

# WHC LLP Board Papers- Part I

5 November 2021



Wiltshire  
HEALTH AND CARE

## Wiltshire Health and Care Board Meeting - Part I Agenda

<b>Venue:</b>	MS Teams
<b>Date:</b>	Friday 5 November 2021
<b>Time:</b>	10:00-11:30

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

<b>Other attendees</b>		
Becky Watson	Corporate Officer (minutes)	BW
Christian Bailey	Digital Transformation Lead & Clinical Information Officer (observer)	CB

Item No.	Agenda Item	Presenter	Verbal/ Paper	Published/ Unpublished	Information/ Discussion/ Decision/ Approval	Timings (approx.)
1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information	10:25
2.	Declarations and Conflicts of Interests	Chair	Verbal	Published	Information	
3.	a) Part I Minutes b) Action/Decision Tracker c) Matters Arising d) Decisions made by circular	Chair	Paper	Published	Decision	
4.	Chair's Update	Chair	Verbal	Published	Information	10:30
5.	Managing Director's Update	DB	Verbal	Published	Information	
<b>Governance</b>						
6.	Risk Report 15+	SQ	Paper	Published	Discussion	10:35
7.	Safeguarding Annual Report	SQ	Paper	Published	Information	
8.	Annual Health and Safety Statement of Commitment	SQ	Paper	Published	Decision	
9.	Creation of the Integrated Care Board and Wiltshire Integrated Care Alliance	DB	Paper	Published	Discussion	
<b>Service Delivery</b>						
10.	Quality, Workforce, Performance, Finance and Infrastructure Highlight Report	SQ/ AC/ / LH	Paper	Published	Information/ Decision	

	Accompanied by: a) Quality, Workforce, and Performance Dashboards b) Finance Dashboard					10:55
11.	Delivery Plan Tracker Q2	DB	Paper	Published	Information	
12.	Winter Plan	LH	Paper	Published	Decision	
<b>Highlight Reports</b>						
13.	Highlight Report from Quality Assurance Committee	BM/SQ	Paper	Published	Information	11:15
14.	Highlight Report from Audit Committee	MB	Paper	Published	Information	
15.	Update to Extended Access contract	DB	Verbal	Published	Information	
16.	Key points for dissemination to Member Organisations	DB	Verbal	Published	Information	
17.	Any other business	DB	Verbal	Published	Information	
<b>Date of next Meeting:</b> <u>Full Board Meeting:</u> Friday 4 February 2022 13:30-16:30 (MS Teams or TR1 CCH – TBC)			<u>To sign off contract:</u> Friday 25 March 2022 13:30-15:30			

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

**Item 1**

**Welcome, Introductions, and Apologies**

**VERBAL**

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

**Item 2**

**Declaration and Conflicts of Interests**

**VERBAL**

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

**Item 3**

**3a Part I Minutes**

**3b Part I Action Tracker**

**3c Matters Arising**

**3d Decisions made by circular (None)**

**PAPER / VERBAL**

## Wiltshire Health and Care Board Meeting - Part I MINUTES

<b>Venue:</b>	MS Teams
<b>Date:</b>	Friday 10 September 2021
<b>Time:</b>	13.30-16:00

<b>WHC Board Members in attendance</b>		
Stephen Ladyman	Chair of Wiltshire Health and Care (Chair)	SL
Martyn Burke	Non-Executive Member, Finance and Audit	MB
Lisa Thomas	Non-Executive Member, Nominated by Salisbury Foundation Trust (SFT) Board	LT
Bernie Marden	Non-Executive Member, Nominated by Royal United Hospitals NHS Foundation Trust (RUH) Board	BM
Douglas Blair	Executive Member, Managing Director	DB
Annika Carroll	Executive Member, Director of Finance	AC
Sara Quarrie	Executive Member, Director of Quality, Professions and Workforce	SQ
Lisa Hodgson	Executive Member, Chief Operating Officer	LH

<b>Also In Attendance</b>		
Becky Watson	Corporate Officer (minutes)	BW
Steve Lobb	IG Manager and Data Protection Officer	SLo
William Bennett	Service Transformation Support Officer (observer)	WB
Heather Kahler	Head of Operations (to attend with patient)	HK
Mrs W	For patient story (item 6 only)	MW
Victoria Hamilton	Director of Infrastructure (items 8 and 9 only)	VH

<b>Apologies</b>		
Richard Barritt	Non-Executive Member, Patient Voice	RB
Kevin McNamara	Non -Executive Member, Nominated by Great Western Hospitals NHS Foundation Trust (GWH) Board	KM

Item No.	Agenda Item	Actions
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### PART I (this section will be recorded)

<b>1.</b>	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair welcomed the Board Members to the meeting and noted apologies from KM and RB</p> <p>SL highlighted that the 'Patient Story' item had occurred at the start of the meeting prior to Part I. Learning and other points are highlighted in item 6 below.</p>	
<b>2.</b>	<p><b>Declarations and Conflicts of Interests</b></p> <p>SL informed the Board that from December 1<sup>st</sup> 2021 he would formally take over as Chair of the National Autistic Society. No other new conflicts were declared.</p>	
<b>3.</b>	<p><b>a) Part I Minutes</b></p> <p>The Part I minutes of the previous meeting were reviewed. Approval of the Part I minutes was proposed by MB and seconded by SQ; there were no objections.</p> <p><b>DECISION: The Board Members approved the Part I minutes of the previous meeting held on 22 June 2021 as an accurate record of proceedings.</b></p> <p><b>b) Action/Decision Tracker</b> - The action tracker was reviewed and updated.</p>	

	<p><b>c) Matters Arising</b></p> <p>i. May Part 1 recording – BW informed the Board that the recording that had been made of Part I of the May Board meeting was not published as there was not consent to publish the ‘Staff Story’ item.</p> <p><b>d) Decisions made by circular (none)</b></p>	
4.	<p><b>Chair’s Update</b></p> <p>The Chair (SL) gave no verbal update as anything relevant was already on the agenda.</p>	
5.	<p><b>Managing Director’s Update</b></p> <p>The Managing Director (DB) informed the Board that a formal update of the delivery plan tracker had not be brought to the meeting as it had been signed off at the June meeting. DB confirmed that progress was continuing with implementing the plan, and a formal update would be shared at the November meeting.</p>	
<b>Patient Focus</b>		
6.	<p><b>Patient Story</b></p> <p>The patient story occurred prior to the meeting and was not recorded.</p> <p>The spouse of a patient who had MND joined the meeting. The main themes were that the overall care was good but there were some specific points about mixed experience of community team approaches, lack of facilities suitable in estate across the health system for those requiring assistance, the importance of early and good quality end of life discussions which provided good learning for WHC and partners.</p> <p>Mrs W offered help to other families who required assistance with managing personal care budgets and employing staff. HK noted this offer.</p> <p>BM committed to feedback the points which had been raised regarding care given at the RUH.</p> <p>The Chair thanks Mrs W for attending and sharing her moving and useful story, that would be reflected on.</p>	
<b>Governance</b>		
7.	<p><b>Adult and Children’s Safeguarding Statement</b></p> <p>SQ introduced the statement to the Board stating there was no change from the previous year.</p> <p>Approval of the Adult and Children’s Safeguarding Statement was proposed by BM and seconded by LT; there were no objections.</p> <p><b>DECISION: The Board approved the Adults and Children’s Safeguarding Compliance Statement for 2021.</b></p>	
8.	<p><b>Savernake Memorandum of Terms of Occupancy (MoTo)</b></p>	

	<p>DB introduced the item to the Board and VH joined the meeting to answer any questions. This was a technical change of ownership in the system which required approval of a new agreement from Board for signing.</p> <p>MB asked when the Board would see a longer term plan regarding estates. VH confirmed that she was working on this, and DB suggested an extended slot at the November Board.</p> <p>Approval of the Savernake Memorandum of Terms of Occupancy was proposed by SQ and seconded by LH; there were no objections.</p> <p><b>DECISION: The Board approved the Savernake MOTO</b></p>	
9.	<p><b>Warminster Community Hospital Estate Works</b></p> <p>DB introduced the item to the Board and VH remained at the meeting to answer any questions.</p> <p>MB asked whether the same number of beds could be provided during the proposed decant phase. VH confirmed that the St Martins site could provide broadly similar bed numbers (25 beds). This would be planned in detail over coming months. Staff would not be 'out of pocket' in terms of travel costs. SQ highlighted how important the Longleat Ward refurbishment was from a quality and patient experience view, given the poor quality of the existing facilities</p> <p>Approval of the Warminster Community Hospital Estate Works was proposed by SQ and seconded by MB; there were no objections.</p> <p><b>DECISION: The Board was happy for NHS PS to appoint the contractor to undertake the works to Warminster Community Hospital and for Longleat ward to be decanted to Ward 4 on the St Martin's Hospital site for phase 2 of the works that are scheduled to take place from April – October 2022.</b></p>	
10.	<p><b>Risk Report 15+</b></p> <p>SQ introduced the risk register to the Board and reported that there were 0 risks scoring at 15+</p> <p>The Board noted that it was assured with the management of risks.</p>	
11.	<p><b>Information Governance Annual Report – 2.25</b></p> <p>Steve Lobb (SLo) joined the meeting to introduce the IG governance annual report to the Board. He noted that IG incident reporting was increasing, without an increase in severity. This was a positive development, some of which was related to changes in reporting of issues relating to clinical notes. The toolkit had a positive audit response and currently sits at 43% for this year already, with responses to Freedom of Information requests at 100% and Subject Access Request, now a centralised process, are well over 95% compliance. The Board noted the IG Annual Report.</p>	
12.	<p><b>Gender Pay Gap Report</b></p> <p>SQ introduced this item to the Board and drew attention to the information around how WHC had a small cohort of male employees who were in higher quartiles. SQ</p>	

	confirmed that any recruitment and retention premiums for hard to fill posts were advertised with posts. The Board noted the Gender Pay Gap Report.	
<b>Service Delivery</b>		
13.	<p><b>Quality, Workforce, Performance, Finance and Infrastructure Highlight Report</b> (including actions and responses of staff survey)</p> <p><b>Quality</b> SQ introduced the Quality section and advised the Board that Medicines Optimisation Pharmacists had highlighted an increase in medication incidents across community teams. The Head of Operations (Core and Community Teams) would update the Medicines Governance Policy Oversight Group in October 2021 of work being undertaken regarding this trend.</p> <p>On learning from Covid-19 outbreaks, there would be communications regarding continued vigilance and ensuring workspaces remain COVID secure. A formal process had been developed regarding work events and the review of plans going forward.</p> <p>SQ reported that a work around had been implemented to enable WHC statutory upload to National Reporting and Learning System to occur.</p> <p><b>Workforce</b> SQ introduced the Workforce section to the Board highlighting an increase in sickness absence, which would be monitored closely. WHC was in line with other organisations regarding the offer made to support wellbeing of staff. SQ highlighted that the 4 themes for areas of improvement which were highlighted from the staff survey had been linked to the delivery plan, which provided the action points to support improvement in the areas and would be reported through the delivery plan updates.</p> <p><b>Finance</b> AC introduced the Finance section to the Board reporting that the financial position at month 4 remains stable against a planned adverse variance. The profile of the plan reflects planning assumptions as at the start of the financial year. The forecast and profile will be updated over the next two months to reflect progress and updated funding values.</p> <p>AC advised that WHC had been taking part in the first national Community Health Services baseline exercise, due for submission by mid-September by BSW CCG.</p> <p>An update on the initial Drivers of Deficit report indicated that the underlying system deficit at 2020/21 outturn was actually £117.3m, £47.1m higher than estimated by ICS members and the development of the BSW wide Financial Sustainability Plan continues.</p> <p><b>Performance</b> LH introduced the performance section advising the Board that winter planning had been completed at system level this year and that the biggest risk to achieving the</p>	

	<p>plans was workforce. There were extreme pressures in the system, with the BSW system declaring a critical incident the previous day, and LH was working on additional actions being put in place to try to mitigate them. Some planned work had been cancelled and staff redeployed to the Community Teams; LH arranged virtual drop in sessions for these staff with DB. The Winter Plan will be shared at the November Meeting.</p> <p><b>Infrastructure</b> There was nothing to report beyond the infrastructure items considered elsewhere on the agenda.</p> <p>The Board noted the report.</p>	
<b>Highlight Reports</b>		
<b>14.</b>	<p><b>Highlight Report from Quality Assurance Committee</b> SQ introduced the report and informed the Board that benchmarking would now be included in all reporting to the Quality Assurance Committee. She highlighted that the Committee had considered issues in tissue viability around categorising pressure ulcers, the outbreak learning report, and the MIU unclear strategic position along with the difficulties in managing a booked and walk in service.</p> <p>The Board noted the QAC Highlight Report</p>	
<b>15.</b>	<p><b>Highlight Report from Audit Committee</b> MB introduced the report and informed the Board that highlights included BAF discussions and the sickness management report finding. The Board was asked to approve for the Audit Committee to meet four times (instead of five), per year in 2022 and going forward which was granted.</p> <p><b>DECISION: The Board approved the move from 5 to 4 meeting per year for the WHC Audit Committee</b></p>	
<b>16.</b>	<p><b>Update to Extended Access contract</b> DB introduced this item informing the Board that WHC continues to hold the EA contract and sub contract to a range of different practices. This contract would eventually move over to the PCNs although timelines are not yet clear. The Board noted the EA Contract update</p>	
<b>17.</b>	<p><b>Key points for dissemination to Member Organisations</b> It was agreed that the key points of the Part 1 discussion which should be highlighted to member organisations included:</p> <ul style="list-style-type: none"> <li>• To note patient story</li> <li>• IG annual update and toolkit</li> <li>• System pressure update</li> <li>• Warminster Hospital Estates Works (Longleat Ward refurb)</li> <li>• Savernake MoTo</li> </ul>	
<b>18.</b>	<p><b>Any other business</b> a) Orthotics Contract – DB explained that there had been a further delay in the conclusion of a system-wide re-procurement of orthotics contracts, but that it was</p>	

	expected in a few weeks. The recommendation would be sent to Board members for approval via correspondence. This was noted by the Board	
<b>Date of next Meeting:</b> <u>Full Board Meeting:</u> Friday 5 November 2021 10:00-13:00 (MS Teams or Training Room 1, CCH – TBC)		

# Wiltshire Health and Care Board Action Tracker - Part I

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

No	Date Entered	Action	Assigned to	Status	Due date	Date closed	Notes
143	07/05/2021	To map out single points of failure of WHC	EPRR Lead (JB)	Open	04/02/2022		This action is being re-assigned to our EPRR lead. Timeline extended as a result to February.
144							

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

**Item 4**

**Chairs Update**

**VERBAL**

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

**Item 5**

**Managing Directors Update**

**VERBAL**

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

**Item 6**

**Risk Report 15+**

**PAPER**

## Wiltshire Health and Care Board

For discussion

**Subject:** Risk Management Report  
**Date of Report:** 22 October 2021  
**Date of Board meeting:** 05 November 2021  
**Author:** Tom Blowers, Risk and Complaints Manager  
**Exec Sponsor:** Sara Quarrie, Director of Quality, Workforce and Professions

### 1. Purpose

This paper sets out:

<a href="#">Section A: Risk snapshot &amp; Wiltshire Health and Care's risk summary profile</a>	<i>For information</i>
<a href="#">Section B: Details of 15+ risks, and progress with actions</a>	<i>For discussion and action</i>
<a href="#">Error! Not a valid result for table.</a>	<i>For Information</i>

The Committee is asked to:

- **Note** the position with regards to Wiltshire Health and Care's 15+ risks and confirm that 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.
- **Consider the impact** the Executive level risks may have on the risks recorded in the Board Assurance Framework (BAF), including the likelihood of those BAF risks occurring.

## Section A: Risk snapshot & Wiltshire Health and Care's risk summary profile

### Section A1: Overall risk profile

**Overall risk profile** - During the period since the last risk report (22/07/2021) 5 new risks have been reported onto the Enterprise Risk Manager, examples are:

- 'Returning to face-to-face appointments within Physiotherapy'
- 'Recruitment to Ageing Well funded posts'
- 'Skin integrity checks for inpatients on admission and throughout their inpatient stay.'

**Table 1 Overall risk profile**

Risk profile	Jun 2021 Report	Jul 2021 Report	Aug 2021 Report	Sep 2021 Report	Trend	Movement in month
Total open risks on WHC Risk Register	136	137	121	125		↑
"Accepted" open risk on the WHC Risk Register	12	12	12	13		↑
Aggregate Risk Score (open and accepted)	98	990	966	929		↓

### Section A2: Risk Profile for 15+ risks

One risk (Risk 202 Increasing Levels of Demand on Services) has been escalated from L3 X I4 to L4 X I4=16. This is due to increasing demand on services, system pressures and increasing staff sickness/isolation due to Covid-19. See [section B](#) for this risk.

**Table 2 Risk profile for 15 + risks**

	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	Movement in Month
<b>Number of 15+ risks:</b>	0	0	0	0	0	0	1	↑

There is one 15+ risk, and one 12+ risk on the likelihood and impact matrix for Executive level operational risks.

**Table 0.3** Likelihood vs. impact matrix

<b>5 Catastrophic</b>	5	10	15	20	25	
	<b>4 Major</b>	4	8	12 Risk 181 (Aged network hardware)	16 Risk 202 (Increasing levels of demand on service)	20
					12	15
	<b>3 Moderate</b>	3	6	9	12	15
	<b>2 Minor</b>	2	4	6	8	10
<b>1 Negligible</b>	1	2	3	4	5	
Likelihood	Rare	Unlikely	Possible	Likely	Certain	
	1	2	3	4	5	

**Section A3: Themed Risk Profile for 12+ and 15+ Risks**

The operational risk on the Executive risk register links directly to Board Assurance Framework risks: BAF Risk 1: Change capacity and capability insufficient to match the breadth and scope of change programmes; and BAF Risk 2: The availability, skills mix, competition, transferability, and training of workforce does not match current and future service needs. The ICT risk could impact on the achievement of ‘Supporting our patients and services with good IT’

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
<b>1 - [Risk 202]</b>	<b>0</b>	<b>1 - [Risk 181]</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>12+ Risks aligned with WHC Delivery Goals</b>						
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 ‘Safer Staffing Programme’	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**

**15+ risk entries** – There has been one risk register entries scoring 15+ on the risk register during this period.

Table 4 Risk movement.

<b>New 15+ Risks</b>	<b>No new risks</b>	No new risks	↔	<b>Accepted 15+ Risk</b>	<b>No risks accepted</b>	No 15+ risks were accepted during the reporting period	↔
<b>Escalated to 15+ Risks</b>	<b>One risk</b>	Risk 202 escalated	↑	<b>Closed 15+ Risks</b>	<b>No risks closed</b>	No risks have been closed in the reporting period	↔
<b>De-escalated 12+ Risks</b>	<b>No risks de-escalated</b>	No 15+ risks have been deescalated in the reporting period.	↔				

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

There is one 15+ risk to detail.

**Key points to note:** following review in Executive Committee October 2021, this risk was escalated to Likelihood of 4 and Impact of 4 resulting in a risk score of 16, due to increasing demand on service, system pressures and increasing staff sickness/isolation due to Covid-19.

Risk ID	Date added	Brief Risk title/description	Risk Owner	L	I	S	Target Score L x I = Score	Controls	Actions	Action Owner	Due date	September Updates
202	17/02/2021	<p><b>Cause:</b> changes in the health and care system (patterns and use) are causing exceptional levels of demand on service</p> <p><b>Effect:</b> exceptional demand on service Could result in patient harm through limited appointment, increasing waiting lists and unsustainable demand versus capacity waiting lists etc, capacity etc</p> <p><b>Outcome:</b> Impacts on patient safety and clinical outcomes, reputational damage, increased regulatory scrutiny</p>	Chief Operating Officer	4	4	16	2 x 3 = 6	<p>Work with the BSW system to ensure capacity and demand modelling is accurate and reflects real life scenarios as near as possible.</p> <p>Ensure investment plan reflect the needs of community services and that partners and stakeholders understand the risks and impact if investment is not forth coming.</p> <p>Surge plans will be underpinned by workforce plans and a clear risk assessment of the impact of work stopping to support a redeployment model.</p>	Work with the BSW system to ensure capacity and demand modelling is accurate and reflects real life scenarios as near as possible. Work has been completed but needs to be reviewed post wave	Managing Director	Complete	This action is now complete, as demand and capacity modelling has been finalised
									To work as part of Wiltshire alliance to clearly define what investment is outstanding against the capacity and demand model and highlight the risks and impact of non-investment.	Managing Director	Complete	This action is complete Letter received confirming investment in expansion of community resources for 2 hour crisis, overnight nursing and enhanced health in care homes
									Refresh robust surge plans which are regularly reviewed and socialised with stake holders.	Chief Operating Officer	01-09-2024 20/09/2024 31/10/2021	<p>Extended to 31 October.</p> <p>Surge plans will be reviewed as part of the creation of a system winter plan, which takes into account demand and capacity planning and plans for system surge. The WHC aspects of the winter plan will be shared with the Operating Board in November 2021.</p>

## Section C: Emerging risks and themes

Emerging themes are Medication incidents and Pressure Ulcers. Quality Improvement Plans have been initiated for both these areas, ensuring cross organisational input into reducing the number of untoward incidents that occur in these areas. See [Appendices](#) for more information on these burgeoning risks.

### Recommendation

**Board is invited to:**

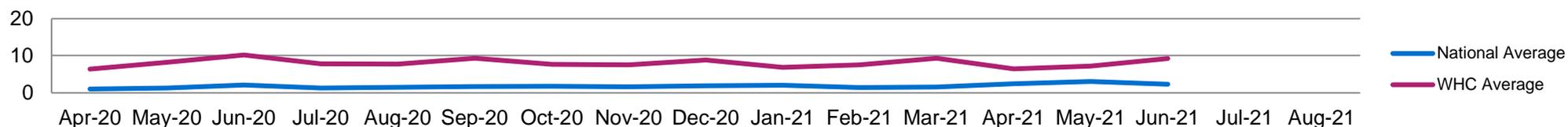
- (i) discuss the content of this report and agree that risks and risk management is appropriate in relation to the risks stated.
- (ii) to provide any further recommendations in relation to the management of these risks

## Appendix 1 Pressure Ulcers

**Pressure Ulcers** - Pressure Ulcers remain the highest reported incident and as such 55% of these incidents discussed at Post Incident Review during Q2 2021/22. Eight Pressure Ulcers have been reported externally to StEIS in calendar year 2021 resulting in Eight comprehensive investigations. Additionally, the WHC NHS benchmarking data for Pressure Ulcers is disproportionate in comparison to other providers showing a much higher rate per 1000 patients. The amount of time operational teams spend on investigating Pressure Ulcers and reporting to CQC has been identified as a concern with a risk that staff time to undertake other duties is impacted.

**Advise 0.1** Risk 65; 'Pressure Ulcers' were discussed at the Executive risk workshop on the 19.10.2021, with a view to agree actions to support mitigating any potential reputational damage through being an outlier in NHS Benchmarking and considering actions to support in efficiencies regarding Pressure Ulcer Reporting and management.

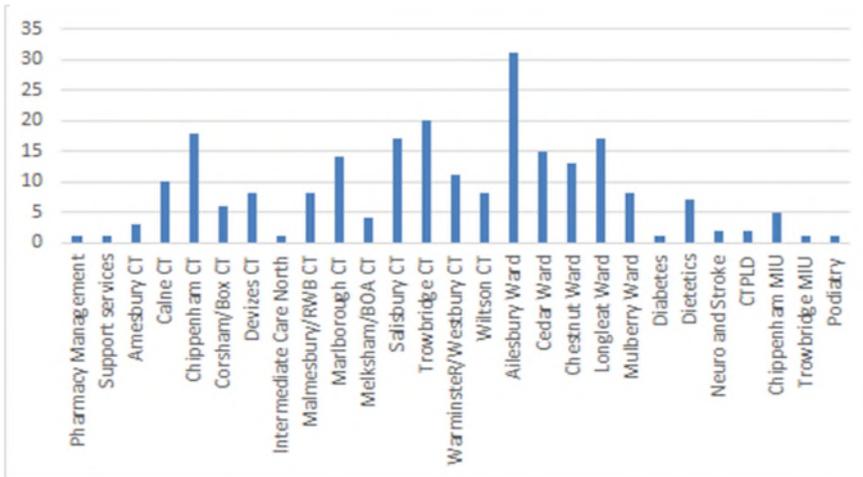
**Graph 0.1** NHSB - Rate of New Category II, III and IV PU acquired whilst under care of the provider in a Community setting per 1,000 patients (on caseload)



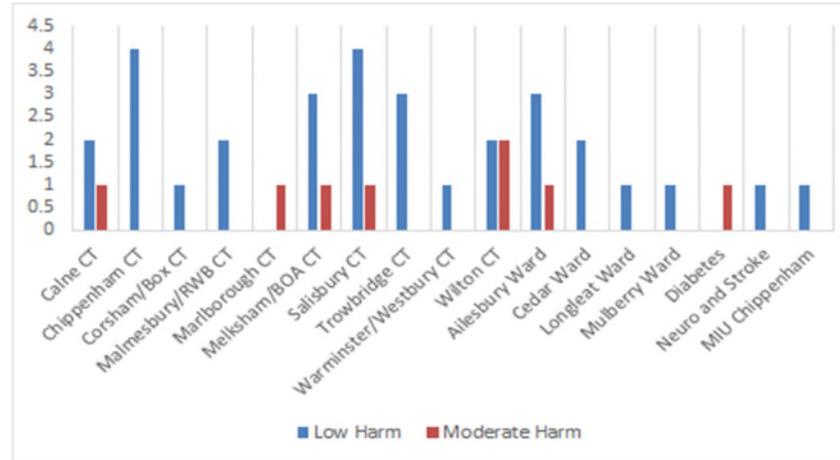
## Appendix 2 Medication incidents

**Medication Incidents** - Continue to indicate the risk of potential harm to patients in regard to medication errors that have occurred. **Error! Reference source not found.** below shows all medication incidents per team since January 2021 and **Error! Reference source not found.** shows those incidents that have caused harm. None of the incidents cause severe harm. The highest number of reported incidents relates to Ailesbury Ward (n=31) followed by Trowbridge Community Team (n=20). **Error! Reference source not found.** conveys the trend through 2021 of medication incidents, indicating that the number of incidents has taken an upward trend since August 2021. This is aligned with when Wiltshire Health and Care moved to OPEL 4 status.

