

WHC LLP Board Papers- Part I & II

6th November 2020



Wiltshire
HEALTH AND CARE

Wiltshire Health and Care Board Meeting Themed Running Order

Venue:	TEAMS
Date:	6 November 2020
Time:	10.00-13.00

WHC Board Members in attendance		
Stephen Ladyman	Chair of Wiltshire Health and Care	SL
Richard Barritt	Non-Executive Member, Patient Voice	RB
Martyn Burke	Non-Executive Member, Finance and Audit	MB
Lisa Thomas	Non-Executive Member, Nominated by Salisbury Foundation Trust (SFT) Board	LT
Kevin McNamara	Non-Executive Member, Nominated by Great Western Hospitals NHS Foundation Trust ("GWH") Board	KM
Bernie Marden	Non-Executive Member, Nominated by Royal United Hospitals NHS Foundation Trust (RUH) Board	BM
Douglas Blair	Executive Member, Managing Director	DB
Annika Carroll	Executive Member, Director of Finance	AC
Sara Quarrie	Executive Member, Director of Quality, Professions and Workforce	SQ

Also In Attendance		
Jason Lindsey	Interim Company Secretary	JL
Becky Watson	Corporate Officer (minutes)	BW

Apologies		
Lisa Hodgson	Executive Member, Chief Operating Officer	LH

Item No.	Agenda Item	Presenter	Verbal/Paper	Published/Unpublished	Information/Discussion/Decision/Approval
1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information
2.	Declaration of Interests	Chair	Verbal	Published	Information
3.	Part I Minutes, Actions and Matters Arising <u>Decisions made by circular:</u> <ul style="list-style-type: none"> Approval of appointment: WHC Non-Executive Board Member – Finance & Audit (KM, LT, SL – Quorum/ valid decision making of the board is any THREE non-execs (clause 24.17). 	Chair	Verbal/Paper	Published	Decision Information
4.	Chair's Report	Chair	Verbal	Published	Information
5.	Managing Director's Report	DB	Verbal	Published	Information
Governance					

6.	Risk Report 15+	JL	Paper	Published	Discussion
7.	Health and Safety Statement of Commitment and Annual Report	SQ	Paper	Published	Decision
8.	Quality, Workforce, Performance and Finance Highlight Report Accompanied by: a) Quality, Workforce, and Performance Dashboards b) Finance Dashboard c) WRES Report	SQ/ AC/ DB	Paper	Published	Information/ Decision
9.	Winter Plan update	DB	Paper	Published	Information
10.	Q2 Delivery Plan Update (includes additional objectives related to NHS People Plan)	DB	Paper	Published	Information
Highlights					
11.	Highlight Report – Quality Assurance Committee	RB	Paper	Published	Information
12.	Highlight Report - Wiltshire GP Alliance, Extended Access contract	DB	Verbal	Published	Information
13.	Next meeting: Friday 5 February 2021 10:00-13:00 Training Room 1, Chippenham Community Hospital				

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 1

Welcome, Introductions, and Apologies

VERBAL

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 2

Declaration of Interests

VERBAL

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 3

3a Part I Minutes

3b Part I Action Tracker

3c Matters Arising including decisions made by circular

PAPER / VERBAL

Wiltshire Health and Care Board Meeting Minutes – Part I

Venue:	Training Room 1, Chippenham Hospital, with access available through Teams
Date:	7 August 2020
Time:	10.00-13.00

WHC Board Members in attendance		
Stephen Ladyman	Chair of Wiltshire Health and Care	SL
Richard Barritt	Non-Executive Member, Patient Voice	RB
Lisa Thomas	Non-Executive Member, Salisbury Foundation Trust (“SFT”) Board Representative	LT
Joss Foster	Non-Executive Member, Royal United Hospitals NHS Foundation Trust (“RUH”) Board Representative - Interim	JF
Jim O’Connell	Non-Executive Member, Great Western Hospitals NHS Foundation Trust (“GWH”) Board Representative	JO
Douglas Blair	Executive Member, Managing Director	DB
Annika Carroll	Executive Member, Director of Finance	AC
Lisa Hodgson	Executive Member, Chief Operating Officer	LH

Also In Attendance		
Katy Hamilton Jennings	Director of Governance, Legal, and Company Secretary	KHJ
Clare Robinson	Interim Director of Quality	CR
Becky Watson	Corporate Officer (minutes)	BW
Gemma Pugh	Service Transformation Manager, WHC	GP
Lauren	Patient (for item 7 only)	

Apologies:		
Kevin McNamara	Non-Executive Member, Great Western Hospitals NHS Foundation Trust (“GWH”) Board Representative	KM

Item No.	Agenda Item	Action Lead
1.	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed and introduced Board members to the meeting.</p> <p>RB, JF and JO joined the meeting virtually via Teams; all other Board members were physically present in the room.</p> <p><u>Apologies</u></p> <p>Apologies received from KM (JO representing).</p>	
2.	<p>Declaration of Interests</p> <p>It was noted that the Register of Interests for Board members had been circulated prior to the meeting. SL asked if there were any updates to note. Board members confirmed that the Register, as</p>	

	<p>circulated, represented an up to date and accurate position. There were no updates to note.</p>	
3.	<p><u>Part I Minutes – 1 May 2020</u></p> <p>Board members confirmed that the ‘Part I’ minutes of the previous ordinary Board meeting held on 1 May 2020 were a true and accurate reflection of the discussions held and were therefore approved as final.</p> <p><u>Actions</u></p> <p>No open actions.</p> <p><u>Matters Arising</u></p> <p>No matters arising.</p> <p><u>Extraordinary Board Meeting minutes – 25 June 2020</u></p> <p>Members reviewed the minutes, there was one amendment requested by CR:</p> <ul style="list-style-type: none"> • Item 4 (page 6) – to now read <i>‘all staff that have been shielding would undergo a risk assessment <u>prior to their return to work</u>’</i> <p>Board members then confirmed that the minutes of the Extraordinary Board Meeting held on 25 June 2020 were a true and accurate reflection of the discussions held and were therefore approved as final.</p> <p><u>Matters Agreed by circular:</u></p> <p>a) TPP Contract – The Board confirmed its approval by circular for WHC to enter into a contract directly with TPP, for the provision of SystemOne community and MIU modules.</p>	
4.	<p>Chair’s Report</p> <p>SL noted the unusual conditions of starting a chairship during a global pandemic, and therefore having been unable to physically meet as many people as he would have liked to, and visits services. SL thanked everyone for the generosity of their time in supporting his induction to WHC, and willingness to talk openly and passionately about community care.</p>	
5.	<p>Managing Director’s Report</p> <p>DB provided a verbal update, highlighting the following points:</p>	

	<ul style="list-style-type: none"> • Covid-19 related risk assessments for staff – there had been some under reporting on this at first, particularly around BAME and ‘at risk’ staff (which put WHC at 33% on the national charts), however the second data capture had resulted in 100% of BAME and ‘at risk’ staff being assessed, and a ‘to date’ assessment position of 46% for all staff. • Phase 3 - The Board were asked to note that the Phase 3 letter regarding covid-19 had been published. 	
6.	<p>Patient story – via Teams</p> <p>CR introduced Lauren, who attended the meeting via MS Teams.</p> <p>The Board noted that Lauren had been a patient of WHC since April 2020 and is 20 years old.</p> <p>Lauren shared her journey with the Board. She had been poorly with a respiratory virus and been unable to work. When she returned to work she began to feel pins and needles in her hands, which she assumed would go away. During the day her legs started to feel unstable and when she dropped something on the floor her legs collapsed under her when she tried to pick it up. She worked to the end of her shift and called her GP and saw the doctor later that day, her GP was concerned and informed Lauren that it may be Guillain-Barre Syndrome.</p> <p>Lauren was seen by the Neuro team at RUH the next morning where she had various blood tests, an MRI, a lumber puncture, and a cannula to try to investigate the working diagnosis of Guillain-Barre Syndrome.</p> <p>Upon diagnosis, Lauren was an admitted to RUH for 5 days of treatment, and she stayed for 2 weeks. Lauren was then discharged slightly sooner than she otherwise would have been due to covid-19. Lauren returned home with a care package of 4 visits per day. Her bed was set up downstairs. Lauren needed help getting out of bed and her symptoms declined upon her return home, with the peak of her condition occurring whilst she was being cared for at home. Lauren received physiotherapy 6 days a week, OT assistance, and care from the moment she was discharged. Lauren reported being in a position where she was now feeling much better and significantly recovered. Lauren expressed her thanks for the care she received.</p> <p>In terms of her journey, Lauren advised that she had to learn how to sit, stand and walk again. 1 month ago she was walking with a Zimmer frame, today she is walking unaided. She advised that she was a bit unsteady but making good progress.</p>	

	<p><u>Questions from the Board:</u></p> <ul style="list-style-type: none"> • SL noted that Lauren had been seen by 3 different organisations (GP, RUH, WHC), and asked whether she had been aware of this. Lauren advised that she didn't really think about this, and did not really notice the transition between organisations. • LH asked Lauren whether she had been nervous about coming home from hospital, and how she felt about coming home. Lauren confirmed that she had been nervous, and had been concerned that her coming home would be a struggle for her family supporting her symptoms and condition. Lauren advised that she felt she needed to be at home as she was struggling mentally and physically in hospital due to covid-19, and the noise of the ward environment. • DB asked whether the communication between the care team and physiotherapy team had been good when Lauren returned home. Lauren confirmed that she had seen good communication from all. • JF noted that Lauren had been discharged before the peak of her condition, and asked whether there was anything that could have been done to make her experience better? Lauren advised that from her perspective nothing could have been done better - she wanted to come home as she was unable to have visitors in hospital. Lauren commented that the help she received from the community team was spectacular. <p>CR expressed her thanks and that of the Board to Lauren. Lauren then left the meeting.</p> <p>LT noted that this patient story emphasised that WHC's patients were not always at the older end of the spectrum, and community care spanned all adult ages where required.</p> <p>ACTION: CR to do a deep dive to find out more about why Lauren was discharged early (Item 7, Patient Story).</p> <p>ACTION: DB to write to the team that looked after Lauren to express thanks (Item 7, Patient Story).</p>	<p>CR</p> <p>DB</p>
7.	<p>Quality, Workforce, Performance and Finance Highlight Report</p> <p><u>Quality</u></p> <p>CR introduced the quality section of the report and highlighted the following points:</p> <ul style="list-style-type: none"> • Pressure ulcers - There had been an increase in pressure ulcers in 	

Community Teams. These are being monitored and actively managed in line with an Improvement Plan and staff training. It was noted that during covid-19 it has been more difficult to physically see patients.

- Patient falls - An Improvement Plan is being rolled out to inpatient wards to reduce patient falls. This was initially introduced on Longleat Ward.
- MIUs - Chippenham Minor Injuries Unit reopened on 6th July with booking via 111. Currently no x-ray facilities due to backlog at RUH. MIUs are no longer seeing non-mobile children under 1 year (in line with best practice). The Directory of Services (DOS) has been updated to reflect this.
- IPC – The covid-19 recovery phase continues to require significant IP&C support

Workforce

DB introduced the Workforce section of the report and highlighted the following points:

- Staff wellbeing - WHC continues to prioritise the provision and communication of staff wellbeing support. The support available includes:
 - Psychological first aid training – which all staff members can access. This is supplied by an external provider via a Health Education England platform, so we cannot currently measure take-up rate, but staff feedback has been very positive.
 - VIVUP employee assistance programme – including a 24/7 counselling hotline available to staff via telephone.
 - WHC wellbeing hotline (in hours) – an internal hotline manned by WHC’s HR team.
 - WHC wellbeing hubs – physical in sites, and virtual hubs with access to dozens of wellbeing links on both WHC’s intranet and internet.

Finance

AC introduced the Finance section of the report and highlighted the following:

- Overall - The LLP reported a favourable position for month 3, year to date. As at the end of June 2020, there was a variance of £83k against a planned surplus of £107k. This was largely due to: (a) continuing reductions in agency spend run rate (although agency shifts had significantly increased in June); and (b) reduced travel and clinical consumables expenses due to covid-19.
- Savings - £379k of savings had achieved to date (£324k recurrent; £55k non-re-current), which represented 100% of the year to date

	<p>plan.</p> <ul style="list-style-type: none"> • Covid-19 related expenditure – Covid-19 related funding claims totalled £733k in Q1. These had been submitted for WHC via BSW CCG. • Risk provision - A £258k risk provision against income had been included in the year to date position to reflect current interim income arrangements and covid-19 funding claims. <p><u>Operational performance</u></p> <p>LH introduced the Performance section of the report and highlighted the following:</p> <ul style="list-style-type: none"> • Escalation - In phase 1, 40 new beds across two care homes were introduced. This has not been supported into phase 2, but can be triggered if needed. • Patient Flow – Demand is high. LH explained that it is clear that if the model for the patient flow hub is over 5 days, rather than days, patient numbers become unmanageable. There is a lag in discharges over the weekend that needs to be smoothed out. <p>LH alerted the following to the Board:</p> <ul style="list-style-type: none"> • Geriatrician provision - There is no geriatrician support for the beds in the north of Wiltshire (Savernake). Dr Chris Dyer had been supporting these beds, but no longer has the capacity to do so. This will affect length of stay, therefore alternative cover needs to be obtained, and LH asked JC if she could discuss this with him to investigate options. This was agreed. <p>JO asked who had taken the decision around the 40 beds. LH advised that the decision had taken by the Wiltshire Alliance (thus spanning health and social care). LH confirmed that the beds had initially been put in place for covid-19 positive patients. DB advised that in the last week, there had been system wide agreement for additional beds for winter.</p> <p>Accompanied by:</p> <ol style="list-style-type: none"> a) Quality, Workforce, and Performance Dashboards b) Finance Dashboard 	
8.	<p>IPC Board Assurance</p> <p>CR introduced this report to the Board.</p> <p>The Board noted that WHC had assessed itself as having a RAG rating of green against all but one of the Key Lines Of Enquiry ('KLOEs'). The outstanding KLOE had a self-assessed amber rating.</p>	

	<p>The Board noted that the amber rating was in the area, ‘ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance’. The Board noted the mitigating actions set out in the report, which CR assured would be completed imminently.</p> <p>LT asked how WHC knew the position stated in the self-assessment, and questioned whether it carrying out audits. CR confirmed that WHC carried out a regular programme of audits in these areas – with many of the audits being repeated at frequent intervals – for example, the hand hygiene audit is carried out monthly.</p> <p>The Board noted the content of the report.</p>	
9.	<p>Reset and Recovery Update</p> <p>GP introduced a presentation, which was shared on the screen for all Board members to view.</p> <p>GP highlighted the following key messages in relation to reset and recovery work at WHC:</p> <ul style="list-style-type: none"> • ‘What went well’ – GP highlighted the success of the following initiatives and approaches: shared system focus, mutual aid, integrated working relationships, daily communications within WHC, permission try something new, MS Teams, and staff wellbeing support • ‘Not so well’ – GP also acknowledged what had not gone so well, including: the ability to provide consistent messages to staff with the national advice changing so frequently, and confidence in PPE supply, and the impact of the migration of WHC’s IT infrastructure to a new network. SL asked why the IT migration had proceeded during the pandemic phase, and DB advised that the contractual commitment had already been made at that time point, but more importantly, WHC IT infrastructure was functioning on an operating system that was no longer fully supported. The move to the new network was required to enable the operating system upgrade. Carrying on with an unsupported network long term could have exposed WHC to cyber security threats as well as a poorer quality system. In addition to this, it was assessed that WHC staff would significantly benefit from the faster speed of operating afforded by the new network. <p>JF asked if WHC staff were ever in a position where they did not have the correct PPE. LH advised that WHC had always had the correct PPE.</p> <p>GP highlighted the following priorities for WHC as the country entered</p>	

the next phase of the pandemic:

1. To complete an incident response plan for a potential second wave.
2. To ensure all WHC staff members are offered risk assessments (mandatory for BAME and CEV).
3. To provide staff with debrief sessions (including a review of wellbeing) focussing on critical services first.
4. To use this opportunity to reset services, prioritise system issues, and continue to work in a more integrated way.

- Virtual appointments – The Board was asked to note that virtual appointments were taking the same amount of time as a face to face appointments and are not right for every service.

GP advised that phase 2 had started in August, and work around this had included:

- The pausing of shielding. All staff to be risk-assessed, and welcomed back into suitable roles.
- Staff well-being continuing as a priority, with a targeted communications programme, and focus on initiatives to support the mental health of our people.
- Second surge planning 'incident response' to be completed September 2020.
- Digital upgrade complete. Virtual platform for group sessions tested and complete.
- Transformation programmes, including virtual wards for care homes, and "think 111" for Minor Injury Units.
- Preparation for winter programmes.

Pre-Phase 3:

- Review urgent care and opportunities to develop services.
- Review of the virtual ward project.
- Mobilisation for rapid response.
- Preparing for the annual flu vaccination programme.
- Preparing for changes to medical supplies if Brexit proceeds in December 2020 with no deal.

Phase 3:

- Vaccination programme for Covid-19.
- Clinics to increase capacity.

Minor Injury Units (MIU) Update:

- Chippenham MIU now open 10-6pm, Monday-Friday, with booking via 111 using the 'talk before you walk' process. GP advised that this is a pilot in place at Chippenham and Paulton MIUs. Weekly meetings are taking place with commissioners to check progress.
- WHC are supporting primary care at weekends by providing bookable dressing clinics

	<ul style="list-style-type: none"> • Working with the BSW task and finish group to develop services in line with the system. • Current constraints are x-ray capacity due to backlog at RUH, and ensuring the service is run in a covid-19 safe manner. <p>The Board noted that MIUs are currently a hot topic, especially as Trowbridge is not open yet.</p> <p>Winter planning:</p> <ul style="list-style-type: none"> • WHC's winter plan for 20/21 will build on the work within the Wiltshire Alliance (combined health and social care). • The first draft of WHC's winter plan is due to be submitted the following week. • The plan will include 60 rehabilitation beds. • The plan will build on the Home First model • The plan will include a rapid response offering. <p>Significant risks were discussed, and LH mentioned the Get it Right First Time (GIRFT) visit that WHC had received in March 2020. LH reminded Board members that this had highlighted that WHC was under resourced for respiratory, and that there is no oxygen and respiratory service in the south of Wiltshire. LH assured the Board that she was having priority discussions regarding this area with BSW CCG.</p> <p>JO asked how prepared WHC was in relation to the national guidance around having outpatient appointments at 100% capacity for September 2020. GP advised that meeting this expectation was a concern given the estate limitations and the covid-19 safe expectations.</p> <p>The Board noted the update.</p>	
10.	<p>Delivery Plan 2020-2023 – Q1 Update</p> <p>KHJ introduced the quarter 1 Delivery Plan update to the Board, and highlighted that all Q1 objectives have been achieved.</p> <p>For information, KHJ provided the following highlights:</p> <ul style="list-style-type: none"> • Equality, Diversity and Inclusion (E,D&I) - An EDI lead has been appointed, and WHC is on track to launch an EDI Forum in September 2020. • IT work stream – WHC still working towards being fully migrated to the new network by 31st August 2020. • WHC website – The target date for the 'go live' of the new WHC website has been pushed this back a quarter to Q1 21/22. 	

