WHC LLP Board Papers

1st May 2020

Wiltshire
HEALTH AND CARE

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Working in partnership
Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust

Wiltshire Health and Care Board Meeting - Part I
Themed Running Order

Venue:	Virtual Meeting via Teams
Date:	1 May 2020
Time:	14:00-16:00

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

Also In Attendance		
Katy Hamilton Jennings	Director of Governance, Legal and Company Secretary	KHJ
Becky Watson	Corporate Officer (minutes)	BW
Claire Robinson	Interim Director of Quality	CR

Item No.	Agenda Item	Presenter	Verbal/ Paper	Published/ Unpublished	Information/ Discussion/ Decision
1	**Welcome, Introductions and Apologies**	**Chair**	**Verbal**	**Published**	**Information**
2	**Register of Interest**	**Chair**	**Verbal**	**Published**	**Information**
3	**Part I Minutes, Actions and Matters Arising**	**Chair**	**Verbal/ Paper**	**Published**	**Decision**
Strategy					
4	**Chairs Report**	**Chair**	**Verbal**	**Published**	**Information**
5	**Managing Director's Report** a) Approach to planning b) Approach to finishing the year/ delivery tracker	**DB**	**Verbal**	**Published**	**Information**
Service Delivery					
6	**Quality, Workforce, Performance and Finance Highlight Report** a) Quality, Workforce, and	**CR/ AC/ LH**	**Paper**	**Published**	**Information**

	Performance Dashboards b) Finance Dashboard				
7	**Risk Report 15+**	**KHJ**	**Paper**	**Published**	**Discussion**
8	**COVID-19** a) Resilience b) Operational c) Finance d) Governance	**LH/AC/ KHJ**	**Paper**	**Published**	**Information**
Governance					
9	**Governance update, following Well-Led:** a) Part I (slides 1-8)	**KHJ**	**Paper**	**Published**	**Information**
10	**Staff Survey results** a) Results – analysis to follow.	**DB**	**Paper**	**Published**	**Information**
Highlights and AOB					
11	**Wiltshire GP Alliance Highlight Report - Extended Access contract**	**DB**	**Paper**	**Published**	**Information**
12	**Next meeting:** 7 August 2020, 10.00-13.00 Training Room 1 Chippenham Community Hospital				

Wiltshire Health and Care ("WHC")
Board Meeting

Item 1

Welcome, Introductions, and Apologies

VERBAL

Wiltshire Health and Care ("WHC")
Board Meeting

Item 2

Register of Interests

VERBAL

Wiltshire Health and Care Board Meeting
Minutes - Part I (Published)

Venue:	Training Room 1, Chippenham Community Hospital
Date:	7th February 2020
Time:	10.00-13.00

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

Also In Attendance		
Katy Hamilton Jennings	Director of Governance and Company Secretary	KHJ
Becky Watson	Corporate Officer (minutes)	BW
Lina Middleton	Patient & Public Involvement Officer (for item 7 only)	LM
Kelsa Smith	Head of IT (for item 11 only)	KS
Claire Robinson	Interim Deputy Chief Operating Officer (for item 6 only)	CR
Ruth Anderson	Physiotherapist, Chestnut Ward (for item 6 only)	RA

Item No.	Agenda Item	Action Lead
1	**Welcome, Introductions and Apologies** RB welcomed Board members to the meeting KM explained that due to CQC preparation at GWH he would need to leave the meeting at 11:15. RB agreed to prioritise the agenda so that KM could be present for any items requiring member decision/approval.	
2	**Declaration of Interests** RB asked if there were any changes to the interests of Board members. Members advised that there were no changes.	
3	**Part I Minutes, Actions and Matters Arising** **Minutes** Board members confirmed that the 'Part I' minutes of the previous meeting were a true and accurate reflection of the discussions held.	

	Actions Board members reviewed all actions with the status of 'open' and 'can be closed' Board members **agreed** that all actions marked 'can be closed', could be closed. In relation to the 'open' actions, the following points were discussed: • **Action 107 (physiotherapy patients)** – LH advised that this action could now be closed. LH explained that there was now an improved admin process in place so that referrals could be dealt with within 72 hours. Self-referral patients receive a receipt so there was no need for further contact. • **Action 125** – LT confirmed that SFT were engaged and she will continue to liaise with the team to ensure the correct contact is made. **Matters Arising** There were no matters arising.	
4	**Chairs Report** Members Meeting – 28th January 2020 RB noted that a meeting of the Chairs and Chief Executives of the WHC members had taken place on 28 January 2020. Following this meeting, some changes to the governance arrangements of the LLP structure would be pursued. RB checked to see that all WHC Board members had been briefed following that meeting. KHJ would be making the necessary links to Member Representatives as part of taking the actions forward. STP All organisations in the BSW STP had received a letter from Tracey Cox (TC) Chief Executive of BSW CCGs and Stephanie Elsy (SE) Independent Chair BSW STP. This letter summarised key issues for health and care systems as discussed at the BSW Partnership Board. It highlighted "challenging cost pressures to address before the end of the financial year; the need to operate differently, and to make courageous decisions where appropriate." RB summarised that TC and SE were asking for active and urgent support to assist with this work.	**KHJ**
5	**Managing Director's Report**	

	DB provided a verbal update, highlighting the following: • **GIRFT** - WHC had been nominated for the 'Get It Right First Time (GIRFT) team to visit. This was likely to be in early March 2020. The team would look at a range of community services in future, but this prototype visit would be focused on inpatients patient flow and respiratory. WHC was one of seven organisations participating in these prototype visits across England. • **WHC's Director of Quality, Professions, and Workforce** - Sarah-Jane Peffers had left WHC in the previous week to take up a post with BSW CCG. Interviews to find her replacement were due to take place on 12 February 2020. As this would be a Board appointment, agreement from all Members would be required. DB explained that LT was due to sit on the interview panel. RC and KM **agreed** that LT could make this decision on behalf of all members. **Visits to WHC:** • **4 February 2020 - Stephanie Elsy, Independent Chair BSW STP**. SE had spent part of the day with WHC, which included going on a home visit with a Speech and Language Therapist, time with the Patient Flow Hub, observing a lower limb group class and finally assisting with the afternoon tea round on Mulberry Ward. • **11 February 2020 - Elizabeth O'Mahony, Regional Director and Iain Wallen Director of Performance, NHSE and NHSI South West**. Plans for the day included observing an amputee class, visits with the Chippenham Community Team, a visit to the patient flow hub, a meeting with a First Contact Practitioner, and visit to Chestnut Ward in Savernake Hospital	
Patient Focus		
6	**Service Spotlight – Ailesbury and Chestnut Ward Service Transformation** RB welcomed Clare Robinson (CR) and Ruth Anderson (RA) to the meeting. CR introduced herself as Interim Head of Ops for MIU and Inpatients, and Deputy COO. RA introduced herself as a Physiotherapist, working on Chestnut Ward. CR explained that Chestnut ward was a therapy led inpatient unit based at Savernake Hospital in Marlborough. It is led by a Clinical Therapy Lead The Board were guided through a presentation covering the following	

areas:

- New model of operation
- Increased staffing
- Increased pathway 0 discharges
- Improved safety and quality of discharges
- Enhanced therapeutic interaction
- Reduce length of stay

CR explained that a direct result of increased therapy sees therapists treating a minimum of 10 patients a day and more for those in group therapy.

RA highlighted the following aspects:

- The ward had introduced a new timetable of staff teaching, which is designed to be “bite size” and fun. It improves the level of care provided, and also helps towards CPD for professional registration.
- Activities timetables are changed each week, and there is something different on each day.
- The ward had demonstrated a positive increase in discharges from August to December 2019. This had decreased in January 2020 at a time that the team were trialling shift changes, the impact of which would be reviewed.
- Rehabilitation would be more effective if appropriate patients were admitted. It was recognised that this was difficult to achieve at all times when the rest of the system was pressured, but greater awareness of the type of patients who would benefit most was being encouraged. RA provided some case studies to illustrate the impact on individuals.
- Help was requested to support staff manage the expectations of patients who are clinically ready to leave the ward, but wish to stay due to the environment.
- Patients currently make their own breakfast wherever possible; RA would like to extend this to other meals.
- RA advised that she was really happy to work in an organisation that was trialling new ways of working, and felt that she worked in a great team.

RC asked about the participation of families in the patients’ journeys. RA explained that ward staff speak to families as soon as the patient is admitted to explain the purpose of the ward, and how it would aim to support their loved one – so as to set expectations from the families perspectives early-on. Families were encouraged to be an active part of activities.

	The Board thanked CR and RA for the presentation.	
7	**Patient & Public Involvement Plan Update** RB welcomed Lina Middleton (LM) Patient and Public Involvement Officer to the meeting. DB advised that LM had started her maternity leave the previous day, but had returned for an extra day to talk to the Board. LM gave a brief update of what had been achieved since September 2019. Highlights included: • **Friends and Family Test (FFT)** – this was now being managed 'in house' since the contract with Picker had ended. New processes and paperwork had been introduced, which were more accessible, and far clearer than the previous card design. These had been positively received by teams. • **Internal engagement** - LM reported that teams were actively contacting her to support with patient engagement, indicating that staff recognised the importance, and were keen to maximise opportunities to hear what patients think. LM advised that the main patient involvement objectives for 20/21 would be: • Embed FFT within all teams across WHC and improve return rates. • Increase staff awareness of the importance of patient engagement. • Develop databases for both patients and stakeholders that meet information governance criteria. • Review WHC's website to improve accessibility, navigation and content KHJ advised that recruitment to LM's role for maternity cover had unsuccessful, and confirmed that others across the corporate and quality teams within WHC would be taking on responsibility for delivering certain parts of the role in LM's absence. The remaining elements of LM's role would be on hold until LM's return in 2021. RB thanked LM for attending.	
Strategy		
8	**Q3 Delivery Plan Update** KHJ presented an update on the WHC Delivery Plan as at the end of Q3 19/20.	

	KHJ explained that this report had included an additional indicator colour of "purple" in this report; to indicate where WHC would still pursue the completion of the objective, but the likely timeframe for completion was expected to move into 20/21. By way of summary, KHJ advised: • 41% of WHC delivery plan objectives were complete (blue). • An additional 30% of the objectives were either amber or green – meaning that WHC was expecting 71% of its delivery plan objectives to be completed by the end of March 20. • 6% of objectives were no longer being pursued (grey). • 5% of objectives were paused pending commissioner decisions (red). In relation to the red objectives, there had been no movement between the Q3 report and the Q2 report on account of the commissioners not making any new decisions in these areas in the last quarter. • This left 19% of objectives which WHC anticipated completing in 20/21 (purple). • In relation to the majority of the purple objectives, a fair amount of work had been carried out in 19/20, but it was recognised that further work needed to happen in 20/21 to achieve the intended outcome. • When WHC puts together its delivery plan for 20/21 and beyond, a number of the purple objectives displayed in the Q3 report will form part of the ongoing plan. This will be subject to refining the delivery plan for 20/21 and beyond, so that it meets the LTP and BSW objectives, and is manageable in size – so smaller in scope to the current year's plan.	