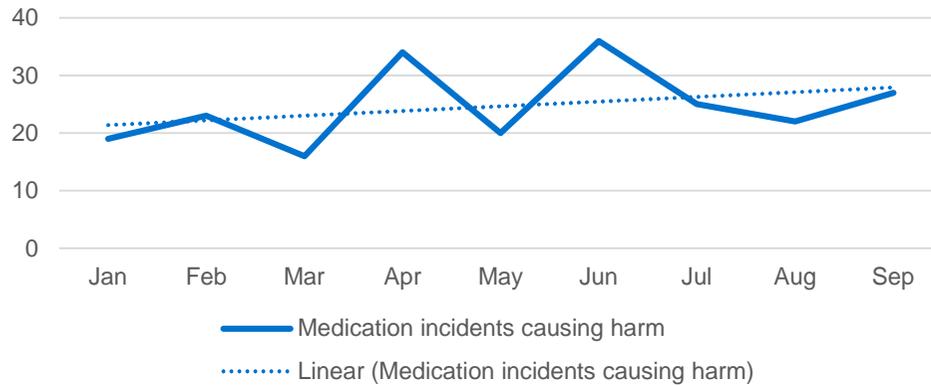
Graph 0.2 All medication incidents 2021



Graph 0.3 All medication incidents with harm 2021



Graph 0.4 Medication incidents causing harm by month 2021



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

**Item 7**

**Safeguarding Annual Reports**

**PAPER**

**Wiltshire Health and Care Board****For information**

**Subject:** Safeguarding Annual reports 2020/21  
**Date of Meeting:** 05 November 2021  
**Author:** Sara Quarrie, Director of Quality, Professions and Workforce

**1 Purpose**

To advise the Board of the Safeguarding performance of WHC in 2020/21 through the Safeguarding Annual Reports 2020/21 which will be shared with the Clinical Commissioning Group (CCG).

**2 Background**

These reports are standard assurance reports to the CCG on the Wiltshire Health and Care (WHC) safeguarding performance.

**3 Discussion**

Safeguarding (Child) Annual Report 2020/21 - Progress in 2020/21 in the key areas of Domestic Abuse, Mental Health Assessment and missed Child appointments are outlined below.

**Domestic Abuse** - Routine questioning in MIU was introduced in July 2020, in line with NICE guideline PH50 and QS 116. This was supported by training and supervision. The completion of the question was initially monitored on a quarterly basis, but this moved to monthly as compliance had fallen. This was after the closure of MIU due to the pandemic and the introduction of an appointment system, which meant that the triage page of SystemOne was not being completed. The Clinical Lead has now addressed this. Benchmarking has taken place with other local MIU's (Yate and Paulton) who make maximum of x1 referral to MARAC per year.

**Mental health assessment** - MIU now has both adult and child assessment tools. The level of children presenting with self-harm has dropped to 3 per quarter this year (in 2019/2020 this was 10 per quarter). MIU are in the process of sourcing more training to support their role.

**Missed child appointments** - This has risen across 2020/21 from 4% to 10%, services are exploring this further but feel that the impact of technology may have played a part in making appointments difficult to access at times. This has been most obvious in paediatric dieticians – who have increased the appointments available but have seen a subsequent increase in children not brought. The child missed appointment/was not brought proforma has been introduced to the SystemOne physiotherapy module and this was supported by training. However, x2 audits have shown that the proforma is not being used by staff to analyse risk consistently. In 2021/22, physiotherapy practice influencers will be asked to support staff to

use this. The development of the SystemOne Safeguarding Launchpad will also mean that more services will be able to record risk and implications when children are not brought.

Safeguarding (Adult) Annual report 2020/21 – Progress in 2020/21 in the key areas of Lack of Staff awareness of the Deprivation of Liberty Safeguarding (DoLS) Standards; Mental Health Assessment Tool; and Lack of Feedback from Adult Social Care are outlined below.

**Lack of Staff Awareness of the DoLS standards.** - WHC in patient services apply the DoLS criteria and make applications to the Wiltshire DoLS services. It has been agreed that this risk will be closed as WHC is now preparing for the introduction of the LPS scheme which is planned for introduction in April 2022.

**Mental Health Assessment Tool** - There is a need for an assessment tool within WHC in-patient settings. The newly appointed senior inpatient nurse is conducting a review of the mental health needs of in-patients setting and the assessment tool is part of that review.

**Lack of feedback for the Adult Social Care** - Where WHC staff make safeguarding alerts via the Wiltshire MASH (Multi Agency Safeguarding Hub) there is an issue with not receiving feedback on the triage decision. This issue has been raised with MASH Manager at monthly liaison meetings as well as partnership meetings. The CCG Designated Professional is aware.

#### 4 Recommendation

The Board is invited to note these reports which will be shared with the CCG

## 5 Impacts and Links

Impacts	
<b>Quality Impact</b>	These safeguarding annual reports provide assurance of progress made in 2020/21 and outline intentions for 2021/22
<b>Equality Impact</b>	Positive
<b>Financial implications</b>	Improvements in safeguarding improve our efficiency and reduce harm which is costly
<b>Impact on operational delivery of services</b>	Safeguarding is a key domain of operational delivery and by improving our safeguarding WHC improves the safety, effectiveness and patient experience in our services
<b>Regulatory/legal implications</b>	Safeguarding is a requirements of our service delivery and these annual reports provide the Clinical Commissioning Group with assurance related to WHC safeguarding performance
Links	
<b>Link to business plan/ 5 year programme of change</b>	Safeguarding QiP
<b>Links to known risks</b>	Yes
<b>Identification of new risks</b>	No

# Annual report and assurance of compliance audit for Safeguarding Children 2020-21



## **Netty Snelling, Safeguarding Lead (Child) Wiltshire Health and Care**

This document includes the Annual report; the annual assurance of compliance audit and describes the impact of COVID on services that see and treat children

**Wiltshire Health and Care**

**Chippenham Community  
Hospital  
Rowden Hill  
Chippenham  
SN15 2AJ**

**01249 454385**

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## Context:

Within the National Variation Agreement 2019/20 between the Clinical Commissioning Group (CCG) and Wiltshire Health and Care (WHC), WHC will be expected to comply with all statutory/ national guidance related to safeguarding children: Children Act 1989, Children Act 2004, Working Together to safeguard Children 2018; Care Quality Commission regulation 13: Safeguarding Services Users from Abuse and Improper Treatment- Health and Social Care Act 2008 (regulated Activities) Regulations 2014: regulation 13, and Safeguarding Children and Young people: Roles and Competences for Health Care Staff. Intercollegiate document. RCPCH, 2019. WHC has agreed to adopt certain safeguarding children standards and performance indicators. There are ten core Safeguarding children's standards which WHC must meet and provide the CCG with assurance against each standard. This report contains further narrative to support the attached annual assurance of compliance with safeguarding children standards and these will be discussed alongside Section 11 requirements of the Children Act 1989.

## Purpose:

The purpose of this report is to inform the Safeguarding Policy and Oversight Group (POG), Quality Assurance Committee (QAC) and CCG about activity and performance in relation to children's safeguarding arrangements and that WHC are meeting the statutory requirements and where not, to identify risks and mitigation.

## Overview of 2020/21:

WHC has taken responsibility under the legislation and guidance outlined above for safeguarding children in the service. Children refer to those aged under 18 including the unborn child. Children are seen in a number of services: Minor injuries (Chippenham and Trowbridge); Podiatry; MSK Physiotherapy; Dieticians; Wheelchair services; and Orthotics (provided under contract). The impact of COVID has been analysed in the attached paper<sup>1</sup>.

## WHC Safeguarding Risks 20/21:

Risk Number	Title	Risk rating
17	Identifying and responding to domestic abuse	6
52	Mental Health Assessment Tool	9
67	Managing Missed Child Appointments	9

## Progress in 2020/21

**Domestic Abuse** - Routine questioning in MIU was introduced in July 2020, in line with NICE guideline PH50 and QS 116. This was supported by training and supervision. The

<sup>1</sup> Appendix 4 – Wiltshire safeguarding vulnerable people's partnership request for impact of Covid-19 on children's safeguarding

completion of the question was initially monitored on a quarterly basis, but this moved to monthly as compliance had fallen. This was after the closure of MIU due to the pandemic and the introduction of an appointment system, which meant that the triage page of SystemOne was not being completed. The Clinical Lead has now addressed this. Benchmarking has taken place with other local MIU's (Yate and Paulton) who make maximum of x1 referral to MARAC (Multi Agency Risk Assessment Conference) per year.

**Mental health assessment** - MIU now has both adult and child assessment tools. The level of children presenting with self-harm has dropped to 3 per quarter this year (in 2019/2020 this was 10 per quarter). MIU are in the process of sourcing more training to support their role.

**Missed child appointments** - This has risen across 2020/21 from 4% to 10%, services are exploring this further but feel that the impact of technology may have played a part in making appointments difficult to access at times. This has been most obvious in paediatric dieticians – who have increased the appointments available but have seen a subsequent increase in children not brought. The child missed appointment/was not brought proforma has been introduced to the SystemOne physiotherapy module and this was supported by training. However, x2 audits have shown that the proforma is not being used by staff to analyse risk consistently. In 2021/22, physiotherapy practice influencers will be asked to support staff to use this. The development of the SystemOne Safeguarding Launchpad will also mean that more services will be able to record risk and implications when children are not brought.

## **Standard 1 - Governance and Commitment to Safeguarding Children**

A safeguarding declaration has been ratified at board level in July 2020. It is available to review under publications on the WHC website and can be found in Appendix 3 - Wiltshire Health and Care Board Safeguarding Compliance Statement. The Safeguarding Team for WHC are Board Executive Lead: Sara Quarrie Director of Quality, Professions and Workforce; Safeguarding Lead (Child): Netty Snelling; Safeguarding Lead (Adult): Sean Collins; and Quality Governance Administrator (including safeguarding): Samantha Sousa.

### **Contribution to Wiltshire Safeguarding Vulnerable People Partnership.**

Attendance at WSVPP is fulfilled via the Domestic Abuse Subgroup on a quarterly basis. This was agreed with the CCG Designated Nurse for Safeguarding Children.

### **Governance**

All reports and policies are currently presented at Quality and Planning (Q&P) meeting before being sent to the CCG. These reports are scrutinised at the Safeguarding POG which meets quarterly.

### **Practice influencers**

Although not formally a governance meeting, the Practice Influencers Forum consists of staff from all teams across WHC. This forum meets bi-monthly and gives the Safeguarding Team the opportunity to disseminate and discuss new legislation and guidelines and gain feedback from staff regarding challenges in practice. Attendance is monitored via Q&P on a quarterly basis. The themes covered in 2020/21 were the impact of COVID on safeguarding practice, Domestic Abuse (including 16 days of action), THINK family, exploitation and county lines, self-neglect, lasting power of attorney, managing risk in safeguarding. Practitioners have also been discussing case studies. Every service in WHC sends a representative and we are working on ensuring that these practitioners are receiving additional training and support in their role. Attendance is monitored at Quality and Planning on a quarterly basis.

### **Section 11 audit**

A request for a section 11 audit has not been made to WHC in 2020/21. Please find attached the annual assurance of compliance in Appendix 1 - Annual Assurance Audit of Compliance with Safeguarding Children Standards.

### **Plans for 2021/22**

- Yearly statement of compliance will be ratified by WHC Board in September 2021.
- Practice influencers model will be reviewed in Q1 by SWOT analysis by practitioners and Smart Survey to wider staff group.
- Membership and attendance at Practice Influencers Forum to be encouraged from inpatient wards.

## Standard 2 - Policy, procedures and guidelines: Progress in 2020/21

Table 1 WHC Safeguarding Policies Status

Policy Name	Available	Last updated	Review Due
Safeguarding Children Policy including links to Safeguarding Partnership websites	<input checked="" type="checkbox"/>	04/12/18	23/01/22
Safeguarding Adult Policy including links to Safeguarding Partnership websites	<input checked="" type="checkbox"/>	08/02/21	08/02/24
Managing child missed appointments. Was Not Brought Policy	<input checked="" type="checkbox"/>	04/12/18 (minor amendment 30/12/2020)	23/01/22
WHC Recruitment and selection Policy	<input checked="" type="checkbox"/>	12/10/20	12/10/23
Safeguarding Allegations Against Staff Policy	<input checked="" type="checkbox"/>	17/11/20	17/11/23
Female genital mutilation		23/01/19	01/01/22
Freedom to speak up protocol	<input checked="" type="checkbox"/>	02/04/19	02/04/22
Safeguarding Children Supervision Policy	<input checked="" type="checkbox"/>	04/12/18	28/06/21 out for consultation
Domestic Abuse Policy	<input checked="" type="checkbox"/>		22/08/22
Employees as victims or perpetrators of domestic abuse	<input checked="" type="checkbox"/>	19/01/21	19/01/24

### Wiltshire Safeguarding Vulnerable People Partnership (WSVPP) policies

All of the above policies are available on the Organisation W:drive and intranet pages. A link to the WSVPP website is also embedded. Staff have been made aware of this via the staff bulletin and Practice Influencers' Forum. WHC have noted the Rapid/learning reviews that have taken place and findings have been embedded within staff training. Wiltshire is a pilot site for contextual safeguarding (risk of extra familial harm i.e., exploitation and county lines) – WHC have identified a champion in MIU.

### Priorities for 2021/22.

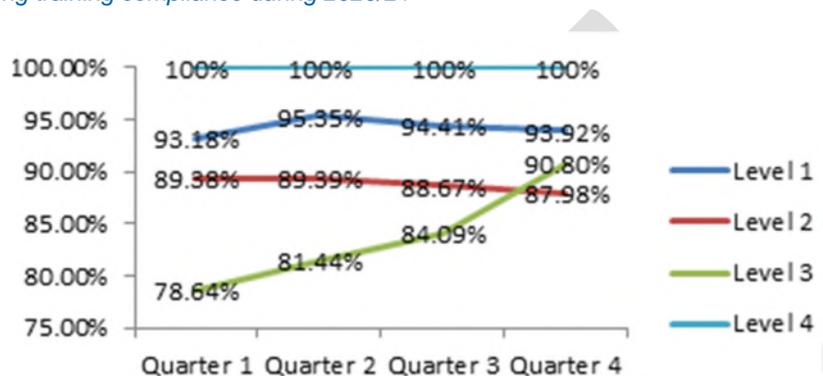
A new Safeguarding Launchpad is due to be developed with the SystemOne build team now that the reference documents are available on the intranet.

## Standard 3 - Appropriate training skills and competencies: Progress in 2020/21

### Impact of COVID

One face-to-face session was cancelled due to the pandemic lockdown. Further sessions were managed via MS Teams and online learning. Initial Level 3 training is now taking place face-to-face following a risk assessment.

Graph 1 Safeguarding training compliance during 2020/21



### Progress in 2020/21

Other NAMED professionals within groups (physiotherapy, podiatry and wheelchair services) who were not identified as needing Level 3 by the RCPCH document have undertaken Level 3 and act as a resource within teams for safeguarding concerns. These are practitioners who see children on a weekly basis, and this is reviewed annually to ensure that new service level agreements are considered. THINK family has been incorporated into all levels of training, including volunteers. Course evaluation now includes pre-and post-course evaluation. Teaching incorporated WSVPP priorities – i.e., THINK family (DA and mental health), the role of fathers in homes and early support. Online Level 3 children's training (eLearning for Health) has been assessed as suitable and is being supplemented by a case-based competency session. Physiotherapy services are refining the number of practitioners that see and treat children and pregnant women to ensure that they receive targeted training to support their role.

Table 2 Internal training delivered over 2020/21

Type of Training	CPD Hours	Delivered in 20/21
Initial Child Safeguarding Level 3 (in conjunction with GWH)	8	1
UPDATE Domestic Abuse Training	4	2
UPDATE Child Sexual Exploitation	3	1
UPDATE Neglect	3	4
UPDATE Assessment and referral Training	10	7

These sessions will continue into next year. In response to feedback, 8 hours of update training is delivered in one day, in response to staff feedback regarding the use of the passport.

### Feedback regarding Level 3:

Good to know role of the dietician in safeguarding...will look at using NSPCC GCP in referrals and work.

Reminder to continually question and consider all possibilities.

Reminder to be more observant of children in the family home.

Would be good to have examples of frameworks that could support referral.

Very informative and good examples used.

Change of practice .... Be curious ...ask those questions.

### Priorities for 2021/22

Practice Influencer forum feedback regarding effectiveness, challenges and opportunities will inform and action plan for further development of role.

WHC still need more clarity from the local authority and the CCG as to how we access multi-agency training and whether funding is required.

Ensure local and national review findings continue to be incorporated into training.

Widen level 3 training to include adult practitioners to encourage a THINK family approach.

## Standard 4 - Effective safeguarding supervision and reflective practice and case consultation. Progress in 2020/21.

Graph 2 supervision compliance over 2020/21

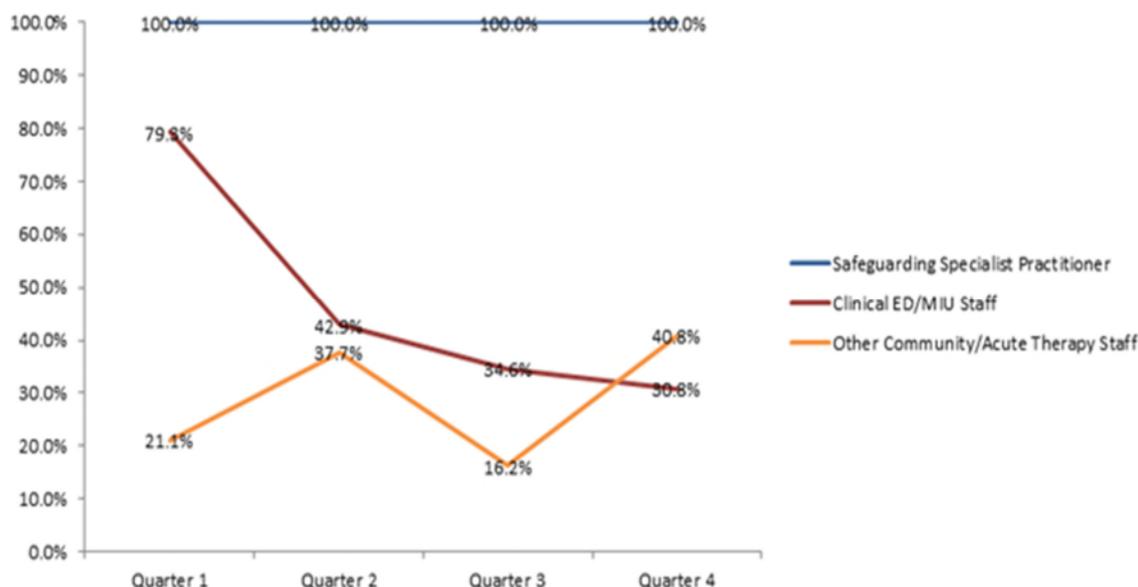


Figure 1 Themes covered in safeguarding supervision



### Progress in 2020/21

Safeguarding supervision is available to all staff within WHC and is undertaken by the safeguarding lead. All staff groups (including MIU) who see and treat children on at least a weekly basis have engaged in supervision over the course of 2020/21. This has been maintained via MS Teams but remains challenging for some staff to engage routinely. A

supervision survey was undertaken in Dec 2020 and the results, although positive highlighted the need for greater clarity of purpose and more sessions that include wider MDT discussion.

*Table 3 timetable of planned safeguarding supervision session.*

<b>Service</b>	<b>Frequency of supervision</b>	<b>Model of supervision</b>
<b>Minor injury units</b>	Four times a year	Group
<b>Physiotherapy - outpatients</b>	Twice a year	Group
<b>Podiatry</b>	Twice a year	Group
<b>Wheelchair services</b>	Twice a year	Group
<b>CTPLD</b>	Twice a year	Group
<b>Orthotics</b>	Ad hoc – as required	Group/Individual
<b>Community teams</b>	Ad hoc – as required	Group/Individual
<b>Inpatient areas</b>	Ad hoc – as required	Group/Individual
<b>Continence team</b>	Ad hoc – as required	Group/Individual
<b>Diabetes team</b>	Ad hoc – as required	Group/Individual
<b>Respiratory team and oxygen service</b>	Ad hoc – as required	Group/Individual
<b>SALT</b>	Ad hoc – as required	Group/Individual
<b>Dietetics(child)</b>	Quarterly	Group/Individual
<b>Quality governance administrator (safeguarding)</b>	Quarterly	Group/Individual

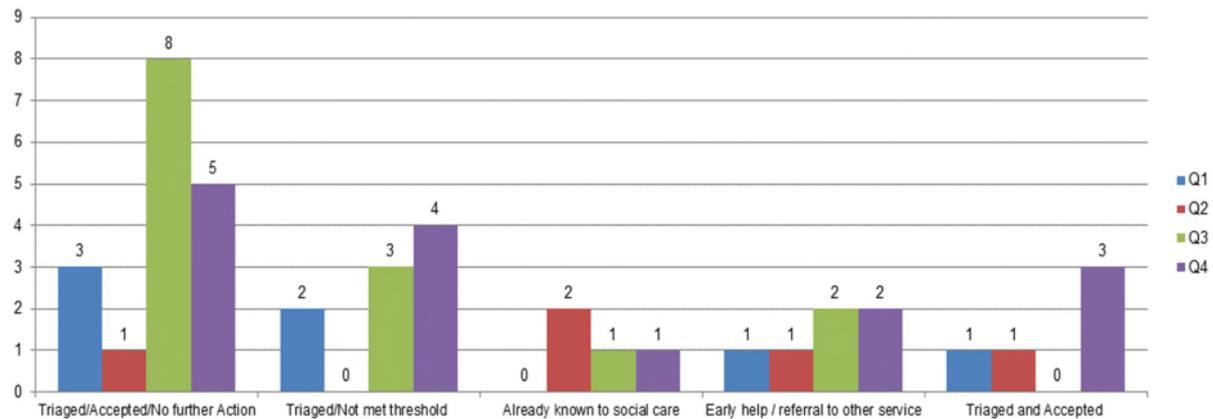
### **Priorities for 2021/22**

Adult safeguarding supervision model to be re-invigorated.

Embed trauma informed approach to both child/patient and staff.

## Standard 5 - Effective Multi- agency working:

Graph 3 referrals and outcomes in 2020/21:



### Progress in 2020/21

WHC have not received written notification of outcomes consistently – we have now developed a system whereby the safeguarding administrator emails MASH on a weekly basis for outcomes.

WHC acts as single point of contact for Wiltshire Council to access information for children who have been seen in our services. WHC have received 1538 individual requests and have shared information on 1538 children. The latter are scrutinised for risk prior to submitting to the local authority against the Common Assessment framework.

Information for MARAC is now provided directly from MIU.

### Priorities for 2021/22

Continue to monitor quality of referrals via Datix, identifying themes to feedback back into training.

Explore the purchase and utilisation of the Datix Safeguarding module to manage referrals and contribution to rapid reviews.

## Standard 6 - Reporting serious incidents and incidents.

WHC have reported one serious incident in relation to children regarding a child's missed nerve damage. There were no safeguarding concerns. A root cause analysis is due to take place in June 2021.

## Standard 7 - Engaging in serious case reviews (SCR/DHR).

WHC have contributed to the recent Wiltshire DHR involving 2 young people who attended school in Chippenham. We are awaiting publication. A further x2 DHR's are in progress, and we have contributed information to both.

### Priorities for 2021/22

Embedding recommendations from DHR's in policy and training.

## **Standard 8 - Safer recruitment and retention of staff**

All job descriptions include a statement on the responsibility to safeguard children. There is also a similar safeguarding statement when posts are advertised. At least one member of the interview panel is required to undertake safer recruitment training which has been updated in line with WSCB policy in 20/21. There is currently no specific section for safeguarding on appraisal paperwork.

### **Priorities for 2021/2022**

Ensure appraisal paperwork includes reference to safeguarding cases and training compliance.

## **Standard 9 - Managing safeguarding children allegations against members of staff.**

One allegation has been made against a staff member in 2020/21 and this has been managed through the DOFA process.

## **Standard 10 - Engaging children and their families.**

WHC has devised a feedback form that includes the opportunity for children to make comments about the service. This is available in both paper and via WHC website. Children's feedback is discussed as part of the PALS report. Unfortunately, Friends and Family was suspended during Q1 and Q2 and the comments received regarding children's care in Q3 and Q4 – did not come directly from children themselves.

### **Priorities for 2021/22**

The patient engagement officer is working on allowing children to directly access the QR code to give feedback.

### **Priorities for 2021/22**

Ensure that children's views are captured directly via QR code or Friends and Family card.

