

WHC LLP Board Papers- Part I

5 February 2021



Wiltshire
HEALTH AND CARE

Wiltshire Health and Care Board Meeting - Part I Agenda

Venue:	TEAMS
Date:	5 February 2021
Time:	10:00-11:30

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

Also In Attendance		
Jason Lindsey	Interim Company Secretary	JL
Becky Watson	Corporate Officer (minutes)	BW
Katy Hamilton Jennings	Director of Corporate Governance, Legal and Company Secretary	KHJ
Hanna Mansell	Head of People, Wiltshire Health and Care (to observe only)	HM

Item No.	Agenda Item	Presenter	Verbal/Paper	Published/Unpublished	Information/Discussion/Decision/Approval	Timings (approx.)
1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information	10:00
	<ul style="list-style-type: none"> Appointment of Bernie Marden as Non-Executive Member, nominated by RUH Board 					
2.	Declaration of Interests	Chair	Verbal	Published	Information	
3.	a) Part I Minutes b) Actions c) Matters Arising	Chair	Verbal/Paper	Published	Decision	
4.	Chair's Report	Chair	Verbal	Published	Information	
5.	Managing Director's Report	DB	Verbal	Published	Information	
Governance						
6.	Risk Report 15+	SQ	Paper	Published	Discussion	10:25
7.	Staff Survey Highlights	DB	Paper	Published	Information	
Service Delivery						

8.	Quality, Workforce, Performance and Finance Highlight Report including: <ul style="list-style-type: none"> • <u>Appendix A</u>: Health and Safety Response to COVID-19 • <u>Appendix B</u>: Service Changes during Critical Incident <p>Accompanied by:</p> <p>a) Quality, Workforce, and Performance Dashboards</p> <p>b) Finance Dashboard</p>	SQ/ AC/ DB	Paper	Published	Information/ Decision	10:40
Planning						
9.	Update on BSW planning process	DB/AC	Verbal	Published	Information	11:00
10.	Q3 Delivery Plan Update	DB	Paper	Published	Information / Discussion	
Highlights and AOB						
11.	Highlight Report from Quality Assurance Committee	RB	Paper	Published	Information	11:20
12.	Highlight Report from Audit Committee	MB	Paper	Published	Information	
13.	Highlight report from the Extended Access Contract	DB	Paper	Published	Information	
14.	Next meeting: Full Board Meeting: Friday 7 May 2021 10:00-13:00 Training Room 1, Chippenham Community Hospital	Chair	Verbal		Discussion	

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

Item 1

Welcome, Introductions, and Apologies

VERBAL

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

Item 2

Declaration of Interests

VERBAL

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

Item 3

- 3a Part I Minutes**
- 3b Part I Action Tracker**
- 3c Matters Arising**

PAPER / VERBAL

Wiltshire Health and Care Board Meeting MINUTES PART I

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

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

Also In Attendance		
Jason Lindsey	Interim Company Secretary	JL
Becky Watson	Corporate Officer (minutes)	BW
Stephanie Elsy	Chair, BSW STP (item 13 only)	SE
Richard Smale	Executive Director of Strategy & Transformation, BSWCCG (item 13 only)	RS

Apologies		
Lisa Hodgson	Executive Member, Chief Operating Officer	LH

Item No.	Agenda Item	Actions
1.	Welcome, Introductions and Apologies The Chair welcomed all Board members and introduced new members to the meeting.	
2.	Declaration of Interests No new declarations of interest were made	
3.	Part I Minutes, Actions and Matters Arising The Part I minutes of the previous meeting were reviewed. Approval of the Part I minutes was proposed by DB and seconded by LT; there were no objections DECISION: The Board Members approved the Part I minutes of the previous meeting held on 7 August 2020 as an accurate record of proceedings. Action Tracker: Action 130: <u>Clare Robinson to do a deep dive to find out more about why Lauren</u>	

	<p>(patient) was discharged early from RUH. (item 7, Patient Story) - DB had received comprehensive feedback (this was not circulated with the papers pack due to there being patient identifiable content). The feedback was that, due to exceptional circumstances due to Covid-19, the patient was discharged earlier than normal. Although there were some benefits to this, it was considered that the normal pathway timings would have been preferable.</p> <p><u>Decisions made by circular:</u></p> <ul style="list-style-type: none"> • <u>Approval of appointment: WHC Non-Executive Board Member – Finance & Audit</u> (KM, LT, SL – Quorum/ valid decision making of the board is any THREE non-execs (clause 24.17). • <u>Members Board Terms of Reference:</u> <p>2 minor errors were highlighted; page 3 item 4b (error message) and item 5 (alternate/alternative)</p> <p>This was noted by the Board</p> <p>ACTION: JL to make amendments to the Members Board Terms of Reference (2 minor errors)</p>	<p>JL</p>
<p>4.</p>	<p>Chair’s Report</p> <p>The Chair (SL) gave a verbal update informing the members that he had toured estates in South Wiltshire in the previous week. Similar visits in the North and West of Wiltshire had now been postponed due to the new lockdown arrangements. In addition to understanding the condition of the physical infrastructure, feedback had been shared from staff concerned about fatigue and the increased load on community teams. There was particular concern expressed about whether GPs were carrying out home visits in some areas.</p> <p>DB commented that he was raising this issue with primary care colleagues but did not believe that there was a general policy of reducing home visits.</p> <p>ACTION: DB to raise with primary care colleagues issue around home visits</p> <p>SL advised that WHC had held a live staff briefing to all staff via the Microsoft Teams Live Event function on 7 October, which had been a great success and well received by staff. It was planned to hold the briefings on a monthly basis in order to maintain staff contact.</p>	
<p>5.</p>	<p>Managing Director’s Report</p> <p>The Managing Director (DB) gave a brief verbal update confirming that the health service in England had returned to its highest level of emergency preparedness, Incident Level 4, from 5 November. Internally, WHC have stood daily coordination calls around Covid-19 and continue to have incident management structures in place.</p>	
<p>Governance</p>		

<p>6.</p>	<p>Risk Report 15+</p> <p>JL introduced the risk register report to the Board explaining that the aggregate risk score decreased in September as Executive level risks were reviewed and closed. However, through October, this had increased due to the roll out of bespoke risk management training and workshops across team leads. As a result, teams have begun to record local risks on their individual risk registers. JL noted his thanks to Tom Blower (Clinical Risk and Complaints Manager) for the work undertaken with the workshops which has raised the profile of risk across the organisation.</p> <p>JL highlighted that the two 15+ risks (Risk 80 Managing System Pressures and Risk 125 Covid-19 Service recovery) have been combined into a single new risk, Risk 125, because each risk directly impacts the likelihood and impact of the other risk occurring. This had been endorsed by the Executive Team at the November Executive Committee meeting.</p> <p>MB asked regarding the title of the new risk, advising that as currently worded it was time limited just for the 2020/21 winter period. JL agreed to review the wording with the Risk Manager. MB also commented that he would usually like to see key primary strategy risks reported at this level. LT confirmed that these will be covered in the Board Assurance Framework (BAF) but it would be useful to show the links in the Board risk report too.</p> <p>ACTION: JL to confirm the title of new combined risk (risk 125) and ensure links to key primary strategy risks are included in the Risk Board Report going forward.</p> <p>KM asked regarding staff wellbeing risks. DB confirmed that the scoring of the Workforce related risk (risk 33 unsafe staffing levels, which had been a 12+ risk) had been lowered, as staffing gaps had been filled. Staff wellbeing during the Winter and COVID-19 was being tracked as part of the single risk 125.</p> <p>The Board noted the risk report.</p>	<p>JL</p>
<p>7.</p>	<p>Health and Safety Statement of Commitment and Annual Report</p> <p>SQ introduced the Health and Safety Annual Report to the members for noting. LT noted that the report summarised activity, but raised a concern regarding the lack of health and safety risks mentioned in the report. KM suggested that would like to have more information on the role of the Health and Safety Team during the pandemic. SQ explained that the report was referring to activity in 2019/20 only, hence the activity and risks relating to the pandemic had not been featured.</p> <p>ACTION: SQ to prepare two reports: The main Health and Safety risks; The Health and Safety Team's role and activity during the pandemic to provide assurance on health and safety during this time. SQ will complete and circulate prior to February 2021 Board meeting where they will be formally noted.</p>	