Blue	**Complete delivery objectives 19/20**	41%		71%
Green	**On track delivery objectives 19/20**	19%	30%	
Amber	**Off target, but due to be completed within 19/20**	11%		
Purple	**Likely to be complete, but in 20/21**	19%		
Red	**Off target and unlikely to be completed within 19/20**	5%		
Grey	**No longer appropriate objectives to pursue**	6%		

DB explained that this process has worked well for 19/20, and was well received by staff.

9	**Primary Care Networks (PCN's) update** DB provided a verbal update on WHC's interaction with the Wiltshire PCNs. Close working was continuing, particular in areas in which PCNs have sought opportunities to work on specific issues and projects. At the time of the meeting, further detail was awaited on the	

	shape of specifications for PCNs for 2020-21.	
Service Delivery		
10	**Quality, Workforce, Performance and Finance Highlight Report** **a) Quality, Workforce and Performance Dashboards** DB introduced the quality section of this report which was compiled by Sarah-Jane Peffers before she had left her post the previous week. DB flagged the following points to the Board: • **Overdue incidents** - remained high but there were plans and trajectories in place to mitigate. There is a clear process and nominated staff accountable in each team. • **Duty of candour** –remained an issue, but work is being completed to ensure the correct process is followed by all staff, and the appropriate boxes on the system are ticked. • **Freedom To Speak Up (FTSU**) – a FTSU concern had been raised regarding estates. A response to this was being coordinated by Victoria Hamilton (Director of Infrastructure). The concern related to issues in a building that WHC were already aware of, and trying to resolve. **b) Finance Dashboard (December 2019)** AC flagged the following to the Board: • Inter-company debt remained outstanding (951k). However AC had been contacted by GWH finance and was confident that an agreement would be reached to resolve this before the end of the financial year. **c) Performance** LH flagged the following to the Board: • The winter scheme for additional care hours to support the Home First pathway had been delayed from its proposed start date of mid-December but the vast majority of capacity had now been delivered. This was having a positive impact on reducing waiting numbers for this pathway. • Corona virus – community teams were due to start swabbing people for presence if the virus from Monday 17 Feb 2020.	
11	**IT Network Contract** RB welcomed Kelsa Smith (KS), Head of IT for WHC, to the meeting.	

	KS reminded Board members that the IT network contract had been **agreed** by the Board (via email) in January 2020. The purpose of today's presentation was to provide an update on the key steps relating to the migration. KS advised that the target date for completion was 30 June 2020. **Background and progress to date:** • The specification was the new service had been developed in consultation with local IT stakeholders, including GWH. • The contract had been awarded to Centrality Ltd following a competitive tender process. • Migration activities had already begun. **Timetable:** • Procurement activity – Completed January 2020 • Project Governance and Board – Operational • Initial set up and configurations – due for completion February 2020 • Migration Activity – February to May 2020 • Communications and Training – on-going • Business as Usual – July 2020 DB explained that the IT team were also working on the Windows 10 implementation to the national deadline. KS was nevertheless confident that the IT network migration could be completed by the end of March 2020. RB queried whether issues remained for teams accessing mobile phone networks whilst out with patients. KS advised that issues around mobile working were still present, and mechanisms to work around this were being supported by the operational teams. DB advised the Board that WHC's migration to the new network was in line with the BSW objectives, and the new arrangements would be portable.	
12	**Risk Report 15+** <u>Risk profile</u> KHJ introduced the risk report to the Board members highlighting the organisation's overall risk profile. KHJ advised that there had been a small increase in the total number of risks on the risk register, which was largely attributed to:	

	• engagement by the risk manager with operational teams; and • the introduction of a defined risk training package in Q3, which was now being delivered to staff. <u>15+ risks</u> Board members noted that there was only one 15+ risk. This was an operational risk, relating to limited step down capacity, and the ability of WHC to meet the expectations of commissioners and system partners in relation to supporting flow out of the acute setting. The Board noted that to reduce the impact of this risk, a number of actions were in place, including: • Briefing to A&E delivery boards on what WHC is able and unable to do. - Demand and capacity monitoring at A&E delivery boards and the wider system. - Senior input by WHC into Community Hospital Delay calls. Having considered the risk report, Board members confirmed that they were **satisfied** with the scoring of the 15+ risk, and were **content** that WHC was taking sufficient steps to mitigating 15+ risks effectively.	
Governance		
13	**Emergency Preparedness, Resilience and Response Assurance Report** The Board members **noted** the Emergency Preparedness, Resilience and Response Assurance report.	
14	**Information Governance update** KHJ presented this item, advising the Board that Heidi Doubtfire (WHC's DPO), had been due to provide this report but unfortunately had not been able to supply the report in time due to unforeseen circumstances. In lieu of Heidi's report, KHJ updated the Board on two key areas of WHC's information governance programme for assurance purposes: <u>Data Security and Protection Toolkit (DSPT)</u> • The DSPT is an annual submission to NHS Digital, where evidence is provided to show compliance with a set of standards. • WHC falls under the category of any qualified provider, and that means that it is required to submit 56 items of mandatory evidence by 31 March each year.	

	• The current state of play is that 50 of the 56 items of evidence have been submitted, and there is an action plan in place to ensure that the remaining items of evidence are uploaded within the required timescale. • The two items of evidence that require the most attention are: (a) ensuring mandatory training compliance (in relation to which, the WHC business manager is contacting the under-performing teams and individuals to personally "prompt")'; and (b) signing off WHC's data flow mapping and Information Asset Register (in relation to which a set of actions are underway to ensure compliance). <u>Information Governance risks</u> KHJ advised: • WHC has 5 risks relating to IG on its risk register. • All IG risks are reviewed by the Executive Committee twice a year regardless of their score – that review takes place in February and August. The top risks are brought to the Board at least annually. • The two highest scoring IG risks relate to: o **Data flow mapping**, i.e. ensuring that we know where personal data is saved within our organisation, and *who* we share personal data with; so that, in turn, we can assess whether we have appropriate measures in place to protect the security of the data wherever it may be held, and that we have appropriate arrangements in place with those that we share data with. Whilst data flow mapping is always an iterative exercise, at the moment WHC's data flow mapping is partially complete (40 data flows mapped already, and we anticipate a further 150 lines to be added). There is a prioritised piece of work scheduled for Q4 to ensure this is completed by the 31 March due date. o **Testing WHC's ability to respond to a system failure**. In relation to this risk a training session has been arranged for 20 March 2020, facilitated by a member of the police. This session meets the criteria of the DSPT. Board members were invited to join if they wished to. The Board **noted** the update.	
Highlight Reports and AOB		
15	**Wiltshire GP Alliance Highlight Report - Extended Access contract** DB presented this highlight report this to the Board, drawing attention to the positive comments within the Health Watch report. DB advised	

	that the Extended Access contract was expected to roll over to next year as part of a transition towards this activity being overseen by Primary Care Networks. The Board **noted** the update.	
16	**Any Other Business** • RB explained that the recruitment for Chair of the Board was now underway. • RB informed Board members that AB's term of office was due to end at the end of March 2020. As such, this meeting was her last Board meeting. RB and the Board thanked AB for all her input over the last 3 years. • AB thanked members for the opportunity to be on the WHC Board, and advised that she had learnt a lot. AB advised that she was very impressed with how WHC had grown and with DB for leading a dedicated team.	
17	**Next meeting:** 1st May 2020, 10.00-13.00 Keir Room, Melksham Community Hospital	

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
129	07/02/2020	Members meeting follow up - KHJ would be making the necessary links to Member Representatives as part of the actions flowing from the Members Meeting.	KHJ	Complete/ may be closed.	07/04/2020		Actions from Members Meeting complete. Minutes cirulated - February 2020. Proposed amendments to Members Agreement circulated - April 2020.

Wiltshire Health and Care ("WHC")
Board Meeting

Item 4

Chairs Report

VERBAL

Wiltshire Health and Care ("WHC")
Board Meeting

Item 5

Managing Directors Report

VERBAL

Wiltshire Health and Care Board	**For information**
Subject:	**Quality, workforce, performance and finance quarterly report**
Date of Meeting:	**01 May 2020**
Author:	**Clare Robinson – Quality performance** **Hanna Mansell – Workforce performance** **Annika Carroll – Financial performance** **Lisa Hodgson – Performance against performance standards**

1. Purpose

1.1 To provide an overview of the main issues arising from review of information about the quality and performance of Wiltshire Health and Care services and alert and advise the Board to issues by exception.

2. Issues and highlights to be reported to Board

2.1 The quality, workforce, and performance dashboards are attached for the Board's information.

2.2 The following issues are highlighted to the Board in relation to the **quality of services**:

Quality	
ADVISE	**Incidents** Outstanding Incidents have reduced by over 100 during the past month, with additional support provided by Quality Team Recurring themes in community incidents of pressure ulcers are being addressed and there is an action plan in place. **Duty of Candour** training is now being implemented as a training module for staff to increase awareness and compliance. **Serious Incidents** Due to Covid-19 RCAs were originally postponed until BAU, this is with support from commissioners and we are regularly communicating regarding serious incident reports. Where possible, we are agreeing with commissioners that a detailed 72 hour report can be accepted as the final serious incident report. We are looking to progress RCA's as capacity allows ensuring a robust process is followed. **Complaints** • 77% complaints compliance during quarter 4 2019-20, a drop in compliance occurred in March. The commissioning benchmark is 80%. • 10 complaints were received into WHC during January and February 2020, in comparison to 1 complaint in March 2020 • All complaints correspondence has been updated to explain that there may be delays due to the Covid-19 pandemic. Where this occurs, complainants will be

	individually communicated with. **Quality Schedule 20/21**: WHC have received the 2020-21 Schedules and are planning and implementing related work streams with teams Due to the current COVID-19 situation, reporting against the CCG Local Quality Schedule has been suspended for three months (April - until end of June 2020), with further months TBC depending on national direction and COVID progression. **CQUINS:** 2019/20 – Q4 Submission: The CCG have confirmed that Q4 reporting is not required to the CCG and that full payment will be awarded for this quarter. There is no expectation from NHSE to submit data or retrospectively submit data. 2020/21 – Q1 Submission: NHSE have confirmed the operation of CQUIN will be suspended for the period from April to July 2020; providers need therefore not take action to implement CQUIN requirements, nor carry out CQUIN audits or submit CQUIN performance data.
ALERT	**Safeguarding** Since Covid-19 safeguarding activity across the organisation has dropped. This matches the national picture. Measures in place to offer guidance, support and advice to staff and patients/families.
ACTION	None