	<p>KHJ confirmed that an update on the progress to implement the objectives set out in WHC's Delivery Plan would be on the agenda for every Board meeting.</p> <p>The Board noted the updated.</p>	
11.	<p>Risk Report 15+</p> <p>KHJ introduced the Risk Report to the Board.</p> <p>KHJ advised that WHC currently had two risks rated as 15+:</p> <ul style="list-style-type: none"> • Risk 80 - Managing System Pressures • Risk 125 - Covid-19 Business Recovery and Organisational Safety <p>The Board was asked to:</p> <ul style="list-style-type: none"> • Note the position with regards to WHC's 15+ risks, and confirm it believed the risks were appropriately scored • Assure itself that the risks were being actively managed • Check and Challenge the action plans to mitigate the 15+ risks. • Confirm it is satisfied for WHC to hold the level of risk that it does <p>The Board considered the above, and noted that much of the detail to justify the risk position had been considered earlier item in the agenda, during item 9 – Reset and Recovery update.</p> <p>LT confirmed that she was satisfied with the current scoring in the circumstances, and considered WHC to be appropriately mitigating the risks. The remainder of the Board members confirmed their agreement with this position.</p>	
12.	<p>Modern Slavery Statement</p> <p>KHJ introduced this statement to the Board, reminding Board members that it was an annual statutory requirement. In terms of the content of the statement, KHJ confirmed that the text was similar to last year – and the focus continued to be on ensuring that WHC staff members were alert to red flags around modern slavery, and new how and where to report their concerns. KHJ advised that earlier in the quarter, WHC had written and rolled out a mandatory training module in relation to modern slavery to raise awareness. Completion of this was monitored through Training Tracker.</p> <p>KHJ suggested that as part of the communications cycle on this topic for 20/21, WHC provide a briefing to staff on what to be alert to in their communities in relation to modern slavery, and how to report any</p>	

	<p>concerns to Wiltshire police. This suggestion was endorsed.</p> <p>SL asked if WHC should be obliging its sub-contractors to carry out DBS checks on all staff working on WHS sites. KHJ advised that she would investigate what might be possible in relation this approach with WHC's contracts team.</p> <p>DECISION: The Board approved the Modern Slavery Statement.</p>	
13.	<p>Adult and Children's Safeguarding Statement</p> <p>CR introduced this to the Board, advising that WHC's approach to safeguarding role remained very similar to last year. As such, the content of the statement was very similar to last year's.</p> <p>DECISION: The Board approved the Adult and Children's Safeguarding Statement.</p>	
14.	<p>Highlight Report x 2 – Quality Assurance Committee</p> <p>RB introduced the two Quality Assurance Committee highlight reports (19 May 2020 and 17 July 2020), and advised that the meeting held in May had been reconvened from April due to the impact of covid-19.</p> <p>RB informed the Board that both meetings had focused on quality issues in relation to dealing with the impact of covid-19.</p> <p>The Board noted the Quality Assurance Committee Highlight Reports from meetings held in May and July 2020.</p>	
15.	<p>Highlight Report - Wiltshire GP Alliance, Extended Access contract</p> <p>DB introduced this item informing the Board that WHC continued to hold the Extended Access contract with the CCG. This had been extended into this financial year (and was due to end in March 2021).</p> <p>There was nothing of concern in relation to the performance of this contract o highlight to the Board.</p> <p>The Board noted the highlight report from the Wiltshire GP Alliance Extend Access Contract.</p>	
	<p>Next meeting:</p> <p>6 November 2020, 10.00-13.00</p>	

	Training Room 1, Chippenham Community Hospital (Venue TBC)	
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Wiltshire Health and Care Board Action Tracker - Part I

Please note that this tracker may have a filter switched on so that only "open" actions are visible.

No	Date Entered	Action	Assigned to	Status	Due date	Date closed	Notes
130	07/08/2020	CR to do a deep dive to finds out more about why Lauren was discharged early from RUH. (item 7, Patient Story)	CR	Can be Closed	31/09/2020		Comprehensive response received and provided for next Board meeting

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 4

Chairs Report

VERBAL

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 5

Managing Directors Report

VERBAL

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 6

Risk Report 15+

PAPER

Wiltshire Health and Care Board

For information

Subject: Risk Management Report
Date of Report: 26 October 2020
Date of Board: 06 November 2020
Author: Tom Blowers, Risk and Complaints Manager
Exec Sponsor: Sara Quarrie, Executive Member, Director of Quality, Professions and Workforce

1. Purpose

This paper sets out:

SECTION A	WHC risk summary profile	<i>For information</i>
SECTION B	Management of COVID-19 risks	<i>For discussion</i>
SECTION C	15+ risks on the risk register	<i>For discussion</i>

The Board is asked to:

- **Note** the position with regards to WHC's 15+ risks, and confirm it believes the risks are appropriately scored.
- **Assure itself** that the risks are being actively managed.
- **Check and challenge** the action plans to mitigate 15+ risks. Specifically, is enough being done to minimise the risk occurring or the impact of the risk if it were to manifest.
- **Confirm** it is satisfied for WHC to hold the level of risk that it does.

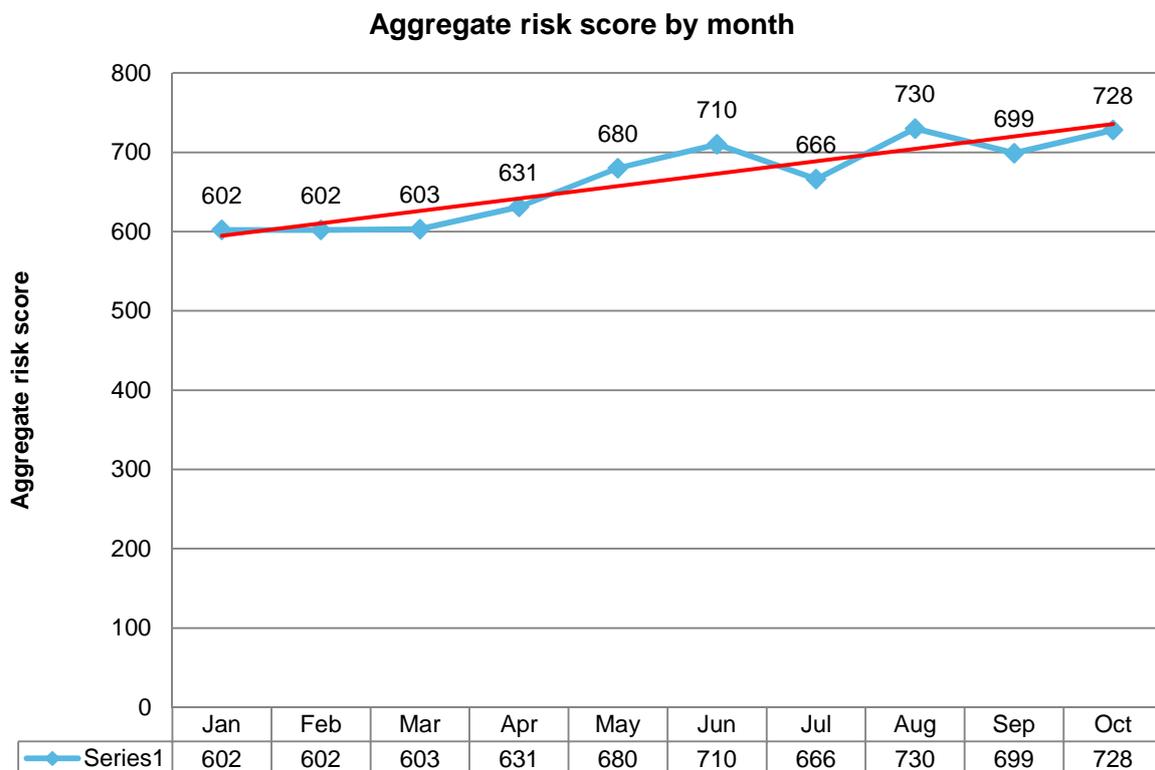
Section A: WHC risk summary profile

SECTION A1: Overall risk profile

The aggregate risk score decreased in September as Executive level risks were reviewed and closed. Through October, bespoke training and workshops have occurred with team leads regarding risk management. As a result teams have begun to record local risks on their individual risk registers.

Risk profile	August 2020 Report	September 2020 Report	October 2020 Report	Trend	Movement in month
Total open risks on WHC Risk Register	74	73	79		↑
"Accepted" open risk on the WHC Risk Register	19	19	17		↓
Aggregate Risk Score (open and accepted)	730	699	728		↑

The overall risk score has increased as workshops through Q2 2020 have prompted more teams to report appropriate risks on their risk registers.



SECTION A2: Risk Profile for 15+ risks

The data below reflects the position as at: 26.10.2020

	August 2020	September 2020	October 2020
Number of 15+ risks:	2	2	1
Combined risk score of 15+ risks:	32	32	16

Impact						
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16 1	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5
Likelihood		Rare 1	Unlikely 2	Possible 3	Likely 4	Certain 5

SECTION A3: Themed Risk Profile for 12+ Risks

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
1	0	0	0	0	0	0
15+ Risks aligned with WHC Delivery Goals						
Implementing a new model of care in line with the NHS Long Term Plan, breaking down the barriers between primary and community care	Developing our People Including our <i>Safer Staffing Programme</i>	Supporting our patients and services with good IT	Supporting our patients and staff with physical infrastructure that better meets need	Providing services in an efficient and sustainable way	Ensuring everything we do has a quality focus	Involving and engaging our patients and the public in developing our services

SECTION A4: 15+ Risk Movement

<p>New 15+ Risks</p>		<ul style="list-style-type: none"> • One new 15+ risk (Risk 125, Covid-19 Business Recovery & Organisational Safety), was added in the reporting period.
<p>Escalated to 15+ Risks</p>		<ul style="list-style-type: none"> • No risks were escalated to a 15+ risk in the reporting period
<p>De-escalated 15+ Risks</p>		<ul style="list-style-type: none"> • No risks were deescalated from 15+ in the reporting period
<p>Accepted 15+ Risk</p>		<ul style="list-style-type: none"> • No 15+ risks were <u>accepted</u> during the reporting period
<p>Closed 15+ Risks</p>		<ul style="list-style-type: none"> • One risk (Risk 80, managing System Pressures), was closed in the reporting period and merged with Risk 125.

SECTION A5: 15+ Risk

As of 26 October 2020, WHC has **One** 15+ risk on its Risk Register:

- Risk 125, Managing System Pressures through winter 2020/2021.

DETAILS ARE SET OUT IN SECTION C.

Section B: Management of COVID-19 risks, our approach

Meetings will occur monthly with the Chief Operating Officer and Heads of Service to review risks relating to their risk registers/operational areas and how they impact on organisational system pressures. Risks related to system pressures and the impact of Covid-19 will also be reported on other team and service registers to be managed appropriately by teams, team leads and service managers. These risks, managed off the Executive risk register, will be monitored and any increase in risk likelihood and impact will be considered in regard to how it may affect the overall system pressures through winter 2020.

Section C: Details of 15+ risks, and progress with actions

The Board should:

- **Note** the position with regards to WHC's 15+ risks, and confirm it believes the risks are appropriately scored.
- **Assure Itself** that the risks are being actively managed.
- **Check and Challenge** the action plans to mitigate 15+ risks. Specifically, is enough being done to minimise the risk occurring or the impact of the risk if it were to manifest.
- **Confirm** it is satisfied for WHC to hold the level of risk that it does.

Risk 125 Key points to note: This risk is a combination of risk 80 and 125 following review of 15+ risks in October 2020 by the Chief Operating Office and Heads of Operations. The risk will be reviewed in early November with new actions recorded.

Risk ID	Date added	Brief Risk title/description	Risk Owner	L	I	S	Target Score L x I = Score	Controls	October Updates
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Risk ID	Date added	Brief Risk title/description	Risk Owner	L	I	S	Target Score L x I = Score	Controls	October Updates
125	25.06.20	<p>Cause: Winter 2020 presents a number of unique circumstances to WHC and system partners: Covid pandemic; usual winter pressures; requirements to delivery phase three recovery plans; and EU exit. All of which have the potential to impact our ability to meet demands and maintain patient and system flow. All decisions regarding hospital discharge funds will be made using a section 75 agreement which could impact on the pace of decision making.</p> <p>Effect: failure to adequately plan and mitigate these risks could result in patient harm, financial challenges and reputational damage.</p> <p>Outcome: Should business recovery and service delivery not fully incorporate mitigations to reduce the likelihood and impact of this risk, there is potential for:</p> <ul style="list-style-type: none"> - patients to come to significant harm potentially leading to, (e.g.) inquests, complaints, litigation. - potential local hotspots developing and Increased capacity issues - Increased scrutiny, possible media attention 	Lisa Hodgson	4	4	16	2 x 2=4	<p>a)The WHC Covid-19 recovery cell meets regularly to discuss/agree service recovery plans and associated risks. These risks are managed by the cell, and a highlight report provided to the Executive Committee.</p> <p>b)Phase three plans which incorporated covid and winter planning have been scrutinised by the BSW over sight and delivery group, progress will be tracked by commissioners.</p> <p>c)The Wiltshire Alliance has been formed and meets weekly to review WHC and system partner plans. This forum own the demand and capacity modelling and phase three/winter plans for Wiltshire</p> <p>d)Fortnightly communication between Recovery Cell and Risk and Complaints Manager occurs, to ensure the Executive Committee and Board are apprised of organisational risk progress through regular risk update.</p>	<p>The recovery cell will oversee the mobilisation of phase three and winter plans. WHC has gone ahead with some recruitment advertising prior to final funding decisions being made by JCB, to ensure capacity comes online during the winter period. The capacity modelling is now complete and monitoring is being developed to enable the system to understand the impact of schemes.</p> <p>The escalation framework has not been agreed but is being considered by the BSW urgent care and flow board and will be used and tested in real terms this month. WHC is pushing to ensure the triggers to invoke our surge plans are clear and set at the appropriate level.</p>

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 7

Health and Safety Statement of Commitment and Annual Report

PAPER

Wiltshire Health and Care Board**For decision**

Subject:	Annual Report for Health, Safety, Fire & Security and Health & Safety Statement of Commitment
Date of Meeting:	06 November 2020
Author:	Jo Woodward, Health, Safety, Fire & Security Services Co-ordinator
Sponsor:	Sara Quarrie, Director of Quality, Professions and Workforce

1. Purpose

1.1 To review Health, Safety, Fire & Security Services performance in Wiltshire Health & Care.

2. Background

2.1 The Wiltshire Health & Care Board has responsibility for the monitoring organisational compliance with health, safety and fire legislation. This paper is a summary of performance in health, safety, fire and security services between April 2019 and March 2020.

3. Discussion

3.1 There were no health & safety convictions, enforcement or improvement notices issued by the Health & Safety Executive or Fire Enforcement Authority to Wiltshire Health and Care during the year.

3.2 Five RIDDOR incidents have been reported during the period. Two specified injuries (fractures) to patients on Wards; one specified injury to staff (fracture) and two over 7 day absences following a work-related incident. Four of the five RIDDOR reported this year were caused by slips and trips. The two patient related incidents were reportable as we were unable to demonstrate that we had fully assessed the risk of falls (as per policy) and had not put in place the arrangements to manage those risks (as agreed in the falls care plan). A full RCA was undertaken and actions agreed to address these failings. Two RIDDOR reports were made outside of HSE timescales due to delays in the reporting of the incident or the level of harm on Datix. Improvements to the review and Quality Team processes have been introduced to ensure RIDDOR reporting is completed within HSE timescales.

3.3 The Health & Safety Management System for Wiltshire Health & Care is described in the WHC Health & Safety Policy. The Hazard Risk Profile and organisational level risk assessments are under an annual review.

3.4 Health, Safety, Fire & Security Policies are up-to-date. New policies approved this year include: The Thermal Comfort Policy and Five Steps to Health & Safety Risk Assessment SOP. New policies under on-going development: Minimising the Risk of Self Harm and Ligature Audit Protocol and Safe Use and Handling of Medical Gases Procedure.

3.5 A programme of auditing health & safety has been carried out during the year confirming that Departments have the safety documents required in place (are Managing Safely) and that standards of safety in work areas are generally good (Safe Workplace Inspections). Every Department Manager received reports and recommendations to address areas of non-compliance following each stage of the audit.

3.6 A summary of the incidents reported this year are available in Appendix A.

3.7 The highest category of incidents reported has been physical aggression due to challenging behaviour (where there is a health, clinical or organic cause) with 29 incidents reported (a slight reduction from 33 last year. This equates to 14% of all safety incidents reported. The Prevention and Safe Management of Challenging Behaviour Protocol was approved in March 2018. The challenge for 2019-20 was to embed that guidance into working practice to minimise incidents and risks for staff. The Quality Improvement Lead began a programme of dementia awareness training for staff on the Wards this year which complements and supplements the existing Conflict Resolution Training for staff. This training, as well as the reviewed Close Support Policy, will improve staff skills and support staff to suitably manage challenging behaviour.

3.8 There were 26 environmental safety incidents reported this year (this data was not categorised and captured previously). These incidents principally identify maintenance actions required by the estates and facilities provider and this data is shared with NHSPS through the monthly operational meetings. A number of these incidents also highlight issues with thermal comfort in work areas. The Thermal Comfort Policy was approved and published in February 2020 to provide guidance to individuals and managers on actions that can be taken to manage seasonal thermal comfort (often low temperatures in winter and high temperatures in summer).

3.9 There were 22 verbal abuse incidents reported and one incident of physical assault. This was a significant reduction from 41 reported in the previous year. There have been no formal sanctions or prosecutions taken by the Local Security Management Specialist on WHC behalf in the reporting period. SAFE our Security Services provider summarise their activities their Annual Report.

3.10 There were 20 slips, trips and falls reported by staff during this year compared to 11 in the previous year. This was a cause for concern raised through the Policy and Oversight Group and discussed at the Quality & Planning Group. The key concern was that poor footwear may well have been a contributing factor in some incidents. It was agreed that the Uniform Policy would be reviewed, Managers would challenge unsuitable footwear being worn by individuals in their teams and posters would be displayed on safety noticeboards to remind and encourage individuals of the importance of safe footwear at work.

3.11 There were 13 manual handling incidents reported in the reporting period (a reduction from 23 last year). Absences from work due to musculoskeletal ill health accounted for 3014 days absence in the reporting period. Long term absences for eleven members of staff equated to 1035 of the total days.

3.12 The WHC Handling Improvement Strategy describes the actions and plans in place to reduce the impact of musculoskeletal disorders and to reduce risks for patients and staff. In the reporting period the Patient Handling Advisor has worked with Ward staff to create handling equipment

inventories, ensure maintenance arrangements are in place and documented and developed through formal equipment review a preferred handling equipment list.

3.12 The Musculoskeletal Health & Handling Advisory Team work closely with HR to provide support to individuals and managers to ensure adjustments are in place for staff joining WHC with existing MSK conditions, to offer advice for individuals experiencing MSK discomfort and work to support the process of staff who are returning to work to keep them safe and well.

3.13 Work with the Community Equipment Provider has been on hold during this reporting period whilst the commissioning of those services has been under review.

3.14 There were 13 fire safety incidents on WHC sites in the last year. There were no fires. There were two near miss incidents where electrical equipment created a potential ignition source. The lesson plan for Fire Safety Awareness has been amended to highlight the potential hazards from electrical equipment and providing guidance on checks that should be made to minimise the risks.

3.15 The Community Fire Safety Forum met quarterly this year - this Forum is a partnership of the landlord, estates provider and co-tenants to ensure co-operation and co-ordination of fire safety arrangements across our shared sites. The Forum has been able to engage with further co-tenants this year.

3.16 Fire Risk Assessments and Fire Drills have been completed for all WHC sites in the reporting period.

3.17 The Health, Safety, Fire and Security Services Policy and Oversight Group monitor performance for health, safety, fire and security.

3.18 The Health & Safety Forum (Health & Safety Representatives Forum) meets quarterly and monitors Health, Safety, Fire and Security incidents and the activities of the services.

3.19 Significant health & safety hazards and risks are managed through the WHC Risk Register.

3.20 Health, Safety, Fire & Security Services Plans are in place for 2020-21. Progress against these plans will be monitored by the Health, Safety, Fire & Security Policies and Oversight Group.

