

WHC LLP Board Papers- Part I

7th August 2020



Wiltshire Health and Care Board Meeting - Part I

Themed Running Order

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
Jocelyn Foster	Non-Executive Member, Royal United Hospitals NHS Foundation Trust ("RUH") Board Representative	JF
Douglas Blair	Executive Member, Managing Director	DB
Annika Carroll	Executive Member, Director of Finance	AC
Lisa Hodgson	Executive Member, Chief Operating Officer	LH
Jim O'Connell	Chief Operating Officer, GWH (attending for Kevin McNamara)	JO

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 (for item 11 only)	GP
Claire Baker	Public Sector & Counter Fraud Manager, BDO (for item 18 only)	CB
Lauren	Patient (for item 7 only)	

Apologies:

Kevin McNamara	Non-Executive Member, Great Western Hospitals NHS Foundation Trust ("GWH") Board Representative	KM
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Item No.	Agenda Item	Presenter	Verbal/ Paper	Published/ Unpublished	Information/ Discussion/ Decision/ Approval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.	a) Part I Minutes b) Part I Actions c) Extraordinary Board Meeting minutes 25/06/2020 d) Matters Agreed by circular: i. TPP Contract	Chair	Verbal/ Paper	Published	Decision
4.	Chair's Report	Chair	Verbal	Published	Information

5.	Managing Director's Report	DB	Verbal	Published	Information
Patient Focus					
6.	Patient story – via Teams (10:30)	CR	Verbal	Published	Information
Strategy & Service Delivery					
7.	Quality, Workforce, Performance and Finance Highlight Report Accompanied by: a) Quality, Workforce, and Performance Dashboards	CR/ AC/ LH	Paper	Published	Information
8.	IPC Board Assurance	CR	Paper	Published	Information
9.	Reset and Recovery Update (11:30)	GP	Verbal	Published	Information
10.	Delivery Plan 2020-2023 – Q1 Update	KHJ	Paper	Published	Information
11.	Risk Report 15+	KHJ	Paper	Published	Discussion
Governance					
12.	Modern Slavery Statement	KHJ	Paper	Published	Approval
13.	Adult and Children's Safeguarding Statement	CR	Paper	Published	Approval
Highlights and AOB					
14.	Highlight Report x 2 – Quality Assurance Committee	RB/CR	Paper	Published	Information
15.	Highlight Report - Wiltshire GP Alliance, Extended Access contract	DB	Paper	Published	Information
	Next meeting: 6 November 2020, 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

Register of Interests

VERBAL

Wiltshire Health and Care Board Meeting - Part I Minutes

Venue:	Microsoft Teams Meeting	
Date:	Friday 1 May 2020	
Time:	14:00-16:00	

WHC Board Members in attendance		
Richard Barritt	Interim Chair of Wiltshire Health and Care (Chair)	RB
Douglas Blair	Executive Member, Managing Director	DB
Lisa Hodgson	Executive Member, Chief Operating Officer	LH
Annika Carroll	Executive Member, Director of Finance	AC
Rebecca Carlton	Non-Executive Member, Royal United Hospitals NHS Foundation Trust ("RUH") Board Representative	RC
Kevin McNamara	Non-Executive Member, Great Western Hospitals NHS Foundation Trust ("GWH") Board Representative	KM
Lisa Thomas	Non-Executive Member, Salisbury Foundation Trust ("SFT") Board Representative	LT

Also In Attendance		
Becky Watson	Corporate Officer (minutes)	BW
Claire Robinson	Interim Director of Quality	CR

Apologies		
Katy Hamilton Jennings	Director of Governance and Company Secretary	KHJ

Item No.	Agenda Item	Action Lead
1	<p>Welcome, Introductions and Apologies</p> <p>The Chair (RB) welcomed Board members to the meeting and introduced Stephen Ladyman (SL), the newly appointed Chair for WHC who is present to observe the meeting only.</p> <p><u>Apologies</u></p> <p>Apologies received from KHJ</p>	
2	<p>Declaration of Interests</p> <p>RB asked if there were any changes to the interests of Board members. There were no changes.</p>	
3	<p>Part I Minutes, Actions and Matters Arising</p> <p><u>Minutes</u></p> <p>Board members confirmed that the 'Part I' minutes of the previous meeting held on 7 February 2020 were a true and accurate reflection of the discussions held.</p>	

	<p><u>Actions</u></p> <p>Board members reviewed the one remaining action with the status of 'can be closed' (<i>Action 129 - Members meeting follow up - KHJ would be making the necessary links to Member Representatives as part of the actions flowing from the Members Meeting</i>) and agreed that this action could be closed.</p> <p><u>Matters Arising</u></p> <p>There were no matters arising.</p>	
4	<p>Chairs Report</p> <p>RB provided a verbal update, highlighting the following:</p> <p>A successful recruitment for WHC Chair took place resulting in the appointment of Stephen Ladymen. Stephen will commence in post on 1 June 2020 (Stephen reported that he is happy to meet/have discussion's before then if needed). A formal induction process will take place.</p> <p>In response to Covid-019 RB stated that, in March, he had sent an email to DB noting the extraordinary circumstances in which WHC are operating and how the Board can continue to be supportive and effective. He noted that national guidance had been released alerting organisations on what services they should continue to provide and what they can pause. RB was pleased to see weekly updates communicated to staff and members, and a letter sent to all staff from DB saying thank you.</p> <p>RB wanted to pay tribute to DB and the team who have made things happen and played a vital role in the NHS response from WHC. WHC will now be looking at resuming services; this next phase could be just as challenging as the last.</p> <p>Strategic discussions with partners - In February and March DB and RB had met with key people in the CCG and other partner organisations such as AWP at which the prospects for closer working and alignment to strategic objectives were discussed.</p>	
5	<p>Managing Director's Report</p> <p>DB provided a verbal update, highlighting the following points:</p> <p>Planning activity was paused in March as per the national guidance and WHC is looking to restart this alongside recovery planning. The</p>	

	<p>recovery programme will include high-level outcomes which are attached to the delivery plan. The delivery plan will continue to have a three year time line. A refreshed timetable for completion of planning would be developed over coming weeks once activity had restarted.</p> <p>WHC had received formal confirmation in March that its contract would be extended by 2 years to 30 June 2023.</p> <p>LT asked on the position regarding recruitment to the Director of Quality, Professions and Workforce post. DB explained that an appointment had not been made following interviews in February 2020. The process was on hold due to Covid-19 but would be picked up again in the next few weeks.</p>	
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Service Delivery		
6	<p>Quality, Workforce, Performance and Finance Highlight Report</p> <p>a) Quality, Workforce and Performance Dashboards</p> <p>CR, Interim Director of Quality, introduced the quality section of this report, flagging the following points to the Board:</p> <p>Reporting against the Quality Schedule had been paused for Q4 and Q1. This has recommenced and teams have started looking at the quality schedule along with CQUINS which includes Falls, Pressure Ulcers and Flu again.</p> <p>Outstanding Incidents have reduced by over 100 during the past month, with additional support provided by Quality Team. Recurring themes in community incidents of pressure ulcers are being addressed and there is an action plan in place</p> <p>The team have received good responses from the in house Friends and Family test, and have been looking at new processes for audit management. Complaints have decreased in Q4 as expected.</p> <p>Workforce</p> <p>DB explained the 'call to action' saw 253 people come into the bank recruitment pipeline. During the initial Covid-19 response, it was thought WHC would have to expand the inpatient bed base and that staff needed to be upskilled in anticipation of a large peak of Covid-19 related treatment needs. In the event, these aspects were not required, but preparations had been made.</p> <p>At the peak there were reported absences of 195 staff, this has since</p>	

<p>reduced. Appraisal compliance had dropped against targets, as this was one of the things that national guidance suggested was paused during Covid-19. As the nature of the response had become clearer, WHC has followed the line that, if staff had time, then to continue completing appraisals.</p> <p>DB highlighted the increased focus on communication and staff health and wellbeing during the previous month, online telephone based counselling and health and wellbeing pods. Daily communications to all staff from LH and weekly round up by DB on a Friday had received positive feedback.</p> <p>KM asked if staff are raising any issues regarding PPE that the Board needed to know about. LH reported that there were concerns regarding availability initially but WHC had been fortunate to receive stock. WHC had followed the PPE national guidance strictly but there had been some issues of concern about inconsistency when other organisations in other settings had departed from the guidance.</p> <p>b) Finance Dashboard</p> <p>AC introduced the Finance section of this report, flagging the following points to the Board:</p> <p>On completing draft accounts for 19/20 there is a small surplus of 29k and, as per the member agreement, AC is asking for Board approval that reserves can be retained for the current financial year.</p> <p>DECISION: All members approved that the surplus of 29k from the 19/20 completed accounts should be retained for the current financial year</p> <p>The in-month agency expenditure doubled to £724k in March, due to Covid-19 pressures. Total Covid-19 related spend incurred up to 31st March was £431k (£413k pay, £18k non pay), with both funding and expenditure reflected in the March financial position</p> <p>Settlement has been reached with GWHFT for the outstanding legacy balance of £951k, with an equal risk share agreed of the disputed amount of £289k. A payment for £808k has been made to WHC. This longstanding issue is now closed</p> <p>£444k of assets (net of depreciation) were capitalised in March, with £301k of ETTF funding approved late March by commissioners, which will now support part of the required infrastructure investment in 2020/21.</p> <p>Interim arrangements have been agreed with BSW CCG for the</p>	
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<p>monthly block contract payment for period April - July 2020 in line with national guidance, with two monthly payments expected in April (covering April and May) to support cash-flow during Covid-19. The final agreement of the block contract value for 2020/21 is pending completion of contract negotiations, which have been put on hold due to Covid-19.</p> <p>National guidance continues to be followed during Covid-19, with retrospective business cases approved where commitment to spend has been made in advance of a formal business case approval due to an urgent clinical need to obtain equipment or services.</p> <p>LT acknowledged the achievement of closing the accounts amongst other pressures, but expressed concern that the position showed an underlying deficit, after the effects of capitalisation were discounted. The financial value of the Covid-19 costs of staffing also seemed high.</p> <p>DB responded to these concerns with the following points:</p> <ul style="list-style-type: none"> • It had been clear throughout the year, and had been reported to the Board previously, that there was a major cost pressure in inpatients due to enhanced care requirements and the associated increased agency usage. Despite attempts made during the year, this had not been covered by additional revenue income from the CCG. The position therefore included around £800k of expenditure that was directly linked to system pressures. This was partly due to WHC's reluctance to put in place stricter admission criteria in order to manage this risk because it would create a broader system risk. <p>Despite that context, urgent IT investment using revenue funding had continued, rather than paused. The benefits of continuing with this investment had been demonstrated during recent weeks, with an IT infrastructure that was better able to cope with additional demands. The following has been introduced:</p> <ul style="list-style-type: none"> • The enhanced care framework is in place on wards (but needs further embedding) • Bank resource has been increased (from the call to action) which has resulted in being able to introduce new controls on HCA agency. • Ramping up saving plans re travel restrictions <p>RB asked if the auditors would be concerned regarding the deficit/capitalisation/Covid-19 spend. AC responded that the auditors would not be concerned with the capitalisation, they may wish to examine the Covid-19 spend as agency costs had spiked during March. This was due to additional resilience staffing on wards as preparations were made for additional bed spaces, to allow upskilling</p>	
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	<p>training for staff and to replace shielded staff. In the event, the large and rapid expected increased demand for community hospital beds did not transpire, and spend therefore reduced sharply during April.</p> <p>AC is working closely with the auditors and commissioners regarding spend and WHC have appropriate backing documents, and assurance has been provided to both.</p> <p><u>Performance</u></p> <p>LH introduced the performance section of this report, flagging that the main activity was the response to Covid-19, which had been responded to formally as an incident since 02/03/2020.</p> <p>KM asked if there is an audit trail regarding decisions made early on in process, to make sure the Board has enough assurance regarding decisions made in case of future inquiries. LH confirmed there had been a logist noting all decisions made since the beginning of the incident.</p> <p>LH said that testing has been a challenge. The start up of a national testing regime had not been smooth and, although WHC now had access more work was required on the detail of processes. WHC are also working with care homes to ensure staff and patients are tested.</p>	
7	<p>Risk Report 15+</p> <p>LH introduced the risk report to the Board members highlighting the organisation's overall risk profile and explaining that there are 2 risks scoring 15 or over:</p> <ol style="list-style-type: none"> 1. Risk 80 (Risk score 16) – Managing System Pressures (risk title changed by COO on 21/04/2020), previously Managing Winter Pressures. This includes new actions: <ol style="list-style-type: none"> i. Press for funded service development plans in 20/21, informed by the capacity and demand modelling and are sufficient to meet the peak of home first demand ii. Work with Wiltshire Council and other stakeholders to define the discharge process, including an in reach model iii. Work with system partners to plan the recovery from the Covid-19 incident, developing a plan which includes managing latent demand, returning services to business as usual and retaining the positive improvements 2. Risk 99 (Risk score 16) – Covid-19. Risks presented by COVID-19 are managed at two levels. 	

	<p>i) A Covid-19 risks register has been developed, and risks recorded in this are reviewed weekly between the Covid-19 incident management team and the risk and complaints manager. This risk register captures the <u>on-going operational risks</u> presented by Covid-19</p> <p>ii) An overarching risk – covering impact on WHC as an organisation is recorded on our main risk register. Details of this were set out in the paper.</p> <p>RB asked what the responsibility is for anticipating the risk of a pandemic. LH said that there had been national pandemic planning, focused on a flu pandemic.</p> <p>The Board reviewed the risks and confirmed that:</p> <ul style="list-style-type: none"> • It is satisfied that the risks are being appropriately mitigated/ managed • It is content for WHC to carry the stated level of risk. 	
8	<p>Covid-19</p> <p>LH introduced the report and presentation to the members which included looking at how to resume services. LH said that staff wellbeing has been a high priority and the HR team have been brilliant in setting support up quickly (hubs, wellbeing apps, financial support). The presentation covered updates the following areas:</p> <ol style="list-style-type: none"> 1. Internal response 2. Working to support the system 3. Finance 4. Governance <p>In addition, LH highlighted the work that had started recently to plan the restart of services, using feedback on what has worked well during the Covid-19 incident.</p> <p>The Board were asked to note the Governance paper which set out what WHC have done in line with the national guidance.</p> <p>KM said he would like the Board to be assured that WHC acted upon all national guidance that came out regarding Covid-19, in a clinical setting. LH relayed that WHC have been mindful that questions could be asked post Covid-19 and confirmed that all national guidance has been shared with teams and a log in being kept, although some work will need to be done around closing the loop to check that all guidance is recognised and understood which LH is working on.</p>	

	<p>KM asked if there was any decisions made during Covid-19 that ordinarily would have needed Board approval. DB explained that the temporary closure of the 2 Minor Injuries Units would have normally gone via Board first. RB asked that the Board formally note that these decisions did not go through Board due to Covid-19.</p> <p>The Board noted the presentation and the governance paper.</p>	
Governance		
9	<p>Governance update, following Well-Led:</p> <p>DB introduced Part I of this paper to the Board.</p> <p>The suggested changes made to the member's agreement have been circulated to the 3 Trusts for comment.</p> <p>The following documentation that requires updating (assuming Members approve the proposed updates to the Members Agreement) is for information only:</p> <ul style="list-style-type: none"> a) Terms of Reference for the WHC Operating Board – A new document will be produced as currently there isn't one. b) Board Code of Conduct – Update our existing code of conduct so that it reflects the principles of the NHS Leadership Compact (part of the NHS People Plan). c) Terms of Reference for the WHC Remuneration Committee (to dovetail with the updates to the Members Agreement) – Update existing document. d) Role descriptions for Non-Executive Board Members (to dovetail with the updates to the Members Agreement) – Produce these as new for Trust-nominated Board representatives, and will update the existing e) Scheme of delegation for WHC (to dovetail with the updates to the Members Agreement and other general updates to ensure this is workable) – Update existing document. <p>These items require approval from WHC Board:</p> <ul style="list-style-type: none"> • WHC Executive Committee to be stood down as a Committee of the Board with immediate effect. <p>DECISION: The Board approved for WHC Executive Committee to be stood down as a Committee of the Board.</p> <ul style="list-style-type: none"> • WHC Integration Committee to be formally closed as a Committee of the Board <p>DECISION: The Board approved for WHC Integration Committee to be formally closed as a Committee of the Board</p>	

	<ul style="list-style-type: none"> Update on the recruitment of a Non-Executive Board Member to provide independent financial expertise to WHC Board. The Board is asked to approve the approach of continuing to pause the recruitment exercise until NHSE/I directs us to recommence recruitment processes. <p>DECISION: The Board approved to pause the recruitment process of a Non-Executive Board Member to provide independent financial expertise to WHC Board (until NHSE/I directs us to recommence recruitment processes)</p> <ul style="list-style-type: none"> Approach regarding Clinical Advisory Group (Well-Led Review recommended that WHC establish a clinical advisory group) - Instead of setting up a new group within the WHC governance structure, it is proposed that by having a new engaged and experienced primary care representative on the WHC Board, this representative could offer scrutiny to change affecting clinical services in alternative ways. <p>DECISION: The Board agreed that a separate Clinical Advisory Group should not be established.</p>	
10	<p>Staff Survey results</p> <p>DB introduced the staff survey results to the Board explaining that the decision was made to share this paper without the full analysis and action plan (which is delayed due to Covid-19 pressures) which will follow at either the next Board meeting or via email.</p> <p>The staff survey was sent internally to all staff; a low response rate was received which was disappointing.</p> <p>There were some good results for 'line management support' scores Patient feedback was low which we are looking to improve. Low scores were also received on health and wellbeing which HR is picking up on.</p> <p>KM asked how WHC have compared to other community provider in the ranking. DB said that this type of further benchmarking was one of the aspects of further analysis that was planned.</p> <p>The Board noted the staff survey report, and that further analysis and actions were in hand.</p>	
Highlights and AOB		
11	<p>Wiltshire GP Alliance Highlight Report - Extended Access contract</p>	

	<p>DB presented this report to the Board for information only. DB highlighted that the WGPA are developing the following areas:</p> <ul style="list-style-type: none"> • A simplified reporting process to minimise the workload for practices while ensuring timely and useful information for the CCG. • Sharing best practice and procedures for nursing staff in residential homes verifying death, and reducing pressure on OOH and GPs. • Improved promotion and awareness of appointments, particularly to those patient groups with most to benefit from appointments outside of core hours. • 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. <p>The risk register is available to view.</p>	
12	<p>Highlights for dissemination to Member Organisations</p> <p>DB agreed he would produce a highlight report for members to share with their Boards. The Board agreed it should include:</p> <ul style="list-style-type: none"> • Covid-19 Update • Finance Update • WHC Contract Extension • Audit Approvals from Part 2 meeting • Governance Changes in response to Well Led <p>RB thanked everyone for contributing to the meeting and asked that they look after themselves.</p> <p>RB was thanked by the Board for covering as Chair in the interim period.</p>	
13	<p>Next meeting:</p> <p>7 August 2020, 10.00-13.00</p> <p>Training Room 1</p> <p>Chippenham Community Hospital</p>	

Wiltshire Health and Care (“WHC”) Board Meeting

Item 3b

Action Tracker – Part I

No open actions

**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

Patient story – via Microsoft Teams

VERBAL

Wiltshire Health and Care Board

For information

Subject: Quality, Workforce, Finance and Performance Report

Date of Board: 7 August 2020

Author: Clare Robinson
Hanna Mansell
Lisa Hodgson
Annika Carroll

– Quality performance
– Workforce
– Operational Performance
– Finance

1. 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	
	<ul style="list-style-type: none">• Increase in Pressure-related incidents being monitored and actively managed, with Improvement Plan and staff training• Improvement Plan also being rolled out to inpatient wards to reduce patient falls.• Covid-recovery phase continues to require significant IP&C support• MIU – CCH – reopened 6th July. No longer seeing children under 1 yr (in line with best practice), to ensure they are reviewed by a paediatric trained Dr.
ALERT	
	None.
ACTION	
	None.

