

WHC LLP Board Papers

10 September 2021



Wiltshire
HEALTH AND CARE

Wiltshire Health and Care Board Meeting - Part I Agenda

Venue:	MS Teams
Date:	Friday 10 September 2021
Time:	13.30-16:00

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

Also In Attendance		
Becky Watson	Corporate Officer (minutes)	BW
Steve Lobb	IG Manager and Data Protection Officer (item 11 only)	SLo
William Bennett	Service Transformation Support Officer (observer)	WB
Heather Kahler	Head of Operations (item 6 only)	HK

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

Item No.	Agenda Item	Presenter	Verbal/Paper	Published/Unpublished	Information/Discussion/Decision/Approval	Timings (approx.)
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PART I

1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information	13:30
2.	Declarations and Conflicts of Interests	Chair	Verbal	Published	Information	
3.	a) Part I Minutes b) Action/Decision Tracker c) Matters Arising i. May Part 1 recording d) Decisions made by circular (none)	Chair	Paper	Published	Decision	
4.	Chair's Update	Chair	Verbal	Published	Information	13:40
5.	Managing Director's Update	DB	Verbal	Published	Information	

Patient /Staff Focus

6.	Patient Story	-	Verbal	Unpublished	Information	13:45
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Governance

7.	Adult and Children's Safeguarding Statement	SQ	Paper	Published	Decision	14:05
8.	Savernake MOTO	DB/AC	Paper	Published	Decision	14:10
9.	Warminster Community Hospital Estate Works	DB	Paper	Published	Decision	14:15
10.	Risk Report 15+	SQ	Paper	Published	Discussion	14:25
11.	Information Governance Annual Report	SLo	Paper	Published	Information	14:35
12.	Gender Pay Gap Report	SQ	Paper	Published	Information	14:45
Service Delivery						
13.	Quality, Workforce, Performance, Finance and Infrastructure Highlight Report Accompanied by: a) Quality, Workforce, and Performance Dashboards b) Finance Dashboard	SQ/ AC/ / LH	Paper	Published	Information/ Decision	14:50
Highlight Reports						
14.	Highlight Report from Quality Assurance Committee	SQ	Paper	Published	Information	15:05
15.	Highlight Report from Audit Committee	MB	Paper	Published	Information	
16.	Update to Extended Access contract	DB	Verbal	Published	Information	
17.	Key points for dissemination to Member Organisations	DB	Verbal	Published	Information	
18.	Any other business a) Orthotics Contract	DB	Verbal	Published	Information	15:20
Date of next Meeting: <u>Full Board Meeting:</u> Friday 5 November 2021 10:00-13:00 (MS Teams or Training Room 1, CCH – TBC)						

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

Item 1

Welcome, Introductions, and Apologies

VERBAL

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

Item 2

Declaration and Conflicts of Interests

VERBAL

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

Item 3

- 3a Part I Minutes**
- 3b Part I Action Tracker**
- 3c Matters Arising**
- 3d Decisions made by circular (None)**

PAPER / VERBAL

Wiltshire Health and Care Board Meeting to Sign off Accounts Minutes PART I

Venue:	MS TEAMS
Date:	Tuesday 22 June 2021
Time:	13:30-15:00

WHC Board Members in attendance		
Stephen Ladyman	Chair of Wiltshire Health and Care (Chair)	SL
Richard Barritt	Non-Executive Member, Patient Voice	RB
Martyn Burke	Non-Executive Member, Finance and Audit	MB
Lisa Thomas	Non-Executive Member, Nominated by Salisbury Foundation Trust (SFT) Board	LT
Kevin McNamara	Non-Executive Member, Nominated by Great Western Hospitals NHS Foundation Trust (GWH) Board	KM
Bernie Marden	Non-Executive Member, Nominated by Royal United Hospitals NHS Foundation Trust (RUH) Board	BM
Douglas Blair	Executive Member, Managing Director	DB
Annika Carroll	Executive Member, Director of Finance	AC
Sara Quarrie	Executive Member, Director of Quality, Professions and Workforce	SQ
Lisa Hodgson	Executive Member, Chief Operating Officer (for Part I only)	LH
Ruth Picknett-Powell	Graduate Trainee, Wiltshire Health & Care (to observe only)	RPP

Also In Attendance		
Becky Watson	Corporate Officer (minutes)	BW
Rees Batley	Director, Audit KPMG (for item 11 only)	ReB

Apologies		
Katy Hamilton Jennings	Director of Corporate Governance and Legal	KHJ

Item No.	Agenda Item	Actions
1.	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed the Board Members to the meeting and noted apologies from KHJ.</p>	
2.	<p>Declarations and Conflicts of Interests</p> <p>A new declaration of interest was declared by MB who had taken up the role of a Non-Executive Board Member and Chair of the Audit and Risk Committee role at the Office of the Public Guardian at the Ministry of Justice. MB confirmed that this role was a three year term to May 2024 with a formal annual commitment of circa 20 days. MB did not believe the position would constitute any obvious conflict with his role at WHC. This would be added to the register and was noted by the Board</p>	
3.	<p>Part I Minutes and Actions of previous meeting</p> <p>The Part I minutes of the previous meeting were reviewed. Approval of the Part I minutes was proposed by MB and seconded by RB; there were no objections.</p> <p>DECISION: The Board Members approved the Part I minutes of the previous</p>	

	<p>meeting held on 7 May 2021 as an accurate record of proceedings.</p> <p>Actions: The action tracker was reviewed and updated.</p> <p>Matters Arising: <u>BSW Partnership MoU V2</u> – This had previously been agreed in correspondence by the Board; there had been some slight changes and SL had re-signed. This was noted by the Board.</p>	
<p>5.</p>	<p>Quality Accounts</p> <p>SQ presented the Quality Account for the Board's approval before it was required to be published by 30 June. She confirmed that all 3 statements had been now been received, although the statement from CCG was not included in the version shared with Board as received the same day. Due to a lack of clarity about timescales this year, the document had not been reviewed by the Quality Assurance Committee and Audit Committee, but RB and MB had had an opportunity to review as Chairs of these groups. With timescales clearer for next year, the process was being planned to allow for fuller review by the Committees. The document had been made to be as accessible as possible and showed a solid performance in quality considering the challenging year.</p> <p>SL agreed that it was a very readable document and that it highlighted some fabulous efforts from the teams and they should be congratulated. MB confirmed that he had reviewed the document on behalf of the Audit Committee offline and agreed it was a comprehensive transparent document.</p> <p>KM said he would like to see more at a future Board about the impact of the ED&I role mentioned in the report, so that greater Board visibility could be achieved on this agenda.</p> <p>Approval of the 2020-2021 Quality Accounts was proposed by MB and seconded by RB; there were no objections.</p> <p>DECISION: The 2020-2021 Quality Accounts were approved by the Board</p>	
<p>6.</p>	<p>Modern Slavery Statement</p> <p>DB introduced this item confirming that this was the updating of the annual statement, which had been adjusted slightly.</p> <p>The approval of the Modern Slavery Statement for 2021 was proposed by SQ and seconded by MB; there were no objections.</p> <p>DECISION: The Modern Slavery Statement 2021 was approved by the Board</p>	
<p>7.</p>	<p>Standing Financial Instructions (SFIs)</p> <p>AC introduced the Standing Financial Instructions and Scheme of Delegation to the Board for ratification; these had been approved by the Audit Committee.</p> <p>The approval of the Standing Financial Instructions and Scheme of Delegation were proposed by MB and seconded by RB; there were no objections.</p> <p>DECISION: The Standing Financial Instructions and Scheme of Delegation were</p>	

	ratified by the Board	
8.	<p>Delivery Plan 2021-2024</p> <p>SL noted that the Board, in its private meeting earlier, had discussed and agreed the Delivery Plan for 2021-2024 and its associated financial plan. The Delivery Plan would now be published internally and externally, and provided a comprehensive plan for WHC's community services.</p>	
9.	<p>Hosting BSW Academy</p> <p>DB introduced this paper to the Board stating the creation of a BSW Academy had been endorsed by the BSW Partnership Executive, which took the view that it should be hosted by Wiltshire Health and Care LLP. Reporting and accountability for the activities of the core team would be via the BSW Partnership and not the WHC Board.</p> <p>The detail of the hosting arrangement had been agreed by the System Capability and People Group; therefore the Board were being asked to ratify the creation of this hosted function.</p> <p>Approval of hosting the BSW Academy was proposed by RB and seconded by MD; there were no objections.</p> <p>DECISION: The Hosting of the BSW Academy was approved/ratified by the Board</p>	
10.	<p>Audit Committee - Highlight Report</p> <p>MB introduced the report highlighting that the Audit Committee had recommended the Board approve the final accounts.</p> <p>It was reported that there were no Counter Fraud issues and overall the Internal Auditor had provided a <u>Moderate</u> assurance that there was a sound system of controls designed to meet the LLP's objectives and that controls were applied consistently.</p>	
11.	<p>Audit / Final Accounts</p> <p>The final accounts were presented to the Board, showing a surplus of £176k for 2020/21. KPMG reported their external audit findings; no new recommendations had been raised during the audit and recommendations from previous years had been closed. It was a positive external audit with no significant issues to report.</p> <p>The Audit Committee had recommended the Board approve the final accounts; therefore the approval of the Final Accounts were proposed by LT and seconded by RB; there were no objections</p> <p>DECISION: The Board approved the Final Accounts, agreed the Letter of Representation and delegated authorisation to the Managing Director to sign the Letter of Representation and financial statements, for and on behalf of the LLP.</p> <p>ReB confirmed that KPMG would sign following the Managing Director.</p>	

	Thanks were given to AC and the finance team, KPMG, LT, and the Audit Committee.	
12.	<p>Key points for dissemination to Member Organisations from Part I</p> <p>DB confirmed that the following items from Part I would form part of the highlight report to the Member organisations:</p> <ul style="list-style-type: none"> • Quality Accounts • Hosting BSW Academy • Audit/Final Accounts 	
13.	<p>Date of next meeting</p> <p><u>Next Full Board Meeting:</u> Friday 10 September 2021 13:00-16:00 (Training Room 1, CCH or MS Teams TBC)</p>	

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
140	07/05/2021	SQ to present actions and response to staff survey (as part of the quality paper) to the Board at the September meeting.	SQ	Can be closed	10/09/2021		In report 10/09/2021
143	07/05/2021	KHJ to map out single points of failure of WHC	EPRR Lead	Open	05/11/2021		This action is being re-assigned to our EPRR lead. Timeline extended as a result to November.

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

Item 4

Chairs Report

VERBAL

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

Item 5

Managing Directors Report

VERBAL

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

Item 6

Patient Story

VERBAL

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

Item 7

Adult and Children’s Safeguarding Statement

PAPER

Wiltshire Health and Care Board**For decision**

Subject:	Adult and Children's Safeguarding Statement
Date of Meeting:	10 September 2021
Author:	Netty Snelling and Sean Collins - Safeguarding Leads
Executive Sponsor	Sara Quarrie, Director of Quality, Professions and Workforce

1. Purpose

- To seek agreement to the suggested text for an Adult and Children's Safeguarding Statement to be published.
- Request approval from the Executive Committee to submit to WHC Board on 10 September 2021 for final sign-off.

2. Background

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

3. Discussion

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

Safeguarding Compliance Statement

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

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

Wiltshire Health and Care has a robust training strategy in place to deliver safeguarding training (both safeguarding children and safeguarding adults) that complies with the relevant guidance. Staff receive level 1, 2 or 3 dependent on their role as defined in the Intercollegiate Documents for Adult and Child Safeguarding, and we aim to ensure 90% of the relevant staff have received training. The levels are as follows:

Children

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

Adult

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

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

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

<i>Director of Quality, Professions and Workforce</i>	<i>1 Whole Time Equivalent (WTE)</i>
<i>Safeguarding Lead(s) (Adult and Child)</i>	<i>1.6 WTE</i>
<i>Administrator</i>	<i>1 WTE (also covers Medicines Governance, IPC, HSFS)</i>

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

4. Recommendation

4.1 The Board is invited to:

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

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

Item 8

Savernake MoTo

PAPER

Wiltshire Health and Care Board**For decision****Subject: Approval to Sign MoTo for Savernake Hospital****Date of Meeting: 10 September 2021****Author: Victoria Hamilton and Annika Carroll****Executive Sponsor: Douglas Blair****1. Purpose**

1.1 The purpose of this paper is to seek approval to sign a Memorandum of Terms of Occupation (MoTo) for PFI premises at Savernake Community Hospital.

2. Background

2.1 In 2003, Savernake Hospital was redeveloped by the local health community to create an enlarged community hospital. The expansion was financed using a Private Finance Initiative, (PFI). The ownership of the PFI contract passed from Wiltshire Primary Care Trust to Great Western Hospitals NHS Foundation Trust (GWH) in 2013. The onwards transfer to NHS Property Services was agreed in principle at the point the other Wiltshire community assets were transferred (July 2017), as GWH no longer delivers the majority of services on site.

2.2 The transfer has taken a long time, as details and historic sharing of costs has needed to be worked through.

When Wiltshire Health and Care won the contract to deliver Adult Community Services the financial envelope for the delivery of the service included the costs attributable to the space that the services use at Savernake Hospital, which are as follows: NIA (Net Internal Area) Ground Floor 478.91 sqm and NIA First Floor 1389.02 sqm.