	<p>Approval of the Health and Safety Statement of Commitment was proposed by KM and seconded by RB; there were no objections.</p> <p>DECISION: The Health and Safety Statement of Commitment was approved by the Board.</p>	
Service Delivery		
8.	<p>Quality, Workforce, Performance and Finance Highlight Report</p> <p>Quality SQ introduced the Quality section to the Board and reported 3 alerts:</p> <ul style="list-style-type: none"> • Duty of Candour data – Some work has been completed around this which should show improved data for next quarter. • IPC resource; and identifying this was an area of increased pressure for WHC • P2 forms – a meeting has been set with a representative from the LMC for later in the month to move this forward <p>SQ asked the Board to note the change to the frequency of the Infection Prevention and Control and Health, Safety, Fire and Security (IPCHSFS); Medicines; and Safeguarding Policy Oversight Groups (POGs) from monthly to quarterly, to align better with governance mechanisms. This was approved at the October Executive Committee.</p> <p>Finance AC introduced the Finance section to the Board. A COVID top up payment claim has been submitted for October. There was some concern about the delay in agreeing that level of COVID top up payments with commissioners.</p> <p>Performance DB introduced the performance section to the Board highlighting the following:</p> <ul style="list-style-type: none"> • Near breach – nearing a 52 week breach in orthotics. A plan is in place for this. • Staff morale – LH reported at the October Executive Committee that staff are exhausted. A communication has been circulated regarding the wellbeing packages available for staff. WHC senior leaders have been clear that the normal ability to be physically visible on multiple sites was curtailed due to concerns about cross spreading. Greater reliance was therefore being put on virtual communication. As reported earlier in the meeting, live monthly staff briefings have commenced and Executives aim to join virtual team meetings as an additional method to keep in touch. <p>KM asked if there is learning and tracking of the impact on patients regarding IPC. SQ confirmed that harm reviews take place and are reported to the Quality Assurance Committee.</p> <p>RB acknowledged that WHC was good at putting measures in place regarding staff wellbeing/morale but asked how the effectiveness of these measures were being assessed by the Executive team. DB confirmed that views were being sought on whether</p>	

	<p>staff felt supported with their health and wellbeing. In addition, his weekly communications to staff have included more emphasis on being kind to each other in times of stress. The Executive Committee is also looking at setting some rules for internal meetings to create more space in the day for breaks.</p> <p>MB asked if a forecast outturn for the financial year could be added to the finance section of the report. AC confirmed that it will be included in the finance report from October reporting.</p> <p>MB asked if there could be a comparison with the previous year's quality data on the dashboard. SQ will take this forward.</p> <p>ACTION: AC to add forecast outturn to the finance report.</p> <p>ACTION: SQ to include benchmarking and comparison with the previous year's quality data on the dashboard.</p> <p>WRES Report</p> <p>DB introduced the WRES Report to the Board to note. It was noted that, at most levels of the organisation, WHC was more diverse than the local population. It was agreed, however, that there are some obvious gaps at Board level due to change over of roles and that WHC need to continue efforts to increase diversity at senior levels. The Equality, Diversity and Inclusion (ED&I) Forum has been established and will help to set some further objectives. KM reiterated the point regarding diversity at Board level.</p> <p>MB commented on the 0% Bullying and Harassment results. DB confirmed that, although it was welcomed, the Executive team had noted some caution and had asked the ED&I Forum to consider whether it could be a sign that all staff were not comfortable with reporting incidents.</p> <p>The Board noted the WRES Report</p>	
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Planning

9.	<p>Winter Plan</p> <p>DB introduced the Winter Plan to the Board, informing members that the paper sets out the overall framework and shared some of the highlights:</p> <ul style="list-style-type: none"> • Additional support worker and therapy hours to support pathway 1 patients – funding has been secured via the Better Care Fund for up to £1million of recurrent funding shared with Wiltshire Council. This will cover some of the modelled gap. Currently out for recruitment for Rehab Support Workers (RSW). Also discussing and looking at redeployment opportunities. • A 2 hour rapid response service to be mobilised in community settings. Recurrent funds are being sought through the Better Care Fund and a proposal is being considered during November. The recruitment process is underway but no appointments will be made until the funding is secured. • Surge planning – To assist with surge planning, detailed work had been carried out 	
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	<p>on redeployment opportunities, skill sets and training. Priority and protected services have been identified. The list provided in the paper had expanded since it was written, as it was a dynamic list. It was clear that, in contrast to the first wave, surge was not going to involve the widespread closure of services.</p> <ul style="list-style-type: none"> • DB asked the Board to note that the paper did not include the vaccine programme for Covid-19 vaccines which will inevitably also impact WHC as plans became clearer. <p>KM asked that risk assessments are being carried out for those staff being redeployed. He also sought assurance regarding Brexit preparation. DB confirmed that risks assessments were in place for staff and these would be updated on any redeployment and that Brexit planning is being kept under review. No specific risks for WHC had been identified in addition to the risks that were the same for the whole of the health service.</p> <p>BM commented that he couldn't see any triggers for enacting the surge plan. DB confirmed that some triggers are part of the escalation process, particular around total numbers of COVID-19 cases in community hospitals. WHC had been pushing for a consistent escalation framework at BSW level regarding the Covid-19 triggers; to ensure that surge actions were consistent across the system. This was now being put in place.</p> <p>DECISION: The Winter Plan was approved by the Board</p>	
10.	<p>Q2 Delivery Plan Update (includes additional objectives related to NHS People Plan)</p> <p>DB introduced the Quarter 2 Delivery Plan update paper to the Board, confirming that the Board was asked to note the current position, as follows:</p> <ul style="list-style-type: none"> • 5 new objectives have been added to reflect in year priorities • 11 objectives have been re-timed • 2 objectives have been removed • Inclusion of objectives related to the NHS People Plan <p>RB asked regarding the Patient and Public Involvement (PPI) sections and the fact that no progress has been made due to the PPI Officer being on maternity leave. DB confirmed that further progress will be made on her return. It was unfortunate that the post was not backfilled due to a lack of suitable applicants.</p> <p>MB expressed that the plan was very comprehensive if not a little overwhelming due to the number of objectives and questioned whether there was capacity to deliver on these objectives. DB acknowledged the concern raised but explained that it was a 3 year plan, which allowed flexibility in the delivery of the objectives against current workloads. The Delivery Plan tracker was reviewed and risk managed each quarter.</p> <p>The Board noted what objectives had been achieved, moved, added and removed from the Delivery Plan 2020/23.</p>	
Strategy		
11.	BSW ICS Designation (11:15)	

	<p>Richard Smale (RS) and Stephanie Elsy (SE) joined the meeting to give an update on the BSW Integrated Care System (ICS) Designation. RS informed the members of the process to date, explaining that the submission was submitted two weeks previously, and was followed by a 'Confirm and Challenge' session with the regional team, who will then confirm the process of designation and support for any areas of development. RS shared some slides to highlight the key points of the submission and plan. SE thanked everyone for the incredible work during Covid-19 and the development of ICS. She confirmed that a positive meeting was held with the regional team and was optimistic that ICS status will be achieved. SE explained that the submission had continued throughout the pandemic in order to get the best possible care for our patients.</p> <p>SE shared that she had met with the Secretary of State (virtually) on 5 November, and was pleased to report that the plan was to use legislation to unblock the obstacles for organisations working closely together across health and social care.</p> <p>In discussion, the following points were made:</p> <p>SL said that key question for the ICS was to be clear what the added value was from the ICS partnership, as opposed to a commissioning focus from the newly merged CCG alone, and how the two aspects would work together. RS responded that there will be an opportunity to rewrite the way all partners engage with each other, some might require legislation some might not. SE suggested that the role of the CCG may change, or be reformed and that the team need to be left alone to work this out; so legislation would be enabling rather than dictating.</p> <p>SL asked how the potential tension between approach to contracts and integration that might be taken between NHS organisations and private sector organisations would be managed. RS suggested that a way to work collaboratively will need to found.</p> <p>RB thanked SE and RB for a clear outline of what is happening and asked about community assets including the third sector explaining that 6 months into Covid-19 and the third sector are under pressure. RS responded that it is still early days in terms of achieving improved links to the this sector and there was an opportunity to do things differently and look at where we should be putting our energies. KM mentioned the System Capability work stream and how that it was looking to establish a BSW academy, which was an opportunity to increase third sector engagement.</p> <p>The Chair thanked SE and RS for their time and confirmed that WHC was fully committed to establishing an ICS across BSW.</p> <p>SE and RS left the meeting</p>	
Highlights and AOB		
12.	<p>Highlight Report – Quality Assurance Committee</p> <p>RB introduced this report to the Board, highlighting the following:</p>	

	<ul style="list-style-type: none"> • Pressure Ulcers – increase in numbers but a plan is place to address this. • Falls – WHC have set a 25% compliance target and a detailed plan is in place • Wheelchair Service – The CCG have agreed to remove this service from the Service Improvement Plan and return to normal reporting. The QAC endorsed this. • End of Life Care – from the Mortality Report – quality of care and feedback received is well received. <p>The Board noted this report.</p>	
13.	<p>Highlight Report - Wiltshire GP Alliance, Extended Access contract</p> <p>DB gave a verbal update to the Board highlighting that WHC hold this contract and employ some staff to run it. The contractual requirements had been largely suspended during the pandemic, with resources used to support primary care response. The contract is due to expire at the end of the financial year at which point the funding will be directed to PCNs in line with the national plan.</p> <p>The Board noted this update</p>	
14.	<p>Next meeting:</p> <p>Friday 5 February 2021 10:00-13:00 Training Room 1, Chippenham Community Hospital</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
131	06/11/2020	JL to make amendments to the Members Board Terms of Reference (2 minor errors)	JL	Can be Closed			Completed
132	06/11/2020	DB to raise with primary care colleagues issue around home visits	DB	Can be Closed			This issue was raised with GP leads from the CCG, to raise the feedback that had been received and to highlight the pressures being experienced in community teams from the knock on impact of re-prioritisation of routine work in primary care. It was confirmed that there was no general policy to not undertake home visits, but the issue would be monitored.
133	06/11/2020	JL to confirm the title of new combined risk (risk 125) and ensure links to key primary strategy risks are included in the Risk Board Report going forward	JL	Can be Closed	05/02/2020		The title of combined risk 125 has been changed to more accurately reflect that it refers to the 20/21 winter pressures 'Managing Winter Pressures through Winter 2020/21'
134	06/11/2020	SQ to prepare two reports: The main Health and Safety risks; The Health and Safety Team's role and activity during the pandemic to provide assurance on health and safety during this time. SQ will complete and circulate prior to February 2021 Board meeting where they will be formally noted.	SQ	Can be Closed	05/02/2021		On agenda for 05/02/2021
	06/11/2020	AC to add forecast outturn to the finance report.	AC	Can be Closed			On finance report for 05/02/2021
135	06/11/2020	SQ to include comparison with the previous year's quality data on the dashboard.	SQ	Can be Closed			Will be included on the dashboard going forward