## Appendix 1 - Annual Assurance Audit of Compliance with Safeguarding Children Standards

Standard	Audit Question	Evidence/Response	
1	Governance	<ul style="list-style-type: none"> <li>Does your organisation have a clear statement of their commitment to safeguarding children which is accessible to the public?</li> </ul>	<p>Yes – statement available on WHC website.  <a href="http://wiltshirehealthandcare.nhs.uk/about-us/published-information/our-priorities-and-how-we-are-doing/?highlight=safeguarding">http://wiltshirehealthandcare.nhs.uk/about-us/published-information/our-priorities-and-how-we-are-doing/?highlight=safeguarding</a>  Appendix 3</p>
		<ul style="list-style-type: none"> <li>Does your organisation have a board level lead for safeguarding children?</li> </ul>	Sara Quarrie Director of Quality, Professions and Workforce – in post since Sept 2020.
		<ul style="list-style-type: none"> <li>Does your organisation have the relevant named professional(s) to provide safeguarding children expertise?</li> </ul>	Netty Snelling
		<ul style="list-style-type: none"> <li>Have you submitted an annual report which has been internally scrutinised by the organisation prior to submission to the CCG?</li> </ul>	Annual report monitored at Quality Assurance Committee.
		<ul style="list-style-type: none"> <li>If the LSCB have requested a section 11 audit report from your organisation, has this been submitted?</li> </ul>	No request has been made.
		<ul style="list-style-type: none"> <li>Has your organisation been required to engage in any planning and preparation for any inspection related to safeguarding children? If yes, please give details</li> </ul>	Care Quality Commission inspected WHC services June 2017.  <a href="https://www.cqc.org.uk/provider/1-2642739822">https://www.cqc.org.uk/provider/1-2642739822</a>
2	Policies, Procedures & Guidelines	<ul style="list-style-type: none"> <li>Do you have a safeguarding children policy and associated policies, procedures &amp; guidelines?</li> <li>Do you have a domestic violence policy?</li> <li>Do you have a child sexual exploitation policy and/or link to LSCB strategy and protocol?</li> <li>Do you have a female genital mutilation policy and/or link to LSCB policy/guidance?</li> <li>Do you have a PREVENT policy? or link to LSCB policy?</li> <li>Does your Children’s Safeguarding Policy link with your organisation’s Adult Safeguarding Policy?</li> </ul>	<p>All policies are available in zip file.</p> <p>See comment in Annual Report</p>
		<ul style="list-style-type: none"> <li>How does your organisation document and communicate the safeguarding children policy, related policies; procedures and guidelines to the whole workforce?</li> </ul>	W Drive accessible to all staff and new intranet also available from June 2021.
3	Training, Skills & Competencies	<ul style="list-style-type: none"> <li>Do you have a safeguarding children training strategy which includes a training matrix that identifies the safeguarding children training needs for the whole workforce, including induction and training for Board members</li> </ul>	Available in intranet June 2021.
		<ul style="list-style-type: none"> <li>How do you ensure that your work force is appropriately trained regarding: <ul style="list-style-type: none"> <li>➢ Domestic Abuse</li> <li>➢ Child Sexual Exploitation</li> <li>➢ Female Genital Mutilation</li> </ul> </li> </ul>	<p>All levels of child protection training consider these in some form. But we have face-to face training for the following.  Child sexual exploitation  Domestic abuse.  FGM training is via the government portal</p>
		<ul style="list-style-type: none"> <li>How many staff do you employ?</li> </ul>	1159

Standard	Audit Question	Evidence/Response
	<ul style="list-style-type: none"> <li>How many staff require Level 1 training?</li> </ul>	174
	<ul style="list-style-type: none"> <li>% Of staff that are trained to Level 1</li> </ul>	94%
	<ul style="list-style-type: none"> <li>How many staff require Level 2 training?</li> </ul>	902
	<ul style="list-style-type: none"> <li>% Of staff that are trained to Level 2?</li> </ul>	87%
	<ul style="list-style-type: none"> <li>How many staff require Level 3 (core) training?</li> </ul>	71
	<ul style="list-style-type: none"> <li>% Of staff that are trained to Level 3 (core) (single agency)?</li> </ul>	98%
	<ul style="list-style-type: none"> <li>How many staff require Level 3 (specialist) training?</li> </ul>	28
	<ul style="list-style-type: none"> <li>% Of staff that are trained to Level 3 (specialist) (single agency)?</li> </ul>	93%
	<ul style="list-style-type: none"> <li>% Of staff that are trained to level 3 (core &amp; specialist) and have attended multi-agency safeguarding children training?</li> </ul>	See comment and actions in annual report
	<ul style="list-style-type: none"> <li>Who provides the safeguarding children training in your organisation?</li> </ul>	Netty Snelling
	<ul style="list-style-type: none"> <li>What teaching skills and experience do they have?</li> </ul>	PG cert in education
	<ul style="list-style-type: none"> <li>How is the training evaluated for its effectiveness?</li> </ul>	Form evaluation feedback and pre and post survey.
	<ul style="list-style-type: none"> <li>What is the impact of the training on practice and outcomes?</li> </ul>	increase of awareness and quality of referrals made
<b>4</b>	<b>Safeguarding supervision &amp; Reflective Practice</b>	
	<ul style="list-style-type: none"> <li>Do you have a safeguarding children supervision strategy which includes a matrix that identifies the safeguarding children/reflective practice needs for the whole workforce?</li> </ul>	Yes
	<ul style="list-style-type: none"> <li>How do you evidence that all staff have received or had access to safeguarding children's supervision or the opportunities for reflective practice appropriate to role?</li> </ul>	Supervision evaluation collected and recorded on supervision database. Safeguarding supervision audit undertaken Dec 2020.
	<ul style="list-style-type: none"> <li>Who provides safeguarding supervision in your organisation?</li> </ul>	Netty Snelling and Sean Collins. Identified senior practitioners have undertaken training and are being supervised in order to take on this role in teams.
	<ul style="list-style-type: none"> <li>What skills &amp; experience in providing supervision do they possess?</li> </ul>	Completed InTrac safeguarding supervision 2-day course.
<b>5</b>	<b>Multi-Agency Working</b>	
	<ul style="list-style-type: none"> <li>How does the organisation ensure that their staff follow statutory guidance on information sharing?</li> </ul>	Mandatory IG training and within all level of child protection training. Circulation of Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. July 2018.

Standard	Audit Question	Evidence/Response	
		WHC have employed Information Governance lead in 2020/21	
	<ul style="list-style-type: none"> <li>How does the organisation ensure that their staff are engaged in all stages of the safeguarding child process as appropriate?</li> </ul>	Training and supervision process.	
	<ul style="list-style-type: none"> <li>How does the organisation ensure that their staff are contributing to the LSCB Early Help strategy?</li> </ul>	Involvement in 5 to Thrive project.	
	<ul style="list-style-type: none"> <li>How does the organisation ensure that their staff include an analysis of the information and how it impacts on the child(ren)'s safety in reports regarding safeguarding children concerns?</li> </ul>	Paperwork provided by Wiltshire Council. MIU use common assessment framework to analyse risk to children. Was not brought appointment proforma is being trialled in physiotherapy. Information shared with the LA is analysed by safeguarding lead or practitioner prior to sending to LA.	
	<ul style="list-style-type: none"> <li>How does the organisation ensure that all staff who undertake assessments of children understand the importance of including the 'voice of the child'?</li> </ul>	Within training both internal and external and the use of the My World approach to the common assessment framework.	
	<ul style="list-style-type: none"> <li>How does the organisation ensure that all staff who undertake assessments of adults recognise the risk those adults may pose to children?</li> </ul>	See comment in annual report Think family! Introduction of THINK family proforma to S1 in 2021/22 will support this.	
6	Reporting Serious Incidents (SIs)	<ul style="list-style-type: none"> <li>Does the organisation have a process set out in their safeguarding children policy to ensure that any serious incident related to safeguarding children is reported to the CCG?</li> </ul>	As per local policy
7	Engaging in Serious Case Reviews (SCRs)	<ul style="list-style-type: none"> <li>Has your organisation been asked to complete any reports (e.g., individual management reviews - IMRs) for a serious practice review? If yes, how many?</li> </ul>	X1 rapid review.
	<ul style="list-style-type: none"> <li>Have these reports been completed within the CCG/LSCB/SPA timeframes? If not, please explain why.</li> </ul>	Yes	
	<ul style="list-style-type: none"> <li>Has progress against subsequent single agency action plans been reported to the CCG &amp; LSCB/SPA?</li> </ul>	Learning has not been shared to date. Other rapid reviews	
	<ul style="list-style-type: none"> <li>How can the organisation demonstrate that they have engaged with/implemented the multi-agency recommendations from the serious case reviews they have participated in.</li> </ul>	See above	
	<ul style="list-style-type: none"> <li>How can the organisation demonstrate that they have adopted the learning from serious case reviews they have participated in.</li> </ul>	Action plans monitored as part of governance structure.	
8	Safe Recruitment & Retention of Staff	<ul style="list-style-type: none"> <li>Do you have a Safe Recruitment Policy which also considers the work of any volunteers, charity fundraisers or celebrities?</li> </ul>	Yes
	<ul style="list-style-type: none"> <li>Is the Safe Recruitment Policy reviewed annually?</li> </ul>	One Workforce	
	<ul style="list-style-type: none"> <li>Do all job descriptions include a statement on the roles &amp; responsibilities to safeguarding children? If not, please explain why.</li> </ul>	Yes	

Standard	Audit Question	Appendix 2	Evidence/Response
	<ul style="list-style-type: none"> <li>Do all relevant staff have a DBS check before work commencing with children or young people and families (Target 100%)</li> </ul>	PI) with children or	Yes.
	<ul style="list-style-type: none"> <li>Does your organization have a process that ensures two written references are provided before work commences (LSCB/SPA PI) with children or young people and families (Target 100%)</li> </ul>		Yes

## Appendix 2 - Staff training requirements for safeguarding children training safeguarding children and young people: roles and competencies (2019)

Level	Staff group	Minimum Time	Type of training
<b>Induction</b>	All staff	30 minutes	Face to face
<b>Level 1</b>	All staff including non-clinical managers and all staff working in a health care setting <i>For example: Board level Executives and non-executives, lay members, receptionists, administrative, caterers, domestics, transport, porters, maintenance staff and volunteers, non-clinical staff working as contractors.</i>	2 hours every 3 years	Online Training tracker
<b>Level 2</b>	Minimal level required for non-clinical and clinical staff that have some degree of direct contact with children, young people, and/or adults. <i>For example: healthcare students, adult physicians, nurses working in adult/community services, allied health care practitioners (unless they see children on a weekly basis then L3). Adult learning disability staff (unless named L3), pharmacists.</i>	4 hours every 3 years <sup>2</sup>	Online via Training tracker
<b>Level 3 Core Competencies</b>	Clinical staff working regularly with children, young people and/or parents/carers/ any adult who could pose a risk to children who could potentially contribute to assessing, planning, intervening, and evaluating the needs of a child and parenting capacity, regardless of whether there have been previous safeguarding risks/concerns. <i>For example: NAMED adult learning disability staff, paediatric allied health professionals/allied health professionals who work with children on a weekly basis, all children's nurses, Administrators within the Safeguarding Team.</i>	8 initially and 8 hours <sup>3</sup> every 3 years	Blended learning (online, face –to-face and multidisciplinary). Captured in training passport.
<b>Level 3 Additional Specialist Competencies</b>	As above – with additional competencies to include IT and screening tools to assess risk to children. Contribute to chronologies and child protection plans when there is concern regarding fabricated illness. <i>For example: Unscheduled care staff, paediatric dieticians<sup>4</sup></i>	16 hours initially and then 12-16 hours every 3 years	Blended learning Captured in training passport.
<b>Level 4 Specialist Roles</b>	Named professionals for safeguarding children and young people	24 hours over 3 years	Blended learning of an appropriate level as agreed by designated nurse.

<sup>2</sup> Level 2 - An increase from 3 hours

<sup>3</sup> Level 3 core - An increase from 6-8 hours

<sup>4</sup> New level of competency for MIU and paediatric dieticians

## Appendix 3 - Wiltshire Health and Care Board 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:*

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

*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.*

*Approved by WHC Board 07/08/2020.*

## Appendix 4 – Wiltshire safeguarding vulnerable people’s partnership request for impact of Covid-19 on children’s safeguarding

### How are Wiltshire Health and Care safeguarding children during the pandemic?

The environment and how we work to safeguard children has changed dramatically since March 2020. Our need to balance risk to health in response to the pandemic while maintaining a level of service has meant that we all work differently, resulting in fewer opportunities to see children. We expected that referrals to MASH would surge in September 2020 as children returned to schools – but this has not been the case. By December 2020, Wiltshire Multi-Agency Safeguarding and Support Hub (MASH) received 1100 fewer referrals than at the same time last year. The Wiltshire safeguarding vulnerable people’s partnership (WSVPP) has asked Wiltshire Health and Care (WHC) to advise:

- How WHC are continuing to safeguard children during the pandemic?
- What plans WHC have to resume more face-to-face contact in services?

To establish the impact of Covid-19 on WHC services that sees and treat children a safeguarding a Smart Survey<sup>5</sup> was developed and circulated to service managers<sup>6</sup>. The results are discussed alongside data and ongoing work to improve safeguarding practice in WHC.

### How change to service delivery has impacted on the level and nature of contact with children and families...

#### Summary of changes to service delivery in light of Covid-19/Lockdown:

- More services have introduced Attend anywhere virtual appointments and telephone calls as a precursor to face-to-face appointments.
- Children maybe initially triaged via phone but are offered a face –to-face appointment in most services.
- Most services are seeing a similar number of children that they saw at the same time last year.
- Children’s dieticians report that they are able to work more closely with other members of the MDT via virtual platforms, particularly when addressing safeguarding concerns and this service has been in contact with significantly more 40% increase, children than at the same time a year ago.
- Outpatient physiotherapy is seeing 20% less children than the same time last year – Reasons for this change is under investigation and will be tracked through the WHC Safeguarding Policy Oversight Group. Some possible reasons may relate to children’s lack of attendance at GP surgery’s and, from a safeguarding perspective – a picture of neglect. Figures in Q4 show that referrals to physiotherapy services have returned to pre-pandemic levels.

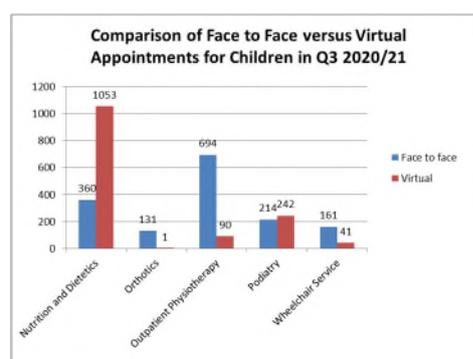
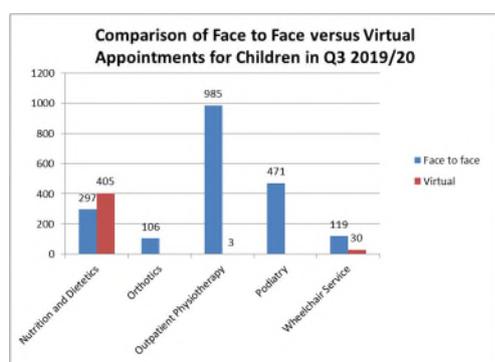
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<sup>5</sup> [SmartSurvey: Online Survey Software & Questionnaire Tool](#)

<sup>6</sup> see appendix one

- Child missed appointments are managed as per policy in the same way for all appointments – unless there are unforeseen technical difficulties.
- The virtual consultation Standard Operating Procedure includes an agreed script to address home circumstances and safeguarding risks during Covid-19. The BSW CCG guidance for 'Safeguarding in Virtual consultations' has also been re-circulated to all services in January 2021.
- It has been recommended that all children who are subject of child protection procedures/child in need/looked after children – should all be seen face-to-face as a priority.
- Practice influencer forum which consists of a named person from each WHC team – has continued to run over the past year online.

Graph 4 Graphs showing comparison of contact type by services that see and treat children (except MIU ) pre and post COVID-19.



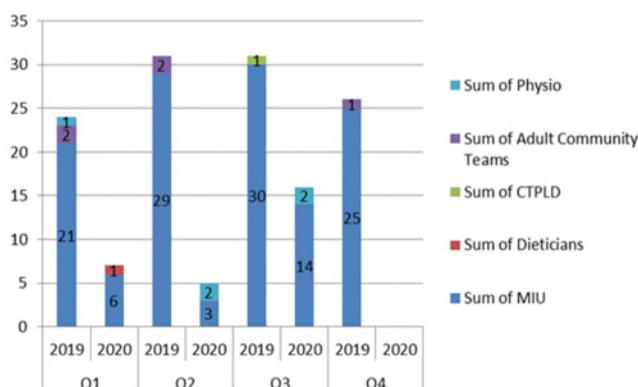
### Waiting lists

Services that see and treat children have minimal waiting lists noting that Outpatient Physiotherapy is seeing 20% (n=168) less and Dietetics 40% (n=324) more children.

### THINK family

This review has identified teams who want additional information on THINK family and domestic abuse. Information will be disseminated in staff communications and via the Practice influencers (a mechanism WHC successfully employed in the summer of 2020) after their forum in February 2021. It was reassuring that all staff knew how to contact the safeguarding team for advice. Community Teams and physiotherapists include a THINK family question as part of their assessment when considering the needs of the adult in relation to children and other adults at risk.

Graph 5 Children's safeguarding referrals during Covid-19



As displayed in the graph above, referrals to Children's MASH significantly reduced (n= 38) during Q1 and Q2 due to the closure of MIUs. However, despite a 75% (n= 1754) decrease in children seen in MIU in Q3 in comparison to the same time last year, referral numbers are again going up. There have been no specific themes identified in these referrals, although we did notice and increase in dog bites at the beginning of all Lockdowns. In the 2nd Lockdown Trowbridge MIU closed, which will impact the number of children seen by WHC MIU's.

#### Actions taken by WHC to support safeguarding children:

- All children who attend MIU are asked a 'safety' question and staff have been encouraged to use professional curiosity regarding how families are coping in Lockdown i.e., engagement with schooling, going out for exercise, supervision.
- Opportunistic safeguarding – THINK family – session had been delivered to practice influencers in July 2020.
- Domestic abuse – reminder of process and introduction of the Ask for ANI project, was included in Jan 2021 practice influencer meeting. These meetings have been moved to monthly and online.
- The use of Jan Haworth YouTube video<sup>7</sup> to highlight the child's voice when they are experiencing neglect in Lockdown has also been used in supervision
- The Department of Education<sup>8</sup> has been publicised via staff intranet.
- Supervision has continued online via MS teams.
- Level 3 children (UPDATE) and adult safeguarding training has moved online/ blended learning.
- Level 3 children's initial training has been postponed to April 2021 – to allow this to be done face-to-face.

#### Post COVID-19

Due to the successful implementation of virtual appointments and THINK 111 some services will want to continue to use these platforms and therefore safeguarding practice will continue to be considered as a result of this. The THINK family project is exploring the use of care co-ordinators to support families will be discussed with primary care networks. WHC is

<sup>7</sup> <https://www.youtube.com/watch?v=B9Z4Ok18Cko&feature=youtu.be>

<sup>8</sup> <https://tacklechildabuse.campaign.gov.uk/>

expanding (April 2021) the 'Managing missed appointments' project for adults and children and encouraging practitioners to consider the risk to patients who do not attend. This project will include more Bitesize teaching sessions and the inclusion of a proforma on SystemOne, to capture risk and actions. WHC has identified, following an audit of practice, employees need to be able to access both online and face-to-face supervision; this will be explored as restrictions ease.

## Appendix 5 - Smart survey questions for service managers re: children's safeguarding.

Which service are you completing this survey on behalf of:

- MIU
- Children's dieticians
- Orthotics
- Physiotherapy
- Podiatry
- Wheelchair service
- Diabetes
- Dieticians
- Community teams
- CTPLD
- Inpatients
- Continence
- Respiratory and Oxygen service.
- Tissue viability
- Wiltshire orthopaedic and interface service.

Impact of Covid on children's safeguarding. How are children currently assessed and treated in your service:

- Face-to-face
- Telephone consultation
- Attend anywhere
- Not directly seen in services.

Has this changed since Lockdown in March 2020?

- Yes, please say why
- No

Do you have a waiting list for?

- Children
- Adults
- Do not have a waiting list.

If yes – is, your waiting list longer than before the 1<sup>st</sup> Lockdown

- Yes – please outline plans to address this.
- No
- N/A

How do you assess which type of consultation is appropriate to patients (face-to-face/telephone/attend anywhere)?

Free text:

If you have a document that outlines the triage process, please send this to [netty.snelling@nhs.net](mailto:netty.snelling@nhs.net)

Within appointments (face-to-face/telephone/attend anywhere) how do you assess the risk of neglect/harm to children?

- Safeguarding alerts

- MARAC alerts (domestic abuse risk assessment conference).
- Missed appointments
- Behaviour/language of child
- Behaviour/language of adult
- Progress of treatment
- Other professionals entries on SystmOne

Other: please specify

What plans does your department have to increase face-to-face appointments for children (if you haven't already done so).

Do you feel your staff feel confident about their responsibilities to safeguard children in ALL types of contact? If you see only adults in your service – do staff feel confident in safeguarding children opportunistically (THINK family).

- Yes
- No

If no, please state help required:

Please tell us about any other impact on your service that may make it more difficult to continue to provide a safe service.

- Releasing staff for training
- Staff shortages
- Re-deployment
- Other

Free text:

Impact of Covid in adult safeguarding practice:

The incidence of calls to Domestic Abuse helplines has increased since last year – do your staff feel confident to deal with suspicions/ a disclosure of domestic abuse.

- Yes
- No

If no, please state help required:

Do staff know how to contact the Safeguarding team

- Yes
- No

Finally, what has gone really well that others may benefit from knowing?

Free text:

If you are concerned about the quality of care being delivered in the first instance speak to your line manager and if you require further support or feel unable to talk to your line manager, contact the Freedom to Speak up guardian

Gemma Pugh - Service Transformation Manager

Email: [whc.speakingup@nhs.net](mailto:whc.speakingup@nhs.net)

Mobile: 07824 551675

# Annual report for Safeguarding Adults 2020 – 21



**Sean Collins, Safeguarding Lead (Adults), Wiltshire  
Health and Care**

This document includes Annual report and the annual assurance of compliance audit

Wiltshire Health and Care

Chippenham Community  
Hospital Rowden Hill  
Chippenham SN15 2AJ

01249 454385

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## Context:

Within the National Variation agreement 2019/20 between the Clinical Commissioning Group (CCG) and Wiltshire Health and Care LLP (WHC), WHC will be expected to comply with all statutory/national guidance related to the safeguarding of adults at risk of harm: Care Act, 2014; CQC Fundamental Standards; Outcome 13; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safeguarding Adults: Roles and Competencies for Health Care Staff; First edition: August 2018; Mental Capacity Act 2005; DoLS/LPS; Safeguarding Vulnerable Groups Act (SVGA) 2006; Domestic Violence, Crime and Victims (Amendment) Act 2012; Domestic Violence, Crime and Victims Act 2004; Safeguarding LAC: Roles and Competencies for Health Care Staff; First edition: December 2018 (Think family and LAC go up to age 25 years); Prevent: Training and Competencies Framework, October 2017; England and Wales: Modern Slavery Act 2015; and Counter Terrorism and Security Act (2015). There are 14 core standards which WHC must meet and provide the CCG with assurance against all standards. This report contains further narrative to support the attached annual assurance of compliance with safeguarding adults' standards.

## Purpose:

The purpose of this report is to inform the Safeguarding Policy and Oversight Group (PoG), Quality Assurance Committee (QAC) and CCG about activity and performance in relation to adult safeguarding arrangements and that WHC are meeting the statutory requirements and where not, to identify risks and mitigation.

## Overview of 2020/21:

WHC has taken responsibility under the legislation and guidance outlined above for safeguarding adults in their services. Adult refers to all those aged over 18. Adults are seen across all WHC services.

## WHC safeguarding risks 20/21:

Risk Number	Title	Risk Rating
2	Lack of staff awareness of DoLS standards	4
52	Mental Health Assessment Tool	9
54	Feedback from Adult Social Care	6

## Progress in 2020/21

**Lack of Staff Awareness of the DoLS standards.** - WHC in patient services apply the DoLS criteria and make applications to the Wiltshire DoLS services. It has been agreed that this risk will be closed as WHC is now preparing for the introduction of the LPS scheme which is planned for introduction in April 2022.

**Mental Health Assessment Tool** - There is a need for an assessment tool within WHC in-patient settings. The newly appointed senior inpatient nurse is conducting a review of the mental health needs of in-patients setting and the assessment tool is part of that review.

**Lack of feedback for the Adult Social Care** - Where WHC staff make safeguarding alerts via the Wiltshire MASH there is an issue with not receiving feedback on the triage decision. This issue has been raised with MASH Manager at monthly liaison meetings as well as the SVPP partnership meetings. WCCG Designated Professional is aware.

## Standard 1 – Governance and Commitment to Safeguarding Adults

A safeguarding declaration has been ratified at board level in July 2020. It is available to review under publications on the WHC website and can be found in Appendix 1: Wiltshire Health and Care Board Safeguarding Compliance Statement. The Safeguarding Team for WHC are Board Executive Lead: Sara Quarrie Director of Quality, Professions and Workforce; Safeguarding Lead (Child): Netty Snelling; Safeguarding Lead (Adult): Sean Collins; and Quality Governance Administrator (including safeguarding): Samantha Sousa.