- Ailesbury Ward
- Chestnut Ward
- Out-patient Physiotherapy Services
- Out-patient Podiatry
- Marlborough Community Team
- Part of the Community Team for People with Learning Disabilities.

2.3 At present the following providers rent space on the Savernake Hospital site:

- Great Western Hospitals
- Oxford Health
- Avon and Wiltshire Mental Health Partnership Trust
- Wiltshire Council
- Prospect Hospice

2.4 Grosvenor Facilities Management, (GFM) provides Hard Facilities Management on the Savernake Hospital Site. Monthly Management Reports are produced which set out performance against the PFI contract key performance indicators. These reports are discussed at month performance meetings.

3. Memorandum of Terms of Occupation

3.1 In order for NHS PS to take on the PFI for Savernake Hospital it needs to have MoTos in place with all the users of the site.¹ The MoTo format that has been agreed nationally is being used for the MoTo with WHC. The details relating to Savernake Hospital and WHC have been reviewed and agreed with DAC Beachcroft LLP.

3.2 The MoTo for the property is for a period of 5 years or the termination or expiry of the Service Contract (without immediate renewal), whichever is earlier. This is in line with the approach that NHSPS has taken nationally.

3.3 The MoTo states; 'the Occupier may increase or decrease the extent of the Property within the Building or relocate to alternative property within the Building by completing an online occupancy change notice not less than three months before the required change.'

3.4 WHC can assign its rights in the MoTo, i.e. it can share occupation of the Property with NHS or private organisations and associated health personnel who are supporting the WHC in providing the services falling within the Permitted Use, provided that no tenancy is created by that sharing of occupation. However, it does not have the right to sublet.

3.5 The cost, including VAT, for the rent and hard FM, including utilities and rates is £963k. It is composed of £780k for rent (UP charge billed 100% as rent) and £183k for hard FM services. This is £76k more than was billed by GWH in 19/20 (£887k), which is due to historical inaccuracies in the plans setting out the space that WHC occupies (GWH charge was based on 48.93% occupancy which has been adjusted to 50.15%) and VAT. WHC has received written confirmation that the CCG will increase WHC contract funding in line with the additional Rent and Hard FM cost calculated.

3.6 As a PFI development, the costs associated with occupying this space do not represent good value for money. The transfer to NHS Property Services does not, in itself, offer an opportunity to influence this. If WHC wanted to reduce its use of the site, it would need to seek agreement from its commissioner and the CCG/local health community would remain liable for the costs of any vacant space on the Savernake Hospital site unless another provider could be found to utilise the space. The PFI agreement will run until 17th April 2035.

3.7 As the value of this MoTO exceeds £200k per annum, the approval of the Operating Board is required before it is agreed, in line with the WHC Standing Financial Instructions.

4. Conclusion

4.1 The Board is invited to:

- Note that the proposed transfer of the Savernake PFI from Great Western Hospitals NHS Foundation Trust to NHS Property Services

¹ Nationally it has been agreed that NHS PS will have MoTos in place with providers rather than leases.

- Note that this transfer is related to an existing building, in which WHC currently occupies space
- Approve the signing of a Memorandum of Terms of Occupation for space that WHC already occupies at Savernake Hospital.

Impacts and Links

Impacts	
Quality Impact	None – this relates to a technical transfer, with no change to service delivery.
Equality Impact	None – this relates to a technical transfer, with no change to service delivery.
Financial implications	BSW CCG is underwriting the additional revenue costs associated with Savernake Hospital.
Impact on operational delivery of services	None – this relates to a technical transfer, with no change to service delivery.
Regulatory/ legal implications	None – this relates to a technical transfer, with no change to service delivery
Links	
Link to business plan/ 5 year programme of change	None
Links to known risks	None
Identification of new risks	None

¹ Nationally it has been agreed that NHS PS will have MoTos in place with providers rather than leases.

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

Item 9

Warminster Community Hospital Estates Works

PAPER

Wiltshire Health and Care Board**For decision****Subject: Warminster Community Hospital Estates Works****Date of Meeting: 10 September 2021****Author: Victoria Hamilton – Director of Infrastructure****1. Purpose**

1.1 The purpose of this paper is to:

- Provide an update to the Operating Board regarding the improvement works to Warminster Hospital.
- To ensure that the Board is supportive of NHS PS appointing a contractor to undertake the works.
- To ensure that the Board is supportive of the decanting of Longleat Ward from April 2022 until October 2022.
- To assure the Board that a communications plan is being developed for implementation on approval of this paper.

2. Background

2.1 There is a significant amount of backlog maintenance that needs to be undertaken as a matter of priority in order to maintain a safe environment in Longleat Ward, Warminster Hospital. NHS PS owns Warminster Hospital and has identified a budget to address backlog maintenance issues in the hospital. In 2018 NHS PS approached Wiltshire Health and Care to work with them to ensure that the backlog maintenance works could be delivered, safely and within the budget available.

2.2 Although the aim was to keep Longleat Ward on site for the duration of the works, due to the significant amount of structural alternations and the noise associated with them it has been confirmed that the ward can remain open for some of the phases of the works, but that it will need to be moved off site during the noisiest phase.

2.3 The programme of works has been designed to ensure that the ward will remain on site during the winter months but will need to be re-provided off site during the phase from April 2022-October 2022.

2.4 The proposed works will significantly improve the quality of the ward environment, including:

- Providing a safe environment with no backlog maintenance.
- Providing en-suite accommodation for all bedrooms and bays.
- Providing better day and therapy space.
- Providing access to outside space.
- Allowing better manual handling due to adequately sized bed bays.
- Allowing better Infection Prevention and Control measures to be put in place.
- Allowing modern ways of working with nurse touchdown spaces in all bays.
- Allow WHC to care for Bariatric Patients on Longleat Ward.

2.5 The WHC Executive Committee has been kept informed of the development of the works and has:

- Confirmed that it is content with the scope of the works required.
- Confirmed that it will be acceptable to decant Longleat Ward from April-October 2022 subject to an acceptable solution being identified.
- Confirmed that it is content that NHS PS appoints the contractors to undertake the works subject to a satisfactory decant solution being identified.

2.6 These works are in line with the WHC Delivery Plan 2021- 2024. It is noted that, in the longer term, there is a possibility that different approaches may be taken to how beds are provided in the health and care system. It could be argued, therefore that works to improve existing units should be delayed to allow them to incorporate any change in strategic direction flowing from new models of care. The quality of the existing accommodation, however, needs to be addressed now and the value of improvement works will be realised through the improvements to the care environment in the short to medium term. The solutions set out in the paper do not preclude involvement in a system wide new model of care if it is developed.

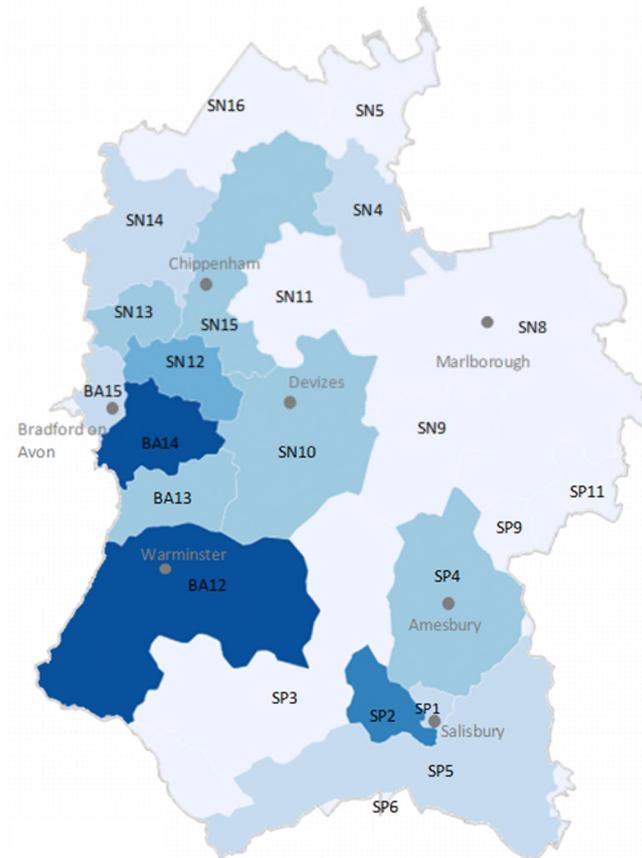
3. Discussion

3.1 The high level timescale for the works is as follows:

- Enabling Works October-December 2021
- Phase one works January-April 2022
- Phase two works April-October 2022, (when Longleat Ward will need to be moved off site)
- Completion October 2022.

3.2 A number of potential decant options have been explored. The preferred option that has emerged recently is Ward 4 on the St Martin's Hospital site in Bath. It is 30 minutes drive from Warminster and only requires minimal works to be suitable. The next 7 months will be used to prepare for the decanting of the ward.

3.3 The impact of decanting the ward for a temporary period to St Martin’s Hospital on patients and families is being considered and a full equality impact assessment is being undertaken. The following plan illustrates the postcode region of the 214 patients admitted to Longleat Ward during the period August 2020 to July 2021:



The darker the colour, the more patients are represented.

- 3.4 The decant option identified will provide broadly the same number of beds.
- 3.5 Commissioners have confirmed that the cost of the works to Ward 4 and decant should be cost neutral to WHC. In order to deliver this the costs will be covered as follows:
- WHC will not be charged rent for Longleat ward while it is not available for occupation.
 - WHC will use the budget that would be used to pay the rent to cover the operational costs of the decant, e.g. paying for staff travel time and expenses, removal costs etc.
 - NHS PS / BSW to cover the costs of the works to ward 4, these costs may be covered in a variety of ways which will be discussed and agreed between NHS PS and BSW.
- 3.6 A communications plan is being developed and will cover patients and their families, staff, the local community, the wider health community, local councillors and NHS

Property Services. The plan will start to be implemented once support for this paper has been given by the WHC Board.

4. Recommendation

4.1 The Board is invited to:

- a. Confirm that it is happy for NHS PS to appoint the contractor to undertake the works to Warminster Community Hospital.
- b. Confirm that it is happy for Longleat ward to be decanted to Ward 4 on the St Martin's Hospital site for phase 2 of the works that are scheduled to take place from April – October 2022.
- c. Note that the communication plan will be implemented for the project on approval of this paper.

Impacts and Links

Impacts	
Quality Impact	Currently there is a significant amount of backlog maintenance required on Longleat Ward to ensure it is fit for purpose. By re-providing the ward on the ground floor the environment will be much improved. Patient and staff wellbeing will be enhanced. The ward will provide a higher quality standard of accommodation.
Equality Impact	<p>Once the works have been completed there will be a positive impact on equality as the ward will be accessible to bariatric patients. Patients will be able to make more use of the outside space which will enhance wellbeing. The ward will be accessible to patients, staff and visitors without having to rely on lifts.</p> <p>During the time when the ward is decanted some patients and their families will need to travel further to access the ward, (equally some will have shorter journeys).</p> <p>A full Equality Impact Assessment for the project is currently being undertaken.</p>
Financial implications	Rent and service charge costs will increase due to the ward becoming bigger but are yet to be quantified. WHC will work with BSW to negotiate the budget to cover the additional costs.
Impact on operational delivery of services	The works will improve the quality of care given as the environment will be much improved. The issues experienced during the heatwave of 2018 are less likely to occur as the ward will be on the ground floor with most of the bedrooms on the cooler side of the building.
Regulatory/legal implications	HTM guidance will be followed as far as possible making the ward a safer and practical working area.
Links	
Link to business plan/ 5 year programme of change	49. We will work with NHSPS on a programme of improvements to the environment at Warminster Community Hospital.
Links to known risks	Click here to enter text
Identification of new risks	Click here to enter text

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

Item 10

Risk Report 15+

PAPER

Wiltshire Health and Care Board

For discussion

Subject:	Risk Management Report
Date of Report:	02 September 2021
Date of Board meeting:	10 September 2021
Author:	Tom Blowers, Risk and Complaints Manager
Exec Sponsor:	Sara Quarrie, Director of Quality, Workforce and Professions

1. Purpose

As there are no 15+ risks to report on during this period, this report includes the 12+ risks for WHC during quarter 1 and 2 in 2021/22.

This paper sets out:

<u>Section A: Risk snapshot & Wiltshire Health and Care's risk summary profile</u>	<i>For information</i>
<u>Section B: Details of 15+ risks, and progress with actions</u>	<i>For discussion and action</i>
<u>There are no 15+ risk to</u> detail. Section C: Emerging risks and themes	<i>For Information</i>

The Committee is asked to:

- **Note** the position with regards to Wiltshire Health and Care's 12+ risks and confirm that it believes the risks are appropriately scored.
- **Assure itself** that the risks are being actively managed.
- **Check and challenge** the action plans to mitigate 12+ risks. Specifically, is enough being done to minimise the risk occurring or the impact of the risk if it were to manifest.
- **Consider the impact** the Executive level risks may have on the risks recorded in the Board Assurance Framework (BAF). Including the likelihood of those BAF risks occurring.

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

Section A1: Overall risk profile

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

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

Table 0.1 Overall risk profile

Risk profile	May 2021 Report	June 2021 Report	July 2021 Report	August 2021 Report	Trend	Movement in month
Total open risks on WHC Risk Register	110	136	137	121		↓
"Accepted" open risk on the WHC Risk Register	11	12	12	12		↔
Aggregate Risk Score (open and accepted)	872	986	990	966		↓

Section A2: Risk Profile for 15+ risks

There has been no change in the number or combined score of 15+ risks.