**Wiltshire Health and Care (“WHC”)
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Item 4

Chairs Report

VERBAL

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

Item 5

Managing Directors Report

VERBAL

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

Item 6

Risk Report 15+

PAPER

Wiltshire Health and Care Board

For discussion

Subject: Risk Management Report
Date of Report: 10 January 2021
Date of Board meeting: 5 February 2021
Author: Tom Blowers, Risk and Complaints Manager
Exec Sponsor: Sara Quarrie, Director of Quality, Workforce and Professions

1. Purpose

This paper sets out:

Section A	Risk snapshot & Wiltshire Health and Care's risk summary profile	<i>For information</i>
Section B	Management of COVID-19 risks	<i>For discussion</i>
Section C	15+ risks on the risk register	<i>For discussion</i>
Section D	Burgeoning 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.
- **Assure itself** that risks presented by COVID-19 are effectively recorded and 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.
- **Note** a service development focused on maximising and realising the full potential of Datix is being added to Q1 2021-22 delivery plan refresh

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

Section A1: Overall risk profile

The number of risks on the Enterprise Risk Manager (ERM) has increased through 2020 and into January 2021. The accepted risk score has decreased, as risks have been reviewed and closed where appropriate (risks are no longer relevant). This has resulted in a decrease in the aggregate risk score.

Risk profile	November 2020 Report	December 2020 Report	January 2020 Report	Trend	Movement in month
Total open risks on WHC Risk Register	100	107	117		↑
"Accepted" open risk on the WHC Risk Register	17	18	11		↓
Aggregate Risk Score (open and accepted)	806	884	828		↓
Number of 12+ risks:	2	2	2		↔
Combined risk score of 12+ risks:	28	28	28		↔

Section A2: Risk Profile for 15+ risks

There has been no movement since October 2020 in the number or combined score of 15+ risks. Are the Executive assured that this is representative of the current risks facing the organisation. [Are the Executive assured that this is representative of the current risks facing the organisation and that the risks have been appropriately reviewed and scored by Likelihood and Impact?](#)

	November 2020	December 2020	January 2020	Trend	Movement in Month
Number of 15+ risks:	1	1	1		↔

The table below displays the likelihood and impact of the two Executive level operational risks.

Impact		Rare	Unlikely	Possible	Likely	Certain
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16 - Risk 125	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5
Likelihood		1	2	3	4	5

There is one 15+ Risk (Risk 125), it has been agreed that Heather Kahler will oversee this risk during the period of time the Chief Operating Officer is supporting vaccinations at Bath RUH. Following review on 15.09.2021, Risk 125 has been updated. Please see [section C](#).

Section A3: Themed Risk Profile for 15+ Risks

Both operational risks on the Executive risk register link 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.

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
1 [Risk 125]	0	0	0	0	0	0
15+ Risks aligned with WHC Delivery Goals						
Implementing a new model of care in line with the NHS Long Term Plan, breaking down the barriers between primary and community care	Developing our People Including our '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

Consideration should be given by the executive as to whether the executive risk register reflects the current level of risk. **Examples** for consideration may be financial risk during winter 2020/21, or, implications resulting from Brexit and trade deal negotiations, and the ongoing impacts of Covid-19

This table shows risk movement between November 2020 & December 2020

New 15+ Risks	No new risks	No new risks have been reported in this reporting period
Escalated to 15+ Risks	No movement	No risks have been escalated in the reporting period.
De-escalated 15+ Risks	No risks de-escalated	No risks have been deescalated in the reporting period.
Accepted 15+ Risk	No risks accepted	No 12+ risks were accepted during the reporting period
Closed 15+ Risks	No risks closed	No risks have been closed in the reporting period

Section B: Management of COVID-19 risks approach

During December 2020 it was requested that risks are briefly discussed and recorded during the Covid-19 morning status calls. Where it is agreed a risk has been identified, it will be shared with the Risk and Complaints Manager and reported onto the organisational risk register. Head of Operations for Community Teams (HOS), Heather Kahler will be responsible for overseeing Risk 125 'Managing pressures through Winter 2020/21,' whilst the chief Operating Officer Lisa Hodgson is supporting Bath RUH Vaccination Centre. Fortnightly meetings will take place with the HOS for community teams and other HOS where necessary.

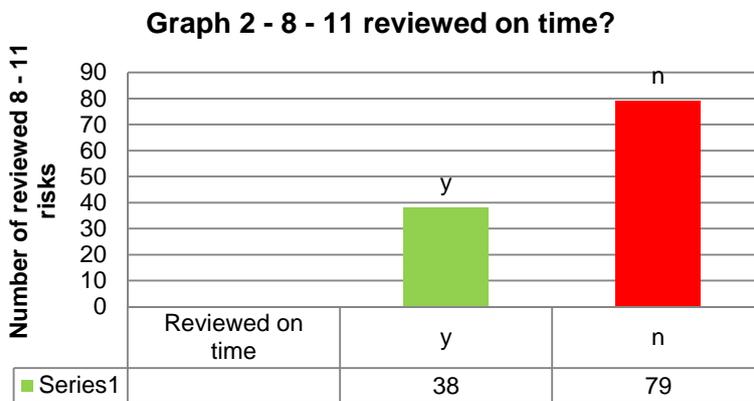
Section C: Details of 15+ risks, and progress with actions

Risk 125 – Managing Winter Pressures through Winter 2020/21, Key points to note: Heather Kahler Head of Operations for Core Services is the interim risk owner. New actions have been added and risk reviewed

Risk ID	Date updated	Brief Risk title/description	Risk Owner	L	I	S	Target Score L x I = Score	Controls	Actions	Due date	January Updates
125	25.06.20	<p>Cause: Winter 2020/21 presents a number of unique circumstances to WHC and system partners: Covid pandemic; usual winter pressures; requirements to delivery phase three recovery plans; and EU exit.</p> <p>All of which have the potential to impact our ability to meet demands and maintain patient and system flow.</p> <p>All decisions regarding hospital discharge funds will be made using a section 75 agreement which could impact on the pace of decision making.</p> <p>Effect: failure to adequately plan and mitigate these risks could result in patient harm, financial challenges and reputational damage.</p> <p>Outcome: Should business recovery and service delivery not fully incorporate mitigations to reduce the likelihood and impact of this risk, there is potential for:</p> <ul style="list-style-type: none"> - patients to come to significant harm potentially leading to, (e.g.) inquests, complaints, litigation. - potential local hotspots developing and Increased capacity issues - Increased scrutiny, possible media attention 	Heather Kahler	4	4	1 6	2 X 2 = 4	<p>A. The WHC Covid-19 recovery cell meets regularly to discuss/agree service recovery plans and associated risks. These risks are managed by the cell, and a highlight report provided to the Executive Committee.</p> <p>B. Phase three plans which incorporated covid and winter planning have been scrutinised by the BSW over sight and delivery group, progress will be tracked by commissioners.</p> <p>C. The Wiltshire Alliance has been formed and meets weekly to review WHC and system partner plans. This forum own the demand and capacity modelling and phase three/winter plans for Wiltshire</p> <p>D. Fortnightly communication between Recovery Cell and Risk and Complaints Manager occurs, to ensure the Executive Committee and Board are apprised of organisational risk progress through regular risk update.</p> <p>E. Redeployment meetings are occurring up to 3 times a week, enabling specialist service staff to support community team service delivery. This is recorded and monitored by the senior administrator for head of ops.</p> <p>F. WHC has gone ahead with recruitment prior to final funding decisions being made by JCB, to ensure capacity comes online during the winter period. The capacity modelling is now complete and monitoring is being developed to enable the system to understand the impact of schemes.</p> <p>G. (new) ensuring new funding for recruitment is used and managed proactively and monitored regularly</p>	<p>1. Interim Head of Ops for inpatients to link with HR for additional framework agencies.</p> <p>2. CSM are working to risk 171 (Staffing in South Teams), in regard to securing adequate staffing should there be further staffing impacts.</p> <p>3. Scope and develop the reporting mechanism for our escalation process for community teams. Including the trigger point for implementing surge plans</p> <p>4. In relation to exiting the EU: Risk and Complaints manager to discuss recording sub risks for medicines and general stock used by WHC.</p>	<p>Complete</p> <p>See appendix 1 risk 171.</p> <p>31.04.2021 31.03.2021</p> <p>31.12.2020</p>	<p>Action 1) This has been completed with three additional framework agencies engaged</p> <p>Action 2) It has not been possible to secure any other agency support for nursing, this applies to all Community Teams – many agency staff do not have the competencies to work alone in the community setting and additionally competent staff who could work ion wards have been booked elsewhere. This element of the risk is being partly mitigated by redeploying staff to teams from planned and non - essential services</p> <p>Action 3) this has not been completed due to capacity and prioritisation of other issues.</p> <p>Action 4) Medicines Optimisation Pharmacists are aware of potential for medicines supply disruption, but presently have not identified any specific examples of this occurring. WHC is reliant on RUH and GWH for medicines supply, who have given assurance that plans are in place with national guidance</p>

Section D: Burgeoning risks and themes

Risk scoring 8 – 11



This graph shows the amount of risks scoring 8 – 11 that have/have not been reviewed. The percentage of un-reviewed risks is 68%. The aggregate risk score of these un-reviewed risks is 543, this is 66% of the risk facing Wiltshire Health and Care.

