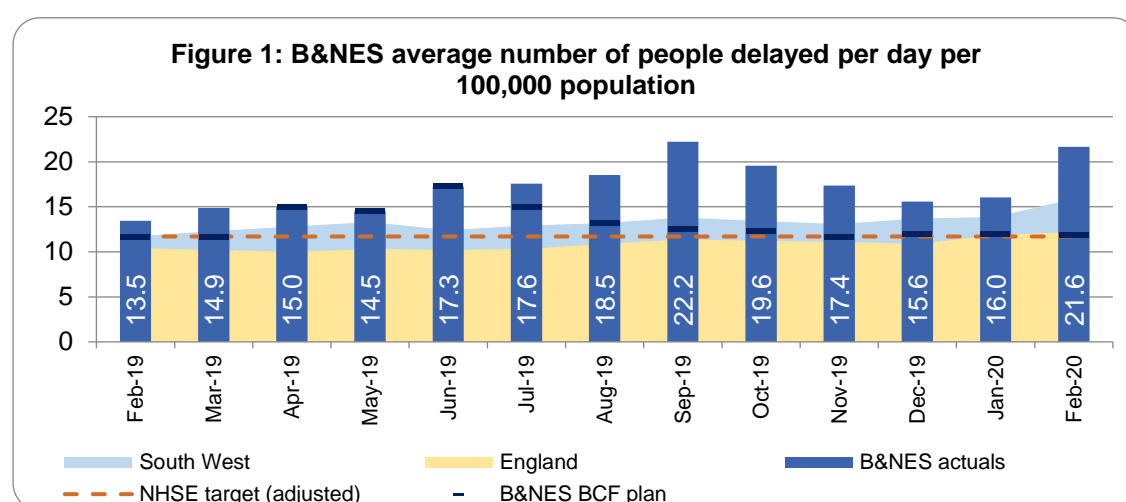
5.2 Adult Social Care Outcomes Framework (ASCOF) – annual results

B&NES' ASCOF performance is derived from a statutory submission of key activity data, the Short and Long Term (SALT) return and responses from service users and carers to annual and biennial surveys respectively. Reporting is at a total local-authority level, so national results are not filtered by provider.

The last report to Scrutiny included the 2018/19 results and this remains the latest published national dataset. The Councils SALT return for 2019/20 has been recently submitted. Annex 1, Part 1 compares B&NES performance in 2019/20 and 2018/19 in the 11 measures that form the Adult Social Care Outcomes Framework (ASCOF). The ASCOF measures are those used most frequently locally and regionally to set priorities for social care and measure outcomes.

For the majority of measures calculated from the SALT return, the estimated outputs for 2019/20 indicate that B&NES continues to perform in line with national or regional averages from 2018/19. The areas of concern remain in line with those reported in the previous scrutiny report:

- Data quality is impacting on reporting for two key measures: the outcome of short term services and long term needs met by admission to residential and nursing care. Virgin Care is working with commissioners to align recording with the requirements of SALT, so the expectation is that data quality will improve for 2020/21.
- Numbers of people in receipt of direct payments: as noted in the last report, an urgent review of service users with direct payments (DP) in 2018 led to a significant drop in the rate. Subsequently, the focus has remained on offering DPs only where it is appropriate to do so. Training has continued to support service users to improve their confidence in managing DPs themselves. 2019/20 was the first full year after the review, so results were expected to be lower than 2018/19.
- Delayed Transfers of Care per day per 100,000 population - national reporting on delays was ceased in March 2020 by NHS Digital. Before reporting ceased there had been an increase in the delays during Quarter 4.



Delays for people awaiting home care or reablement were the most common reason for delays in 2019/20 and this reason saw the highest increase in Q4, with 55% of delays attributed to this reason.

Figure 1 above is at system-level for B&NES. In 2019/20, 68.5% of all delayed days were attributable to health, 29.6% to social care, and the remainder jointly attributable to both health and social care. During the same period, 46% of delays were in community hospital beds managed by Virgin Care and, of these delays, 76% were attributable to health with the remainder attributable to social care.