Table 0.2 Risk profile for 12+ risks

	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	Movement in Month
Number of 15+ risks:	0	0	0	0	0	0	↔

There is no 15+ risks, but there are two 12+ risks to display on the likelihood and impact matrix for Executive level operational risks.

Table 0.3 Likelihood vs. impact matrix

5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10

Risk 181 & 202

1	Negligible	1	2	3	4	5
	Likelihood	Rare	Unlikely	Possible	Likely	Certain
		1	2	3	4	5

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

The operational risk on the Executive risk register links directly to Board Assurance Framework risks:

- BAF Risk 1: Change capacity and capability insufficient to match the breadth and scope of change programmes
- BAF Risk 2: The availability, skills mix, competition, transferability, and training of workforce does not match current and future service needs. The ICT risk could impact on the achievement of 'Supporting our patients and services with good IT'

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
1 [Risk 202]	0	1 [Risk 181]	0	0	0	0
12+ Risks aligned with WHC Delivery Goals						
Implementing a new model of care in line with the NHS Long Term Plan, breaking down the barriers between primary and community care	Developing our People Including our 'Safer Staffing Programme'	Supporting our patients and services with good IT	Supporting our patients and staff with physical infrastructure that better meets need	Providing services in an efficient and sustainable way	Ensuring everything we do has a quality focus	Involving and engaging our patients and the public in developing our services

SECTION A4: 15+ Risk Movement

15+ risk entries – There have been no risk register entries scoring 15+ on the risk register during this period. Therefore 12+ risk movement is reported below:

Table 0.4 Risk movement.

New 12+ Risks	No new risks	No new risks	↔	Accepted 12+ Risk	No risks accepted	No 12+ risks were accepted during the reporting period	↔
Escalated to 12+ Risks	No movement	No Risks been escalated in the reporting period.	↔	Closed 12+ Risks	No risks closed	No risks have been closed in the reporting period	↔
De-escalated 12+ Risks	One risk de-escalated	One risk (57) has been deescalated in the reporting period.	↓				

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

There are no 15+ risk to detail.

Section C: Emerging risks and themes

Emerging themes are Medication incidents and Pressure Ulcers

Recommendation

Board is invited to:

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

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

Item 11

Information Governance Annual Report

PAPER

Wiltshire Health and Care Board**For information**

Subject:	Annual Information Governance Report
Date of Meeting:	10 September 2021
Author:	Steve Lobb, IG Manager & Data Protection Officer
Sponsor:	Victoria Hamilton, Director of Infrastructure

1. Purpose

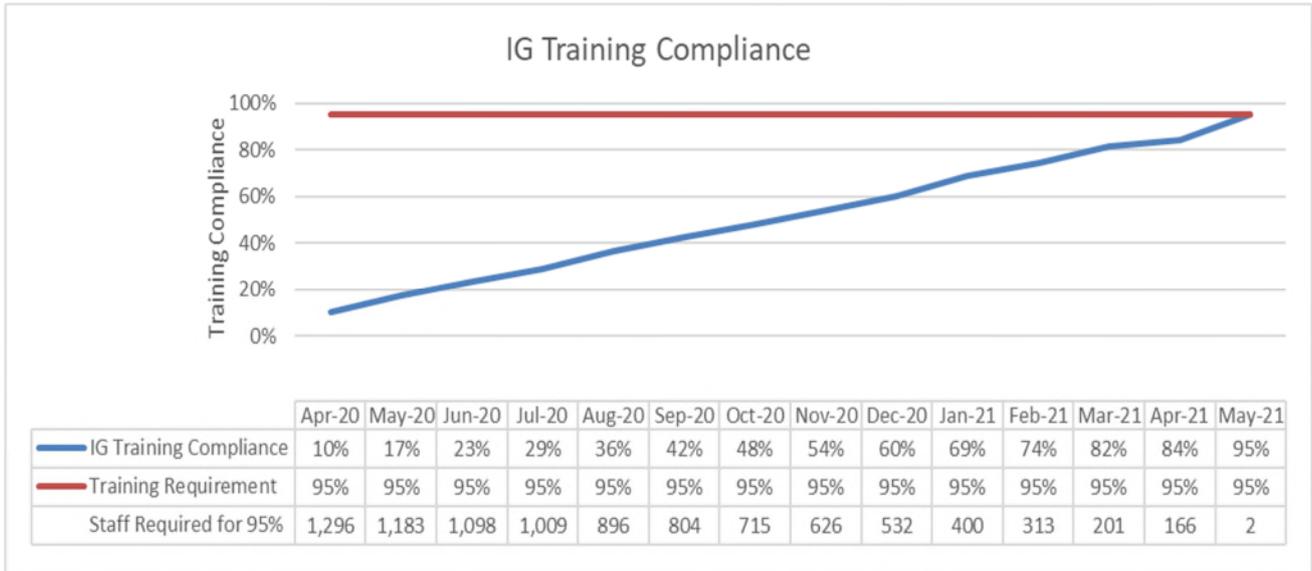
- 1.1 To provide an annual position and compliance statement for Information Governance within Wiltshire Health & Care (WHC). The report covers the period from the 1st April 2020 to coincide with the NHS Digital Data Security & Protection Toolkit requirements.

2. Background

- 2.1 This report provides details of the current position and recent activities of Information Governance (IG) within WHC, providing assurance that WHC is compliant with current legislation, guidance and preparing for upcoming developments.
- 2.2 The report has been extended to incorporate the following changes within the IG department:
- 1st April 2021 – IG service provision contract with Salisbury NHS Foundation Trust ended and IG service fully hosted within WHC
 - 1st June 2021 – Records Management staff TUPE from Great Western Hospitals NHS Foundation Trust. Records Management and Subject Access Request responsibility within the IG function at WHC
 - 12th July 2021 – IG function transferred to Infrastructure service line and responsibility for Freedom of Information and support for Legal Services now part of the IG portfolio

3. IG Training Compliance

- 3.1 The Data Security & Protection Toolkit (DSPT) requirement 3.2.1: *“Have at least 95% of staff, directors, trustees and volunteers in your organisation completed training on data security and protection, and cyber security, since 1st April 2020?”*
- 3.2 As of June 2021 WHC achieved IG training compliance of 95%



3.3 The new Data Security & Protection Toolkit has been released and the 95% annual IG training compliance requirement has been amended that 95% of all staff must complete their IG training between 1st July 2021 and 30th June 2022

3.4 The IG Department and monitoring training compliance monthly and contacting all non-compliant staff directly.

4 IG Audits

4.1 Generic Email Account Audit – A review of all the corporate services generic email accounts has been conducted and access to these accounts was found to be appropriate.

4.2 ReStore Box Review – Initial review of the 7,681 boxes has initially identified approx. 600 that will be retained by WHC, of these a significant proportion have insufficient information to identify the contents and will need a physical review.

The remaining 7,000 boxes have been transferred back to the relevant data controller.

4.3 Devizes Community Hospital abandoned records – BSW CCG reported these records to the Information commissioner’s Office as an IG SI against GWH. Physical review of the records by the IG Leads for WHC, GWH and SFT identified majority of records pertain to Estates and NHS Property Services and information was secure, although not appropriately managed. GWH have responded to the Information commissioner and no information pertained to WHC.

4.4 Chippenham Community Hospital, outbuilding records - Review of historical records in the outbuilding identified the majority pertained to MIU information predating WHC. IG manager reviewed all the records and has authorised the destruction of the information.

4.5 Medical Records Libraries – The medical records libraries of Warminster, Savernake, Chippenham, Trowbridge, Amesbury and Devizes have been audited, providing an overview

of the contents and work has commenced on returning historic records to the previous service provider.

Amesbury Medical Records Library has been transferred to Chippenham Community Hospital in August 2021, enabling the utilisation of space at Amesbury to become a physiotherapy gym.

5 Information Asset Registers & Data Flow Mapping

5.1 There is an ongoing piece of work identifying all the Information Assets that are being utilised across WHC, the table below provides a summarised position on the current returns that have been received by the IG department:

	Total	Risk Rating				Decommissioned
		Low	Medium	High	Extreme	
Hardcopy	4	4	0	0	0	2
Electronic	81	66	11	0	0	4

5.2 In addition to the work in relation to Information Asset Registers, WHC services have been compiling their Data Flows, the table below provides a summary of the information received to date:

	Total	Data Subjects				Data Categorisation			Boundary			Risk			
		Patient	Staff	Both	None	Non-Identifiable	Personal	Sensitive	Within UK	Within EEA	Other	Low	Medium	High	Extreme
In	71	19	27	25	0	3	24	44	69	1	1	47	17	7	0
Out	141	42	22	74	3	9	25	107	138	2	1	72	55	14	0
Two-Way	7	0	2	4	1	1	1	5	5	0	2	5	1	1	0
Neither	1	0	1	0	0	0	1	0	1	0	0	1	0	0	0
Total	220	61	52	103	4	13	51	156	213	3	4	125	73	22	0

5.3 The National Data Opt Out is a mandatory requirement for all organisations that allows patients to opt out of their confidential patient information being used for research and planning. WHC is required and expected to be fully compliant by the 30th September 2021. A review of current data flows has identified WHC will only have to apply the opt out in relation to 1 data flow and there are a further 11 data flows that have the opt out applied on behalf of WHC (DSCRO).

National Data Opt Out			
Not Applicable	Applicable - WHC Applies	Applicable - Recipient Applies	Applicable - Applied on WHC behalf
208	1	0	11

6 Data Protection Impact Assessments

6.1 WHC are required to complete a Data Protection Impact Assessment (DPIA) whenever a new form of processing or system is proposed, in addition all existing data processing and systems should also have a DPIA completed. There is a recommendation that all DPIAs are updated and reviewed whenever a change occurs or every 3 years at a minimum. The table below provides an overview of all DPIAs approved in the year. A summary is also published on the WHC website.

Ref	Name	Description
DPIA003	Five Rivers (MSK and Community Teams)	MSK and Community teams transferring from SFT and Salisbury Central Health Clinic respectively, along with hardcopy recrds and WHC's electronic equipment
DPIA011	Electronic Staff Records	Scanning board personnel files to T-drive
DPIA013	X-Pert	Web platform for diabetic patients (educational)
DPIA014	MSK Health Questionnaire	MSK patient outcomes survey to assess against KPIs
DPIA015	Diasend	Cloud-based diabetics management system that sends reports to WHC clinicians from patients' glucose monitoring devices
DPIA016	Libreview	(1) Assessing the use of the diabetes monitoring system; and (2) the sharing of WHC's patients' Libreview readings with SFT and RUH.
DPIA023	LeDer	CAG-approved entry of PID/health data of deceased learning disabilities patients onto University of Bristol's online portal
DPIA024	NACEL	Case notes review and nominated persons survey (deceased patients) data entry into NHS Benchmarking portal
DPIA025	Inpatient Referrals to Age UK	Referrals of COVID-vulnerable patients for "soft support" (e.g. shopping) when discharged
DPIA027	Lone Worker Device	Alarms for lone workers in the community who feel vulnerable or are in danger.
DPIA031	Health Care Videos	Health care video library for patients, provided externally and commissioned by NHSx

DPIA032	Centrality	Transfer of IT support services: GWH to Centrality
DPIA034	Vodafone	Contract for WHC's mobile phone network provider.
DPIA035	Shared Decision Making Tool	BSW patient feedback pilot around Shared Decision Making
DPIA036	Wheelchair Users Questionnaires (Goals and Outcomes)	Assessment and follow-up questionnaires for wheelchair users to assess the effectiveness of wheelchairs provided. Patients answer the questionnaire using an online portal provided by Bangor University (https://cheme.bangor.ac.uk/watch-ad/)
DPIA037	My Type 1 Diabetes	Educational resources for diabetes patients
DPIA038	Stroke Association	Referrals, by email, from Community WHC clinicians to a "Support Coordinator", provided by the Stroke Association.
DPIA039	StripHTML	A website that redacts HTML from any text entered. It appears to set a significant number of advertising cookies (22).
DPIA041	Inpatient Coders (GWH)	Access by GWH to W drive for coding
DPIA048	PPIO Database	Storing information on individuals who have consented to participate in WHC patient and public involvement work.
DPIA075	MS Teams (Group Patient Sessions)	Groups of patients in one classroom session
DPIA053	Rehabmypatient	Website onto which physio patients are given accounts to view exercise videos assigned to them by WHC clinicians
DPIA054	Attend Anywhere	Video consultations during C-19
DPIA055	KPMG Financial Audits	Finance using Sharepoint in order to send document samples to KMPG auditors
DPIA056	Space for COPD	University Hospital Leicester NHS Trust - online account for educational materials for rehab for COPD patients (substitute for face-to-face contact during COVID).
DPIA057	Ki Activ	Dashboard for monitoring activity of COPD patients
DPIA058	Antibody Testing (SmartSurvey)	Use of existing application to book staff antibody testing
DPIA059	Track and Trace	Short DPIA to record visitors to wards and departments for tracking and tracing COVID-19. Records are retained only for 21 days.
DPIA060	Digital Staff Passport	JOINT DPIA between WHC LLP, SFT and Dorset County Hospital NHS Foundation Trust (1) uploading HR information to a portal to allow WHC staff members to share with other health and social care organisations for redeployment to support COVID-resilience; (2) processing HR information shared with WHC by non-WHC employees for the same reason

DPIA065	KPMG Financial Audits	Finance using Sharepoint in order to send document samples to KPMG auditors
DPIA070	SmartSurvey (Lateral Flow Testing)	Use of smart Survey to collate lateral flow results, only collecting employee assignment number

6.2 WHC are currently reviewing the entire DPIA process since the transition of IG provision away from SFT. It is anticipated that new documentation and processes will be provided to try and streamline the process.