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	
	None.
ALERT	
	<ul style="list-style-type: none"> • Nothing to alert to the Board.
ACTION	
	<ul style="list-style-type: none"> • No actions requested from the Board.

Finance

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

ADVISE	
	<ul style="list-style-type: none"> • The LLP reports a favourable YTD M3, June 20 variance of £83k against a planned surplus of £107k. This is in main due to a continuing reduced agency spend run rate (although agency shifts significantly increased in June), and reduced travel and clinical consumables expenses in main due to Covid. • £379k recurrent (£324k) and non-recurrent (£55k) savings have been achieved to date (100% of ytd plan). • £733k funding claims for Covid related expenditure incurred in Q1 have been submitted for WHC via BSW CCG. • A £258k risk provision against income is included in the YTD position to reflect current interim income arrangements and Covid funding claims.
ALERT	
	<ul style="list-style-type: none"> • Nothing to alert to the Board.
ACTION	
	<ul style="list-style-type: none"> • No actions requested from the Board.

Performance

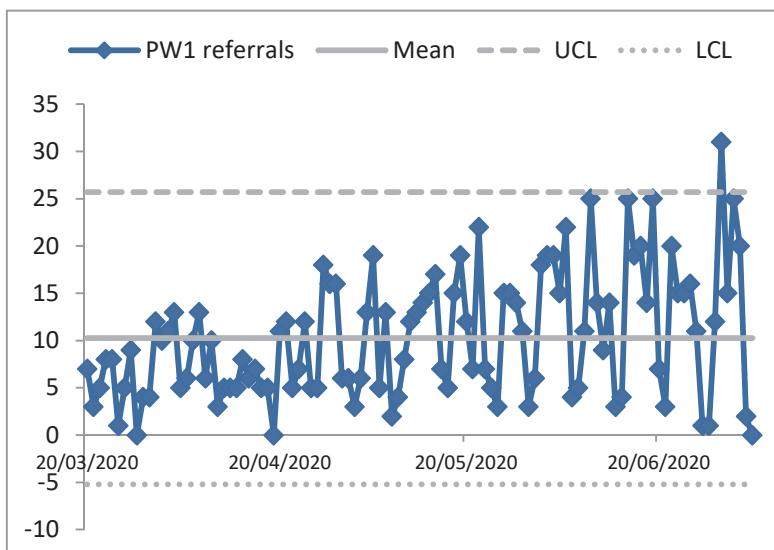
2.4 The following issues are highlighted in relation to the maintaining performance against required performance standards:

	<p>Recovery, reset and resilience Recovery is continuing to progress with all services now having reopened to urgent cases. There are estates constraints in the South with potential solution been researched.</p> <p>Formal debrief are been established for staff as part of the well-being offer.</p> <p>Flow: Due to staff being required to return to services the flow hub will return to pre covid hours from the end of July. It is hoped this will be</p>

temporary whilst negotiations take place regarding permanent funding.

The continuation of the Hospital Discharge Support Units has not been supported by BSW commissioners. From the 1st August all covid positive patients not able to go directly home from acute care will be placed in Community Hospitals.

Flow continues to be hampered due in part to the reduction in weekend discharges and batching of referrals causing bottle necks. Discussions is been held with Acute partners to identify how collectively we can smooth the demand.



Community Geriatrician

There is currently no community geriatrician cover in North Wiltshire which impacts on the care of our patients both within inpatients and community teams as well as service developments such as virtual wards.. Advice is been sought from partners as to possible cover.

3. Recommendation

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

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

Item 7a

Quality, Workforce, Performance and Finance Dashboard

PAPER

(If you require a copy of this document please email whc.corporateservices.nhs.net)

Wiltshire Health and Care Board**For information****Subject:** IPC Board Assurance Framework – updated July 2020**Date of Meeting:** 07 August 2020**Author:** Clare Robinson – Quality Performance**1. Purpose**

1.1 Please see Appendix J letter from the CNO. This board assurance framework has been completed in order to effectively self-assess our compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks.

The framework document is to assure board members, directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It is used to provide evidence and also as an improvement tool to optimise actions and interventions.

2. Issues and highlights to be reported to Executive Committee

The opportunity to self-assess WHC against the Current Covid 19 guidance was an informative piece of work. It demonstrates the tremendous amount of effort that has been undertaken and the many adaptive processes that have been put in place over the last 3 months.

The Board Assurance Framework self-assessment was contributed to by the Covid 19 Incident Management Group, Infection Prevention and Control Team, NHS Property Co and other WHC colleagues as appropriate who have been involved in any Key Lines of Enquiry appropriate to their service/role in the crisis.

The report shows that the overall assessment of the key lines of enquiry demonstrate that WHC are ‘green’, using a RAG rating status, there are no ‘red’ areas and one area assessed as amber.

The amber assessment was against

‘Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance’

The report describes the mitigating actions, which are currently outstanding, hence the amber rating.

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users					
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Actions	RAG Status
Systems and processes are in place to ensure: <ul style="list-style-type: none"> infection risk is assessed at the front door and this is documented in patient notes 	<p>Flow hub complete triage risk assessment on accepting patients</p> <p>Discharge from acute swabs are requested.</p>  <p>Hospital Discharge During Covid 19 Form</p> <p>Standard Operational Procedure (SOP) have been produced for all Specialist services including transition plans for next phase of recovery in response to COVID19 pandemic. Staff returning to work location and increasing face to face appointment capacity. (See Appendix H)</p>				Green
patients with possible or confirmed COVID-19 are not moved	WHC have specific transfer in and out flowcharts (see Appendices D, E, F and G) for patient movements and a daily	Staff understanding of clinical decision	There is a daily call with inpatients that can follow up any queries		Green

<p>unless this is essential to their care or reduces the risk of transmission</p>	<p>visual bed board where patient movements can be tracked.</p> <p> Cedar - Covid Cohort Ward 14.05.2020.doc</p> <p>FAQ (see Appendix C) covers placement of patients and this will be updated on a regular basis.</p>	<p>making. Delay in results of possible and confirmed cases.</p>		
<ul style="list-style-type: none"> compliance with the national guidance around discharge or transfer of COVID-19 positive patients 	<p>Transfer in and out Flowcharts (see Appendices D, E, F and G) are in line with national guidance and the documents below were shared with relevant staff on the 27th March.</p> <p> FW Processes for community wards .ms</p> <p>  COVID-19_Hospital_ Hospital Discharge Discharge_Guidance. Form COVID19 Resp</p> <p>  Hospital Discharge ON Entry - Hospital Patient Leaflet_EditalDischarge Patient Le</p> <p>  Wiltshire COVID 19 03 2020 NHSE-I Information for hospitHMG Letter - Hospital</p>			Green

<ul style="list-style-type: none"> patients and staff are protected with PPE, as per the PHE national guidance 	<p>Incident hub; Systems are in place to provide the correct equipment.</p> <p>PPE champions, job description created (<i>See Appendix I</i>). Keeping records of visits made and advice given.</p>			
<ul style="list-style-type: none"> national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way 	<p>Daily emails received from GOV.uk and/or checks of the PHE guidance and communications on the initially daily calls, now reduced to bi-weekly calls.</p> <p> FW Daily update from GOV UK.msg</p> <p>The flow hub and IP&C representatives attend the daily inpatient calls where IPC guidance/updates are discussed/disseminated</p>			
<ul style="list-style-type: none"> changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted 	<p>There are two board members on the bi-weekly COVID call</p> <p>There is a separate COVID risk register on the T:Drive</p>			

	<ul style="list-style-type: none"> risks are reflected in risk registers and the Board Assurance Framework where appropriate 	As above, there are two board members on the bi-weekly COVID call				Green
	<ul style="list-style-type: none"> robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens 	<p>This is covered on the visual bed board and daily inpatient calls</p> <p>Screening is on the referral form including COVID plus the usual pathogens</p>				Green
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections						
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Actions	RAG	
Systems and processes are in place to ensure: <ul style="list-style-type: none"> designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas designated cleaning 	Clinell cleaning posters  Poster to add to Website please.msg				Green	
	Cleaning is undertaken in line				Green	

<p>teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.</p>	<p>with the National Specification for Cleanliness 2007. Each area of each building is risk rated and cleaning is undertaken based on this assessment.</p> <p>Work Instructions are devised to ensure all staff are aware of what must be carried out.</p> <p>All staff are trained and locally inducted by our in house trainer.</p> <p>Compliance is assessed regularly and reported to clinical providers monthly</p>			
<ul style="list-style-type: none"> decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance 	<p>Post infection and isolation cleaning is carried out at each site and in each area, in line with the NHS National Specification for Cleanliness 2007 and PHE guidance.</p> <p>Work Instructions are in place which are used to train, induct and refresh staff. All staff complete GWH Statutory/Mandatory IP&C training annually among other related topics.</p>			Green
<ul style="list-style-type: none"> increased frequency of cleaning in areas that have higher 	<p>Increased cleaning activity is requested and directed by clinical teams and carried out in line with guidance specific to</p>			Green

environmental contamination rates as set out in the PHE and other national guidance	each activity				
<ul style="list-style-type: none"> linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken 	A robust waste process is in place for all waste streams including infectious waste				Green
<ul style="list-style-type: none"> single use items are used where possible and according to Single Use Policy 	Work instruction give instruction as how to correctly dispose of single use items				Green
<ul style="list-style-type: none"> reusable equipment is appropriately decontaminated in line with local and PHE and other national policy 	Work instructions give instructions as to how reusable items should be cleaned, disinfected and made ready for use.				Green
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance					
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Actions	RAG

<p>Systems and process are in place to ensure:</p> <ul style="list-style-type: none"> arrangements around antimicrobial stewardship are maintained 	<p>Undertake AMR audits</p> <ol style="list-style-type: none"> NMP (MIU and CTs) prescribing audit Smart Survey (ongoing data collection – KG extracts data for 6-monthly CCG report) Inpatient prescribing AMR audit (collected quarterly) and submitted to CCG report. 	<p>Assurance around antimicrobials issued under a PGD in MIU not captured. NMP prescribing data only scrutinised for completion of 6-monthly reports therefore data not presented to POG currently.</p>	<p>PGD data extracted for Q3 and Q4 (2019). MOP to review data between July and Sept 2020 and report back to Sept 2020 Medicines Governance POG.</p>	<p>Complete PGD audit data analysis MOPs to begin to present AMR data to Medicines Governance POG quarterly for additional scrutiny, with the first presentation to occur at Sept 2020 POG.</p>	Green
<ul style="list-style-type: none"> mandatory reporting requirements are adhered to and boards continue to maintain oversight 	<p>QS audit for AMR – reported twice yearly to CQPM CCG.</p>	<p>Not sent to Board or discussed at POG.</p>	<p>Overview of Quality Schedule is presented at QAC. Quality Schedule reports to feed into Medicines Governance POG for oversight.</p>	<p>MOPs to present QS reports to Meds Gov POG once completed for oversight.</p>	Amber
<p>4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion</p>					
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Action	RAG
Systems and processes					Green

<p>are in place to ensure:</p> <ul style="list-style-type: none"> implementation of <u>national guidance</u> on visiting patients in a care setting 	<p>Patient visiting SOP produced on 30/03/20 see <i>Appendix A</i> which was before National guidance which came out on the 12/04/20 and the guidance was updated on 12th June in line with Covid work place assessments.</p>				Green
<ul style="list-style-type: none"> areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access 	<p>Staff undertake checks that signage is in place. Door signage is on all wards.</p>				Green
<ul style="list-style-type: none"> information and guidance on COVID-19 is available on all Trust websites with easy read versions 	<p>COVID information sent out to staff and patients whom English is not their first language on 16/04/20 WHC internet page is compatible with easy to read large font, high contrast and links to accessible browsers and screen readers.</p>				Green
<ul style="list-style-type: none"> infection status is communicated to 	<p>Transfer out Flowcharts (see <i>Appendices D, E, F and G</i>),</p>				Green

<p>the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved</p>	<p>discharge summaries and Flowhub risk assessments. Shared lab result system (ICE) can be checked for infection status. Care homes are informed by Flowhub. Information on flowchart for patients who are discharged home (see Appendix G).</p>				
<p>5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people</p>					
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Action	RAG
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection 	<p>N/A no ED or current walk in service. MIU was closed on 8th April 2020</p> <p>Transfer in and out flowcharts (see Appendices D, E, F and G)</p>	<p>While OOH were using both sites it was difficult to track their activity with regards to isolating potentially positive patients. They had been briefed how to operate the exclusion areas. Deep cleaning took place each morning to ensure IP&C</p>	<p>The main entrances to both MIUs were closed and entry by bell only. Patients were triaged at the entry, temperature taken and Covid19 signs and symptoms assessed and excluded before entry. Chairs in waiting rooms were taped off and temporarily removed to ensure social distancing. Staff wearing PPE as advised.</p> <p>MIU closed 8th April 2020</p>		Green

		guidelines were adhered to.			
<ul style="list-style-type: none"> patients with suspected COVID-19 are tested promptly 	<p>Suspected case as inpatients V2</p>  <p>COVID-19 Suspected Case as Ir</p> <p>A testing and swabbing criteria for patients was produced based on the PHE screening criteria / local testing criteria and swab procurement types, which was amended to reflect national updates.</p>  <p>Coronavirus Swabbing.pptx</p> <p>The Senior Inpatient team updated the IP&C team/ Flow Hub team about local decisions to test as defined by national guidance.</p> <p>Evidence – Suspected case as inpatients / Infections Database</p> <p>Please email which was sent out to all patient facing areas with PHE guidance.</p>  <p>RE SOP COVID 19.msg</p>		<p>Exclusion hubs were available if patients did display symptoms or had a positive history of possible infection and were moved to the exclusion hubs before entry to main buildings.</p>		Green

<ul style="list-style-type: none"> patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested 	<p>Negative at time of swabbing patients who develop Covid – 19 symptoms are tested.</p> <p>Staff use the Frequently Asked Questions advice alongside clinical assessments with Medical staff / Advanced Nurse Practitioners to retest.</p> <p>Close links / communication with the Flow Hub / Inpatient / Soft FM and Infection Prevention and Control Teams ensure that suspected / symptomatic patients are segregated and retested and managed effectively until results return and Clinical assessments are made to step down after symptom clearance. This is managed / monitored through emails / daily Inpatient calls and Telephone calls between Inpatient teams and IP&C team alongside the Flow Hub team for information Re Bed Capacity / Management.</p> <p>Evidence – FAQ's (See Appendix C) A good example of the Visual Bed Board (Re patient isolation and retesting)</p>			Green
<ul style="list-style-type: none"> patients that attend for routine appointments who 	<p>Standard Operational Procedure (SOP) have been produced for all Specialist services including</p>			Green

display symptoms of COVID-19 are managed appropriately	transition plans for next phase of recovery in response to COVID19 pandemic. Staff returning to work location and increasing face to face appointment capacity. (See Appendix H)				
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6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Actions	RAG
Systems and processes are in place to ensure: <ul style="list-style-type: none"> all staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other <u>guidance</u>, to ensure their personal safety and working environment is safe 	<p>All staff have completed Infection Prevention and Control Mandatory Training tracker module.</p> <p>All wards signpost staff to the Covid 19 folder/communication board on a daily basis through the safety briefings.</p> <p>Covid 19 folders/communication are kept up to date in a timely way when new information is disseminated.</p> <p>All staff are fully informed by the safety brief of the expectation of wearing appropriate PPE whilst on the ward.</p>				Green