4 Recommendation

4.13 The Board is invited to:

- (a) Accept the content of the report and the actions to be taken forward during 2020/2021.
- (b) Approve the WHC Statement of Commitment for Health & Safety (Appendix B)

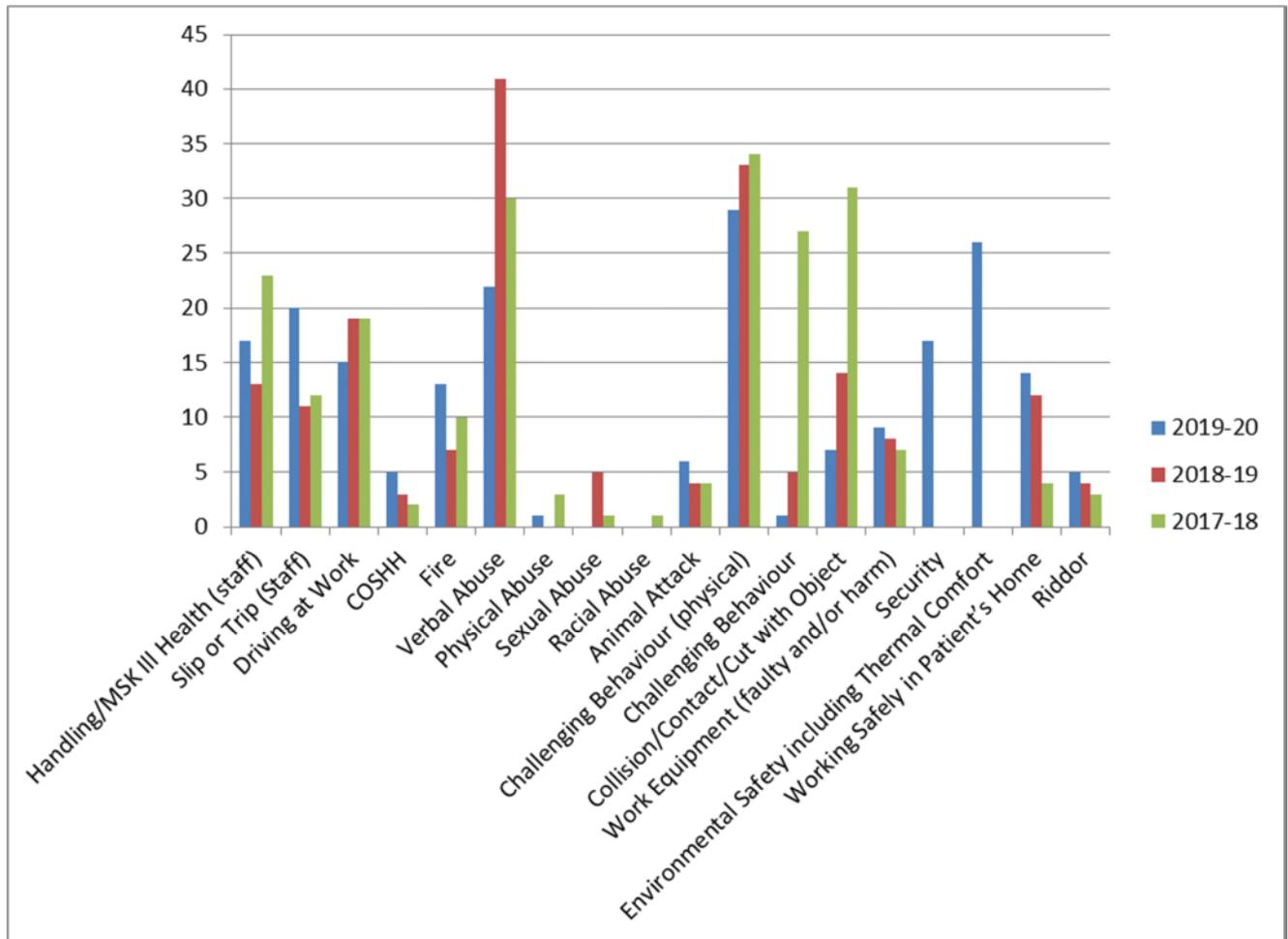
Impacts and Links

Impacts	
Quality Impact	Ensuring safe workplace and safe working practice to support the delivery of high quality patient care and delivery of high quality services. A robust health & safety management system should reduce the risks of harm to staff, patients and visitors.
Equality Impact	Effective health and safety arrangements support the provision of safe care to all patients and allow for reasonable adjustments for staff with existing health conditions.
Financial implications	<p>Compliance with legislative requirements should minimise the likelihood of prosecution and civil litigation against Wiltshire Health & Care.</p> <p>Investment in safety should reduce the risks of harm to staff, minimising work-related incidents and contribute to the reduction in staff absence.</p> <p>Fire Safety risks identified through Site Fire Risk Assessment should be addressed by the premises owner to ensure compliance with legislation and healthcare premises guidance outlined in the Healthcare Technical Memorandum.</p>
Impact on operational delivery of services	Effective health and safety arrangements support staff to deliver services efficiently
Regulatory/legal implications	Ensuring compliance with Health & Safety at Work Act etc 1974, Management of Health & Safety at Work Regulations 1999, Manual Handling Operations Regulations 2002 and Regulatory Reform (Fire Safety) Order 2005
Links	
Link to business plan/ 5 year programme of change	Click here to enter text
Links to known risks	Health & Safety Risks are documented and monitored through the Wiltshire Health & Care Risk Register and Health & Safety Hazard Profile
Identification of new risks	Click here to enter text

Appendix A - Incident Data Year on Year

Incident Category	2019-20	2018-19	2017-18	2016-17
Handling/MSK Ill Health (staff)	17	13	23	13
Slip or Trip (Staff)	20	11	12	6
Driving at Work	15	19	19	4
COSHH	5	3	2	2
Fire	13	7	10	16 total
Fire Hazards Patients Home	Now reported in Working Safely in Patients' Homes	12	4	
Verbal Abuse	22	41	30	31 *
Physical Abuse	1	0	3	32 *
Sexual Abuse	0	5	1	-
Racial Abuse	0	0	1	-
Animal Attack	6	4	4	
Challenging Behaviour (physical)	29	33	34	-
Challenging Behaviour	1	5	27	-
Collision/Contact/Cut with Object	7 (staff only)	13	26	-
Burns & Scalds	Included in above data	1	5	-
Work Equipment (faulty and/or harm)	9	8	7	0
Security	17			
Environmental Safety including Thermal Comfort	26			
Working Safely in Patient's Home	14			
Riddor	5	4	3	1

NB Data for 2016/17 was for the period July 2016-March 2017 so is not directly comparable to the full year data collated for 2017-18 * Reporting in this area in 2016-17 was under the general category 'violence and aggression' and did not recognised 'challenging behaviour' (i.e. behaviour with a clinical, health or organic cause) - Data not available for 2016-17



Appendix B

WHC Statement of Commitment

WHC Board

Health & Safety - Statement of Commitment

We are committed to identifying and managing health & safety risks, meeting legislative requirements and achieving best practice standards.

We recognise the legal requirements under the Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999 to ensure the health & safety of staff delivering services on behalf of Wiltshire Health & Care (WHC) and anyone else whose health, safety and welfare could be affected by the work and activities of WHC.

WHC will do all that it can to ensure staff delivering services on behalf of WHC, and others, are not exposed to unacceptable risk.

We recognise that a healthy workforce, working within a safe working environment, has a positive impact on our abilities to deliver services and achieve excellence in our work.

To achieve this objective we will ensure a safety management system is maintained that supports individuals and managers to actively manage foreseeable or identified health & safety risks.

Expectations and standards for Health & Safety will be clearly defined and local arrangements will be documented.

WHC will ensure the leadership and resources are in place so that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, safe working environment and safe working practice.

Implementation of the Health & Safety Policy is an individual and management responsibility and accountability will be clear at every level.

Health & Safety Management will be part of our everyday approach to our work and its effectiveness will be measured and monitored as a core business activity.

I and other members of the Wiltshire Health & Care Board are committed to ensuring the implementation and maintenance of the highest standards of health, safety and welfare across the Wiltshire Health & Care Partnership. We expect every member of staff working on behalf of Wiltshire Health & Care to share this commitment and to work together to achieve it.

Managing Director

Date

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 8

Quality, Workforce, Performance & Finance Report

8a Quality Workforce & Performance Dashboard (If you require a copy of this please contact whc.corporateservices@nhs.net)

8b Finance Dashboard (If you require a copy of this please contact whc.corporateservices@nhs.net)

8c WRES Report

Wiltshire Health and Care Board

For information

Subject: Quality, Workforce, Finance and Performance Report

Date of Meeting: 6 November 2020

**Author: Sara Quarrie, Quality Performance
Hanna Mansell, Workforce
Annika Carroll, Finance
Lisa Hodgson, Operational Performance**

Purpose

- 1.1 To provide an overview of the key points relating to Quality, Workforce, Finance and Performance of Wiltshire Health and Care services, and alert and advise the Board to issues by exception.

2. Issues to be highlighted to the Board

Quality

- 2.1 From analysis of this information and triangulation with other sources of information and intelligence, the following issues are highlighted in relation to the quality of services:

Advise	
B	<p>Patient Safety</p> <p>Incident reporting - During Q2, 907 incidents were reported onto DATIX, combined with a minority of incidents (11% n=103) causing moderate+ harm this indicates improved incident reporting. The key areas to highlight in reported incident categories are:</p> <ol style="list-style-type: none"> 1. Pressure care issues are the area of highest reporting (n= 329, including n= 166 inherited pressure ulcers). The area of particular concern is the 'Developing category II'¹ for pressure ulcers (n=139 in Q2 2020), because as services continue to be limited by Covid-19 restrictions, some of these pressure ulcers will develop into Category III/IV. 2. Across inpatient wards, 'unwitnessed falls' (n=28) continue as the highest number of reported incidents, progress in reducing these falls is reported via the Falls Quality Improvement Programme. <p>Serious Incidents - key themes identified:</p> <ol style="list-style-type: none"> 3. Pressure ulcer deterioration/development to Category III or IV Pressure Ulcers in community patients 4. Unwitnessed falls on inpatient wards

Duty of Candour – Eighteen incidents met Duty of Candour requirements: 11 were offered verbal (61%), seven were offered in writing (39%) and seven were offered investigation (39%).

Clinical effectiveness

Quality Schedule 20/21 - Discussions are underway for a new quality schedule reporting process as requested by the CCG.

Medicines Governance:

- **Staff peer flu vaccination programme** is now in progress, priority is for patient facing staff to be vaccinated in October, followed by non-patient-facing staff based on vaccine supply availability and risk of infection spread.
- **Permission to administer forms**, WHC await a response from the Local Medical Committees (LMC) to a letter WHC sent (in May) detailing concerns regarding the LMC recommendations to GPs on completion of permission to administer (P2) forms. As a result of GP feedback, WHC updated their policy on electronic completion of P2s at the end of April. Current WHC policy states all medicines to be administered require a P2 and this policy conflicts with the LMC recommendations to GPs.

Health, Safety, Fire and Security:

- **RIDDOR incidents**, four have been reported YTD: One COVID exposure in April (reported August when data available); two 7+ day absence; 1 patient fall (fracture).
- **FIT mask testing** preparedness for whatever winter may bring. The Health and Safety team: (i) Has trained 35 members of staff to carry out fit testing across WHC – across all sites; (ii) Track fit testing results, so we know who has these skills across WHC; (iii) Continue Fit Testing sessions, with Inpatient Sites in October/November 2020; (iv) Every Department has completed fit testing to ensure they are able to deliver care safely to patients. With new models of masks now available we are prioritising ensuring adequate supplies of fit tested masks and training clinical staff on Wards/Community Teams who may be required to carry out aerosol generating procedures (AGP) and who have not previously been successfully fit tested (as no suitable mask available).

Infection Prevention and Control - The team has been heavily involved in Covid-19 preparations, surveillance, mitigation and controls. While actively supporting management of an increase in acquired healthcare associated infections with several bay closures for Covid-19 like symptoms and unexplainable diarrhoea in patients.

Patient experience

Friends and Family Test (FFT) - On 1st October 2020, the FFT was relaunched. It is expected that yields will remain lower as there are fewer patients physically coming to our sites. To mitigate, use of text messaging from SystemOne is being explored.

- **Complaints** - Wiltshire Health and Care continue to respond to complaints at 96% (n=15) within target timeframes and above benchmarking data of 80%.

		<p>Duty of Candour (DoC) compliance is suboptimal; this is in part affected by inaccurate reports from DATIX. To improve WHC DoC DATIX reports, amendments are being made to rectify coding issue and ensure an accurate reflection of WHC current DoC status. The September 2020 Dashboard reflects these changes to the DoC compliance data.</p> <p>Inadequate infection control capacity due to Covid-19 workload and plan to explore additional staffing capacity options</p> <p>MOPs concerns that until the LMC formally respond to our letter then it is difficult to provide consistent advice on requirements for completion of P2s to our teams.</p>
Action		
		<p>The Board is to note a change in the frequency of the Infection, Prevention and Control and Health, Safety, Fire and Security (IPCHSFS); Medicines Governance; and Safeguarding Policy Oversight Groups.</p>

Workforce

2.2 From analysis of this information and triangulation with other sources of information and intelligence, the following issues are highlighted in relation workforce:

To include: *How can we be sure that we are properly looking after our staff*

Advise		
		<p>WHC have completed their annual WRES (Workforce Race Equitably Standard) report (see attached paper)</p>
Alert		
		<p>This report has nothing to Alert to the Board.</p>
Action		
		<p>This report has nothing for the Board to action.</p>

Finance

2.3 The following issues are highlighted in relation to the financial performance:

Advise																																
		<p>The LLP reports an underlying YTD favourable variance of £389k against income, an adverse variance of (£33k) against Pay and an adverse variance of (£108k) against Non-Pay, after removing Covid related income and expenditure from the reported position.</p> <p>The in-month and YTD favourable variance is driven by the 2019/20 ETTF grant funding of £301k, which is reflected in the M6 income position.</p>																														
		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>In-Month Budget M6 £000</th> <th>In-Month Actual M6 £000</th> <th>M6 in-month variance £000</th> <th>M6 Covid spend and Income £000</th> <th>M6 in-month variance excluding Covid £000</th> </tr> </thead> <tbody> <tr> <td>Income</td> <td>4,895</td> <td>5,370</td> <td>475</td> <td>163</td> <td>311</td> </tr> <tr> <td>Pay</td> <td>3,350</td> <td>3,496</td> <td>(146)</td> <td>(64)</td> <td>(81)</td> </tr> <tr> <td>Non Pay</td> <td>1,647</td> <td>1,661</td> <td>(14)</td> <td>(99)</td> <td>85</td> </tr> <tr> <td>Total</td> <td>(102)</td> <td>213</td> <td>316</td> <td>-</td> <td>316</td> </tr> </tbody> </table>		In-Month Budget M6 £000	In-Month Actual M6 £000	M6 in-month variance £000	M6 Covid spend and Income £000	M6 in-month variance excluding Covid £000	Income	4,895	5,370	475	163	311	Pay	3,350	3,496	(146)	(64)	(81)	Non Pay	1,647	1,661	(14)	(99)	85	Total	(102)	213	316	-	316
	In-Month Budget M6 £000	In-Month Actual M6 £000	M6 in-month variance £000	M6 Covid spend and Income £000	M6 in-month variance excluding Covid £000																											
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Total	(102)	213	316	-	316																											

	YTD Budget M6 £000	YTD Actual M6 £000	YTD M6 variance £000	YTD M6 Covid spend and Income £000	YTD M6 variance excluding Covid £000
Income	29,186	30,764	1,578	1,189	389
Pay	19,754	20,450	(696)	(663)	(33)
Non Pay	9,429	10,064	(635)	(526)	(108)
Total	3	250	248	-	248

The position reflects M1-M6 draft reconciliation against BSW block contract payments.

Confirmation of funding for winter initiatives is still being worked through.

WHC is awaiting confirmation by BSW of the top-up funding value for the remaining months of the current financial year.

The top 2 Covid capital schemes across BSW have been put forward to NHSEI, which include an element of infrastructure support for WHC services. BSW is awaiting confirmation of the outcome of these bids.

Alert		This report has nothing to alert to the Board.
Action		This report has nothing for the Board to action.

Performance

- 2.4 The following issues are highlighted in relation to the maintaining performance against required performance standards:

To include: *An update on the Reset and Recovery Programme.*

Advise	
	<p><u>Staff Morale</u></p> <p>It is noted that staff morale has decreased in the past few weeks with considerable fear regarding the second wave of Covid and apprehension about moving into winter, which will be a difficult few months. Remedial work is being undertaken to ensure appraisals are undertaken so staff are able to articulate concerns and plans put in place to support. A senior rota is being put in place through winter to ensure staff know where to access support. HR colleagues are continuing to explore enhanced wellbeing offers and the possibility of having resource in our main sites.</p> <p><u>Winter Initiatives</u></p> <p>Work continues to define the amount of funding available through the BCF and Hospital Discharge Support Fund, WHC has worked hard to define the schemes and has gone advertised roles as early as possible.</p> <p><u>RTT</u></p> <p>Orthotics Nearing 52 week breach with one patient who is booked for their collar fitting on 29th Oct which is at 50 weeks, with back up arrangements in place in case the appointment does not go ahead. The service provider, Blatchford's, would not undertake home visits during the lockdown period of Covid. Home visits have now recommenced. We have managed to schedule 3 additional days' worth of clinics but cannot obtain any more than that at present, due to capacity at Blatchfords. The service is currently running at approx. 71% of pre covid capacity and currently unable to increase that any further.</p>

Alert	
	This report has nothing to alert to the Board
Action	
	This report has nothing for the Board to action

3. Recommendation

3.1 The Board is invited to note the contents of this report.

Wiltshire Health and Care Board**For information****Subject: Wiltshire Health and Care WRES Report****Date of Meeting: 06 November 2020****Author: Hanna Mansell, Head of People****1. Purpose**

1.1 This paper is to introduce the Workforce Race Equality Standard (WRES) submission for the period of 2019/2020, to the Wiltshire Health and Care Board:

- i) to provide assurance,
- ii) to encourage participation and challenge around the data and associated plans.

1.1.1 This paper will highlight the key areas to note from this data; along with associated action points. (Appendix 1)

2. Background

2.1 Wiltshire Health and Care (WHC) are required to undertake an annual WRES submission as part of contractual requirements. To date, WHC have not been required to submit this data to the national programme. This will change from next year, where WHC will also be required to submit this data to the national programme from September 2021.

2.2 WHC have undertaken a WRES review in line with contractual requirements on an annual basis, with the first submission as WHC being in 2018/2019.

2.3 The internal governance review of the WRES submission is undertaken via Workforce and Development Policy and Oversight Group and the Executive Committee.

3. Discussion

3.1 The 2019/2020 WHC WRES submission shows overall positive improvements on the previous year's data with the key points to note being:

- The overall BAME workforce (5.52%) being above the Wiltshire average (3.3%)
- Increased recruitment of BAME workforce (8.25%) against 2018/2019 data (2.64%)
- Increase of BAME workforce at all levels of the organisation (salary ranges)
- From 2019/2020 Staff Survey 0.00% of BAME workforce report, **(KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.)** reduced from 1.89% in the previous year.
- From 2019/2020 Staff Survey 0.00% of BAME workforce report **(KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.)** reduced from 3.77% in the previous year.

- From 2019/2020 Staff Survey 100% of BAME workforce report (**KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.**) increase from 98.11% in the previous year.
- There has been a reduction in representation of BAME workforce on the WHC Board. This has reduced from 9.09% to 0.00%.

The WRES report was presented to the newly established Equality, Diversity and Inclusion (EDI) Forum at the end of October; to review, analyse and produce key action points to inform the EDI Action Plan which will launch in April 2021.

The Executive Committee will take responsibility for the oversight of the development and ratification of the EDI action plan; along with the monitoring of the implementation and impact of actions.

4. Recommendation

4.1 The Board is invited to:

- (a) To note the content of the WRES report and the next steps.