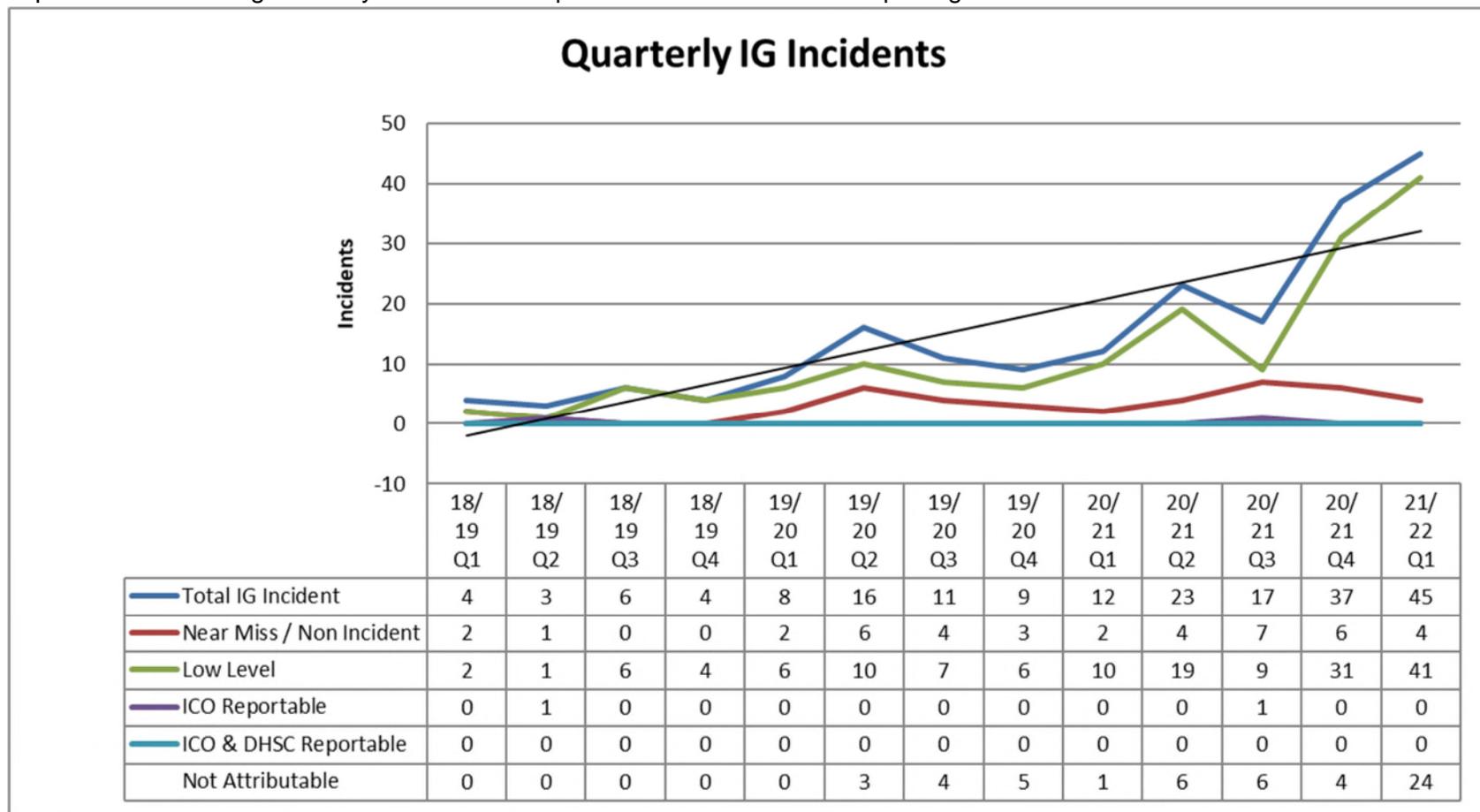
7 IG Incident Monitoring

7.1 The IG Department receive notifications in relation to all incidents classified as relating to Information Governance, in addition to this the department conduct a weekly review of all incidents to identify any further incidents that might contain an element in relation to IG.

7.2 The most common themes are information being disclosed in error (post/email to the wrong recipient) and records management (information being recorded on the incorrect record). The IG department retain a log of these incidents and the associated learning that has been taken forward, primarily through communications and publication of “IG Tips”.

Category	2020/21 Q1				2020/21 Q2				2020/21 Q3				2020/21 Q4				2021/22 Q1				Total
	Near Miss	Low Level	ICO	ICO & DHSC	Near Miss	Low Level	ICO	ICO & DHSC	Near Miss	Low Level	ICO	ICO & DHSC	Near Miss	Low Level	ICO	ICO & DHSC	Near Miss	Low Level	ICO	ICO & DHSC	
Corruption or inability to recover electronic data	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Missing Referral Information - Non WHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
Disclosed in Error	2	3	0	0	4	6	0	0	6	2	0	0	3	11	0	0	3	8	0	0	48
Insecure Transfer	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	3
Lost In Transit	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	3
Lost or stolen hardware	0	0	0	0	0	2	0	0	0	0	0	0	0	3	0	0	0	3	0	0	8
Lost or stolen paperwork	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	2	0	0	5
Non-secure Disposal – hardware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-secure Disposal – paperwork	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Records Management	0	5	0	0	0	6	0	0	1	2	0	0	0	5	0	0	0	9	0	0	28
Technical security failing (including hacking)	0	0	0	0	0	1	0	0	0	2	0	0	1	0	0	0	0	0	0	0	4
Uploaded to website in error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unauthorised Access/Disclosure	0	1	0	0	0	3	0	0	0	2	0	0	2	4	0	0	0	2	0	0	14
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	13	0	0	18
Total IG Incidents	2	10	0	0	4	19	0	0	7	9	1	0	6	31	0	0	4	41	0	0	134
Not IG Incident	1				2				2				0				0				5
Not Attributable	1				6				6				4				24				41
Total Incidents Investigated	14				31				25				41				69				180

7.3 The graph below provides a summary of incidents over the past 3 financial years, the increase in incidents being reported and their impact level remaining relatively low enforces a positive culture of incident reporting within WHC.



7.4 In quarter 3 2020/21 there was an incident in relation to a Dictaphone tape containing fully identifiable information that was lost during transit through standard Royal Mail, the incident was reported to the Information Commissioner's Office and following the investigation the Information Commissioner had no further recommendations. WHC implemented the following actions:

- Use of Dictaphone tapes ceased
- Communication around use of Dictaphones and safe transportation of sensitive information
- Part of the digital tools project is to incorporate the standardisation of digital dictation across WHC.

- 7.5 A further incident was reported from BSW CCG to the Information Commissioner's Office, where an individual identified historic patient and corporate records left abandoned in an allegedly unsecure building at Devizes Community Hospital. Following immediate investigation and securing of the records, the IG Leads from GWH, SFT & WHC. None of the records related to WHC, but all 3 leads revisited the site on multiple occasions to review and manage the records.
- 7.6 The Information Commissioner's Office responded to the incident report from GWH by acknowledging the collaborative work that was conducted between GWH, SFT & WHC.

8 Data Security & Protection Toolkit

- 8.1 WHC published a 'Standards Met' Data Security & Protection Toolkit for 2020/21 on the 9th June 2021. WHC exceeded the minimum overall requirement of 48% compliance and produced a final overall DSPT compliance of 93%. The table below provides the final position statement of the DSPT.

Title of Standard	Assertions	Mandatory			Non-Mandatory				Overall	
		Total	Compliant		Total	Not Attempted	Compliant		Compliant	
1 - Personal Confidential Data All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form. Personal confidential data is only shared for lawful and appropriate purposes.	22	16	16	100%	6	1	5	83%	21	95%
2 - Staff Responsibilities All staff understand their responsibilities under the National Data Guardian's Data Security Standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.	3	2	2	100%	1	1	0	0%	2	67%
3 - Training All staff complete appropriate annual data security training and pass a mandatory test, provided linked to the revised Information Governance Toolkit	5	3	3	100%	2	1	1	50%	4	80%
4 - Managing Data Access Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required. All access to personal confidential data on IT systems can be attributed to individuals.	9	5	5	100%	4	1	3	75%	8	89%

5 - Process Reviews Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses, or which force staff to use workarounds which compromise data security.	4	1	1	100%	3	1	2	67%	3	75%
6 - Responding to Incidents Cyber-attacks against services are identified and resisted and security advice is responded to. Action is taken immediately following a data breach or a near miss, with a report made to senior management within 12 hours of detection.	9	5	5	100%	4	0	4	100%	9	100%
7 - Business Continuity A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested once a year as a minimum, with a report to senior management	9	5	5	100%	4	0	4	100%	9	100%
8 - Unsupported Systems No unsupported operating systems, software or internet browsers are used within the IT estate.	8	3	3	100%	5	0	5	100%	8	100%
9 - IT Protection A strategy is in place for protecting IT systems from cyber threats which is based on a proven cyber security framework such as Cyber Essentials. This is reviewed at least annually	17	2	2	100%	15	1	14	93%	16	94%
10 - Accountable Suppliers IT suppliers are held accountable via contracts for protecting the personal confidential data they process and meeting the National Data Guardian's Data Security Standards.	6	2	2	100%	4	0	4	100%	6	100%
Summary	92	44	44	100%	48	6	42	88%	86	93%

8.2 The draft requirements for the 2021/22 DSPT has recently been released, there has been minimal changes within the toolkit, which are summarised below. The most significant change is that the DSPT will now be submitted at the end of June 2022 and there is no requirement for the DSPT to be audited by an external auditor.

Overall Requirement Changes			
	Mandatory	Non-Mandatory	Total
2019/20	56	59	115
2020/21	44	48	92
2021/22	43	42	85

2021/22 - Summarised Requirement Changes			
	Mandatory	Non-Mandatory	Total
New	1	3	4
Reworded	4	3	7
Unchanged	38	36	74

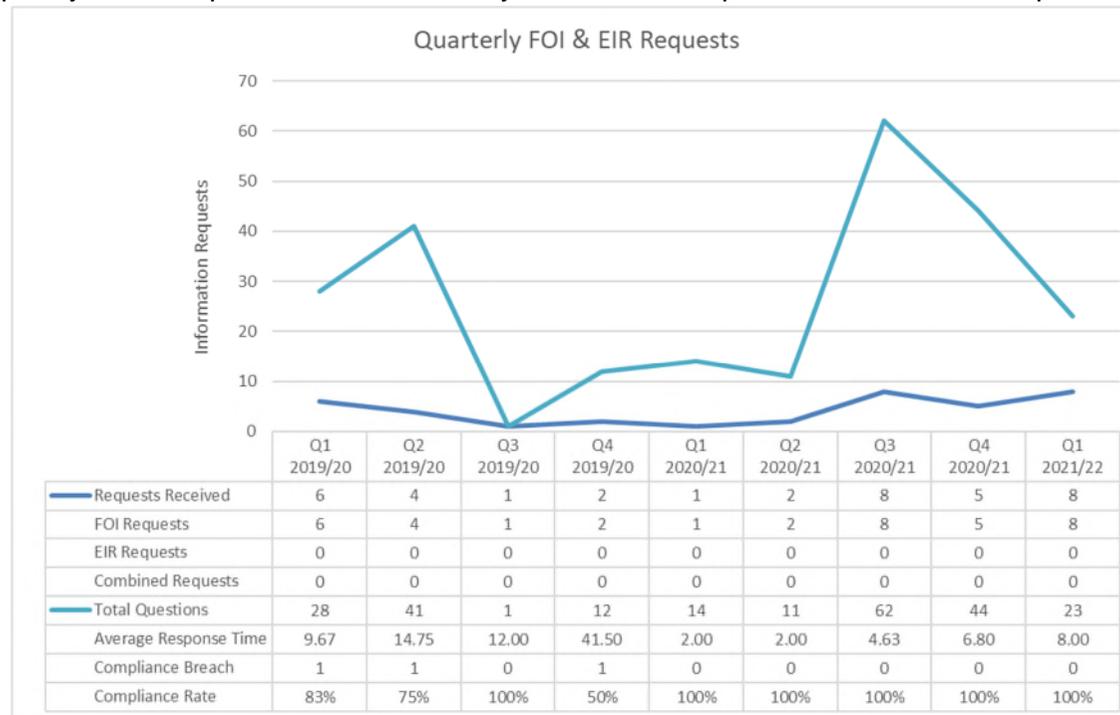
9 FOI

- 9.1 Since the 12th July 2021 the Freedom of Information function within WHC has transferred to the IG department. An overview of reporting has been conducted to provide trend analysis and quarterly reporting.
- 9.2 The table below provides an overview of compliance with Freedom of Information and Environmental Information Requests along with summarised findings in relation to the source of requests and the FOI request topic.