	<p>Social distancing is maintained at all times (except when in close contact with a patient and then appropriate PPE is worn)</p> <p>Regular hydration breaks are being taken by all staff to ensure their health and wellbeing is being met.</p> <p>All staff must change into and out of their uniforms prior and after their shift whilst they are in the work environment. Uniforms must be washed at 60 degrees.</p> <p>Managing safely Audit</p> <p>Maintaining social distancing on staff breaks</p> <p>Currently no volunteer service. When they return there will be a full induction for them and training to ensure they are working in line with the COVID secure guidance.</p>				
<ul style="list-style-type: none"> all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely <u>don and doff</u> 	<p>PPE champions have provided educational sessions for donning and doffing where requested</p> <p>New staff are advised and trained during induction.</p> <p>Any concerns re PPE are</p>				Green

it	<p>addressed when regularly visiting wards and are followed up with the IP&C team.</p> <p>All staff have been fit tested</p>				
<ul style="list-style-type: none"> a record of staff training is maintained 	<p>There is a database of Fit tested staff</p> <p>Mandatory training records</p>				Green
<ul style="list-style-type: none"> appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed 	<p>All areas are re-using visors and goggles and correct cleaning processes are in place.</p>		<p>Face shields and visors are being reused, provided they do not contain foam parts; government guidance is being adhered to.</p> <p>T:\Wiltshire Health & Care\Corona Virus\SOPs\PPE\SOP - Decontamination of Eye Protection Community Team v3.doc</p>		Green
<ul style="list-style-type: none"> any incidents relating to the re-use of PPE are monitored and appropriate action taken 	<p>Datix has a category for reporting PPE related incidents. At the time of writing this report only 1 incident has been reported relating to a visor.</p>				Green
<ul style="list-style-type: none"> adherence to PHE national guidance on the use of PPE is regularly audited 	<p>Visual spot checks by PPE champions and IP&C team when on the wards. Non-adherence to guidance is referred to HR.</p>	<p>Written evidence hasn't been collected</p>			Green
<ul style="list-style-type: none"> staff regularly undertake hand 	<p>Visual spot checks by PPE champions and IP&C team when</p>	<p>Written evidence</p>			Green

hygiene and observe standard infection control precautions	on the wards. All staff are challenged by the nurse in charge if poor hand hygiene technique is observed.	hasn't been collected			Green
• staff understand the requirements for uniform laundering where this is not provided for on site	Take home kit bags have been issued. Staff are required to arrive to work in home clothes and change at work and change again before returning home. Uniforms are procured to ensure that they can be laundered at 60 degrees and staff are reminded of this requirement when home laundering.				Green
• all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms.	Staff guidance is available on the on the intranet and the T:Drive. This is in the way of FAQ, risk assessments and frameworks. Managers and staff all have access to this information and updates are on the daily communications				Green
7. Provide or secure adequate isolation facilities					
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Action	RAG
Systems and processes					Green

<p>are in place to ensure:</p> <ul style="list-style-type: none"> patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate 	<p>Visual bed board, daily inpatient calls, bi-weekly calls</p> <p>Flowhub risk assessments</p> <p>Inpatient testing criteria also indicated single room isolation as in the below document.</p>  <p>COVID-19 Suspected Case as Ir</p>				
<ul style="list-style-type: none"> areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance 	<p>PHE guidance 27th April compliance</p> <p>2 meters apart for inpatient beds. Removal of beds has been agreed locally in larger bedded facilities and a risk assessment approach is undertaken where 2 meters social distancing cannot be maintained in other patient settings due to clinical criteria patients.</p>  <p>SOP Social distancing between patients (3)</p> <p>Cohort wards to separate +ve and –ve patients</p>				Green
<ul style="list-style-type: none"> patients with resistant/alert 	<p>Business as usual</p>				Green

organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	Bed board, daily inpatient calls, bi-weekly calls, flow hub risk assessments				
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8. Secure adequate access to laboratory support as appropriate

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Action	RAG
There are systems and processes in place to ensure: <ul style="list-style-type: none"> testing is undertaken by competent and trained individuals 	<p>Staff competent and trained with the correct skills are used for testing.</p> <p>All staff responsible for taking Covid 19 throat swabs, have up to date knowledge and understanding of the correct procedure, provided by IP&C team</p>				Green
<ul style="list-style-type: none"> patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance 	<p>Patients are tested promptly for Covid 19 as soon as they present with any of the two/three symptoms outlined by PHE and other national guidance.</p> <p>Staff are signposted through the</p>				Green

	HR department appropriately for testing if they present with possible symptoms of Covid 19. Visual Bed board shows pending, negative and positive patients updated daily by IP&C team and the Flowhub				
• screening for other potential infections takes place	We have evidence of screening for all other infections				Green
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections					
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Action	RAG
Systems and processes are in place to ensure that: • staff are supported in adhering to all IPC policies, including those for other alert organisms	Robust IP&C team and POG meetings and daily calls IP&C level 1 training compliance across the organisation is 84.95% and level 2 is 88.23%				Green
• any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to	Daily communications from the COO, IP&C team and PPE champions. FAQ (see Appendix C) sheets. Extended IP&C team to further accommodate needs				Green

staff					
<ul style="list-style-type: none"> all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance 	<p>We communicated early on with our clinical waste contractor about their business continuity plans and requirements around COVID-19 waste. In response, we sourced additional wheelie bins to store any excess waste safely, in the event the capacity of the contractor's wheelie bins was insufficient or collections were interrupted.</p> <p>After an initial period when COVID-19 related waste had to be consigned as CAT A, the waste was downgraded to CAT B, which is already used for the vast majority of other infectious waste at Community sites.</p> <p>Existing policies/procedures/processes cover the safe management of infectious (CAT B) waste.</p> <p>iResponds were created/updated centrally giving guidance on specifics.</p> <p>Additionally we prepared for increased volumes of waste generated by frequent hand washing/sanitising ie paper hand towels and empty hand gel</p>				Green

	packaging (flammable).				
<ul style="list-style-type: none"> PPE stock is appropriately stored and accessible to staff who require it 	<p>Daily checks and effective distribution takes place</p> <p>PPE stock is being delivered to WHC through a push model which means that the type and quantity of the items we receive is unknown until it arrives in Chippenham.</p> <p>If an item needs to be quarantined or returned then it is separated from the good stock, clearly labelled “do not issue” and returned.</p> <p>Each team submits a PPE regular stock return (in most cases daily) to the incident team (see <i>Appendix B</i>) giving details of the volumes of stock they are holding and whether they anticipate needing any more to last them a week.</p> <p>Urgent requests for PPE are processed and delivered on the same working day.</p>	<p>If we receive a new item then it is checked with the relevant team to ensure that it can be issued.</p>			Green

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Actions	RAG
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<p>Appropriate systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported 	<p>There are risk assessments and risk assessment frameworks for all staff, including those in at risk groups. Managers are working with all individuals to ensure all health and wellbeing needs are met. All shielding staff are to be contacted regularly by their managers and receive calls and updates directly from the HR team.</p>			
<ul style="list-style-type: none"> • staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained 	<p>Fit Test Training has been delivered against the national syllabus and records of who has been trained are kept</p>			
<ul style="list-style-type: none"> • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing 	<p>This is completed on a daily basis by the HR team.</p>			
<ul style="list-style-type: none"> • staff that test positive have adequate information and support to aid their 	<p>Staff have access to all information for their health and wellbeing on our internal intranet and external website, so information can be accessed</p>			

recovery and return to work.	outside of work. The HR team work with all individuals shielding or isolating.				
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Appendix A

Title:	COVID-19 Inpatient Visiting	Serial Number
Owner:	Jo Mundy jo.mundy1@nhs.net	
Version:	1	Date 30/03/20 Review: 30/04/20

Purpose	To provide guidance for staff regarding ward visiting.
Key info	Ward visiting is closed except in exceptional circumstances.
Visitors permitted on to the wards	<p>Essential visiting is limited to one visitor per patient, for:</p> <ul style="list-style-type: none"> • End of life compassionate visiting • Patients with delirium requiring carer continuity <p>Visitors are required to wear PPE (mask, apron and gloves) and should not be exposed to aerosol generating procedures.</p> <p>This is at the discretion of the senior staff on duty.</p> <p>Visiting is limited to 1 hour only.</p> <p>The following questions must be asked to all individuals prior to visiting the wards, either by telephone consultation or on presentation to the ward:</p> <ul style="list-style-type: none"> • Is the visitor currently presenting with one or more of the COVID19 symptoms - fever, cough or flu like symptoms? • Has the visitor had COVID 19 symptoms recently and not isolated for the 7 days from onset of symptoms. • Has the individual risk assessed themselves as immune-compromised? <p>If a visitor answers 'yes' to any of the above questions, they are NOT permitted on to the wards.</p>
Advice to visitors to the wards	<ul style="list-style-type: none"> • Prior to visiting, relatives/carers should be advised of the IP&C risks
Escalation	<p>Where there is a conflict of interest –</p> <p>Escalate to:</p> <ul style="list-style-type: none"> • Senior Nurse, Infection Control Nurse or Head of Operations. • Out of hours please contact the on-call Manager.

Appendix B

Please count per unit - eg if you have 5 boxes of 50 masks then count 250 masks					
Item	Quantity in stock	Unit	Average Daily Use	Additional number of items required to ensure approximately one	Comments
Example					
Surgical masks	500	each	200	900	
Aprons	10	roll	0.5		
Face					
FFP3					
3M-1863					
3M-1873W					
Easimask FSM15					
Easimask FSM16					
3M 8833A					
Other					
FFP2 NR D					
FFP3 fit test kits					
FFP3 fit test solution - bitter					
FFP3 fit test solution - sweet					
Goggles					
Surgical masks					
Visors (reusable)					
Visors (single use)					
Hands					
Hand gel - less than 100ml					
Hand gel - 100 - 499ml					
Hand gel 500 - 999 ml					
Hand gel 1l - 4.9l					
Hand gel - 5l or more					
Gloves					
Standard - xs					
Standard - s					
Standard - m					
Standard - l					
Standard - xl					
Gloves Extended					
Extended cuff - s					
Extended cuff - m					
Extended cuff - l					
Extended cuff - xl					
Body					
Aprons - white					
Aprons - yellow					
Aprons - blue					
Aprons - green					
Gowns					
Standard - s					
Standard - m					
Standard - l					
Standard - l extra long					
Standard - xl extra long					
Disposable coveralls					
Sundries					
Clinell wipes green (packet)					
Clinell wipes yellow (packet)					
Clinell wipes yellow (tub)					
Orange bags					
Yellow Bags					
Please return to who.incident@nhs.net by 11am each day, thanks					

Appendix C

Wiltshire Health and Care – Infection Prevention and Control Frequently Asked Questions:

- Isolate patients who have COVID-19 symptoms. Please note in the patient record the date symptoms commenced and the date of isolation of the symptomatic patient.
- The contacts of the symptomatic patient need to be isolated for a minimum of 14 days. Any contact patient who develops symptoms needs to be tested and ideally isolated. Location of isolation will depend on development of cohort ward
- Ensure throat and nose swabs are taken for COVID-19. Please ask your medical cover to refer to *COVID-19: investigation and initial clinical management of possible cases* to establish what other samples are required. Please record date of testing in patient record. Please use a single swab - take firstly throat swab and then deep nasal with the same swab. Place in transport medium as normal
- **For collection of nasopharyngeal swabs (for example, for COVID-19 diagnostic purposes), plastic aprons, Fluid resistant surgical masks (FRSMs), eye protection and gloves should be used.**
- All secretions (except sweat) and excretions, including diarrhoeal stools from patients with known or possible COVID-19, should be regarded as potentially infectious
- If a patient has a negative COVID-19 result but remains symptomatic please retest and maintain isolation for the symptomatic patient and contacts. One further test is reasonable and should be taken 3-5 days after the initial swab was taken.
- Excretion of virus probably carries on for at least 14 days and for patients who have been sufficiently unwell to require hospital admission, this may be longer. After 7 days the amount of virus being excreted from the airways is thought to have declined considerably in individuals with minor symptoms and infectivity will similarly be significantly reduced (but will probably not be zero). Please maintain isolation in community hospitals for at least 14 days after commencement of respiratory symptoms. If respiratory symptoms persist after 14 days please ask ward doctor to discuss with the acute hospital microbiologist where sample was sent.
- If positive patients recover and are medically fit to be discharged they can go home, with the consent of the patient and family/carers before completing 14 days of isolation; they will need to complete their period of complete self isolation at home. Other members of the household will also need to self-isolate for 14 days on the return of the affected patient if the patient is unable to achieve complete full and safe isolation at home
- Patients who have been contacts of positive cases who are asymptomatic but medically fit for discharge can go home with the consent of family and carers. They should be given the clear PHE advice on what to do if they or other members of the household do become symptomatic. (Stay at home guidance for households with possible coronavirus (COVID-19) infection.) The contact patient must, in the home environment, complete their 14 days of isolation from contact with the symptomatic patient. Other members of the family do not need to self-isolate

unless the person who has been discharged or a member of the family becomes symptomatic

- NB: patients who have been symptomatic and have not fully recovered and completed 14 days of isolation **or** have been contacts of positive patients must not be discharged to their homes where there is another person who is deemed to be extremely vulnerable (within shielding category) or another person aged over 80. If any individual at home falls into the shielding category it is highly advisable for patients to be discharged to a different home or location until they have finished their self isolation period or have laboratory confirmation of viral clearance. Please see link for definitions and discuss individual cases with the Clinical Consultant Microbiologist providing advice to the clinical area
<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19?fbclid=IwAR1j-H7EqJWvN8dCZzJ1Yv8cJGi9ZpU6xByCka4XCaTG6ffOg1xTGY3HeXc>
- Inpatients who are to be discharged to a Care Home require individual assessment. Any person who has been in direct contact (i.e. shared a bay) with a positive patient needs to be kept in isolation for 14 days and have their case reviewed before discharge. Isolation can be either completed in the hospital environment or in the care home if the care home can maintain isolation of the individual in a single room. Currently, where appropriate isolation at the Care home can be achieved, there is no mandatory requirement for a negative screen to be obtained.
- Medical colleagues covering the inpatient area are strongly advised to refer to the most current document available on the PHE website.
<https://www.gov.uk/government/publications/COVID-19-guidance-for-stepdown-of-infection-control-precautions-within-hospitals-and-discharging-COVID-19-patients-from-hospital-to-home-settings/guidance-for-stepdown-of-infection-control-precautions-and-discharging-COVID-19-patients>
- Hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE.
- A fluid resistant (Type IIR) surgical facemask (FRSM) should be worn whenever a member of staff enters or is present in an inpatient area or delivering care in the patient's home, whether or not involved in direct patient care. For undertaking any direct patient care, disposable gloves, aprons and eye protection should be worn. Risk assessment, by individual clinicians, on the use of eye protection, for example, should consider the likelihood of encountering a case(s) and the risk of droplet transmission (risk of droplet transmission to eye mucosa such as with a coughing patient) during the care episode.
- Gloves and aprons are subject to single use with disposal after each patient contact.
- A long-sleeved disposable fluid repellent gown (covering the arms and body), a filtering face piece class 3 (FFP3) respirator, a full-face shield or visor and gloves are recommended during Aerosol Generating Procedures (AGPs), regardless of the status of the patient and the clinical setting.
- **Ultimately, where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical**

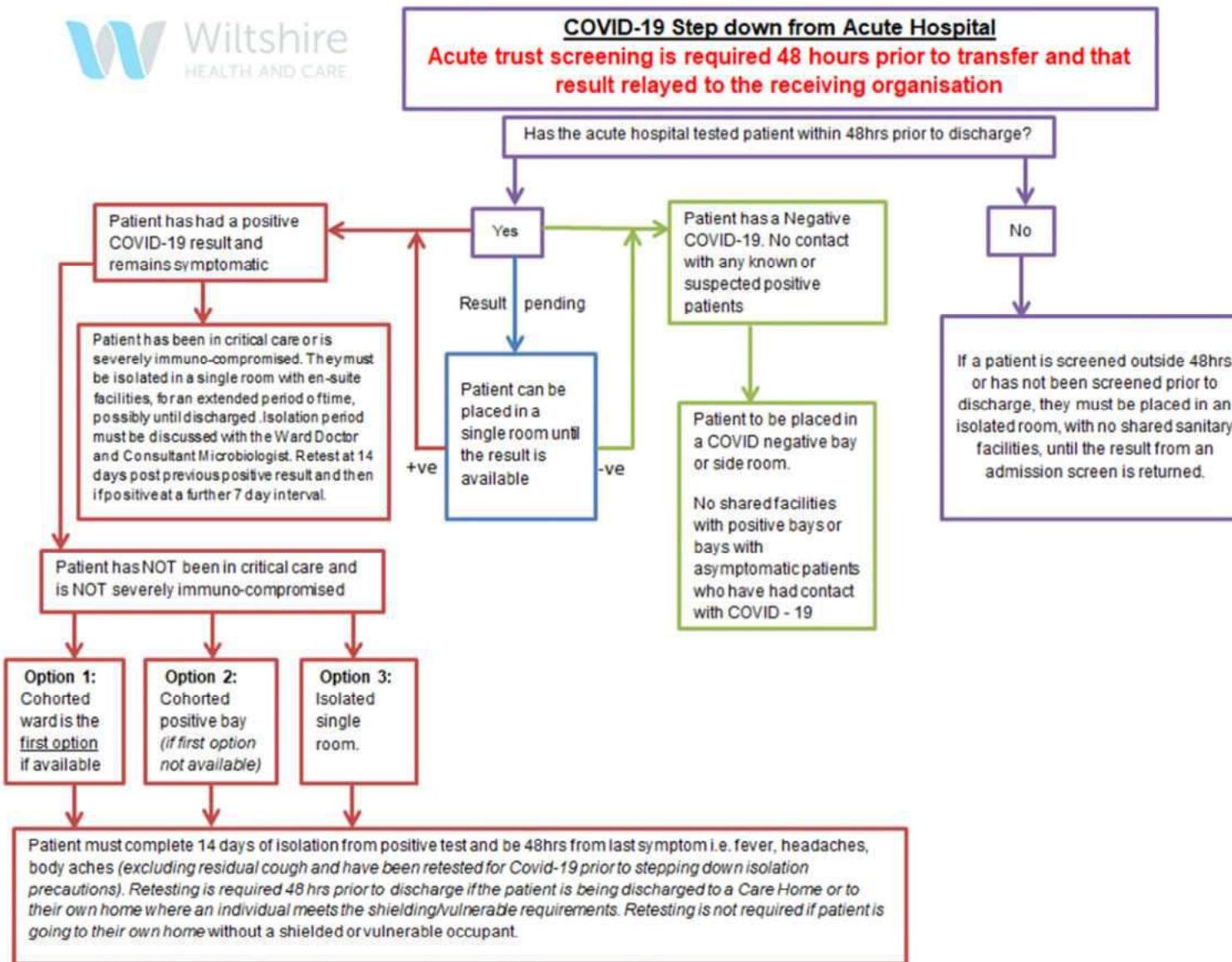
mask with or without eye protection, as determined by the individual staff member for the episode of care or single session.