2.3 The following issues are highlighted to the Board in relation to **workforce**:

Workforce

ADVISE

Sickness Absence (>3.5%)	Appraisal (>85%)	Voluntary Turnover (<13%)	Vacancy (<8%)
5.22% ↑	75.37% ↓	12.36% ↓	10.29% ↓

- Call to action saw 253 people come into the bank recruitment pipeline
- NHSE&I published guidance in conjunction with NHS employer to simplify recruitment process during COVID19
- WHC participation in the national Bringing Staff Back and Student placements programs
- Increased level of face to face training to include HCA and re-skilling Staff Nurses
- Repurposing of staff from MSK and Long-term conditions, Specilaist Nurisng and MIU to support communty teams and inpatient area
- To support the COVID related absences it was agreed to add resiliance staffing on inpatient wards for 1RN and 1HCA per shift, with the view that this would be bank fill to reduce risk of late escallation to off framework
- Significant increase in temporary staffing c.480 additional shifts (from previous Month)

	• Incentives added to all inpatient RN Bank shifts from the 16th March (inline with incentive program)
ALERT	• Appraisal complicance continued to decline, with anticipated further decline in April following NHSE&I guidance • Sickness absence significantly higher in March at 5.22%, 3.27%STS, 1.95% LTS • 43.82% of sickness absence was attributed to COVID19 • Peak of COVID related absences was on the 27th March at 195 staff absent
ACTION	

2.4 The following issues are highlighted to the Board in relation to **financial performance:**

Financial performance	
ADVISE	• WHC draft 2019/20 year end financial position (subject to external audit) is a surplus of £29k. • The in-month agency expenditure doubled to £724k in March, due to Covid 19 pressures. Total Covid 19 related spend incurred up to 31st March was £431k (£413k pay, £18k non pay), with both funding and expenditure reflected in the March financial position. • £444k of assets (net of depreciation) were capitalised in March, with £301k of ETTF funding approved late March by commissioners, which will now support part of the required infrastructure investment in 2020/21. • Settlement has been reached with GWHFT for the outstanding legacy balance of £951k, with an equal risk share agreed of the disputed amount of £289k. A payment for £808k has been made to WHC. This longstanding issue is now closed. • Interim arrangements have been agreed with BSW CCG for the monthly block contract payment for period April – July 2020 in line with national guidance, with two monthly payments expected in April (covering April and May) to support cash-flow during Covid 19. The final agreement of the block contract value for 2020/21 is pending completion of contract negotiations, which have been put on hold due to Covid 19. • National guidance continues to be followed during Covid-19, with retrospective business cases approved where commitment to spend has been made in advance of a formal business case approval due to an urgent clinical need to obtain equipment or services.
ALERT	None
ACTION	None

2.5 The following issues are highlighted to the Board in relation to **maintaining performance against required performance standards:**

Maintaining performance against required performance standards	
ADVISE	• WHC has been running the incident response to Covid 19 since the 17th March 2020.

	Since this time we have worked within the national guidance /framework.
ALERT	None
ACTION	None

2 Recommendation

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

Wiltshire Health and Care ("WHC")
Board Meeting

Item 6a

Quality, Workforce, and Performance Dashboard

PAPER

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

Wiltshire Health and Care ("WHC")
Board Meeting

Item 6b

Finance Dashboard

PAPER

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

Wiltshire
HEALTH AND CARE

NHS

Wiltshire Health and Care Risk Board Report 15+ Risks April 2020

Review of Wiltshire Health and Care 15+ Risks

Wiltshire Health and Care Board	▪ **Overarching accountability for risk.** ▪ **Confirms that Wiltshire Health and Care has an effective, appropriate, robust, and prudent business planning, risk, and controls framework (annually).** ▪ **Ratifies the Risk Management Strategy.** ▪ **Approves Wiltshire Health and Care's Risk Appetite Statement (annually).** ▪ **Reviews the Board Assurance Framework (twice a year) – to ensure that strategic risks are appropriately controlled and managed.** ▪ **Ensures Wiltshire Health and Care's management team manages risk within the defined risk appetite approved by the Board.** ▪ **Reviews organisational risks scoring 15+ (quarterly).** ▪ **Receives assurance from the Audit Committee in relation to the effectiveness of Wiltshire Health and Care's risk management approach.** ▪ **May refer oversight of specific clinical risks to the Quality Assurance Group (which in turn will provide assurance back to the Board on the management of those specific risks).**

15+ Risks

There are two risks scoring **16** recorded on the organisational risk register

Risk 80 – Managing System Pressures (Risk title changed by COO on 21.04.20), previously Managing Winter Pressures

Risk 99 – Covid-19

The Board are asked to review the risks and confirm,

- It is stated that the risks are being appropriately mitigated/ managed
- it is content for WHC to carry the stated level of risk.

Risk 80: Managing System Pressures

Risk Owner: Lisa Hodgson, COO

Description: Cause: Out of hospital capacity is a finite resource which can be outstripped by demand. Recent demand during the covid-19 incident has been reduced in excess of 40% for inpatients and rehabilitation services, it is highly anticipated that this demand will be seen in the very near future and will require a responsive service offering to prevent long term deconditioning of individuals.

Effect: WHC is unable to meet the needs of patients and the expectations of commissioners and system partners in relation to supporting flow from the community, primary care and acute settings.
Health outcomes are impacted resulting in higher care needs.

Outcome: This could impact on flow with more people opting to attend emergency departments, reduced flow out of the acute hospital setting; impacting on LOS/ bed days in the acute setting and patients not receiving an equitable rehabilitation and/or reablement, resulting in an increased need for long term care.

Risk Score: 16

Likelihood: 4 (Likely) *Will probably happen/recur but it is not a persisting issue*

Impact: **4** (Major)

Impact	Quality	Legal Regulatory compliance	Reputational	Strategic
4 Major	• Gross failure to meet national standards Non-compliance with national standards with significant risk to patients if unresolved • Multiple complaints/ independent review • Low performance rating • Critical report	• Multiple breaches in statutory duty • Improvement notices • Low performance rating • Severely critical report	• Long-term reduction in public confidence	• Re-prioritisation of objective

Risk 80 Managing System Pressures

Controls:

- Opel status and situation reports
- Briefing to A&E delivery boards on what WHC can and cant do
- Senior input into Community Hospital Delay calls

Actions:

Date Action added	Action Lead	Actions	Progress against action	Target completion date
02.09.19	LH	1. Press for demand and capacity monitoring at A&E delivery boards (or another forum), to ensure that accurate picture is determined, and ensure that WHC presses the point that this a system issue, and there is a mechanism in place to ensure system remains clear on the what it is possible for WHC to do to support.	Complete	12.02.20
11.12.19	LH	2. Senior input into Community Hospital Delay Calls	Completed	
21.04.20	LH	3. (New Action), Press for funded service development plans in 20/21, informed by the capacity and demand modelling and are sufficient to meet the peak of home first demand.	The Covid incident has required this to happen, recovery planning must ensure this is maintained	30.06.20
21.04.20	LH	4. (New Action)Work with WCC and stakeholder to define the discharge process, including an in reach model	Progress as above	30.06.20

Risk 80 Managing System Pressures

Actions:

Date Action added	Action Lead	Actions	Progress against action	Target completion date
21/04/20	LH	5. Work with system partners to plan the recovery from the covid-19 incident, developing a plan which includes managing latent demand, retuning services to bau and retaining the positive improvements	Plan in place May 2020	

Risk 99 Covid-19

Risks presented by COVID-19 are managed at two levels.

1. A Covid-19 risks register has been developed, and risks recorded in this are reviewed weekly between the Covid-19 incident management team and the risk and complaints manager. This risk register captures the on-going operational risks presented by Covid-19

2. An overarching risk – covering impact on WHC as an organisation is recorded on our main risk register. Details of this are set out on the following slides.

Risk 99 Covid-19

Risk Owner: Lisa Hodgson COO

Overarching Risk: Novel Covid-19, presents a number of multi faceted risks to service delivery and patient and staff safety. If Wiltshire Health and Care does not take appropriate preparation and action, the risks of (i) ineffective service provision; and (ii) negative impact on patient and staff safety will manifest.

Risk Score: 16

Likelihood: 4 (Likely) Will probably happen/recur but it is not a persisting issue.

Impact: **4** (Major)

Impact	Quality	Legal Regulatory compliance	Reputational	Strategic
4 Major	• Gross failure to meet national standards Non-compliance with national standards with significant risk to patients if unresolved • Multiple complaints/ independent review • Low performance rating • Critical report	• Multiple breaches in statutory duty • Improvement notices • Low performance rating • Severely critical report	• Long-term reduction in public confidence	• Re-prioritisation of objective

Risk 99 Covid-19

Controls:

1. As of 17 March 2020, the WHC COVID-19 Resilience team has been established, headed by the Coo. Daily calls are occurring to assess progress against agreed actions across operations, workforce, communications (and other areas as applicable).
2. Incident management occurring with daily records of all actions, issues and risks.
3. Daily operational teleconferences are occurring in WHC.
4. Teleconferences are occurring across the BSW to ensure information is shared.
5. Key information for public and patients has been placed across all areas of WHC where public and patients may attend. Key information is also on the landing page of the WHC website.
6. Daily COVID-19 emails to staff from Executive team to disseminate key messages to staff.
7. New resilience processes have been developed (I-Respond) to support all NHS staff across the BSW, (MIU and community testing). These are communicated to staff regularly.
8. Posters have been placed in critical areas to inform staff of measures to take.
9. Receiving regular advice form PHE, this includes CAS alerts.
10. WHC know which staff are fit tested and ready to work with relevant patients.
11. WHC has a group of staff who are able to fit test.
12. Health and Wellbeing page for staff set up on WHC intranet, and will be made accessible via internet w/c 20 April 2020.