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22
Requests Received	6	4	1	2	1	2	8	5	8
Exemptions	1	0	0	0	0	0	0	0	0
FOI Requests	6	4	1	2	1	2	8	5	8
EIR Requests	0	0	0	0	0	0	0	0	0
Combined Requests	0	0	0	0	0	0	0	0	0
Total Questions	28	41	1	12	14	11	62	44	23
Average Response Time	9.67	14.75	12.00	41.50	2.00	2.00	4.63	6.80	8.00
Compliance Breach	1	1	0	1	0	0	0	0	0
Compliance Rate	83%	75%	100%	50%	100%	100%	100%	100%	100%
Requestor	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22
Public	4	2	0	1	0	1	3	4	3
Political	0	0	0	0	0	0	1	0	0
Press	0	0	0	0	0	0	0	1	1

Company/ Organisation	2	2	1	1	1	1	4	0	4
Subject	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22
Combined	0	0	0	0	1	0	0	0	0
Corporate	2	0	1	1	0	0	2	2	1
Clinical	1	2	0	0	0	1	3	2	3
HR	1	0	0	1	0	0	0	0	4
Financial/ Contractual	2	2	0	0	0	1	3	1	0
IT	0	0	0	0	0	0	0	0	0

9.3 The graph below identifies the quarterly number of requests received and highlights that the number of requests have remained fairly consistent, but the complexity of the requests has increased by the number of questions within each request.



9.4 A requirement of the Freedom of Information Act is that public authorities complete and maintain a Publication Scheme. A separate project has been completed to ensure that WHC has a fully compliant Publication Scheme available via the WHC website and maintenance of the publication scheme is part of business as usual function of the IG department.

10 SAR

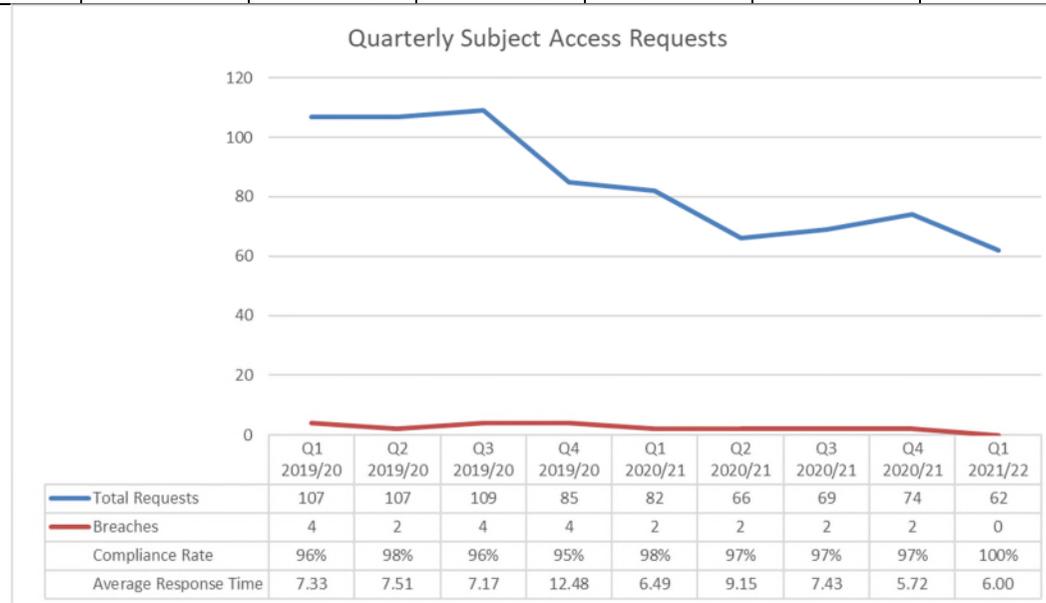
10.1 Since the 1st June 2021 the Subject Access Request function has been within the IG department portfolio. The IG service have amended the Subject Access Request Procedure via:

- Centralised Subject Access Request procedure through our Chippenham Medical Records Team
- Standardised reporting functionality
- Reduction in postal costs through utilisation of secure email and Secure File Transfer mechanisms to requesters

10.2 The table below provides an overview of compliance with Subject Access Requests along with summarised findings in relation to the source of request and the service records being requested.

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22
Total Requests	107	107	109	85	82	66	69	74	62
Breaches	4	2	4	4	2	2	2	2	0
Compliance Rate	96%	98%	96%	95%	98%	97%	97%	97%	100%
Average Response Time	7.33	7.51	7.17	12.48	6.49	9.15	7.43	5.72	6.00
Requestor	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22
Individual	9	19	17	12	5	6	8	14	11
Solicitor	85	71	78	59	68	54	58	55	45
Police	11	12	11	8	4	2	1	2	3
Other	1	1	0	3	5	3	1	2	3
Record Type	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1

	2019/20	2019/20	2019/20	2019/20	2020/21	2020/21	2020/21	2020/21	2021/22
Third Party	8	6	5	6	1	5	7	2	3
MIU	39	44	32	25	30	19	14	17	9
Physio	31	27	29	22	22	22	22	33	20
HR	0	0	0	0	0	0	0	0	1
Corporate	0	0	1	0	0	0	0	0	0
Police Request	11	12	11	8	4	2	1	2	3
Multiple	16	12	25	15	15	9	18	7	17
Specialist	0	4	4	7	3	3	5	8	2
Inpatient	2	2	1	0	5	5	0	4	2
Community	0	0	1	2	2	1	2	1	1
X-ray	0	0	0	0	0	0	0	0	3



11 Recommendation

11.1 The Operating Board is invited to note the content of the report.

Impacts and Links

Impacts	
Quality Impact	None Identified
Equality Impact	None Identified
Financial implications	None Identified
Impact on operational delivery of services	None Identified
Regulatory/ legal implications	Failure to comply with the Data Security & Protection Toolkit would impact on the WHC contract with BSW CCG, the ability to tender for further work and provide necessary assurances that WHC handle sensitive information in a safe and appropriate manner
Links	
Link to business plan/ 5 year programme of change	None
Links to known risks	Links to risks documented within the IG management section of Datix
Identification of new risks	None identified

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

Item 12

Gender Pay Gap Report

PAPER

Wiltshire Health and Care Board**For information**

Subject:	Gender Pay Gap Reporting – Results for 2020/2021
Date of Meeting:	10 September 2021
Author:	Hanna Mansell, Head of People
Sponsor:	Sara Quarrie, Director of Quality, Professions and Workforce

A. Summary of Paper

In order to meet its obligations under the Equality Act 2010, Specific Duties and Public Authorities Regulations 2017, Wiltshire Health and Care is required to publish the Gender Pay Gap Analysis and background information.

The Gender Pay Gap Analysis applied six standard measures which are:

- The mean gender pay gap
- The median gender pay gap
- The mean bonus gender pay gap
- The median bonus gender pay gap
- The proportion of males and females receiving a bonus payment
- The proportion of males and females in each quartile pay band

The Gender Pay Gap Analysis for 2020/2021 uses a data 'snapshot' from the 31st March 2021, of substantive staff employed by Wiltshire Health & Care.

The total number of staff included is 1282 with a split of 1137 (88.69%) female and 145 (11.31%) male.

Gender Pay Gap

The mean gap between male and female pay is 10.03%. This calculation demonstrates that, on 31 March 2021, the average pay for females was 10.03% less per hour than the average pay for males. The median pay gaps are 6.05%.

Upper and Lower Quartile Gender Pay Gap

Wiltshire Health and Care is also required to report on the quartiles of employee pay (employees are first listed by hourly rate and then split into 4 equal groups). The figures show a larger percentage of female employees than male employees in all quartiles, but in the Upper Quartile there is the smallest difference. The quartile with the largest proportion of males is the upper quartile. The quartile with the largest proportion of females is the lower quartile. This is a change from 19/20, where the quartile with the largest proportion of females was the lower middle quartile.

Bonus Pay Gender Pay Gap

There is a large difference between male and female for bonus pay (51% in favour of males), which includes incentives, recruitment premia, and discretionary points.

B. Detailed Analysis**1. What is the pay gap report?**

Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year which illustrate what the pay gap is between their male and female employees. In this report the data is taken from 31st March 2021, and this will be published on the WHC external website.

Gender pay reporting is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same or similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the difference in the average pay between all men and all women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with (for example, albeit that there is no evidence of this occurring within Wiltshire Health and Care, a bias towards recruiting males into senior clinical roles), and the individual calculations may help to identify those issues.

2. NHS Pay Structure

All staff are engaged on NHS terms and conditions. The majority of staff are engaged on the national Agenda for Change Terms and Conditions of Service which uses 9 pay bands and staff are assigned to one of these on the basis of the NHS Job Evaluation Scheme. Within each band there are a number of incremental pay progression points. Within the NHS there are also national Medical and Dental terms and conditions of service. Depending on seniority there are a number of pay scales for basic pay. There are separate terms and conditions for Very Senior Managers, such as Chief Executives and Directors. For the purpose of this report, Medical and VSM's have been grouped together due to the small population within WHC.

As an NHS organisation, many of our services are provided on a 24/7 basis, and therefore staff that work unsocial hours, participate in on-call rotas and work on general public holidays and will often receive enhanced pay in addition to their basic pay. This mainly applies to clinical staff and non-clinical senior managers who participate in Senior Manager on-call.

3. The Gender Pay Gap Indicators

Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, Wiltshire Health and Care are obliged to perform the following statutory calculations for its staff:

- The mean gender pay gap
- The median gender pay gap
- The mean bonus gender pay gap
- The median bonus gender pay gap
- The proportion of males receiving a bonus payment
- The proportion of females receiving a bonus payment
- The proportion of males and female in each quartile pay band

At the time the snapshot was taken (31st March 2020) Wiltshire Health and Care had 1282 staff, of which 1137 (88.69%) were female and 145 (11.31%) were male. The proportions by pay band are as follows:

Group	Male %	Female %
Band 2	8.66%	91.34%
Band 3	7.63%	92.37%
Band 4	9.21%	90.79%
Band 5	7.67%	92.24%
Band 6	16.55%	83.45%
Band 7	18.66%	81.34%
Band 8a	22.73%	77.27%
Band 8b	0.00%	100.00%
Band 8c	16.67%	83.33%
Band 8d	0.00%	100.00%
Band 9	0.00%	100.00%
Medical / VSM*	66.67%	33.33%

*This includes VSM, medical staff and non executive members.

4. Gender Pay Gap Results for Wiltshire Health and Care

Working in partnership

Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust

a) Gender pay gap as a mean average

The mean is the average of all the hourly rates in the dataset. This calculation demonstrates that on 31 March 2021 the average pay for female staff was 10.03% less per hour than the average pay for male staff. Compared to the previous year, this has increased by 3.49% from 6.54% to 10.03% in favour of male employees.

Mean Hourly Rate of Pay	Male	Female	Gap %
% Mean GAP Ordinary Pay	£17.54	£15.78	10.03%

However, if this is broken down by payment band, the mean shows that in seven of nine bands where a comparison can be made, females are paid more than males.

Group	Male	Female	Gap %
Band 2	£10.79	£11.30	-4.72%
Band 3	£11.42	£11.24	1.62%
Band 4	£12.50	£12.01	3.89%
Band 5	£14.38	£15.70	-9.19%
Band 6	£18.02	£18.40	-2.13%
Band 7	£21.66	£22.15	-2.27%
Band 8a	£24.40	£24.88	-1.97%
Band 8b	£0	£27.50	-
Band 8c	£37.67	£38.24	-1.50%
Band 8d	£0	£38.82	-
Band 9	£0	£48.23	-
Medical / VSM	£45.84	£59.08	-28.88%

b) Gender pay gap as a median average

The median is the middle value when you list all the numbers in the dataset in numerical order. This calculation demonstrates that the middle value of female staff pay was 6.05% less than the middle value of male staff pay on 31 March 2021. This is 4.44% higher than in 2020.

Median Hourly Rate of Pay	Male	Female	Gap %
% Median GAP Ordinary Pay	£16.04	£15.07	6.05%

If this is broken down further, females in most pay bands are paid more than males. This is significantly higher in the Medical / VSM category as we have a larger proportion of female medical staff in employment. The VSM category also included Non-Executive Directors.

% Median Gap Ordinary hourly rate of pay

Group	Male	Female	Gap %
Band 2	£9.96	£11.02	-10.64%
Band 3	£11.30	£10.88	3.72%
Band 4	£12.60	£11.86	5.87%
Band 5	£14.02	£15.66	-11.70%
Band 6	£17.27	£19.38	-12.22%
Band 7	£21.34	£22.38	-4.87%
Band 8a	£23.40	£23.87	-2.01%
Band 8b	£0	£27.19	-
Band 8c	£37.67	£37.67	0.00%
Band 8d	£0	£38.82	-
Band 9	£0	£47.94	-
Medical / VSM	£34.24	£70.00	-104.44%

Working in partnership

Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust

c) Bonus gender pay gap as a mean average

Included in the bonus calculations are one off recruitment and retention payments (in place for hard to recruit to roles), discretionary points, and incentive payments (for hard to fill shifts in line with WHC process). On-Call premiums are not included as reflected in ordinary pay.