Actions to improve risk management through 2021

1. Datix risk management training videos will be uploaded to the intranet to support staff in managing and reviewing risks on DATIX.
2. Consideration should be given (as per the BDO audit), of discussing risk management compliance in supervisions and appraisals.
3. Continued bespoke training for risk managers across the organisation

Risks Related to Covid-19

12 risks were added in the last Quarter by teams across the organisation regarding capacity to deliver services. These risks are based on potential lack of staff, sickness, staff isolating due to Covid-19 and increased demands on service as a result of Covid-19.

Q3	Brief description	Team	L	I	S
151	Capacity to manage Insulin patients	Marlborough CT	3	2	6
152	RN vacancies	Chestnut ward	5	2	10
153	Lack of nursing capacity to undertake Flu vaccinations	Chippenham CT	3	2	6
154	Unable to schedule visits (Pressure Ulcers) for an RGN every third visit	Devizes CT	3	2	6
156	Malmesbury and RWB Capacity	Malmesbury / RWB CT	4	2	8
157	Inability to hold whole team meetings across the West	West CT	4	2	8
159	Risk of reduced staffing and increased workload	Chippenham CT	4	2	8
160	Risk of low staffing numbers due to Covid-19 and external pressures	Corsham/Calne/ Box CT	4	2	8
161	Potential impacts on case management due to reduced staff	Trowbridge CT	3	2	6
163	Pause in face to face continence assessments could lead to missing key issues	Continence Team	3	2	6
170	Limited success rate for fit testing inpatient staff could cause Inability to ensure every shift is staffed to enable appropriate care for patients where AGPs are required.	Inpatients	3	3	9
171	Long terms sickness, pregnancy, staff vacancies and the potential for further staff sickness/self - isolation could pose a risk to service delivery	South Community Teams	3	3	9

Reported in Q3 2020

Wiltshire Health and Care Board

For information

Subject: WHC Staff Survey 2020
Date of Meeting: 05 February 2021
Author: Hanna Mansell, Head of People
Douglas Blair, Managing Director

1. Purpose

The attached presentation provides a brief overview of the results of the WHC Staff Survey 2020, which took place from 5 October to 23 November 2020.

2. Background

The staff survey was undertaken as part of the NHS Staff Survey and open to all members of staff across WHC. The response rate was 34%, an increase of 9% on the previous year.

3. Discussion

A full analysis of the results of the survey will be undertaken at Organisation and Business Unit level, and presented to the next meeting of the Board.

4. Recommendation

The Board is invited to note the presentation and that a full analysis of the Staff Survey 2020 results will be presented to the next meeting of the Board.

WHC Staff Survey 2020

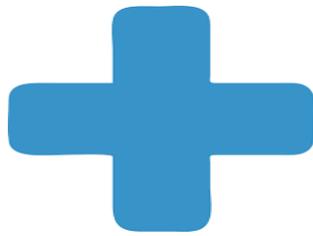
Initial Highlight Report

Overview

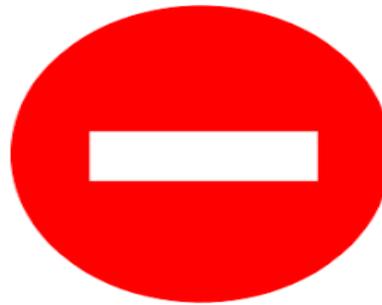
- Wiltshire Health and Care launch the national NHS Staff Survey for a period of 8 weeks, between 5th October and 23rd November 2020.
- The survey was available to all staff via our survey platform, Smart Survey. Regular Communications were issued over the 8 week period.
- The survey had a response rate of 34% (this is an increase of 9% from the previous year)

Snapshot:

Engagement		Personal Development	
Teamwork		Organisation	
Management		Values & Behaviours	
Health & Wellbeing			



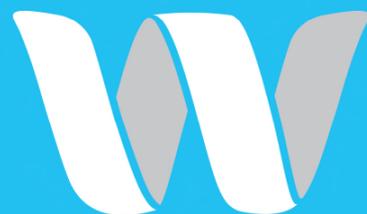
- More staff felt they had the **adequate supplies, materials and equipment** to do their job properly
- Staff are putting themselves under **less pressure to come to work if unwell**
- More staff report that WHC are taking more **positive action in relation to Health and Wellbeing** this year
- More staff feel that their **line manager takes a positive interest in their Health and wellbeing**
- Staff report that **communication** between senior managers and staff is **more effective**
- **Less Staff are thinking about leaving** Wiltshire Health and Care compared to last year
- Staff reported that they are more satisfied with the level of **staffing and resources** available to do their job's
- More staff feel they are able to **make suggestions for improvement** in their teams / departments
- More staff are **satisfied with their levels of pay**
- Staff reported that they feel **Senior Managers are more likely act on feedback** than compared to previous year
- More staff reported they are satisfied with the **opportunities for flexible working**
- More staff reported that they **feel supported by their line manager**



- Staff report that their **teams have not met** as often this year to discuss the teams effectiveness, compared to last year
- More staff reported that they **haven't been receiving updates on patient / service user feedback**
- Less staff reported that they felt their **colleagues were displaying the Wiltshire Health and Care Values and Behaviours**
- Staff report that they have been **less likely to report an error, near miss or incident** that could have hurt staff or patients
- Staff reported that they felt the **organisation was less likely to act on concerns raised** by patients / service users compared to last year
- Less staff have had **access to training, learning or development** in the last 12 months (not including mandatory training)
- Staff reported feeling **less able to do their job to a standard they are pleased with** this year
- Staff were less satisfied with the **quality of care they have given to patients** this year

Next Steps:

- Full Analysis to be undertaken at Organisation and Business Unit level with summary reports provided (Dec-20)
- Workshops to be facilitated with each Business Unit to review findings and develop action plans (Jan/Feb-21)
- Benchmarking report to be compiled following release of National Staff Survey Data (March-21)
- Organisation-wide Action Plan to be compiled (from BU action plans) and communications and HR / Workforce project plans to be devised (March-21)



Wiltshire
HEALTH AND CARE

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 8

Quality, Workforce, Performance, Finance & Infrastructure Report including:

- Appendix A: Health and Safety Response to COVID-19
- Appendix B: Service Changes during Critical Incident

a) Quality Workforce & Performance Dashboard

(If you require a copy of this please contact whc.corporateservices@nhs.uk)

b) Finance Dashboard

(If you require a copy of this please contact whc.corporateservices@nhs.uk)

Wiltshire Health and Care Board

For information

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

Date of Meeting: 5 February 2021

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

Purpose

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

2. Issues to be highlighted to the Board

Quality

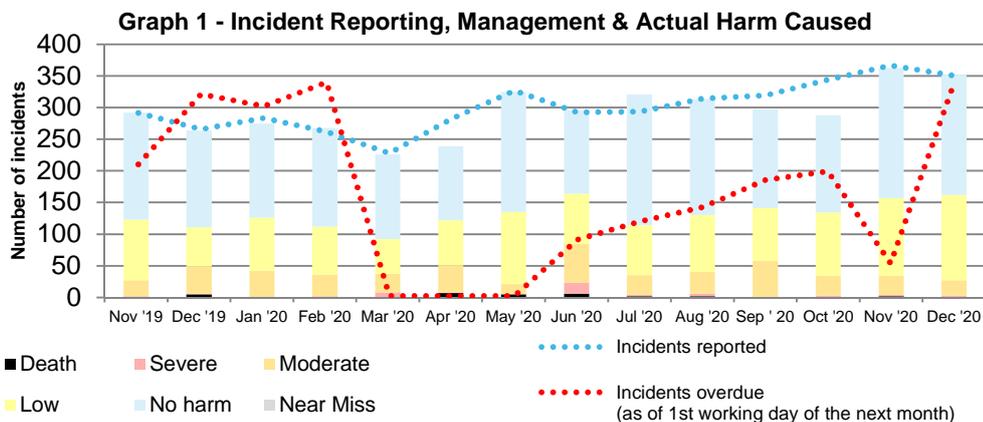
2.1 From analysis of this information and triangulation with other sources of information and intelligence, the following issues are highlighted in relation to the quality of services:

Advise

1.1.1 Patient safety

1.1.1.1 Incidents

Good incident reporting culture continues with reporting numbers are steady and the majority (91.3%) of harm caused categorised as ‘no harm’ to ‘low’. One death (MIU), reported in Dec. 2020, is being investigated as part of the serious incident (SI) process. See graph one for a year analysis of incidents and harm caused vs overdue incident management as identified as an action in Nov. 2020 Board.