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Risk 99 Covid-19
Actions:

Date Action added	Action Lead	Actions	Progress against action	Target completion date
18.03.20	HM	1. Collate capacity data from all teams across WHC to inform how to increase capacity in incident critical teams	There is now a daily sit rep produces across WHC which informs what capacity is available against demand. This is now complete. This action is now complete. A full staff list is held securely with all details required to repurpose to meet the demands.	20.03.20
18.03.20	Incident mgt team	2. Assess potential shortages in medical equipment in line with projected demand	LP/PL equipment has been identified and ordered, supply chain delays are main risk	27.03.20
18.03.20	JM	3. Prepare plans for isolation of inpatients and exclusion areas for other patients who are symptomatic of Covid-19 (e.g. MIU)	Cedar identified as CV-19 positive ward. IP&C consulted twice daily for advice on patient movement, cohorting and bay/ward closures. SOPs in place.	27.03.20
18.03.20	HM	4. Scope recruiting in the public, target those at risk of unemployment due to COVID-19, volunteers,	Very successful call to action, a number of volunteers have been recruited trained and are working in our services	20.04.20
18.03.20	HM	5. Train corporate staff to support in critical areas	Corporate staff are already in training and have been deployed to wards. This is now complete	16.03.20

Inpatient Wards

Description: Current projections of Covid-19 spread are resulting in increased pressures on WHC inpatient wards. There is the potential for increased staff shortages as staff members self isolate following Govt. advice. This has the potential to impact on the skills mix (e.g. respiratory care, IV medicines), at a time of likely high increased demand for additional beds and the need to isolate existing patient with symptoms. This could impact on the ability to deliver safe care and poses a high risk to patient safety

Controls:

- Patients with new symptoms are being isolated for flu and Covid (SOPS created).
- Visiting hours have been minimised in line with national guidance, a SOP is in place
- Efficiencies made in ordering equipment, there is a COVID cost code, HOS are signing off.
- Up – skilling training for all ward staff.
- Daily calls with ward managers
- Additional resilience staffing in place, stood down until need emerges.

Date Action Added	Action Lead	Actions	Progress against actions	Date Due
18.03.20	AMN	Collate info regarding staff self isolating (potentially 17 on Ailesbury & chestnut)), send to HR	Info is collated daily in the sit rep report. The staff absence rate is declining and staff testing will start on 20.04.20	19.03.20
18.03.20	AMN	Complete equipment action plan (additional bed capacity) in coronavirus folder.	This is complete, all necessary equipment has been ordered and received.	19.03.20
18.03.20	LBJ	IV antibiotics – ensure there are adequate supplies of antimicrobials (oral and IV, on the wards.	MOP has confirmed with ward pharmacist, there is a stock empirical antimicrobials on the wards. However, the decision for antimicrobials is made by a microbiologist.	20.03.20

Community Teams

Description: Spread of Covid-19, coupled with increased amounts of staff self isolating across community teams, presents multi faceted risks to service delivery, patients and staff safety. As more community patients self isolate, there is a risk that an increase in home visits will not be manageable

Controls:

- Additional therapy support from specialist services as clinics and groups are cancelled – this also includes members of other teams, e.g. diabetes, continence etc. They have supported with areas where expertise is needed, e.g. insulin runs/continence assessments etc.

- Prioritising patients most in need. - non-urgent visits cancelled
- Daily communication to discuss latest situation
- Supporting care staff to administer dressings and insulin/dalteparin etc & reducing frequency of visits in alignment with carers assuming responsibility for some of the medication and dressing/insulin administration.

Date Action Added	Action Lead	Actions	Progress against actions	Date Due
20.04.20	HK	Review frequency of visits and restart some planned interventions; some therapy. Contact is being made with patients. Will be balanced against patient safety in terms of ensuring patients that are shielded are not unnecessarily visited, Alternative ways of support are being investigated – virtual appointments	Working with specialist services to understand how to roll out attend anywhere	15.05.20
20.04.20	HK	Reviewing ICT work; pulled back into community teams, they will continue to support the waiting list management	This is on-going and the work is continuously reviewed.	
20.04.20	HK	Complete review of ESD team to see if staff can provide support alongside Mulberry ward – supporting discharges	In process, alongside discussions with SFT aligned with discussion of staff supporting Farleigh ward at SFT.	30.04.20
20.04.20	HK	Ensure all community teams work to the national guidance – ensuring anyone who is under 65 with a frailty score of 5 or more has a TEP discussion – GP needs to sign the TEP form.	4 staff have been aligned to Mulberry ward during the pandemic to facilitate discharges, there may be an opportunity to carry this on post pandemic.	30.04.20

Workforce
Description: As Government response to Covid-19 measures increase through the delay period, there is potential for national measures to be taken, including, more people self isolating, school closures and limited travel. Each measure taken could limit the national and Wiltshire Health and Care's workforce. This could pose significant risk to staff and patient safety, potentially impacting on care and support delivered to patients. This risk is most significant within inpatient services. .
Controls:
- Training corporate staff to work in inpatients areas, Utilising volunteers, bank and agency staff

Date Action Added	Action Lead	Actions	Progress against actions	Date Due
17.03.20	HM	Scope availability of bank staff	Discussed daily in sit rep. All available bank staff are operational and are being deployed into shifts to support capacity. This is complete.	24.03.20
17.03.20	HM	Train corporate staff (who have volunteered), to undertake HCA level tasks within inpatient wards	This is complete and training is underway, staff are on wards.	30.04.20
17.03.20	HM	Collate data regarding staff capacity and future staff capacity from critical teams	As above. There is now a daily sit rep produces across WHC which informs what capacity is available against demand. This is now complete. A full staff list is held securely with all details required to repurpose to meet the demands.	20.03.20
17.03.20	HM	Increase efficiency in recruitment process for inpatient areas.	Complete, following NHSE&NHSI guidance for call to actions. Wait time for recruitment now 2 – 4 weeks. Note: the full recruitment process will be in place for all substantive employees.	03.04.20

Specialist Services
Description: Preparations for Covid-19 have required Physiotherapy and specialist services to close non - essential services and consider/implement alternative (telephony) appointments for low and medium risk patients, This is to limit the spread of Covid-19 and in preparation to support core services. This presents a risk to patient safety around misdiagnosis and/or delayed treatment. Increasing staff shortages through self isolation, (currently at 25 across all specialist services) and a lack of medical equipment (e.g. nebulisers) could further impact on patient and staff safety
Controls:
Team capacity completed to inform of gaps
Daily escalation of equipment requirements through covid-19 calls
Daily status on staffing levels
CBO split to provide resilience
15 staff asked to support community teams

Date Action Added	Action Lead	Actions	Progress against actions	Date Due
18.03.20	CLJ	Review of medical equipment supplies and plan to access more, (e.g. nebulisers, specialist dietetic equipment	Orders for any additional equipment have been identified and placed and this working in terms of equipment being received in a timely way.	27.03.20
18.03.20	CLJ	Assess staff capacity and collate figures for HR	Occurs in daily sitrep. Significant numbers of staff from specialist services have been redeployed to support wards and community teams.	30.03.20
18.03.20	CLJ	Encourage admin in specialist service to support in other areas.	Some admin are now supporting n other critical areas.	30.04.20

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COVID-19 Update – Board

1 May 2020

FOR INFORMATION

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WHC COVID-19 Update: May 2020

This update covers the following areas:

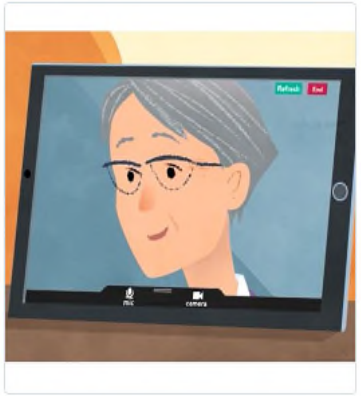
1. Internal response
2. Working to support the system
3. Finance
4. Governance

1.1 COVID-19: Internal Response

Incident management controls:

- COVID-19 Incident and Resilience Group has been established as temporary sub-group of the Executive Committee.
  - Cross speciality membership
  - Frequent meetings
  - Tactical
  - Feeds daily comms to staff

- **Communication:**
  - Daily comms to staff
  - Dedicated area on intranet for all COVID-19 related advice and guidance – general and WHC process changes
  - Regular news articles posted on intranet to highlight key messaging.



Video Consultations - To start this week!

We now have 23 active service providers and are commencing video consultations with our first patients this week. Video consultations will be introdu ...

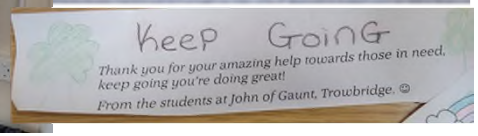
Posted by Julie Newman on 15 Apr 2020

News

1.2 COVID-19: Internal Response

Taking care of our staff:

- Arrangements for staff COVID-19 testing in place from wc 13 April.
- Staff Health and Wellbeing areas established on both our intranet and external website
  - Wellbeing apps
  - Financial support
  - Staying at home support
  - Employee Assistance Provision, in partnership with VIVUP
- Unwind hubs in community sites – 16 April.
- Wellness boxes
- Supporting clap for carers
- Lots of thank you messages.
- Lots of donations of food and gesture items (including eggs!)



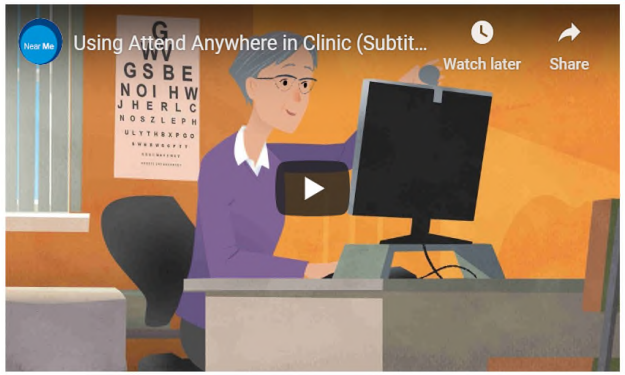
1.4 COVID-19: Internal Response

Community Diabetes:

- Extension of WHC Community Diabetes Service hours of operation to 7 days (including being open on the bank holidays)

Attend Anywhere – video appointments for patients:

- From conception to implementation in 3 weeks(!)
- Fab support from NHSE/I, and SFT (who let us access the software under their licence)
- 13 specialist services utilising
- 68 active users (as at 24 April 2020)
- Positive patient feedback
- …more services and users to follow!



For further information please contact the Video Consultation System team: Email: wh

Teams:

- Rolled out across WHC – 45 groups set-up Well-received ☺
- Scoping for ongoing use for team meetings governance meetings/ POGs. Will support sustainability efforts.