Bonus Gender Pay Gap	Male	Female	Gap %
Mean Gap Bonus Pay	£2662.15	£1303.21	51.05%
Median Gap Bonus Pay	£2265.75	£1065.77	52.96%
% Receiving Bonus	3.45%	2.29%	

The differences here are related to male employees recruited into hard to recruit clinical roles.

d) Proportion of males and females in each Quartile

To perform this calculation, all relevant staff members are listed in hourly rate order and split into four equal groups.

	Male	Female
Upper Quartile %	16.99%	83.01%
Upper Quartile Numbers	61	298
Upper Middle Quartile %	10.68%	89.32%
Upper Middle Quartile Numbers	36	301
Lower Middle Quartile %	10.06%	89.94%
Lower Middle Quartile Numbers	34	304
Lower Quartile %	8.72%	91.28%
Lower Quartile Numbers	30	314

The quartile with the largest proportion of male staff members relative to female employees is the upper quartile. The quartile with the largest proportion of female employees relative to male employees is the lower quartile. This is a change from 19/20, where the quartile with the largest proportion of females was the lower middle quartile.

5. Conclusions

Wiltshire Health and Care acknowledges that the calculation of averages will be affected by the disparity between the number of male and female employees. Wiltshire Health and Care will always appoint the best candidate for the position.

Wiltshire Health and Care offers flexible working to all staff and has a robust recruitment process. For many years Wiltshire Health and Care has worked with local schools to inform pupils on the variety of roles and careers that are possible in the NHS and to encourage those we engage to consider a career in healthcare. In addition to this we undertake careers events and help with employability skills sessions – such as interviewing.

Wiltshire Health and Care believes it recruits in a non-gender biased manner to ensure that applicants are recruited in a fair, open and transparent manner.

6. Recommendation

The Operating Board is invited to:

- Note the results of the gender pay calculations
- Note that they will be published on the WHC website.

Working in partnership

Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust

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

Item 13

Quality, Workforce, Performance, Finance & Infrastructure Highlight Report

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

*available on request, please contact whc.corporateservices@nhs.net

Wiltshire Health and Care Board

For information

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

Date of Meeting: 10 September 2021

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

1 Purpose

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

2 Issues to be highlighted to the Board

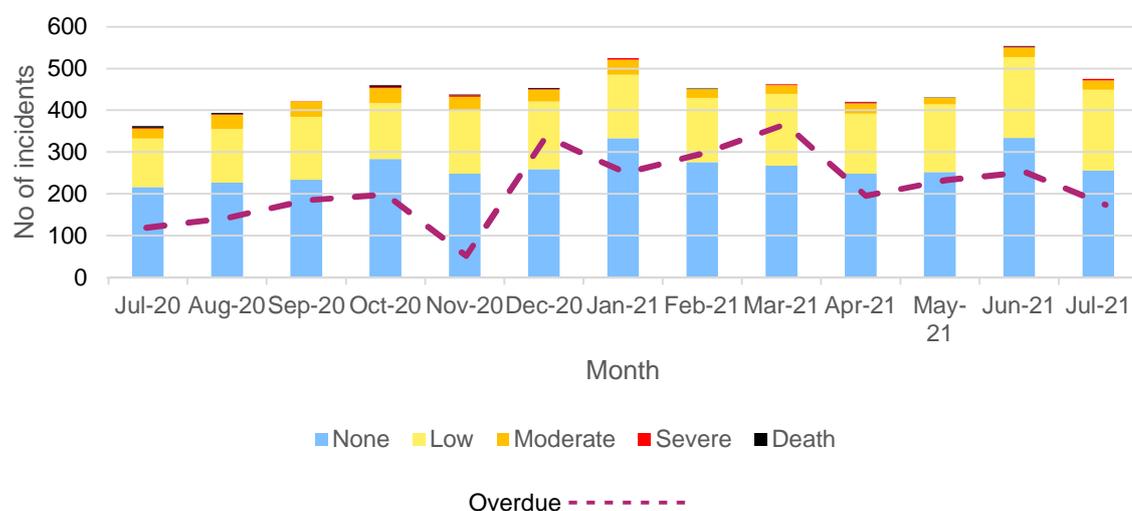
- 2.1 **Quality** - From analysis of this information and triangulation with other sources of information and intelligence, the following issues are highlighted in relation to the quality of services:

Advise

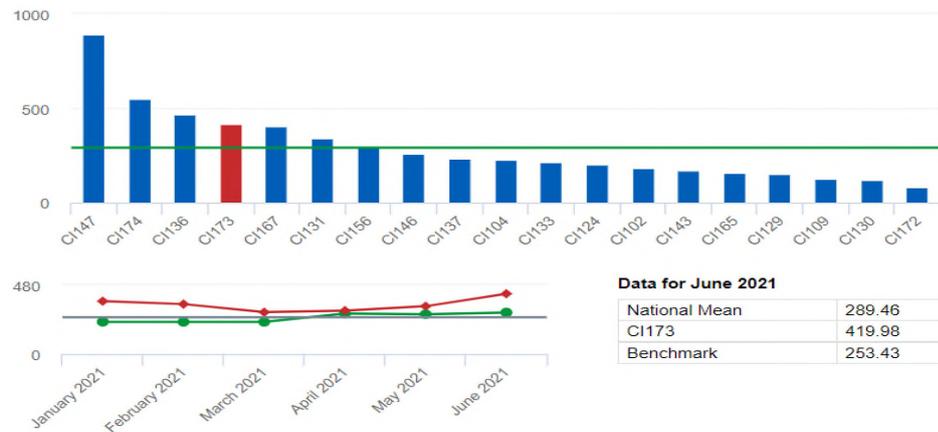
2.1.1 Patient Safety

WHC incident reporting remains above national benchmarking (see **Error! Reference source not found.**), the majority of incidents continue to be no or low harm (95%). Above national reporting numbers and low/no harm of incidents is indicative of a strong incident reporting culture across the organisation.

Graph 2.1 Incident reporting, management (overdue) and actual harm caused



Graph 2.2 NHS benchmarking data – Number of patient incidents per 1 000 WTE budgeted clinical staff



Red = WHC / Green = National Mean / Grey Line = Denotes benchmark

Learning from staff COVID-19 outbreak: staff vigilance in social distancing, mask wearing, hand washing key to controlling COVID-19. Communications about continued vigilance required and ensuring workspaces remain COVID secure are being developed

2.1.2 Clinical Effectiveness

Non-medical prescriber (NMP): It was agreed at the Medicines Governance Policy Oversight Group that any non-compliant NMP will have their right to prescribe in WHC services revoked unless compliance is achieved.

Medication incidents: Medicines Optimisation Pharmacists have highlighted an increased in medication incidents across community teams. The Head of Operations (Core and Community Teams) will appraise the Medicines Governance Policy Oversight Group (October 2021) of work being undertaken by CSMs regarding this trend.

Central alerting system (CAS): Highlighting good work to reduce to the total number of outstanding CAS alerts over the last 4 months.

NRLS Statutory upload: A work around has been implemented to enable WHC statutory upload to NRLS to occur. For context, DATIX had a hard headline for the 01.09.2021 to resolve this issue due to compulsory NRLS upload required in September 2020. The root cause of the issue (initial setup of DATIX did not use NRLS coding system) and a workaround has been identified, plus required access granted to WHC DATIX administrators to allow upload as per regulatory requirement.

2.1.3 Patient experience

Family and friends test - Top reporters are outpatient Physiotherapy (46%), followed by Dietetics (9%), all other services have a yield below 6%. Work is ongoing with the Patient & Public Involvement Officer and operational teams to aim to improve yields through use of SystmOne and promotion of the Friends and family test to community teams and Inpatient wards.

Complaints: Throughout July 2021, six complaints were received in WHC. Compliance for responding to complaints in July has fallen below 100% for the first time this year with compliance at 83% (benchmark = 80%) due to one inpatient complaint being responded to late. WHC is a smaller employer than most organisations in the NHS benchmarking data,

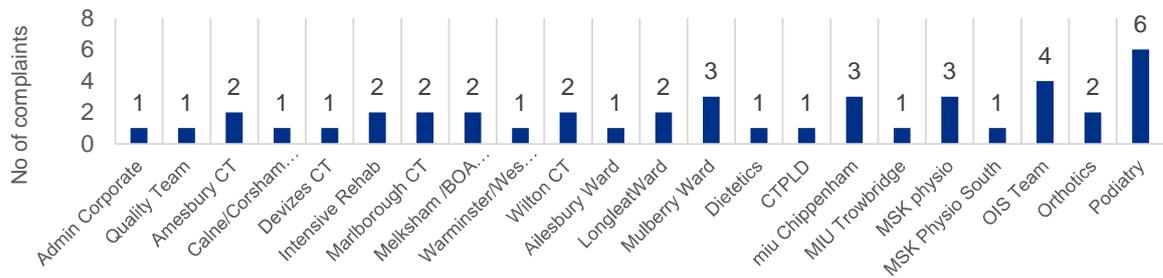
Error! Reference source not found. Figure 2.1 displays the number of complaints received by WHC per 1,000 WTE is commensurate with the national mean over the year. The most complaints received are by Podiatry (n=6), as displayed in Graph 2.3, four of these were regarding being able to book appointments a reoccurring theme across WHC complaints.

Figure 2.1 NHS Benchmarking Data QR9 - Number of formal complaints reported per 1,000 WTE budgeted staff



Red = WHC / Green = National Mean / Grey Line = Denotes benchmark

Graph 2.3 Complaints received by teams [2021]



Alert

Nil to alert

Action

Safeguarding compliance statement for approval by Board. (Agenda item 7)

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

Advise

2.2.1 Workforce KPI's

In month **sickness absence** has significantly increased in month to 4.37%, with the highest absence for reason S10 (stress, anxiety and depression). Community teams in Trowbridge, Melksham and Salisbury City are reporting the highest short term sickness absence and Chestnut, Ailesbury and Continnence reporting the highest long term sickness rates. The Sickness Absence audit report action plan has been developed to support the implementation of the recommendations from this audit. This plan will be submitted to the next Audit Committee for assurance. A benchmarking exercise has shown that WHC has the same support packages in place for staff in comparison to our partners and have taken this a step further with the investment into managers training for mental health, alongside making support accessible for all staff. WHC are not an outlier in this data however it is something we need to increase our focus on as part of our people recovery post COVID, with many staff reporting 'burn out'.

Voluntary turnover has also jumped in month increasing to 10.12% for voluntary and 14.18% all turnover. July has also seen more WTE leavers than starters, with 18.55wte leaving and 8.80wte starting in month. With 10.09wte leavers being within Community teams. The reasons for leaving reported as worklife balance (6.06), relocation (3.65) and retirement age (2.25).

Vacancy rate remains significantly lower than target at 2.18% however 21/22 budgets have not yet been aligned into ESR and it is anticipated that this will increase once this data upload to ESR is complete.

Table 2.1 HR KPI's Key Points to note: (July 2021 data)

Sickness Absence (in month) (>3.5%)	Appraisal (>85%)	Voluntary Turnover (<13%)	Vacancy (<8%)	Mandatory Training (85%)	Role Specific Training (85%)	Bank overall training (85%)
4.37% ↑	77% ↑	10.12% ↑	2.18% ↑	89.59% ↓	83.77% ↑	61.88% ↓

2.2.2 BSW Academy Director

This post has been appointed to and the BSW Academy Transformation Lead is back out to advert following an unsuccessful first round of recruitment.

2.2.3 Staff Survey Actions

Following the 2020/2021 Staff Survey Report there was a conclusion of 4 themes as areas of improvement, which include;

1. Health & Wellbeing (4e - I am able to meet all the conflicting demands on my time at work and 4i - The team I work in often meets to discuss the team's effectiveness)
2. Health & Safety (12d - The last time your experience physical violence at work, did you or a colleague report it?)