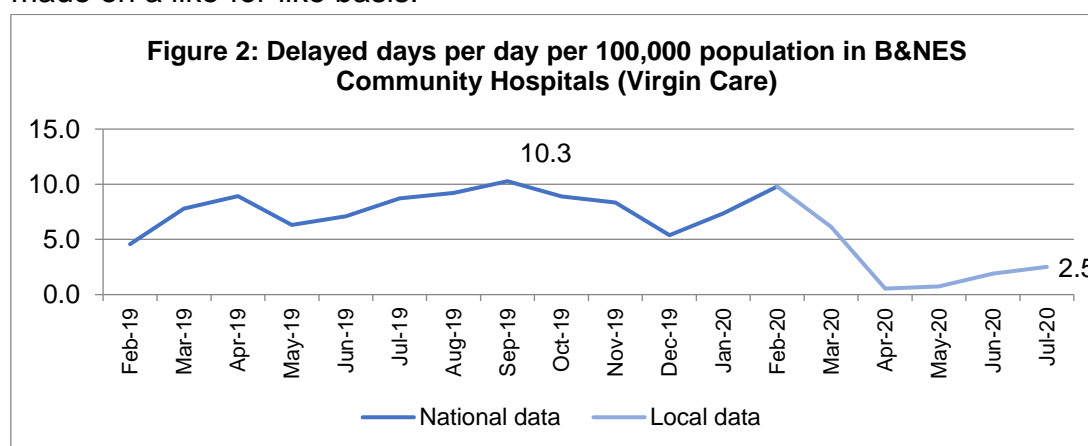
In keeping with the issues at system-level, the main reason for delays in community hospitals delivered by Virgin Care was for people awaiting home care or reablement, accounting for 57% of delays in this setting. Before the pandemic, the launch of the Independence At Home Framework was expected to help improve the timeliness of arranging home care packages and therefore reduce delays for this reason. However, the onset of the COVID-19 Discharge to Assess procedures means that its direct impact can't be identified. Delays for people awaiting care home placements were also a significant factor, with 28% of community hospital delayed days attributed to this reason. The framework for Care Homes was also expected to have

some impact on the time to hospital discharge but, again, (setting aside the challenges that care homes have faced over the period since March) the significantly different discharge arrangements in place from March mean that any effect could not be identified in practice.

5.3 ASCOF – in-year monitoring

In 2020/21, COVID-19 has had an impact on some measures but it will take time to understand if these trends will be sustained. Key areas of performance are described below.

- Delayed transfers of care: national submissions remain paused at the time of writing, but Virgin Care has continued to report delays in community hospitals locally. Rates of delays have significantly dropped from April as the focus on protecting acute hospital capacity drove lower admissions to community hospitals. Delays remain significantly lower than the levels seen prior to lockdown, as evidenced in Figure 2 below. Discharge arrangements have been revised at a national level and will remain in place after the COVID-19 emergency period ceases. The new arrangements (from 1st September) require a discharge to assess model to be in place, with up to 6 weeks of NHS funding provided to people needing support whilst they receive reablement or assessment for longer term support (such as social care support or Continuing Health Care) outside of hospital. The guidance issued on the 21st of August indicates that reporting is likely to move away from the current bed-based delays to reporting on the flow through the reablement and assessment process. These changes mean that any comparisons of pre- and post-COVID periods will not be made on a like-for-like basis.



- The proportion of service users using Direct Payments is below the local target, but as mentioned earlier in the report DPs are only provided in cases where it is appropriate to provide them. Mitigation is in place as described above.
- Admissions to care homes (ASCOF 2A) performance in 2020/21 has been lower (i.e. better) than 2019/20 levels but this is likely to be due to the impact of the health funding provided during the COVID-19 period. During this period people who were discharged from hospital and needed care home support were funded

through this source rather than by social care, so these people would not count towards the ASCOF measure.

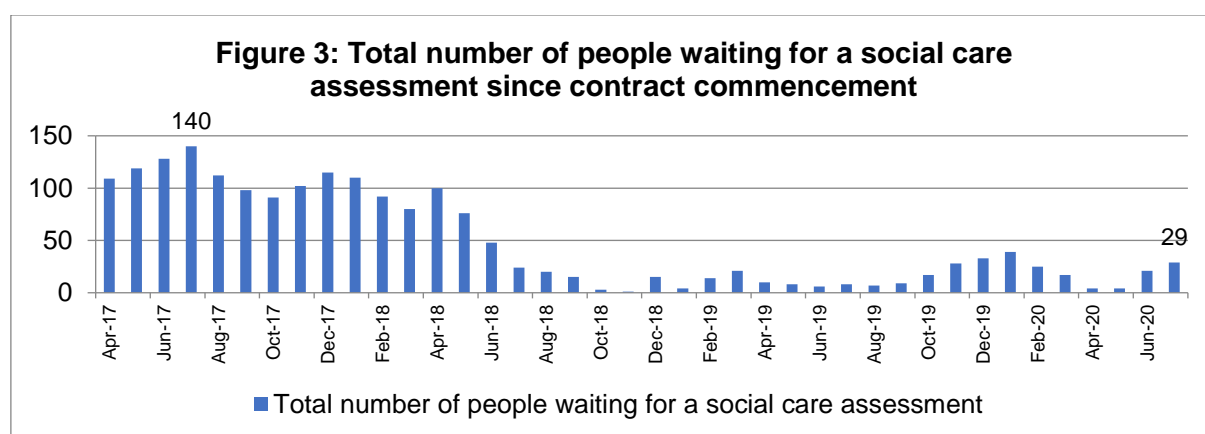
- Performance for Learning Disabilities service users in employment and accommodation continues to be good in 2020/21 and is expected to continue in the top quartile for all local authorities.

Interim reporting for Virgin Care against ASCOF measures for 2020/21 is included in Annex 1, Part 2.