- Fluid repellent surgical mask and eye protection can be used for a session of work rather than a single patient contact.
- **Care in patient's homes:** For delivery of care to any individual meeting criteria for shielding (vulnerable groups) or where anyone in the household meets criteria for shielding, as a minimum, single use disposable plastic aprons, surgical mask and gloves must be worn for the protection of the patient.
- **Patient use of face masks.** In common waiting areas or during transportation and where tolerable and appropriate in clinical areas and where care is delivered at home, symptomatic patients should wear a surgical face mask. The aim of this is to minimise the dispersal of respiratory secretions and reduce environmental contamination. A surgical face mask should not be worn by patients if there is potential for their clinical care to be compromised (such as when receiving oxygen therapy).
- **Staff cohorting.** Assigning a dedicated team of staff to care for patients in isolation/cohort rooms/areas is an additional infection control measure. This should be implemented whenever there are sufficient levels of staff available (so as not to have a negative impact on the care of non-affected patients).
- Visitors to all areas of the healthcare facility should be restricted to essential visitors only. Ward teams need to advise visitors on the need for hand hygiene and PPE. Fluid resistant surgical face masks are required for all entering the ward. Additional PPE will be required if the patient being visited is a possible or confirmed case. Visitors must not visit any other care area.
- Staff who have had confirmed COVID-19 and recovered should continue to follow the infection control precautions, including personal protective equipment (PPE). High level immunity (i.e ability to avoid any new COVID-19 infection) in individuals after a positive COVID-19 diagnosis has yet to be ascertained. There is currently no reliable antibody test to check for immune status.
- For staff advice please look in T:\Wiltshire_Health_&_Care\Corona Virus\Staff Guidance and if required contact Occupational Health. National guidance can be found at: <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>
- Wiltshire Health and Care have discussed the national advice regarding re-use of Fluid resistant surgical face masks (FRSM). Wiltshire Health and Care will not be advising re-use of FRSM.
- **Environmental Cleaning:** The main patient isolation room should be cleaned at least once a day. Body fluid spills should be decontaminated promptly. There should be more frequent cleaning and disinfection of frequently touched' surfaces such as medical equipment, door/toilet handles and locker tops, patient call bells, over bed tables and bed rails should be cleaned at least twice daily and when known to be contaminated with secretions, excretions or body fluids (at least twice per day). It is strongly recommended that cleaning of isolation areas is undertaken separately to the cleaning of other clinical areas.
- The care environment should be kept clean and clutter free. All non-essential items including toys, books and magazines should be removed from reception and

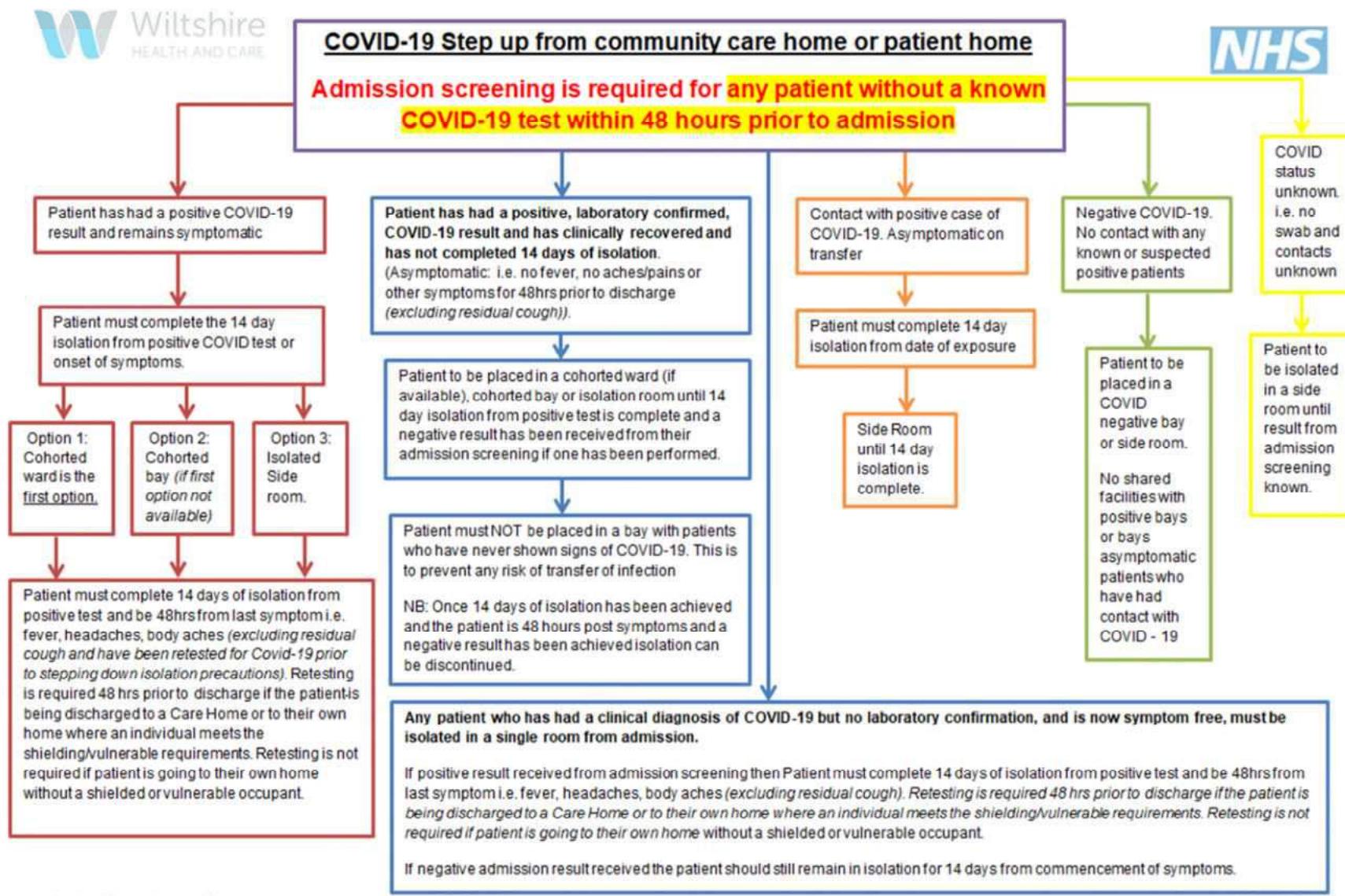
waiting areas, consulting and treatment rooms, emergency departments, day rooms and lounges.

- **Dedicated or disposable equipment** (such as mop heads, cloths) must be used for environmental decontamination. Reusable equipment (such as mop handles, buckets) must be decontaminated after use with a chlorine-based disinfectant as described above. Communal cleaning trolleys should not enter the room.
- **Cleaning the room once the patient has been discharged or left the room.** Following transfer (recovery) and/or discharge of the patient, it is recommended that the room is left vacant with the door closed for **one hour** for a neutral pressure room prior to performing a terminal clean. Windows to the outside in neutral pressure rooms must be opened
- All **Linen** used in the direct care of patients with possible and confirmed COVID-19 should be managed as ‘infectious’ linen. Linen must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment:
- **Staff Uniforms:** uniforms should be transported home in a disposable plastic bag. This bag should be disposed of into the household waste stream. Uniforms should be laundered separately from other household linen, in a load not more than half the machine capacity at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried. Note: It is best practice to change into and out of uniforms at work and not wear them when travelling; this is based on public perception rather than evidence of an infection risk. This does not apply to community health workers who are required to travel between patients in the same uniform. Teams are at liberty to order alginate bags (that disintegrate in the washing machine) for staff to put ‘dirty’ uniforms into at the end of their shift, transport home and then place straight into the washing machine.
- **Handling the deceased.** The principles of IP&C continue to apply whilst deceased individuals remain in the care environment. This is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living patients. Where the deceased was known or possibly infected with COVID-19, there is no requirement for a body bag, although standard WHC practice is for a body bag to be used if available. Viewing, hygienic preparations, post-mortem and embalming are all permitted.
- IPC team – **20/4/20**

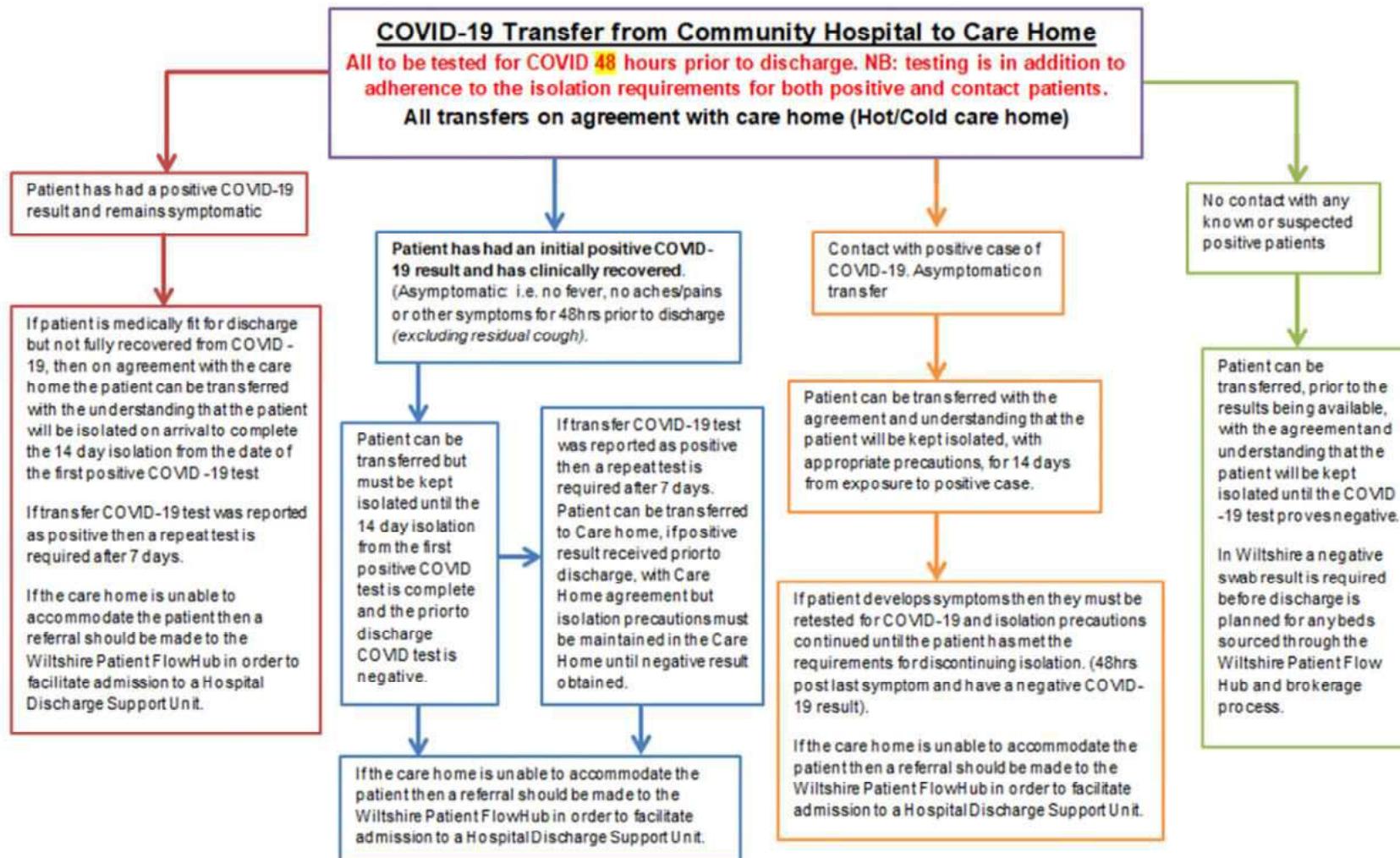
Appendix D



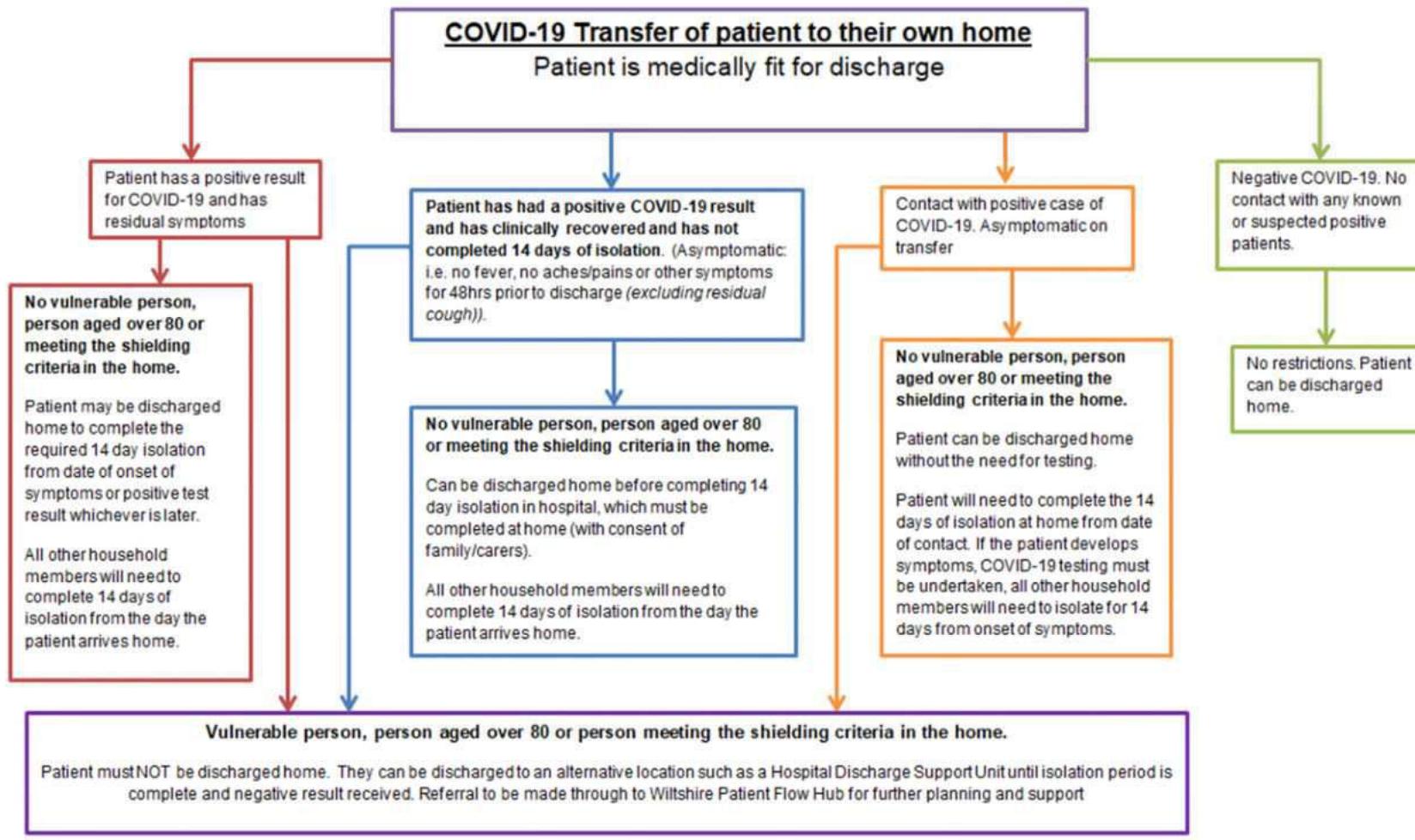
Appendix E



Appendix F



Appendix G



Appendix H



Standard Operational Procedure (SOP)

Specialist services -Transition plans for next phase of recovery in response to COVID19 pandemic. Staff returning to work location and increasing face to face appointment capacity

Document No.	Leave blank	Version No.	Leave blank
Approved by	Recovery Cell	Date Approved	Leave blank
Ratified by	Policies and Procedures Group (PPG)	Date Ratified	Leave blank
Date Implemented	15/6/20	Next Review Date	Leave blank
Status	Draft		
Target Audience (who does the document apply to and who should be using it)	Wiltshire Health and Care staff		
Accountable Director	Managing Director		
Document Author/Onginator - Any comments on this document should, in the first instance, be addressed to whc.policyqueries@nhs.net	Carol Langley-Johnson Head of Operations long term conditions & MSK		
If developed in partnership with another agency, insert details of the relevant agency			

Responsibilities of all staff

It is your responsibility to ensure that, when following a WHC SOP, you familiarise yourself with the wider context, including the policies/documents listed below. Within all policies there are also links to other policies/documents and to further reading:

Working in partnership Great Western Hospitals NHS Foundation Trust Royal United Hospitals Bath NHS Foundation Trust Salisbury NHS Foundation Trust www.wiltshirehealthandcare.nhs.uk	This is a controlled document. Whilst this document may be printed, the electronic version saved on the <u>T:drive</u> is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local drives but should be accessed from the <u>T:drive</u> .
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Purpose <p>To establish a safe working environment to allow a slow introduction of limited patients to attend clinic appointments, describing the correct use of PPE during the COVID-19 pandemic, according to setting, personnel and types of activity. This is to work alongside the risk assessment per location and act as a <u>clinic principles</u> to be followed with local application.</p>
Key Information <p>The clinic environment will be risk assessed to put in mitigation to prevent the spread of the virus. Applying the 5 step recommendations from PHE. The Department will introduce methods to maintain social distancing of 2m where possible; where this is not possible staff and patients will be encouraged to wear a mask. When staff are with patients they will wear an appropriate mask.</p>
Triage <p>Prior to attending a Face to Face appointment, patients will be triaged & risk assessed to determine appropriate clinical intervention whether this will be by Telephone, Attend anywhere or face to face. Patients will be screened for COVID symptoms, reminded of the main and associated symptoms. If the patient or a member of the household has any Covid symptoms, arrangements should be made for the person to be seen at home or in a hot clinic. Encourage patient to wear a face covering due to enclosed space in Reception. WHC does not advocate undertaking temperature checks when the patient arrives.</p> <p>The relevant HOS needs to liaise with the hot clinic contact per Primary care PCN / Locality to book a room. Consider cleaning time and clinic downtime. Consider interface with other clinics</p> <p><u>Case Definition of COVID-19 Main Symptoms for the purposes of Triage.</u></p> <p>Influenza like illness (fever $\geq 37.8^{\circ}\text{C}$ and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing. Loss or change to your sense of smell or taste.</p>