Impacts and Links

Impacts	
Quality Impact	This document has no negative impact on quality
Equality Impact	This document aims to address any inequality within the workforce
Financial implications	There are no financial impact of this paper
Impact on operational delivery of services	There are no negative impacts on operational delivery from this paper
Regulatory/ legal implications	Equality Act 2010 WHC contractual requirements
Links	
Link to business plan/ 5 year programme of change	This forms part of the WHC Delivery Plan, the NHS LTP and the 'We are the NHS' People Plan
Links to known risks	There are no known risks lined to this paper
Identification of new risks	There have been no identified risks as part of this paper

Appendix 1

Document:	WRES Tracker
Date:	2019 / 2020
Author:	Wiltshire Health and Care (WHC)
Group with oversight:	Equality and Diversity Policy & Oversight Group

1. Overview

This paper set outs WHC's WRES response.

Implementing the [National Workforce Race Equality Standard \(WRES\)](#) is contractual requirement under SC13.6 of the NHS Standard Contract for all providers.

2. WRES Tracker

#	Data Entry Required	Organisational response	Source of information	Current position re data collection/ issues.
1	Name of organisation	Wiltshire Health and Care	-	
2	Date of Report (Month/Year)	August 2020 (data as of 31 st March 2020)	-	
3	Name and title of Board lead for the Workforce Race Equality Standard	Katie Hamilton Jennings, Director of Governance and Company Secretary	-	
4	Name and contact details of lead manager compiling	Hanna Mansell, Head of People	-	

	this report			
5	Names of commissioners this report has been sent to	Wiltshire CCG	-	
6	Name and contact details of co-ordinating commissioner this report has been sent to	NA	-	
7	Unique URL link on which this report and associated Action Plan will be found		-	
8	This report has been signed off by on behalf of the board on:		-	
		Date of Sign Off:	-	
9	Any issues of completeness of data	None	-	
10	Any matters relating to reliability of comparisons with previous years	None		
11	Total number of staff employed within this organisation at the date of the report	1141	ESR	

12	Proportion of BAME staff employed within this organisation at the date of the report?	63 (5.52%)	ESR													
13	The proportion of total staff who have self-reporting their ethnicity	92.47%	ESR													
14	Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?	<ul style="list-style-type: none"> Review of ESR data; all staff will be invited to review the current details held via the ESR self-service portal, and submit any updates required. 														
15	Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity?	None														
16	What period does the organisation's workforce data refer to?	Data as of 31 st March 2020 (financial year 1 st April 2019 – 31 st March 2020)	-													
17	Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce. Very Senior Managers (VSM) salaries generally begin at	<p>Data for reporting year: 19/20</p> <p>Overall:</p> <table border="1"> <thead> <tr> <th>Salary</th> <th>% BAME Comparison</th> </tr> </thead> <tbody> <tr> <td>£10 - £19,999k</td> <td>5.74% of the BAME workforce is in this bracket</td> </tr> <tr> <td>£20 – £29,999k</td> <td>6.17%</td> </tr> <tr> <td>£30 - £39,999k</td> <td>5.41%</td> </tr> <tr> <td>£40 - £49,999k</td> <td>3.61%</td> </tr> <tr> <td>£50k+</td> <td>3.70%</td> </tr> </tbody> </table>	Salary	% BAME Comparison	£10 - £19,999k	5.74% of the BAME workforce is in this bracket	£20 – £29,999k	6.17%	£30 - £39,999k	5.41%	£40 - £49,999k	3.61%	£50k+	3.70%	ESR	
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		<p>The implications of the data and any additional background explanatory narrative</p> <p>Based on Wiltshire’s BAME demographic (census 2011) (3.3%), Wiltshire Health and Care employ over the average BAME (5.42%)</p> <p>Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:</p> <p>There is no “gap” identified to be addressed.</p> <p>The data indicates that WHC is employing with more BAME diversity than is represented within the local population.</p> <p>The WHC E&D Strategy is currently under review and an ED&I Staff Forum has been set up to commence from September 2020 to ensure minority groups within our workforce have a clear voice and ability to influence organisational practice.</p>	-																									
18	Relative likelihood of staff being appointed from shortlisting across all posts	<p>Data for reporting year: 19/20</p> <table border="1"> <thead> <tr> <th>Description</th> <th>Applications</th> <th>%</th> <th>Shortlisted</th> <th>% Shortlisted</th> <th>Appointed</th> <th>% Appointed</th> </tr> </thead> <tbody> <tr> <td>WHITE - British</td> <td>2,026</td> <td>67.90%</td> <td>1018</td> <td>74.90%</td> <td>269</td> <td>88.78%</td> </tr> <tr> <td>BAME</td> <td>597</td> <td>20.00%</td> <td>202</td> <td>14.85%</td> <td>25</td> <td>8.25%</td> </tr> </tbody> </table>	Description	Applications	%	Shortlisted	% Shortlisted	Appointed	% Appointed	WHITE - British	2,026	67.90%	1018	74.90%	269	88.78%	BAME	597	20.00%	202	14.85%	25	8.25%	NHS Jobs/ ESR				
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		*Appointed data only available from June 2018 – March 2019								
		<p>The implications of the data and any additional background explanatory narrative:</p> <p>Recruiting managers do not see any identifying information at the shortlisting stage, this includes Ethnicity group. There has been a slight increase in the number of BAME applications being received and BAME staff being appointed however there is also a slight decrease in the number of BAME Applications being shortlisted</p>	-							
		<p>Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:</p> <p>We are currently analysing this data set to identify whether there is anything statistically significant that we need to address.</p>	-							
19	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year</p>	<p>Data for reporting year:</p> <table border="1"> <thead> <tr> <th>Formal Disciplinary Action</th> <th>% of Cases</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>92.31%</td> </tr> <tr> <td>BAME</td> <td>3.85%</td> </tr> </tbody> </table>	Formal Disciplinary Action	% of Cases	White	92.31%	BAME	3.85%	HR Reports	
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		<p>Data for previous year: N/A – Data not reported</p>	-							
		<p>The implications of the data and any additional background explanatory narrative:</p> <p>The proportion of BAME staffing entering into a formal disciplinary process is not disproportionate however this will continue to be monitored and considered in work-streams relating to the 'Just' Culture. Data will be reported and monitored via the ED&I forum.</p>	-							
		<p>Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:</p> <p>As above.</p>	-							

20	Relative likelihood of staff accessing non-mandatory training and CPD	<p>Data for reporting year:</p> <p>From 135 applicants for CPD training, 11.85% have not stated their ethnicity and 2.22% have reported mixed ethnicity.</p>	Spreads heet held by Educati on and training	
		<p>Data for previous year:</p> <p>From 72 applicants for CPD training, 17.10% have not stated their Ethnicity and 2.63% have reported mixed ethnicity.</p>	Spreads heet held by Educati on and training	
		<p>The implications of the data and any additional background explanatory narrative:</p>	-	
		<p>Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:</p> <ul style="list-style-type: none"> The WHC E&D Strategy remains under development. The ED&I forum, launching in September 2020, will form the foundations of this, as well as key actions identified in the NHS People Plan 	-	
21	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<p>Data for reporting year: 2019</p> <p>White:</p> <p>24.64%</p> <p>BME:</p> <p>0.00%</p>	Staff Survey (19/20 data)	
		<p>Data for previous year: 2018</p> <p>White:</p> <p>9.06%</p> <p>BME:</p> <p>1.89%</p>	Staff Survey (19/20 data)	

		The implications of the data and any additional background explanatory narrative: The data does not highlight a concern in relation to BAME compared with white staff.	-	
		Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective: WHC has a zero tolerance approach to racial discrimination, and policies and processes in place to support this stance.	-	
22	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	Data for reporting year: 2019 White: 10.00% BME: 0.00%	Staff Survey (18/19 data)	
		Data for previous year: 2018 White: 5.75% BME: 3.77%	-	
		The implications of the data and any additional background explanatory narrative: The data does not highlight a concern. We will continue to encourage staff to report their concerns.	-	
		Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective: WHC has a zero tolerance approach to racial discrimination, and policies and processes to support that.	-	
23	KF 21. Percentage believing that trust provides equal opportunities for	Data for reporting year: 2019 White:	Staff Survey (18/19)	

	career progression or promotion.	95.32% BME: 100.00%		
		Data for previous year: 2018 White: 98.73% BME: 98.11%	-	
		The implications of the data and any additional background explanatory narrative: The data does not highlight a concern.	-	
		Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective: Equal opportunities and fair career progression is an objective within the NHS People Plan and WHC will therefore incorporate this into their ED&I action plan.	-	
24	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following: b) Manager/team leader or other colleagues	Data for reporting year: 2019 White: 6.97% BME: 0.35%	Staff Survey (18/19)	
		Data for previous year: 2018 White: 1.28% BME: 1.89%	-	
		The implications of the data and any additional background explanatory narrative: The data does not highlight that individuals who identify themselves as having a BAME ethnicity are	-	

		in a different position in the workplace to those that identify with white ethnicity. As an organisation, our approach to encouraging positive behaviours of our staff is designed to be accessible and meaningful to all ethnicities.		
		Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective: None	-	
25	Percentage difference between the organisations' Board voting membership and its overall workforce.	Data for reporting year: 19/20 Total workforce: White: 94.48% BAME : 5.52% Board: White: 100.00% BAME: 0.00%	ESR	
		Data for previous year: 2018 Total workforce: White: 95.09% BAME : 4.91% Board: White: 91.01% BAME: 9.09%	-	
		The implications of the data and any additional background explanatory narrative: The diversity across our senior management team and board had reduced in year.	-	
		Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:	-	
26	Are there any other factors or data which should be taken into consideration in assessing progress?	N/A	-	
27	Organisations should produce a detailed WRES action plan, agreed	This forms part of the E&D Strategy.	-	

<p>by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below</p>			
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**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 9

Winter Plan

PAPER

Wiltshire Health and Care Board**For decision****Subject:** Operational Resilience And Capacity Plan (WINTER)**Date of Meeting:** 06 November 2020**Author:** Lisa Hodgson, Chief Operating Officer**1. Purpose**

The purpose of this document is to describe the arrangements put in place by Wiltshire Health and Care (WHC) to support the delivery of planned and unplanned care from 1st November 2020 to 5th April 2021, including the Christmas and New Year holiday period, but excluding Easter.

2. Background

The WHC plan for Quarter 3 and Quarter 4 2020/21 (the 'Winter Plan') has been developed in the unprecedented context of:

- Ongoing management of the Covid-19 pandemic and the changed approach to the delivery of services this has required
- Restart of services as defined in phase three plans
- As in any other winter period, WHC must also plan for an increase in demand arising from seasonal conditions including influenza.
- EU exit and a potential no deal scenario

As well as treating patients who require care as a result of Covid-19, our operation has been altered significantly to reflect the increased infection control and social distancing required to counter the spread of the virus. This winter plan draws together the multitude of actions taken to respond to the next phases of the pandemic (over the winter months), contribution to the system-wide approach to planning and delivery, and delivering the NHS-wide requirements set out in the third phase of the Covid-19 response. This plan is underpinned by a range of operational and escalation plans with the primary aim of maintaining safe and effective delivery of services and maintaining system flow to each of the three localities.

This plan will be a working document; WHC has a robust surge plan to be used if the organisation is required to step back into incident mode. The triggers for this are still to be defined as a system. It is really important that system partners recognise that invoking the surge plan will have significant impact on WHC ability to deliver planned services and, as such, the triggers once agreed need to reflect that exceptional circumstances are in play.

3. Discussion

Building on the lessons learnt from the previous winter and during the Covid response, the priorities for Wiltshire Health and Care for the forthcoming winter period are:

- Stabilise the flow hub through additional recruitment
- Secure additional support worker and therapy hours to support pathway 1 patients

- Secure additional agency hours to support the immediate transition to permanent home first resource
- Mobilise a 12 hour rapid response service in January 2021
- Secure and mobilise intensive rehabilitation beds
- Maintain length of stay in Community Hospital wards to 28 days, with the exception of Mulberry Ward.

4. Recommendation

4.1 The Board is invited to:

- (a) Note and approve the contents of this report

Impacts and Links

Impacts	
Quality Impact	Failure to plan for predictable surges in demand would result in quality of services being compromised.
Equality Impact	Failure to continue to provide as many community services as possible during Winter could have a disproportionate effect on more vulnerable or disadvantaged members of the population.
Financial implications	The additional capacity is dependent on funding from commissioners, either permanently committed or through non recurrent support.
Impact on operational delivery of services	This plan seeks to ensure that the right framework is in place to support the continued operational delivery of services.
Regulatory/ legal implications	Links to our regulatory requirements to continue to deliver safe and effective services.
Links	
Link to business plan/ 5 year programme of change	Some of the additional capacity for winter is also in line with objectives in the WHC Delivery Plan.
Links to known risks	Risk 125: System Pressures
Identification of new risks	None.

OPERATIONAL RESILIENCE AND CAPACITY PLAN (WINTER)

Summary	The purpose of this document is to describe the arrangements put in place by Wiltshire Health and Care (WHC) to support the Delivery of planned and unplanned care from 1 st November 2020 to 5 th April 2021, including Christmas and New Year holiday period, but excluding Easter.
Target Audience	WHC staff, Board Members, Wiltshire Alliance, Volunteers and Contractors.
Review Date	August 2021
Approved By	[To be approved by Board]
Author	Lisa Hodgson, COO
Version	1.3
Date of Issue	October 2020

Version Control

Version	Author	Date	Reason
1.0	Lisa Hodgson	18/08/2020	1 st draft
1.1	Lisa Hodgson	29/08/2020	Following review of system plan
1.3	Lisa Hodgson	28/10/2020	Final Review

Executive Summary

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1. Introduction

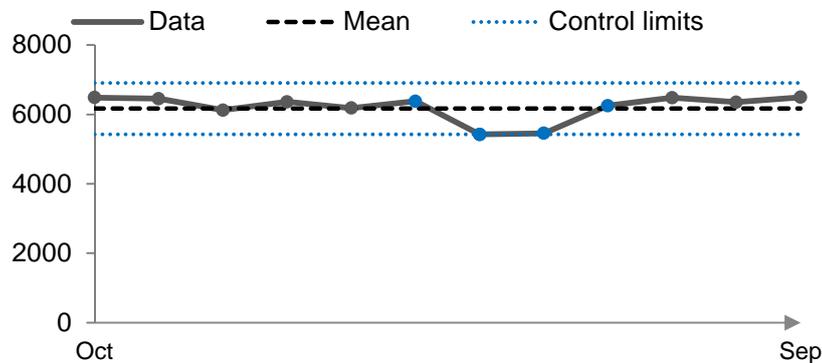
The Winter Resilience and Cold Weather Plan for Wiltshire Health and Care (WHC) outlines the systems and processes in place to effectively manage capacity to meet the demand for planned and non-planned demand from the 1st December 2020 to the 5th April 2021; this period covers both the Christmas, New Year and Easter Holiday Periods.

The Plan is set within the context of the national guidance for 'Operational Performance Escalation Levels (OPEL) Framework. This document describes 4 levels of escalation for local health and social care systems, OPEL 1 (able to meet demand), 2 (starting to show signs of pressure), 3 (major pressures compromising patient flow) and 4 (organisations unable to deliver comprehensive care). There is also an accompanying set of actions which sit between OPEL level 3 and 4, which WHC will instigate in the event of an Acute Trust partner invoking a Full Hospital Protocol.

The need for sufficient headroom in community hospitals and within teams is critically important to the wider health system. As demand, length of stay, acuity and delays to discharge fluctuate they can be difficult to predict, there is a need to frequently monitor the operational status of the organisation and respond appropriately. Whilst individual patient pathways vary, the approach to management of capacity is to minimise risk and to retain a position where capacity outweighs demand.

Triggers detailed are used to set the escalation status of the organisation at any point in time and the responsibilities and actions for key staff and departments at each level of escalation to prevent further escalation and reduce pressure.

The management of the relationship between demand and capacity involves forecasting and early identification of issues, met with responsive and timely mitigating actions. The ultimate aim



Waiting under 18 weeks, Incomplete pathways 96%

5. Priorities for winter 2020/ 2021

Building on the lessons learnt from previous winter and during the Covid response, the priorities for Wiltshire Health and Care for the forthcoming winter period are:

- **Stabilise the flow hub through additional recruitment:** The Wiltshire Patient Flow Hub is now fully integrated between Wiltshire Health and Care and Wiltshire Council and therefore manages all requirements for supported discharge. Additional staffing has been recruited during September and October 2020 to ensure the Flow Hub can operate sustainably between 8am and 8pm, seven days a week.
- **Secure additional support worker and therapy hours to support pathway 1 patients.** Agreements have been reached for support to allow recruitment of additional therapists and support workers for the Home First pathway. The timing of this permanent change will mean that some of this capacity becomes available from January 2021 onwards.
- **Secure additional agency hours** to support the transition to permanent home first resource. Wiltshire Council have secured 1800 hours of weekly reablement domiciliary care from late October 2020 for 20 weeks, which will be used to manage demand in the Home First reablement pathway.
- **Mobilise a 2 hour rapid response service** in January 2021. This has been proposed and is currently awaiting confirmation of funding. If agreed promptly, this will boost the capacity of community teams to respond within 2 hours to escalating needs in defined categories, thereby reducing admissions to acute hospitals.
- **Secure and mobilise intensive rehabilitation beds.** A redesign of bedded capacity within nursing homes has resulted in a new category for 60 'Intensive Rehabilitation Beds'. These will be coming on stream from 1 November 2020. WHC therapists will be managing the patients who are allocated to these beds. They are in addition to 40 Discharge to Assess beds, overseen by Wiltshire Council staff.
- **Maintain length of stay in Community Hospital wards to 28 days**, with the exception of Mulberry Ward.

6. Control and Command

All gold level escalation calls will be undertaken by a WHC Director or in the out of hours period by a person with delegated decision making authority.

The Chief Operating Officer is the designated Winter Lead for Winter 2020/21.

Patient flow for Wiltshire Health and Care services will be co-ordinated through the Wiltshire Patient Flow Hub.

7. Surge Plan

During the first wave of Covid, WHC redeployed staff to support our designated priority services, namely our wards and community teams. Feedback of staff indicated that the speed at which this happened added to staff feeling unprepared and increased stress levels.

In response, work has been undertaken to identify and reaffirm priority services, these are:

- Inpatients
- Community teams including home first
- Diabetes
- Respiratory
- Minor Injury Units, where bookings continue to be over 50% of capacity.

Staff from the remaining services have been allocated the area to which they will be deployed, competencies have been mapped and areas where individual staff have a gap have been offered the required training.

The flow chart is available in appendix 2.

8. Escalation Management Plan

The escalation status of the organisation is categorised in to Operational Pressure Escalation Levels (OPEL) 1 - 4. Each level reflects the current status of WHC in terms of the relationship between capacity (bed availability / staffing) and demand which presents the consequent level of risk to patient safety and experience.

The OPEL definitions equate to:

Operational Pressures Escalation Level	Description
OPEL 1	Low risk: Capacity is such that the organisation is able to maintain patient flow and is able to meet anticipated demand within available resources
OPEL 2	Moderate Risk and Signs of Pressure The organisation is starting to show signs of pressure. Focused actions are required to mitigate further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible – to return to green status as quickly as possible.
OPEL 3	High Risk and Major Pressure Actions taken in OPEL 3 have failed to de-escalate the system and pressure is worsening. The organisation is experiencing major pressures compromising patient flow and continues to increase. Further urgent actions are required across the organisation by partners.

OPEL 4	Very High Risk and Critical Pressure All actions have failed to contain service pressures and the organisation is unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be led and taken at COO level until de-escalation to RED is achieved. This may include use of escalation beds.
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As a community provider, the needs of partners may well require actions to be taken which do not necessarily align with the OPEL level for WHC.

WHC has developed a framework to provide a quantitative method of defining Community Provider OPEL status. The associated escalation actions can be reviewed in appendix 1.