5.3 Local reporting for Key Adult Social Care measures

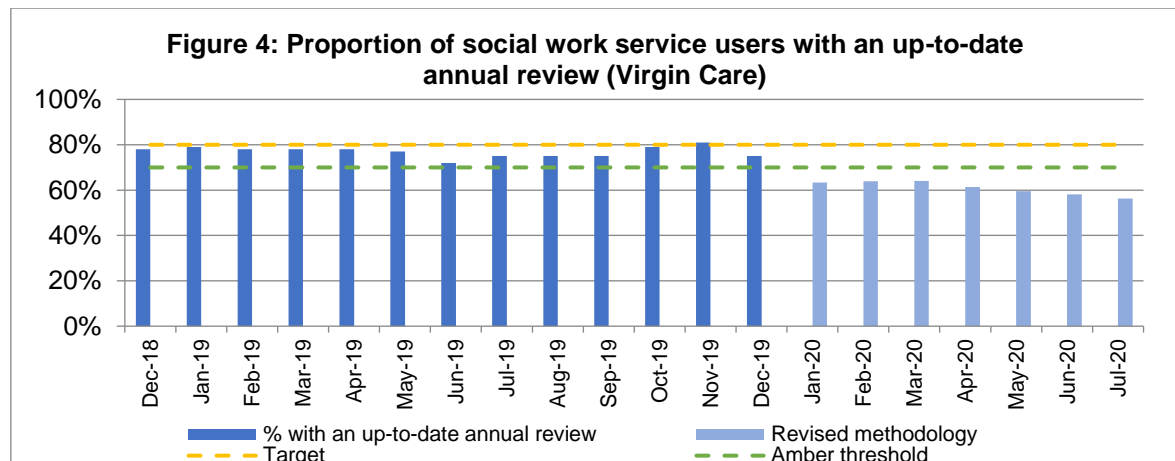
A number of key measures of Adult Social Care performance are not benchmarked nationally but local contract reporting ensures that commissioners are sighted on how critical Virgin Care services are performing.

- **Social Care Assessments:** the overall improvement in the waiting list since contract commencement noted in the last report still remains lower than January 2020 position and B&NES continues to seek assurance through Adult Social Care and Safeguarding SLPM that there is a robust risk management and prioritisation process in place for those awaiting assessment. There has however been an increase in the number of social care assessments waiting and this is because they have taken a longer amount of time to due during the COVID-19 period with challenges such as social distancing requirements. Where possible these have been done virtually. All assessments requests continue to be reviewed against the risk stratification process Virgin Care have in place to ensure that if someone's needs increase they are seen more urgently.

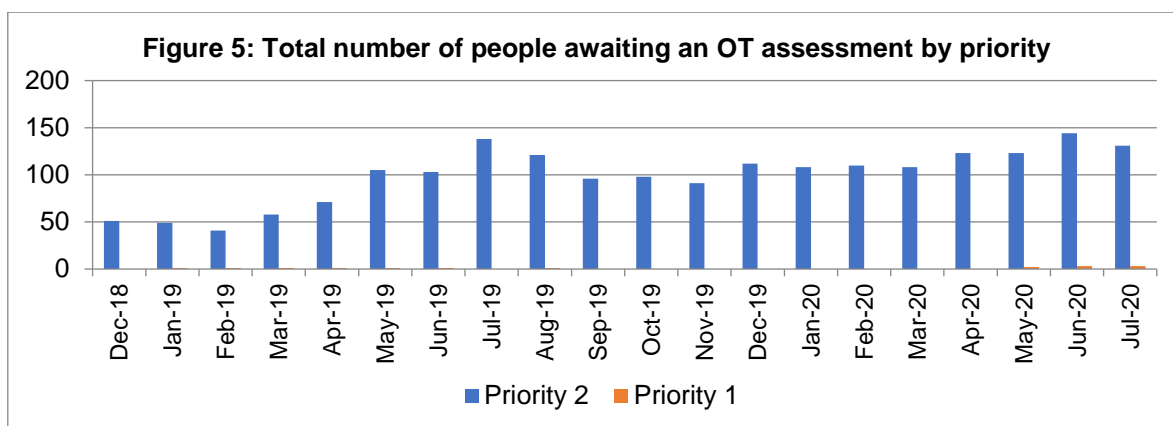


- **Annual Social Care Reviews:** the methodology for calculating the proportion of Virgin Care service users with up-to-date reviews has been revised following discussion between Council and Virgin Care Business Intelligence teams. The rate based on the revised calculation is shown from January 2020 in Figure 4. Performance in this area has also been impacted by COVID-19. Firstly, it has not

been possible to review people in care settings and those shielding at home have also declined reviews. People have been offered telephone reviews and reviews using virtual platforms and these have been taken up by some people. Secondly, a number of colleague from the review team were asked to support the reablement teams for a number of weeks to support the hospital discharge process. These impacts were monitored through weekly and now monthly performance discussions between Virgin Care and the Council.