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Clinic operation <u>IP&C precautions in the clinic settings</u>	<p>Waiting rooms must support social distancing or a patient is called and collected from a designated area.</p> <p>Room bookings need to be co-ordinated with site manager and CBO who will co-ordinate referral and demand management per site across different services.</p> <p>Work with site co-ordinator to agree a safe one-way flow at entry and exit points, to reduce congestion. In some smaller sites patients may be asked to stay in their car or outside until called in.</p> <p>Site risk assessment and operational guidance must be developed with a safe system of work at each location. This needs to include IPC advice, H&S advice and signed off by site co-ordinator and HOS.</p> <p>It is possible to extend the working day to allow more patient appointments spread over a longer period and prevent too many staff on site at any time.</p> <p>In the clinic, the practitioner will be bare below the elbows, wear an apron, gloves and a Fluid Resistant Surgical Mask (FRSM) IIR Certified, while treating the patient. Eye protection will be worn. All staff will be issued with their own visor to wear as required and follow guidance on decontamination.</p> <p>There is an option for the patient to be given a face covering to wear and will be asked to clean their hands by washing or with Alcohol Based Hand Rub (ABHR) on arrival. Patients who are coughing, have a history of chronic lung disease, are shielding or in a vulnerable group should be given a mask. The interface between these patients requires careful management to prevent cross contamination. The mask is to stay in position until the patient has left the building. Staff will don PPE as per guidance.</p> <ul style="list-style-type: none"> • Follow the clinic room cleaning schedule for each patient. • Further increasing the frequency of hand washing and surface cleaning.
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Maintaining a clean environment	<ul style="list-style-type: none"> • The clinic room is to be surface-cleaned after each patient. (Clinell wipes) • Daily clinical area thoroughclean, link with site manager and soft FM team to restart and ensure regular completion • Remove unnecessary clutter and equipment from patient facing areas. • Minimise clinical equipment / procurement items to those required for each patient consultation. <p>IMPORTANT - Optimizing use of PPE: Gloves and aprons MUST be changed between patients and hand hygiene undertaken frequently. This is the standard infection control practice that should happen by all staff, in all care settings, at all times, for all patients. Disposal of PPE in orange bins for covid suspected pts and yellow bags for non covid. See appendices for more info.</p> <p>FRSM / FFP3 respirators are single use as multiple patient session care is not undertaken. They must be fitted and worn correctly and NOT be touched once put on. If they become separated from the face, moist or damaged they must be immediately discarded and replaced.</p>
Additional Information	<p>In clinical areas, communal waiting areas and during transportation, it is recommended that possible or confirmed COVID-19 cases wear a surgical face mask if this can be tolerated. The aim of this is to minimize the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination.</p> <p>A face mask should not be worn by patients if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask). A face mask can be worn until damp or uncomfortable.</p> <p>Please see additional latest IPC guidance -</p> <p>https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#section-7</p>
Colleagues consulted in the	Jane Searle IP&C Nurse Paul Mabey – Head of Services Jo Woodward Health, Safety, Fire & Security Services Lead

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Appendices

- 5 steps poster
- Clinellwipes info
- Core cleaning schedule
- Site assessment

Local site specific guidance –

Please insert below

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Appendix I



PPE Champion (COVID-19)

Location:	WHC Inpatient, Community and Specialist Teams
Responsible to:	IPC Specialist Nurses – day to day role MIU Senior Clinical Lead – line management support
Grade/Band	Band 5/6/7

Please note this is a temporary role, to assist with the current national emergency. Post holders will revert to their substantive role once the crisis is resolved and WHC returns to BAU.

Main Purpose of the Job

To support staff with correct use of PPE and IPC; incident management queries and information flow.

Duty	Tasks
PPE advice & guidance	<ul style="list-style-type: none">Proactively plan and attendwards and teams to support them with understanding and correct use of PPEModelling use of PPE where requiredAdvising/instructing staff in the correct cleaning/decontamination of reusable PPEChecking Ward and Team Covid-19 noticeboards and folders to ensure current PPE (donning & doffing) information is available/displayed
IPC advice & guidance	<ul style="list-style-type: none">In liaison with IPC leads, ensure that wards and teams have current information and guidance re IPC advice from PHESupervising (and supporting) staff with hand washing, UICP and use of PPEChecking Ward and Team Covid-19 noticeboards and folders to ensure current IPC information is available/displayedProvide staff with IPC advice as agreed with IPC Specialist Nurses, or signpost staff to where they can get advice
Incident Management	<ul style="list-style-type: none">In liaison with WHC Risk & Complaints Manager, and Administrator, ensure that wards and teams are identifying and submitting incident reports via DATIX or telephone reporting line and that incidents are being investigated, actioned and closed.
Day to Day	<ul style="list-style-type: none">Phone calls/emailing/liaison with IPC Specialist Nurses and (less frequently) with Risk & Complaints ManagerArrange visits to wards/teams, to meet need and support staff at varying times during the day/evening – this may include weekend work. Liaise with fellow PPE Champion regarding diary managementLiaising with ward and team staffChecking notice-boards and information files

	<ul style="list-style-type: none"> When possible attend ward safety huddles /team briefings to discuss PPE/IPC/Incidents
	<ul style="list-style-type: none"> Escalate identified concerns re PPE stock to Incident Hub
Access	<ul style="list-style-type: none"> Telephone T Drive WHC Intranet Email Datix
Transport	<ul style="list-style-type: none"> Car Driver essential as this role will require travel to WHC inpatient and community sites.

Flexibility

This job description is not intended to be exhaustive and it is likely that duties may be altered from time to time in the light of changing circumstances, in discussion with the post holder. This role profile is intended to provide a broad outline of the main responsibilities only. The post holder will need to be flexible in developing the role with initial and on-going discussions with the designated manager.

Appendix J

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

A handwritten signature in black ink that reads "Ruth May". The signature is fluid and cursive, with "Ruth" on the top line and "May" on the bottom line.

Ruth May
Chief Nursing Officer for England

1. Introduction

As our understanding of COVID-19 has developed, PHE and related [guidance](#) on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful for directors of infection prevention and control, medical directors and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the [Code of Practice](#) on the prevention and control of infection which links directly to [Regulation 12](#) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The [Health and Safety at Work Act](#) 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are

treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

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

Item 9

Reset and Recovery Update

VERBAL

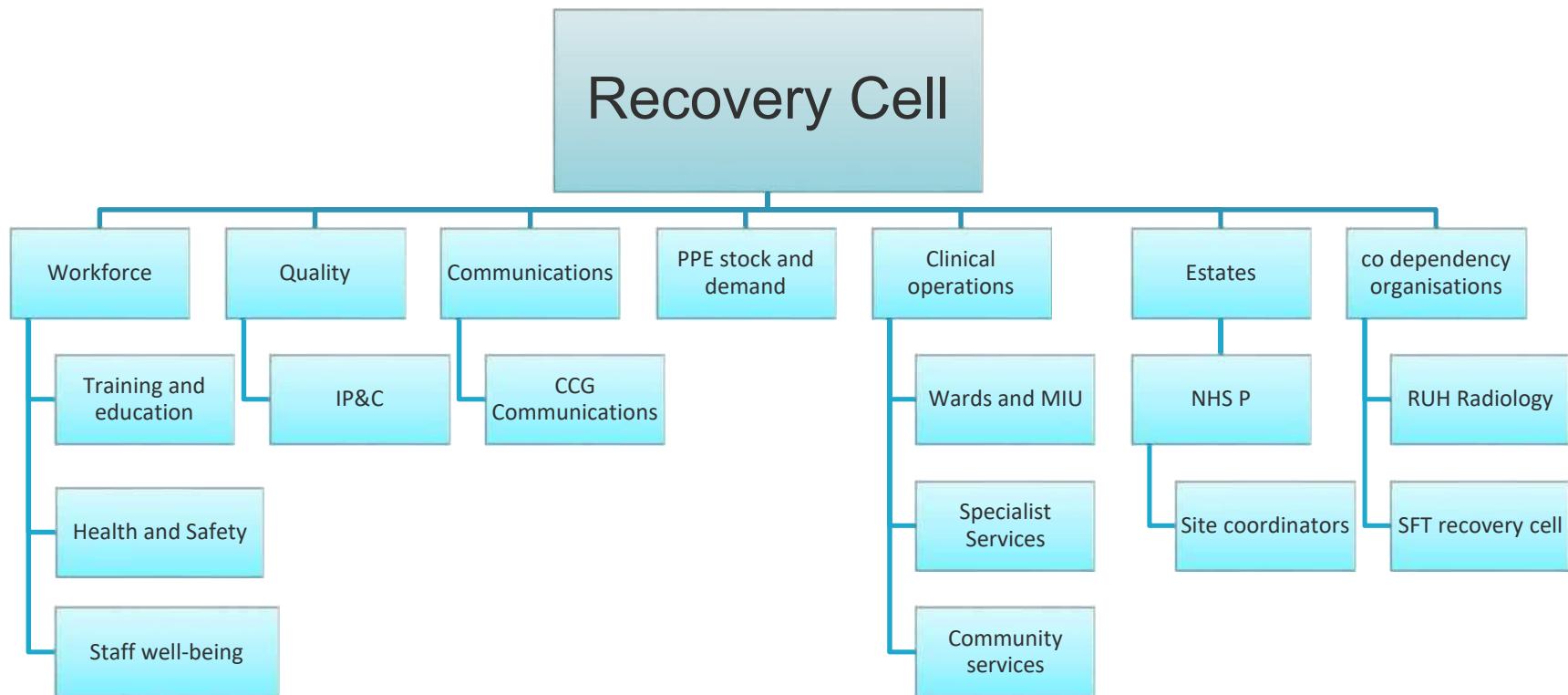
Resilience, Reset, Recovery

Lisa Hodgson, COO

Gemma Pugh, Service Transformation Manager

7th August 2020

Recovery



Reset; What happened?



What went well and made a difference for our staff?

- Shared system focus and purpose
- Removal of system barriers
- Shared resource in the system
- Mutual aid
- Permission to stop and try something new
- Reduction in reporting
- Better integrated working relationships
- Encouraged creativity
- Rapid up skilling and cross working
- Daily Communications
- Increased recognition by the community
- Recruitment processes and training
- Reduction in travel
- Staff well-being support

Reset

On reflection what didn't go so well?

- ☒ Timeliness of some projects; IT transition
- ☒ Ability to provide consistent messages when national advice and policy changing frequently
- ☒ Confidence in PPE supply
- ☒ Providing clear advice on when the incident will step down
- ☒ Identifying the areas of need and redeploying appropriate staff
- ☒ Comms to staff regarding rationale of services open and closed
- ☒ Lack of operational staff developing process at a system level
- ☒ Interim roles and responsibilities of the internal incident response team

Priorities

1. To complete an incident response guide for a potential second wave
2. To ensure all staff are offered risk assessments (mandatory for BAME and CEV)
3. To provide staff with debrief sessions (well being) 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.

Our Staff; Risk Assessments

The National NHSI Return asked 4 questions to be answered across two data returns which were two weeks apart.

Following the first submission the organisation amended its approach to ensure all staff were offered the opportunity to have a risk assessment completed with their line manager, regardless of whether they fell into one of the at risk categories or not

Data submitted at 31/7/20 was as follows:

		Employed	Bank (Active)	Combined	%
BAME	Total No. BAME Employees	69			
	Total No. BAME Employees (Active - excluding mat leave, career breaks etc.)	67	10	77	
	Total No. BAME Employees Completed Risk Assessments	67	10	77	100%
	Total No. Declined	0	3		
	Total No. BAME Employees Unable to complete (as above)	0			
	Unknown	0			
At risk		Employed	Bank (Active)	Combined	%
	Total No. Employees known to be at risk	93	0		
	Total No. Employees known to be at risk (Active - excluding mat leave, career breaks etc.)	90	0		
	Total No. Employees known to be at risk - completed risk assessment	90	0		100%
	Total No. Declined	0	0		
	Total No. not available e.g. mat leave, career breaks	3	0		
	Unknown	0	0		

Compliance for all staff is 46%

Resilience; constraints

Demand

- 1) National guidance on when to re-open services
- 2) Local clinical guidance on how to re-open services
- 3) Acute, Primary care, mental health and social services plans (including diagnostics) to re-open
- 4) Remote triage of patients on waiting list
- 5) Urgent and high priority appointments offered first
- 6) Non-face to face appointments offered as preferred contact
- 7) Vulnerable and shielding patients monitored
- 8) Rehabilitation pathway post COVID-19 developed

Capacity

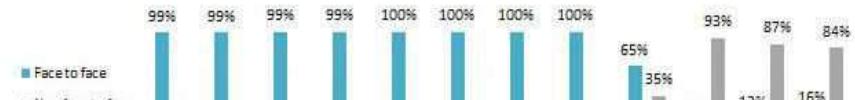
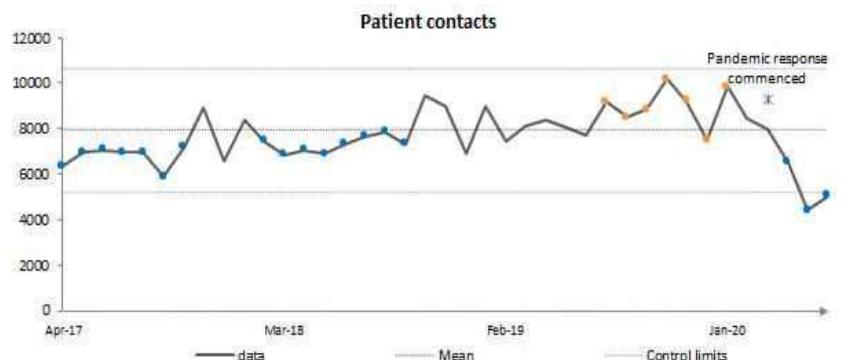
- 1) Patient and staff testing
- 2) Personal and Protective equipment
- 3) Estate; social distancing and access
- 4) Staffing capacity/ workforce resilience
- 5) Digital capability and resource
- 6) Capability and capacity of staff to be redeployed to high priority areas (training and flexibility)
- 7) 'Readiness' for another wave (surge)
- 8) Ability to maintain and develop service improvements and new pathways
- 9) Winter preparations funded and prioritised Aug 2020
- 10) Vaccination approved and rolled out

Phase 1 June 2020; Complete

Planning	Assurance	Services Open
<p>Respiratory services transformation- bid to NHS England</p> <p>Virtual MDT for care homes modelling</p> <p>Post COVID rehabilitation pathway developed</p> <p>Continued development of Homefirst and Reablement</p> <p>Securing the discharge process</p>	<p>Sites COVID safe , SOPs completed</p> <p>Staff risk assessed</p> <p>PPE available</p> <p>Readiness for a potential second surge</p> <p>Vulnerable and shielding patients monitored</p> <p>Virtual and telephone appointments offered as first choice</p>	<p>Staff return safely to work</p> <p>Patient communication is clear and updated with COVID-19 messages</p> <p>Sites are clearly signposted</p> <p>Clear desk policy implemented</p> <p>Urgent and high priority patients offered face to face appointment (if cannot be seen virtually) for all specialist services, continence, CTPLD and Lymphodema</p>

Reset

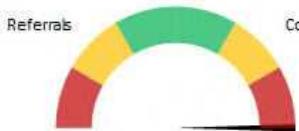
Where are we now?



	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Face to face	9094	8418	8785	10108	9182	7481	9821	8402	5200	440	561	829
Non face to face	98	75	67	60	34	26	41	37	2791	6099	3845	4231
TOTAL	9192	8493	8852	10168	9216	7507	9862	8439	7991	6539	4406	5060
Usual level*	7925	7925	7925	7925	7925	7925	7925	7925	7925	7925	7925	7925

Difference	+66	-1386	-3519	-2865
Percentage of usual activity	101%	83%	56%	64%

Demand and capacity monitor

[Learn more](#)


Since the Covid-19 response, overall contact capacity has considerably exceeded that usually needed to manage the level of referrals that have come in to the service.

There are considerably fewer follow up contacts compared to first contacts (in comparison to historic data). Numbers waiting at month end have reduced as capacity, particularly for first contacts, has kept on top of demand.

RTT

Number on list at month end

notable variation

3995	3750	3712	3297	3095	2883	3109	3420	3045	420	293	517
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

Average wait (weeks) of those waiting at month end

notable variation

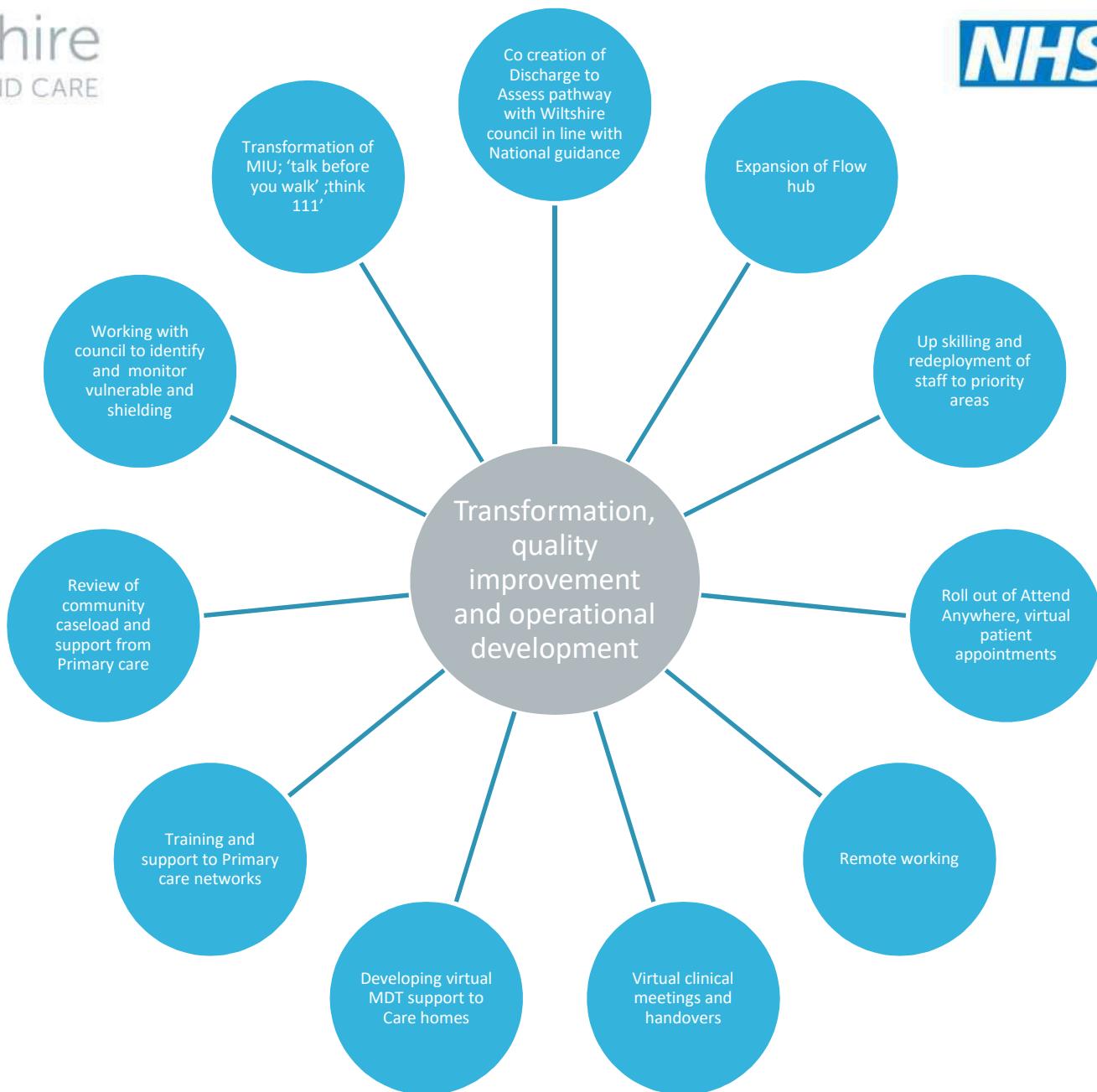
3	4	3	3	3	3	2	2	4	5	0	0
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

Please note the RTT data shown above is for the whole service

* Example from MSK Outpatient Physiotherapy

Reset

What have
we done differently?