### **Contribution to Wiltshire Safeguarding Vulnerable People Partnership.**

Attendance at WSVPP is fulfilled via attendance at the SVPP Partnership Meetings. Safeguarding Lead (Adults) attends all the adult workstreams. There are no formal subgroups for the adult element of the SVPP. This was agreed with the CCG Designated Nurse for Safeguarding Adults.

### **Governance**

All reports and policies are currently presented at Quality and Planning (Q&P) meeting before being sent to the CCG. These reports are scrutinised at the Safeguarding POG which meets quarterly.

### **Practice influencers**

Although not formally a governance meeting, the Practice Influencers Forum consists of staff from all teams across WHC. This forum meets bi-monthly and gives the Safeguarding Team the opportunity to disseminate and discuss new legislation and guidelines and gain feedback from staff regarding challenges in practice. Attendance is monitored via Q&P on a quarterly basis. The themes covered in 2020/21 were the impact of Covid on safeguarding practice, Domestic Abuse (including 16 days of action), THINK family, exploitation and county lines, self-neglect, lasting power of attorney, managing risk in safeguarding. Practitioners have also been discussing case studies. Every service in WHC sends a representative and we are working on ensuring that these practitioners are receiving additional training and support in their role. Attendance is monitored at Quality and Planning on a quarterly basis.

### **Plans for 2021/22**

Yearly statement of compliance will be ratified by WHC Board in September 2021. Practice influencers model will be reviewed in Q1 by SWOT analysis by practitioners and Smart Survey to wider staff group. Membership and attendance at Practice Influencers Forum to be encouraged from inpatient wards.

## Standard 2 - Policies, Procedures and Guidelines

Policy Name	Available	Last updated	Review Due
Safeguarding Children Policy including links to Safeguarding Partnership websites	<input checked="" type="checkbox"/>	04/12/18	23/01/22
Safeguarding Adult Policy including links to Safeguarding Partnership websites	<input checked="" type="checkbox"/>	08/02/21	08/02/24
Managing child missed appointments. Was Not Brought Policy	<input checked="" type="checkbox"/>	04/12/18 (minor amendment 30/12/2020)	23/01/22
WHC Recruitment and selection Policy	<input checked="" type="checkbox"/>	12/10/20	12/10/23
Safeguarding Allegations Against Staff Policy	<input checked="" type="checkbox"/>	17/11/20	17/11/23
Female genital mutilation		23/01/19	01/01/22
Freedom to speak up protocol	<input checked="" type="checkbox"/>	02/04/19	02/04/22
Safeguarding Children Supervision Policy	<input checked="" type="checkbox"/>	04/12/18	28/06/21 out for consultation
Domestic Abuse Policy	<input checked="" type="checkbox"/>		22/08/22
Employees as victims or perpetrators of domestic abuse	<input checked="" type="checkbox"/>	19/01/21	19/01/24

### WSVPP (WSCB) policies

All of the above policies are available on the Organisation W:drive and intranet pages. A link to the WSVPP website is also embedded. Staff have been made aware of this via the staff bulletin and Practice Influencers' Forum.

### Priorities for 2021/22.

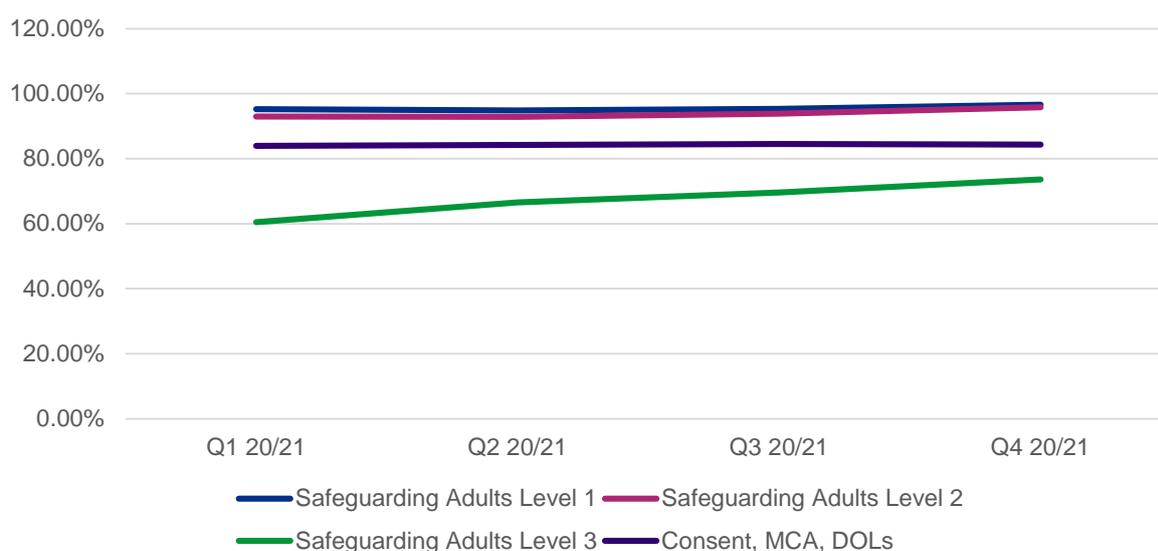
A new Safeguarding Launchpad is due to be developed with the SystemOne build team now that the reference documents are available on the intranet.

## Standard 3 – Appropriate Training, Skills and Competences

### Impact of COVID

Face to face level 3 safeguarding training was cancelled due to the pandemic and this had an effect of the expected compliance level for level 3. Face to face training restarted at the earliest opportunity. Numbers completing training is still below forecast due to the low number that can be trained at any one time. Safeguarding Lead (Adults) is assessing a move to online face to face training.

Graph 1 Percentage of staff completed Safeguarding Adults Training



### Progress in 2020/21

Bespoke face to face session for volunteers has been designed and delivered. Think Family has been incorporated into all training levels, including volunteers. eLearning for Health has been evaluated and the move to this platform will happen in 2021/22 for all levels of Safeguarding Adult Training including Mental Capacity. Consent and Mental Act in Practice Course has been designed and accredited with Oxford Brookes University. The Course was available to all health Professionals across the ICS. Cohort 1 evaluated well.

### Priorities for 2021/22

Practice Influencer forum feedback regarding effectiveness, challenges and opportunities will inform and action plan for further development of role. WHC still need more clarity from the local authority and the CCG as to how we access multi-agency training and whether funding is required. Ensure local and national review findings continue to be incorporated into training. Continue to provide the Consent and Mental Capacity Act in Practice course.

## Standard 4 – Effective Supervision, Reflective Practice and Case Consultation

### Progress in 2020/21

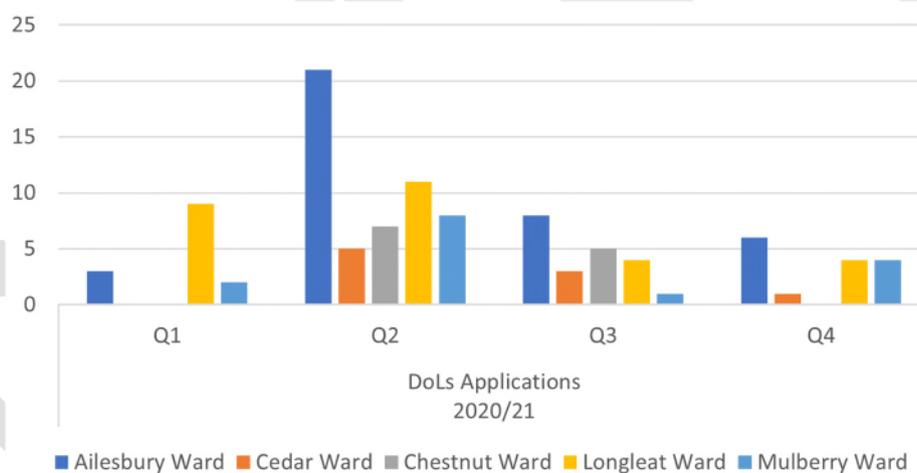
Scoped introduction of adult safeguarding supervision in 2021/22 to identify best route to implement.

### Priorities for 2021/22

An Adults Safeguarding Supervision Policy will be developed in 2021/22. Funding has been agreed for supervision training from InTrac. WHC is considering which staff will be responsible for delivering adult safeguarding supervision to team. They will be supervised by the Safeguarding Lead (Adults). Safeguarding Lead (Adults) is available along with the child lead for case consultation and reflective practice if needed. Datix resigned QIP is examining how this work is recorded and collated in 2021/22.

## Standard 5 - Compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) 2009

Graph 2 DoLS Applications 2020/21



### Progress in 2020/21

Consent and Mental Capacity Act in Practice Course has been delivered (please see training section above). The project has been started to map consent and MCA processes across all teams. eLearning for Health MCA and DoLS training has been evaluated and WHC will move to this platform in 2021/22.

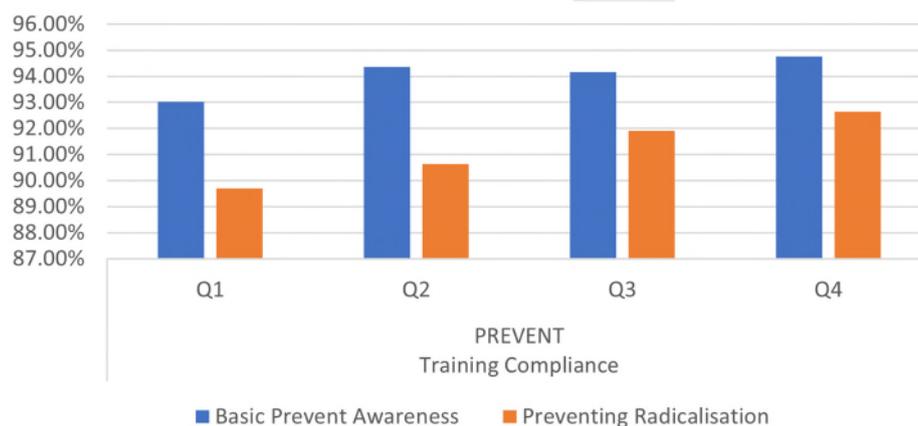
### Priorities for 2021/22

Planning for the move to LPS in 2022. Safeguarding Lead (Adults) is a member of the Southwest Health Group planning for LPS. Is also a member of the Wiltshire Council LPS Group. WHC intend to design and deliver 'bite size' training for Mental Capacity Act. Complete the consent and MCA process mapping project and embed a training strategy within that project.

## Standard 6— Compliance with statutory & contractual ‘Prevent’ duties

The Safeguarding Lead (Adults) is WHC’s operational Prevent lead. There were no PREVENT referrals within WHC within the reporting period and therefore no Channel Referrals. Safeguarding Lead (Adults) is a member of the Wiltshire PREVENT Board which meetings quarterly. Prevent WRAP training is called Preventing Radicalisation within WHC and compliance continues to trend upwards as displayed in Graph 3.

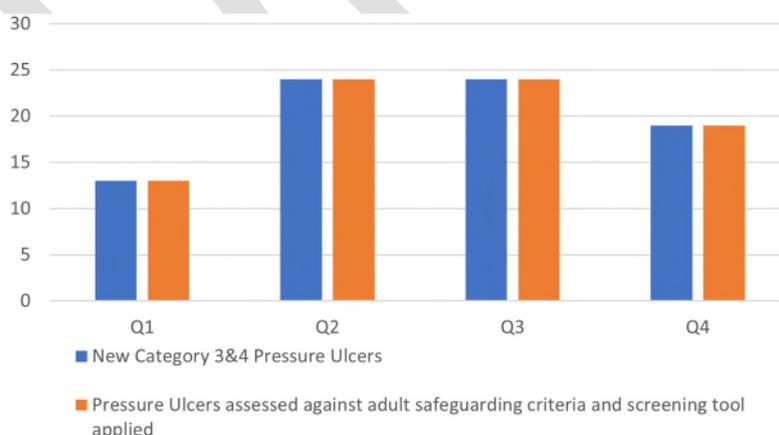
Graph 3 PREVENT training compliance 2020/21



## Standard 7 Safeguarding Adults criteria are applied to all new category 3 and 4 pressure ulcers

In 2020/21 WHC introduced the Safeguarding and Pressure Ulcer screening tool. This tool is used to screen all Grade III and IV or multiple Grade II pressure ulcers. Practitioners are expected to use this tool when they encounter pressure damage whether that is within WHC services or in other services/places. Scores greater than 14 require alerting to Wiltshire MASH. Use of the tool is checked and recorded within the Post Incident Review (PIR) process. Safeguarding expertise at PIR is provided by the WHC Safeguarding Leads.

Graph 4 Safeguarding Pressure Ulcer data

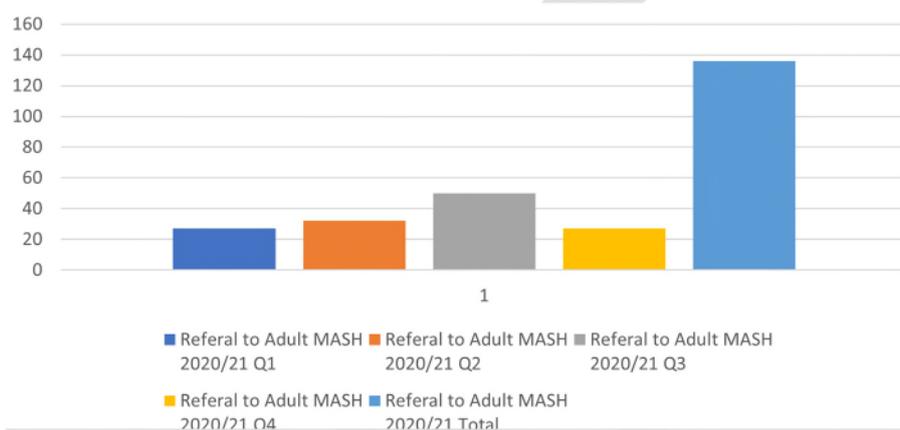


## Standard 8– Effective Multi-Agency Working

### Progress in 2020/21

WHC does not receive written notification of outcomes of MASH referrals consistently when invited the Team making the alert and Safeguarding Lead (Adults) attend safeguarding strategy discussions. The Safeguarding Lead (Adults) attends the WSVPP partnership meetings which occur on a quarterly basis. Along with the BSW Health Safeguarding Lead meetings and the Southwest Safeguarding Leads meeting.

Graph 5 MASH referrals - 200/21



### Priorities for 2021/22

Continue to monitor quality of referrals via DATIX, identifying themes to feedback back into training. WHC intend to explore the purchase and utilisation of the DATIX Safeguarding module to manage referrals and contribution to rapid reviews.

## Standard 9 Engaging in Safeguarding Adult Reviews, Domestic Homicide Reviews and Serious Case Reviews (where relevant)

### Progress in 2020/21

WHC have contributed to the recent Wiltshire DHR involving 2 young people who attended school in Chippenham. We are awaiting publication. A further x2 DHR's are in progress, and we have contributed information to both.

### Priorities for 2021/22

Embedding recommendations from DHR's in policy and training.

## Standard 10- Reporting Serious Incidents

### Progress in 2020/21

WHC have reported x 36 serious incident in relation to adults. Where there were also safeguarding concerns, these was alerted to Wiltshire MASH.

## Standard 11—Evidence that the Duty of Candour is applied to all safeguarding cases relating to the organisation

Where safeguarding concerns related to the provision of services by WHC duty of Candour was completed where appropriate. This happens through the Post Incident Review meeting and Clinical Risk investigation processes.

## Standard 12: Safer Recruitment and Retention of Staff

All job descriptions include a statement on the responsibility to safeguard children. There is also a similar safeguarding statement when posts are advertised. At least one member of the interview panel is required to undertake safer recruitment training which has been updated in line with WSCB policy in 20/21. There is currently no specific section for safeguarding on appraisal paperwork.

### Priorities for 2021/2022

Ensure appraisal paperwork includes reference to safeguarding cases and training compliance.

## Standard 13: Managing Safeguarding Allegations Against Members of Staff

One allegation has been made against a staff member in 2020/21 and this has been managed through the DOFA (Designated Officer for Allegations) process.

## Standard 14: Engaging with Service Users

The Friends and Family Test is the current process used by WHC to collect the view of people who use our services. This is available in both paper and via WHC website. This feedback forms part of the PALS report.

### Priorities for 2021/22

- The patient engagement officer is working on how WHC engages with services users
- Engage through the Health Safeguarding Lead networks to see how other organisations are collecting the views of people who have been involved in adult safeguarding processes.

## Appendix 1: Wiltshire Health and Care Board 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:*

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

*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.*

**Approved by WHC Board 07/08/2020.**

## Appendix 2: Staff training requirements for safeguarding adults: roles and competencies.

Level	Staff group	Minimum Time	Type of training
Induction	All staff	30 minutes	Face to face
Level 1	All staff including non-clinical managers and all staff working in a health care setting <i>For example: Board level Executives and non-executives, lay members, receptionists, administrative, caterers, domestics, transport, porters, maintenance staff and volunteers, non-clinical staff working as contractors.</i>	2 hours every 3 years	Online Training tracker
Level 2	Minimal level required for non-clinical and clinical staff that have some degree of direct contact with children, young people, and/or adults. <i>For example: healthcare students, adult physicians, nurses working in adult/community services, allied health care practitioners (unless they see children on a weekly basis then L3). Adult learning disability staff (unless named L3), pharmacists.</i>	4 hours every 3 years	Online Training tracker
Level 3	Registered healthcare staff who engage in assessing, planning, intervening, and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role) <i>For example, medical staff, general practitioners, registered nurses, urgent and unscheduled care staff, psychologists, psychotherapists, adult learning/ intellectual disability practitioners, health professionals working in substance misuse services, paramedics, sexual health staff, care home managers, health visitors, midwives, dentists, pharmacists with a lead role in adult protection (as appropriate to their role).</i>	8 hours initially and then 8 hours every 3 years	Blended learning (online, face-to-face, and multidisciplinary). Captured in training passport.
Level 4 Specialist Roles	Named Professionals for Safeguarding Adults	24 hours over 3 years	Blended learning of an appropriate level as agreed by Designated Professional.
Board Level	Board level for chief executive officers, trust and health board executive and non-executive directors/members, commissioning body directors including the independent and voluntary sectors	2 hours every 3 years	Tailored package.

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

**Item 8**

**Annual Health & Safety Statement of Commitment**

**PAPER**

**Wiltshire Health and Care Board**

**For decision**

**Subject:** Health and Safety annual commitment statement  
**Date of Meeting:** 05 November 2021  
**Author:** Sara Quarrie, Director of Quality, Professions and Workforce

**1 Purpose**

To seek approval for the Health and Safety annual commitment statement to be published.

**2 Discussion**

This statement outlines Wiltshire Health and Care's commitment to the health and safety, inclusive of regulatory and legislative requirements, of our staff.

**3 Recommendation**

**The Board is invited to approve this statement for publishing**

## Health & Safety - Statement of Commitment

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

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

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

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

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

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

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

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

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

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

Douglas Blair  
Managing Director

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

**Item 9**

**Creation of the Integrated Care Board and Wiltshire Integrated Care Alliance**

**PAPER**

**Wiltshire Health and Care Board****For discussion**

**Subject:** Creation of the Integrated Care Board and Wiltshire Integrated Care Alliance

**Date of Meeting:** 05 November 2021

**Author:** Douglas Blair, Managing Director

## 1 Purpose

The purpose of this paper and attachments is to:

- Seek the views of the Board on current proposals relating to the creation of the Integrated Care Board for Bath and North East Somerset, Swindon and Wiltshire, as part of a consultation on draft constitution and proposals for Board composition.
- provide an update on parallel plans to establish an 'Integrated Care Alliance' for Wiltshire and inform the Board that more detailed proposals are likely to require Board approval by correspondence in December.

## 2 Discussion

### ***Integrated Care Board***

*Attached to this paper in the pack is:*

- A paper submitted to the BSW Partnership Board setting out the background to the creation of the Integrated Care Board and containing early proposals/options on its composition. We are being asked for views on this to be submitted by 10 November.

*Provided as separate papers (outside of pack) for information:*

- Draft ICB constitution (48 pages)
- Proposed process for nomination of Integrated Care Board members (3 pages)

The proposals around Board composition both provide options to have further nominees on the Board beyond the statutory minimum, in order to ensure breadth of view. As in any Board formation, there is a tension between breadth of view and trying to ensure that the Board is not overly large. You will note that Option 2 suggests that there should be a combined nominee to bring mental health and community services insight. This is something that the Board will wish to discuss and feed back on. The pack also contains an early governance chart for the Board. This is currently the subject of further development and testing, and will therefore be subject to change.

## ***Wiltshire Alliance***

The attached slides provide a summary of current progress towards establishing. This will provide a structure for 'place' working and decision making as part of the broader Integrated Care System. You will note that there is an emerging consensus on the form of this partnership, but with more detail to be worked through before being asked to sign off some proposals in time for 1 April 2022.

### **3 Recommendation**

The Board is invited to discuss the content of the attachments and provide views which can be fed back as part of the consultation.



# Meeting of the BSW Partnership Board

## Report Summary Sheet

<b>Report Title</b>	ICB Governance Blueprint				<b>Agenda item</b>	10		
<b>Date of meeting</b>	1 October 2021							
<b>Purpose</b>	Note		Discuss	x	Inform	x	Assure	
<b>Author, contact for enquiries</b>	Anett Loescher, BSW CCG Deputy Director of Corporate Affairs							
<b>Appendices</b>	Draft ICB Constitution							
<b>This report was reviewed by</b>	Stephanie Elsy, Chair designate of the BSW ICB Tracey Cox, BSW ICS CEO System Architecture and Local System Working Group							
<b>Executive summary</b>	<p>In March 2022 each ICB CEO designate and their relevant regional director will be asked to co-sign a 'readiness to operate statement' (ROS) to confirm that:</p> <ul style="list-style-type: none"><li>• all legally required and operationally critical elements are in place ready for the establishment of the ICB as a statutory body on 1 April 2022;</li><li>• arrangements are in place for the ICB to fulfil its role within the wider ICS, including establishing the Integrated Care Partnership with the relevant Local Authority/ies.</li></ul> <p>In order to give this confirmation, we are progressing the development of an overall ICS governance blueprint, setting out the key governance, decision-making, and assurance arrangements for the BSW system from April 2022 onwards. Key discussions are underway, including re</p> <ul style="list-style-type: none"><li>• transition of current system governance and assurance structures into proposed arrangements for the ICS from April 2022 onwards;</li><li>• shape, functions and roles of the place-based partnerships;</li><li>• assurance arrangements, incl. effective and non-duplicative performance oversight and reporting.</li></ul> <p>A key component of the overall ICS governance is the Integrated Care Board (ICB), the statutory NHS body to be established on 1 April 2022.</p>							

	<p>The Health and Care Bill mandates that the CCG proposes the constitution of the initial ICB to NHS, and that before it makes this proposal, the CCG consults all it considers relevant on this constitution.</p> <p>This paper presents the context for the draft ICB constitution, in particular the anticipated functions of the ICB. Against the background of the Health and Care Bill and ICS development guidance, this papers also presents possible configurations of the ICB Board (the ICB’s governing body); an agreed determination of the ICB Board membership will be enshrined in the ICB constitution. This paper also presents initial thinking regarding the ICB Board’s committee structure.</p> <p>All these are subject to further development, in view of legislation, feedback from our stakeholders, and final design of operating models and ICS governance arrangements.</p> <p>The paper refers to, but does not cover, the Integrated Care Partnership (ICP). This will be covered separately in due course.</p>								
<b>Equality Impact Assessment</b>	The ICB will need to have an effective understanding of different sectors, groups and networks and the needs of diverse populations.								
<b>Public and patient engagement</b>	N/A								
<b>Recommendation(s)</b>	<p>The BSW Partnership Board is invited to:</p> <ul style="list-style-type: none"> <li>• consider, and comment on, the draft ICB Constitution, in particular size and composition of the ICB Board;</li> <li>• socialise the draft ICB Constitution to their respective Boards, and identify any calibrations / amends that may be necessary to organisations’ schemes of delegations in particular, in order to ensure that ICB Board members coming from organisations can fully participate in ICB Board decision-making;</li> <li>• consider, and comment on, the proposed emerging governance and decision-making arrangements for the BSW ICB.</li> </ul>								
<b>Risk (associated with the proposal / recommendation)</b>	<table border="1"> <tr> <td>High</td> <td></td> <td>Medium</td> <td style="text-align: center;">x</td> <td>Low</td> <td></td> <td>N/A</td> <td></td> </tr> </table>	High		Medium	x	Low		N/A	
High		Medium	x	Low		N/A			
<b>Key risks</b>	Components of the Readiness to Operate framework are not developed / in place in time, jeopardizing sign-off by NHSE and establishment of the ICB on 1 April 2022.								
<b>Impact on quality</b>	The ICB will need to have a strong focus on quality and patient safety with robust oversight and monitoring mechanisms and a continuous focus on quality improvement.								
<b>Resource implications</b>	None at this stage. The development of the ICB and Constitution is being managed within existing CCG resources.								
<b>Conflicts of interest</b>	The members of the BSW Partnership Board are inherently conflicted with regards to the ICB Constitution, and the proposals for								

	the ICB Board membership in particular. This is true also for the Board and governing bodies of the BSW Partner organisations
<b>This report supports the delivery of the following BSW System Priorities:</b>	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan

## Policy background

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined-up services, and to improve the health of people who live and work in their area.

ICSs exist to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

The government has set out plans to put ICSs on a statutory footing.

## Statutory component parts of an Integrated Care System (ICS)

Statutory component parts of an ICS are an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).