- Occupational Therapist Health Assessments: the month-end waiting list for people requiring an Occupational Therapist (OT) assessment continues to be low for people in the highest priority category (priority 1). The waiting list for people at priority 2 has remained high (see Figure 5 **Error! Reference source not found. Error! Reference source not found.**) but remains lower than its peak in July 2019. A Recovery Action Plan is in place to improve the position, and it is monitored on a monthly basis by the commissioner. It remains the case that those people in the highest category of need are assessed promptly. As described above, the COVID-19 period has had an impact on people's willingness to have an assessment. Everyone on the waiting list was contacted on a monthly basis between April and August to see if they would be willing to have a visit. In July 53% of people on the waiting list declined a visit. In August the level had improved with 11% not wanting a visit due to concerns related to COVID-19. Visits to Care Homes also resumed in August. All visits are now undertaken in 2 parts: firstly a telephone assessment and then a visit with appropriate PPE to limit any risks to the person. The OT picture in B&NES mirrors the challenges all LAs are facing nationally and once again against a backdrop of OT recruitment challenges. Alongside the 'routine' OT assessment process there have been a number of key initiatives involving OT including the review of packages to see if equipment can help to reduce direct care input for people with two carers and the use of an OT in the First Response Service where they are utilised to prevent hospitalisation. At the beginning of September Virgin Care had a new full time permanent OT start and have also employed a full time locum OT to address the waiting list.



5.4 Safeguarding Adults: national data

The national Safeguarding Adults Collection (SAC) is the source of benchmarking for Safeguarding Adults and the 2018/19 results were shared in the last report. The 2019/20 return has been submitted but benchmarking information will not be available until November 2020.

5.5 Safeguarding Adults: local data

Alongside nationally benchmarked data, B&NES has a range of additional local measures to provide assurance that safeguarding enquiries and concerns are managed effectively. In this regard, B&NES has a more comprehensive range of information available than other local authorities. See Part 3 of Annex 1.

- 100% of decisions for new concerns have been made within 4 days
- 100% of planning meetings for new enquiries are held within the 10 days procedural timescale.

Changes have been made to the safeguarding process during the COVID-19 emergency period and all meetings are currently being undertaken virtually. Risk assessments are also being undertaken to support face to face meetings where this would be beneficial for the person.

5.6 Virgin Care Performance for Key NHS Constitution and Quality Standards

Virgin Care contributes positively to a number of national targets for health services. Part 4 of Annex 1 shows the latest performance in 2020/21 against NHS Constitution and Quality Premium standards.

- Referral to Treatment Time - As with all RTT services nationally, COVID-19 restrictions have significantly impacted on RTT performance. While the overall rate for Virgin Care is 66.2% in July 2020 against a 92% target, it is better than the latest national rate of 52.0%. At service level, Community Paediatrics has remained on target in spite of the challenges of operating during the pandemic. Recovery plans are in place for Orthopaedic Interface Service,

Falls and Paediatric Audiology, albeit the latter is operating at around 50% capacity in terms of available appointments due to social distancing which will impact recovery times. OIS and Falls are projecting return to target by the end of September if demand remains at current levels.

- Six-week diagnostic standard – Performance against the Diagnostics standard was better than the 1% target before lockdown. In line with the national picture, performance has been impacted by COVID-19 with the latest breach rate for Virgin Care 32% against a 1% target. This is better than the latest overall national rate of 48% and recovery is underway.
- 4-hour A&E standard - Paulton Minor Injury Unit continued to perform well against the 95% target at 99.6% in July 2020; it provides essential capacity to avoid further patients attending RUH.
- Continuing Healthcare - this delegated service has been measured against NHS Quality Premium targets. BaNES' local performance data is based on key assurance questions:
 - Location of assessment: no more than 15% of all assessments to take place in an acute setting – Performance for this measure is exceptional and has been in the top quartile nationally since reporting began in 2017/18. This has continued in 2019/20
 - Timeliness of decisions: more than 80% of all CHC decisions are to be made within 28 days from positive checklist or notification – having stabilised performance after a backlog of older cases were cleared, since April referrals have effectively ceased; the number of referrals concluded per month are very low and any breach means the 80% target will be missed. In Q1 2020/21, one breach took the rate to 50% and so the target was not achieved.
 - During the first part of the COVID-19 period CHC assessments were ceased and commenced again on the 1st September 2020. This was a national requirement.

5.7 Local reporting on health services delivered by Virgin Care

As is the case with local reporting on social care, contract reporting on health services provides context to about how Virgin Care contributes to nationally reported measures and provides an overview of how the services support the local health and care system.

A range of performance measures for Specialist Community Health services were reported in the Integrated Quality Performance Report (IQPR) prior to lockdown. While revised reporting arrangements are being established, the IQPR format is provided here in Part 5 of Annex 1 to outline how performance has changed since the last report for selected measures.

COVID-19 has impacted on performance particularly for waiting times for Referral to Treatment (RTT) measures and Diagnostic testing, as set out in the annex, but as noted in the section above, this is a national issue. In that context, the continued 100% achievement of the RTT standard in Community Paediatrics is a success.