Internally there are a number of processes and structures in place to support efficient operational management of capacity and escalation within the WHC. This provides clinical teams and services as well as operational managers with a framework of actions to be taken at each Opel level in order to maximise capacity to meet increasing demand

9. Capacity

Bed Capacity

Ward	Speciality	Beds
Ailesbury	Step up/down	15
Chestnut	Step up/down	11
Longleat	Step up/down	21
Cedar	Step down	17
Mulberry	Stroke rehab	16
Total		80

Flow is step down from acute hospitals and step up from the community for Ailesbury, Chestnut and Longleat only.

Community wards do not have the same infrastructure as an Acute Hospital, hence it is difficult to be able to manage patients in the same way an Acute Hospital would respond in the event of 'A full Hospital'. WHC has developed steps which would be followed in the event of an Acute Partner evoking the Full Hospital Policy. This will remain in play for 20/21 and is intended to sit alongside the internal escalation (OPEL) processes.

In response to national guidance relating to preventing Covid outbreaks within Care Homes, WHC will be the designated step down capacity for patients who have or who have had Covid. If demand increased to such an extent that flow is being severely compromised the system will consider how the care home sector can support.

10. Flu Vaccination

2019/20 saw WHC achieve the highest number of staff vaccinated achieving over 85%. For 2020/21, it is the ambition of the Department of Health and Social Care and NHS England that Trusts ensure that a 100% offer of flu vaccination is made available for all frontline staff. The limiting factor may well prove to be the availability of vaccines.

Frontline health workers have a duty of care to protect their patients and service users from infection. Therefore, as in previous years, flu immunisation will be offered to all WHC employees and volunteers.

Vaccines have been delivered in early October and the vaccination programme has begun in October 2020. Weekly communications will be shared with staff including:

- Myth busting
- Vaccination numbers by team
- Trajectories

Vaccination of healthcare workers with direct patient contact against flu has been shown to significantly lower rates of flu-like illness; hospitalisation and mortality in the elderly in long-term healthcare settings. WHC is aiming for 90% of all staff to have been vaccinated or to opt out and provide a reason for this.

As in previous years WHC will support primary care to vaccinate patients where possible.

11. Cold Weather Resilience

The one episode of exceptional winter weather during early 2019 tested the resilience and readiness of community services. The approach and handling of these incidents, together with the two incidents in 2017/18 have been reviewed by the Executive Committee, with the following lessons learnt:

- Role of Resilience Team and emergency transport line vs Operational Teams
- Pathways and criteria to escalate clinical risk from frontline teams
- Provision for staff meals being made for those staff staying late or delayed waiting for transport.
- Identification of places for staff to sleep on site with provisions of blankets
- List of 4x4 volunteers and linked to the existing process of getting them on the company insurance.
- Staff lists that include locality of staff to support identification of who can be expected to get into their shift.

The following specific improvements have or are being put in place in readiness for winter 2020/21:

- Pre planning community team 4x4s incl. identification of where 4x4s can be shared across teams when 4x4 resource is low
- GWH Emergency Transport Line
- Wiltshire Health and Care response structure
- Pre-population templates and guidelines for wards/areas to complete of staff in known areas that have transport issues in heavy snow
- Provision of food and sleeping arrangements for staff
- Work with Site Managers to develop a list of places where staff can sleep on site. Especially those with wards and / or MIUs.
- Recommendation that all teams have at least one 4x4 car in their pool.
- Work with the communications team to develop a list of 4x4 volunteers ahead of winter
- Work with HR to identify issues and develop an accessible list of staff that includes where they live.

Appendix 1

OPEL Action Cards

Triggers and actions required at each level of escalation are detailed as follows. Actions at each level should usually be completed before escalating to the next level; however it is recognised that under times of increasing pressure rapid escalation may be warranted. The actions detailed here are not exhaustive and reasonable responses to the actual pressures identified at any one time should be instigated.

Community Hospital Beds

OPEL Level	Actions
One	<p>No specific actions, WHC is operating at safe levels of escalation. Continue usual forward planning, Daily tracking and review of patients waiting for discharge and review of alternative solutions in the community.</p>
Two	<p>Review patients to ensure appropriate discharge plans in place. Enhanced co-ordination and communication. Identification of blockages and actions required to improve system flow. Escalate issues requiring system wide response to Head of Operations. Review all staffing to identify any gaps that will impact on ability to use all capacity. Agree requirements for bank and on framework agency staffing Link with partner organisations and take part in multi-agency conference calls as required.</p>
Three	<p>Only essential meetings to continue. Referral, phone and e-mail continue to be monitored and responded to in real time. Only urgent/ essential Supervision, annual appraisal, mandatory training is honoured Twice daily tracking and review of patients waiting for discharge and review of alternative solutions in the community. Head of Operations to participate in whole system tactical capacity teleconference / meeting frequency as required. Escalation to Chief Operating Officer of any issue where senior manager involvement /decision is required. Consider opening of escalation beds using agreed escalation process and following discussion and agreement with commissioners. Continue to review staffing and agree requirements for non-framework agency staff. Contact and/or utilise any clinical staff in non-front line roles Contact GPs providing medical cover to wards to assess their patients to help expedite discharges as above – inform GPs of OPEL 3 status. Participate in whole system tactical capacity teleconference / meeting frequency as required.</p>

Four	<p>All meetings aside those essential to maintain flow are cancelled. All training is deferred.</p> <p>Daily communication to enable good operational knowledge and understanding of further actions planned and required. Consider redeployment of staff supporting non urgent services. Senior nursing staff, including specialist nurses and managers with nursing background may be pulled into rosters if deemed to have the appropriate competencies required.</p>
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Community Teams

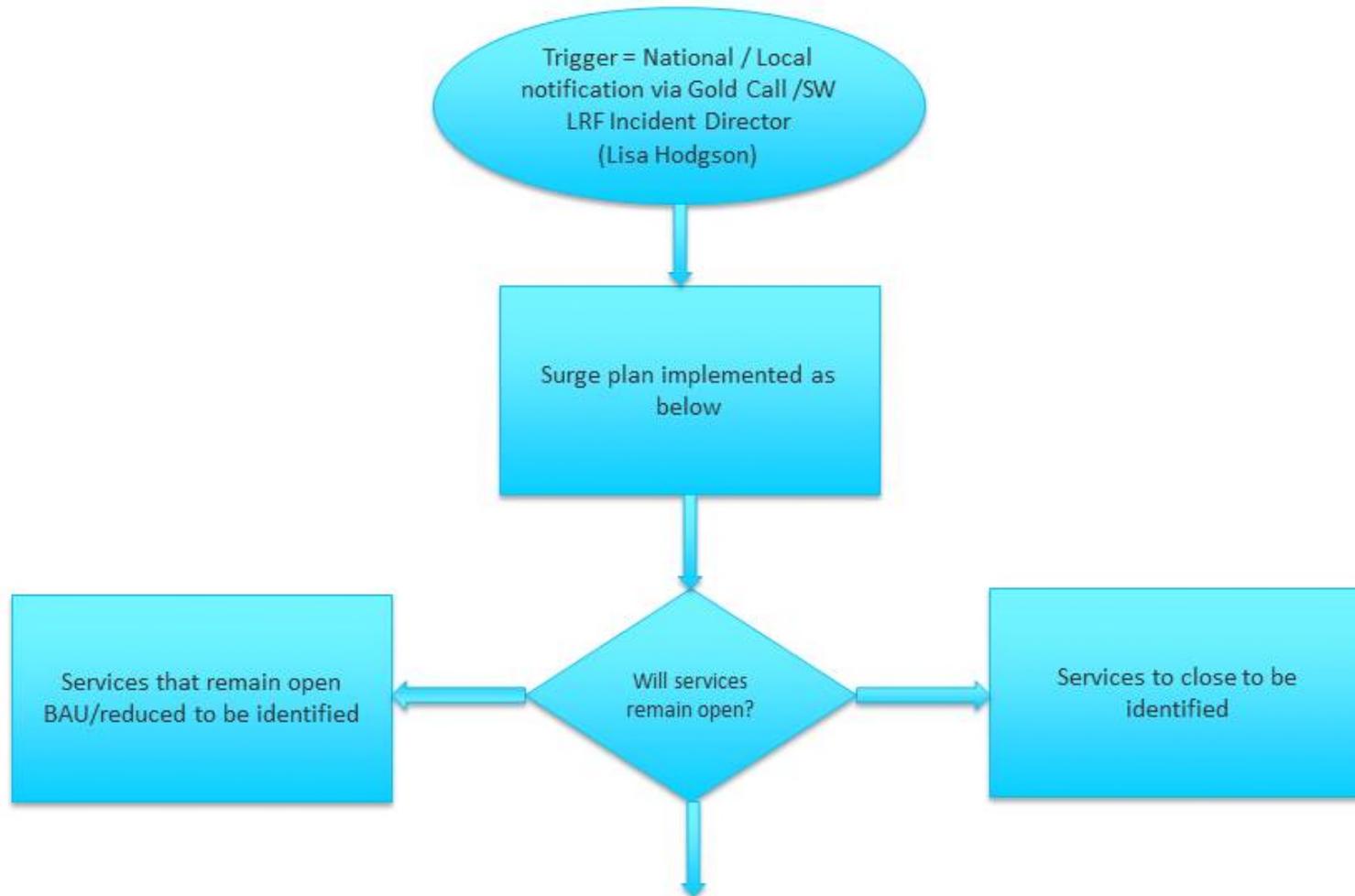
OPEL Level	Actions
One	<p>No specific actions, WHC is operating at safe levels of escalation. Continue usual forward planning.</p>
Two	<p>Prioritise hospital flows / admission avoidance. Review patients to ensure all appropriate patients have been discharged/ referred to primary care/ re-scheduled</p> <p>Enhanced co-ordination and communication. Identification of blockages and actions required to improve system flow. Escalate issues requiring system wide response to Head of Operations. Review all staffing to identify any gaps that will impact on ability to use all capacity. Agree requirements for bank and on framework agency staffing Link with partner organisations and take part in multi-agency conference calls as required.</p>
Three	<p>Only essential meetings to continue. Referral, phone and e-mail continue to be monitored and responded to in real time. Supervision, annual appraisal, mandatory training is honoured Review of all non-urgent /planned visits by the CTL Head of Operations to participate in whole system tactical capacity teleconference / meeting frequency as required. Escalation to Chief Operating Officer of any issue where senior manager involvement /decision is required. Continue to review staffing and agree requirements for non-framework agency staff. Contact and/or utilise any clinical staff in non-front line roles Inform GPs of OPEL 3 status. Participate in whole system tactical capacity teleconference / meeting frequency as required.</p>
Four	<p>All meetings aside those essential to maintain flow are cancelled. All training is deferred. Daily communication to enable good operational knowledge and understanding of further actions planned and required. Consider redeployment of staff supporting non urgent services. Senior nursing staff, including specialist nurses and managers with nursing background may be pulled into rosters if</p>

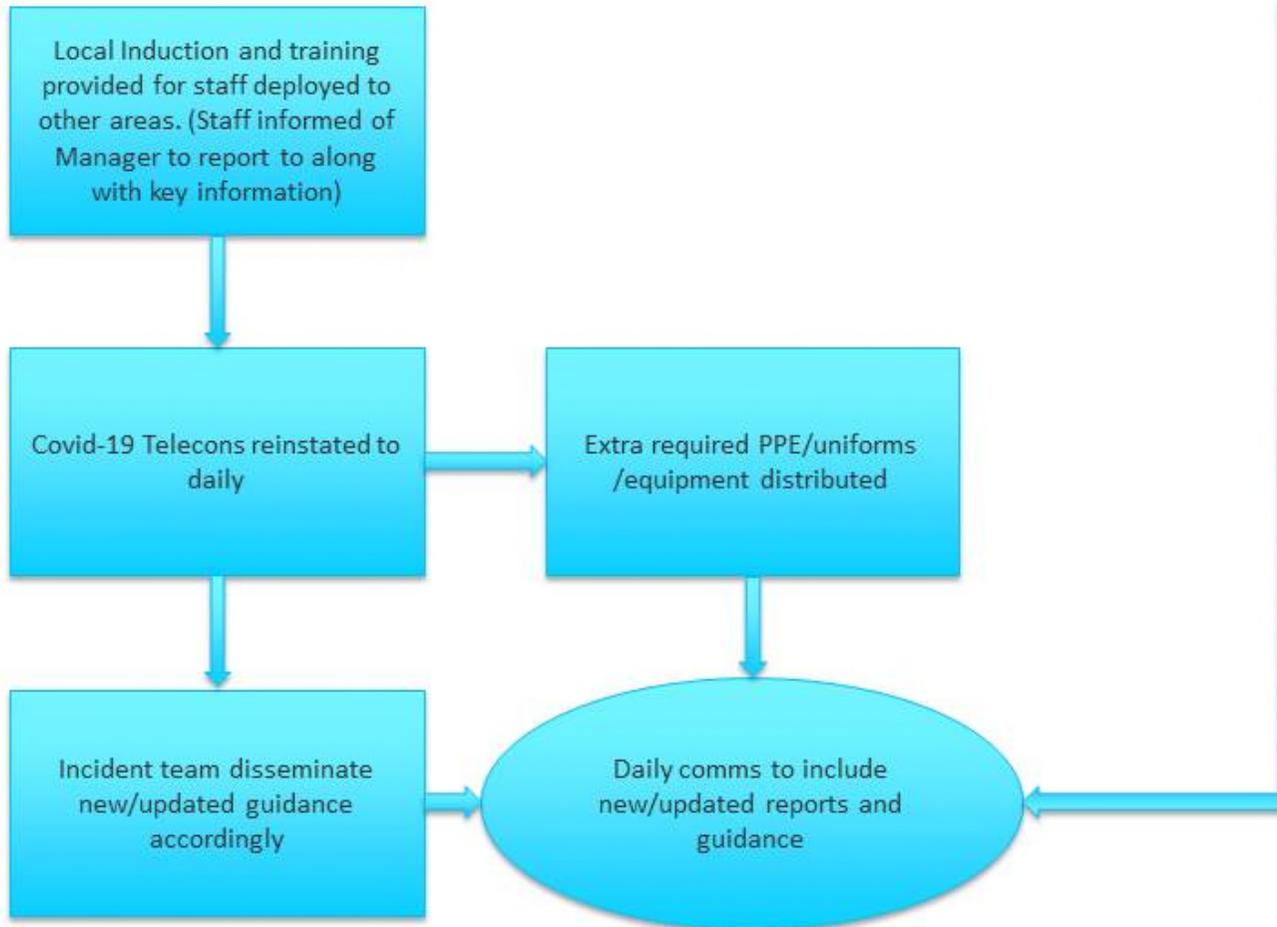
	deemed to have the appropriate competencies required. ? what to do about planned/routine visits
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MIU

OPEL Level	Actions
One	No specific actions, WHC is operating at safe levels of escalation. Continue usual forward planning.
Two	Enhanced co-ordination and communication. Supervision, annual appraisal, mandatory training is honoured Identification of blockages and actions required to improve system flow. Escalate issues requiring system wide response to Head of Specialist Services. Review all staffing to identify any gaps that will impact on ability to use all capacity. Agree requirements for bank and on framework agency staffing Link with partner organisations and take part in multi-agency conference calls as required.
Three	Only essential meetings to continue. Attendance numbers, phone and e-mail continues to be monitored and responded to in real time. Only urgent /essential supervision, mandatory training is honoured Head of Operations /Specialist Services to participate in whole system tactical capacity teleconference / meeting frequency as required. Escalation to Chief Operating Officer of any issue where senior manager involvement /decision is required. Continue to review staffing and agree requirements for non-framework agency staff. Contact and/or utilise any clinical staff in non-front line roles Inform GPs of OPEL 3 status. Participate in whole system tactical capacity teleconference / meeting frequency as required.
Four	All meetings aside those essential to maintain flow are cancelled. All training is deferred. Daily communication to enable good operational knowledge and understanding of further actions planned and required. Consider redeployment of staff supporting non urgent services. Senior nursing staff, including specialist nurses and managers with nursing background may be pulled into rosters if deemed to have the appropriate competencies required.

Process for 2nd surge of Covid-19





**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 10

**Quarter 2 Delivery Plan Update
(includes additional objectives related to the NHS People Plan)**

PAPER

Wiltshire Health and Care Board**For information**

Subject: Wiltshire Health and Care, Delivery Plan – Quarter 2 Progress Update

Date of Meeting: 06 November 2020

Author: Jason Lindsay, Interim Company Secretary
Douglas Blair, Managing Director

1. Purpose

The purpose of this paper is to keep the Board apprised of the progress being made by Wiltshire Health and Care against the delivery objectives approved by the Board for 20/21.

2. Background

- As part of business planning, at the start of the year Wiltshire Health and Care's Board approved a Delivery Plan for 2020-2023, which incorporated a set of delivery objectives.
- These delivery objectives were established to ensure that Wiltshire Health and Care met its statutory and contractual obligations, whilst simultaneously pursuing the organisation's strategic objectives.
- To assist the Board in its task of overseeing the success of Wiltshire Health and Care in implementing these delivery objectives, a Delivery Plan tracker has been created. This tracker provides a RAG status for each objective, together with a narrative to support the Board to understand the status of each action.
- The Board should be assured where the RAG status is blue (objective KPI achieved), or green (objective KPI on track to be completed by target quarter). The Board should note the rationale for items with an orange (objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by the end of target financial year) or red (delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial year), and determine whether it is satisfied with the status in the circumstances, or whether it would like to take, or direct the Executive to take, further action(s).

3. Discussion**Summary of current position**

- The Board will note that across the seven themes, Wiltshire Health and Care has set 101 delivery objectives. A further 27 objectives have been added in Appendix 1 which relate to actions from the NHS People Plan. The NHS People Plan has been circulated separately for information. The status of each of the 101 objectives is set out in a tabular manner below:

RAG rating	Category	Number
Blue	Objective KPI achieved.	17
Green	Objective KPI on track to be completed by target quarter.	45
Amber	Objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by the end of target financial year.	10
Red	Delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial year.	0
Grey	Delivery milestone not due to be commenced until 21/22 or later.	27
Black	Delivery milestone no longer applicable because of national decision making/ commissioner decision making/ other	2

Changes made to objectives

5 new objectives have been added to reflect in year priorities that have become apparent during the year

1B	Second phase of rest and recovery A. Reopen MIUs and implement a '111 First' approach B. Work to bring back radiology within MIUs C. Implement changes to South Wiltshire Estates to create more physical capacity D. Implement changes to North Wiltshire Estates to create more physical capacity
3D	Reorganisation of EPRR resources
13A	Stroke early supported discharge
63D	Quality Reporting to Commissioners
63E	IPC Review: monitoring and Advice

11 objectives have been re-timed (all extended apart from one which has been brought forward)

In recognition of the exceptional nature of this delivery year, the Executive Committee has proposed retiming eleven objectives to spread delivery throughout the 3 year plan more evenly.

4A	Review and reorganise the management of caseloads in Community Teams and working with GP practices
4B	Redesign the Community Care and Primary Care nursing delivery model (Corsham, Chippenham, and Box and Sarum West Primary Care Networks (PCNs)
4D	Develop a model for adoption and spread of Personalised Care and Support Plans
4E	Ensure that our Operational Structure appropriately supports our staff and the services that we need to deliver
5B	Work with primary care to risk stratify patients and provide Anticipatory Care to the local population.
23	Creating our workforce for the future
24	Comprehensive plan to develop and grow our Trainee Nurse Associates (TNAs) and apprenticeship levels (NHS People Plan) (timeline brought forward)
28	Devise a work experience strategy to encourage uptake by young people with an interest in health care
33	Set up an Equality, Diversity, and Inclusivity Forum within WHC's existing governance structure

63B	Set up a dedicated QI area on WHC's intranet
63C	Host carers strategy meetings across our sites at regular intervals throughout the year (quarterly).

2 objectives to be removed

27	Extend pass porting of mandatory training to Local Authorities, hospices and social care – circumstances have changed
31	Set clear expectations for remote staff on how to work – working styles; home working; working efficiently productively – duplication of objective

4. Recommendation

4.1 The Board are invited to note the status update of Wiltshire Health and Care's progress against its delivery objectives for 2020-23, and confirm whether it is content with the current status, or whether it wishes to direct the Executive to take further action(s).