So what's next?

Phase 2

August 2020

- Phase 3 letter; work to restore appointments where clinically able, review rapid response options
- Shielding paused, staff risk assessed and welcomed back to the organisation
- Staff well-being a priority, targeted coms programme and focus on 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; Virtual wards for care homes, Think 111 for MIU
- Prepare for Winter programmes
- Revised PHE IP&C guidance

Pre- Phase 3

October 2020

- Review urgent care and opportunities to develop services
- Review virtual ward project
- Mobilise for Rapid response
- Prepare for Flu vaccination programme
- Prepare for changes to medical supplies if Brexit Dec/20 with no deal

Phase 3

- Vaccination programme for COVID
- Clinics are revised to increase capacity

Minor Injury Unit update

- Chippenham site open limited hours 10-6pm Mon-Fri
- Using the ‘think 111’ ‘talk before you walk’ process.
- Pilot in place alongside Paulton in BSW
- Supporting primary care at weekends by providing bookable dressing clinics
- Working with the BSW task and finish group to develop service in line with the system.
- Current constraints; X-Ray capacity.

Winter planning

Building on the work within the Wiltshire Alliance

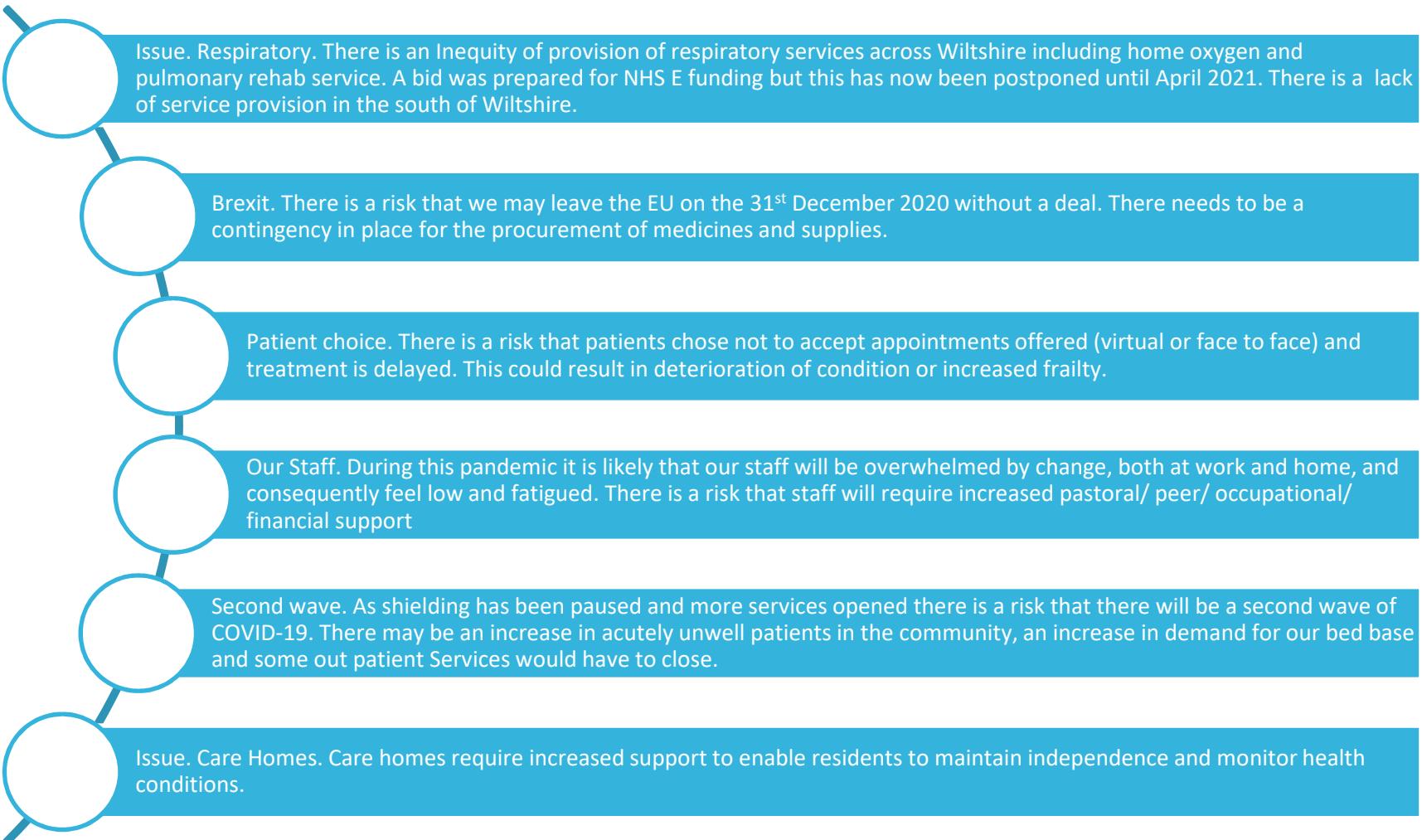
First draft submitted next week

60 Rehab beds

Build on the home first model

Rapid response offering

Significant Risks

- 
- Issue. Respiratory. There is an Inequity of provision of respiratory services across Wiltshire including home oxygen and pulmonary rehab service. A bid was prepared for NHS E funding but this has now been postponed until April 2021. There is a lack of service provision in the south of Wiltshire.
 - Brexit. There is a risk that we may leave the EU on the 31st December 2020 without a deal. There needs to be a contingency in place for the procurement of medicines and supplies.
 - Patient choice. There is a risk that patients chose not to accept appointments offered (virtual or face to face) and treatment is delayed. This could result in deterioration of condition or increased frailty.
 - Our Staff. During this pandemic it is likely that our staff will be overwhelmed by change, both at work and home, and consequently feel low and fatigued. There is a risk that staff will require increased pastoral/ peer/ occupational/ financial support
 - Second wave. As shielding has been paused and more services opened there is a risk that there will be a second wave of COVID-19. There may be an increase in acutely unwell patients in the community, an increase in demand for our bed base and some out patient Services would have to close.
 - Issue. Care Homes. Care homes require increased support to enable residents to maintain independence and monitor health conditions.

Wiltshire Health and Care Delivery Plan 2020-2023 Q1 UPDATE



Wiltshire Health and Care (WHC) Delivery Plan: 2020-2023: Q1 Update

Meeting:	WHC Operating Board
Date:	7 August 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 the end of target financial year.
		Delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial 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.

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
				Q1	Q2	Q3	Q4				

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: <ul style="list-style-type: none"> (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. <p>In phase 1, we will:</p> <ol style="list-style-type: none"> Deliver all Urgent Care; Deliver all high priority appointments - either virtually (ideally), and if not face to face; 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; 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 complete, urgent and high priority patients are being seen face to face where required. Digital first approach complete. Phase 2; to commence August 2020; to welcome back shielding staff. Risk assessments and job plans being completed. Routine waiting lists now being reviewed.

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"> Scoping commenced.. System wide project needs to restart following Covid-19.
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 & 3 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.
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 redesigned with appropriate clinical input and MDT.	<ul style="list-style-type: none"> No update.
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"> Preparations for a second wave underway. Lessons learned workshop complete, and in process of writing a critical incident response.
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.). In 21/22, we will review how dementia support specialist nurses can be incorporated into community teams. 	Gemma Pugh (Service Transformation Manager)					Agreed caseload numbers and processes in place	<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.
B.	<ul style="list-style-type: none"> In relation to Corsham, Chippenham, and Box Primary Care Networks (PCNs), we will redesign the Community Care and Primary Care nursing delivery mode. 	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.
C.	<ul style="list-style-type: none"> We will carry out a risk-based review of the number of assessments carried out by our Community Teams, and reduce the number where there is duplication. We will and use this information to update SystmOne functionality/ templates. 	Gemma Pugh (Service Transformation Manager)					Each SystmOne unit has been reviewed. Fewer assessments required – optimising staff time.	<ul style="list-style-type: none"> Further service development on hold, whilst in critical incident.
D.	<ul style="list-style-type: none"> We will develop a model for adoption and spread of Personalised Care and Support Plans. 	Anne Marie Nutt (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.
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)					20/21 – 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 to commence in 21/22.
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.
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. NHS England/Improvement has recently announced the withdrawal of respiratory transformation funding, which is likely to affect timescales.
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)					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 a national movement we are leading, and one of the first units to try (along with Poulton) in BSW. The official launch is under discussion (Emma Bye, Steve Ladyman, Gemma Pugh), and will be carried out in collaboration with Poulton in late Aug/Sept (at the commissioners request). At present we are doing a soft opening whilst we test the processes with 111 and Medvivo; starting in Chippenham – on reduced hours. The MIU receives referrals triaged by: (1) GPs; (2) SWAST; (3) 111. Thus it is a wholly bookable service. The benefits of the service are: (1) Patients will not be overcrowded in waiting areas; (2) Patients will be seen in the right place at the right time; (3) Referrals not appropriate for the service will be sent to other sites including A & E, GP on-call service etc.; (4) Patients with symptoms of COVID will be sent directly to a HOT clinic.
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.

ONGOING PRIORITIES

14.	<ul style="list-style-type: none"> In 21/22 we will resume 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 resume 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 resume 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 resume 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 (complete). 	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

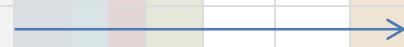
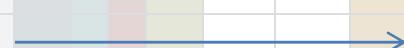
#	Objectives	Lead (Person to obtain quarterly update from)	Type	2020-2021		2021-2022		22-23	RAG: Q1 20/21	Objective KPI	Narrative to explain current position
#	Objectives	Lead (Person to obtain quarterly update from)	Type	Q1 1	Q2 2	Q3 3	Q4 4	Q1-2	Q3-4		

TRANSFORMATION PROGRAMMES

19.	SAFER STAFFING PROGRAMME										
A.	<ul style="list-style-type: none"> We will implement E-roster across all services at team level. 	Hanna Mansell (Head of People)								E roster implemented across all teams.	<ul style="list-style-type: none"> On track: External Allocate training completed and system cleanse commenced. Rules and settings have been reviewed and will be submitted to WHC Safer Staffing Board for agreement to create a consistent master set of rules to be applied across Inpatient areas. Grades and contracts reviewed, mapping with ESR completed and ready to be set up in system. Commencing dialogue with Inpatient areas around staff working restrictions, flexible working agreements, and leave entitlements to allow work to start on creating new templates for the units.
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"> On track: Rostering coordinator role now recruited to; working with us part time throughout notice period to keep work moving forward. September and October rosters open for requests across all wards with close dates set. All requests from these periods forward will come via Employee Online (EOL), working with wards to ensure all staff members have access to submit. Currently working with units to draft and publish August rosters in partnership.

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. 	Hanna Mansell (Head of People)								Ongoing review of development of services in line with workforce planning principles.	<ul style="list-style-type: none"> On track: Delay due to responding to COVID 19. Organisation approach initially is to focus on the role of Trainee Nurse Associate (TNA) to support with Band 5 Registered Nursing vacancies. Working with Learning Disabilities Team and managers to overcome myths and resistance from managers regarding the role of TNA.
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. 	Vanessa Ongley (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"> On track: it has been confirmed that STP work will be commencing again in July 2020; and confirmed funding in place to support this delivery until the end of the financial year.

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. Initiatives such as health and wellbeing support, discounts, counselling support etc. available to staff through Vivup and Staff Support Services. WHC have agreed a contract with VivUp to extend our package to staff with effect from the 1st August 2020. Wellbeing hubs available at all WHC sites will continue with a focus on particular national and local campaigns on a monthly basis e.g. Cycle to Work, Carers Week, Stop Smoking etc. An organisation wide survey to assess how staff are feeling, and what other support would be beneficial is in draft.
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"> An initial focus group with representatives from operations was held in January 2020. Initial ideas were draft however this was subsequently put on hold due to COVID-19. We are currently working on the draft strategy and this will be tabled at WHC's WDPOG.
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.
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.
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"> On track.
27.	<ul style="list-style-type: none"> We will extend passporting 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 WDPOG.	<ul style="list-style-type: none"> On track.
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"> On track: A focus group was held in partnership with operational representatives to review and develop our current work experience offering. The proposal is due to be tabled at WHC's WDPOG in August 2020.
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 WDPOG.	<ul style="list-style-type: none"> On track: A draft proposal for the split of bank staff responsibilities between Workforce and Department managers is due to be tabled at the August WDPOG for ratification.
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 WDPOG.	<ul style="list-style-type: none"> On track.
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"> Responding to COVID has allowed services to establish alternative ways of working to support employees working differently. As part of the Health and Wellbeing survey, WHC will shortly be asking our workforce their views on working arrangements to ensure their views are considered Policy to be reviewed.
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.
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"> On track: WHC approach agreed with planned forums to commence in September 2020.
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"> On track: Our voluntary workforce is currently temporarily paused with plans to re-integrate volunteers from September 2020 onward. A proposal for the enhanced care volunteer model will be presented at WDPOG in August 2020, which will include the proposed recruitment approach for volunteers.
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)

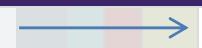
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				Q1	Q2	Q3	Q4											
PROJECTS																		
36. IT SERVICES																		
A.	<ul style="list-style-type: none"> We will transfer the hosting of IT services, and first and second line support, from GWH to Centrality (cloud-based solution), 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.							
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.							
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.							
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.							
38.	ATTEND ANYWHERE								Links to sustainability below									
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.							
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.							
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.							
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.							
41.	REDUCE INAPPROPRIATE REFERRALS								Links to P&PI below									
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.							
42.	HEALTH RECORDS DIGITISATION/ SHARED CARE RECORD								Links to P&PI below									
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)							
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.							
43.	DELIVERING SYSTEMONE TOWARDS								Links to P&PI below									
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.							
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							

Supporting patients and staff with physical infrastructure that better meets need

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2020-2021		2021-2022		2-2-2-3	RAG: Q1 20/21	Objective KPI	Narrative to explain current position
				Q1	Q2	Q3	Q4				
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"> Plans are on track to deliver.
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 are on track.
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.	<ul style="list-style-type: none"> Revised plans are being developed and shared in line with the target for works to start on site in April 2021.

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)							other services. 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 staff 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.
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 3	RAG: Q1 20/21	Objective KPI	Narrative to explain current position
				Q1	Q2	Q3	Q4				
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.
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)										
C.	<ul style="list-style-type: none"> We will ensure that our website meets Accessibility Standards. 	Julie Fitzgeralds (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. Current website accessibility statement to be reviewed and updated as interim measure.
D.	<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,& 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"> Recruitment underway to support project- one year fixed term
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"> Data collection for CQUIN schemes continues for internal assurance: An audit tool has been developed to monitor requirements for Malnutrition and Pressure Ulcer risk screening. Pressure ulcer improvement plan to include requirements around leg wounds. Staff flu vaccination plans in progress.

Public and patient involvement

#	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													
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"> Initial scoping commenced.
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"> On track
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	RA G: 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"> WHC are limited on the use of ultra-low emission cars as most base locations do not have the facilities for re-charging of vehicles and would need the support of our landlords for these to be installed. All new applications received for new and replacement vehicles are reviewed and approved by WHC's Finance team to ensure the most appropriate vehicle for the teams has been requested based on its required use.
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 Q1 20/21, there has been a marked reduction in travel compared to Q1 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.



Wiltshire
HEALTH AND CARE

Wiltshire Health and Care Board

For information

Subject:	Risk Management Report
Date of Report:	23 July 2020
Date of Board:	07 August 2020
Author:	Tom Blowers, Risk and Complaints Manager
Exec Sponsor:	Katy Hamilton Jennings, Director of Governance, Legal, and Company Secretary

1. Purpose

This paper sets out:

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

Risk profile	June 2020 Report	July 2020 Report	Movement in month
Total open risks on WHC Risk Register	90	85	
"Accepted" open risk on the WHC Risk Register	19	23	
Aggregate Risk Score (open and accepted)	680	666	

SECTION A2: Risk Profile for 15+ risks

The data below reflects the position as at: 23 June 2020

	June 2020	July 2020
Number of 15+ risks:	2	2
Combined risk score of 15+ risks:	32	32

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



This Chart shows the aggregate level of open risk facing WHC during 2020. As engagement with risk management has improved (particularly during Covid-19), with more frequent reviews, the risk score has decreased.