Top themes of incidents reported in quarter: (i) Pressure care issues remain the area of highest reporting (329 incidents, including 142 inherited pressure ulcers), during Q2 2020 the area of particular concern was the 'Developing category II' pressure ulcers (139 in Q2 2020 and 135 in Q3 2020). However, the data reflects that very few of these deteriorated into Category III or IV Pressure Ulcers, indicating good community care and support when Pressure Ulcers develop.

1.1.1.2 Serious incidents

Harm Free Care panels have occurred during the quarter and a 'Serious Incident Dashboard' has been developed to convey Serious Incident (SI) status. The key themes identified of these SI's: Pressure ulcer deterioration/development to Category III or IV Pressure Ulcers for patients in the community; and Unwitnessed falls on inpatient wards leading to patient harm.

1.1.1.3 Improvement plans

Quality Improvement Plans for Pressure Ulcers and inpatient falls are being implemented across the organisation. The Quality Improvement Plan for Medicines management is being implemented; with Safeguarding and IP&C in planning. The suite of improvement plans and the associated actions will govern the joint approach between operational and the Quality Team, to improve upon services.

1.1.1.4 Duty of candour

114 incidents were reported as moderate and above, after taking out third party (incidents where we were not involved); there are 92 that meet Duty of Candour requirements. Of these 70 were offered verbal (77%), 26 were offered in writing (29%) and 32 were offered investigation (36%). The verbal element of Duty of Candour has improved by 17% since the last quarter.

1.1.1.5 Regulatory update

1.1.1.5.1 Clinical Quality Commission (CQC)

The most recent engagement meeting was held 14.12.2020, the current key points to note, include:

- (i) Registered Manager registration: DBS and submission of paper application complete
- (ii) Advised new monitoring process, with key lines of enquiry monitoring questions found under Community Health Services. Meeting in February to satisfy requests for information.
- (iii) Health and Wellbeing of employees a key issue of discussion.
- (iv) MIU evidence of improvement and current status, (subsequent report to Quality Assurance Committee).
- (i) Safeguarding policy and matrix being ratified at Feb. 2021 Policy Oversight Group.
- (ii) Notification received 30.11.2020 regarding Covid-19 compliance and safe staff levels, centralised audit completed¹, delayed rollout of organisational audit (intention to rollout in the new year). Safe staffing levels data to be submitted.

¹ see Health and Safety, Fire and Security update below for details

(vii) Notification received 04.12.2020 regarding Malmesbury Community team staff outbreak management response has been completed as of 14.12.2020 and closed.

(viii) Four CQC queries/notification (as of 14.12.2020) which improved position

1.1.1.5.2 Controlled Drugs Accountable Officer

DBS complete and Licence has been moved to Director of Quality, Professions and Workforce, and scoping utilisation of Medicines Optimisation Pharmacist for this role underway

1.1.1.5.3 Clinical Commissioning Group

Diabetes – Actions underway (i) SystemOne flags for vulnerable status and (ii) Acute Provider update on process and safety mechanisms in place, letter to be sent from Managing Director pending new Diabetes lead start.

Quality assurance mechanism – being refreshed as per previous reports and rolled out ready for full go live in the new financial year. To be noted is that all Quality team meetings and Policy and Oversight Groups have enacted Covid-19 critical incident guidance issued by corporate services on 21.01.2021.

1.1.2 Clinical Effectiveness

1.1.2.1 Infection, prevention and Control

1.1.2.1.1 National IPC Board Framework document

Being reviewed against WHC IPC BAF during Dec. 2020 / Jan. 2021, this was intended to be submitted to Quality Assurance Committee in Jan. 2021 but due to Covid-19 LFD and Staff vaccine rollout has been delayed to April 2021.

1.1.2.1.2 Covid-19 responses

Continues to dominate the IP&C workload. IP&C continues to support the daily Inpatient meetings to guide / resolve patient flow, screening and management enquiries, escalations and updates are highlighted to the Covid-19 strategic calls. Associated work streams.

1.1.2.1.3 Covid-19 outbreaks during this period²:

Location	Date Declared	Staff	Patients	Last positive case (Date)	Closed (28 days from last case)	Reported officially
Cedar ward, Chippenham	09/11/2020	6	6	14/11/2020	12/12/2020	Yes
Malmesbury Community Team	23/11/2020	9		01/01/2021		Yes
Longleat ward, Warminster	19/11/2020	17	8	09/12/2020	06/01/2021	Yes

² Other clusters of positive community staff have been recognised but form part of external care home outbreak reporting

1.1.2.1.4 Mandatory Reportable Infections

In Jan. 2021 - One Community onset, Healthcare associated infection (CO-HAI) Clostridium Difficile tested positive on Ailesbury ward and is a shared investigation with Great Western Foundation Trust as tested within 28 days post discharge.

1.1.2.1.5 Infection Prevention and Control Resilience Risk 101

To support the IP&C agenda and ensure adequate substantive IP&C team, Investment (Nov 2020) being recruited pending reorganisation to align with peers (within budget) and to create stability and capacity. Bank and redeployed capacity in place in meantime.

1.1.2.2 Audit compliance

Remains at 100%, key focus at present is audit to support Covid-19 guidance compliance and actions to maintain patients and staff safety.

1.1.2.3 Medicines management and optimisation

1.1.2.3.1 Medicines Governance

Staff peer flu vaccination programme. This has now been completed. The staff flu campaign was terminated early this season in anticipation of the rollout of the Covid-19 vaccination programme. The figure for staff that has either been vaccinated or has opted out is 68.93% as of 12th December 2020.

1.1.2.3.2 Permission to administer forms

MOPs have been engaging with Wessex Local Medical Committee (LMC) representative and stakeholders from BSW CCG to agree a consistent process for electronic Permission to Administer (P2) forms.

1.1.2.3.3 Influenza Vaccination Service on WHC In-Patient Units update.

On 31st December we received notification from the NHSE Public Health Commissioning Manager that our application for Influenza commissioning for 2020-21 could not proceed due to the fact that WHC do not have an existing NHSE contract. We therefore ceased the application for commissioning for this flu season but to start discussions for next year's flu season (Sept 2021-March 22) at the beginning of February 2021.

1.1.2.4 Safeguarding

Safeguarding Adults Policy due for ratification at January POG; Safeguarding adults training compliance at level one and two is at 90%. Level three remains below 90%, this rate continues to climb. Safeguarding Lead (Adults) to introduce new NHS England digital face to face session in February. Adult safeguarding referrals have returned to pre-covid-19 level in quarter three of 2020-21.

Safeguarding Children the key data from annual report (by exception):

- Risk Register:
 - **Domestic abuse | SCORE 9**
 - **Child missed appointments | SCORE 9**
- Issues log:
 - **Management of self-harm in MIU**
 - **Identification of safeguarding in MIUs**
 - **Development of Think Family approach**
- No escalations in Q2, Q3 data being collated
- Policies due: Managing child missed appointments/ Was Not Brought Policy (23.01.2021); Safer Recruitment Policy (05.12.2019 - this will be reviewed as part of the One Workforce plan); Safeguarding Children Supervision Policy (28/02/2021); Employees as victims or perpetrators of domestic abuse (pending ratification)
- Guideline compliance – As per Q1, Female Genital Mutilation Information Sharing (FGM-IS) has not been implemented - the query/view flag functionality is currently being accredited but there has been no further update from TPP. Meeting has taken place with internal S1 team and education re; role out and staff support required pre-March 2021.
- Training compliance is below 90% for training indicators in Level 2 and 3, and an action plan has been developed which is included along with this report. Multi-agency training continues to be difficult to access, as the former safeguarding board training is no longer accessible without a charge. WHC have approached the safeguarding board to negotiate payment/hosting and are awaiting a response.
- Impact of Covid-19 - There has been a noticeable increase in requests for consultations regarding children not brought to appointments and resulting in MDT discussion and planning to ensure the safety of the child.

1.1.2.5 Health and Safety

The WHC board requested in November 2020 an update of actions taken by the Health and Safety team in response to the Covid-19 pandemic. This is attached to this highlight report as Appendix A.