The ICP is a statutory committee established locally and jointly the ICB and the Local Authorities in the ICB's area. It has a specific responsibility to develop an 'integrated care strategy' for the area's whole population, covering health and social care, and addressing health inequalities and the wider determinants which drive these inequalities. We envisage this to be the key body for developing the overarching vision and strategy for health and care in BSW – a forum that brings together a wide range of partners and organisations who each contribute their respective expertise, and leverage their influence, to develop a holistic strategy that articulates a longer-term view of how partners – local authorities, the VCSE sector, the NHS, anchor institutions, education, housing to name a few – will each contribute to the improvement of outcomes in population health and healthcare, and tackle inequalities in outcomes, experience and access.

The ICB is a statutory NHS body / organisation that will bring partner organisations together in a new collaborative way with common purpose; and will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place. In that sense, the ICB is a key delivery vehicle for the ICP strategy.

The ICB can only be formally established if we meet the requirements of the Readiness to Operate framework (ROS), among them the requirement to have in place the ICB Constitution, including the Standing Orders and agreed ICB name, approved by NHS England before 1 April 2022, and ready to be adopted on 1 April 2022.

As a joint committee of the ICB and the local authorities in the ICB area, the ICP can only be set up once the ICB is formally established. There is thus an implied timeline which gives priority to the formal steps we need to take to establish the ICB on 1 April 2022. In contrast, there is a more developmental approach to the ICP: the national expectation is that we have initial ICP arrangements agreed, including principles for operation from 1 April 2022, with further iterative steps following from April 2022 to consolidate the ICP.

We will provide regular updates to the Partnership Board on progress with the ICP development.

## **The draft BSW Integrated Care Board (ICB) Constitution**

The key formal step toward establishing the ICB in the BSW area is the creation of the ICB Constitution. NHSE have issued a model ICB Constitution and accompanying supporting notes; the model is aligned with the Health and Care Bill and subject to further amendments as the Bill progresses through the legislative process. There is a clear national expectation that the model constitution is adopted, and that ICBs-to-be apply a 'comply-or-explain approach', i.e. provide a rationale for any deviations from the model.

We present today a first draft of the ICB Constitution. This is a live document and will evolve over the next weeks. Notes to readers as well as highlighted proposals set out our thinking. In particular, we invite feedback and responses from all members of the Partnership Board to the draft and the proposals contained within. We also invite you to socialise the draft with your organisations' Boards and Governing Bodies, and to seek feedback and responses there. This engagement with our partners and stakeholders forms the consultation that the Health and Care Bill requires CCGs to undertake before formally proposing the constitution of the ICB to NHSE<sup>1</sup>.

### **Anticipated functions of the ICB<sup>2</sup>**

Per national guidance and legislation, the BSW ICB (the statutory NHS organisation) will have the following functions:

- Developing a plan to meet the health and healthcare needs of the population (all ages) within BSW, in view of the ICP's integrated health and care strategy;
- Allocating NHS resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital);

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<sup>1</sup> Health and Care Bill, Part 1, 14Z26 Process for establishing initial integrated care boards.

<sup>2</sup> cf. Interim guidance on the functions and governance of the Integrated Care Board; and Interim guidance on the functions and governance of the Integrated Care Board. Statutory CCG functions to be conferred on ICBs, which includes a full list of CCGs' statutory functions

- Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan
- Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations
- Arranging for the provision of health services in line with the allocated resources across BSW through a range of activities, incl. putting contracts and agreements in place to secure delivery of its plan by providers; convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes; support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships; working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people;
- Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers;
- Leading system-wide action on data and digital;
- Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes;
- ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability;
- Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability;
- Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement;
- Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

Subject to the legislation, most CCG statutory functions will likely be conferred on ICBs in April 2022, along with the transfer of all CCG assets and liabilities (including commissioning responsibilities and contracts), when they are established.

Under the proposed legislation the ICB will have more flexibility than the CCG has currently to delegate certain functions, in particular to NHS trusts and Foundation Trusts, so that these organisations can exercise the function on behalf of the ICB. The ICB will continue to be held to account for the way in which the function has been discharged, and will have to continue to monitor how the delegation is operating and whether it remains appropriate. It is important to note that individual NHS provider organisations will remain as accountable and statutory bodies in their own right. However from the delegation of ICB

functions to providers, and the ICB's ability to allocate resource arise significant authority and influence, for the ICB, to operate in the best interests of the system.

This informs the role and functions of the ICB Board, as the ICB's governing body. The ICB model constitution is silent on the functions of the ICB Board. The Interim guidance on the functions and governance of the integrated care board<sup>3</sup> sets out typically expected functions of an ICB Board.

## **Membership of the ICB Board**

First and foremost, legislation will stipulate the statutory members of the ICB Board. The current Health and Care Bill determines that an ICB Board must comprise:

- the Chair (independent)
- the Chief Executive (must be employed by / seconded to the ICB)
- one member nominated jointly by the NHS trusts and NHS foundation trusts that provide services in the ICB area
- one member nominated jointly by those providing primary care services in the ICB area
- one member nominated jointly by the local authorities in the ICB area

National guidance determines that the following are also members of an ICB's Board:

- a minimum of two other independent non-executive members
- Chief Finance Officer (must be employed by / seconded to the ICB)
- Director of Nursing (must be employed by/seconded to the ICB)
- Medical Director (must be employed by/seconded to the ICB)

All of the above are voting members. An ICB can appoint additional members to its Board (with voting rights).

What is more, the ICB Board can also determine and invite regular attendees to its meetings. Such regular attendees do not have voting rights, but will typically be in positions of significant influence and therefore critically inform the ICB Board's business and decisions.

It is important to note that the ICB Board is not a representative forum – its members are expected to bring the specific expertise and perspective of NHS trusts, local authorities, primary care etc, but they must not act as representatives of these sectors.

To note also that once agreed and enshrined in the constitution, the ICB Board configuration is not easy to amend.

In presenting two possible configurations of the ICB Board, we have taken into account:

- statutory requirements and national expectations for ICB Boards as outlined above;
- good governance practice re the size of a Board, to ensure it can make and take decisions effectively;
- 'what is right for BSW' – our system's specific local context, challenges and outlook should inform the ICB Board membership;

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<sup>3</sup> Interim guidance on the functions and governance of the integrated care board

- how membership on other bodies, in particular the ICP, may influence membership of the ICB Board;
- the value of diversity;
- the potential ICB Board committee structure to support the ICB Board in discharging its functions, and implications of that on ICB Board membership.

The below sets out initial thinking, as well as a summary of pros and cons for each permutation.

We invite feedback and comments from Partnership Board members.



### Possibility 1 –

22 members, meeting the minimum requirements as prescribed by Health and Care Bill, meeting national expectations set out in guidance, and reflecting BSW

#### Statutory members:

- the Chair
- the Chief Executive
- one member nominated jointly by the NHS trusts (guidance: expect this will often be the chief executive)
- one member nominated jointly by primary care providers (guidance, draft legislation: neither articulates expectations re seniority, though PCN Clinical Director or similar level seems appropriate)
- one member nominated jointly by the LAs (expect this will often be the chief executive of their organisation or in a relevant executive-level local authority role (*note: a member of a local authority in England and Wales or of an equivalent body in Scotland or Northern Ireland can not be a member of the ICB Board, cf. ICB model constitution*))

#### NHS guidance:

- NED\* (Audit)
- NED\*\* (Remuneration and People)
- Director of Finance
- Director of Nursing
- Medical Director

#### What's right for BSW – additional members

- two members from LAs (i.e. all 3 LAs on the Board)
- one member nominated by the VCSE sector
- one member nominated by community providers
- one member nominated by mental health providers
- one member representing provider collaboratives
- the three Chairs / Convenors of the three place-based partnerships
- one NED (Finance)
- one NED (Quality; clinical experience)
- one NED (Lived experience and public engagement)

#### 6 regular attendees (no voting rights, can inform and participate in discussions):

Place COOs; the ICP Chair; ICB Director People / Workforce; ICB Director Communication; Healthwatch

Meetings normally held in public, meeting papers published on ICB website, and members of the public welcome to observe meetings (i.e. no participation in proceedings)

#### Pros:

- Representative of all key stakeholders in BSW
- Quite large number of clinical leaders (7), reflecting the importance we attach to clinical leadership
- No member is expected to 'wear multiple hats' (e.g. the member jointly nominated by the NHS trusts would not need to represent both the trust sector and the provider collaboratives)
- The number of NEDs means there is a good pool of independent leadership (to chair Board committees and tie in with governance at place), and a good proportion of independent perspective and challenge

#### Cons:

- A representative, large Board (good practice is ca. 12 members) that may find it hard to make and take decisions effectively and efficiently
- A cautious model of Board composition that
  - o focusses on being representative of BSW – note that the national steer is clearly away from Boards as representative forums towards Boards as oversight and decision-making bodies; consider how this Board composition could lead to membership overlap and mission creep between ICB and ICP
  - o could be seen as reflecting a system that is still progressing towards, rather than having reached, maturity

\* It is a statutory requirement for ICBs to have an Audit Committee. This must be chaired by a NED with relevant expertise. It is therefore a given that the ICB Board must have a NED (Audit)

\*\* One NED (not the one fulfilling the role as Audit Chair, and not the ICB Chair) should fulfil the role of Senior Independent Director (SID), who would take a role in the Chair's appraisal. This NED could be appointed Chair of the Remuneration Committee, which the ICB is required to have. In BSW, they could also lead a People and Workforce Committee (if created). This NED would need to have experience / skills in HR and OD.

## Possibility 2 –

15 members, meeting the minimum requirements as prescribed by Health and Care Bill, meeting national expectations set out in guidance, and reflecting BSW



### Statutory members:

- the Chair
- the Chief Executive
- one member nominated jointly by the NHS trusts (guidance: expect this will often be the chief executive) *and also serving as representative of provider collaboratives*
- one member nominated jointly by primary care providers (guidance, draft legislation: neither articulates expectations re seniority, though PCN Clinical Director or similar level seems appropriate) *and also serving as representative of 'place'*
- one member nominated jointly by the LAs (expect this will often be the chief executive of their organisation or in a relevant executive-level local authority role (*note: a member of a local authority in England and Wales or of an equivalent body in Scotland or Northern Ireland can not be a member of the ICB Board, cf. ICB model constitution*))

### NHS guidance:

- NED\* (Audit)
- NED\*\* (Remuneration and People) *and also bringing lived experience*
- Director of Finance
- Director of Nursing
- Medical Director

### What's right for BSW – additional members

- two members from LAs (i.e. all 3 on the Board) *and also serving as representatives of 'place'*
- one member nominated by the VCSE sector
- one member from mental health provider/s *and also serving as representative of community providers*
- NED (Finance)

### At least 6 regular attendees (no voting rights, can inform and participate in discussions):

Chairs of the Place-based Partnerships (3); the ICP Chair; ICB Director People / Workforce; ICB Director Communication; Healthwatch; representatives from community providers and provider collaboratives

Meetings normally held in public, meeting papers published on ICB website, and members of the public welcome to observe meetings (i.e. no participation in proceedings)

### Pros:

- A smallish Board (good practice is ca. 12 members) that may find it easier to coalesce around decisions effectively and efficiently
- A Board that demonstratively moves away from representing all stakeholders, which would signal maturity of the system and focus of the Board on oversight and decision-making

### Cons:

- Some stakeholders may feel alienated by not being members of the ICB Board, or feel 'demoted' if invited to attend as regular attendees without voting rights
- Some members are expected to 'wear multiple hats' which may be hard to manage for the individuals, and also re conflicts of interest

\* It is a statutory requirement for ICBs to have an Audit Committee. This must be chaired by a NED with relevant expertise. It is therefore a given that the ICB Board must have a NED (Audit)

\*\* One NED (not the one fulfilling the role as Audit Chair, and not the ICB Chair) should fulfil the role of Senior Independent Director (SID), who would take a role in the Chair's appraisal. This NED could be appointed Chair of the Remuneration Committee, which the ICB is required to have. In BSW, they could also lead a People and Workforce Committee (if created). This NED would need to have experience / skills in HR and OD.

We are currently working through potential ICB Board committee structures. Much of this depends on how much the ICB Board itself wishes to delegate to any committees that it wishes to establish. Other factors are current work to design the ICB's future operating model; relationships between the ICB and partner organisations / forums, in particular with the ICP and the place-based partnerships; statutory requirements – we know that an ICB Board is required to have a Remuneration Committee, and an Audit Committee (this is also enshrined in the model ICB Constitution).

As with the governance design for the ICB and the ICS overall, we are guided by the principle of 'form follows function', and are mindful that the chart overleaf is a first outline of potential structures that will evolve.

## Next steps

NHSE published an updated ICB establishment timeline on 23 September 2021.

Per this timeline, next steps include:

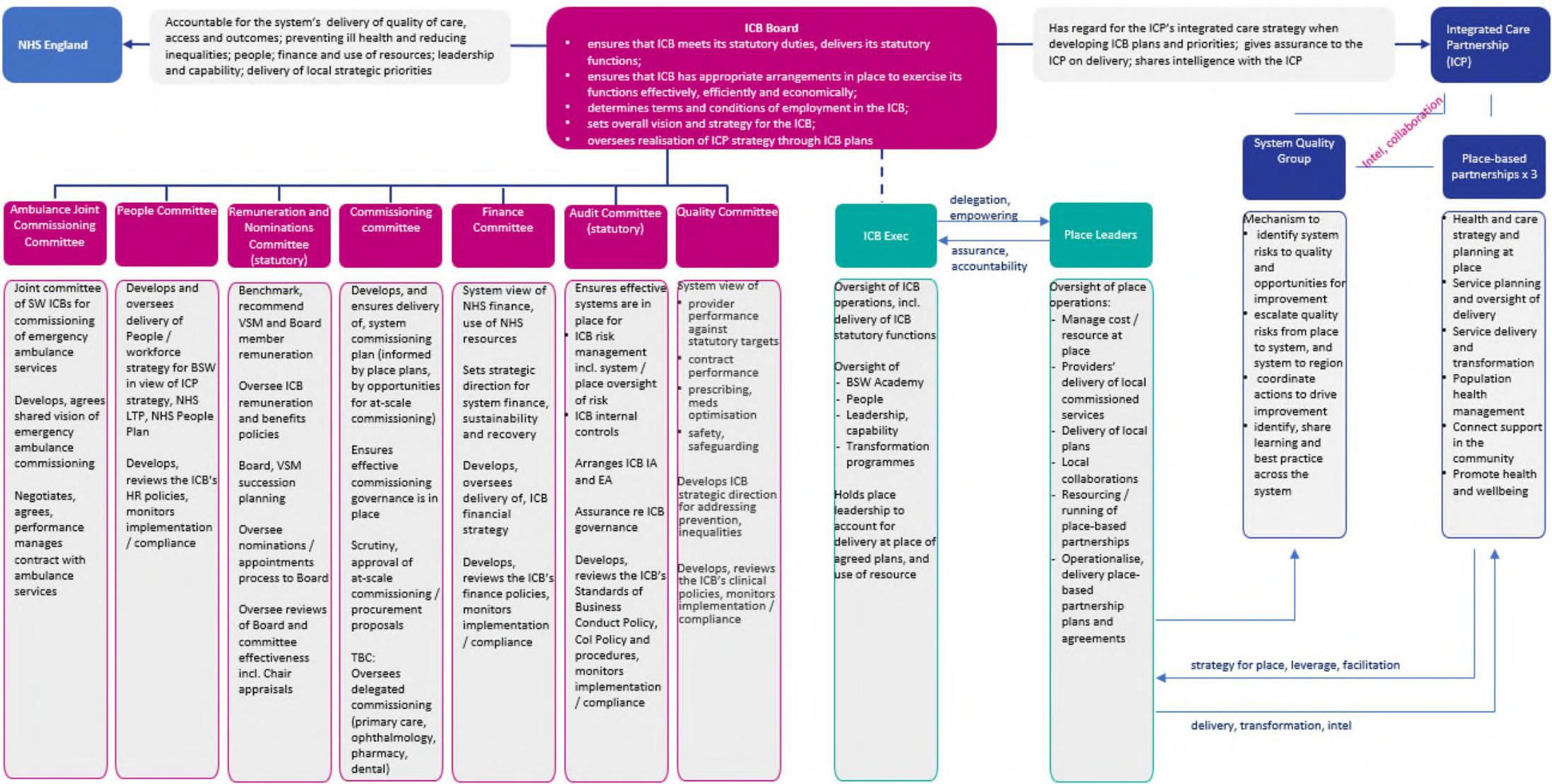
- conclude engagement with partners re ICB Board size and composition by 17 November 2021;
- agree size and composition of ICB Board with NHS region by 19 November 2021 (with input from CCG and designate ICB CEO);
- conclude engagement with partners re all other aspects of the Constitution, incl. nomination process for Partner Members by 30 November 2021;
- submit draft constitution to NHS region 3 December 2021, region to feed back by 21 December 2021;
- submit final draft Constitution to regional team by 11 March December 2022, for NHS region sign-off by 18 March 2022.

We wish to continue our engagement with the Partnership Board as we continue to develop the ICB's governance, as part of the wider ICS governance and assurance architecture.

We will therefore bring further iterations of the ICB Constitution to the Partnership Board in November 2021.

We will also seek the Partnership Board's input into our development of arrangements for the ICP, and anticipate to bring a first draft to the Partnership Board in November 2021.

# Integrated Care Board (ICB) Constitution, outline of ICB governance – first draft





Bath and North East Somerset,  
Swindon and Wiltshire Partnership  
Working together for your health and care

# Development of the Wiltshire Alliance\*

**\*Wiltshire Alliance is the name for our Place Based Partnership**

October 2021

# Overview – areas of current consensus

- We are working via many meetings and workshops with current Alliance partnership groups to develop recommendations for place-based arrangements from April 2022
- The recommendations will be considered and decided by BSW Partnership Executive and Council Cabinet in December 2021, with potential for shadow operation from January 2022 onwards. Recommendations will need to be supported by the organisational governance for each partner
- Current consensus is for establishment of a Joint Committee of the Wiltshire Alliance at place level

<b>Leadership</b>	A rotating 12 month chair/convenor role filled by a senior leader within our Alliance. Executive support. Clinical Leader.
<b>Governance</b>	A Joint Committee with delegated functionality from the NHS Board and Local Authority. Agreed principle that accountability will be, as a minimum, the same as the formal and informal arrangements for governance at place-level
<b>Our Partnership</b>	Broad and inclusive group: voluntary sector, social care providers, LA, NHS providers including primary care
<b>Area</b>	Wiltshire Council footprint

- Development of the Wiltshire Alliance will be underpinned by a development programme focussed on relationship development and creating a movement for change
- Work will need to commence in January 2022 to complete the technical documentation to support the recommendations e.g. Memorandum of Understanding, Collaboration Agreement and Terms of Reference



# Communication and engagement

- A formal communications plan is in development
- In the meantime, monthly key messages for cascade via partners are being produced focussed on:
  - How the proposals for our Wiltshire Alliance from 2022 are progressing – key decisions and areas of consensus
  - Progress updates on development of the priorities and work programme for 2022/23
  - Progress updates on the delivery of the current work programme for 2021/22
- Key forums for engagement include:
  - Alliance Leadership Team and Alliance Delivery Group
  - Organisational briefings led by partners to the Alliance
  - Wiltshire Health and Wellbeing Board and Health Select Committee
  - Voluntary Sector Leadership Alliance
  - Primary Care Network Clinical Directors monthly meetings (LMC additional)
- Other key ICS development groups include:
  - SALSW Group
  - CCG Transition Groups and Functional Mapping
  - Governance, finance, and performance management work streams
- There is a requirement to keep communication channels open between the three emerging BSW ICAs. This is happening informally between the Locality COOs and with a sharing and learning session planned for 5 November

# Areas to focus on

## Critical areas for development and recommendation development

- Parallel development of system and place functions:
  - Ensuring the right scale of partnership i.e. governed at system or delegated to place – what are we going to recommend is governed at place?
  - Influencing so there is clear purpose and difference between the partnership groups at system and place level
  - Interface between the Joint Committee and ICB and ICP – which roles in our Alliance perform this task?
- What are the support structures for the Joint Committee:
  - Executive/senior leadership team at place – who and where will this come from?
  - Where will clinical and professional health and care leadership come from?
  - Standing groups/sub-committees with specific functional responsibility. Review of existing groups – how are they incorporated, changed or stood down?
  - Programme management and change capacity and capability
- How will decisions be made by the Joint Committee and what financial delegation is required to support this:
  - From ICB
  - From partners – LA, NHS providers (acute, community, MH), primary care general practice, VCSE
- Increasing engagement of primary care leadership and their role in the Alliance
- Support for development of Voluntary Sector Leadership Alliance
- Connecting with our communities – incorporating the output of this working group on engagement and shared decision making
- Programme of development with 30+ individuals who came together for the ICA development day – are we clear on roles for these individuals in the future, and how might we use the national offer to support?
- Process for setting priority areas and work programme for 22/23

# What is the scope for Alliance governance?

Thriving Places guidance suggests the following functions for a place-level partnership:

- Health and care strategy and planning at place
- Service planning and oversight of delivery
- Service delivery and transformation
- Population health management
- Connect support in the community
- Promote health and wellbeing
- Align management support

1. Are these aligned to our ambition for the Alliance?
2. Which of these are governed by the Joint Committee or could any of these functions be governed more effectively using different arrangements?
3. Would we prioritise year one efforts around particular areas and how will this shape the business of the Joint Committee?

# Which work is the Alliance governing?

- 1. Is the Alliance the same as the work governed by the Joint Committee i.e. all place-level work accountable to that Committee? Or will there be other work governed at place-level using alternative arrangements e.g. some of the current CCG accountabilities?**
- 2. Which specific areas of delegated authority would we expect to see the Alliance hold in year one i.e. from April 2022? What aspects of financial delegation might we expect from the ICS ICB and LA Cabinet?**

Currently governed at place, either by the CCG or jointly via the Locality Commissioning Group:

- Community services and equipment – adults
- Community services and equipment – childrens health, SEND, YOT, *CAMHS*
- Hospice and EoL
- Locality based mental health, LD, ASD services
- Complex needs case management – individual placements including S117, SMI, LD/A
- CHC and FNC
- Voluntary sector services including carer support
- Other programmes e.g. estates business case process
- *Primary care – locally commissioned services (via PCOG and BSW PCCC)*
- *Hospital discharge programme*

**To note:** there are other CCG functions delivered at place-level that will need to be considered e.g. operational oversight, flow monitoring, national planning, risk management, safeguarding, quality oversight, participation in LA committees, contract and procurement leadership, strategic estates etc

CCG funding delegated to place:

- Budget lines linked to all of the above plus BCF, S75 with LA, S256, *HDP national fund*, *SDF as relevant for place*

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

**Item 10**

**Quality, Workforce, Performance, Finance & Infrastructure Highlight Report**

- a) Quality Workforce & Performance Dashboard\***
- b) Finance Dashboard**

\*available on request, please contact [whc.corporateservices@nhs.net](mailto:whc.corporateservices@nhs.net)

## Wiltshire Health and Care Board

For information

**Subject:** Quality, Workforce, Finance, Performance and Infrastructure Report

**Date of Meeting:** 5 November 2021

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

### 1 Purpose

- 1.1 To provide an overview of the main issues arising from review of information about the Quality, Workforce, Finance, Performance and Infrastructure of Wiltshire Health and Care services and alert and advise the Board to issues by exception.

### 2 Issues to be highlighted to the Board

- 2.1 **Quality** - 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	
	<p>Medicine (including CD) and Pressure ulcers remain the primary patient safety issues within the organisation. This is in part driven by demand outstretching demand of services and System pressures.</p> <p>NHS benchmarking data is now established as part of the Quality assurance mechanisms to Executive Committee, Quality Assurance Committee and Audit Committee. Issues regarding MIU performance in Safeguarding and Medicines domains continue, actions underway to improve this performance and tracked through the MIU improvement plan.</p> <p>A Quality Review of the Community Teams has been commissioned and will commence in November 2021 with a focus on identifying impact of COVID pandemic pressures. CQC Direct Monitoring Approach preparations continue with a graded implementation of the Aim for Outstanding toolkit in Q2 2021/22.</p>
Alert	
	Nil to alert
Action	
	Nil for action

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

Advise	
	<p><b>The Wellbeing promise</b>, which was developed by our HWB representatives, has been agreed by Workforce Development Group and now submitted to Board for sign off. This promise outlines the commitments WHC will make to their staff in respect of their HWB at work.</p> <p>VIVUP, who provide our <b>employee salary sacrifice / benefit</b> scheme, have updated their offering to include a broader range of offers.</p> <p>Creating an <b>Inclusive Workplace Workshop</b>: WHC have been offered spaces on a workshop designed to support managers to create a more inclusive workplace by understanding and challenging stereotypes and barriers to inclusion especially within recruitment, disciplinaries and using the equality impact assessment meaningfully.</p> <p>A review of the <b>well-being at work module</b> available via training tracker has been undertaken and suggested amendments and updates made to ensure this is up to date and in line with our policy and processes. Once agreed, the updated module will be available on training tracker.</p> <p><b>Key points from HR data:</b></p> <ul style="list-style-type: none"> <li>• In month <b>sickness absence</b> has increased above target in month from 3.34%, There was also a slight decrease in COVID related absence (0.30%).</li> <li>• <b>Voluntary turnover</b> has continued to increase to 10.86% (remains below historic rate)</li> <li>• <b>Reported vacancy rate</b> remains artificially low at 2.08%, as it does not include new posts. This should be rectified in the data from next month.</li> <li>• <b>Appraisals</b> have continued to decreased in month to 72.74%.</li> </ul>
Alert	
	Nil to alert
Action	
	The Board is invited to consider and sign off the attached Wellbeing Promise.