2.1 COVID-19: Working to support the System

Working differently:

- **Discharge processes:**
  - Every patient on full discharge to assess model
  - Requirements for CHC/ assessment under care act suspended.
  - Home-based discharges streamlined into same process.
  - Allocation of 'home' discharges coordinated at locality level
  - 'Home First' and 'Reablement' distinctions not be relevant during this period
- **WHC Flow hub working differently:**
  - Extended hours of operation (now 8am-8pm, 7 days)
  - Receives all requests for a supported discharge directly from hospital sites (not Access to Care)
  - Hub has now expanded to include social care expertise to be part of speedy triage of referrals – *all involved consider this should be mainstreamed.*
  - Common set of information asked for from hospitals for all discharges – across all 3 trusts, BANES, and Somerset.

2.2 COVID-19: Working to support the System

- MIU temporary closure from 8 April 2020. Staff redeployed to support other services.
- Supporting electronic P2's from GP practices into community services for non-CDs.
- Support in establishing COVID Beds in nursing homes
- Clinical Lead Support offered to care homes, as part of a combined approach with Wiltshire Council
- Training for primary care nurses
- Work to support modelling of out of hospital demands for BSW

3.1 COVID-19: Finance

Claimed, reported and committed C19 expenditure:

- The total C19 related spend incurred up to 31 March 2020 is £431k (£413k pay, £18k non pay), of which £277k has been claimed in the March return co-ordinated via BSW CCG. The balance of March related expenditure of £154K will be claimed as part of the April return via the same route.
- The known committed spend, including goods not yet received, as at 17 April 2020 *(excluding a pay estimate for April)* is £753k.

Business cases:

- Retrospective business cases have been submitted to the Executive Committee, which represent the committed year to date spend for non-pay, including medical equipment, furniture and IT. This is in line with the financial guidance issued by the Centre, and ensures that financial governance continues to be followed during this period, even though the commitment to spend has had to be made in advance of formal business case approval due to the clinical need to urgently obtain the equipment or services.

3.2 COVID-19: Finance

Interim funding and cash-inflow arrangements for April-July 2020:

- Interim arrangements are now in place with BSW CCG for the monthly block contract payments.
- Monthly payment values of £4.4m have been agreed with two payments expected in April to support cash-flow during C19. This value assumes a top-slice for soft FM related funding and is based on the indicative value quoted in the 2019/20 contract negotiations for 2020/21.
- Final agreed financial envelope for 2020/21 is pending completion of contract negotiations, which will imminently continue.
- Invoicing continues for Provider to Provider Contracts and for Associates.

4. COVID-19: Governance

On 24 March 2020, NHSE/I issued guidance "*Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic"* (Publications approval reference: 001559).

Please see separate paper on how WHC has responded to the recommendations.

Thank you

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Wiltshire Health and Care Board **For information**

Subject: **COVID-19 Governance Update**

Date of Meeting: **01 May 2020**

Author: **Katy Hamilton Jennings, Director of Governance**

1. Purpose

On 24 March 2020, NHSE/I issued guidance "*Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic"* (Publications approval reference: 001559).

This report provides a summary of the recommendations, and how Wiltshire Health and Care (WHC) has responded to the recommendations.

For the avoidance of doubt, where NHSE/I has required a change to an activity that is not relevant to WHC, this has not been included in our update below.

This report is for information only – to ensure that the Board is fully briefed on WHC's reporting requirements during this period affected by COVID-19.

2. Analysis

Governance and meetings				
#	**Ref in publication**	**Activity**	**Position**	**Impact**
1.	**1(1)**	**Board and sub-board meetings**	Organisations should continue to hold board meetings but streamline papers, focus agendas and hold virtually not face-to-face. No sanctions for technical quorum breaches (e.g. because of self-isolation.)	Board meetings changed to virtual.
2.	**1(4)**	**Annual Accounts and Audit**	Deadlines for preparation and audit of accounts extended to 2 July 2020.	WHC is planning to sign off its audited accounts at a Virtual Board meeting last week of June 2020.
3.	**1(5)**	**Quality accounts – preparation**	Deadline for quality accounts preparation of 30 June specified in Regulation. NHSE/I have deferred it (but deferral date not yet confirmed).	WHC continues to prepare its quality accounts in and around COVID-19 incident
4.	**1(6)**	**Quality accounts – assurance**	This work can be stopped.	WHC's internal auditors advised.

5.	**1(8)**	**Decision making processes**	While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision making. This will include using specific emergency decision-making arrangements.	Executive Committee now meeting weekly. Board continues quarterly. Resilience group established, convening daily Monday to Friday.

Reporting and assurance				
#	**Ref in publication**	**Activity**	**Position**	**Impact**
6.	**2(1)**	**Constitutional standards (RTT)**	The majority of data collections remain in place. A sub-set are suspended from 1 April 2020 to 30 June 2020. As relevant to WHC: • Staffing fill rate • DToC monthly return • Mixed Sex Accommodation	The main RTT report continues. The datasets across are paused.
7.	**2(2)**	**Friends and Family test**	Stop reporting requirement to NHSE/I.	WHC has paused reporting of Friends and Family.
8.	**2(3)**	**Long-Term Plan: operational planning**	Paused.	Paused.
9.	**2(8)**	**NHSE/I oversight meetings**	Be held online. Streamlined agendas and focus on COVID-19 issues and support needs.	No impact.
10.	**2(9)**	**NHS Digital submissions**	NHSE/I will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.	TBC.
11.	**2(11)**	**CHC**	Stop CHC assessments. Capacity tracker now mandated for intermediate care facilities.	CHC assessments have been stopped. WHC's staff members working on CHC have been redeployed to other teams. As have the CCG CHC staff members. If anyone discharged from an acute requires fast track support (would have otherwise have been CHC-assessed), WHC is using its own capacity to meet the patient's needs, and trying to source longer term support via brokerage

				from social care. WHC working with Council and CCG colleagues to develop a shared capacity tool to reflect capacity across nursing/ therapy (WHC), and reablement (Council). Patients being brought out of hospital via one route, and health and reablement working as one. WHC therapists have been pulled out of intermediate care, and are supporting central WHC teams. Intermediate care has been merged with discharge to assess (nursing input only).

HR and staff-related				
#	**Ref in publication**	**Activity**	**Position**	**Impact**
12.	**3(1)**	**Mandatory training**	Reduce mandatory training as appropriate.	It has been agreed that all but essential training is been paused. Where some essential training is becoming out of date, this can be extended by 6 months. Staff members have been communicated with, and monthly reporting remains on-going. Mangers are to manage this on a local level and staff continue to be encouraged to complete their eLearning during quite times. It is recognised that additional Clinical mandatory training sessions will need to be put in place to support the backlog of training.
13.	**3(2)**	**Appraisals and revalidation**	Recommendation that appraisals are suspended from 24 March 2020, unless there are exceptional circumstances agreed by both the appraisee and appraiser. GMC has deferred revalidation for all doctors who are due to be revalidated by September	All staff members have been communicated with (via their mangers).

			2020. The NMC is to initially extend the revalidation period for current registered nurses and midwives by an additional three months and is seeking further flexibility from the UK government for the future.	
14.	**3(3)**	**CCG clinical staff deployment**	CCGs to retain a skeleton staff.	WHC has received one additional staff member from the BSW CCG (Sarah-Jane Peffers, who is supporting WHC's wards).
15.	**3(4)**	**Repurposing of non-clinical staff**	Non-clinical staff to focus to supporting primary care and providers.	WHC has been supporting non-clinical staff to be re-purposed to support both the front line and the back office. Many staff members have undertaken the up-skilling training to move them from Admin and Clerical roles to HCA roles. While many staff still work within their originating team, their roles may require them to undertake alternative duties such as project management, stock control, roster management and recruitment management.

Other				
16.	**Annex C**	**Data Security Protection Toolkit**	NHS organisations who have not submitted by 31 March 2020 will be given a status of "Approaching Standards" and will not face compliance action. The status of an organisation will be upgraded to "Standard Met" upon submitting the toolkit during the year (20/21).	WHC is intending to submit its DSPT following its IG Policy and Oversight Group meeting on 12 April.

3. Recommendation

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

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Governance update to WHC Board: May 2020

PART I: Key updates and decisions for Board – May 2020

Part I Governance updates to WHC Board: May 2020

Part I	Item	Board input
1.	Documentation to be updated (assuming Members approve the proposed updates to the Members Agreement) • Terms of Reference for Board • Code of Conduct for Board • Terms of Reference for the Remuneration Committee • Non-Executive Member Role Descriptions • WHC's scheme of delegation	Information
2.	WHC Executive Committee to be stood down as a Committee of the Board	Decision
3.	WHC Integration Committee to be formally closed as a Committee of the Board	Decision
4.	Update on the recruitment of a Non-Executive Board Member to provide independent financial expertise to Board	Information/ Decision
5.	Approach to recommendation regarding the establishment of a clinical advisory group	Decision

For a full update on progress made against Well-Led Review actions, please see Appendix 1.

Part I

1. Further documentation to be updated (assuming Members approve the proposed updates to the Members Agreement)

A. **Terms of Reference for the WHC Operating Board** (to mirror the Board's obligations in the updated Members Agreement) – *we will produce this as a brand new document as currently there isn't one.*

B. **Board Code of Conduct** – *we will update our existing code of conduct so that it reflects the principles of the NHS Leadership Compact (part of the NHS People Plan).*

C. **Terms of Reference for the WHC Remuneration Committee** (to dovetail with the updates to the Members Agreement) – *we will update our existing document.*

D. **Role descriptions for Non-Executive Board Members** (to dovetail with the updates to the Members Agreement) – *we will produce these as new for Trust-nominated Board representatives, and will update the existing*

E. **Scheme of delegation for WHC** (to dovetail with the updates to the Members Agreement and other general updates to ensure this is workable) **-** *we will update our existing document.*

Board input: INFORMATION

2. WHC Executive Committee to be stood down as a Committee of the Board

- The Well-Led Review of WHC, carried out by DCO Partners in late 2019, recommended that WHC's Executive Committee was not a formal committee of the WHC Board, but instead an entity set up at the discretion of the Managing Director, to assist in the discharge of powers delegated to them from the Board.

- This item in the presentation is to seek the WHC Board's **APPROVAL** to this change in status with immediate effect.