1.1.2.6 Covid-19	<p>Lateral Flow device (LFD) rollout update – Registration portal for LFD opened on the 14.12.2020, as of the 01.02.2021, 936 registrations for devices have been received with 805 dispensed to employees to commence testing, with an 79% compliance rate in twice weekly testing (non-compliance to results reporting this is being chased up to identify any barriers to testing that can be resolved)</p> <ul style="list-style-type: none"> • Covid-19 employee vaccine – Covid-19 Vaccine portal opened on the 17.12.2020 for WHC employees to consent and register their status regarding Covid-19 Vaccines prioritisation criteria⁽¹⁾ or to 'Opt out'. As of 01.02.2021, 1288 employees (77%) have registered. • Covid-19 Outbreak update – Outbreaks reported in wards and Malmesbury community teams being managed through C-19 calls and PiR being progressed to identify root cause and learning. <p>1.1.2.7 CQUINS: The 2020/21 CQUINs have been suspended for the remainder of the year. The flu vaccination will continue as normal, the 2x inpatient CQUINs (MUST and PURAT) will be audited and monitored.</p> <p>1.1.3 Patient experience</p> <p>1.1.3.1 Family and Friends test The Friends and Family test was relaunched in Quarter 3 2020, utilising SMART Survey and online links for patients to ensure Covid-19 safety and open new virtual routes for the test. Thirty three responses were received in the quarter with 97% recommending our services.</p> <p>1.1.3.2 Complaints Fourteen were received in Q3 2020-21, this is still below pre-Covid-19 levels average of eight per month. Good responsiveness to complaints with a 96% response rate within target timeframes (target 80%).</p>
Alert	<ul style="list-style-type: none"> • Note the comprehensive actions taken by the Health and Safety, Fire and Security service to support and lead the WHC response to safety of the our employees and patients. • Note progress made by the Medicines Optimisation Pharmacists and SystemOne system manager to progress P2 issue with CCG and LMC partners • Note a service development focused on maximising and realising the full potential of Datix will be incorporated into the Q1 2021-22 delivery plan refresh • Note Executive Committee has approved the Safeguarding Children Annual Report to be submitted to the CCG
Action	No actions required by Board.

Workforce

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

Advise																																																																																																															
Sickness Absence (in month) (>3.5%)	Appraisal (>85%)	Voluntary Turnover (<13%)	Vacancy (<8%)	Mandatory Training (85%)	Role Specific Training (85%)	Bank overall training (85%)																																																																																																									
3.31% ↓	77.39% ↑	7.79% ↓	5.48%* ↓	90.54% ↑	83.54% ↑	63.98% ↑																																																																																																									
<table border="1"> <thead> <tr> <th>Workforce data</th> <th>WHC</th> <th>Trend (monthly)</th> <th>YTD*</th> </tr> </thead> <tbody> <tr> <td>Substantive staff headcount</td> <td>1,201</td> <td>+4 ▲</td> <td></td> </tr> <tr> <td> full-time</td> <td>538</td> <td>+10 ▲</td> <td></td> </tr> <tr> <td> part-time</td> <td>663</td> <td>-6 ▼</td> <td></td> </tr> <tr> <td>Part-time %</td> <td>55.20%</td> <td>-0.69% ▼</td> <td></td> </tr> <tr> <td>WTE</td> <td>995</td> <td>+6 ▲</td> <td></td> </tr> <tr> <td>Flexible Workforce assignment count</td> <td>610</td> <td>+13 ▲</td> <td></td> </tr> <tr> <td>Volunteers headcount</td> <td>159</td> <td>0</td> <td></td> </tr> <tr> <td>Fixed term contracts</td> <td>46</td> <td>0</td> <td></td> </tr> <tr> <td>Advertised Vacancies (no. of posts)</td> <td>38</td> <td>-16 ▼</td> <td></td> </tr> <tr> <td>Establishment Variance (WTE)</td> <td>-57.35</td> <td>+5.69 ▲</td> <td></td> </tr> <tr> <td>Starters</td> <td>13</td> <td>-16 ▼</td> <td>133</td> </tr> <tr> <td>Leavers</td> <td>6</td> <td>+2 ▲</td> <td>74</td> </tr> <tr> <td>% Voluntary Turnover (WTE)</td> <td>0.44%</td> <td>+0.28% ▲</td> <td>9.28%</td> </tr> <tr> <td>% Voluntary Turnover (WTE) - rolling year</td> <td>7.79%</td> <td>+0.15% ▲</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> Voluntary turnover continues to decrease and remains significantly below target, this coupled with a positive continued decrease in vacancy this shows a positive position for the organisation. <table border="1"> <thead> <tr> <th>Flexible Workforce and Agency</th> <th>WHC</th> <th>Trend (monthly)</th> <th>YTD*</th> </tr> </thead> <tbody> <tr> <td>Flexible Workforce WTE **</td> <td>40</td> <td>-6 ▼</td> <td></td> </tr> <tr> <td>Flexible Workforce usage (hours)**</td> <td>6,445</td> <td>-987 ▼</td> <td>65,537</td> </tr> <tr> <td>Agency WTE **</td> <td>38</td> <td>+1 ▲</td> <td></td> </tr> <tr> <td>Agency usage (hours)**</td> <td>6,246</td> <td>+91 ▲</td> <td>47,535</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Temporary workforce. Overall there is an increased trend of use of HCA agency, with an increase in off framework. 5188 (138wte) was attributed to enhanced care, during January there has been 1 HCA per shift added to the base roster numbers for inpatients to support pro-active filling of these shifts, with the aim to avoid last minute framework and off framework escalations. 1076 (28wte) hours were linked to vacancy. 28 Bank HCA's being interviewed w/c 18th and 25th Jan and rolling adverts for Bank RN's and HCA's ongoing. <table border="1"> <thead> <tr> <th>Learning and Development</th> <th>Target</th> <th>WHC</th> <th>Trend (monthly)</th> </tr> </thead> <tbody> <tr> <td>Appraisals</td> <td>85%</td> <td>77.4% ●</td> <td>+4.0% ▲</td> </tr> <tr> <td>Corporate Induction</td> <td>85%</td> <td>96.6% ●</td> <td>+0.6% ▲</td> </tr> <tr> <td>Local Induction</td> <td>85%</td> <td>82.3% ●</td> <td>+1.1% ▲</td> </tr> <tr> <td>Mandatory Training</td> <td>85%</td> <td>90.5% ●</td> <td>+0.8% ▲</td> </tr> <tr> <td>Role Specific Training</td> <td>85%</td> <td>83.5% ●</td> <td>+0.4% ▲</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Bank mandatory training compliance is still below target, the compliance rate is increasing. The improvement is slower than anticipated due to the level of recruitment activity within Bank. A Health Education England Senior Leaders engagement visit took place on 13 January, which aimed to support improved relationships between provider 								Workforce data	WHC	Trend (monthly)	YTD*	Substantive staff headcount	1,201	+4 ▲		full-time	538	+10 ▲		part-time	663	-6 ▼		Part-time %	55.20%	-0.69% ▼		WTE	995	+6 ▲		Flexible Workforce assignment count	610	+13 ▲		Volunteers headcount	159	0		Fixed term contracts	46	0		Advertised Vacancies (no. of posts)	38	-16 ▼		Establishment Variance (WTE)	-57.35	+5.69 ▲		Starters	13	-16 ▼	133	Leavers	6	+2 ▲	74	% Voluntary Turnover (WTE)	0.44%	+0.28% ▲	9.28%	% Voluntary Turnover (WTE) - rolling year	7.79%	+0.15% ▲		Flexible Workforce and Agency	WHC	Trend (monthly)	YTD*	Flexible Workforce WTE **	40	-6 ▼		Flexible Workforce usage (hours)**	6,445	-987 ▼	65,537	Agency WTE **	38	+1 ▲		Agency usage (hours)**	6,246	+91 ▲	47,535	Learning and Development	Target	WHC	Trend (monthly)	Appraisals	85%	77.4% ●	+4.0% ▲	Corporate Induction	85%	96.6% ●	+0.6% ▲	Local Induction	85%	82.3% ●	+1.1% ▲	Mandatory Training	85%	90.5% ●	+0.8% ▲	Role Specific Training	85%	83.5% ●	+0.4% ▲
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and HEE and provide an opportunity to discuss the learning environment for all medical and clinical learners.

<i>Human Resources</i>	Target	WHC	Trend (monthly)	YTD*
Professional Registration lapsed	0	0 ●	0	
Live ER cases		27	-3 ▼	
Long term sick		18	-2 ▼	
% staff sickness	3.5%	3.31% ●	-1.19% ▼	3.68%
	Short term	1.41%	-0.95% ▼	1.59%
	Long term	1.90%	-0.24% ▼	2.10%
Sickness costs		£78,358	-£31.3K ▼	£786,478

- Sickness has decreased in month to below the target range of 3.5%. This included 0.90% absence for COVID related reasons.
- Wellbeing: The new staff intranet pages have been built and are due to launch, alongside a suite of material, on 24th February. This will use “Wellbeing” and “Wellbeing Hive” branding.

<i>Recruitment KPI's</i>	Target	WHC	Trend (monthly)
Offer to Pre-emp. Checks Complete	<= 21	18 ●	1 ▲
Offer to Start Date	<= 50	37 ●	6 ▲
RAP to Start Date	<= 66	79 ●	20 ▲

- Pipeline activity has increased in month and focussed prioritisation for key roles during Feb / March in place (COVID Response).
- RSW recruitment picking up pace (7.60 wte offers issued to date, with 3.60 having confirmed start dates), ongoing partnership working with Operations to ensure placements are confirmed in a timely manner.
- Rolling advert now launched for HCSW in community to align to HCSW funding agreement (as well as existing RSW and centralised inpatient recruitment efforts), working with Operations to agree process for vacancy identification and placement.