6 Quality Assurance

The number of social care complaints received by Virgin Care remains consistent: 12 in 2018/19 and 11 in 2019/20. During 2019/20 one complaint was escalated to the Council for review under the supervision of the Principal Social Worker compared with 3 the previous year. This complaint was referred to the Ombudsman with an outcome of 'Upheld'.

The majority of complaints concerned the social work service. One complaint related to the learning disabilities service.

Learning actions are recorded and reported quarterly. During 2019/20 two of the 11 complaints were substantiated and had learning outcomes. For example, social workers to ensure assessment outcomes and recommendations are clearly explained and clarified.

Number of complaints and concerns received by Virgin Care Jan 2020– July 2020

	January 2020 – July 2020						
	Jan	Feb	Mar	Apr	May	June	July
Complaints	5	4	6	4	2	2	2
Health	4	1	2	2	1	1	0
Social Care	1	3	4	2	1	1	2
Concerns	5	3	0	4	0	3	3
Health	5	2	0	3	0	1	1
Social Care	0	1	0	1	0	2	2

Number of Serious Incidents reported by Virgin Care Jan 2020 – July 2020

	January 2020 – July 2020						
	Jan	Feb	Mar	Apr	May	June	July
Serious Incidents	0	2	0	0	2	2	0

The number of incidents has declined during the COVID-19 period but this reflects the reduction in service delivery and is the same picture across providers in BSW for this time period. Root cause analysis investigations have continued to be undertaken by Virgin Care for those incidents reported.

Pressure Ulcers are a trend in serious incident reporting across BSW, particularly learning linked to personalised care planning and escalation when condition/skin condition changes. This trend mainly affects community providers; however, it is a system wide theme. Providers have quality improvement plans in place which are discussed with Quality Leads. A system wide work stream is being scoped to support quality improvement in this area and Virgin Care is actively engaged in this having recently completed their own thematic review of category three pressure ulcers.

Recognising the need to operate as one system, discussions have started around Quality Leads attending Virgin Care's internal Quality and Patient Safety Committee and Serious Incident Review Panels. This will not only reduce duplication for the provider but will allow further collaboration between the organisations and share learning across the system as we develop a system-wide Quality Assurance Framework.

7 Stories of difference

Redeployment of Day Service Colleagues

Day Service colleagues as set out above were redeployed to support other services as needed; one member of colleague supported a very complex gentleman in a care home who had notice served on him. They were able to offer direct support in the care home to sustain the placement during lockdown.

Occupational Therapy

An older man was admitted to a residential home due to a decline in his physical health and functional abilities. His daughter had been unable to provide the care he required, and he was becoming increasingly unsafe at home and falling regularly. He was discharged from the home in February as he was becoming increasingly low in mood and expressed a clear wish to return home. He had lived in his house for 57 years and it was important to him that he tried.

After an initial period of Reablement, First Response Occupational Therapist (OT) became involved as his mobility began to decrease and single carers visiting (4 times a day) were struggling to support him. The OT trialled various stand aids and issued a powered one which enabled his daughter and a single carer to transfer him safely. A riser recliner armchair was purchased via a charitable grant. An alternative commode chair enabled him to be pushed safely between rooms as due to a slope in the flooring, the initial one issued could not easily be pushed over it and carers were struggling.

A referral was made to the wheelchair service and one was issued. A referral to WE Care resulted in internal and external ramps being fitted which enabled his daughter to push him outside. This enabled the older man to enjoy the sunshine and speak with neighbours he had not interacted with for years.

An application for a Disabled Facilities Grant has been made to adapt downstairs room to a bathroom and toilet.

Both the older man and his daughter are very pleased that he can now remain in his home as well speak to his neighbours outside.

Homeward Project

Positive reduction in length of stay (average 2 days less), increased patient outcomes and independence on discharge. Reduced patient dependency, reduced care package needs, increased individualisation of care and treatment/ personalised reablement pathway of care

Physiotherapy service

This service has introduced virtual exercise classes enabling people to remain safe at home but also to have their exercises demonstrated ensuring that they are undertaken safely.

Compassionate Community Hub (CCH)

The CCH has received very positive feedback from those supported, some examples include:

“Thanks for the food parcels which have been really beneficial for me and my family at this critical time in our lives. The Compassionate Community Hub really did wrap us with compassion like a warm duvet. I will always remember how kind everyone has been”

“Thank you to whoever spoke to my mum today at the Compassionate Community Hub, she is a very proud lady who found herself in a desperate situation. You were very kind and considerate, we have a food parcel on its way to tide us over”

“Thank you for arranging the collection of my prescription on Saturday, I was so anxious and the lovely lady made me feel so at ease and what she did wasn’t a problem. This action has restored my faith in the community- it is still there!”

“Absolutely thrilled my food parcel was dropped off by David yesterday, I have no money due to waiting for universal credit, we were so worried that we would run out of food. There are still angels on this earth. Thank you.”