		<p>3. Health & Wellbeing (4e - I am able to meet all the conflicting demands on my time at work and 4i - The team I work in often meets to discuss the team's effectiveness)</p> <p>4. Health & Safety (12d - The last time your experience physical violence at work, did you or a colleague report it?)</p> <p>5. Incident Reporting (17a - My organisation treats staff who are involved in an error, near miss or incident fairly)</p> <p>6. Quality Care & Patient Experience (7a - I am satisfied with the quality of care I give to patients / service users)</p> <p>These are linked to the delivery plan, which provide the action points to support improvement in these areas and will be reported through the delivery plan updates.</p>
Alert		
		Nil to alert
Action		
		Nil for action

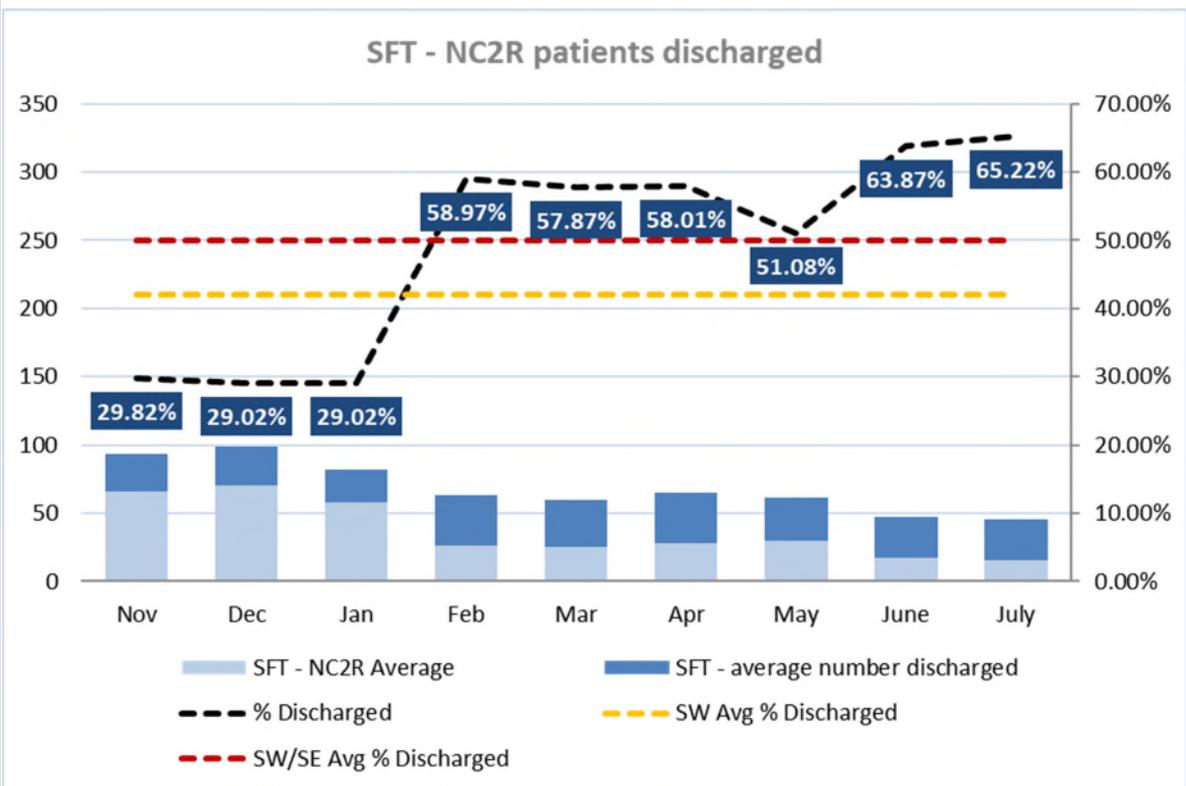
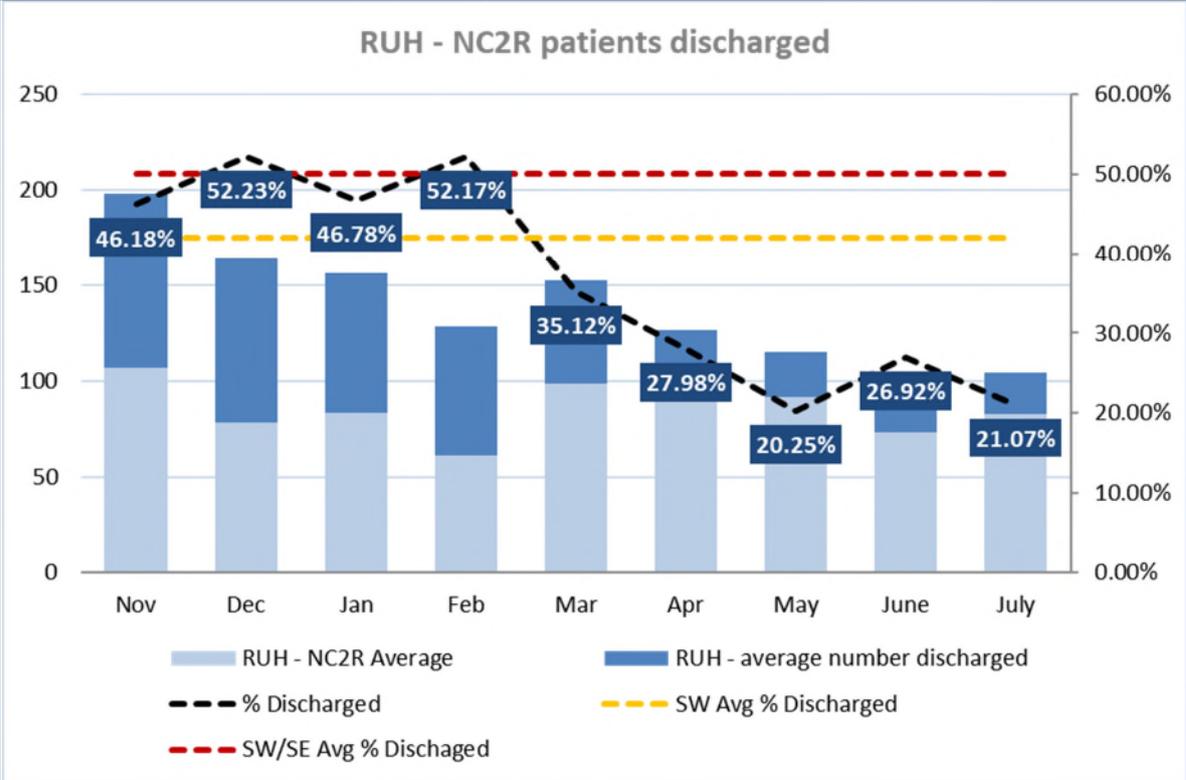
2.3 Finance - The following issues are highlighted in relation to the financial performance:

Advise		<p>The financial position as at July (M4) is an adverse ytd variance of (£149k) against a planned adverse variance of (£208k). The profile of the plan reflects planning assumptions as at the start of the financial year. The forecast and profile will be updated over the next two months to reflect progress and updated funding values (pending commissioner confirmation).</p> <p>A contract letter has been received from BSW CCG to WHC outlining funding arrangements and investments for 2021/22, particularly with regards to Ageing Well funds. This has confirmed the investment required for new services and the use of non-recurrent resources to assist with set up costs.</p> <p>The monthly block contract payments in cash terms still reflect 2020/21 invoice values and will be adjusted in October to reflect indicative or agreed funding values and inflationary uplifts. This will be required in order to ensure that the cash position remains above the minimum threshold as expenditure is forecast to increase in line with anticipated new and extended service developments.</p> <p>WHC is taking part in the first national Community Health Services baseline exercise which is due for submission mid-September by BSW CCG.</p> <p>The 3% pay award will be paid to staff under AfC as part of the September payroll (including backdated payments to April).</p> <p>A revised estates baseline for WHC for 2021/22 is to be established with BSW once clarity and agreement is obtained for allocation of costs across providers for Soft FM services and other estates costs.</p> <p>H2 planning guidance is due to be issued in September.</p>
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	An update on the initial Drivers of Deficit report indicates that the underlying system deficit at 2020/21 outturn was actually £117.3m, £47.1m higher than estimated by ICS members during the DOD work. The update was shared with the Executive Committee in August for oversight, comment and discussion. Development of the BSW wide Financial Sustainability Plan continues.
Alert	
	Nil to alert
Action	
	Nil to action

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

Advise																															
	<p>Patient Flow: There continues to be concern expressed regarding a perceived deteriorating flow position. Whilst the wait for discharge has increased, the total numbers discharged from SFT and GWH has actually increased in percentage terms.</p> <table border="1"> <caption>GWH - NC2R patients discharged</caption> <thead> <tr> <th>Month</th> <th>GWH - average number discharged</th> <th>% Discharged</th> </tr> </thead> <tbody> <tr> <td>Nov</td> <td>~130</td> <td>28.41%</td> </tr> <tr> <td>Dec</td> <td>~140</td> <td>29.14%</td> </tr> <tr> <td>Jan</td> <td>~130</td> <td>23.84%</td> </tr> <tr> <td>Feb</td> <td>~130</td> <td>23.40%</td> </tr> <tr> <td>Mar</td> <td>~150</td> <td>23.80%</td> </tr> <tr> <td>Apr</td> <td>~140</td> <td>26.57%</td> </tr> <tr> <td>May</td> <td>~180</td> <td>33.57%</td> </tr> <tr> <td>June</td> <td>~200</td> <td>39.85%</td> </tr> <tr> <td>July</td> <td>~190</td> <td>48.97%</td> </tr> </tbody> </table>	Month	GWH - average number discharged	% Discharged	Nov	~130	28.41%	Dec	~140	29.14%	Jan	~130	23.84%	Feb	~130	23.40%	Mar	~150	23.80%	Apr	~140	26.57%	May	~180	33.57%	June	~200	39.85%	July	~190	48.97%
Month	GWH - average number discharged	% Discharged																													
Nov	~130	28.41%																													
Dec	~140	29.14%																													
Jan	~130	23.84%																													
Feb	~130	23.40%																													
Mar	~150	23.80%																													
Apr	~140	26.57%																													
May	~180	33.57%																													
June	~200	39.85%																													
July	~190	48.97%																													



The Wiltshire ICA and flow hub are currently supporting RUH to improve discharge, with improvements in flow achieved in the last fortnight.

Work is currently been undertaken define the KPI's for local implementation of the national discharge guidance. Once available schemes to increase capacity moving into the winter period will be triangulated with the data to understand any remaining gaps. For WHC the schemes are:

- Pathway 1, Home first process improvement
- Full mobilisation of 2 hour crisis response from December 2021
- Further roll out of virtual wards

Community Teams activity pressures

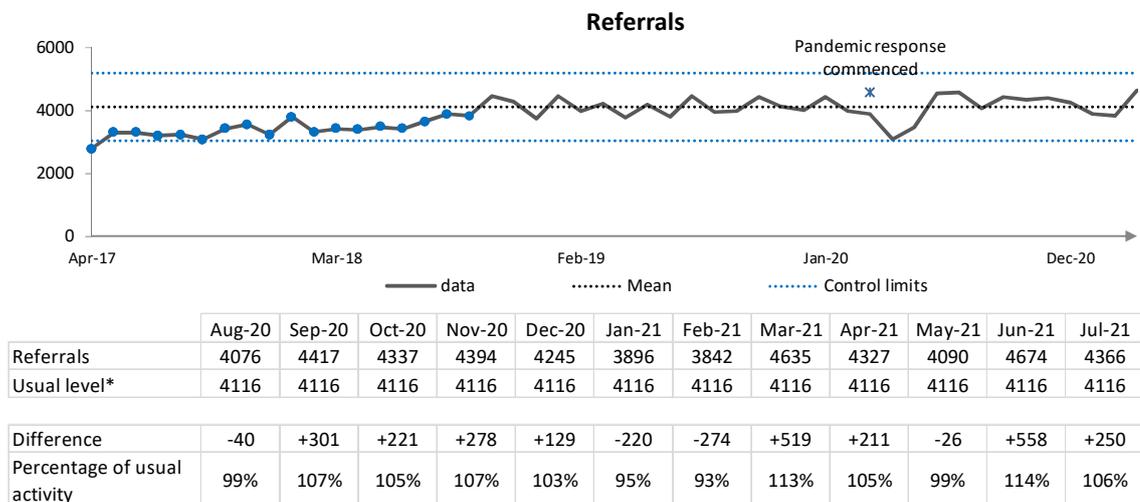
Referrals to community teams are running at a high level in relation to historic trends (Fig1). The position on patient contacts (Fig 2) demonstrate a significant increase also. There continues to be considerable growth in specific aspects of the caseload, examples of which include:

- Venepuncture, increase
- Insulin management, increase of 28%
- Insulin injections, increase 32%
- End of life register has increased by 6%

The majority of the above are for single interventions which can result in a reduction of focus on the more complex individuals on the caseload.

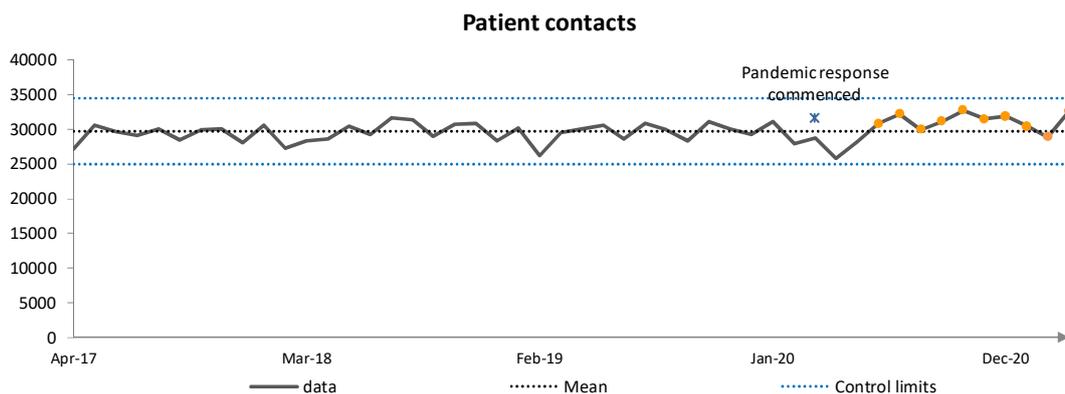
These pressures are coupled with workforce pressures from sickness and vacancies, which is putting extreme pressures on teams. Conversations are taking place with Primary Care colleagues to consider the prioritisation of the caseload.