Alert

- Nothing to alert to the Board

Action

- No action, other than noting the content of this report.

Finance

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

Advise

The LLP reports an underlying YTD M9 favourable variance of £218k, with a favourable variance of £439k reported against income, an adverse variance of (£124k) against Pay and an adverse variance of (£95k) against Non-Pay, after removing Covid related income and expenditure from the reported position. In-month the LLP is reporting an adverse variance against budget of (£29k).

The most likely FOT for 2020/21 as at M9 continues to be a small surplus.

	YTD Budget M9	YTD Actual M9	YTD M9 variance	YTD M9 Covid and HDP spend and Income	YTD M9 variance excluding Covid spend and income	Explanation of Variance
Income	43,899,000	45,977,006	2,078,006	1,639,344	438,663	ETTF grant funding of £301k, FCP income above planned levels, lateral flow and long Covid funding
Pay	29,801,761	30,916,819	(1,115,058)	(990,604)	(124,454)	Temporary staffing costs, payment in lieu of annual leave, maternity cover
Non Pay	14,097,243	14,841,357	(744,114)	(648,739)	(95,375)	Capital charges, telephony charges
Total	(4)	218,830	218,834	-	218,834	

	In-Month Budget M9	In-Month Actual M9	M9 in-month variance	M9 Covid and HDP spend and Income	M9 in-month variance excluding Covid spend and income	Explanation of Variance
Income	4,902,000	5,189,507	287,507	241,037	46,470	Lateral flow and long Covid funding, FCP income above planned levels
Pay	3,352,100	3,528,956	(176,856)	(139,122)	(37,734)	Temporary staffing above vacancy levels not claimed as Covid or HDP expenditure, annual leave paid in lieu
Non Pay	1,542,000	1,681,621	(139,621)	(101,915)	(37,706)	Capital charges and telephony
Total	7,900	(21,069)	(28,969)	-	(28,969)	

Covid and HDP funding

£1,397k Covid related funding and £242k of HDP funding is reflected in the YTD M9 position. This funding is offset by expenditure and has been claimed retrospectively via BSW CCG.

Telephony Costs cost pressure

GWH have undertaken some work to identify WHC usage and signalled intent to pass over telephone line and call costs for all WHC sites – this will create a cost pressure of around £96k.

Capital

£305k of assets have been capitalised in 2020/21, YTD M9, with total depreciation and amortisation charged YTD M9 (including for assets capitalised in 2019/20) being £176k.

Capital funds to support community health provider digitisation in Q4 (2020/21) have been identified. The purpose of this funding is to increase provider digitisation with an emphasis on levelling up digital capabilities in the community health sector (not acute or primary care providers). Both NHS trust and non-NHS trust organisations will have access to funds (£6m nationally, ca. £600k for the South West region). WHC are submitting bids to the value of £112k.

Planning 2021/22

National guidance has been issued advising that due to Covid pressures current financial block contracts will be rolled over for Q1, 2021/22 and therefore the planning and contracting round will not be initiated with a changed financial framework before the start of the year.

Available funding for 2021/22 service developments and investments therefore remains uncertain but will be limited given the underlying deficit reported across BSW.

WHC Finance team is focusing on the 2020/21 exit run rate and setting base line budgets for 2021/22 with the first draft due to be completed by end of February

		21.
Alert		
		<ul style="list-style-type: none"> Nothing to alert to the Board
Action		
		<ul style="list-style-type: none"> No action, other than noting the content of this report.

Performance

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

Advise		
		<p>COVID Response</p> <p>The main service changes made in response to the latest COVID peak are set out in Appendix B. Risk assessments have been carried out and noted by the Executive Committee. The approach to redeployment of staff has been to identify the need and opportunity for redeployment and 'dial down' routine services to allow redeployment to take place. This manages the risks associated with total closure of services. Redeployments are continuing and will be reviewed during February.</p> <p>Wheelchair supplies. Some delays are being experienced with deliveries into the wheelchair service, due to Brexit and delays at the ports. There is potential for a small rise in the number of people breaching the 18 week target as a result.</p>
Alert		
		Nothing to alert to the Board
Action		
		The Board is invited to note the service changes that have been made in response to COVID.

Infrastructure

2.5 The following issues are highlighted in relation infrastructure:

Advise		
		<p>IT Service from Centrality</p> <p>The IT service provided by Centrality has now entered the Business as usual phase. Performance has improved significantly and is now within the boundaries of the contract.</p> <p>A contract with GWH is still under negotiation to provide continued access to Medway and Registration Authority Manager services.</p> <p>NHS PS Arbitration</p> <p>NHS PS took WHC to arbitration and WHC responded fully by 4th December 2020 when a one month deferral agreed. WHC have paid all outstanding invoices. The expectation is that when the NHS PS update panel meet in January 2021 it will agree that the arbitration process can be closed.</p>

Covid 19 Informatics Capacity

A significant amount of informatics capacity has been used to support the following:

- Vaccination data
- Lateral flow testing
- Corona Virus National Submissions

As a result there is limited capacity to deal with BAU activity and other requests for data.

AttendAnywhere (virtual consultation software)

Current licences have a hard stop of end of March 2021. Further funding for 12 months for an online consultations solution but is subject of a NHSE/I procurement process. WHC will work with SFT colleagues to ensure that there is a mitigation plan in place if regional tender does not deliver a solution in time, or would jeopardise delivery of care due to late notice transition.

Approval of the Full Business Cases for Devizes Health Centre and the West Wiltshire Centre for Health and Care

The Executive Committee agreed WHC's support for BSW CCG's Business Cases subject to a clear reference to the costs for the Devizes Community Team being covered by BSW in the letter of support sent.

South Wiltshire Estate

The Executive Committee has agreed to a plan to relocate Community Provision in South Wiltshire from the Salisbury District Hospital Site and the Central Health Clinic to Wilton Health Centre and Five Rivers Leisure Centre in Salisbury. The approval was given based on the long term revenue costs being affordable, which is subject to official confirmation from BSW CCG.. These moves will improve the delivery of care, while also freeing up space on the Salisbury site to support SFT's estates plans.

Longleat Ward Refurbishment

There is a significant amount of backlog maintenance that needs to be undertaken on the ward as a matter of priority in order to maintain a safe environment. NHS PS owns Warminster Hospital and has identified a budget to address backlog maintenance issues in the hospital. NHS PS has 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.

At the Executive Committees in December 2018 and 2019 papers were approved to explore options to refurbish ground floor accommodation in Warminster Hospital that would both address the backlog maintenance and make the ward space fit for purpose, while minimising disruption to continued operation of services during the work.

On 27th January 2021 the Executive Committee confirmed that it is content for NHS PS to progress to detailed design and tender and for a trial excavation of the Warminster Hospital floor slab to be undertaken and inform detailed plans once the noise implications are understood more fully.

Alert

- Nothing to alert to the Board

Action

- | | | |
|--|--|--|
| | | <ul style="list-style-type: none">• No action, other than noting the content of this report. |
|--|--|--|

3. Recommendation

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

Health and Safety Response to COVID-19

Appendix A

The WHC board requested, in November 2020, an update of actions taken by this team in response to the Covid-19 pandemic. Covid-19 has created additional safety risks in all organisations in 2020. The HSFS services have worked in partnership with the Infection, Prevention and Control Team and Operational Teams to ensure those risks are identified and managed for the safety of staff, visitors and patients covering the following safety and risk workstreams:

Working Safely with Covid-19 Workplace Guidance

National guidance on Working Safely with Covid-19 was published in May 2020. The HSFS Services reviewed guidance and developed a “Working Safely with Covid-19 Risk Assessment” template to be completed by all teams. Support was provided to teams to complete this work. An organisational level risk assessment was also completed to ensure we had the measures in place to demonstrated compliance with the workplace guidance. The HSFS Services completed reviews of arrangements on all WHC sites in partnership with the Site Co-ordinators to agree a safe and sensible approach to management of social distancing within estate and to ensure WHC services arrangements joined up with arrangements for other providers working on our sites alongside us. This informed decisions about WHC service arrangements through the Recovery Cell.

The HSFS Services completed a spot check audit across all sites in July 2020 and November/December 2020³ to identify and address any on-going challenges with compliance with the national guidance; and to provide opportunities for improvement. The HSFS services are working closely with Infection, Prevention and Control (IP&C) team to ensure that we can demonstrate compliance with both the general workplace guidance and the specific requirements in a healthcare setting.

PPE supply, suitability and contingency plans

The HSFS services have worked with IP&C team to ensure that PPE is suitable⁴ and sufficient⁵. This has included reviewing visors, goggles and screens. The HSFS services and IP&C team have recently completed a joint review of Powered Respirators and agreed a preferred supplier and model of equipment. These Respirators use loose fitting hoods and therefore staff do not need to be fit tested to use them. This should support in our overall contingency planning where staff on Wards have not been able to be successfully fit tested (see section below). The HSFS services have been working closely with the PPE Supplies team to review equipment available, develop strategies for use within WHC (e.g. which FFP masks to use) and to feed into regional conversations. The HSFS Services have reviewed substances hazardous to health (e.g. hand gel) to ensure information on different supplies are available to teams (e.g. Material Safety Data Sheets) and teams can work with the products safely.