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

Advise	

	<p>The <b>financial position is stable</b> with the YTD position reporting an actual favourable variance of £48k, against a planned adverse position of (£177k), i.e. a favourable £225k variance against plan.</p> <p>The <b>increase in actual pay</b> spend in the month reflects the payment of the 3% national inflationary uplift in September covering period April – September 21.</p> <p>The <b>impact of the H2 planning guidance</b> is still being worked through with BSW commissioning finance team with monthly cash payments still reflecting 2020/21 contract value. An adjustment for the increased contract value reflecting growth, inflationary uplifts and SDF funding will be applied in November 21</p>
<b>Alert</b>	
	Nil to alert
<b>Action</b>	
	Nil to action

2.4 **Performance** - The following issues are highlighted in relation to operational performance:

<b>Advise</b>	
	<p><b>UEC/System Flow:</b> BSW has stepped back into Critical Incident mode as of the 20/10/21. In support of the system, the WHC COO has developed an exceptional action card to sit alongside the National Hospital Discharge Policy. The action card supports staff to have a structured conversation with a patient and family regarding the minimum care requirements. The aim is to enable the most number of people to be discharged on a supported discharge pathway.</p> <p><b>Removal of bed distancing in community hospitals:</b> The remaining bed distancing was removed at end August/beginning of September 2021 in order to provide more bed capacity to deal with system pressures. A full risk assessment was carried out. It was considered that the risks related to COVID management would increase, but these were balanced with reference to risks to patient safety in the rest of the health and care system.</p> <p><b>MIU &amp; Flow:</b> MIU's have now returned to walk in appointments, activity remains below pre covid numbers, although the pressure on the rest of the system is impacting on operational delivery i.e. a patient remained in the unit overnight on the 20/10/21 due to no ambulance been available. Whilst flow is being maintained the lack of domiciliary care continues to be challenging with 26 patients in Community Hospitals at 20/10/21 without a criteria to reside.</p> <p><b>MSK &amp; Long Term Conditions:</b> Whilst MSK wait times for first appoints are within acceptable ranges the wait for follow up is growing with waits of up to 40 weeks for diagnostics. Staff are offering patient initiated follow up as an additional safeguard.</p> <p><b>Community Teams:</b> Staffing challenges continue due to the covid contact isolation and confirmed positive cases. Contingency plans are to revert to the same clinical prioritisation as with a snow day scenario. Current community team demand is predominantly for single intervention visits and with high escalation, some case managed patients are not been reviewed as per plan. To counter this a proposal is been developed which looks to bring together primary care, community and adult social services to offer two carousel clinics during the winter months to assure such patients have robust care plans and reduce the risk of crisis.</p>

	<p><b>Transformation:</b> Crisis response and overnight nursing projects are now reporting as amber, in delay. This is due to recruitment challenges. Work is underway to consider innovative options to recruitment.</p> <p><b>Operational Resilience:</b> To support operational staff to prioritise the delivery of clinical services, staff will where possible minimise attendance at meetings over the next six months with only one member of operational staff attending meetings and feeding back to others.</p>
<b>Alert</b>	
	Nil to alert
<b>Action</b>	
	Nil to action

## 2.5 Infrastructure - The following issues are highlighted in relation to infrastructure

<b>Advise</b>	
	<p><b>Savernake Hospital</b> The PFI transferred to NHS PS from GWH on 1<sup>st</sup> October 2021. This will not impact on how WHC access maintenance services on the site but hopefully will result in better performance management of the service that is received.</p> <p><b>Warminster Hospital Works</b> The NHS PS contractors start the enabling phase of works w/c 18<sup>th</sup> October 2021.</p> <p><b>Devizes Health Centre</b> The Managing Director attended the topping out ceremony earlier in October. The project is currently ahead of schedule. WHC are encouraging improved communications and engagement around the project.</p> <p><b>Unified Tech Fund bid</b> WHC submitted a bid, working with partners in RUH, to the Unified Tech Fund on 15 October to seek support for the costs of implementing an electronic patient record on the community wards. We await feedback.</p>
<b>Alert</b>	
	Nil to alert
<b>Action</b>	
	Nil to action

## 3 Recommendation

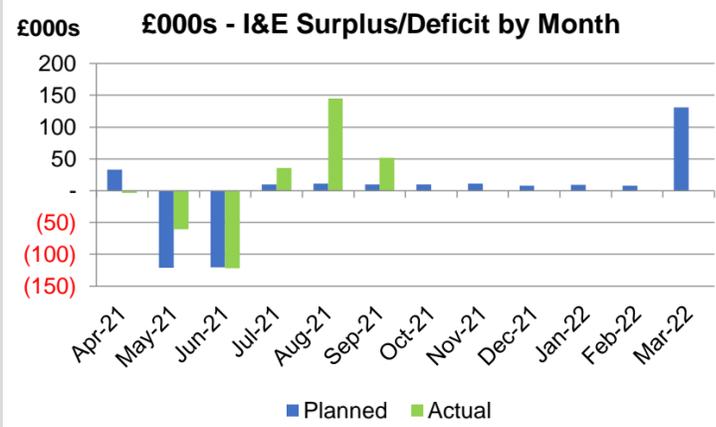
3.1 The Board is invited to note the contents of this report.

## WHC Wellbeing Promise

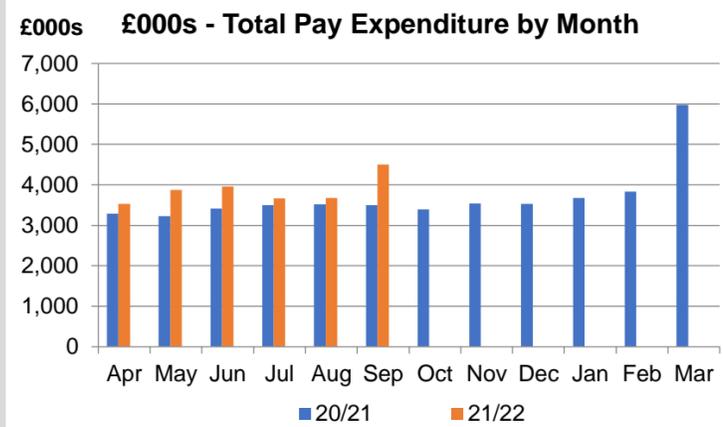
### Wiltshire Health and Care will...

- ❖ Maintain and promote a culture of better Health and Wellbeing for all its workforce
- ❖ Ensure all staff have the opportunity to invest in and improve their health and wellbeing both at work and outside of work
- ❖ Offer opportunities for development of knowledge and practice in relation to health and wellbeing
- ❖ Integrate Health and Wellbeing into all organisational conversations and initiatives
- ❖ Commit to improving working lives through employment policies such as flexible working, absence management and equality and diversity.
- ❖ Ensure a safe place to work for all staff through health and safety policy and initiatives
- ❖ Promote employee growth and wellness through personal and professional development (CPD)
- ❖ Ensure all staff have access to quality internal and external support services in relation to their health and wellbeing
- ❖ Commit to exploring initiatives that widen participation and promote equality and diversity
- ❖ Encourage, incentivise, and support employees to make positive lifestyle choices
- ❖ Commit to making reasonable adjustments in the workplace to ensure equality in relation to access and wellbeing
- ❖ Actively listen to staff feedback in relation to their health and wellbeing, making positive changes as needed

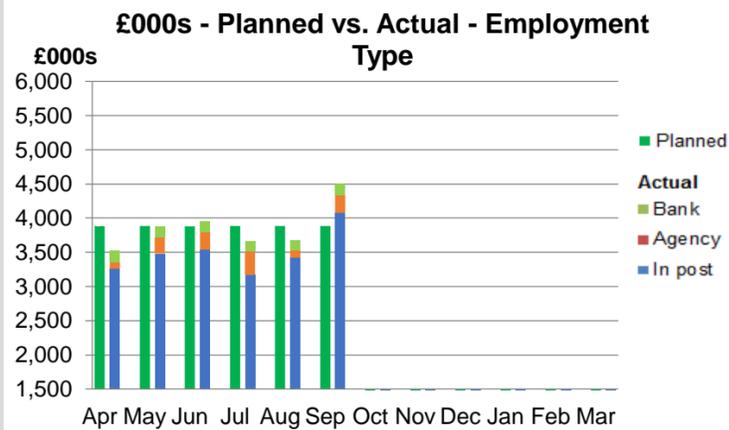
Income & Expenditure



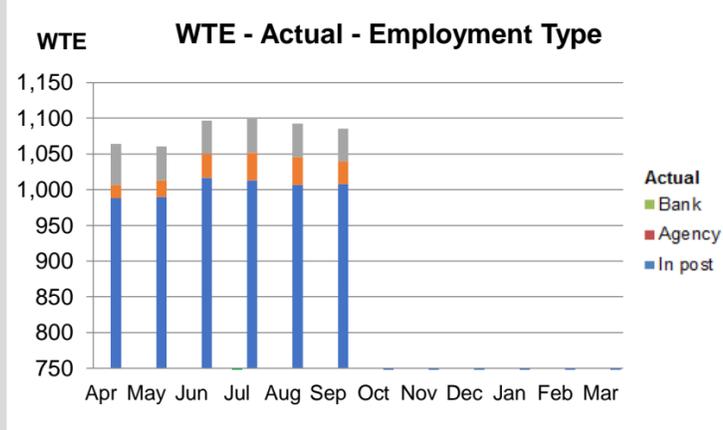
Pay Expenditure - £ - Total



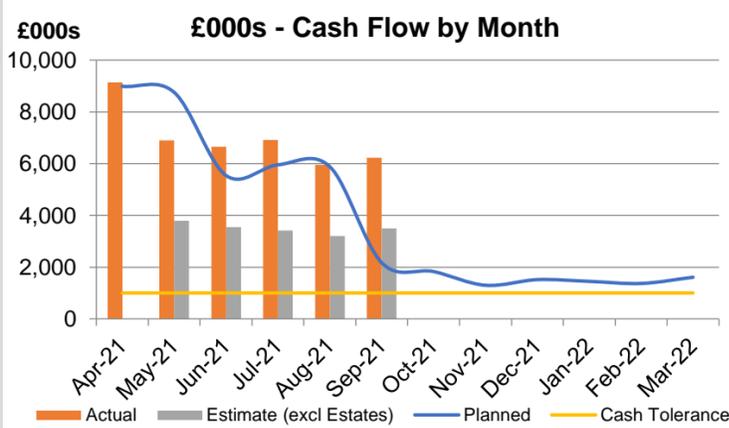
Pay Expenditure - £ - Employment Type



Pay - WTE



Cash



Best Practice Payment Code (BPPC)

BPPC % of bills paid in target	Current Month	Previous Month	Movement
By number	87%	88%	(1%)
By value	97%	96%	1%
<b>Average number of days to pay an invoice</b>			
Days	20	18	2

Financial Position YTD September 2021

	Year to date Sept		
	Plan £000s	Actual £000s	Variance £000s
<b>Operating Income</b>			
<b>Total income</b>	32,382	31,786	(596)
<b>Operating Expenditure</b>			
Pay	23,297	23,205	92
Non-Pay	9,262	8,534	728
<b>Total Expenditure</b>	32,559	31,739	820
<b>Surplus/(Deficit)</b>	(177)	48	225

NHSI Reporting

Metric	Definition	YTD	
		Ratio or %	Score
Liquidity rating	Days of operating costs held in cash and cash equivalents	(5.77)	2
I&E margin rating	I&E surplus or deficit / total revenue (in-month)	0.86%	2
I&E margin: distance from financial plan	YTD actual I&E surplus or deficit compared to YTD plan	0.70%	1
Agency rating	Distance from YTD budgeted spend	23.90%	2

Cost Improvement Plan (CIP)

	YTD September			Annual Plan £000s
	Plan £000s	Actual £000s	Variance £000s	
<b>WH&amp;C 2021/22 Savings</b>				
Income	165	142	(23)	346
Pay	227	230	3	553
Non-Pay	158	187	29	441
<b>Total</b>	550	559	9	1,340

Commentary

**Overall:** The financial position for YTD September 21 (M6), is an actual favourable position of £48k, against a planned adverse position of (£177k), i.e. a favourable £225k variance against plan.

**Income:** The monthly BSW contract payment in cash terms still reflects the 2020/21 contract value and will be adjusted to reflect demographic and inflationary increases, the transfer of receptionist and medical records services to WHC and SDF funding.

**Pay:** The increase in pay in September reflects payment of the national pay award of 3%, backdated to April 21. The ytd favourable variance is driven in main by the profiling of planned versus actual spend for new posts linked to Rapid Response and other investments. The enhanced care requirements across the wards continue, but is offset by a non recurrent benefit in the month reflecting the release of 20/21 year end provisions not fully offset by spend.

**Non-Pay:** The favourable variance is again in main driven by a delay in spend linked to additional ring fenced funding and investments as well as the release of year end provisions.

**Positives:** The ytd M6 financial position is overall favourable against the ytd plan. Efficiencies have been delivered in full ytd. **Negatives:** The enhanced care pressures across the community wards continue. Some uncertainty remains by commissioners in terms of the impact of the H2 guidance on the WHC contract value. The monthly contract payments have yet to be adjusted to 2021/22 contract values.

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

**Item 11**

**Delivery Plan Tracker Q2**

**PAPER**

**Wiltshire Health and Care Executive  
Committee****For information**

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

**Date of Meeting:** 05 November 2021

**Author:** Douglas Blair, Managing Director

**1. Purpose**

The purpose of this paper is to keep the Board apprised of the progress being made by Wiltshire Health and Care against the delivery objectives approved by the Board for 2021/22.

**2. Background**

- As part of business planning, in June this year Wiltshire Health and Care's Board approved a Delivery Plan for 2021-2024, which incorporated a set of delivery objectives.
- These delivery objectives were established to ensure that Wiltshire Health and Care met its statutory and contractual obligations, whilst simultaneously pursuing the organisation's strategic objectives.
- To assist the Board in its task of overseeing the success of Wiltshire Health and Care in implementing these delivery objectives, a Delivery Plan tracker has been created. This tracker provides a RAG status for each objective, together with a narrative to support the Board to understand the status of each action.
- The Board should be assured where the RAG status is blue (objective KPI achieved), or green (objective KPI on track to be completed by target quarter). The Board should note the rationale for items with an orange (objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by the end of target financial year) or red (delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial year), and determine whether it is satisfied with the status in the circumstances, or whether it would like to take, or direct the Executive to take, further action(s).

**3. Discussion**

The Board will note that across the seven themes, Wiltshire Health and Care has set 69 delivery objectives. Of these 69 objectives, the position at the end of Quarter 2 is:

<b>RAG rating</b>	<b>Category</b>	<b>Number</b>
<b>Blue</b>	Objective KPI achieved.	9
<b>Green</b>	Objective KPI on track to be completed by target quarter.	44
<b>Amber</b>	Objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by the end of target financial year.	13
<b>Red</b>	Delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial year.	2
<b>Grey</b>	Delivery milestone not due to be commenced until 22/23 or later.	1
	<b>TOTAL</b>	<b>69</b>

#### **4. Recommendation**

4.1 The Board are invited to note the status update of Wiltshire Health and Care's progress against its delivery objectives for 2021-2024 and confirm whether it is content with the current status, or whether it wishes to direct the Executive to take further action(s).

**Wiltshire Health and Care  
Delivery Plan 2021-2024  
Q2 UPDATE**



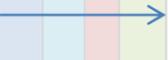
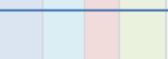
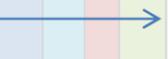
## Wiltshire Health and Care Delivery Plan: 2021-2024: Q2 Update

Meeting:	Wiltshire Health and Care (“WHC”) Operating Board
Date:	5 November 2021

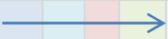
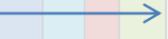
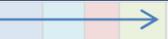
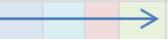
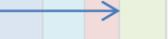
RAG key:		Objective KPI achieved.
		Objective KPI on track to be completed by target quarter.
		Objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by target year.
		Delivery milestone off-track to be completed by target quarter and milestone unlikely to be achieved by end of target year.
		Delivery milestone not due to be commenced until 22/23 or later.
	Delivery milestone no longer applicable because of national decision making/ commissioner decision making/ other.	

Type of objective key:		An objective from 2020/21 that will continue into 2021/22 (and potentially beyond).
		A new objective to be delivered as part of pre-existing services/business activities.
		A new objective 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	Type	2021-2022				2022-2023		23-24	RAG:	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
<b>RESET AND RECOVERY</b>													
1.	<ul style="list-style-type: none"> <li>As part of <b>reset and recovery</b>, we will:               <ul style="list-style-type: none"> <li>A. <b>Manage the safe return to workplaces</b> including developing new policies.</li> <li>B. <b>Maintain activity levels and waiting times</b> back to pre-Covid-19 baselines.</li> <li>C. <b>Maintain our control and incident centre.</b></li> <li>D. Work to <b>bring back radiology within Minor Injury Units.</b></li> </ul> </li> </ul>	Chief Operating Officer (Lisa Hodgson)									<ul style="list-style-type: none"> <li>Waiting times/ activity levels.</li> <li>New policies in place.</li> <li>Work with RUH<sup>1</sup> to bring radiology access back to pre-Covid-19 levels.</li> <li>Identify how we will work post pandemic to ensure staff have a work life balance and are ensuring the safe and effective delivery of services.</li> </ul>	<ul style="list-style-type: none"> <li>New desk management software purchased to assist in organising new usage of space.</li> <li>Waiting times compare well in benchmarking.</li> <li>No substantive progress made yet on return of radiology service levels to MIUs.</li> </ul>	
<b>SERVICE DEVELOPMENTS</b>													
<b>2 HOUR CRISIS RESPONSE</b>													
2.	<ul style="list-style-type: none"> <li><b>Urgent Response in the Community</b> <ul style="list-style-type: none"> <li>Delivery of the national specification for 2 hour response (<i>by March 2022</i>)</li> <li>Expand in line with national expectations (<i>beyond March 2022</i>)</li> </ul> </li> </ul>	Chief Operating Officer (Lisa Hodgson)									<ul style="list-style-type: none"> <li>Implementation of national specification.</li> </ul>	<ul style="list-style-type: none"> <li>County-wide roll out of initial partial service complete . Recruitment challenges causing delay to anticipated early roll out of full pathway in November. Working on incentivising recruitment and phased implementation to mitigate.</li> </ul>	
3.	<ul style="list-style-type: none"> <li>Expand Community Teams to deliver 24/7 nursing               <ul style="list-style-type: none"> <li>Scope, design and deliver (<i>by winter 2021</i>)</li> </ul> </li> </ul>	Chief Operating Officer (Lisa Hodgson)									<ul style="list-style-type: none"> <li>Implemented 24/7 nursing</li> </ul>	<ul style="list-style-type: none"> <li>Agreement for investment for nursing overnight. Recruitment challenges will delay start beyond planned November timeline.</li> </ul>	
<b>OPTIMISING FLOW AND RESILIENCE</b>													
4.	<ul style="list-style-type: none"> <li>We will further <b>optimise the efficiency of the Home First pathway to support hospital discharge.</b></li> <li>Further work required:               <ul style="list-style-type: none"> <li>Define requirements</li> <li>Mobilise new capacity</li> </ul> </li> </ul>	Head of Operations – Community Teams (Heather Kahler)									<ul style="list-style-type: none"> <li>Patients wait no more than 48 hours into a home first pathway.</li> </ul>	<ul style="list-style-type: none"> <li>Time and motion study complete. Efficiency project as part of Wiltshire Alliance Pathway 1 review done. 'Internal' efficiency being tested through pilot of allocate role.</li> </ul>	

<sup>1</sup> RUH stands for “Royal United Hospitals Bath NHS Foundation Trust”.

5.	<ul style="list-style-type: none"> <li>We will <b>model the requirements for bed-based discharge</b> within the system and help design a change in the use.</li> </ul>	Chief Operating Officer (Lisa Hodgson)						System bed base reviewed (this will include the following types of bed: Discharge to Assess, Intermediate care Rehabilitation beds, and community hospital beds).	Participated in Wiltshire Alliance Pathway 2 review, and part of BSW peer review of community inpatients.
6.	<ul style="list-style-type: none"> <li>Improve Emergency Preparedness Resilience and Response ("EPRR") coordination</li> </ul>	Chief Operating Officer (Lisa Hodgson)						Reorganised approach in place by Q2.	Complete. New EPRR lead in post and new on call rota arrangements implemented 4 October.
<b>NEIGHBOURHOOD TEAMS</b>									
7.	<ul style="list-style-type: none"> <li>We will lead <b>integration in neighbourhoods</b>, tested through a focused <b>neighbourhood test project</b>, which includes: <ul style="list-style-type: none"> <li>Close joint working with primary care teams</li> <li>Reduced duplication of services and joint case management rather than individual care.</li> <li>Use of population data to map need and workforce requirements.</li> </ul> </li> </ul>	Managing Director (Douglas Blair)						Delivery of test project as part of Wiltshire Alliance <sup>2</sup> .	Participation with Trowbridge colleagues as neighbourhood focus site, with integrated working around complex cases and integrated clinics being planned.
8.	<ul style="list-style-type: none"> <li>We will develop a model for adoption and spread of <b>Personalised Care and Support Plans</b>.</li> </ul> <p><i>We will progress this in 22/23 once Graphnet available.</i></p>	Service Transformation Manager (Ann Marie Nuth)						Individual management plans are captured in a manner that meets national requirements.	Planned for 2022/23.
<b>ENHANCED HEALTH IN CARE HOMES/ ANTICIPATORY CARE</b>									
9.	<ul style="list-style-type: none"> <li>Expand our virtual ward to more care homes and beyond into primary care.</li> </ul>	Chief Operating Officer (Lisa Hodgson)						Virtual ward expanded to include all care homes and Primary Care Networks (PCNs) <sup>3</sup> within the localities.	Expansion is happening to more care homes. Pilot in Devizes to assist homes with D2A beds. Initial discussions with the South to expand beyond care homes.
10.	<ul style="list-style-type: none"> <li>We will develop a <b>frailty pathway</b> for our local system</li> </ul>	Chief Operating Officer (Lisa Hodgson)						Clear frailty pathway agreed across BSW.	
11.	<ul style="list-style-type: none"> <li>In 21/22, we will develop a <b>common model</b> for the provision of <b>specialist advice and support for people with long term conditions</b>. This will include identifying how community service specialists optimally wrap around the provision within Primary Care Networks.</li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson)						Long term model defined.	Thinking on consistent model developed. To be finalised following agreement of BSW care model.
<b>OTHER</b>									
12.	<ul style="list-style-type: none"> <li>We will ensure that our operational structure appropriately supports our <b>inpatient staff</b> and the services that we need to deliver. This will include clinical development.</li> </ul>	Lisa Hodgson (Chief Operating Officer)						New operational structure in place by Q2.	Complete: structure in place, last aspects of recruitment to clinical roles happening.
13.	<ul style="list-style-type: none"> <li>We will work with our local system colleagues across BSW to improve and <b>establish community-based heart failure services</b>.</li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson)						KPI(s) dependent on commissioners.	WHC has bid for contract which has been tendered. Outcome due in December 2021.
14.	<ul style="list-style-type: none"> <li>We will support the <b>expansion of the delivery of pulmonary rehabilitation and oxygen assessment services</b> to patients in South Wiltshire.</li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson)						Expanded pulmonary rehabilitation services in place.	No funding available. On hold
15.	<ul style="list-style-type: none"> <li>We will work with our commissioner to develop <b>personalised wheelchair budget systems</b>.</li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson)						A clear process is in place for personalised health budgets.	Complete.
16.	<ul style="list-style-type: none"> <li>We will work with our local system colleagues across BSW to define a <b>system-wide solution for orthotics</b>.</li> </ul>	Chief Operating Officer (Lisa Hodgson)						System wide procurement solution agreed.	Complete. System wide solution procured. Sign off of contract at November Board.
17.	<ul style="list-style-type: none"> <li>We will confirm our <b>longer-term model for physiotherapists in our urgent care facilities</b></li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson) AND Head of Operations – Inpatients (Rachel Green)						Longer term model confirmed.	Complete.
18.	<ul style="list-style-type: none"> <li>We will agree proposals for the expansion of <b>early supported discharge for stroke</b></li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson)						Agree proposal by Q2. Implement proposal by Q3.	Expansion has occurred non recurrently through COVID. Proposal for permanent model not agreed yet.

<sup>2</sup> The Wiltshire Alliance is a partnership of health and care organisations in Wiltshire, focused on delivering health and care change and improvement for the population of Wiltshire. It is part of the Integrated Care System which covers Bath and North East Somerset, Swindon and Wiltshire (collectively these regions are referred to as "BSW").

<sup>3</sup> A Primary Care Networks or "PCN" consists of a group of general practices working together, and in partnership with community, mental health, social care, pharmacy, hospital and voluntary services in their local area, to offer more personalised, coordinated health and social care to the people living in their area.