“Thank you @banes3sg for matching me up to my ‘befriendee’. We had a lovely chat and are looking forward to lots more. You’ve helped me feel useful in these strange times. Very grateful to all you are doing”

8 Workforce (note Virgin Care have moved away from the term staff to colleague and this is used throughout the report)

8.1 Headcount - Below is a table setting out the colleague numbers over the last four months and builds on the figures previously presented. This is shown both with complete headcount and whole time equivalent (WTE) since April 2020. Showing a decrease in 12 WTE’s this in line with transformational change and creating efficiencies whilst ensuring quality of service is maintained.

Date	Headcount	WTE
April 2020	1225	818.99
May 2020	1218	804.57
June 2020	1222	807.77
July 2020	1218	806.73

8.2 Virgin Care colleague retention comparator April – July 2019 to 2020

The table below compares the leavers from Virgin Care services and demonstrates that there has been an improvement in staff retention.

Date	Leavers	Date	Leavers
April 2020	14	April 2019	10
May 2020	9	May 2019	17
June 2020	13	June 2019	14
July 2020	12	July 2019	13
Total	48	Total	54

8.3 Sickness - both long term sickness (LTS) and short term sickness (STS) since April 2020

Virgin Care sickness rates have been low during COVID-19. Work has been done to support all colleagues during the pandemic especially around health and wellbeing and working from home. In addition to this, Virgin Care have also put in place additional support for Black, Asian and Minority Ethnic (BAME) colleagues to ensure they maintain their safety whilst working.

The reduction in sickness levels has in part been driven through manager training in how best to support colleagues during a period of ill health and more accurate reporting allowing the managers to access better information.

Date	LTS %	STS %	Overall %	Date	LTS %	STS %	Overall %
April 2020	1.95	3.26	5.21	April 2019	1.99	1.48	3.46
May 2020	2.26	1.29	3.55	May 2019	1.79	1.51	3.27
June 2020	1.82	1.13	2.95	June 2019	1.98	1.54	3.51
July 2020	1.86	1.03	2.88	July 2019	2.12	1.18	3.31

Note 2020 figures include colleagues who are shielding and also those absent in relation to COVID-19.

8.4 Appraisal and How Are You (HAY) conversations

In 2019/20 Virgin Care increased focus on conducting effective appraisals for all colleagues. This included workshops and training for managers on how to carry out appraisals at both mid-year and end of year. Completion rates were high, with over 80% of colleagues receiving a mid-year and end of year appraisal, even through the pandemic. There have been some understandable absences at the end of this financial year due to COVID-19 and other sickness, however, Virgin Care continue to work with managers to ensure outstanding appraisals are completed.

Virgin Care also introduced a "how are you" (HAY) conversation, which is still a structured conversation about the colleague's performance but doesn't need to be as detailed as the full appraisal. Virgin Care worked with the managers of all services to give the option to conduct either a full appraisal or the new HAY conversation.

8.5 Colleague satisfaction

Virgin Care have continued to work to improve colleague satisfaction within the service. Initiatives that have been introduced include; listening events, a regular partnership forum, increased training opportunities, a service specific newsletter, a regular weekly managers briefing and local awards. These sit alongside our annual colleague survey which this year will be conducted in September. These initiatives were implemented as a result of the previous annual survey and are aimed at increasing colleague engagement and voice. Each service also has developed their own 'have your say' action plan to ensure engagement and satisfaction is being addressed within each team in addition to the above. The engagement of these colleagues has been excellent, many have undertaken significantly increased training to enable them to do these new roles and the feedback has been positive. Sickness rates continue to be low, particularly when compared to other NHS Providers. Colleague turnover rates continue to be 1%, a strong indicator of positive morale within the services.

- Have Your Say Survey

The 'have your say' colleague survey for this year will commence on the 28th September 2020 and close on the 16th October 2020, like last year it will be delivered by Fabric. This is the same company that delivered the survey last year which was conducted well. The aim is to have all results of the colleague survey by middle of November.

Virgin Care continues to work through the recommendations from last year's survey, but some of these have been harder to do during the COVID-19 pandemic, an example of this would be the visibility of the Senior Leadership Team, as Virgin Care were not able to visit all services and colleagues on a regular basis due to the risk of infection. However, Virgin Care did introduce a weekly Microsoft Teams call where the whole SLT joined to deliver a briefing to all managers (approx. 50 invitees), and this approach has received very positive feedback.

- Social Work/Care 'Health Check' Survey

The Social Work/Care Health Check survey is undertaken annually in October/November. The survey is overseen by the Virgin Care Principal Social Worker and focuses on Social Care workforce wellbeing and development. Last year, the survey also included a focus on the impact of the 'Three Conversations' model.

8.6 Engagement

Due to the COVID-19 pandemic Virgin Care changed approach to engage with colleagues, as so many colleagues were working remotely and virtually. For

managers and senior leadership teams weekly meetings are held virtually. Services hold virtual calls daily/weekly depending on the size of the service, all of which has been challenging due to this being a new way of working, but now are running well. In addition to this Virgin Care also run partnership forums virtually.