Board input: DECISION

3. WHC Integration Committee to be formally closed as a Committee of the Board

- Historic experience in operating the WHC Integration Committee has shown that it is difficult to separate integration at an organisational level from integration at a system-level.
- Discussions within the Committee were frequently DUPLICATION of a conversation being held elsewhere in the local system, and/or ARTIFICIAL in nature.
- Crucially, discussions of the Committee rarely DIRECTLY resulted in actions that had a positive impact on aligning WHC's services with others in the local system.
- Not withstanding a small amount of useful sharing of information, the "value add" of this Committee is difficult to articulate.
- Not a fault of the Committee's membership, but the reality that the local system has evolved, and now operates with clear collective BSW identity – it itself facilitating integrated thinking across the local system. This was not the case when the Committee was established. It is suggested that various groups and forums within the BSW STP now carry out the functions originally intended for the WHC Integration Committee.
- As such, it is suggested that the Integration Committee is formally closed. Board **APPROVAL** to this recommendation is sought.
- Administrative point: If the above recommendation is approved, the Board would need to receive highlight reports from the Wiltshire GP Alliance in relation to the Improved Access contract (as it has done for the last two quarter's in the absence of formal Integration Committee meetings).

Board input: DECISION

4. Update on the recruitment of a Non-Executive Board Member to provide independent financial expertise to WHC Board

Timeline

- **28 January 2020 (Members Meeting)** - the Members unanimously agreed that WHC should proceed with the recruitment of a new non-executive board member with relevant financial experience so as to provide the WHC Board with expertise (from a truly independent perspective), to scrutinise audit and financial processes.
- **February 2020** – JD and advertisement from previous recruitment exercise reviewed.
- **March 2020** – Recruitment exercise paused/ deprioritised due to COVID-19 resilience and response planning
- **24 March 2020** – Official guidance from NHSE/I instructing NHS provider to pause recruitment.

Proposed approach

- The Board is asked to **APPROVE** the approach of continuing to pause the recruitment exercise until NHSE/I directs us to recommence recruitment processes.

Board input: INFORMATION/ DECISION

5. Approach re Clinical Advisory Group

- Board will recall that the Well-Led Review carried out by DCO Partners, recommended that WHC establish a clinical advisory group.
- The objective of this recommendation was to ensure that WHC could effectively and appropriately (from a clinical perspective) scrutinise change affecting clinical services.
- Instead of setting up a new group within the WHC governance structure, it is proposed that by having a new engaged and experienced primary care representative on the WHC Board, this representative could offer scrutiny to change affecting clinical services by attending WHC's Clinical Policy Approval Group. To accommodate this, we would expand the remit of this group so that all change affecting clinical services was required to be signed off by this group.
- WHC is a lean organisation, and setting up an additional group will be further stretch on the limited resources available. Adopting a solution that makes use of resources and architecture that already exists seems the most pragmatic approach.
- The Board is asked to **APPROVE** this proposal.

Board input: DECISION

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Meeting:	Board Meeting	**Date:**	May 2020
Author	Rachel Steward (HR Transformation Partner)		

Title:	**Staff Survey 2019 Results**

1. Introduction

This paper will provide an overview of the results of the 2019 Staff Survey; identifying areas of improvement as well as highlighting areas where focus is required for the coming year, in order to improve staff engagement.

2. Overview of Survey

The annual staff survey was live for a period of 8 weeks, between 7th October and 1st December 2019, in line with national guidelines. The survey was promoted through internal communications. This year we have also been able to analyse the responses at a Business Unit Level. Each individual Business unit has been provided with their data return.

The questions utilised in the survey are aligned to the nationally determined question set however additional questions were asked regarding values and behaviours.

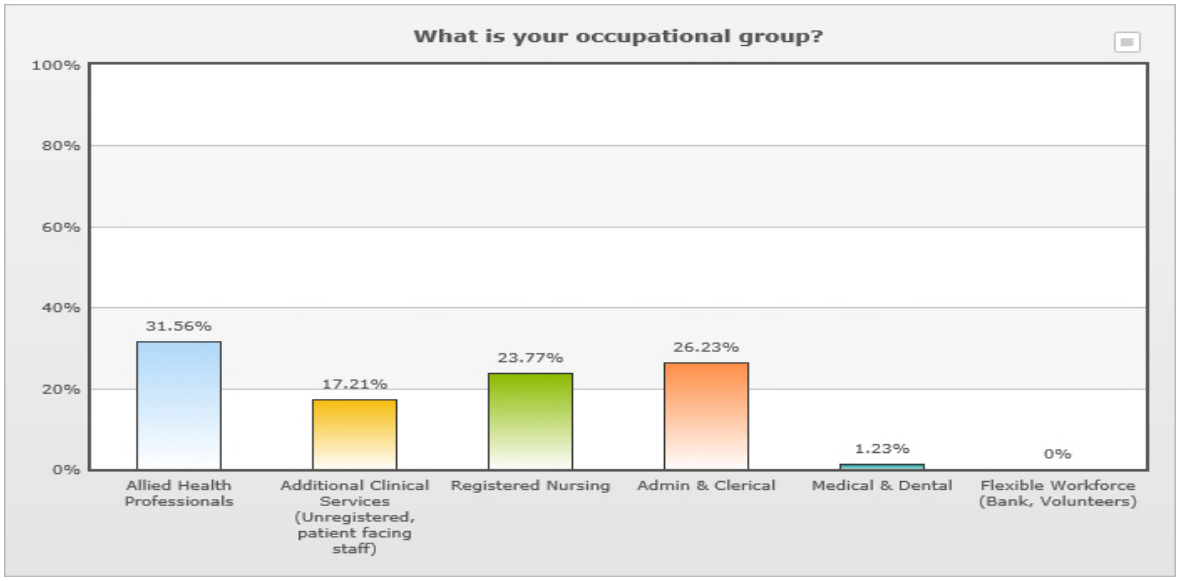
3. Response Rate and Demographics

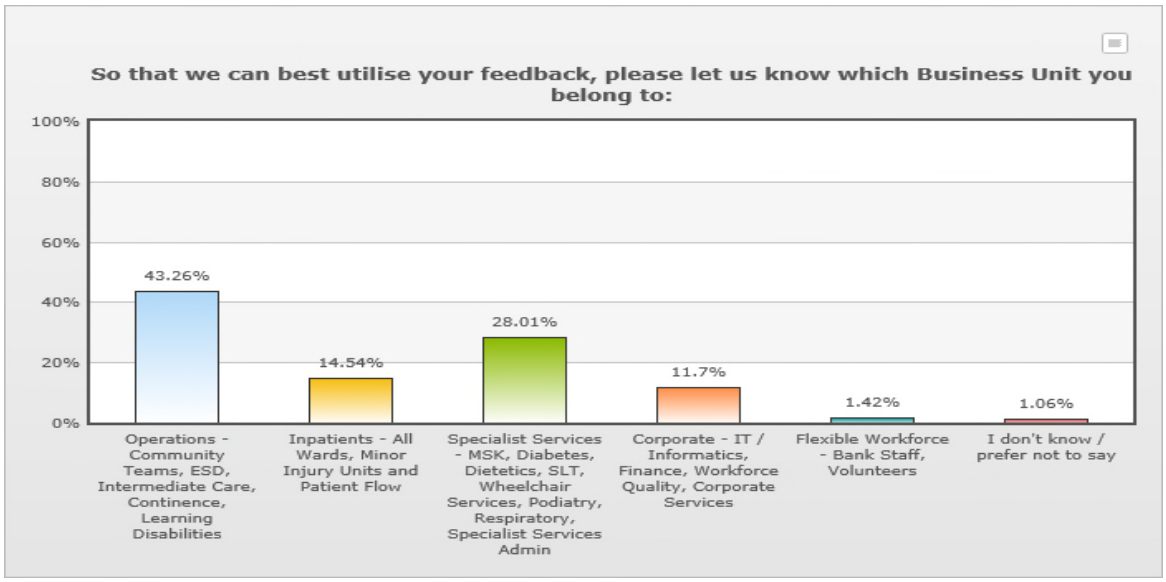
The response rate for 2019 was 24.74% of all staff (284 responses). This is compared to a response rate of 36.11% (395 responses) from the previous year and therefore the response rate has significantly decreased. The national response rate also reduced in year however it remains significantly higher, at 48%. The response rate for community trusts was also significantly higher at 55.60%.

The mode of survey used outside of WHC was via an independent survey provider, PICKER, where either a sample or all staff at each individual organisation were contacted by the independent provider to complete the survey. Many organisations also incentivised completion, using a draw from completed survey's unique identifying number.

We completed the survey provision in-house, using an online survey platform and communications were cascaded via the intranet, the MD's monthly round-up email, and via operational meetings.

Those that completed the survey identified themselves as associated to the following occupational group and business unit:





4. Summary of Results:

The average change per question for the 2019 Staff Survey equates to a positive increase of 1.01% This is compared to an average change per question of 3.02% (decrease) in 2018.

4.1 Most Improved:

Question Statement	Response Measured	% Increase based on 2017 results
8c My immediate manager gives me clear feedback on my work	Agree / Strongly Agree	9.10%
7c I am able to deliver the care I aspire to	Agree / Strongly Agree	6.70%
8a My immediate manager encourages me at work	Agree / Strongly Agree	6.70%
4g There are enough staff at this organisation for	Agree / Strongly Agree	6.10%

me to do my job properly		
4f I have adequate materials, supplies and equipment to do my work	Agree / Strongly Agree	6.00%
6c Relationships at work are strained	Rarely / Never	6.00%
Do other colleagues demonstrate the values at work?	Often / Always	5.95%
4i The team I work in often meets to discuss the team's effectiveness	Agree / Strongly Agree	5.70%
18c I am confident that my organisation would address my concern (unsafe clinical practice)	Agree / Strongly Agree	5.50%
3c I am able to do my job to a standard I am pleased with	Agree / Strongly Agree	5.40%
5b The support I get from my immediate manager	Satisfied / Very Satisfied	5.30%
21b My organisation acts on concerns raised by patients / services users	Agree / Strongly Agree	5.30%

4.2 Biggest Decreases:

Question Statement	Response Measured	% Decrease based on 2018 results	Benchmarking Connotations
22a Is patient / service user experience feedback collected within your directorate / department? (e.g friends and family Test, patient surveys etc)	Yes	11.98%	Our score of 67.87% is significantly lower than that of other community trusts (95.75%)
11g Have you put yourself under pressure to come to work?	No	7.44%	Despite this score reducing in year, the number of WHC staff putting themselves under pressure to come to work unwell (73%) is significantly less than the community trust average of 92%
4d I am able to make improvements happen in my area of work	Agree / Strongly Agree	6.20%	Minor variance from community trusts
4b I am able to make suggestions to improve the work of my team / department	Agree / Strongly Agree	4.10%	Minor variance from community trusts
11b In the last 12 months, have you experience musculoskeletal problems (MSK) as a result of work activities?	No	3.81%	Minor variance from community trusts
11c During the last 12 months, have you felt unwell as a result of work related stress?	No	3.48%	Minor variance from community trusts
2c Time passes quickly when I am working	Often / Always	3.40%	Positive variance from community trust averages
2b I am enthusiastic about my job	Often / Always	3.30%	Minor variance

			from community trusts

5. Key Themes:

5.1 Staff Engagement

- The responses provided to questions surrounding immediate engagement (questions 2 a-c) demonstrates that overall engagement has reduced in year:

Question	Scoring Criteria	2013	2014	2016	2017	2018	2019
How often do you feel this way about your job?							
2a I look forward to going to work	Often / Always	54.00%	48.00%	67.00%	69.20%	72.20%	69.10%
2b I am enthusiastic about my job	Often / Always	64.00%	73.00%	81.00%	80.20%	84.30%	81.00%
2c Time passes quickly when I am working	Often / Always	90.00%	77.00%	85.70%	84.10%	85.80%	82.40%

- The average change to the questions directed around staff involvement was an increase of 1.21%

Question	Scoring Criteria	% Change
To what extent do you agree or disagree with the following statements about your work? (Staff Involvement)		
4a There are frequent opportunities for me to show initiative in my role	Agree / Strongly Agree	-2.00%
4b I am able to make suggestions to improve the work of my team / department	Agree / Strongly Agree	-4.10%
4c I am involved in deciding on changes introduced that affect my work area / team / department	Agree / Strongly Agree	-3.00%
4d I am able to make improvements happen in my area of work	Agree / Strongly Agree	-6.20%
4e I am able to meet all the conflicting demands on my time at work	Agree / Strongly Agree	4.90%
4f I have adequate materials, supplies and equipment to do my work	Agree / Strongly Agree	6.00%
4g There are enough staff at this organisation for me to do my job properly	Agree / Strongly Agree	6.10%
4h The team I work in has a set of shared objectives	Agree / Strongly Agree	3.80%
4i The team I work in often meets to discuss the team's effectiveness	Agree / Strongly Agree	5.70%
4j I receive the respect I deserve from my colleagues at work	Agree / Strongly Agree	0.90%

5.2 Management

Of the 11 questions asked about immediate line management and senior management (questions 8 and 9) all 11 of the responses increased in 2019 compared to 2018 results; the most significant of these being in relation to support from their immediate line manager.

Question	Scoring Measure	% Change
19a In the last 12 months, have you had an appraisal	Yes	+4.04%
19b It helped me to improve how I do my job	Yes Definitely	+2.90%
19c It helped me agree clear objectives for my work	Yes Definitely	+3.00%
19d It left me feeling that my work is valued by my organisation	Yes, Definitely	+3.40%
19e The values of my organisation were discussed as part of the appraisal process	Yes, Definitely	+4.10%
19f Were any training, learning and development needs	Yes, Definitely	+4.37%

identified		
19g My manager supported me to receive this training, learning or development	Yes, Definitely	+2.47%

5.3 Health, Wellbeing and Safety at Work

- There is an increase in year in the number of staff completing both paid and unpaid additional hours at work.

- In relation to the 2017/2018 CQUIN regarding Health and Wellbeing there was a positive change towards the opinion that WHC takes positive action towards health and wellbeing however more staff indicated that they had experienced MSK problems or work-related stress in year.

- There has been a positive reduction in the number of staff experiencing physical violence or harassment, bullying and intimidation from management, colleague and patients however in some occasions there has been a further reduction from 2018 in those reporting these experiences.

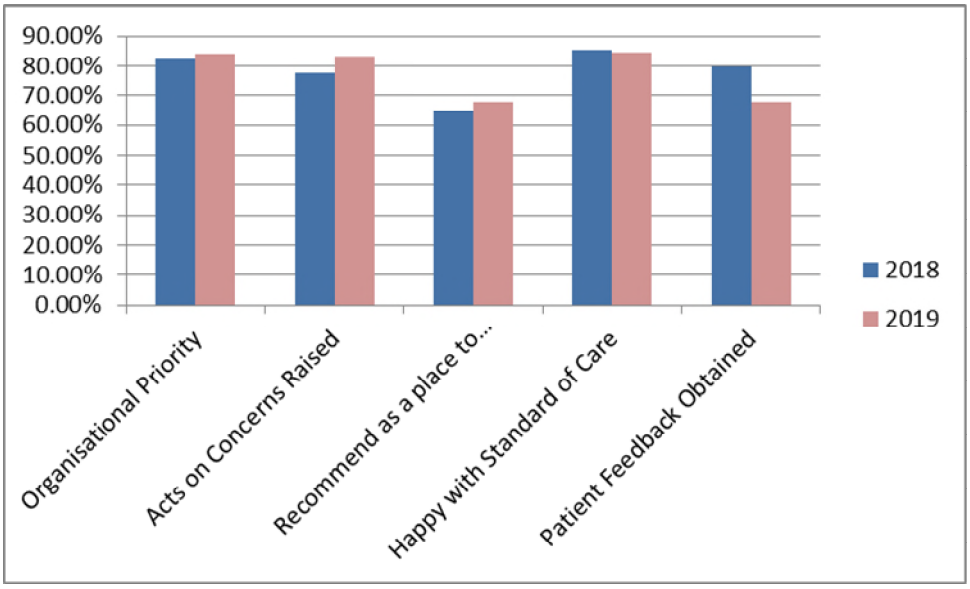
5.4 Personal Development:

- The responses provided in relation to appraisal and training opportunities had all increased in satisfaction from 2018.

Question	Scoring Criteria	% Change
To what extent do you agree or disagree with the following statements about your immediate manager?		
19a In the last 12 months, have you had an appraisal?	Yes	4.04%
19b It helped me to improve how I do my job	Yes Definitely	2.90%
19c It helped me agree clear objectives for my work	Yes Definitely	3.00%
19d It left me feeling that my work is valued by my organisaiton	Yes Definitely	3.40%
19e The values of my organisation were discussed as part of the appraisal process	Yes Definitely	4.10%
19f Were any training, learning and development needs identified	Yes	4.37%
19g My manager supported me to receive this training, learning or development	Yes Definitely	2.47%
20 Have you had any training, learning or development in the last 12 months? (Please do not include mandatory training)	Yes	0.95%

5.5 Patient Care & Safety

- The response to perceptions around patient care & safety in 2019 was varied in comparison to 2018 results:



5.6 Employee Retention

- In 2018, a new question was added to the national staff survey which questioned whether staff were considering leaving the organisation; 48% of staff stated they were not considering leaving the organisation. In 2019, this decreased slightly to 46%.

5.7 Values and Behaviours

- 94% of staff advised they were aware of Wiltshire Health and Care Values, which were launched in 2017 (increase from 91% of staff in 2018)
- 81% of staff believe that their colleague demonstrate these values and behaviours (often / always) and 75% of managers demonstrate these (often / always). Both of which have increased from 2018.

5.8 Free Text Feedback Review

5.8.1 Themes from the free text comments:

Positive Connotations	Negative Connotations
Effective Line Management	Poor Communication
Teamwork	Behaviours & Visibility of Senior Management
Organisational Engagement	Inadequate Infrastructure
Organisational Strategy / Direction	Staffing Concerns
Patient Care	Training & Development Frustrations
	Limited Reward & Recognition
	Concerns regarding Health & Wellbeing

5.8.2 Positive Comments:

I feel my clinical lead, line manager is excellent. My community team lead is new in post and makes time to pass down information to the team.

I am very happy with my team and the wider team who are very supportive. There is lots of joint working that is very successful. My managers are great in supporting me in my role.

I genuinely enjoy working at WHC. It has lots of room for improvement and growth as an organisation but it feels like there is clear understanding about the work we need to do and how we will get there.

Quality of clinical care, and dedication of clinical staff is always visible.

5.8.3 Constructive comments:

Communication I feel remains an issue within the organisation, from senior management cascading down throughout the organisation.

Senior management have a habit of deciding on changes to teams and their working environments without consulting all staff affected by the said changes.

IT is slow and this can be frustrating, as wastes time I could be spending with patients.

When our dept.is fully staffed we are able to manage our caseloads and can start to develop the service in a proactive way. We can also start to ensure we try to deliver an educative and responsible attitude to maintaining health aimed at the patient, carers and family members. When under staffed all we achieve is reacting to 'urgent/next day/soon' patients that we possibly could have avoided if seen much sooner.

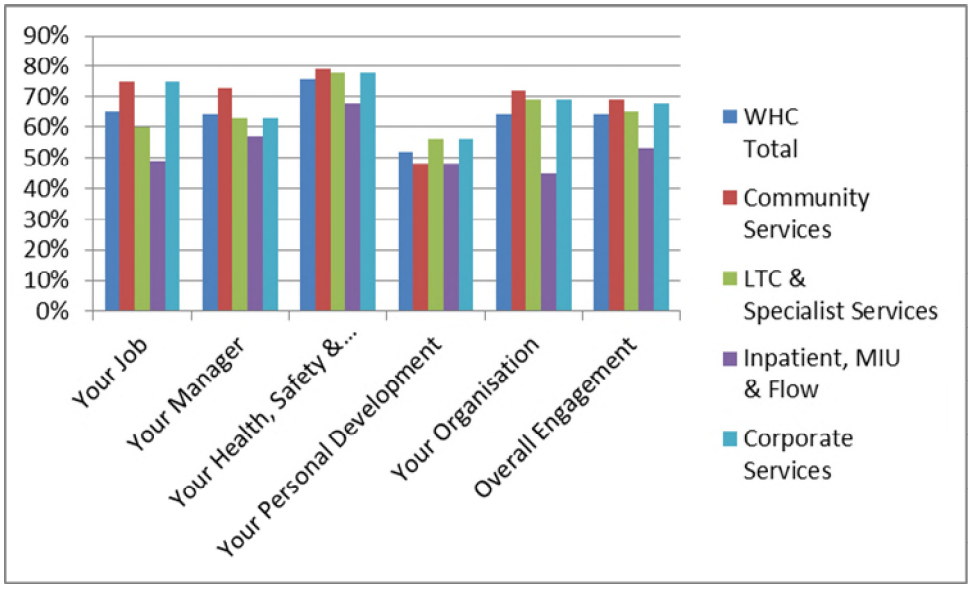
The only reason I would choose to leave is to work closer to home and for career progression, as there are no opportunities to advance from where I am.

I do feel that stress levels have increased markedly in the past 12 months as referrals increase and demands of the teams increase. As a line manager I have had to increase the use of stress assessments to help staff and increased the number of referrals to occupational health. It is a genuine concern that staffing has been so low and we are looking at ways to manage this better.