Wiltshire Health and Care
Delivery Plan 2020-2023
Q2 UPDATE



Wiltshire Health and Care (WHC) Delivery Plan: 2020-2023: Q2 Update

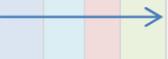
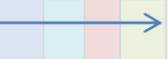
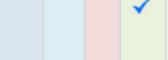
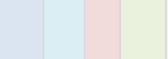
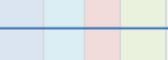
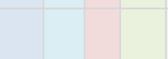
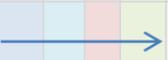
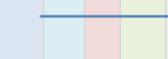
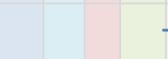
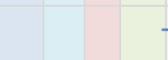
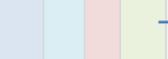
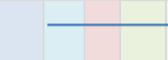
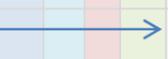
Meeting:	WHC Operating Board
Date:	6 November 2020

RAG key:		Objective KPI achieved.
		Objective KPI on track to be completed by target quarter.
		Objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by target year.
		Delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by end of target year.
		Delivery milestone not due to be commenced until 21/22 or later.
		Delivery milestone no longer applicable because of national decision making/ commissioner decision making/ other.

Type of objective key:		An objective from 2019/20 will continue into 20/21 (and potentially beyond).
		A new objective proposed as part of normal business activities/ currently commissioned activity.
		An objective proposed to support delivery of the BSW programme of work/ national requirements.
		An objective to test or scope a new idea. It would require additional funding to deliver.
		An objective's wording has been changed to reflect current requirements

Implementing a new model of care

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2020-2021				2021-2022		22-23	RAG: Q1 20/21	Objective KPI	Narrative to explain current position (Q2 – 2020/21)
				Q1	Q2	Q3	Q4	Q1-Q2	Q3-Q4	Q1-Q4			
				1	2	3	4						
TRANSFORMATION PROGRAMMES													
1. RESET AND RECOVERY PLAN													
A.	<ul style="list-style-type: none"> Our primary aim is to ensure we maintain the changes implemented during the COVID-19 response that have had a positive impact: (i) Discharge processes; (ii) Digital transformation; and (iii) Service integration. 'Resetting' and 'recovering', following COVID-19, will take time, and be implemented in a phased approach. In phase 1, we will: <ul style="list-style-type: none"> A. Deliver all Urgent Care; B. Deliver all high priority appointments - either virtually (ideally), and if not face to face; C. Where it is not possible to deliver care on site, we will deliver care in our patients' homes where we are able to gain access; D. Respond as required by the <u>System</u> if a second COVID-19 surge manifests. 	Gemma Pugh (Service Transformation Manager)									All urgent and high priority patients offered an appointment.	<ul style="list-style-type: none"> Phase 1 achieved, urgent and high priority patients are being seen face to face where required. Digital first approach complete. Phase 2; commenced August 2020; to welcome back shielding staff. Risk assessments and job plans being completed. Routine waiting lists now being reviewed. 	
B.	<ul style="list-style-type: none"> In a second phase of reset and recovery, we will: <ul style="list-style-type: none"> A. Reopen MIUs and implement a '111 First' approach B. Work to bring back radiology within MIUs C. Implement changes to South Wiltshire Estates to create more physical capacity D. Implement changes to North Wiltshire Estates to create more physical capacity 	Gemma Pugh (Service Transformation Manager)										<ul style="list-style-type: none"> Both MIUs reopened, with Trowbridge reopening on 28 September. Both a bookable only. Access to radiology a capacity-limiting factor. Changes to estates will be reliant on access to funding to facilitate. 	
SERVICE DEVELOPMENTS													
2. URGENT RESPONSE IN THE COMMUNITY													
A.	<ul style="list-style-type: none"> WHC will provide an agreed number of home response appointments within 2 hours of referral: <ul style="list-style-type: none"> Q2: We will design the service; Q3: Appointments will be available 	Anne Marie Nuth									Home response appointments available within 2 hours of referral.	<ul style="list-style-type: none"> Proposal for initial implementation made for Winter 20/21 to focus on End of Life, Wounds, Urinary issues and Equipment. Delivery dependent on agreement of permanent resources to allow recruitment. 	
B.	<ul style="list-style-type: none"> Continue to plan for further expansion to a more comprehensive model. Will need deliver 21/22 										Expansion of rapid response appointments from Winter 20/21 baseline	<ul style="list-style-type: none"> New objective added to cover need to develop into comprehensive model from 2021/22 onwards in line with Long Term Plan. 	
3. OPTIMISING FLOW AND RESILIENCE													
A.	<ul style="list-style-type: none"> We will optimise the efficiency of the Home First pathway to support hospital discharge. 	Heather Kahler (Head of Operations – Community Teams)									Community and council services supporting discharge are aligned.	<ul style="list-style-type: none"> During the COVID-19 period, Pathways 1 have been managed by an interim Locality Hub process, allowing for a more efficient flow through the system. This is currently under review to assess the benefits of a joint system and workforce, and the processes required to meet the expected capacity. Proposals made to Increase workforce 	

B.	<ul style="list-style-type: none"> We will model the requirements for bed-based discharge within the System, and help design a change in the use. 	Gemma Pugh (Service Transformation Manager)				System bed base reviewed and re-designed with appropriate clinical input and MDT.	<ul style="list-style-type: none"> Achieved early, plan in place to staff this new model (interdependency with HR)
C.	<ul style="list-style-type: none"> We will ensure plans are in place for our services to support additional demand that may be created by a second wave of COVID-19. 	Anne Marie Nuth (Service Transformation Manager)				WHC is able to support the System in the event of a second wave of COVID-19.	<ul style="list-style-type: none"> Achieved
D.	<ul style="list-style-type: none"> Reorganise EPRR Resource and improve upkeep of iRespond system from January 2021 onwards 	Lisa Hodgson (Chief Operating Officer)				Reorganised approach in place in Q4.	<ul style="list-style-type: none"> To commence in Q4
4. IMPROVING EFFECTIVENESS OF COMMUNITY TEAMS							
A.	<ul style="list-style-type: none"> We will review and reorganise the management of caseloads in Community Teams and working with GP practices. Including increased use of telephone contact (etc.), reducing duplication of assessments and making improvements to SystmOne functionality/templates. 	Gemma Pugh (Service Transformation Manager)	 			<p>Agreed caseload numbers and processes in place</p> <p>Each SystmOne unit has been reviewed.</p> <p>Fewer assessments required – optimising staff time.</p>	<ul style="list-style-type: none"> Task and finish group completed. Urgent work carried out in May 2020. Further service development on hold, whilst in critical incident. Objective reworded at end of Q2 to recognise amalgamation of Objective \$A and 4C.
B.	<ul style="list-style-type: none"> In relation to Corsham, Chippenham, and Box and Sarum West Primary Care Networks (PCNs), we will redesign the Community Care and Primary Care nursing delivery model. 	Gemma Pugh (Service Transformation Manager)	 			Preferred model agreed and implemented.	<ul style="list-style-type: none"> Further service development on hold, whilst in critical incident. Sarum West PCN added to objective at end of Q2.
D.	<ul style="list-style-type: none"> We will develop a model for adoption and spread of Personalised Care and Support Plans. 	Anne Marie Nuth (Service Transformation Manager)				Individual management plans are captured in a manner that meets national requirements	<ul style="list-style-type: none"> Further service development on hold, whilst in critical incident.
E.	<ul style="list-style-type: none"> We will ensure that our Operational Structure appropriately supports our staff and the services that we need to deliver. This will include clinical development of Community Teams. 	Lisa Hodgson (COO)				Clinical leadership restructured to better support teams and PCNs, and provide career progression opportunities.	<ul style="list-style-type: none"> Design complete within the current financial envelope. HR support engaged, and implementation plan being drawn-up. Almost achieved but delivery will go into 21/22
5. ENHANCED HEALTH IN CARE HOMES/ ANTICIPATORY CARE							
A.	<ul style="list-style-type: none"> We will work with PCNs to implement the new Enhanced Health in Care Homes specification. 	Gemma Pugh (Service Transformation Manager)				Virtual clinics established to review patients in care homes – including MDT review.	<ul style="list-style-type: none"> Model designed and agreed with both Primary care and social care. Working with CCG to support care homes to get "nhs.net". Working with acute partners to achieve geriatrician cover.
B.	<ul style="list-style-type: none"> We will work with primary care to risk stratify patients and provide Anticipatory Care to the local population. 	Gemma Pugh (Service Transformation Manager)				Approach to risk stratification defined.	<ul style="list-style-type: none"> Further service development on hold, whilst in critical incident.
C.	<ul style="list-style-type: none"> In 21/22, we will work with commissioners to clarify the pathway for the management of frail patients outside of hospital. 	To commence 21/22				Pathway defined.	<ul style="list-style-type: none"> Objective achieved early
6.	<ul style="list-style-type: none"> In 21/22, we will develop a common model for the provision of specialist advice and support for people with long term conditions. This will include: Identifying how community service specialists optimally wrap around the provision within PCNs. 	To commence 21/22				Long term model in place.	<ul style="list-style-type: none"> Objective to commence in 21/22. Outline planning with HOS planned for 11/11/20 away day
OTHER							
7.	<ul style="list-style-type: none"> We will support the expansion of the delivery of pulmonary rehabilitation and oxygen assessment services to patients in South Wiltshire. 	Carol Langley Johnson (Head of Operations – MSK LTC)				Pulmonary rehab is delivered in 4 additional locations in South Wiltshire.	<ul style="list-style-type: none"> We are working with BSW CCG to agree the developments that can be pursued within a reduced resource from the winter plan . Focus on Acute COPD Pathway within PCN & community. Admission avoidance intervention and early supported discharge. During COVID we have trialled 3 different digital platforms; we aim to now incorporate one of these within a blended Pulmonary rehab solution that will include limited small group face to face and a patient workbook.
8.	<ul style="list-style-type: none"> We will work with the CCG to align current Minor Injury Units to agreed plan for Urgent Care in Wiltshire. 	Victoria Hamilton (Director of Infrastructure) Gemma Pugh (Service Transformation Manager) Lisa Hodgson (Chief Operating Officer)				Clear plan for Urgent treatment Centres in place in Wiltshire.	<ul style="list-style-type: none"> Work on a new model commenced by the CCG before COVID-19. This now needs to resume, and will provide a framework into which the restarted MIU services can start to fit. In the meantime, in relation to the operation of our MIUs, we have moved to a 'think 111' before you walk or 'talk before you walk'. This is line with national strategy.

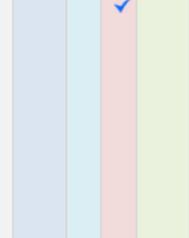
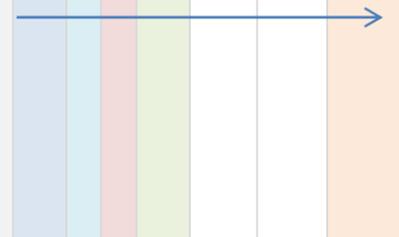
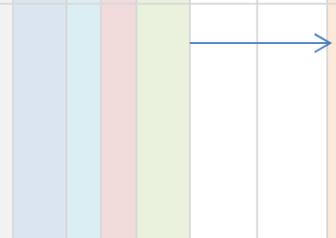
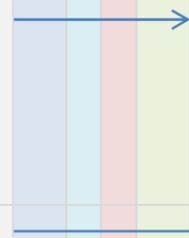
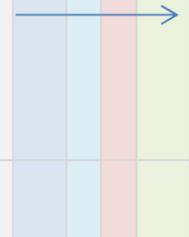
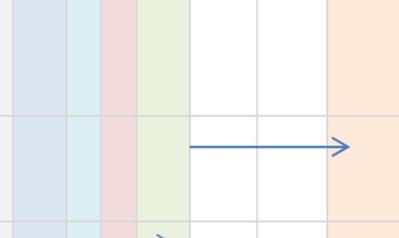
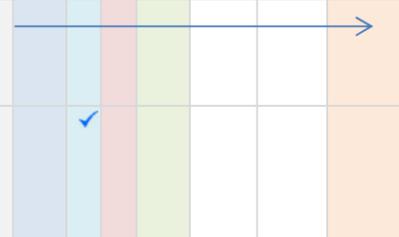
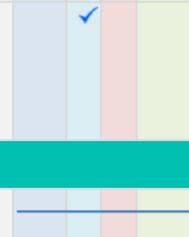
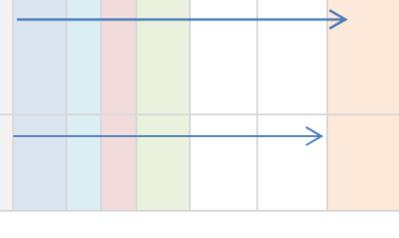
9.	<ul style="list-style-type: none"> In 21/22, we will work with the CCG to develop personalised wheelchair budget systems. 	To commence 21/22					A clear process is in place for personalised health budgets.	<ul style="list-style-type: none"> Objective to commence in 21/22.
10.	<ul style="list-style-type: none"> In 21/22, we will work with the BSW STP to define a System-wide solution for orthotics. 	To commence 21/22					Plan to procure orthotics at System level agreed.	<ul style="list-style-type: none"> Objective to commence in 21/22.
11.	<ul style="list-style-type: none"> We will provide improved information about the availability and scope of specialist community services for each PCN area. 	Gemma Pugh (Service Transformation Manager)					Each PCN has access to an understanding of WHC services in its network.	<ul style="list-style-type: none"> Objective complete
12.	<ul style="list-style-type: none"> In 21/22, we will ensure that patients who have a ceiling of care have personalised Care Plans. 	To commence 21/22					There is a system in place to ensure that End or Life patients receive personalised care plans.	<ul style="list-style-type: none"> Objective to commence in 21/22.
13.	<ul style="list-style-type: none"> We will deliver a pilot model for First Contact Physiotherapy in urgent care facilities. 	Carol Langley Johnson (Head of Operations – MSK LTC)					Pilot model for First Contact Physiotherapy in MIU trialled.	<ul style="list-style-type: none"> Objective complete Plans to integrate the role into the Urgent care project and provide pathways for 111 such as Acute Back Pain.
13A	<ul style="list-style-type: none"> Develop proposals for the expansion of early supported discharge for stroke 	Lisa Hodgson (COO)					Proposal developed for expansion to increase capacity.	<ul style="list-style-type: none"> Proposal submitted as part of discharge funding discussions in October 2020.

ONGOING PRIORITIES

14.	<ul style="list-style-type: none"> In 21/22 we will continue our goal of ensuring that no patient waits more than 52 weeks. 	To commence 21/22					No waits over 52 weeks.	<ul style="list-style-type: none"> Objective to commence in 21/22.
15.	<ul style="list-style-type: none"> In 21/22 we will continue our goal of reducing waiting times so the 18-week RTT target is always achieved. 	To commence 21/22					RTT target achieved.	<ul style="list-style-type: none"> Objective to commence in 21/22.
16.	<ul style="list-style-type: none"> In 21/22 we will continue our goal of reducing the number of bed days occupied by patients with an acute length of stay of 21 days or more waiting for discharge to Pathway 1 and Pathway 2. 	To commence 21/22					Discharge to pathway 1 and 2 more timely.	<ul style="list-style-type: none"> Objective to commence in 21/22.
17.	<ul style="list-style-type: none"> In 21/22 we will continue our goal of reducing waiting times for patients waiting for wheelchair repair. 	To commence 21/22					Waiting time targets met.	<ul style="list-style-type: none"> Objective to commence in 21/22.
18.	<ul style="list-style-type: none"> We will maximise cross working between inpatient wards and their local community teams. 	Lisa Hodgson (COO)					Provide cross cover between wards and community teams.	<ul style="list-style-type: none"> Action complete. Report summary attached as appendix for information.

Developing our People and strengthening our workforce

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2020-2021				2021-2022		22-23	RAG: Q1 20/21	Objective KPI	Narrative to explain current position
				Q1	Q2	Q3	Q4	Q1-2	Q3-4				
TRANSFORMATION PROGRAMMES													
19.	SAFER STAFFING PROGRAMME												
A.	<ul style="list-style-type: none"> We will implement E-roster across all services at team level. <p>Related to People Plan requirement: Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.</p>	Hanna Mansell (Head of People)										E roster implemented across all teams.	<ul style="list-style-type: none"> This project has slipped by 1 month due to COVID, however remains on track for the final rollout. The inpatient areas will be finalised at the end of October and the project will be moving to Community Teams in November 20. Allocate will be updating the software, which has the potential to impact the project delivery. This is an essential update moving from version 10 to version 11.
B.	<ul style="list-style-type: none"> We will implement a centralised rostering approach across inpatients and Minor Injuries Units (MIUs) 	Hanna Mansell (Head of People)										Inpatient and MIU rosters to be managed centrally.	<ul style="list-style-type: none"> The central roster project is complete for Inpatient areas and is working effectively. MIU centralised rostering paused during restart of the service and review of the required shift patterns/skill mix.
PROJECTS													
20.	<ul style="list-style-type: none"> We will ensure there is documented workforce planning across all services in WHC to provide resilience in light of an ageing and diminishing workforce. (moved from projects) 	Hanna Mansell (Head of People)										Ongoing review of development of services in line with workforce planning principles.	<ul style="list-style-type: none"> Complete: WHC have an agreed template and system in place for Workforce planning. Training has been provided to managers on how to support workforce planning for their areas. Workforce planning principles are applied through all service reviews and redesign, including the modelling for Rapid Response and review of nursing supply and demand.