8.7 Recruitment since April 2020

In the last four months Virgin Care have posted 96 adverts for which they have had 435 applicants. Due to the high number of applicants Virgin Care have made 63 offers, 29 of these have already started whilst the remainder are going through 'on boarding'. The key successes have been in Community Nursing, Community Hospitals and Estates. An example would be: 5 Health Care Assistants adverts attracted 35 applicants, which 10 were interviewed. The calibre of the applicant was high as Virgin Care have reported that they could have offered roles to 9 of these individuals if more vacancies had been available.

Virgin Care still have some hard to recruit to areas which are common nationally across Health and Social Care sector and include Band 5 Physiotherapists, Social Care Occupational Therapists and Social Care colleagues.

9 Transformation and Service Development Improvement Plan (SDIP)

9.1 Transformation priorities: as stated in the previous report *Your Care, Your Way* resulted in an ambitious programme of transformation to deliver the efficiencies expected of Virgin Care by the Council and CCG over the lifetime of the contract.

The table below sets out how the new model of care proposed by Virgin Care is meeting the priorities:

Priority Area	How Virgin Care will address this?	Progress Jan 20-Aug 20
A person, not a condition	Services will take into account all of a person's strengths as well as those of their family, their community and their wider support network. Colleague will be trained to identify people's individual goals and aspirations and will draw upon all health, care and community assets to achieve them. Colleagues will seek to understand any barriers to meeting these goals and work with the person to overcome them.	<ul style="list-style-type: none"> Strengths based approach has been established in social care. This includes the development of a 'first response' team getting people access to support more rapidly but focussed on a the persons strengths Alignment of social care services alongside wellbeing in the Care Coordination Centre The Compassionate Community Hub has been established, working alongside 3SG and third sector partners

		<p>as well as health and care professionals to deliver a coordinated response to need (see section above for activity)</p> <ul style="list-style-type: none"> • Working alongside the Council to introduce a joined up referral and support mechanism for third sector support to ensure appropriate information sharing • Making Every Contact Count (MECC) practitioners increased and rolled out across partner organisations and direct provision • Renewed focus on Wellbeing and transformation underway to ensure wellbeing and brief intervention is a part of every intervention
A single plan	<p>Single assessments will form the basis of a single care and support plan to give people choice and control of the care and support they receive. People will be able to view their integrated care record and control how information is shared across providers and with their own choice of friends, relatives or carers. People will be involved in regular multidisciplinary reviews of their plan to ensure their physical, mental, emotional, cultural and spiritual needs are being met.</p>	<ul style="list-style-type: none"> • Integrated Care Record is live and being used within services • The ICR now includes GPs, Community, adults social care and acute data feeds • Daily MDTs take place across care coordination services • Weekly MDTs take place with the third sector to ensure coordinated planning and action is undertaken

Invest in the workforce	<p>The award-winning “People Flourish” programme will help colleague improve the way they work in teams and with people who work in different ways to themselves.</p> <p>Investment in mobile working technology will reduce the time spent on paperwork allowing frontline colleague to focus on providing high quality care.</p> <p>There will be a cap on management costs so that resources are invested into front line care.</p>	<ul style="list-style-type: none"> • Mobile working has continued its roll out to all teams, increasing time spent with service users but also enabling remote working • Teams have been enabled to securely work from home where appropriate and possible, using remote technologies and video consultations • Training opportunities for colleagues have increased in frequency and number • A weekly managers briefing now takes place to ensure direct communication to support all services, alongside local colleague newsletters • Colleagues who have been redeployed during COVID have received additional training and support • Guidance has been sent to all colleagues to support remote monitoring and access has been promoted to the colleague wellbeing tool • All colleagues have received a personal thank you from the organisation Chief Executive • Management costs continue to be limited in line with the bid
Focus on prevention	<p>Patient Activation Measures will be used to allocate people into four levels depending on their confidence, ability and motivation to self-manage.</p>	<ul style="list-style-type: none"> • Activation measures were being rolled out prior to COVID and planning is now being undertaken to understand how

	<p>Risk stratification will help with early identification of those who are vulnerable on the fringes of healthcare or at risk of hospital admission.</p> <p>Rapid response services will prevent people being admitted to acute care through speedily providing the services they need at the right time.</p> <p>Colleague will be trained in evidenced-based health coaching so that self-management is the focus for all interactions.</p>	<p>these can be applied in the new normal</p> <ul style="list-style-type: none"> • Risk stratification is now technically enabled and 5 reports are available for use. Currently in roll out phase • Further training and design of wellbeing services is taking place to ensure latest evidence base and approach also supports those at most risk of COVID.
Join up the information	<p>A Care Coordination Centre will provide:</p> <ul style="list-style-type: none"> • A single point of contact for people who require care and support, their families and health professionals. • Signposting to other services • Booking, scheduling and case management • Single assessment • Case management • Rapid Response, Prevention, Targeted and Specialist teams • Management of Patient Portal • Telehealth monitoring <p>A team of Care Navigators from a range of VCSE sector organisations will</p>	<ul style="list-style-type: none"> • A Care Coordination Centre has been established at Peasedown St John • This CCC includes health, social care and wellbeing and third sector presence • This is enabling services to work more closely together. These benefits have been captured and reported • Signposting, booking and management of cases all take place at the CCC alongside now the Community hub which is based upstairs. Colleagues have access to the integrated care record and joint referral system from this base • Teams will continue to be integrated further and we will extend the remit and reach of the community hub in order to achieve the next phase of coordinated care • Social prescribers from Primary Care Networks are closely linked into the