SECTION A3: Themed Risk Profile for 12+ Risks

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
2	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

New 15+ Risks		<ul style="list-style-type: none"> One new 15+ risk (Risk 125, Covid-19 Business Recovery & Organisational Safety), was added in the reporting period.
Escalated to 15+ Risks		<ul style="list-style-type: none"> No risks were escalated to a 15+ risk in the reporting period
De-escalated 15+ Risks		<ul style="list-style-type: none"> No risks were deescalated from 15+ in the reporting period
Accepted 15+ Risk		<ul style="list-style-type: none"> No 15+ risks were <u>accepted</u> during the reporting period
Closed 15+ Risks		<ul style="list-style-type: none"> One risk (Risk 99, Coronavirus), was closed in the reporting period. <p> Risk 99 Corona virus CLOSED.xlsx</p>

SECTION A5: 15+ Risk

As of 23 July 2020, WHC has **TWO** 15+ risks on its Risk Register:

- Risk 80, **Managing System Pressures**; and
- Risk 125, the **Covid-19, Business Recovery and Organisational Safety**.

DETAILS ARE SET OUT IN SECTION C.

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

- An overarching risk relating to Service Recovery and COVID-19 has been recorded onto the DATIX ERM (risk 125 – details below). This risk is updated regularly by the Recovery Cell, Heads of Service, and the Chief Operating Officer.
- Each Head of Service now owns a risk pertaining to their service area. These risks are reviewed fortnightly alongside the Recovery Cell and the Heads of Service
- A surge capacity workshop (in regard to Covid-19) occurred on 9th July 2020. The risks and actions identified in this workshop will be added to the Overarching Service Recovery Risk – the details for which are set out in Section C below.

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

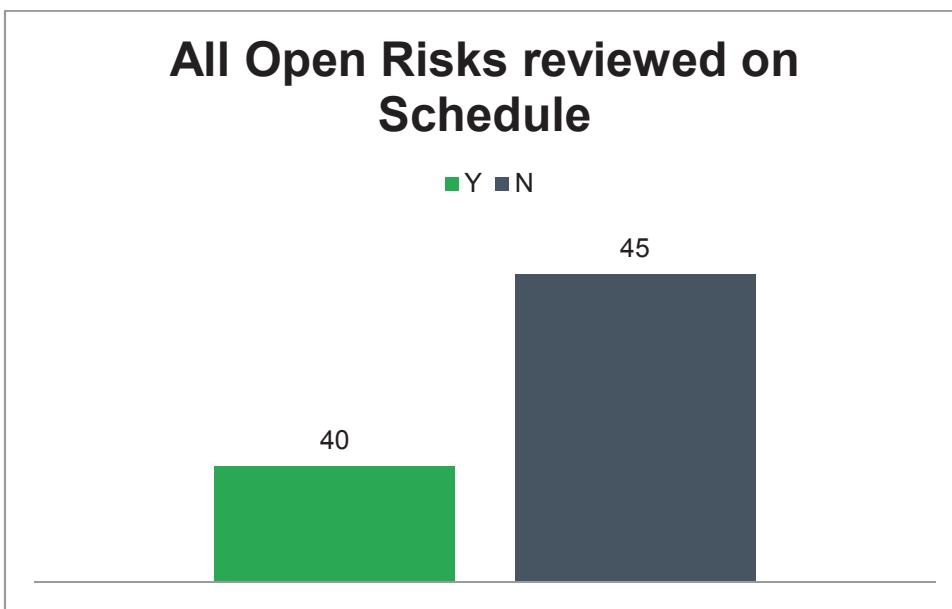
The Board should:

- **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 ID	Date added	Brief Risk title/description	Risk Owner	L	I	S	Target Score	Controls	Open Actions	Action owner	Action due date	Progress
80	10.09.19	<p>Cause:</p> <p>Out of hospital capacity is a finite resource which can be outstripped by demand.</p> <p>Recent demand during the covid-19 incident has been reduced in excess of 30% for inpatients and rehabilitation services, and it is highly anticipated that this latent demand will be seen in the very near future and will require a responsive service offering to prevent long term deconditioning of individuals.</p> <p>Social distancing measures have resulted in WHC losing 15 inpatient beds.</p> <p>Social distancing measures in Acute hospitals have resulted in an overall reduced bed base.</p> <p>Effect:</p> <p>WHC may be unable to meet the needs of patients and the expectations of commissioners and system partner</p>	Lisa Hodgson	4	4	16	6	<p>Capacity and demand modelling which is in two stages:</p> <p>Capacity required to September 2020</p> <p>From September to March 2020.</p> <p>Opel status</p> <p>Situation report</p> <p>Briefing to flow boards on what WHC can and can't do</p> <p>Regular updates to partners regarding system pressures</p> <p>Senior input into Community Hospital Delay calls</p>	<ol style="list-style-type: none"> 1. Work with the Wiltshire Alliance to model the demand and capacity requirements 2. Once capacity and demand requirements understood agree a plan to address demand. 3. Develop a robust winter plan at an organisation and system level. 4. Work with WCC and stakeholders to define the discharge process, including an in reach model 5. Work with system partners to plan the recovery from the covid-19 incident, developing a plan which includes managing latent demand, retuning services to BAU and retaining the positive improvements 	LH LH LH LH LH	Stage 1: 31 July 2020 Stage 2: Sept 2020	<ul style="list-style-type: none"> Initial stage one modelling is complete ICT beds are been rethought and will become intensive therapy beds. WHC has opened surge capacity to manage the transition out of the HDSU.

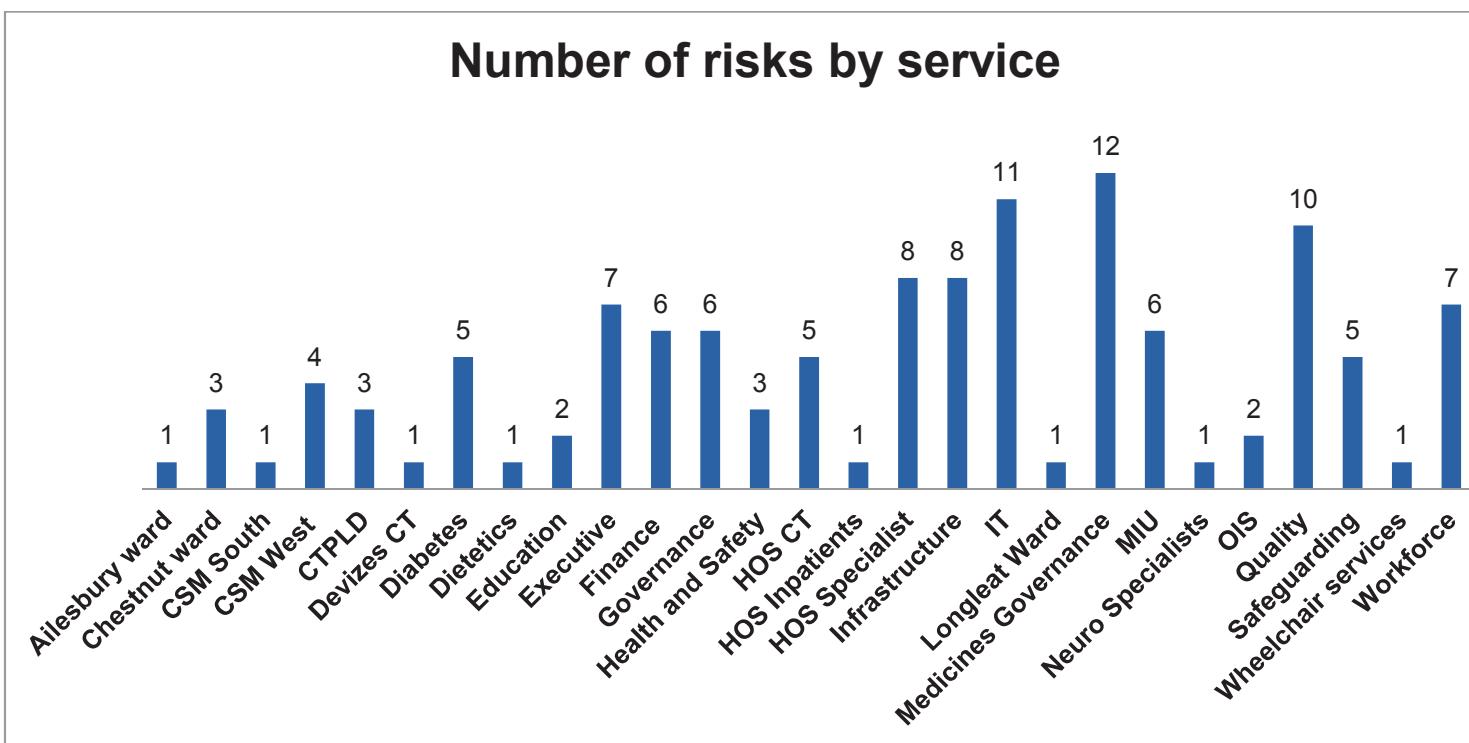
Risk ID	Date added	Brief Risk title/description	Risk Owner	L	I	S	Target Score	Controls	Open Actions	Action owner	Action due date	Progress
OVER-ARCHING COVID-19 RISK: 125	25.06.20	<p>Cause: the Covid-19 pandemic has now passed its (first) peak, and there is need for NHS services impacted by the restrictions, to begin to resume, ensuring they include:</p> <ul style="list-style-type: none"> - Social distancing measures - Patient prioritisation - Keeping staff safe - Making contact safer - Preventing hotspots developing - Being in a state of preparedness for any potential second surges <p>Effect: failure to integrate these factors, alongside multifaceted risks associated with safer contact (e.g. Attend Anywhere appointments, caseload prioritisation and supporting external colleagues) could lead to:</p> <ul style="list-style-type: none"> - Lack of capacity to deliver services - Financial problems/weakness - Risks to recognising and acting upon safeguarding concerns for adults and children - High risk of harm to more than one patient through missed diagnosis, red flags, not attending appointments, inability for WHC to keep appointments. <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, which, in turn, may lead to complaints, litigation, and inquests. - Potential local hotspots developing and increased capacity issues. 	Lisa Hodgson	4	4	16	4	<ul style="list-style-type: none"> • The WHC Covid-19 Recovery Cell meets weekly to discuss/agree recovery plans and associated risks. These risks are managed by the Recovery Cell, and risks that impact the whole organisation are submitted to the WHC Executive Committee via the Recovery Cell report. • Extensive planning is happening continuously as advice and guidance changes regarding the approach to Covid-19. • Work is being undertaken by services/teams to prioritise patients and plan appointments as per the phases of recovery outlined in the Recovery Cell report. • Fortnightly communication between Recovery Cell and Risk and Complaints Manager to ensure the Executive Committee and Board are appraised of organisational risk progress through regular risk update. 	<ol style="list-style-type: none"> 1. Risk and Complaints Manager to develop service specific risk with Heads of Service - ensuring that the actions undertaken by Heads of Service, and their teams, are recorded. 2. Heads of Service to update Recovery Cell weekly on the progress of actions in their service specific risks. Heads of Service to review risks monthly on DATIX. 	TB/CLJ/HK/JM GP/HK/C LJ/JM	31.07.20 Weekly	Complete Will be evidenced in controls added to overarching risk.

Section D: Risk Profile Summary of all WHC risks



Number of risks by Risk Score		
Risk Score	Number of Risks	Combined score
1		
2	2	4
3	1	3
4	3	12
5	1	5
6	25	150
8	14	112
9	32	288
10	0	0
12	5	60
16	2	32
20	0	0
25	0	0
Total	85	666

The largest amount of risk facing Wiltshire Health and Care is split across multiple risk assessments, scoring between 6 and 9. This cohort of risks is also the least reviewed group of risks. Work is underway, via weekly virtual workshops to support the staff group who manage these risks to better understand how to report, review and monitor risks.



Medicines Governance, Infrastructure and Quality hold the highest number of risks.

Risk reporting amongst individual teams remains low with work for Q2 2020 focussing on training and supporting individual Team Leads to identify, manage and monitor risks.

During Q2 2020 the risk register will be cleansed, and all issues recorded on the register will be moved to individual Team Issue Logs in order for those adverse events that are occurring now, to be managed appropriately.

Quality Improvement Plans for high risk patient safety areas are in progress for Pressure Ulcers and Inpatient Falls.

Improvement plans are being developed for, Medicines, Safeguarding and Infection Prevention and Control.

Wiltshire Health and Care Board	For decision
Subject:	Approval of Annual Modern Slavery Statement
Date of Meeting:	07 August 2020
Author:	Katherine Hamilton Jennings, Director of Governance, Legal & Company Secretary

1. Purpose

The purpose of this paper is to:

- Seek the Operating Board's approval to WHC's Modern Slavery Statement, 2019-2020.

2. Background

The Modern Slavery Act 2015 has made it compulsory for all organisations with a global annual turnover of £36m or more to publish a slavery and human trafficking statement for each financial year. The statement must detail the steps an organisation has taken in that year to identify and eradicate modern slavery.

3. Discussion

The Modern Slavery Act 2015 prescribes content that all Modern Slavery Statements must contain. The statement proposed for WHC for 2019-20 covers all prescribed content in a tangible manner.

4. Recommendation

4.1 The Operating Board is invited to:

- A. APPROVE the proposed Modern Slavery Statement, dated August 2020.

Impacts/ Risk

Impacts	
Quality Impact	<ul style="list-style-type: none"> No negative impact on quality is identified. Click here to enter text.
Equality Impact	<ul style="list-style-type: none"> No negative impact on equality is identified. None of the groups with protected characteristics are treated any differently.
Financial implications	<ul style="list-style-type: none"> There is no direct financial implication.
Impact on operational delivery of services	<ul style="list-style-type: none"> No operational impact is identified.
Regulatory/ legal implications	<ul style="list-style-type: none"> Positive impact. Enables WHC to demonstrate compliance with the Modern Slavery Act 2015.

Consideration of risk	
Links to Business Plan	Ensuring compliance with statutory and contractual obligations.
Links to known risks	None identified
Identification of new risks	Implementing this proposal set out in this paper will not introduce any new risks to WHC.

DRAFT

Modern Slavery Act 2015 and Transparency in Supply Chains Act 2010 Statement, 2020

OVERVIEW

This statement, made pursuant to section 54(1) of the Modern Slavery Act 2015, sets out the approach taken by Wiltshire Health and Care to ensure that slavery, servitude, forced labour and/or human trafficking (together Modern Slavery) does not exist in our supply chains. This statement covers the period up to the financial year ending 31 March 2020.

OUR BUSINESS AND VALUES

Wiltshire Health and Care LLP is the provider of NHS community services for patients living or residing in Wiltshire.

Our registered address is Chippenham Community Hospital, Chippenham, Wiltshire, SN15 2AJ.

Our members are the three local NHS Foundation Trusts:

- Great Western Hospitals NHS Foundation Trust
- Royal United Hospitals Bath MNHS Foundation Trust; and
- Salisbury NHS Foundation Trust.

We provide community nursing, physiotherapy, and occupational health services to patients who benefit from being cared for in their homes. This is supported by a team of specialised community services, who treat patients both at home and in clinic to provide services such as tissue viability, podiatry, orthotics, continence, heart failure, respiratory, PACE and oxygen, lymphedema, diabetes, dietetics, MSK, speech and language therapy, and wheelchair and specialist seating services. We also provide support for those with learning disabilities. We care for patients in community wards in three parts of the county (Chippenham, Warminster, and Marlborough), support intermediate care and therapy, and run the Minor Injuries Units in Chippenham and Trowbridge. We work as part of the local health and social care economy with our acute care partners, local primary care, social care colleagues, Carers Support Wiltshire, and many other third sector agencies. Of course, this is supported by a broad network of family members, friends, carers, and volunteers.

We have an overarching principle of removing the organisational barriers to healthcare to ensure that patients receive a seamless experience.

Wiltshire Health and Care has around 1400 employees and operates only out of Wiltshire, England, which is deemed a low risk country by the global slavery index.

We have a zero-tolerance approach to modern slavery. Our Executive team operates to develop and oversee a series of measures, our "*Modern Slavery Oversight Measures*" (described below), to prevent modern slavery and human trafficking from touching our business and supply chains. As a result, we expect the same standards from all our contractors, suppliers and other business partners.

OUR SUPPLY CHAINS

We buy a wide range of goods and services, from medicines, and consumables, through to clinical clothing and waste disposal. The majority of these products and services are used in the provision of healthcare to patients.

Our goods come from a range of suppliers, many of which, in turn, have their own supply chains. However a large proportion of our purchasing is undertaken through NHS supply chain, where suppliers are vetted centrally. Our significant procurements are supported by an expert procurement team, hosted by and shared with our two of our members. Modern slavery checks are a standard part of the supplier questionnaire process.

MODERN SLAVERY OVERSIGHT MEASURES

In order to ensure other organisations comply with our own standards and values, we have developed Modern Slavery Oversight Measures which seek to mitigate supply chain risk. These include ensuring due diligence is performed in relation to any key suppliers that we contract with directly. We do this by requesting mandatory compliance terms in the supply contracts that we directly negotiate (i.e. that the supplier must warrant that it is compliant with modern slavery legislation).

Where a key supplier does not satisfy us of their position with regard to modern slavery, we will raise our concerns. If there is a lack of engagement or insufficient assurance provided, we will review the continued use of that supplier with a view to changing to a supplier that is able to meet our expectations on modern slavery.

TRAINING

We continue to develop our training package in relation modern slavery obligations and the Modern Slavery Act. Throughout the year ahead, we will continue to raise awareness of modern slavery across Wiltshire Health and Care through communications and engagement.

Wiltshire Health and Care has an Anti-Modern Slavery and Human Trafficking Policy, which is reviewed by our Executive Team at least every three years.

RAISING CONCERNS

We are committed to dealing with any concerns raised in an open and honest manner, empowering and protecting those who do so. Our staff can report concerns through a variety of channels including: (i) to their line manager; (ii) to a member of the Executive team; and (iii) to a Freedom to Speak up Guardian.

OUR EFFECTIVENESS IN COMBATING SLAVERY AND HUMAN TRAFFICKING

As part of our Modern Slavery Oversight Measures, our crucial concern is that our staff members know what to do if they become concerned that there may be circumstances of modern slavery linked to the people we engage as staff or suppliers.

Our priority for 20/21 will therefore be a communication exercise to all staff through our intranet pages.

Our Executive team will reflect upon the impact of the above, and use that intelligence to inform the future development of the strategy and policy for combating modern slavery within Wiltshire Health and Care. Any such developments would be presented to our Board for endorsement.