21.	<ul style="list-style-type: none"> We will participate in the shared education programmes and sharing of workforce resources across BSW via a virtual platform/bookings system. 	Nicola Green (Education and Training Lead)					WHC staff members have access to a wider range of course material and at a higher frequency than in 2019/20.	<ul style="list-style-type: none"> Complete: WHC are actively participating in the BSW Education and Training, Recruitment and Retention, Strategic Workforce Planning and System Capability work streams. Through the Education and training work stream WHC are benefiting from the review of system allocation of funded modules, economy of scales from Apprenticeship procurement. 	
SERVICE DEVELOPMENTS									
22.	<ul style="list-style-type: none"> We will continue to deliver the Wellbeing Charter to ensure that the wellbeing of staff is at the heart of everything we do, and the decisions we make 	Hanna Mansell (Head of People)					To deliver and implement the milestones within the Wellbeing Charter.	<ul style="list-style-type: none"> On track: Wellbeing Charter has been reviewed post COVID-19 response, in addition to the We are the NHS People Plan. An organisation wide survey will be undertaken in Q4 to assess how staff are feeling, and what other support would be beneficial to inform the developments needed for 21/22. 	
23.	<ul style="list-style-type: none"> Creating our workforce for the future: (i) we will put together a marketing strategy to target people who would be interested in "return to practice"; (ii) we will design flexible options to support "return to work". 	Hanna Mansell (Head of People)					Agreed and ratified recruitment marketing strategy, which supports the reduction of vacancies to a target of 8% by 21/22.	<ul style="list-style-type: none"> The target end point for delivering a recruitment marketing strategy has been moved out to 21/22, due to capacity. 	
24.	<ul style="list-style-type: none"> We will have a comprehensive plan to develop and grow our Trainee Nurse Associates (TNAs) and apprenticeship levels (NHS People Plan). 	Vanessa Ongley (Education and Training Lead)					Fully utilise our apprenticeship levy. Work as an STP to transfer levy to expand apprenticeships by 10%.	<ul style="list-style-type: none"> On track. WHC will have an agreed strategy for TNA/NA and RN Degree apprenticeships for the next 5 years published by the end of Q4 There will be a review of the WHC approach to apprenticeships, which will link to the supply of hard to recruit posts, linking with the people plan published by Q4. 	
25.	<ul style="list-style-type: none"> We will expand development opportunities for both clinical and corporate staff. 	Vanessa Ongley (Education and Training Lead)					We will improve retention to target levels of 13% as an organisation.	<ul style="list-style-type: none"> On track. Developmental flowers are now available for clinical and non-clinical roles. 	
26.	<ul style="list-style-type: none"> We will create networks for peer support, using the Local Workforce Action Board (LWAB) and training hubs for help. 	Vanessa Ongley (Education and Training Lead)					Improved levels of engagement and peer support, along with recognition of participation in the System.	<ul style="list-style-type: none"> This is complete. WHC are active participants of all work streams and subgroups of the LWAB. Ensuring that priorities are aligned and the WHC are benefiting of the scale of system wide working. 	
27.	<ul style="list-style-type: none"> We will extend pass porting of mandatory training to Local Authorities, hospices and social care. 	Vanessa Ongley (Education and Training Lead)					Success review of development through the STP and report to WDOGO.	<ul style="list-style-type: none"> This has been placed on hold and will be reviewed in the next financial year as WHC are not eligible for pass porting at this time. 	
28.	<ul style="list-style-type: none"> We will devise a work experience strategy to encourage uptake by young people with an interest in health care. 	Hanna Mansell (Head of People)					Ratified plan for work experience activity.	<ul style="list-style-type: none"> This has been slipped to 21/22 due to the impact of COVID19 on this strategy. 	
29.	<ul style="list-style-type: none"> There will be central coordination of bank staff employment (and central coordination of their supervision/ training). 	Hanna Mansell (Head of People)					Clear approach for bank staff management, with progress reports through WDOGO.	<ul style="list-style-type: none"> This is now complete. Centralised recruitment for bank is now in operation and increased levels of management are distributed between the Flexible workforce team and team managers 	
30.	<ul style="list-style-type: none"> We will put in place a coordinated approach and strategy to support T levels (new qualifications for 16-19 years old). 	Vanessa Ongley (Education and Training Lead)					Success review of development and update report to WDOGO.	<ul style="list-style-type: none"> Complete. Working with two local FE Colleges on supporting industry placements for 2021 with a view to transitioning onto T levels once offered by the colleges. 	
31.	<ul style="list-style-type: none"> We will set clear expectations for remote staff on how to work – working styles; home working; working efficiently productively. 	Hanna Mansell (Head of People)					A ratified approach and process for staff working in remote and revised ways.	<ul style="list-style-type: none"> This has been removed as specific objective as aligned to the People Plan objectives. 	
32.	<ul style="list-style-type: none"> We will identify a way forward for more local pre-registration nurse training (in the south and west particularly) to allow us to recruit more newly qualified staff. 	Vanessa Ongley (Education and Training Lead)					Increase in appointments of newly qualified staff year on year.	<ul style="list-style-type: none"> On track. Paper to be presented to agree approach for the RN Degree and NA Top up apprenticeships. 	
33.	<ul style="list-style-type: none"> We will set up and Equality, Diversity, and Inclusivity Forum within WHC's existing governance structure. 	Hanna Mansell (Head of People)					All staff and volunteers feel they can be their best with no fear of discrimination.	<ul style="list-style-type: none"> Complete – EDI forums launched in September 2020. There will be the development of the EDI action plan for WHC and will aim to be presented in the December WFDGPOG. 	
ONGOING PRIORITIES									
34.	<ul style="list-style-type: none"> We will continue to increase our voluntary workforce by 10-15% using our embedded approach. 	Hanna Mansell (Head of People)					Volunteer workforce increased by 10-15% from March 2020.	<ul style="list-style-type: none"> This will be slipped to 21/22 due to the impact of COVID19 on this service. The team will continue to work on the systems, processes and governance. 	
35.	<ul style="list-style-type: none"> We will improve flexible working options so it is attractive to work on the WHC bank 	Hanna Mansell (Head of People)					Clear and developed approach for bank staff management.	<ul style="list-style-type: none"> On track: A centralised recruitment process is ongoing for bank staff and this will be further developed. 	

Supporting staff and patients with good Information Technology & Governance (IT and IG)

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2020-2021				2021-2022		22-23	RAG: Q1 20/21	Objective KPI	Narrative to explain current position
				Q1	Q2	Q3	Q4	Q1-2	Q3-4				
PROJECTS													
36. IT SERVICES													
A.	<ul style="list-style-type: none"> We will transfer the hosting of IT services, and first and second line support, from GWH to Centrality (cloud-based solution), ensuring access to the data warehouse, and able to submit comprehensive Community Services Data Set (CSDS). 	Kelsa Smith (Head of IT)			✓						IT services transferred to Centrality, and WHC still has access to data warehouse and able to submit comprehensive CSDS.	<ul style="list-style-type: none"> User and Device migration was largely completed by 30th Sept with a small number of work off tasks awaiting completion. Data warehouse is accessible and WHC data flowing into community local folders, DSA to be signed imminently. 'Snagging' issues will continue into Q3. 	
B.	<ul style="list-style-type: none"> In early 21/22, we will carry out a significant network hardware refresh for every WHC site. This is required to achieve Cyber Essentials Plus certification. 	Kelsa Smith (Head of IT)								✓	All WHC sites have network hardware that is vendor-supported.	<ul style="list-style-type: none"> Objective to commence Q1 21/22 	
C.	<ul style="list-style-type: none"> We will complete migration to Office 365 by October 2021. 	Kelsa Smith (Head of IT)									Completion of migration of Office 365 by October 2021 as mandated.	<ul style="list-style-type: none"> WHC has signed up to the centrally negotiated N365 agreement and will commence migration planning activities in Q3 This objective has been delayed until Q1 2021 due to resource capacity. 	
NEW USE TOOLS TO SUPPORT DIGITAL TRANSFORMATION (how existing technology can be utilised to enhance care provision)													
37. CLARITY AROUND USE OF NEW TOOLS											Links to sustainability below		
A.	<ul style="list-style-type: none"> We will put in place an agreed protocol setting-out expectations for when digital tools should be used. 	Katy Hamilton Jennings (Director of Governance & Legal)									Staff survey outcome indicates more meetings are held utilising digital meeting technology.	<ul style="list-style-type: none"> Protocol under development. Outstanding IG guidance around Microsoft Teams 	
38. ATTEND ANYWHERE													
A.	<ul style="list-style-type: none"> We will put in place video consultation software (Attend Anywhere), so that clinicians across all of our services have a way to conduct electronic consultations with patients 	Paul Mabey		✓							15 services have access to Attend Anywhere to deliver virtual consultations to patients.	<ul style="list-style-type: none"> Attend Anywhere has been made available to services. Each service is at different stages of use. 	
B.	<ul style="list-style-type: none"> We will develop Attend Anywhere so for use in Care Home consultations – including use by PCNs 	Paul Mabey									Attend Anywhere modules set up for each of the Wiltshire PCN areas.	<ul style="list-style-type: none"> Waiting areas have been set up for each PCN area Training material being developed. Trial commenced with Warminster and Westbury PCN 	
39. WEBINAR FUNCTIONALITY											Links to sustainability below		
A.	<ul style="list-style-type: none"> We will roll out the use of a webinar-type product that will allow us to provide remote education/groups for patients, carers, and other health care professionals/ internal staff training. 	Paul Mabey									Tool live.	<ul style="list-style-type: none"> Trial commenced July 2020 for a webinar product. Gotowebinar product paused due to IG IG work underway to support the use of MS Teams for group consultations MS Live Events has been used for two staff briefings. 	
40. OPTIMISING ENGAGEMENT THROUGH OUR WEBSITE											Links to P&PI below		
A.	<ul style="list-style-type: none"> We will enable a chat function within the WHC website to communicate with patients (PALS, central booking, and direct service health advice). 	To commence 21/22								✓	WHC website has enabled chat functionality.	<ul style="list-style-type: none"> Objective to commence in 21/22. 	
41. REDUCE INAPPROPRIATE REFERRALS													
A.	<ul style="list-style-type: none"> We will align referral forms – working with Ardens to ensure recognisable WHC forms across services. 	Helen McCann (S1 System Manager)									The forms on Ardens reflect the referral choices relevant to WHC.	<ul style="list-style-type: none"> Referral criteria under review because of Covid-19 situation. Look/feel of forms to be discussed at Clinical Reference Group 	
42. HEALTH RECORDS DIGITISATION/ SHARED CARE RECORD													
A.	<ul style="list-style-type: none"> We will progress the transformation of WHC's health records. To start with, this will include: establishing an internal medical records team. 	Katy Hamilton Jennings (Director of Governance and Legal)									WHC has its own medical records team (20/21); WHC has a clear SOP for scanning paper records (20/21)	<ul style="list-style-type: none"> Discussions with GWH in progress to discuss the transfer of the medical records service. Current indications are that this transfer will take place in 20/21. 	
B.	<ul style="list-style-type: none"> We will participate in system wide efforts to implement a shared care record (Graphnet). 	Kelsa Smith (Head of IT)									Engagement at relevant programme board.	<ul style="list-style-type: none"> WHC has engaged with BSW-appointed Project Manager to scope technical integration requirement and identify potential resource and project commitment for WHC. BSW continue negotiations to agree a contract with the preferred bidder, Graphnet. Contract signature achieved and an agreed target date for integration between SystemOne and Graphnet is in place following consultation with GWH BI team supporting this work. 	

43. DELIVERING SYSTEMS TO WARDS										
A.	<ul style="list-style-type: none"> In 21/22 we will scope and start to implement what is needed to achieve fully digitalised records on our wards (i.e. Implementing SystmOne). 	To commence 21/22							Change management plan for the implementation of SystmOne on our wards fully scoped.	<ul style="list-style-type: none"> Objective to commence in 21/22.
B.	<ul style="list-style-type: none"> In 21/22, we will revisit options for WHC's data warehouse provision in line with time scales for moving from Medway to SystmOne. 	To commence 21/22							WHC is able to maintain continuity of reporting	<ul style="list-style-type: none"> Objective to commence in 21/22.
44. TELEPHONE SYSTEM										
A.	<ul style="list-style-type: none"> In 21/22, we will engage professional services support to scope WHC's requirements for a new telephone system. 	To commence 21/22							Delivery of specification for new telephone service.	<ul style="list-style-type: none"> To commence 21/22
B.	<ul style="list-style-type: none"> In 21/22, we will procure the new telephone system. 	To commence 21/22							Tender awarded.	<ul style="list-style-type: none"> To commence 21/22
C.	<ul style="list-style-type: none"> In 21/22, we will engage professional services support to help us to implement the new telephone system. 	To commence 22/23							Implementation of new telephone system completed.	<ul style="list-style-type: none"> To commence 22/23
SERVICE DEVELOPMENTS										
45.	<ul style="list-style-type: none"> We will make IT training available to staff, with particular focus on: Training for Windows 10, AA, Clinical applications, O365. 	Victoria Hamilton (Director of Infrastructure)							WHC has the capacity to deliver a rolling programme of IT training to staff.	<ul style="list-style-type: none"> Additional resource scoped, and business plan completed. Recruitment can now commence.
46.	<ul style="list-style-type: none"> We will establish Wi-Fi for patients at community sites from which in patient services are provided. 	Kelsa Smith (Head of IT)							Patients at all inpatient sites have access to Wi-Fi.	<ul style="list-style-type: none"> Due to start by 31/10/20
47.	<ul style="list-style-type: none"> We will migrate to a new data visualisation tool (we will move from Business Objects to Power BI). 	Jane Cheeseborough (Advanced Information Analyst)							WHC is able to maintain continuity of reporting	<ul style="list-style-type: none"> Discussions will commence later in the year.
48.	<ul style="list-style-type: none"> We will increase saturation of available laptops on wards, and ensure that all staff who are not regular computer users understand how to obtain log in for occasional use. 	Kelsa Smith (Head of IT)							Increase in the number of available machines on wards.	<ul style="list-style-type: none"> Significant replacement and upgrade programme in place supporting network and Windows 10 migration. Review to be undertaken on completion of migration activity to identify any ward areas requiring further laptops to support clinical workflows. This work is due to start by 31/10/20
49.	<ul style="list-style-type: none"> We will ensure that all decisions relating to systems, IT, and analytics take into account the views of our clinicians via a Clinical Information Reference Group. We will identify a Chief Information Officer. 	Executive Committee							Clinical Information Lead in post and CCIO identified.	<ul style="list-style-type: none"> On 22 July 2020, the Executive Committee approved the establishment of a new Clinical Information Reference Group, which we currently anticipate will become operational in autumn 2020. Completion in Q3.
50.	<ul style="list-style-type: none"> We will put together a comprehensive Information Asset Register for WHC 	Katy Hamilton Jennings (Director of Governance and Legal)							WHC has a comprehensive Information Asset Register.	<ul style="list-style-type: none"> The infrastructure for completing this piece of work, and monitoring the process to implement this piece of work, is in place. Progress is being overseen by WHC's IG POG.
51.	<ul style="list-style-type: none"> We will put together a comprehensive database of WHC's data flows for Personal Identifiable Data (PID). 	Katy Hamilton Jennings (Director of Governance and Legal)							WHC has comprehensive data flow mapping.	<ul style="list-style-type: none"> The infrastructure for completing this piece of work, and monitoring the process to implement this piece of work, is in place. Progress is being overseen by WHC's IG POG.
52.	<ul style="list-style-type: none"> We will map out WHC's relationships with its data processors, and agree appropriate schedules of processing, accompanied by data processing terms 	Katy Hamilton Jennings (Director of Governance and Legal)							WHC has data processing terms agreed with all relevant entities.	<ul style="list-style-type: none"> The infrastructure for completing this piece of work, and monitoring the process to implement this piece of work, is in place. Progress is being overseen by WHC's IG POG.
ONGOING PRIORITIES										
53.	<ul style="list-style-type: none"> Hardware age-replacement programme for desktop machines. This will get us to a position to carry out an 'annual rolling refresh'. 	Dave Thompson (IT Project Manager)							Elimination of hardware that is more than ten years old.	<ul style="list-style-type: none"> Significant progress on replacing aged hardware as part of Windows 10 upgrade programme and network migration, with more than 150 age replacements, year to date. In addition, approximately 210 PCs purchased and either rolled out or being rolled out since January 2020. Hardware refresh continues.

Supporting patients and staff with physical infrastructure that better meets need

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2020-2021				2021-2022		2-2-3	RAG: Q1 20/21	Objective KPI	Narrative to explain current position
				Q1	Q2	Q3	Q4	Q1-2	Q3-4				
PROJECTS													
54.	<ul style="list-style-type: none"> BSW Estates Strategy: We will contribute to the BSW Estates Strategy, including 'PCN plans' and 'place plans'. 	Victoria Hamilton (Director of Infrastructure)									BSW estates strategy includes strategies for North and South Wilts - including plans for all PCNs	<ul style="list-style-type: none"> KPMP has been appointed to complete some work streams. WHC supporting with briefings. 	
55.	<ul style="list-style-type: none"> Estates Capital Planning: We will support BSW CCG to develop the estates capital pipeline. 	Victoria Hamilton (Director of Infrastructure)									The BSW capital pipeline includes the capital requirements of the estate in Wiltshire.	<ul style="list-style-type: none"> The Estates unfunded capital project prioritisation took place as planned. 	

56.	<ul style="list-style-type: none"> Intermediate Care Centres: We will contribute to the development of the financial business cases (FBCs) for the Devizes and Trowbridge Intermediate Care Centres. 	Victoria Hamilton (Director of Infrastructure)								The financial business cases for Trowbridge and Devizes ICCs incorporate WHC requirements.	<ul style="list-style-type: none"> The developments of the two FBCs is on track. Negotiations to agree the Head of Terms for the leases are underway.
57.	<ul style="list-style-type: none"> We will move Longleat ward to the ground floor of Warminster Community Hospital. 	Victoria Hamilton (Director of Infrastructure)								Design development for the move meets the needs for WHC including the enabling works which impact on other services.	<ul style="list-style-type: none"> The sketch plans for the proposed ward layout on the ground floor were approved by the WHC Performance and Planning Group.
58.	<ul style="list-style-type: none"> We will support BSW CCG to scope future estates solutions for Chippenham and Melksham. 	Victoria Hamilton (Director of Infrastructure)								The estates solutions scoped for Chippenham and Melksham include the requirements for WHC	<ul style="list-style-type: none"> The initial scoping documents were produced in time for the prioritisation of unfunded capital schemes.
SERVICE DEVELOPMENTS											
59.	<ul style="list-style-type: none"> As part of changes to estates facilities arrangements, we will transfer medical records and receptionist functions from GWH into WHC. 	Victoria Hamilton (Director of Infrastructure)								Medical records and receptionist staff will be employed directly by WHC.	<ul style="list-style-type: none"> Work is progressing to finalise and agree the costs associated with the transfers. The target for the transfers to take place is now early in 2021.
60.	<ul style="list-style-type: none"> We will work with our facilities management team to eliminate use of single-use plastics in WHC. 	Victoria Hamilton (Director of Infrastructure)								Reduction in use of plastic in the key areas highlighted across.	<ul style="list-style-type: none"> On track - as reported by the soft FM provider.
ONGOING PRIORITIES											
61.	<ul style="list-style-type: none"> We will put in place a lease for occupation of Malmesbury Health Centre. 	Victoria Hamilton (Director of Infrastructure)								lease agreed and signed for the space that WHC occupy	<ul style="list-style-type: none"> Waiting for a response from BSW regarding how to progress negotiations in partnership with other providers.
62.	<ul style="list-style-type: none"> We will liaise with NHS Property Services to agree leases/ licences for the premises WHC occupies. 	Victoria Hamilton (Director of Infrastructure)								WHC has signed leases/ licences in place for the premises it occupies.	<ul style="list-style-type: none"> The majority of the floor areas in the Rent Agreement Letters have now been agreed.