# Developing our People and strengthening our workforce

#	Objectives	Lead	Type	2021-2022				2022-2023		23-24	RAG:	Objective KPI/ Aim	Narrative on current position (Quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
<b>PEOPLE RECOVERY</b>													
19.	<ul style="list-style-type: none"> <li>We will undertake an assessment of WHC's Education and Training materials to assess how these could be adapted to meet the needs of a virtual audience.</li> <li>We will review all face to face training content, and the regularity of review requirements in line with any best practice guidance.</li> </ul>	Learning And Development Via Head of People (Hanna Mansell)		✓								Practices reviewed and updated to reflect our new ways of working.	Complete. WHC have a mix of virtual platforms and face to face for delivering its training material.  Complete/on-going.
20.	<ul style="list-style-type: none"> <li>We will continue the rollout Allocate Health Roster, and, in priority order:               <ul style="list-style-type: none"> <li>Revise the project plan splitting out areas for attendance and absence or full rostering.</li> <li>Manage implementation and training of areas for attendance and absence only.</li> <li>Rollout full rostering in community teams.</li> </ul> </li> </ul>	Workforce Systems Via Head of People (Hanna Mansell)										Staff members are managed effectively, have regular rest breaks and annual leave.	Due to challenges in capacity/resource and the increased demands which were faced by the Flexible workforce team over the summer it was proposed and agreed that the project paused to enable recruitment to increase support to the project. These roles have now been recruited with a start date early November, which will enable the project to restart, with a view that the project plan will span into Q1 of the new financial year.  Overall, on-track
21.	<ul style="list-style-type: none"> <li>We will review the experience of joining our organisation. We will subsequently implement agreed actions and measure success.</li> </ul>	HR Operations Via Head of People (Hanna Mansell)										All staff have the best experience when joining the organisation.	Survey has been issued in Q2 to all new starters within a 6-month period to obtain their feedback on their experience from the point of recruitment to induction and team embedding. The data from this survey is being analysed alongside our regular 'fresh eyes' data to pull together themes for areas of improvement which will inform the actions for the rest of this plan, through focus groups with key stakeholders to review how implements can be made to improve the overall experience joining WHC.  Overall, on-track
22.	<ul style="list-style-type: none"> <li>We will continue to increase the number of our volunteers and improve the experience of our work experience placements.</li> </ul>	HR Operations Via Head of People (Hanna Mansell)										Voluntary workforce increased by 10-15% using our embedded approach.	This is not on track. An update has been provided to WFDG, however due to restrictions within our operational areas it has been challenging to bring back some of our volunteer roles. However, work is underway to review where we can create roles to safely bring back and utilise skills of existing and new volunteers – work is underway with Operations to agree what these roles could look like.  Developed a central point for careers, which is the link between WHC and educational settings. Work being undertaken over the next few months to confirm what the WHC offer will look like, likely to include a virtual work experience offer.
<b>DEVELOPING OUR PEOPLE</b>													
23.	<ul style="list-style-type: none"> <li>We will work as part of the BSW Academy<sup>4</sup> partnership to:               <ul style="list-style-type: none"> <li>Review talent management practices and processes within WHC to embed the basic principles utilising existing practices and development platforms.</li> <li>Review the succession planning practices and processes within WHC and implement any changes.</li> <li>Review the current and future needs of our clinical workforce, and link plans to the available educational opportunities to meet this demand. As part of this, we will:                   <ol style="list-style-type: none"> <li>Review clinical workforce risks through reviewing the recent workforce demographics.</li> <li>Look at both local and national drivers and strategies to address any of these risks.</li> <li>Provide an analysis of these workforce risks over the next 2-3 years, including the current development pipelines and how they will meet future skill mix.</li> <li>Provide a risk-based Training Needs Analysis of the findings to support the organisation in decision making around current and future investment.</li> </ol> </li> </ul> </li> </ul>	Learning And Development Via Head of People (Hanna Mansell)										We have the skills within its current workforce to deliver safe and effective services.  We have systems in place to enable us to forecast future workforce demands and align current practice to meet this demand.	This work is on-going, with the links to the BSW Academy. The Academy will be going live in November.  The review of the current and future needs of our clinical workforce continues to develop, with the data plans reviewed and explored both by operational managers and the Executive. Work is underway to develop a strategy off the back of this to set the vision for how WHC develops its workforce for the future.

<sup>4</sup> The 'BSW Academy' is an initiative championed by the local BSW health and care system. It has been established to help ensure the local system has a workforce fit to deliver the health and care needs of the future. This will cover both the capacity and the capability that is needed.

24.	<ul style="list-style-type: none"> <li>We will review development pathways for non-clinical roles, linking to the organisational priorities and workforce data.</li> </ul>	Learning And Development Via Head of People (Hanna Mansell)							We have the skills within its current workforce to deliver effective non-clinical services	On-track.
25.	<ul style="list-style-type: none"> <li>We will review current systems and processes for monitoring and providing assurance around the provision of Continued Professional Development (CPD).</li> </ul>	Learning And Development Via Head of People (Hanna Mansell)							Expanded development opportunities for both clinical and corporate staff.	Complete. New CPD tracking system in place and data provided as part of the monthly workforce report.
<b>VALUING OUR PEOPLE</b>										
26.	<ul style="list-style-type: none"> <li>We will review our practice against national guidance for a "just culture"<sup>5</sup> and implement changes required.</li> </ul>	HR Operations Via Head of People (Hanna Mansell)							Staff are living and demonstrating WHC's values and behaviours.	On-track Policy updates and changes have been completed and continually reviewing and implementing changes in line with just culture as continue to progress. A review of all toolkits and training is being undertaken to reflect this cultural change.
27.	<ul style="list-style-type: none"> <li>We will undertake a review of the mechanisms for recognition within WHC and implement the recommendations of this review.</li> </ul>	HR Operations Via Head of People (Hanna Mansell)							We will recognise and celebrate hard work and success.	Recognition policy has been reviewed and will go through ratification process.
28.	<ul style="list-style-type: none"> <li>We will develop the staff-led WHC "Wellbeing Promise", and support delivery through WHC's Health and Wellbeing Forum.</li> </ul>	HR Operations Via Head of People (Hanna Mansell)							The wellbeing of our workforce is at the centre of everything we do.	On-track. The revision to the wellbeing promise is being taken for ratification to WFDG in October.
29.	<ul style="list-style-type: none"> <li>We will promote a culture of equality, diversity, and inclusion.</li> </ul> <p>As part of this</p> <ul style="list-style-type: none"> <li>Develop and agree a Wiltshire Health and Care Equality, Diversity, and Inclusion Statement</li> <li>Review the WHC EDI Policy, update and ratify</li> <li>Understand our workforce demographics</li> <li>Undertake a review of EDI training and provide benchmarking for best practice</li> <li>Commission Executive and senior manager level training</li> <li>Increase diversity across the organisation</li> </ul>	Head of People (Hanna Mansell)							Agree and ratify WHC's Equality, Diversity, and Inclusion priorities for 21/22	Complete
									Implement the agreed priorities through the Equality Diversity and Inclusion forum.	On-track

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

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2021-2022				2022-2023		23-24	RAG	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
<b>PROJECTS</b>													
<b>IT AND TELEPHONY SERVICES</b>													
30.	<ul style="list-style-type: none"> <li>We will carry out a review and upgrade of <b>WHC's telephone system</b>.</li> </ul>	Head of IT (Kelsa Smith)									New telephone system in place across WHC.	Fixed term IT Technical Programme Lead due to start in mid October – this project will form part of their portfolio of projects.	
31.	<ul style="list-style-type: none"> <li>We will carry out a <b>significant network hardware refresh for every WHC site</b>. This is critical to safe delivery of services and required to achieve Cyber Essentials Plus certification.</li> </ul>	Head of IT (Kelsa Smith)									All WHC sites have network hardware that is vendor-supported.	Delayed due to lack of available resource. Will now commence mid-October, likely to complete October 2022	
32.	<ul style="list-style-type: none"> <li>We will complete <b>migration to Office 365</b>.</li> </ul>	Head of IT (Kelsa Smith)									Completion of migration to Office 365.	On target to complete as scheduled.	
33.	<ul style="list-style-type: none"> <li>We will work with BSW colleagues to develop usage of office 365 collaboratively and WHC will engage and implement the agreed solution.</li> </ul>	Head of IT (Kelsa Smith)									WHC uses Office 365 in a collaborative way with BSW colleagues.	WHC is engaged with ICS office 365 collaboration meetings and BSW TDA group.	
<b>VIDEO CONSULTATION SOFTWARE</b>													
34.	<ul style="list-style-type: none"> <li>We will confirm our user requirements and <b>work with system partners to re-procure video consultation software</b> so that clinicians across our services continue to have a way to conduct electronic consultations with patients.</li> </ul> <p>If necessary, we will implement new systems.</p>	Clinical Information Officer (Christian Bailey)									Confirm our requirements. Support procurement of a platform. Implement any changes.	Engaged in a joint procurement process with RUH and SFT. Business case submitted to Execo. Project management time identified to support project roll out. Expected decision on winning provider by mid December 2021.	
<b>HEALTH RECORDS DIGITISATION/ SHARED CARE RECORD</b>													
35.	<ul style="list-style-type: none"> <li>We will review and reform records management.</li> </ul>	Data Protection Officer (Steve Lobb)									Full records inventory will be developed. Standardised processes and guidance will be implemented.	Off site storage has been removed and in excess of 7,000 boxes have been returned to GWH. All off site storage is now managed through the Records Management Team  Site audits are now being conducted and the Records Management Service have closed down the Amesbury Medical Records library	

<sup>5</sup> NHS guidance on a "just culture" can be accessed here: <https://www.england.nhs.uk/patient-safety/a-just-culture-guide/>

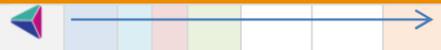
<sup>6</sup> NHS guidance on what a "Wellbeing Guardian" is can be accessed here: <https://people.nhs.uk/executivesuite/support-in-difficult-times/wellbeing-guardians/>

										An appraisal schedule shall be generated.	with all records being transferred to Chippenham
										Off-site storage will be managed through the Corporate Services Team.	Currently on target
36.	<ul style="list-style-type: none"> <li>We will participate in system wide efforts to <b>implement a shared care record</b> (Graphnet).</li> </ul>	Head of IT (Kelsa Smith)		→						The necessary work to integrate with Graphnet is completed.	Integration work completed. Data feeds from SystmOne into Graphnet currently being tested. Project Management resource needed to deploy the Graphnet tool to WHC clinical staff.
<b>SERVICE DEVELOPMENTS</b>											
37.	<ul style="list-style-type: none"> <li>We will <b>establish Wi-Fi for patients</b> at community sites from which inpatient services are provided.</li> </ul>	Head of IT (Kelsa Smith)		✓						Patients at all inpatient sites have access to Wi-Fi.	Completed for Savernake and Warminster wards and Trowbridge MIU waiting area. Awaiting hardware delivery and configuration to extend to Chippenham wards and MIU waiting area.
38.	<ul style="list-style-type: none"> <li>We will <b>improve hardware to support multi-disciplinary remote consultation from our wards.</b></li> </ul>	Head of IT (Kelsa Smith)		✓						Improved hardware to support multi-disciplinary remote consultation from our wards	Largely complete. NHSE funding has been received and large mobile android touch screen devices deployed to Savernake and Chippenham wards. Longleat ward reviewing requirement due to imminent ward refurbishment.
39.	<ul style="list-style-type: none"> <li><b>Improved IT hardware for our inpatient wards.</b></li> </ul>	Head of IT (Kelsa Smith)		✓						Wards have ready access to IT hardware.	Complete. Additional Laptops on portable carts provided to all wards.
40.	<ul style="list-style-type: none"> <li>We will scope what is needed to achieve a <b>fully digitalised system on our wards</b> (patient records, medications management, pathology requests, etc.)</li> </ul>	Project resource - TBC		✓						Clarity on preferred way forward for a complete Electronic Patient Record (EPR) for the ward.	Scoping has taken place, a bid for national funding has been submitted.
41.	<ul style="list-style-type: none"> <li>We will work as part of BSW's business intelligence programme to:                             <ul style="list-style-type: none"> <li>Migrate to new data visualisation tools; and</li> <li>Review data warehousing options</li> </ul> </li> </ul>	Managing Director (Douglas Blair)		→						WHC can maintain continuity of reporting.	Participating in the BSW BI Strategy programme of work.
42.	<ul style="list-style-type: none"> <li>We will roll out pathology requesting for community teams.</li> </ul>	Christian Bailey and Julie Fitzgerald		✓						Pathology requesting for community teams rolled out.	In progress.
<b>ONGOING PRIORITIES</b>											
43.	<ul style="list-style-type: none"> <li>We will implement a multifunction device replacement (scanning, printing, etc.).</li> </ul>	IT Project Manager (Dave Thompson)		→						New multi-function devices in place.	Slightly delayed due to contractual issues. Model Office device testing completed successfully and pilot installation taking place in Warminster shortly. On target to complete installation by end of Q3, subject to successful pilot outcome.
44.	<ul style="list-style-type: none"> <li><b>We will deliver a rolling refresh replacement programme</b> for desktop and laptop machines.</li> </ul>	IT Project Manager (Dave Thompson)		→						Rolling replacement programme in place	Ongoing refresh of aged desktops and laptops. Review of standard laptop issued to Community staff underway.

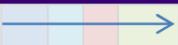
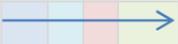
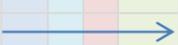
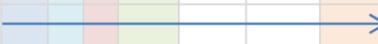
## Supporting patients and staff with physical infrastructure that better meets need

#	Objectives	Lead	Type	2021-2022				2022-2023		23-24	RAG:	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
<b>PROJECTS</b>													
45.	<ul style="list-style-type: none"> <li>We will contribute to BSW's Estates Strategy, including 11 'PCN plans' and 3 'place plans'.</li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							BSW estates strategy includes strategies for North and South Wilts - including plans for all Primary Care Networks.	WHC have contributed to the plans and BSW are on track to deliver.	
46.	<ul style="list-style-type: none"> <li>We will work with partners to develop a plan to move to <b>Devizes Health Centre</b> and initiate the move to this new site</li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							Ready for move in July 2022.	WHC has its own project to ensure that the operational considerations of the move are fully covered from a WHC perspective.	
47.	<ul style="list-style-type: none"> <li><b>Devizes Community Team move to Green Lane Hospital</b></li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							Community team co-located with partners.	WHC continues to work with AWP to identify an acceptable solution for both organisations.	
48.	<ul style="list-style-type: none"> <li>We will work with partners to develop a plan to move to <b>West Wiltshire Health and Care Centre</b> and initiate the move to this new site</li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							Ready for move in 2023.	The FBC has been approved by local stakeholder but the project is on hold until the FBC is approved by NHS E/I.	
49.	<ul style="list-style-type: none"> <li>We will work with NHSPS on a programme of improvements to the environment at <b>Warminster Community Hospital</b>.</li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							Improved facilities for our staff and patients.	NHS PS has appointed the contractor and work is commencing. Longleat Ward will be decanted to St Martin's Hospital from April until September 2022.	
50.	<ul style="list-style-type: none"> <li>We will implement <b>improvements to estates in South Wiltshire</b></li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							Occupation of Five Rivers by end of June 2021.  Better utilisation of other South Wiltshire facilities achieved by the end of Q2.	Fives Rivers is complete. Works to Wilton Health Centre will be complete in November and additional works to Amesbury Health Centre are now being scoped.	

**SERVICE DEVELOPMENTS**

51.	<ul style="list-style-type: none"> <li>We will work with our facilities management team to <b>eliminate use of single-use plastics in WHC.</b></li> </ul>	Victoria Hamilton (Director of Infrastructure)		Elimination of use of single-use plastic in services provided to WHC.	In line with national requirements.
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## Quality Focus – consistently improving the quality of services

#	Objectives	Lead	Type	2021-2022				2022-2023		23-24	RAG:	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
<b>QUALITY PRIORITIES</b>													
52.	<ul style="list-style-type: none"> <li>We will further <b>develop our quality systems:</b> <ul style="list-style-type: none"> <li>stabilisation of Datix (electronic quality system)</li> <li>expansion of the solid foundation of “shared learning” in WHC.</li> <li>embed the Care Quality Commission’s (CQC) new approach to oversight into WHC as business as usual.</li> </ul> </li> </ul> <p>(Quality Priority 1)</p>	Director of QPW (Sara Quarrie)									<ul style="list-style-type: none"> <li>Our Electronic quality system is refined</li> <li>Re-introduction of Data champions and development of a working group</li> <li>Vision for expanding shared learning processes established.</li> <li>Key elements of the shared learning process are automated through electronic systems.</li> <li>CQC’s new approach is embedded</li> </ul>	<p>Focused Datix project workstream on schedule. This will further develop opportunities through systems to improve on WHC approach to shared learning. Development of the Aim for Outstanding toolkit will facilitate the CQC’s approach to monitoring. Implementation of the toolkit is being rolled out throughout Q3</p>	
53.	<ul style="list-style-type: none"> <li>We will <b>refine our clinical strategy</b> with a focus on the deteriorating patient (Quality Priority 2)</li> </ul>	Director of QPW (Sara Quarrie)									<ul style="list-style-type: none"> <li>Audit in-patient transfers to acute providers and evidence appropriate escalation of patient needs</li> <li>Published organogram of professional lines of accountability throughout WHC</li> </ul>	<p>Project underway where the Quality Team are supporting Operational colleagues in reviewing appropriate skill mix meeting the need of our inpatient group.</p> <p>Initial elements of this work include reorganising the budget and existing skill mix (following a vacancy) to support a Therapy lead across inpatients who will hold lead professional accountability.</p>	
54.	<ul style="list-style-type: none"> <li>We will <b>promote a culture of Equality, Diversity and Inclusion</b> across our staff and patients (Quality Priority 3)</li> </ul>	Director of QPW (Sara Quarrie)									<ul style="list-style-type: none"> <li>See ‘Patient Experience’ objectives below.</li> </ul>	<p>Equality Diversity and Inclusion forum acting as focal point within organisation.</p>	
55.	<ul style="list-style-type: none"> <li>We will aim for a 50% <b>reduction in severe avoidable medicine related incidents</b> by 2024 (Quality Priority 4)</li> </ul>	Director of QPW (Sara Quarrie)									<ul style="list-style-type: none"> <li>Reduce incidence of missed medication incidents and utilisation of pharmacy skill set on in-patient units</li> <li>Implement a BSW-wide End of Life community prescription chart</li> <li>Complete CQC Controlled Drugs self-assessment</li> </ul>	<p>The Datix project workstream will support better identification of medicines incidents. Medicines Optimisation Pharmacists developed key questions for daily ward checklist and are represented when reviewing incidents.</p> <p>BSW CCG are leading on the E of Life community prescription chart and the ambition is that this is trialled in Devizes CT in the first instance</p> <p>Controlled drug self-assessment is in progress and forms part of the audit programme</p>	
56.	<ul style="list-style-type: none"> <li>We will <b>deliver COVID-19 recovery</b> (Quality Priority 5)</li> </ul>	Director of QPW (Sara Quarrie)									<ul style="list-style-type: none"> <li>Reduction in pressure ulcers across WHC</li> <li>Monitoring and management of long-COVID patient needs</li> <li>IPC delivery at WHC is in line with standard and regulatory requirements, with consistent and timely advice.</li> <li>Improve Anti-microbial Stewardship across WHC</li> </ul>	<p>Pressure Ulcer Quality Improvement Project is monitoring reported pressure ulcer incidents, numbers are not currently reducing, however a positive culture of reporting has developed.</p> <p>Long Covid clinic is meeting the needs of patients and has been recognised as a positive example of cross system wide working</p> <p>Successful recruitment to the team will enable an even more responsive service providing consistent and timely advice</p> <p>The ambition of the appointment of a pharmacist into the IP and C team will support development in this area. Currently working with IP and C Consultant to review antibiotic formulary guidance within WHC with a view to exploring how to standardise this.</p>	

## Patient experience

#	Objectives	Lead	Type	2021-2022				2022-2023		23-24	RAG	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
<b>ONGOING PRIORITIES</b>													
57.	<ul style="list-style-type: none"> <li>We will establish a <b>Patient and Public Involvement Group</b> involving staff, patients, and the public, and which has with close links to other engagement groups in the system (Q1).</li> <li>We will use our <b>Patient and Public Involvement Group</b> to involve patients and the public in developing our services (throughout the year)</li> </ul>	Public and Patient Involvement Officer (Lina Middleton)		✓							<p>We can evidence that the development of our services has been informed by the views of our patients and the public.</p>	<p>The PPI group is up and running, establishing priorities and creating a quality improvement plan. A PPI Policy has been developed which is being reviewed by the PPI Group</p> <p>More engagement as a result of the PPI Group, awareness has increased. Developing services such as Long Covid Service and the Longleat ward refurbishment.</p>	
58.	<ul style="list-style-type: none"> <li>We will continue to build a shared understanding of what good patient and public involvement looks like with staff and stakeholders, involving a broad representation of community members.</li> </ul>	Public and Patient Involvement Officer (Lina Middleton)									Friends and Family feedback.	Friends and Family feedback still being encouraged PPI policy being developed which will provide best practice guidance.	
59.	<ul style="list-style-type: none"> <li>We will continue to have a patient centred approach to ensure that patients are empowered to live healthy and independent lives.</li> </ul>	Head of Patient Safety and Quality (Caroline Wylie)									<p>Patient satisfaction survey.</p> <p>Post incident reviews and learning.</p> <p>CQC reviews.</p> <p>Patient stories are routinely used at board meetings.</p>	<p>Champion at every opportunity for a patient centred approach and involvement</p> <p>Patient stories being presented at Board</p>	
60.	<ul style="list-style-type: none"> <li>We will understand our patient demographic to ensure that our services are inclusive and accessible to all. This will include ensuring: <ul style="list-style-type: none"> <li>- accessibility and readability of patient information.</li> <li>- that we understand the health inequality within our patient community</li> <li>- a plan to identify and reduce health inequalities</li> </ul> </li> </ul>	Head of Patient Safety and Quality (Caroline Wylie)									<p>Intranet/ internet/ hard copy leaflets accessible.</p> <p>Our workforce is trained to support all patients who access services and that we are able to meet their needs.</p> <p>Publication of plan.</p>	<p>Work undertaken to meet this aim – leaflets now available. Training tool completed and available for all staff on Training Tracker. EDI fixed term contract has now come to an end, work underway to identify next steps with regards to WHC's approach to health inequalities.</p>	

## Financial sustainability and productivity/ environmental sustainability

#	Objectives	Lead	Type	2021-2022				2022-2023		23-24	RAG	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	Q1-2	Q3-4				
<b>SERVICE DEVELOPMENTS</b>													
61.	<ul style="list-style-type: none"> <li>We will embed strengthened procurement support.</li> </ul>	Director of Finance (Annika Carroll)									We have consistent access to procurement support when needed.	Complete – additional procurement support agreed and implemented.	
62.	<ul style="list-style-type: none"> <li>We will improve our analysis of the cost of delivering services.</li> </ul>	Director of Finance (Annika Carroll)									We have an enhanced view on the costs of delivering components of our support services.	Working as part of BSW Directors of Finance group to achieve this objective.	
<b>ONGOING PRIORITIES</b>													
63.	<ul style="list-style-type: none"> <li><b>2.5% of our resources will be released</b> from planned expenditure for reinvestment to support services.</li> </ul>	Annika Carroll (Director of Finance)									Cost improvement plans in place and delivered.	Cost improvement plans within financial plan in place and monitored.	
<b>SUSTAINABILITY ("GREEN PLAN")</b>													
64.	<ul style="list-style-type: none"> <li>We will seek to <b>minimise travel</b> through continued <b>utilisation of digital platforms</b> to contact and engage with patients and colleagues, and to undertake training.</li> </ul>	Managing Director (Douglas Blair)									Staff mileage is reduced in 21/22 compared to 19/20 (pre-Covid-19) levels.	On track.	
65.	<ul style="list-style-type: none"> <li>We will continue to secure arrangements so that staff can access lease cars that are <b>low or ultra-low emissions</b>.</li> </ul>	Sarah Greenland (Contracts Manager)									Maintain arrangements so that WHC can lease cars that are low or ultra-low emissions.	Hybrid vehicles are replacing any current vehicles upon expiry until each site has the ability to charge electric vehicles. Exploring options to transition to NHS Fleet Solutions salary sacrifice scheme which will support WHC as well as individual staff	
66.	<ul style="list-style-type: none"> <li>We will appoint a <b>Board-level lead with "net zero" in their portfolio</b> (by April 2022)</li> </ul>	Managing Director (Douglas Blair)									WHC has a Board level lead with net zero in their portfolio.	Managing Director acting in this capacity at present.	
67.	<ul style="list-style-type: none"> <li>We will implement increased promotion of our <b>cycle to work</b> scheme.</li> </ul>	Managing Director (Douglas Blair)		✓							Cycle to work scheme is actively promoted and staff know where to go to obtain information on how to join the scheme.	Benefit scheme from Employee Assistance Programme has been promoted, which includes support for cycle to work.	
68.	<ul style="list-style-type: none"> <li>We will review the <b>facilities for encouraging staff to cycle to work</b> at WHC sites.</li> </ul>	Director of Infrastructure (V Hamilton)									All sites reviewed.	Bike parking facilities included in the works at Wilton Health Centre.	
69.	<ul style="list-style-type: none"> <li>We will work with NHS Property Services to review the <b>electric charging infrastructure</b> required to support net zero travel at WHC sites.</li> </ul>	Director of Infrastructure (Victoria Hamilton)									Plan in place and progress being made by 2023.	Charging facilities will be available at the new Devizes Health Centre and the West Wiltshire Health and Care Centre. More to do on existing sites.	

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

**Item 12**

**Winter Plan**

**PAPER**

**Wiltshire Health and Care Board****For decision****Subject: Operational Resilience and Capacity Plan (WINTER)****Date of Meeting: 05 November 2021****Author: Lisa Hodgson, Chief Operating Officer****1. Purpose**

The purpose of this document is to describe the arrangements put in place by Wiltshire Health and Care (WHC) to support the delivery of planned and unplanned care from 1<sup>st</sup> November 2021 to 5<sup>th</sup> April 2022, including the Christmas and New Year holiday period, but excluding Easter.