This statement is approved by the Board and signed on its behalf by Douglas Blair,
Managing Director

August 2020

Wiltshire Health and Care Board

For decision

Subject: Adult and Children's Safeguarding Statement
Date of Meeting: 07 August 2020
Author: Clare Robinson – Interim Director of Quality

Changes to previous statement highlighted for reference

1. Purpose

- To seek agreement to the suggested text for an Adult and Children's Safeguarding Statement to be published.
- Request approval from the Executive Committee to submit to WHC Board on 7th August for final sign-off.

2. Background

There is a requirement for Wiltshire Health and Care (WHC) to publish a Safeguarding Adults declaration of statutory compliance. In doing so WHC will provide the public with assurance of compliance with safeguarding law. Historically, there has only been a requirement to publish a Safeguarding Children's declaration of statutory compliance. There is, however, now also a requirement to publish a compliance statement in relation to adult's safeguarding.

3. Discussion

3.1 Please see below suggested text of a combined Adult and Children's Safeguarding Statement for approval:

Safeguarding Compliance Statement

Wiltshire Health and Care takes its responsibilities for safeguarding adults and children within Wiltshire seriously. Safeguarding is an important part of the care we provide to the population of Wiltshire and is underpinned by our values of quality, integrity, partnership and change. We can confirm that Wiltshire Health and Care is compliant with the statutory requirement to undertake a Disclosure and Barring Service (DBS) check prior to employment for all staff (including volunteers) who have patient contact. Dependent on role, staff will have a standard or enhanced level of assessment.

All of the organisation's policies and systems on safeguarding children (including child protection) and safeguarding adults' are robust and are reviewed every two years or more frequently, if required, to comply with any new national guidance or legislation.

Wiltshire Health and Care has a robust training strategy in place to deliver safeguarding training (both safeguarding children and safeguarding adults) that complies with the relevant guidance. Staff receive level 1, 2 or 3 dependent on their role as defined in the Intercollegiate Documents for Adult

and Child Safeguarding, and we aim to ensure 90% of the relevant staff have received training. The levels are as follows:

Children

- Level 1: All staff are required to complete level 1 training: Knowing what to look for which may indicate possible harm and knowing who to contact and seek advice from if they have concerns.
- Level 2: All clinical staff that have any patient contact are required to complete level 2 training: Knowledge and understanding to identify any signs of child abuse or neglect. Recognising potential impact of a parent's / carer's physical and mental health on the wellbeing of a child (level 1 competencies included).
- Level 3: All clinical staff working with children, young people and/or their parents/carers and/or any adult who could pose a risk to children and who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not)

Adult

- Level 1: All staff working in health care setting
- Level 2; All practitioners who have regular contact with patients, their families or carers, or the public
- Level 3: Registered healthcare staff working with adults who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).

Compliance with training requirements is monitored through electronic staff records and reported through performance monitoring. Keeping up to date with training is also an important part of staff appraisal.

The organisation has named individuals with clear roles and responsibilities for safeguarding children and adults; they are managed by the Executive Lead for Safeguarding (the Director of Quality, Professions and Workforce). They are clear about their role, have sufficient time and receive relevant support, and training, to undertake their roles, which includes close contact with other health and care organisations. The total number of professionals is as follows:

Director of Quality, Professions and Workforce	1 Whole Time Equivalent (WTE)
Safeguarding Lead(s) (Adult and Child)	1.6 WTE
Administrator	1 WTE (also covers Medicines Governance, Infection Prevention and Control and Health and Safety, Fire and Security)

The Wiltshire Health and Care Board takes its responsibilities to oversee the arrangements in place to safeguard adults and children extremely seriously and receives an annual report on safeguarding.

4. Recommendation

4.1 The Board is invited to:

- (a) **APPROVE the proposed Adult and Children's Safeguarding Statement.**

Meeting at which this report is being received:	Board Meeting	Date:	7th August 2020
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Title:	Highlight report from the Quality Assurance Committee
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Date of the Committee meeting:	19 May 2020
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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 19 May 2020, which it is considered should be drawn to the attention of the full Board.

This meeting was originally set for 17 April 2020 but was rescheduled to 19 May 2020 to avoid the Easter holidays and to ensure the Committee was quorate. Future meetings have been scheduled to avoid the school holidays

2. Attachments

None

3. Advise

Incidents

During the Covid-19 national emergency Incident reporting in inpatient services has reduced by 40%. This is due to reduced numbers of patients on the wards as capacity is generated to enable the expected influx of patients from acute partners, to free up space for Covid patients.

A telephone incident reporting line has been implemented to support staff who may not be able access DATIX, in reporting incidents. A flow chart and instructions have been sent to all wards. So far two incidents have been reported via this route.

Serious Incidents

RCAs have been postponed until BAU, this is with support from commissioners and we are regularly communicating regarding serious incident reports.

Duty of Candour

Duty of Candour compliance for moderate and above harm incidents is still low. Training has been prepared for staff regarding incident reporting and Duty of Candour, this will go live on training tracker this Quarter

Complaints

77% complaints compliance during quarter 4 2019-20, a drop in compliance occurred in March. The commissioning benchmark is 80%.

10 complaints were received into WHC during January and February 2020, in comparison to 1 complaint in March 2020

All complaints correspondence has been updated to explain that there may be delays due to the Covid-19 pandemic. Where this occurs, complainants will be individually communicated with.

Quality Schedule 20/21:

Due to the current COVID-19 situation, reporting against the CCG Local Quality Schedule has been suspended for three months (April - until end of June 2020), with further months TBC depending on national direction and COVID progression.

WHC have received the 2020-21 Schedules.

- Community Contract – Dashboard and reporting requirements
- Adult and Children Safeguarding
- Serious Incidents
- Transfer and Discharge Schedule
- Clinical Networks
- Survey Schedule
- Schedule 4 – CQUINs

CQUINS:

2019/20 – Q4 Submission: The CCG have confirmed that Q4 reporting is not required to the CCG and that full payment will be awarded for this quarter. There is no expectation from NHSE to submit data or retrospectively submit data.

2020/21 – Q1 Submission: NHSE have confirmed the operation of CQUIN will be suspended for the period from April to July 2020; providers need therefore not take action to implement CQUIN requirements, nor carry out CQUIN audits or submit CQUIN performance data.

IPC

IPC activity is centred almost exclusively around Covid-19 at the present time.

Freedom to Speak Up (FTSU)

KHJ to act as Executive FTSU guardian for WHC. The advice that has been provided by the CQC was that this was not necessary to have a NED Guardian. If the QAC believed that having a NED would be useful, then we would give effect to that, but current arrangements of 3 guardians: 1 Exec team partially trained (KHJ), 1 community team manager (training paused due to Covid-19), 1 transformation manager (fully trained).

Medicines Governance

The following changes have been agreed at Medicines Governance POG in relation to P2 forms used by WHC staff:

- A controlled drug (includes all Schedules) cannot be authorised for administration via a P2 with an electronic signature. Although an electronically completed P2 printed and signed in wet ink, then subsequently scanned and attached to the prescriber's consultation on SystmOne record (by the prescriber) is acceptable, if the guidance for scanning of medical records is followed.
- A drug other than a controlled drug can be authorised for administration via a P2 with an electronic signature as long as the electronically signed P2 is attached to the prescriber's consultation on the SystmOne record (by the prescriber).

The Safe and Secure Handling of Medicines Policy has been updated accordingly.

Safeguarding

- Safeguarding training figures continue on an upward trajectory.
- Adult level 3 is low but was only introduced in Q2 of this year.
- Alert trends over quarter 4 were inconsistent with previous quarters for both Child and Adult Safeguarding
- DoLS application rates are not consistent across our inpatient settings. Safeguarding Lead (Adults) to investigate.
- Since Covid 19 safeguarding activity across the organisation has dropped. This matches the national picture. This is concerning both the safeguarding leads.
- Access to safeguarding advice is being maintained throughout the CV19 period with phones being diverted and email address being monitored.

Risk

There was currently 1 major, 10 significant, and 1 moderate risk relating to quality. CR clarified that the risks on this report are related to Quality only, and it did not include ALL risk for WHC

Workforce

Positive factor due to areas not being busy is that training compliance is up to over the 90% mark Appraisals are continuing to be completed. Increase in Bank staff, boosted by the call to action means agency use for HCA is currently suspended

Tissue Viability Update

Claire Checkly, Tissue Viability Lead attended to update the committee

- The total number of community acquired Pressure Ulcers (PU) during 2019/20 throughout WHC was 448.
- A total of 37 community hospital acquired pressure ulcers were reported throughout 2019/20; 34 Category II, 1 Category III and 2 Category IV.

- Overall there had been an increase in the number of community acquired pressure ulcers in 2019/20 compared to 2018/19; this increase was reflected by the reporting of pressure ulcers as incidents on Datix.
- In April 2019 the Datix incident reporting system was introduced to WHC. All PU reporting is now being performed within the Datix system and is well embedded within the culture of WHC (reporting includes Cat II, III, IV, DTI and MASD).
- Next steps: Planned organisational campaign for Pressure Ulcer Prevention & Management in July 2020.

CQC Action Plan

All actions were green, with the exception of 1 amber for inpatients (self-admin of medicines, this was on hold due to Covid -19). This amber action was now being progressed with an aim to have Chestnut Ward at Savernake as an intensive rehab ward, largely staffed with therapy staff. This will mean reducing ordinary medical admissions that had been the norm over past year due to pressure from acute hospitals for beds.

It was noted that the Action Plan had been written following the 2017 inspection. CR sought confirmation from the Committee to close the Action Plan, with the caveat that she would be asking each team to review their completed actions to ensure they are *still* green. This was agreed.

Quality and Planning Group – What does ‘Outstanding’ look like

This was an exercise undertaken by the Quality team. For example it highlighted that in some areas knowledge of safeguarding was low, this had resulted in training being provided, and now results are improving.

Each CQC domain is being used as a ‘Topic of the month’. This work will continue under BAU to prepare for the CQC desktop review.

Mortality Report

Q4 mortality review paper which also included figures for deaths in April too, for information.

All deaths were expected.

During Q4 there were 2 COVID-19 related deaths. (There had been a further 7 in April).

RB asked how the Board could be sure WHC was looking after its staff, and suggested that this was added as an agenda item. This will be added as a standing agenda item.

4. Alert

Health, Safety, Fire and Security Services

There has been a reduction in incident reporting overall in the last month. However in the last week there seems to have been increased reporting to near normal levels.

Security and MSK Health Advisory Services are being delivered for the most part remotely at present. We are confident staff and managers are getting the support needed.

The Fire & Rescue Service sent a letter to Central Health Clinic in Salisbury notifying NHSPS that the FRS will not be attending site on notification of a fire alarm by the Alarm Receiving Centre (as

has been practice to date) so it is important that staff contact the FRS if there is a fire incident. This does not deviate from our fire safety training and should not create additional risk for our staff.

Twenty five additional fit testers have been trained this week across WHC. Additional fit testing kits have also been discovered. We are confident we now have cover for all sites and enough kits for fit testers to access

Medicines Governance

Wessex LMC has advised that they will be changing their approach to writing P2 (Permission to Administer Authorisations) for patients in the community. This has the potential for significant impact on WHC Community Teams. Medicine Optimisation Pharmacists (MOP) have been working with counterparts across other organisations and WHC Company Secretary to formulate a response. To be added to Risk Register.

Salisbury Foundation Trust (SFT) has developed a new 'Permission to Administer Form' also known as a P1 form. This deviation from GWH and RUH creates the potential for misinterpretation/unfamiliarity when staff administer medicines to patients. All CSMs and Head of operations - Community informed - to disseminate to staff as appropriate. This has been added as a new risk to WHC risk register (score=9). MOPs have met with counterparts at other CHS organisations and RUH. Further meeting with Sailsbury to be arranged post-Covid-19.

Safeguarding

Since Covid-19 safeguarding activity across the organisation has dropped. This matches the national picture. This is concerning both the safeguarding leads.

Serious Incidents Report

There had been 8 SI's and 1 death (not WHC reportable as it related to the OOH Doctor working for Medvivo out of our MIU).

5. Action

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

6. Date of next meeting

The next meeting of the Quality Assurance Committee is on 17 July 2020.

Meeting at which this report is being received:	Board Meeting	Date:	7 August 2020
Title:	Highlight report from the Quality Assurance Committee		
Date of the Committee meeting:	17 July 2020		
Chair:	Richard Barritt, Non-Executive Board Member, Patient Voice (acting as Committee Chair in an interim capacity)		

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 17 July 2020, which it is considered should be drawn to the attention of the full Board.

2. Attachments

- Terms of reference



WHC Quality
Assurance Committee

3. Advise

- **Freedom To Speak Up (FTSU) –** The Committee noted that WHC currently has two FTSU Champions (one a member of the Executive team; and one a Service Transformation Manager). There were also plans to train a third FTSU Champion (a Community Services Manager). Stephen Ladyman noted that these FTSU Champions were all senior staff members, and requested that WHC look to train a more junior member of staff to act as a FTSU Champion. This being with the objective of ensuring that all staff members feel comfortable raising concerns, as often staff may feel uncomfortable speaking to a senior colleague.
- **Staff Well-being:**
 - The Committee noted that staff wellbeing has been a specific focus during the Covid-19

pandemic and remains high on the agenda. Multiple staff support initiatives are in place, including a newly set up psychological first-aid training course.

- Executive attendees of the Committee noted their concerns for the wellbeing of staff, particularly senior staff, given the additional pressures of Covid-19 resilience. Executive attendees confirmed that staff members are being supported to take adequate annual leave to ensure there is an opportunity to reset. It was acknowledged that winter pressures will add to the workload, and this could amplify further if there is a second Covid-19 surge.
 - The Committee noted that shielding staff members returning to work are being supported with risk assessments and a phased return, along with potential temporary re-deployment for those at greatest risk in front-line roles.
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- **Incident reporting** – The Committee noted that incident reporting had shown an increase in pressure related injuries, particularly within the community. Focused work was being progressed to address this, including a training day, pressure ulcer improvement plan, and greater input from WHC's Tissue Viability team to support the core community teams. The purpose of these initiatives being to increase staff awareness and compliance, and, ultimately, reduce incidences of pressure damage.
 - **Duty of Candour (DoC)** – The Committee noted that this is an area of reduced compliance and is a current focus of Quality Team activity, with a recent survey, new training module, DoC poster, and SOP being implemented and rolled out. Increased liaison between Quality Team members and front-line staff is also supporting DoC compliance.
 - **Quality Schedule reporting** – The Committee heard that in line with national advice, Quality Schedule reporting has been suspended for the remainder of 20/21 due to Covid-19, although CQUIN payments will still be made to WHC (and all providers). Despite the suspension of reporting, WHC is still monitoring compliance for internal assurance.
 - **IPC services** – The Committee heard that IPC services remain busy due to Covid-19 recovery and national guidance and requirements. This is expected to remain an area of high priority for many months, and additional support is in place to support the enhanced requirements.
 - **Serious Incident (SI) reporting** – The Committee noted that SI reporting has been amended to ensure better clarity, and the process for reporting has been tightened to ensure timely reporting, investigation, and sign off of SIs. The Committee heard that a member of the CCG's quality team now attends WHC's Harm Free Care meeting (which is the forum in which SIs are signed off by WHC). This has supported the CCG's sign-off processes for SIs, as armed with the information directly from the WHC meeting, the CCG quality team member is able to address any questions that may arise as part of the CCG process straight away.
 - **Risk Report** – The Committee noted that the impact of Covid-19, and staffing, remain areas of concern. Key mitigations, particularly the establishment of the Covid-19 Recovery Cell were noted - ensuring adequate support to wards and patient services, and planning for a potential second Covid-19 surge, plus winter pressures.
 - **Flow Hub** – The Committee noted that the extended operating hours of the flow hub have shown positive impact on patient admissions and discharges.

- **MIU services** – Following temporary closure of WHC's MIUs due to Covid-19, the MIU in Chippenham has now re-opened, with a bookable, appointment-only system to ensure Covid-19 social distancing guidelines are followed. Trowbridge MIU is planned to re-open in the coming weeks, depending on X-ray provision (provided by RUH). In line with national guidance, the WHC MIU's no longer see and treat non-mobile children under 1 yr. They are triaged and referred directly to the acute provider to ensure they are reviewed by a paediatrician.
- **Tissue Viability** – The Committee noted that the WHC team was focussing on support measures to reduce pressure related injuries, as mentioned above.
- **Falls** – The Committee heard that the Falls Programme (interrupted slightly due to Covid-19) is back on track, focussing initially on Longleat Ward and then to be rolled-out across all inpatient wards. This is already showing a high level of interest and commitment from ward staff. Success outcomes will be evidenced by a reduction in falls, and falls with harm.
- **Mortality Review** – The Committee noted that there had been an expected increase in inpatient deaths during Covid-19, but no areas of concern had been identified. Areas of good practice were noted – including feedback in relation to good communication with families, and being able to meet the requests of patients wishing to have end of life care as an inpatient on WHC wards. The Committee noted that further work is needed to ensure that Treatment Escalation Plans and records are completed accurately.
- **IPC Board Assurance Framework** – The Committee noted the positive report, with all bar one area being green (compliant). Clare Robinson assured the Committee that the remaining amber area would shortly show full compliance. The Committee confirmed that it wished for this assurance framework to be presented to the full board. It is therefore included on the agenda of the Board meeting, 7 August 2020.

4. Alert

- There are no alerts.

5. Action

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

6. Date of next meeting

The next meeting of the Quality Assurance Committee is on 16th October 2020.

Meeting:	Wiltshire Health & Care Board	Date: 7 th August 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

- None, although the risk register and a copy of a contractual report submitted to the CCG are available if required.

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 when the normal EA programme will resume, although there is a need to build routine care capacity once conditions permit. The re-launch may require a phased approach to take into account ongoing disruption within practices and/or staff shortages.
- 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.

- A.04. Sarum North collaboration has divided into 2 groups. One of these, Salisbury Plain PCN, is relatively small and may struggle to provide the full EA service once this resumes. We have agreed flexibility with the CCG for them to provide a partial service, but it is also possible they may opt out of the programme due to operational pressures.

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.

We anticipate that Lambourn practices (West Berks) will cease providing cross-border EA support from 01/10/20 as their CCG have only agreed to fund the initial 6 months of 2020/21.

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

6 November 2020, 10.00-13.00

Training Room 1, Chippenham Community Hospital