Quality Focus – consistently improving the quality of services

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2020-2021				2021-2022		2 2- 2 3	RAG: Q1 20/21	Objective KPI	Narrative to explain current position
				Q1	Q2	Q3	Q4	Q1-2	Q3-4				
SERVICE DEVELOPMENTS													
63.	QUALITY IMPROVEMENT (QI)												
A.	<ul style="list-style-type: none"> We will put in place Quality Improvement (QI) training (bronze level) 	Gemma Pugh (Service Transformation Manager)									All relevant staff have access to Q1 training module (bronze)	<ul style="list-style-type: none"> On hold whilst in critical incident. Plans to restart, with a 'launch' in Oct 2020. 	
B.	<ul style="list-style-type: none"> We will set up a dedicated QI area on WHC's intranet 	Gemma Pugh (Service Transformation Manager)									Dedicated QI area set up on WHC intranet.	<ul style="list-style-type: none"> On hold whilst in critical incident. 	
C.	<ul style="list-style-type: none"> We will host carers strategy meetings across our sites at regular intervals throughout the year (quarterly). 	Anne Marie Nuth (Service Transformation Manager)									Carers to be directly involved in the development of key priorities for WHC.	<ul style="list-style-type: none"> Carers' strategy meeting with key organisations voluntary and partners, scheduled for March 2020, cancelled due to COVID-19. Currently scoping what format is required for all to attend virtual meeting. 	
D.	<ul style="list-style-type: none"> Agree revised arrangements for Quality Reporting to Commissioners 	Sara Quarrie (Director or Quality, Professions & Workforce)										<ul style="list-style-type: none"> To commence in Q4 	
E.	<ul style="list-style-type: none"> Review Infection Prevention and Control monitoring and advice capacity 	Sara Quarrie (Director or Quality, Professions & Workforce)										<ul style="list-style-type: none"> To commence in Q4 	
64.	FREEDOM TO SPEAK UP (FTSU)												
A.	<ul style="list-style-type: none"> We will set up and maintain a dedicated Freedom to Speak Up page on WHC's intranet. 	Gemma Pugh (Service Transformation Manager)									We will submit on to the FTSU national portal on a quarterly basis.	<ul style="list-style-type: none"> Completed update of WHC's FTSU policy- now live on intranet. Dedicated email address complete. Web page exists, and will be further developed in November 2020. 	
B.	<ul style="list-style-type: none"> In early 21/22, we will develop, train, and implement a Freedom to Speak Up champion model 	To commence 21/22									To have trained champions in all localities, who are diverse from all services.	<ul style="list-style-type: none"> To commence 21/22 	
65.	EQUALITY, DIVERSITY, AND INCLUSION (creating a culture where people feel comfortable being themselves)												
A.	<ul style="list-style-type: none"> We will ensure that our website meets Accessibility Standards. 	Julie Fitzgerald (Corporate Project Manager)									WHC website meets Accessibility Standards.	<ul style="list-style-type: none"> Work underway to procedure new website in line with Accessibility Standards (September 2020). However, due to the impact of COVID-19, the revised timescale for the website going 	

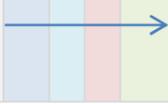
												live is now April 2021.	
B.	<ul style="list-style-type: none"> We will use a variety of different engagement methods to build a picture of our patient diversity. From this, we will be better informed to meet our patients' E,D,&I needs. 	Caroline Wylie (Head of Patient Safety)										WHC has a data set which provides an idea of the diversity of its patients.	<ul style="list-style-type: none"> Current website accessibility statement to be reviewed and updated as interim measure. Recruitment complete to support project for one year. Successful applicant commences post 02/11/20
ONGOING PRIORITIES													
66.	<ul style="list-style-type: none"> We will continue to monitor priority aspects of suspended 20/21 CQUIN schemes (all year), and, in Q4, we will prepare for implementation of CQUIN schemes in 2021/22. 	Clare Robinson (Interim Director of Quality) Caroline Wylie (Head of Patient Safety)										CQUINs delivered in line with requirements.	<ul style="list-style-type: none"> Wards are collecting data for MUST and PURAT through inpatient discharge audit, commenced in September. Results will be reviewed end of Q3 Pressure Ulcer improvement plan has been split into individual team plans, using a bottom up approach. Monitored bi monthly at Quality & Performance Meeting. Flu vaccination plan underway led by Medicine Optimisation Pharmacists and HR

Public and patient involvement

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2020-2021				2021-2022		22-23	RAG: Q1 20/21	Objective KPI	Narrative to explain current position
				Q1	Q2	Q3	Q4	Q1-2	Q3-4				
PROJECTS													
67	<ul style="list-style-type: none"> We will create a database of people who wish to actively participate in activities to develop the services of WHC (a "Public and Patient Involvement Database"), and regularly communicate with the people on this database. 	Katy Hamilton Jennings (Director of Governance & Legal)					✓					IG compliant database established. In readiness for the return of our Public and Patient Involvement Officer from maternity leave in Q4.	<ul style="list-style-type: none"> Bespoke IG guidance has been produced to support the establishment of this database by the PPIO on her return from maternity leave.
68	<ul style="list-style-type: none"> In 21/22, we will implement alternative ways to seek feedback from patients (i.e. non-paper-based feedback). The chat function within our new WHC website will be one such method. 	To commence 21/22										WHC website has enabled chat functionality,	<ul style="list-style-type: none"> To commence 21/22
SERVICE DEVELOPMENTS													
69	<ul style="list-style-type: none"> Staff awareness: we will develop a Training Tracker module for staff, so staff can learn why patient and public involvement/ engagement is so important. 	Lina Middleton (Patient and Public Involvement Officer)		✓								Training tracker module developed for staff, and part of role specific training requirements.	<ul style="list-style-type: none"> Objective complete.
70	<ul style="list-style-type: none"> Staff awareness: we will subsequently develop the above module, so that it includes guidance on the importance of our patients' E, D & I characteristics. 	Caroline Wylie (Head of Patient Safety)					✓					Above module evolved to include E, D, & I.	<ul style="list-style-type: none"> This will be a key responsibility for the ED and I lead commencing 02/11/20
71	<ul style="list-style-type: none"> We will put in place new ways to involve patients and the public in our activities. 	Lina Middleton (Patient and Public Involvement Officer)										Culture of WHC to involve patients and the public	<ul style="list-style-type: none"> To commence upon the return of our PPIO from maternity leave.

Financial sustainability and productivity/ environmental sustainability

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2020-2021				2021-2022		22-23	RAG: Q1 20/21	Objective KPI	Narrative to explain current position
				Q1	Q2	Q3	Q4	Q1-2	Q3-4				
SERVICE DEVELOPMENTS													
72.	<ul style="list-style-type: none"> We will ensure that information to support sustainable travel plans will be made readily available to WHC staff. 	Julie Fitzgerald (Corporate Project Manager)		✓								Dedicated page on Intranet with guidance and tips.	<ul style="list-style-type: none"> Objective complete.
73.	<ul style="list-style-type: none"> We will put in place arrangements so that we are able to lease cars that are low or ultra-low emissions. 	Sarah Greenland (Contracts Manager)										Arrangements developed, so that WHC is able to lease cars that are low or ultra-low emissions.	<ul style="list-style-type: none"> All new applications received for new and replacement vehicles are reviewed and approved by WHC's Finance team to ensure the most appropriate vehicle WHC facilities for re-charging of vehicles and would need the support of our landlords for these to be installed.
74.	<ul style="list-style-type: none"> We will reduce travel through utilisation of digital platforms to contact and engage with patients and colleagues, and to undertake training. 	Sarah Greenland (Contracts Manager)										Staff mileage is reduced in 20/21 compared to 19/20 levels (adjusted for COVID-19).	<ul style="list-style-type: none"> The digital platforms to enable this are in place, and in Q2 20/21, there has continued to be a marked reduction in travel compared to 19/20.
75.	<ul style="list-style-type: none"> We will engage NHS Property Services and our other landlords to obtain certain data, so that we can appropriately report on: energy usage. 	Victoria Hamilton (Director of Infrastructure)										We will be able to comply with our obligations to report energy consumption.	<ul style="list-style-type: none"> Our landlords have been notified of our requirements for certain data to enable us to report on 20/21.
ONGOING PRIORITIES													

76.	<ul style="list-style-type: none"> 2.5% of our resources will be released from planned expenditure for reinvestment to support services. 	Annika Carroll (Director of Finance)	 		Cost improvement plans in place and delivered.	<ul style="list-style-type: none"> On track.
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Appendix 1: We are the NHS: People Plan 2020/2021

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2020-2021				2021-2022		22- 23	RAG: Q1 20/21	Objective KPI	Narrative to explain current position
				Q 1	Q 2	Q 3	Q 4	Q1- 2	Q3- 4				
Looking after our people													
77.	<ul style="list-style-type: none"> Ensure people working from home can do safely and have support to do so, including having the equipment they need. 	Hanna Mansell (Head of People)		→							Green	The home working policy will come back for review to ensure that we have adapted agile working to meet the needs of the workforce. This will be reviewed by the ED&I and Wellbeing Forum before ratification.	A lead has been appointed to support the delivery of these actions and they will commence in November 2020.
78.	<ul style="list-style-type: none"> Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way. 	Hanna Mansell (Head of People)		→							Green	SOP to be developed ensure consistency re usage of AL. Develop the wellbeing page on the intranet to help staff 'switch off' using the wellbeing apps available to staff.	
79.	<ul style="list-style-type: none"> Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect. 	Hanna Mansell (Head of People)		→							Green	WHC will commit to adopting the NHSE&I toolkit on civility and ensure that it is built into the relevant training mechanism.	
80.	<ul style="list-style-type: none"> Prevent and control violence in the workplace – in line with existing legislation. 	Hanna Mansell (Head of People)		→							Green	WHC to adopt Violence against staff awareness program, alongside the development of an associated policy to manage unacceptable behaviours towards staff.	
81.	<ul style="list-style-type: none"> Appoint a wellbeing guardian. 	Hanna Mansell (Head of People)		→							Green	WHC to review the current NED portfolios to encompass this within their role.	
82.	<ul style="list-style-type: none"> Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work. 	Hanna Mansell (Head of People)		→							Green	WHC to review its rest areas for staff and ensure that staff are aware of where they are for each site and that they are equipped with the equipment to support rest and wellbeing of staff.	
83.	<ul style="list-style-type: none"> Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day. 	Hanna Mansell (Head of People)		→							Green	WHC to understand barriers to having an activity program.	
84.	<ul style="list-style-type: none"> Identify and proactively support staff when they go off sick and support their return to work. 	Hanna Mansell (Head of People)		→							Green	WHC to develop a wellbeing policy, to work alongside the wellbeing charter; to ensure that staff are aware of the commitment by WHC to work to pro-actively support their wellbeing and to support them during sickness absence; and what they can expect to support them back to the workplace.	
85.	<ul style="list-style-type: none"> Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. 	Hanna Mansell (Head of People)		→							Green	WHC to ensure that staff receives regular communication around the expectation of regular breaks and rest, which will be supported by the development of the Wellbeing policy. ELearning is to be developed for all staff to understand the commitment from WHC to look after staff's wellbeing and to support staff to understand what they can do to support their own wellbeing.	
86.	<ul style="list-style-type: none"> Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day. 	Hanna Mansell (Head of People)		→							Green	WHC to understand barriers to having an activity program.	
87.	<ul style="list-style-type: none"> Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. 	Hanna Mansell (Head of People)		→							Green	WHC to ensure that staff receives regular communication around the expectation of regular breaks and rest, which will be supported by the development of the Wellbeing policy. ELearning is to be developed for all staff to understand the commitment from WHC to look after staff's wellbeing and to support staff to understand what they can do to support their own wellbeing.	
88.	<ul style="list-style-type: none"> All new starters should have a health and wellbeing induction. 	Hanna Mansell (Head of People)		→							Green	WHC to include Wellbeing in the corporate induction sessions, with ELearning for all staff on what is available and what support WHC offers to enable their wellbeing.	
89.	<ul style="list-style-type: none"> Be open to all clinical and non-clinical permanent roles being flexible. 	Hanna Mansell (Head of People)		→							Green	WHC will review the NHSE&I guidance	
90.	<ul style="list-style-type: none"> Cover flexible working in standard induction conversations for new starters and in annual appraisals. 	Hanna Mansell (Head of People)		→							Green	WHC will ensure that flexible working is included in the Corporate induction session with all new starters to WHC; alongside an update of the appraisal documentation.	

										WHC will commit to reviewing and advertising posts which can be worked flexibly.
91.	<ul style="list-style-type: none"> Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, organisation or grade. 	Hanna Mansell (Head of People)		→						<p>WHC will ensure that flexible working is included in the Corporate induction session with all new starters to WHC.</p> <p>WHC will commit to reviewing its flexible working policy to meet the needs of the workforce.</p>
92.	<ul style="list-style-type: none"> Board members must give flexible working their focus and support. 	Hanna Mansell (Head of People)		→						WHC will commit to advertise roles with flexibility. WHC to establish the NHSE&I into their recruitment KPI's to inform of compliance.
93.	<ul style="list-style-type: none"> Roll out the new working carers passport to support people with caring responsibilities. 	Hanna Mansell (Head of People)		→						<p>WHC will embed the principles of the carers passport into the Wellbeing policy and ELearning for all staff to ensure that there is awareness and support available to staff.</p> <p>Practices around flexible working will be adopted to support all staff including carers and this will be a focus of the ED&I and Wellbeing forum.</p> <p>WHC have also started working on gaining Carers Accreditation as an organisation. This accreditation, working with Wiltshire Carers, gives us access to free training, advice and guidance to enable us to support our workforce.</p>
Belonging to the NHS										
94.	<ul style="list-style-type: none"> Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets. 	Hanna Mansell (Head of People)		→						WHC will commit to this being a focus under the TOR for the ED&I and Wellbeing forum. Ensuring any actions from the annual WRES is monitored and delivered through this forum.
95.	<ul style="list-style-type: none"> Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table. 	Hanna Mansell (Head of People)		→						All management documentation to be updated to reflect the full needs of staff, to include health, wellbeing, flexible working and ED&I.
96.	<ul style="list-style-type: none"> Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce. 	Hanna Mansell (Head of People)		→						WHC to undertake a review against the Model Employers goals and with the support of the ED&I and Wellbeing forum ensure that there is an action plan to address areas where improvements are to be made.
97.	<ul style="list-style-type: none"> 51% of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary processes. 	Hanna Mansell (Head of People)		→						<p>WHC will understand the proportionality of formal disciplinary action on its BAME workforce.</p> <p>WHC will commit to delivering the guidance from NHSE&I to ensure that they are taking practical steps to address any anomalies found.</p> <p>WHC will explore the use of ER case module in ESR to support the ongoing monitoring of cases.</p>
New ways of working and delivering care										
98.	<ul style="list-style-type: none"> Use HEE's e-Learning for Healthcare programme and a new online Learning Hub, which was launched to support learning during COVID-19. 	Hanna Mansell (Head of People)		→						WHC to undertake a review of the e-LfH to see how this could be embedded into the available training for clinicians within WHC.
99.	<ul style="list-style-type: none"> Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression. 	Hanna Mansell (Head of People)		→						WHC will review the critical care qualification when it launches to see if the skillset gained will be utilised to enhance the services within WHC.
Growing for the future										
100.	<ul style="list-style-type: none"> Design roles which make the greatest use of each person's skills and experiences and fit with their needs and preferences. 	Hanna Mansell (Head of People)		→						<p>This will be addressed via the recruitment process and annual appraisal to ensure that we are capturing the needs of our workforce.</p> <p>WHC support staff with development pathways (flowers) so staff can clearly see their career development and how they achieve this. WHC are committed to developing these for all areas and embedding into the appraisal process.</p>
101.	<ul style="list-style-type: none"> Ensure that staff who are mid-career have a career conversation with their line manager, HR and occupational health. 	Hanna Mansell (Head of People)		→						Through the current management mechanism WHC will develop an additional toolkit for managers to support them undertaking this review.
102.	<ul style="list-style-type: none"> Ensure staff are aware of the increase in the annual allowance pensions tax threshold. 	Hanna Mansell (Head of People)		→						WHC to do a periodic refresh of this communication to all staff.
103.	<ul style="list-style-type: none"> Make sure future potential returners, or those who plan to retire and return this financial year, are aware 	Hanna Mansell (Head of People)		→						Through the current management mechanism WHC will develop an

<p>of the ongoing pension flexibilities.</p>	<p>People)</p>										<p>additional toolkit for managers to support them undertaking this review.</p> <p>WHC will review its age profile through workforce planning and include training for managers on how to support these conversations.</p>	
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Wiltshire
HEALTH AND CARE

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 11

Highlight Report – Quality Assurance Committee

PAPER

Wiltshire Health and Care Board**For information****Subject: Quality Assurance Committee Highlight Report****Date of Meeting: 06 November 2020****Author: Sarah Quarrie****1. Introduction**

The Quality Assurance Committee is a sub-committee of Wiltshire Health and Care's Board. The Quality Assurance Committee was constituted to provide Wiltshire Health and Care's Board with assurance in relation to the quality and safety of care provided by Wiltshire Health and Care's community services.

This paper summarises the key issues considered by the Quality Assurance Committee (the Committee) at its meeting on 16 October 2020, which it is considered should be drawn to the attention of the full Board.

1.1 Advise

- Medicines optimisation pharmacists highlighting FP2 decision delay; and Infection Prevention and control covid-19 pressures of inadequate capacity and demand.
- Risk 125 (Covid-19 2nd surge and Winter pressures) a new 15+ risk register. Agreed for future reporting themes and trends of incidents linked to risks to be highlighted (unless Serious Incidents).
- Serious Incidents - Root cause analysis requirements are changing with known incident categories able to be linked into established quality improvement programmes but new issues will require a full root cause analysis to take place.
- How can we be sure we are properly looking after our staff - Live event particularly promoted support mechanisms in place for our workforce including updates on Vivup and flu campaign. Covid-19 Risk Assessments for BAME staff reported by Chief Operating Officer as 100% complete and for general staff 70-80% complete.
- Winter - Advised the winter/Covid-19 surge plan will come to board to outline preparedness mechanisms including how we are working with system partners as an alliance across Wiltshire
- Tissue Viability update (quarterly) - Main concerns relating to the 35% increase in pressure care incidents between April and August 2020, noting a Summer year on year trend that is dependent on heat at those times.
- Hot Topic - Wheelchair Service - Presentation to the committee highlighted success of improvement plan and CCG decision to reduce to normal monitoring systems noted by the committee
- Freedom to Speak Up (FTSU) Guardian has been in post since end of Jan. 2020. In 2020-21 financial year two concerns have been raised and resolved with satisfactory outcome:
 - appropriate use of PPE – fully investigated – outcome was to inspect and add to suit
 - appropriate ratio of therapy and skills mix

2. Alert

- There are no alerts.

3. Action

- The Board is requested to note the content of this report.

4. Date of next meeting

The next meeting of the Quality Assurance Committee is on 15 January 2020.

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 12

Highlight Report – Wiltshire GP Alliance

VERBAL

Meeting:	WH&C Board	Date:	6 Nov 2020
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Title:	Highlight report from the Wiltshire GP Alliance Committee (WGPA Committee) “Improved Access” Contract.
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1. Introduction

The WGPA Committee was established as a sub-committee of WHC’s Integration Committee in October 2018 to oversee the delivery of the Improved Access (“IA”) contract, commissioned by Wiltshire CCG for the delivery of additional primary care appointments. ‘Improved Access’ is now referred to as ‘Extended Access’ by NHSE, though they are the same thing.

This paper summarises the key issues currently under review by the WGPA Committee (the Committee), which in the absence of the Integration Committee, should be drawn to the attention of the WH&C Board for assurance and information relating to the delivery of the Improved Access contract.

2. Attachments

- EA Risk register

3. Risks presently “live” on WGPA’s risk register in relation to WGPA’s successful delivery of the IA contract in line with contractual obligations

The risk register is essentially unchanged since the last report. This is because the obligation on WGPA to deliver the contracted services is also temporarily on hold while all primary care and EA resources are currently being directed towards Covid-19 initiatives and winter planning.

The approach of NHSE is currently to permit EA resources to be used as CCG’s see fit to target local priorities. There is no imminent likelihood of normal EA services and contractual obligations being reinstated.

4. Potential new risks identified by the WGPA Committee recently

- A.02. It is uncertain if or when the normal EA programme will resume, although there is a need to build routine care capacity once conditions permit. The CCG have been contacted in October to see if they wish to re-launch but have not as yet indicated this is required. The do expect PCNs to have plans in place for delivering EA outcomes from Apr 2021.
- A.01. It is possible that post-Covid, NHSE will alter its priorities for primary care and request an alternative approach for improving access to GPs, in particular placing more emphasis on remote consultations and new technology.

5. Advise

The WGPA Committee continues to support practices during the outbreak, and has ensured practices retain the freedom to allocate EA resources to meet local priorities, share best practice, and have additional support with accessing and implementing remote consultation technology.

The CCG have indicated they would like EA resource to prioritise 4 main themes going forward:

- Delivering effective flu vaccination / winter health programmes
- The additional time clinicians need to work in a socially distanced / safe manner
- Focused support for vulnerable patients, including Shielded, LTC, Learning Difficulties, Mental Health concerns
- Support for Care Home residents and staff

As part of our continual improvement work, we are developing the following areas:

- Encourage use of digital consultation technology which will improve access to GPs.
- Work with PCNs to ensure a smooth transition of the service to them in Apr 2021.
- Working with third-parties to identify groups who may struggle to access primary care effectively, and work on improving this. To date this has focused mainly on military veterans and the BAME community, but we are also reviewing potential issues with the Roma community, immigrants and ex-prisoners.

As anticipated, Lambourn practice (West Berks) ceased providing cross-border EA support from 01/10/20 as their CCG had only agreed to fund the initial 6 months of 2020/21. There is no material impact on the programme as it stands as other practices in the area continue to be funded.

6. Alert

See risk register for current action plans against identified risks

7. Action

- None currently required

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Date of Next Meeting

Friday 5 February 2021, 10.00-13.00

Training Room 1, Chippenham Community Hospital