I feel the following is a good reflection of how a lot of staff feel: 'When there is no consequence for poor work ethic, and no reward for good work ethic, there is no motivation'.

5.9 Business Unit Comparison

The below graph demonstrates comparison across the business units in relation to their engagement score across each section of the Staff Survey:



6. Benchmarking

6.1 Community Providers

The national NHS Staff Survey results for 2019 have now been published and the following comparisons can be drawn from the other 16 community providers which submitted their results.

- The average response rate was 48%, meaning we are a low outlier with a response rate of 25% in 2018
- We scored the same or better than the average on 44 out of the 83 questions benchmarked against other community providers.

The areas that Wiltshire Health and Care performed significantly higher (>+5%) are:

Question & Measure	% Variance from Community Average
11g I have not put myself under pressure to come to work when unwell	20.48%
2a I look forward to going to work	8.90%
11e I have not felt pressure from my manager to come to work when unwell	7.63%
18b I feel secure raising concerns about unsafe clinical practice	7.25%
21d If a friend or relative needed treatment, I would be happy with the standard of care provided by my organisation	6.85%
18c I am confident my organisation would address my concern about unsafe clinical practice	6.30%
11f I have not felt pressure from my colleagues to come to work when unwell	6.14%
6c Relationships at work are *never or rarely* strained	5.55%
14a My organisations acts fairly with regards to career progression / promotion	5.54%
2b I am enthusiastic about my job	5.45%

3c I am able to do my job to a standard I am pleased with	5.30%
11d In the last 12 months, I have never come to work feeling unwell enough to perform my duties	5.23%

The areas that Wiltshire Health and Care performed significantly lower (>-5%) are:

Question	% Variance from Community Average
22a Is patient feedback collated in your department?	-27.88%
22b I receive regular updates on patient feedback in my department	-25.20%
6a I have unrealistic time pressures	-21.40%
22c Feedback from patients is used to make informed decisions within my department	-20.95%
11d The last time you experienced physical violence at work, did you or a colleague report it?	-11.96%
17c When errors, near misses or incidents are reported, my organisation takes action to ensure they do not happen again	-10.45%
17a My Organisation treats staff who are involved in an error, near miss or incident fairly	-10.35%
17d We are given feedback about changes made in response to reported errors, near misses or incidents	-9.05%
4g There are enough staff at this organisation for me to do my job properly	-7.95%
19a In the last 12 months, have you had an appraisal?	-7.68%
6h How satisfied are you with the opportunities for flexible working patterns	-6.75%
4i The team I work in often meets to discuss the teams effectiveness	-6.70%
16b In the last month, have you seen any errors, near misses or incidents that could have hurt patients	-6.50%

Additional points to note:

- An additional trend to note, in 5 out of 7 questions relating to immediate line managers i.e. my immediate manager values my work, is supportive, encourages me, Wiltshire Health and Care scored more than the community provider average. (Previously, in 2018, we only scored more positively in 1 question)

- Our staff reported that they have witnessed more errors, near misses or incidents with potential to harm staff and patients, than that of other community providers.

- Our staff have experience more physical violence, bullying and harassment and discrimination from patients then that of staff in other community providers.

6.2 National NHS Data

The national NHS Staff Survey results for 2019 have now been published and the following comparisons can be drawn from the other 304 NHS organisations which submitted their results:

- The average response rate was 48%, meaning we are a low outlier with a response rate of 25% in 2019
- We scored the same or better than the average on 62 out of the 83 questions benchmarked against other NHS organisations (This equates to a positive response of 74% vs. 2018 which was 78%)

The areas that Wiltshire Health and Care performed significantly higher (>+5%) are:

Question & Measure	% Variance from NHS Average
11g Have you ever put yourself under pressure to come to work when unwell	18.73%
8e My immediate manager is supportive in a personal crisis	16.00%
18c I am confident that my organisation would address my concern about unsafe clinical practice	14.45%
18b I would feel secure raising concerns about unsafe clinical practice	13.10%
21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	12.85%
11e Have you ever felt pressure from your manager to come to work when unwell	11.93%
4i The team I work in often meets to discuss the team's effectiveness	11.30%
6c Relationships at work are rarely / never strained	10.75%
13d The last time I experienced harassment, bullying or abuse at work, I or a colleague reported it	10.16%
21b My organisation acts on concerns raised by patients	10.10%
14a Does your organisation act fairly with regard to career progression / promotion	9.99%
2a I look forward to going to work	9.85%
11f Have you ever felt pressure from your colleagues to come to work when unwell	8.89%
8a My immediate manager encourages me at work	8.55%
8c My immediate manager gives me clear feedback on my work	7.90%
8b My immediate manager can be counted on to help me with a difficult task at work	7.45%
5a The recognition I get for good work	7.10%
21a Care of patients is my organisation's top priority	6.95%
9a I know who the senior managers are here	6.70%
2b I am enthusiastic about my job	6.60%
13c In the last 12 months, I have never experience harassment, bullying or abuse from other colleagues	6.60%
9c Senior manager here try to involve staff in important decisions	6.35%
5b The support I get from my immediate manager	6.20%
19f In my most recent appraisal, training, learning and development needs were identified	5.95%
19c My most recent appraisal helped me to agree clear	5.80%

objectives for my work	
5d The amount of responsibility I am given	5.60%
19d My most recent appraisal left me feeling that my work is valued by my organisation	5.55%
12a In the last 12 months, I have never experienced physical violence at work from patients or relatives	5.50%
5f My immediate manager takes a positive interest in my health and wellbeing	5.35%
8d My immediate manager asks for my opinion before making decisions that affect my work	5.20%

The areas that Wiltshire Health and Care performed significantly lower (>-5%) are:

Question & Measure	% Variance from NHS Average
22a Is patient experience feedback collected within your department	-23.38%
22c Feedback from patients is used to make informed decisions within my department	-21.60%
22b I receive regular updates on patient experience feedback in my department	-20.70%
12d The last time I experienced physical violence at work, I or a colleague reported it	-8.46%
17c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	-5.20%

7. Conclusion & Next Steps

This report highlights the trends within the results of the 2019 Staff Survey and benchmarking against other community providers. It is clear that whilst there has been improvement in some areas, and positive experiences shared, there are some key areas for focus for 2020.

An agreement was made at Workforce Development Group that the strategy for developing action plans this year would involve facilitated workshops for each business unit, attended by representatives from each area, would be held to discuss the findings and focus on generating key actions in response to the lowest scored answers for their business unit. The Workshops will be held in March –April 2020. These action plans will be combined to create an organisational action plan, along with additional actions developed by Quality and Workforce, for implementation. The next staff survey, due October 2020 responses will act as a measure of success and will also inform further development of the rolling action plan for 2021.

Detailed reports have been provided to each Head of Operation's for their review.

The action plan will be shared with Exec Co accordingly for sign off.

In addition, a review of the delivery mechanism of the 2020 staff survey will be undertaken in Q1 2020/2021 to enhance responses to ensure meaningful data is collated regarding staff engagement.

The Exec Team are welcomed to add any additional action points, as deemed appropriate.

Meeting:	WH&C Board	Date:	May 2020

Title:	**Highlight report from the Wiltshire GP Alliance Committee (WGPA Committee) "Improved Access" Contract.**

1. Introduction

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

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

2. Attachments

None, though detailed risk register available if required.

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

The latest risk register for IA has not been attached in the interest of brevity but is available on request. It should be noted, however, that the obligation on WGPA to deliver the contracted services is temporarily on hold while all primary care and EA resources are currently being directed towards Covid-19 initiatives.

Risks highlighted previously included:

- A.02. D.01. E.03: uncertainty on the continuation of the programme, however this has now been confirmed by the CCG as continuing until 31 Mar 2021.

- E.01. Integrating with other provider organisations –mainly relating to the provision of the Sunday Service in support of 111. Prior to Covid-19, we broadened the range of patient categories that could be seen on Sunday to include some higher-risk cases, and this successfully increased uptake of appointments and the level of support for 111.

- E.04. Practices being distracted by other priorities, eg PCNs. Practices are now focused almost entirely on Covid-19, with routine care largely being conducted by telephone triage and remote consultations. At some stage they will begin to increase routine care capacity, and we will need to transition back to a regular EA service.

- B.02. West Berkshire CCG are combining the Extended Hours service with Extended Access (Improved Access) from Apr 2021. This would have impacted Lambourn Surgery, a W.Berkshire practice, that is part of the Kennet & Berks Collaboration that includes 4 Wiltshire practices. However W.Berks CCG have agreed to continue to fund Lambourn to provide EA for Wiltshire patients for a further 6 months to 30 Sep 2021.

4. Potential new risks identified by the WGPA Committee recently

- A.02. It is uncertain when the normal EA programme will resume, although there is a need to build routine care capacity once conditions permit. The re-launch may require a phased approach to take into account ongoing disruption within practices and/or staff shortages.

- A.01. It is possible that post-Covid, NHSE will alter its priorities for primary care and request an alternative approach for improving access to GPs, in particular placing more emphasis on remote consultations and new technology.

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

5. Advise

- The Wiltshire model for delivering Extended Access has been recognised as being particularly effective, and regarded as an example of good practice within NHSE.
- The WGPA Committee continues to support practices during the outbreak, and has ensured practices retain the freedom to allocate EA resources to meet local priorities, share best practice, and have additional support with accessing and implementing remote consultation technology.
- The future transfer of EA to PCNs (due Apr 2021) needs to incorporate arrangements for some form of central steering and support group to deliver at-scale working. This has been provided to date by the WGPA Committee. This benefits the CCG by minimising the number of organisations it needs to deal with to deliver consistent services across the county, and it delivers benefits to the wider healthcare systems as primary care is working at a similar scale to other major providers including WH&C, AWP, and Medvivo. This improves collaboration and cross-system working - essential as we learn lessons from Covid and seek to improve the resilience and efficiency of future healthcare.

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

- A simplified reporting process to minimise the workload for practices while ensuring timely and useful information for the CCG.
- Sharing best practice and procedures for nursing staff in residential homes verifying death, and reducing pressure on OOH and GPs.
- Improved promotion and awareness of appointments, particularly to those patient groups with most to benefit from appointments outside of core hours.
- Encourage use of digital consultation technology which will improve access to GPs.
- Work with PCNs to ensure a smooth transition of the service to them in Apr 2021.

6. Alert

None.

7. Action

- None currently required

Wiltshire Health and Care ("WHC")
Board Meeting

Date of Next Meeting

7 August 2020, 10.00-13.00

Training Room 1, Chippenham Community Hospital

NHS

Wiltshire
HEALTH AND CARE

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Great Western Hospitals NHS Foundation Trust
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