**2. Background**

Winter planning has been performed across the system this year and WHC has been an active member in the modelling of demand and capacity and design of responses to that. This planning has been carried out in the challenging context of:

- Ongoing management of the Covid-19 pandemic and the changed approach to the delivery of services this has required
- Recovery of services and need to reduce backlogs
- Significant increases in demand for support and services, and increasing in the level of support needs
- As in any other winter period, the need to also plan for an increase in demand arising from seasonal conditions including influenza.

**3. Discussion*****System planning***

The attached presentation slides show the high level outputs of the system planning work in terms of the demand and capacity modelling and the main actions that are being pursued in response. Building on the lessons learnt from the previous winter and the key lines of enquiry defined by NHSE/I for the forthcoming winter period are:

- Demand
- Capacity
- Workforce
- Flow
- Winter Events

WHC is either delivering or part of delivering the following specific schemes as part of this system plan:

- 2 Hour Crisis Response
- Overnight nursing
- Enhanced care in Care Homes

- Improve Home First Efficiency

### Surge plans

In addition to following through the actions set out in the plan, WHC also has surge plans that can be enacted at times of critical or major incident. The main features of these are:

- **Redeployment** of staff from other services, recognising the impact this has on those other services. Because of the negative impact on service delivery and patient care, we will pursue redeployment as part of a system incident escalation decision.
- **Additional bedded capacity.** Despite all the planning, there are likely to be unforeseen issues which mean there is a demand for additional bedded capacity. As part of major incident response for COVID, we did put short term ‘field hospital’ type capacity into areas not designed for hospital beds as a short term emergency measure. Our surge plans still contain this as an option, but only in the circumstances of a major incident. In all other circumstances, we will pursue wherever possible aggregated additional bedded capacity across the system, as it provides more efficient capacity in terms of workforce deployed than small numbers of additional beds created in multiple locations.
- **Reducing thresholds for care.** This involves enacting agreed protocols to reduce the level of care offered to individuals in recognition of system pressures. An ‘action card’ is currently being trialled as part of escalation action. If this is successful, it is likely to be a feature for the winter season.
- **De-prioritising some aspects of patient care.** This includes our ‘snow plans’ for community teams, which reduce visits to the bare essential for that day in circumstances of extreme weather. This approach can also be used at times of extreme pressure on community teams (and has been in recent months).

## 4. Recommendation

4.1 The Board is invited to note and approve the contents of this report

### Impacts and Links

Impacts	
<b>Quality Impact</b>	Failure to plan for predictable surges in demand would result in quality of services being compromised.
<b>Equality Impact</b>	Failure to continue to provide as many community services as possible during Winter could have a disproportionate effect on more vulnerable or disadvantaged members of the population.
<b>Financial implications</b>	The additional capacity is dependent on funding from commissioners, either permanently committed or through non recurrent support. This has been secured.
<b>Impact on operational</b>	The system winter planning seeks to ensure that the right framework is in place to support the continued operational delivery of services.

<b>delivery of services</b>	
<b>Regulatory/ legal implications</b>	Links to our regulatory requirements to continue to deliver safe and effective services.
<b>Links</b>	
<b>Link to business plan/ 5 year programme of change</b>	Some of the additional capacity for winter is also in line with objectives in the WHC Delivery Plan.
<b>Links to known risks</b>	Risk 202 Increasing Levels of Demand on Services
<b>Identification of new risks</b>	None.



**Excerpt from winter planning  
submission made to NHS E/I, setting  
out system plans for Wiltshire area**



# Community (Wilts ICA v1)

Provide narrative in each box – narrative should reference they following domains: Demand , Capacity, Workforce, Exit Flow, External Winter events

Actions	Commentary – evidence of current position	Further actions required and timeframe	Risks to delivery	RAG
<p><b>Demand &amp; Capacity Planning:</b> During June – August completed detailed capacity planning (see slide 10). This combines all acute, community, social care actions to mitigate acute bed gaps for non-elective care. Key winter plans detailed below.</p>	<p>Work complete and all plans included are being monitored via ICA monthly programme structure with ICS reporting to the Urgent care &amp; Flow Board.</p>	<p>Unable to mitigate gaps for modelled scenario 2 (90% occupancy and no escalation used). Continuing to review current plans to maximise impacts and identify any other opportunities but any new plans would be dependent on additional staff (see risk)</p>	<p>Largest risk for current plans is ability to recruit staff (all recruitment has been live from July/August 2021). All posts are out to permanent recruitment.</p>	<p>Red</p>
<p><b>Community capacity:</b> As part of the D&amp;C planning we have reviewed P2 bedded capacity and based on demand profiles – see slide 11. P1 capacity review completed see key winter plans to increase capacity in year. P1 expansion plan delivered in 2020/21 and maintained.</p>	<p>This work has assessed the community bed capacity, care home capacity for additional care level and D2A. Detail on slide 16.</p>	<p>The output has been reviewed by Wiltshire Locality Commissioning Group in September and mitigation via flexible use of spot purchased beds agreed with HDP funding.</p>	<p>Closure of commissioned capacity – infection (C19/D&amp;V) or market pressures or staffing.</p>	<p>Green</p>
<p><b>Discharge Flow:</b> Wiltshire has a 7 day Discharge Flow Hub (supported by 6 day brokerage service at Wilts LA). In September P1 efficiency review completed, target for LOS reductions agreed, working with RUH ECIST review and weekly performance reviews in-place. Wiltshire also hold twice weekly community MADE reviews (community hospitals and commissioned care home beds)</p>	<p>Wiltshire has significantly increased P1 discharge flow during 2020/21 and is continuing to operate at this higher level. P3 discharges have decreased.</p>	<p>Efficiency review outcomes to be reviewed and immediate actions agreed by weekly discharge performance group - process LOS reporting in-place. Daily tracking of NC2R for all Wiltshire patients by LOS. SFT implementing 7 day discharge team in 2021/22 and RUH also increasing discharge support team to be fully in-place by November 2021.</p>	<p>Demand levels are above modelled levels (2019/20 levels) and partners unable to maintain 7 day flow of referrals (preventing batching), this creates flow block when high referrals seen post weekend.</p>	<p>Red</p>



# Community (Wilts ICA v1)

Provide narrative in each box – narrative should reference they following domains: Demand , Capacity, Workforce, Exit Flow, External Winter events

Actions	Commentary – evidence of current position	Further actions required and timeframe	Risks to delivery	RAG
<p><b>Workforce:</b> maintaining staff support in-place with a clear Wellbeing Offer.</p>	<p>This includes – Care Home Advisory Group (GP Chair) working across council, community, commissioners, public health and care home provider leads. Staff vaccination programme and mutual aid agreements around access to agency staff. Joint recruitment across all winter plans – community &amp; social care. Support Hub – linking with third sector partners maintained by Wilts Council. All third sector contracts reviewed by end October 2021 – Home from Hospitals support and Trusted assessors in-place (RUH (new post) and SFT).</p>	<p>BSW workforce hub being established – focus on key areas of pressure e.g. Therapies and carers. Wiltshire Council (supported by HDP funding) are expanding in-house care capacity, mitigating current market pressures in Dom care. Maintained additional commissioned provider (Retain) until in-house staff capacity is in-place.</p>	<p>Maintaining staffing levels across all community and social care services. Monitoring is in-place and mutual aid agreements in-place.</p> <p>Largest risk for current plans is ability to recruit staff (all recruitment has been live from July/August 2021). All posts are out to permanent recruitment.</p>	<p>Red</p>
<p><b>Detail of Wiltshire's Key Winter 2021/22 Plans</b></p>				
<p>1. Admission avoidance - 2Hour Rapid Response – Combine WH&amp;C and Wiltshire Council response.</p>	<p>Service live from March 2021, fully Wiltshire Wide from September 2021. See slide 12 for most recent performance report. 5 clinical pathways live across Wiltshire. Communications plan is now in-development as service is live and fully Wiltshire wide.</p>	<p>Recruitment is ongoing to reach full establishment, service rollout based on current staffing levels, working to have all 10 pathways live by November 2021. Working closely with Medvivo (DOS planning to go-live in Oct) and SWASFT.</p>	<p>Full recruitment of staff (all posts advertised permanently)</p>	<p>Amber</p>
<p>2. In-house Domiciliary Care – Wiltshire Council plan supported by ICA funding (HDP) &amp; support for 48hr care following rapid response.</p>	<p>Business case approved in August 2021 to expand Wiltshire at Home (In-house Dom care capacity). This will mitigate market pressures, delivery greater consistency from private contract for additional hours for Pathway 1.</p>	<p>Recruitment commenced. Worked with RUH on staff identified for vaccination programme.</p>	<p>Ability to recruit staff (all posts have been advertised permanently)</p>	<p>Red</p>



# Community (Wilts ICA v1)

Provide narrative in each box – narrative should reference they following domains: Demand , Capacity, Workforce, Exit Flow, External Winter events

Actions	Commentary – evidence of current position	Further actions required and timeframe	Risks to delivery	RAG
<p><b>3. Overnight Nursing</b> – Wiltshire in BSW had no 7 day community nursing overnight service. WH&amp;C to implemented Wilts wide and funded from ICA development plan (all sources of funding – BCF, Transformation, HDP etc). This is essential to support 2hr rapid response implementation.</p>	<p>Recruitment has started, working with community services across BSW to manage new service in Wiltshire but not destabilise e.g. review of JDs and grades. Training and implementation plan agreed being led by WH&amp;C.</p>	<p>Clear leadership and oversight of progress via Wilts ICA programme management (Aging Well programme)</p>	<p>Staff recruitment and training. Remaining currently on timeline for November 2021 go-live.</p>	<p>Amber</p>
<p><b>4. Use of continued HDP Funding (HDP within overall ICA funding plan for 2021/22)</b> – Support social care. Plans include – Maintaining additional care homes beds, Spot Purchase funding for EOL, Complex Needs, Dom care capacity from market (will be enhanced when transfer to inhouse capacity).</p>	<p>Plans all in-place and live across Wiltshire. Reporting of monthly spend and oversight by Wiltshire Locality Commissioning Committee.</p>	<p>None</p>	<p>Care market stability., working to commission blocks of beds and target support to a smaller number of key care homes. Plan agreed with Wiltshire Care Alliance with better access to community and social care capacity e.g. therapy and social workers.</p>	<p>Amber</p>
<p><b>5. Discharge pathway(1,2,3) efficiency</b> –target 2 day reduction from referral to discharge on all p1 pathways from referral to discharge. Sharing best practice across P2 and P3.</p>	<p>Scoping work completed identifying areas of opportunity, case review in-progress, reviewing all processes and linking with ECIST review at RUH. Review of referral information and maximising D2A approach.</p>	<p>Detail plans and agree clear performance target reporting. Daily reporting by LOS in place, but need to agree how 2day referral to discharge metric will be monitored (daily, weekly, monthly).</p>	<p>Ability to implement change quickly given current system pressures and operational staff focus on maintaining discharge flow.</p>	<p>Red</p>
<p><b>6. Expansion of Virtual Ward Rounds in Care Homes</b></p>	<p>Multi-professional rounds, care homes can self-refer patients, virtual MDT approach. Already in-place lead by WH&amp;C but supported by AWP, Wilts Council, vol sector, in year to rapidly expand successful model. Supported by Community Nurse Consultants recruited in 2020/21.</p>	<p>Live currently and expanding offer to more care homes (adult and older people)</p>	<p>Staff capacity to maintain virtual approach, particularly geriatrician time.</p>	<p>Green</p>



## Wiltshire Locality Winter Scheme Initiatives 21/22 (updated 07/09)

Latest projected bed gap - taken from D&C modelling - Scenario 2 as focus scenario

	Actual run rate						Modelled run rate					
	April	May	June	July	August	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Pathway 1	10.3	9.7	9.7	6.3			9.7	9.9	10.0	9.4	10.1	9.8
Pathway 2	5.0	5.0	5.0	5.0			4.8	4.9	5.0	4.6	5.0	4.8
Pathway 3	0.5	0.5	0.5	0.5			0.5	0.5	0.5	0.5	0.5	0.5

	Sep	Oct	Nov	Dec	Jan	Feb
Scenario 2 - Pre-Covid	-79	-125	-127	-130	-137	-100

### Impact of Wiltshire Locality Initiatives

	Sep	Oct	Nov	Dec	Jan	Feb
<b>Admission Demand Management</b>	<b>30</b>	<b>30</b>	<b>45</b>	<b>44</b>	<b>52</b>	<b>65</b>
Two Hour Rapid Response inc overnight nursing and 50% Dom care	27	26	41	40	48	62
GWH Therapy at Front Door	4	4	4	4	4	3
<b>Internal Provider Efficiency</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>9</b>	<b>10</b>	<b>10</b>
RUH Flow Efficiency	0	0	2	2	3	3
RUH SDEC	0	0	0	1	1	1
SFT						
• Implement Criteria Led Discharge across all wards						
• Increased e-Whiteboard training and data entry						
• Continuous Improvement Approach delivered on all wards	0	3	3	6	6	6
<b>Increasing Discharges/Flow</b>	<b>18</b>	<b>38</b>	<b>37</b>	<b>38</b>	<b>38</b>	<b>35</b>
Discharge Process Efficiency- Reduction in handover delays	18	38	37	38	38	35

<b>Grand Total</b>	<b>48</b>	<b>71</b>	<b>87</b>	<b>91</b>	<b>100</b>	<b>110</b>
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<b>Net Position (scenario 2)</b>	<b>-31</b>	<b>-54</b>	<b>-40</b>	<b>-39</b>	<b>-37</b>	<b>10</b>
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	Sep	Oct	Nov	Dec	Jan	Feb
Scenario 2b - Pre-Covid 95% Occupancy. Escalation closed	-49	-89	-91	-93	-100	-66

<b>Net Position (scenario 2b)</b>	<b>-1</b>	<b>-18</b>	<b>-4</b>	<b>-2</b>	<b>0</b>	<b>44</b>
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	Sep	Oct	Nov	Dec	Jan	Feb
Scenario 2c - Pre-Covid 95% Occupancy. Escalation open	-18	-53	-54	-57	-64	-29

<b>Net Position (scenario 2b)</b>	<b>30</b>	<b>18</b>	<b>33</b>	<b>34</b>	<b>36</b>	<b>81</b>
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## Wiltshire Demand and Capacity Modelling P2 2021/22

Type of bed	Service	Referrals per template	Percentage split	Average LoS	Modelled Referrals	Average LoS	Beds required	Beds available
Acute	Community hospital (non Stroke)	2.55	30%	21.0	2.3	25.6	58	72
	Community hospital (Stroke only)	0.50	6%	28.0	0.4	25.6	11	20
	D2A bed	5.13	60%	28.0	4.6	25.6	117	100
	Intensive Rehabilitation	0.43	5%	21.0	0.4	25.6	10	
	Complex SPOT Purchasing (average estimated)							5
<b>Acute Total</b>		<b>8.62</b>		<b>25.6</b>	<b>7.7</b>		<b>197</b>	<b>222</b>
Non-acute (community demand)	Community hospital (non Stroke)	0.27	22%	21.0	0.3	25.8	7	
	D2A bed	0.83	68%	28.0	0.8	25.8	21	
	Intensive Rehabilitation	0.12	10%	21.0	0.1	25.8	3	
<b>Non-acute Total</b>		<b>1.21</b>		<b>25.8</b>	<b>1.21</b>		<b>31</b>	
All sources	Community hospital (non Stroke)						65	72
	Community hospital (Stroke only)						11	20
	D2A bed						139	100
	Intensive Rehabilitation						13	
	Complex SPOT Purchasing (average estimated)							5
<b>All sources Total</b>							<b>228</b>	<b>222</b>

Flexible use of IR and D2A beds and spot purchased beds will be used to manage the gap in demand (maximum year to date of 47 spot purchased beds) supported by allocated HDP funding.

ICA Plan in 2021/22	Beds funded	Modelled beds required
D2A beds	50	139
IR Beds	50	13
Complex	5	
Spot (average estimated)	25	
<b>Total</b>	<b>130</b>	<b>152</b>



**Organisation**

Medivo	206
Wiltshire Council	93
Wiltshire Health and Care	830
<b>All</b>	<b>1129</b>

**Area**

Amesbury	59
Calne and Craykeham	19
Chippenham	68
Devizer	98
Malmarbury and RWE	59
Marlborough	52
Mellham and B&A	92
Salisbury city	182
Traubridge	127
Warminster	315
Wilton	58
<b>All areas</b>	<b>1129</b>

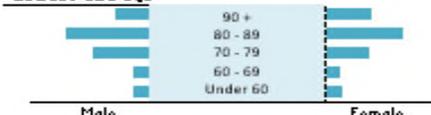
**Referral reason**

Assessment of LT care need	1
Blocked catheter/UTI	305
Carer breakdown	182
Cellulitis	3
Drooling	10
End of Life/pain relief	162
Equipment need	51
Infected wound	9
Mental Health crisis	1
Skin breakdown	20
Skin breakdown/drooling	185
Traumatic wound	21
Unsafe overnight	10
Other	169
<b>All reasons</b>	<b>1129</b>

**Clackstap performance**

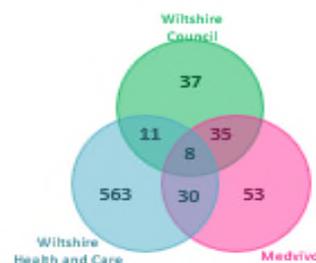


**Gender and age**



**Patient frequency**

Single referral	500
2 referrals	147
3 referrals	53
4 referrals	25
5 referrals	5
6 referrals	3
7 referrals	1
8 referrals	2
9 referrals	0
10+ referrals	1



**Sub-service**

Sub-service not available for selection made

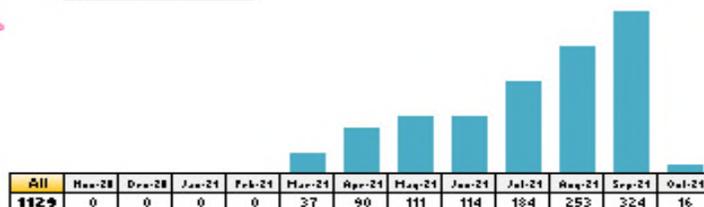
**Referral source**

111/00H	53
ATC	156
Carer/relative	297
Community Team	21
GP	285
Harpico	14
Self	128
Social services	75
Other	100
<b>All sources</b>	<b>1129</b>

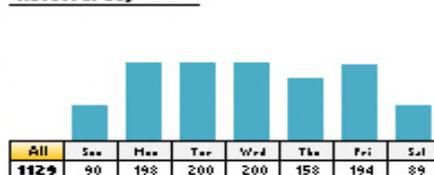
1129 737

Referrals received different individuals

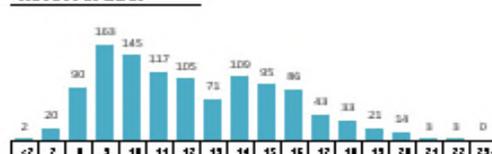
**Referral month**



**Referral day**



**Referral hour**



**Outcome**

Admitted to acute hospital	34
Admitted to community hospital	3
Community Team care lead	442
Deceased	5
Referral not accepted	19
Referred to another community service	66
Referred to CHC Fast track	2
Referred to Home first treatment	2
Referred to other speciality service	17
Referred to Rapid Response	25
Referred to Social Care brokerage	1
Referred to Social Care - LTC	8
Referred to voluntary services	0
Self funding support	8
UC@H	8
Usual residence no further treatment	246
Other	58
<b>All Outcomes</b>	<b>944</b>

Not yet discharged

185

Select from the grey shaded options to filter the dashboard. Selected options will be highlighted yellow. Use the button below to reset the filters to show all data.

**Current selection**

Organisation: All  
Sub-service: All  
Area: All areas  
Month: All  
Referral reason: All reasons  
Referral source: All sources  
Referral day: All

Clear all selections

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

**Item 13**

**Highlight Report – Quality Assurance Committee**

**PAPER**

**Wiltshire Health and Care Board****For information**

**Subject:** Quality Assurance Committee Highlight Report  
**Date of Meeting:** 05 November 2021  
**Author:** Bernie Marden, Chair of Quality Assurance Committee

**1 Introduction**

The Quality Assurance Committee (QAC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. The QAC was constituted to provide WHC's Board with assurance in relation to the quality and safety of care provided by WHC's community services. This paper summarises the key issues considered by the QAC (the Committee) at its meeting on 21 October 2021, which it is considered should be drawn to the attention of the full Board.

**2 Advise**

The Committee received an update from the Wheelchair Service and agreed that the service had made fantastic efforts since it had been added as a regular focus for the Committee. It was agreed that reporting to QAC was no longer required and would be removed from the standing agenda.

Due to triangulation of incident, emerging risk theme and NHS Benchmarking data a decision was made for a Medicine update to be added as a standing item on the quarterly agenda due to an increase in medicines incidents.

The Committee approved a new standing agenda for QAC and the terms of reference have been refreshed.

**3 Alert**

The Chief Operating Officer reported services are operating in high pressure, staff are exhausted and difficult decisions are being made regarding care, in particular describing the work in the system around reducing care needs. The Committee acknowledged the need to speedy decision making during incident management and discussed how this could be accommodated while also ensuring that the QAC was assured on the overall quality and risks being taken as a result. It was agreed that urgent operational decisions would need to be made by Executives working as part of the broader system but, where they involved specific quality impacts on WHC services or patients, this would be accompanied with a full risk assessment and reported to the QAC at its next meeting.

**4 Action**

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

**5 Date of next meeting**

The next meeting of the Quality Assurance Committee on Thursday 20 January 2022

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

**Item 14**

**Highlight Report – Audit Committee**

**PAPER**

**Wiltshire Health and Care Board****For information**

**Subject:** Audit Committee Highlight Report  
**Date of Meeting:** 05 November 2021  
**Author:** Martyn Burke – Chair of Audit Committee

## 1 Introduction

The Audit Committee (AC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. This paper summarises the key issues considered by the Audit Committee at its meeting on 18 October 2021, which it is considered should be drawn to the attention of the full Board.

## 2 Advise

### 2.1 Procurement Deep Dive

The Committee received a presentation from Rob Webb, Director of Procurement for the BSW ICS Procurement Service, which included highlights on:

- Governance of procurement shared service
- Overview of support and services provided over the last 12 months (BSW procurement service to WHC)
- Confirmed savings of £31,066
- Effective procurement planning
- How procured contracts were managed
- How green or environmentally friendly suppliers are
- Commercial and general risk management in the procurement process
- Commercial Contacts Register Documentation Storage
- Any areas of concerns and recommendations for areas of improvement within current system and process
- Future service changes that might impact in the services WHC receives

The audit committee recommended that WHC receive an annual report on procurement activity – in line with best practice and in line with the service provided to the sponsoring acute trusts.

### 2.2 Risk Management

SQ summarised the systems in place to report, monitor, manage and review risks across WHC and reported that WHC were seeing low level medication errors (no harm) and Medicines would now be a standing agenda item for Quality Assurance Committee quarterly.

Risk 57 (Falls) had been removed as falls had reduced and now sit below benchmark. There were no 15+ risks. SQ reported she was spending a good amount of time to get Datix right to support good systems already in place.

SQ confirmed that assurance is received via the 12+ risk review monthly workshops and that the risk manager keeps an eye on all risks but reiterated that managers cannot be held to account until Datix is properly up and running as it should be.

The Audit committee noted that the Board review of risk appetite will be presented early in 2022.

### **2.3 Internal Audit**

KB reported progress on the audit plan for the current year; one awaiting sign off to close and 3 to start in Jan 2022.

There were 6 outstanding audit actions from 18/19 and 19/20 that KB would like signed off imminently. AC confirmed that two with the finance teams and related to updating policies, which were now in draft form and consistent with the new SFIs.

MB asked that the process for approval of updates on internal audits be discussed at the Executive Committee. This has been added to the Exec co agenda for discussion

### **2.4 External Audit**

KPMG shared information to show the progress of the external audit since the last committee and an update of latest technical issues relating to the LLP. Climate change risk – MB suggested that climate change be added to the deep dive calendar for late 2022.

### **2.5 Counter Fraud**

CB introduced the report stating the risk register has been reconciled with the CF Authority's new risk descriptors, although there were two that did apply to WHC but didn't clearly fit to risks already on register; 1) using company assets for personal use, and 2) managers abusing positions of authority to obtain friend/family a job. Both have been added to the risk register now. CB highlighted that it would be Fraud Awareness week in Nov and 2 sessions had been arranged for staff on this subject. This had been shared with staff via internal comms.

### **2.6 Risk Training**

Kate Ball from BDO conducted some risk management training to the members and Annika Carroll

## **3 Alert**

3.1 There are no alerts.

## **4 Action**

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

## **5 Date of next meeting**

5.1 The next meeting of the Audit Committee is on 25 January 10:00-13:00

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

**Item 15**

**Update to Extended Access Contract**

**VERBAL**

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

**Item 16**

**Key points for dissemination to Member Organisations –PART I**

**VERBAL**

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

**Item 17**

**Any other business – PART I**

**VERBAL**

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

**Date of Next Meeting**

**Full Board Meeting:**

Friday 4 February 2022  
13:30-16:30

MS Teams or Training Room 1, Chippenham Community Hospital (TBC)

**To sign off Contract:**

Friday 25 March 2022  
13:30-15:30  
MS Teams