Fig.1



*Usual level is taken from control chart mean value based on activity from 01/09/2018 to 01/02/2020

Fig 2



		<p>Ageing Well</p> <p>The Wiltshire Aging Well programme board has been established and will oversee the following work streams:</p> <ul style="list-style-type: none"> • Urgent Community response including: <ul style="list-style-type: none"> • 2 hour urgent care response including overnight nursing • 2 day reablement/digital response • Step up beds • Demand and capacity • In-reach/ED/Front door support • Anticipatory care including: <ul style="list-style-type: none"> • Enhanced health in care homes framework (Virtual wards and MDTs in care homes) • Hospital discharge service improvement plan: <ul style="list-style-type: none"> • Increased productivity • Reduce process delays • Bed review • Flow and pathways <p>The initial evaluation of the 2 hour crisis response service has been to Local Commissioning Board and is attached to this report as appendix 1, for information.</p>
Alert		
		Nil
Action		
		Nil

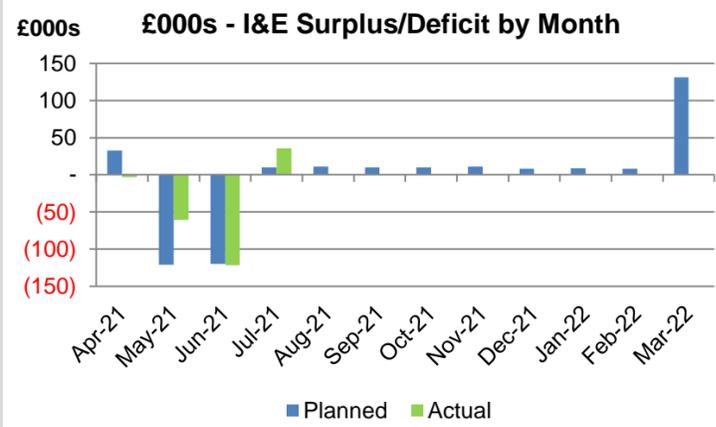
2.5 Infrastructure - The following issues are highlighted in relation to infrastructure

Advise		
		Nil
Alert		
		Nil
Action		
		Memorandum of Terms of Occupancy for Savernake – for decision (agenda item 11)
		Warminster Community Hospital Estate Works paper – for decision (agenda item 20)

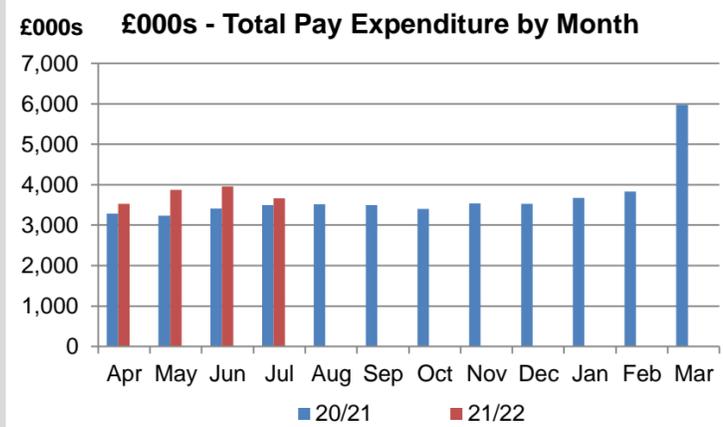
3 Recommendation

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

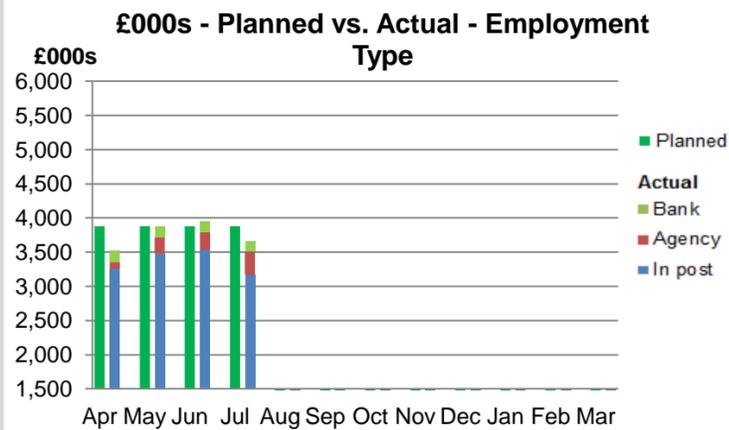
Income & Expenditure



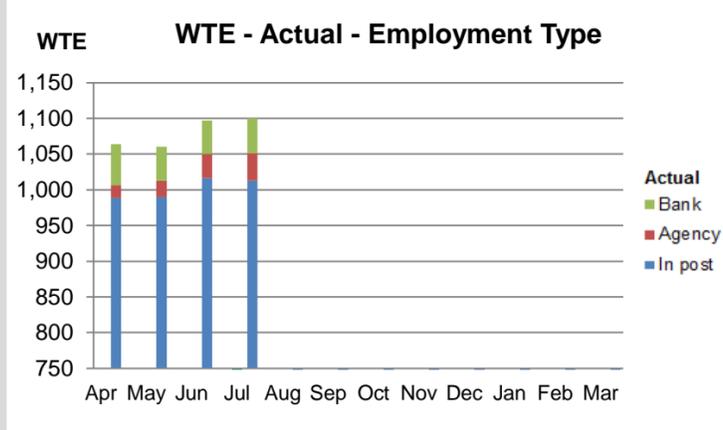
Pay Expenditure - £ - Total



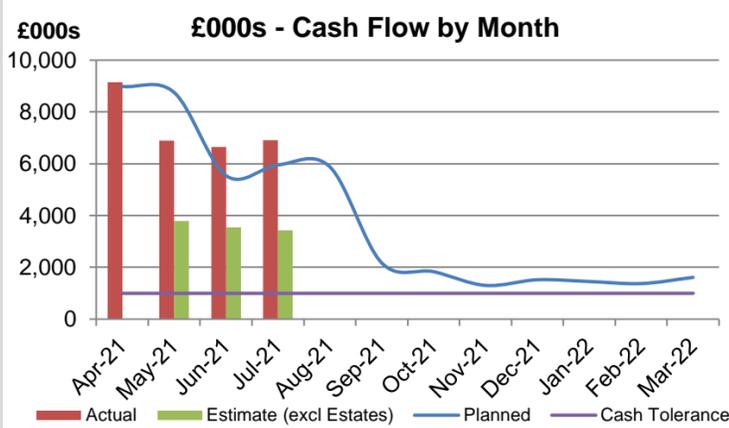
Pay Expenditure - £ - Employment Type



Pay - WTE



Cash



Best Practice Payment Code (BPPC)

BPPC % of bills paid in target	Current Month	Previous Month	Movement
By number	90%	95%	(5%)
By value	95%	98%	(3%)
Average number of days to pay an invoice			
Days	19	17	2

Financial Position YTD July 2021

	Year to date Jul		
	Plan £000s	Actual £000s	Variance £000s
Operating Income			
NHS CCG Income	20,161	19,351	(810)
Other income	1,429	1,371	(57)
Total income	21,590	20,722	(868)
Operating Expenditure			
Pay	15,531	15,021	510
Non-Pay	6,257	5,850	407
Total Expenditure	21,788	20,872	916
Surplus/(Deficit)	(198)	(149)	49

NHSI Reporting

Metric	Definition	YTD	
		Ratio or %	Score
Liquidity rating	Days of operating costs held in cash and cash equivalents	(2.51)	2
I&E margin rating	I&E surplus or deficit / total revenue (in-month)	0.67%	2
I&E margin: distance from financial plan	YTD actual I&E surplus or deficit compared to YTD plan	0.20%	1
Agency rating	Distance from YTD budgeted spend	32.71%	3

Cost Improvement Plan (CIP)

	YTD July			Annual Plan £000s
	Plan £000s	Actual £000s	Variance £000s	
WH&C 2021/22 Savings				
Income	107	94	(13)	346
Pay	150	143	(7)	553
Non-Pay	93	112	19	441
Total	349	349	(1)	1,340

Commentary

Overall: The financial position for YTD July 21 (M4), is an actual adverse position of (£149k), against a planned adverse position of (£198k), i.e. a favourable £49k variance against plan.

Income: The adverse year to date variance reflects delays in agreement and final confirmation of funding values, particularly for extended and new service developments. The monthly block income value is yet to be adjusted to reflect non demographic and inflationary increases which have been agreed with commissioners, but with final financial values to be determined.

Pay: The ytd favourable variance is driven in main by lower than profiled spend in the first four months of the financial year particularly linked to extended and new service developments, which is offset by reduced levels of income. The enhanced care requirements across the wards continue.

Non-Pay: The favourable variance is again in main driven by lower than planned spend linked to additional ring fenced funding and investments which is offset by reduced levels of income.

Positives: The ytd M4 financial position is overall in line with the ytd plan. The planned efficiency value has been delivered ytd M4. **Negatives:** Some uncertainty remains for the second half of the financial year pending H2 planning guidance.

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

Item 14

Highlight Report – Quality Assurance Committee

PAPER

Wiltshire Health and Care Board**For information**

Subject: Quality Assurance Committee Highlight Report
Date of Meeting: 10 September 2021
Author: Sara Quarrie - Director of Quality Professions and Workforce

1 Introduction

1.1 The Quality Assurance Committee (QAC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. The QAC was constituted to provide WHC's Board with assurance in relation to the quality and safety of care provided by WHC's community services. This paper summarises the key issues considered by the QAC (the Committee) at its meeting on 16 July 2021, which it is considered should be drawn to the attention of the full Board.

2 Advise

- Inpatient Improvement Plan: The completion of the Savernake improvement plan would be relying on the completion of the Wiltshire bed review and some dates on the plan were being extended as a result. The forthcoming BSW Peer Review of inpatients would help the more strategic elements.
- Benchmarking data: Benchmarking was now regularly available through NHS benchmarking and was now included as standard in the quality report.
- Tissue Viability Update: The Committee received its regular update on tissue viability, noting a recent reduction in pressure ulcers, but that WHC was an outlier in relation to benchmarking. This did not match with the narrative from other areas. It was thought that the fact that WHC does not use an 'Unstageable' category might be affecting the benchmarking data. Current methods of recording pressure ulcer injury within WHC were being explored, with the focus on the correct recording to assist in patient care.
- Falls: It was reported that falls in WHC are now below the national benchmark; therefore an individual falls update will no longer come to QAC. A brief update will remain on the Quality Report
- Covid-19 outbreak learning: the internal review's aim was to review the data and learning from Covid-19 outbreaks in WHC from March 2020 to June 2021. There was some more work to be completed regarding embedding processes and the Outbreak Policy needed to be rewritten as a result.
- MIU – The Committee received an update on MIUS, noting the need for a clear strategic position on the future urgent care pathway and the role of MIUs within it. The Committee also noted the difficulties of running a booked service alongside an increasing number of walk ins returning to the service, amid recruitment challenges to specialist roles.

3 Alert

3.1 There were no alerts.

4 Action

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

5 Date of next meeting

5.1 The next meeting of the Quality Assurance Committee was due to be on Friday 15 October 2021, but this will be rearranged in order to be quorate.

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

Item 15

Highlight Report – Audit Committee

PAPER

Wiltshire Health and Care Board**For decision**

Subject: **Audit Committee Highlight Report**
Date of Meeting: 10 September 2021
Author: Martyn Burke – Chair of Audit Committee

1 Introduction

The Audit Committee (AC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. This paper summarises the key issues considered by the Audit Committee at its meeting on 20 July 2021, which it is considered should be drawn to the attention of the full Board.

2 Advise**2.1 Board Assurance Framework (BAF)**

The Committee made the decision that the Board Assurance Framework would be reviewed by the Audit Committee before being submitted to Board each time. The following suggestions and comments were made as part of the 6 month review of the BAF:

- Were the strategic risks too narrow a focus and were there now bigger issues to focus on?
- Have some risks been around for quite a long time? Are they still risks? Do they need to be challenged?
- Does wellbeing need to be included more so? - is this a strategic risk or an implication of a strategic/operational risk?
- Would like to see organisation resilience more overtly on strategic frameworks. i.e. cyber/pandemic/disaster recovery
- Are they measurable? Future read on the direction of travel/horizon scanning

2.2 Sickness Management Report findings

Kate Ball of BDO shared the report. Hanna Mansell (Head of People) attended too. There were 2 high recommendations regarding 'Absence Reporting' and 'Triggers'; 2 medium recommendations, 'E-roster/ESR reconciliations' and 'Return to Work forms'.

HM informed the Committee that these areas were already of concern which was why they were chosen for audit. Manager had been trained (paused during covid) and as part of the delivery plan it would be refreshed. Managers had received 1:1 coaching and there had been tightening up some of the processes. HM confirmed that she was confident that the implementation dates were achievable but there could be a delay with the Allocate rollout due to the pandemic.

KB will continue to give action updates at the Audit Committee

3 Alert

3.1 There are no alerts.

4 Action

4.1 Proposed new cycle of Audit Committee Meetings

The Committee agreed from 2022 to meet 4 times a year (instead of 5); Jan, March, June and Oct. There would be no meeting in May or July. The June meeting would need to be in the second week of June (with Board in the third week).

There could be a need for the counter fraud return to be signed off via email as it might not be ready for the March meeting.

The Board is requested to approve this change in schedule

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

5 Date of next meeting

5.1 The next meeting of the Audit Committee is on 18 October 2021 10:00-13:00

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

Item 16

Update to Extended Access Contract

VERBAL

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

Item 17

Highlights for dissemination to Member Organisations –PART I

VERBAL

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

Item 18

Any other business

a) Orthotics Contract

VERBAL

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

Date of Next Meeting

Full Board Meeting:

Friday 5 November 2021
10:00-13:00

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