	help people become aware of the extensive array of activities that are available to them.	developing hub and CCC in order to align and support care and community opportunities.
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9.2 Service Development Improvement Plan (SDIP) – the contract requires the SDIP to be agreed, monitored and delivered annually. Updates on progress are provided at the CQPM meetings. The 2019/20 SDIP has been reviewed on a quarterly basis to monitor the transformation progress in year three of the Virgin Care contract.

SDIP Milestones by Quarter	Achieved	Partially Achieved	Not Achieved
Quarter 1 April – June 2019 (12)	8	3	1
Quarter 2 July – September 2019 (19)	15	1	3
Quarter 3 October to December 2019 (17)	14	2	1
Quarter 4 January to March 2020 (11)	4	4	3

Overall in 2019/20 69% of the milestones have been achieved, 17% partially achieved with 14% not achieved.

The three milestones reported as not achieved in Q4 are in relation to the Integrated Care Record Project. However, the ICR project has moved forward significantly over the last year, successfully delivering a live integrated care record in-year. The project now has all BaNES Community data, adults social care data, GP SystmOne data (23 out of 24 practices) and Royal United Hospital Data. This integration has allowed practitioners to start to have appropriate visibility over an individual's care record in order to make the best decisions about their care. The first users of the system have been social care practitioners and community matrons and during COVID-19 the training plans have expanded to allow more professionals to be able to access the record to provide appropriate support with joined-up information. This has included COVID-19 notifications and alerting, for example, to let other partners know when an individual that they are supporting has been identified as COVID-19 positive. In supporting direct care, in the period April 20-June 20 2,500 log-in's were reported to the ICR with a total of over 6,000 views. Feedback from the teams include *"When reviewing adult social care placements it is difficult to obtain information about when the person last attended the GP or had their medications reviewed. The ICR has been useful to be able to check for any hospital admissions prior to the review, it is easy to use and navigate around and is great to have easy access to important information that is required to complete a person's annual review"*.

The ICR project has also in-year been developing the technical ability to provide risk stratification and population health analytics. This is important in the prevention agenda to provide essential information about identifying people who may need support now or in the future. The first set of reports have been developed and are

being rolled out across the system. This will be a key focus for developing further throughout 20/21 along with the inclusion of mental health data into the joint record. In relation to the SDIP, whilst the majority of the jointly identified milestones set at the beginning of the year were achieved there were a small minority that were not fully delivered in Q4 as planned. These areas included the development of case studies and the implementation of one population health report. Whilst these milestones were initially missed as planned due to the acute data integration being behind schedule, they have since been achieved with 5 population health dashboards being developed and the integration of RUH data successfully in the system in June 20. Roll out plans have subsequently been changed due to COVID-19 which has resulted in a much wider roll out rather than a continued in-depth focus on a small number of areas.

The SDIP for 2020/21 has not yet been agreed with Virgin Care. The delay in the production and agreement of the SDIP for year four of the contract is in relation to the impact of COVID-19 and this will be included as a schedule via local variation later in the year. CQPM have discussed the position regarding agreement of high level transformation priorities and separation of business as usual service development.

10 Financial Position

Virgin Care's original bid planned for losses in the early years of the contract as a result of investment in transformation to allow ongoing investment into the services, increasing demand and the annual efficiency requirement for services of c1%.

In 2018/2019 the contract was £1.4 million overspend and in 2019/2020 £0.7million. It is anticipated that in March 2021 a balanced position will be achieved, however, we remain early in the financial year to confirm this will be the case.

The first quarter has been dominated by dealing with the COVID-19 pandemic with additional financial support from NHS to support ongoing services, both directly provided and through our sub-commissioned partners. The Panel will be familiar that supplier relief and support with PPE etc has been discussed nationally and this has been no different for Virgin Care. Both the Council and CCG have supported the financing of the physical building housing the Compassionate Community Hub. It is expected the finance risk will remain high within the system for rest of this financial year.

Virgin Care have responded to the Council's financial position, as a result of COVID-19, through pro-active engagement on ways to appropriately reduce spend within the Council's purchasing budgets both for 2020/21 and beyond. Project group has been established with both Virgin Care and Council Board member representation.

11 Next Steps

The Panel are asked to note the content of the report and to identify any areas of focus for the next report which will be provided in six months.