³ **Covid-19 Secure Audit reported below**

⁴ practical, suitable for individuals and can be decontaminated if re-usable

⁵ **offers the appropriate level of protection**

Fit testing compliance, recording, standards

WHC was in a relatively strong position in March with Fit Testing as this piece of work had been recognised in 2018/19 as essential. All Teams already had a Department PPE Risk Assessment in place and all teams had been asked to ensure they had access to fit testers, fit test kits and FFP masks. There were 20 trained fit testers who had completed the 'Qualitative Fit Tester Training' by Full Support across WHC and kits available.

The supply of FFP masks has been constantly changing since March 2020 as national supplies struggled to meet demand. So although we had tested on the Full Support Masks (FSM15 and 16) in preparedness these masks were no longer available to order and local supplies were reasonable but not at a level to meet ongoing demand. As new FFP masks were supplied through national supply chain then staff needed to be re-fit-tested for the new makes and models of masks. Fit Testing must be completed on each make and model of mask an individual is asked to wear. This was a huge undertaking when there were already other workplace pressures. With limited supplies of FFP masks available success rates for testing are at about 70-80%. This means that some staff have not been successfully fit tested with the masks we have available and creates huge challenges for Wards being asked to accept patients who need aerosol generating procedures (AGP). The local policy is FFP must be worn for all AGP activities.

The HSFS Services supported testing in March and April 2020 for the Wards. In April 2020, it was clear the demand for testing was exceeding capacity. To respond to this need HSFS Services developed a Fit Tester Training Course (against national standards) and delivered Qualitative Fit Tester training to 30 additional staff to support with fit testing. The HSFS Services completed a further Qualitative Fit Tester Training course in November 2020 to ensure every Ward had at least two staff able to complete fit testing in their work areas.

Supply of FFP has continued to change throughout the year. The HSFS Services have been working with the internal PPE supplies team to advise on which FFP masks we want supplied (where we can influence) and which masks we fit test too (to minimise the need to retest). As the supply of masks has changed further fit testing has been required. The approach had some success but some staff (due to working patterns) were still not accessing testing. Fit Testing is recorded on an individual paper record (copy kept by the individual and added to Team file) and then added to an organisation wide spreadsheet. Information on trained fit testers and the location of fit test kits are available on the w:drive.

Staff reported incidents (RIDDOR reports)

The HSFS Services, The Incident Management Team and HR have been working together to identify any staff who have tested Covid-19+. The RIDDOR paperwork was reviewed and up-dated to include questions to inform decisions on reporting. One incident of workplace transmission of Covid-19 has been submitted so far relating to a case in March 2020 when PPE was not readily available. The member of staff lived out of area and was able to access a test (not available to other staff at the time in Wiltshire) and the transmission was in all likelihood workplace related due to a failure of robust PPE arrangements.

The HSFS service is working with HR and the Incident Management Team to ensure recent outbreaks are also reviewed and that any cases where transmission of Covid-19 from work activities with Covid-19+ patients and/or failures of workplaces arrangements (e.g. incorrect PPE, lack of PPE, damaged PPE) are identified and reported. The Incident Management Team are working to up-date datix to ensure the appropriate questions are asked in all staff Covid-19+ cases reducing the need for additional paperwork to be completed.

MSK Health Risks (including working from home)

WHC has responsibilities to ensure compliance with the Health & Safety, Display Screen Equipment (DSE), Regulations for all staff – including those working from home. The Health & Safety Executive (HSE) adopted a relaxed approach to this during the initial lockdown treating working from home as an exceptional and temporary arrangement. The MSK Health Advisory Team (a part of the HSFS service) have worked with individuals and Managers since March 2020, to ensure issues are addressed and staff are able to work as safely as possible at home. Guidance was published and shared in May 2020, with all staff highlighting best practice and set up for at home. Since July 2020, all staff who continue to work from home have been required to complete a DSE Workstation Assessment at home (in addition to their workplace assessment) to identify outstanding issues of comfort and safety and to ensure suitable equipment and/or advice can be given. The DSE Workstation Assessment is now available in an excel format to support completion electronically. The MSK Health Advisory team have continued throughout the year to offer advice and support to individuals with new or existing MSK Health issues to keep them safe and well at work. The MSK Health Advisory team work with Managers and HR to identify where additional support may be needed and inform risk assessments for individuals.

Covid-19 Secure audit:

This audit is non-compliant as overall compliance: 60%. In general there is a culture of compliance for distancing and use of surgical masks in work areas. Key Areas for improvement & recommendations include:

- Ensure posters listed in the Department Working Safely during Covid-19 Risk Assessment are on display, laminated and signed (where appropriate)
- Enhancing messaging on when masks must be worn as there seemed to be confused messages in some teams
- Some staff were wearing cloth face coverings rather than surgical masks
- Guidance on protocol for wearing coats when visiting patients homes
- Compliance with eye protection during care on Wards and Community Teams. Both reported eye protection as creating significant challenges for staff when working.
- Refresh the protocol for sharing vehicles as there seemed to be a lack of clarity
- Space availability in Chippenham Community Team makes distancing a challenge
- Consider an agreed approach to politely requesting patients to wear masks when we deliver care in their home
- Ensuring there is a culture of workstation cleaning (and telephone) in areas where a number of people use the same workstation and ensure availability of wipes

The audit identifies reasonable assurance as practice meets the majority of the standards with low associated risks, a risk has not been completed as actions have been identified to

address areas of non-compliance. The biggest area of non-compliance was information in the form of posters displayed. Re-Audit is planned with monthly audits to be completed by Departments through Smart Survey from January 2021

WHC Service Changes in Response to BSW Health System Pressures

Report to the WHC Operating Board – 5 February 2021

Service Change	Risks	Mitigation	Decision Taker	Date of Decision
<p><u>Additional 'Day Room' Beds – Cedar and Longleat Wards</u></p> <p>Provision of additional beds for the Cedar and Longleat Wards in the day rooms at their respective community hospitals, to provide greater capacity in the system as part of the agreed Surge Plan.</p>	<p>The provision of the additional beds was outside of IP&C guidelines.</p>	<p>Risk mitigation plans are in place with oversight from staff. These beds were only for use in the event that a normal bed space was not available.</p> <p>Strictly time limited in nature.</p>	<p>Executive Committee</p>	<p>15/01/2021</p> <p>Beds stood down with effect from 25 January 2020.</p>
<p><u>Minor Injury Units – Appointment Slots</u></p> <p>Reduction of appointment slots in the MIUs to 45 minutes from the current 1 hour.</p>	<p>1 hour appointment slots introduced to allow extra time for cleaning between slots.</p>	<p>Flexibility around the use of clinical spaces would still allow for cleaning to be undertaken in the event of longer treatment times.</p>	<p>Executive Committee</p>	<p>15/01/2021</p>
<p>Trowbridge MIU was closed to NHS 111 Referrals on 18 January and frontline clinical staff released to provide care where it is needed most. A skeleton staff presence has been retained at Trowbridge to deal with any walk ins.</p>	<p>Reduces availability of minor injury services to local population, particular those with restricted access to transport.</p>	<p>111 to provide alternative options in absence of slots at Trowbridge.</p> <p>Skeleton presence retained to manage risk of walk in patients with high level of need.</p>	<p>Executive Committee</p>	<p>15/01/2021</p>
<p>WHC Respiratory Team resources are</p>	<p>Impact on respiratory</p>	<p>SOP Routine Patient Courtesy</p>	<p>Executive</p>	<p>27/01/2021</p>

being stretched to support virtual Covid wards, in addition to Long Covid service for BSW.	services being provided to long term condition patients.	Call in place.	Committee	
MSK & Specialist services teams reduction in capacity during Covid Pandemic due to increased prevalence of virus and need for staff redeployment to support Community teams & wards.	Wiltshire patients referred for MSK routine conditions not receiving treatment.	Risk Assessment undertaken. Prioritisation of caseload in accordance with Essential FU criteria Review and re triage at regular intervals To include a 10 minute check-in tel call to ensure they are 'non-essential', if their symptoms have changed, screen red flags and sign post to information.	Executive Committee	27/01/21
Additional short notice changes to corporate systems to assist in response.	Capacity for change support within Corporate Services is being impacted due to responding to current operational pressures across WHC. Detrimental impact on longer term deliverables.	Tracked through the Delivery Plan 2020-23 Action Tracker reported to the Board.	Executive Committee	27/01/21

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

Item 9

Update on BSW planning process

VERBAL

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

Item 10

Quarter 3 Delivery Plan Update

PAPER

Wiltshire Health and Care Board**For information**

Subject: Wiltshire Health and Care, Delivery Plan – Quarter 3 Progress Update

Date of Meeting: 05 February 2021

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

1. Purpose

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

2. Background

- As part of business planning, at the start of the year Wiltshire Health and Care's Board approved a Delivery Plan for 2020-2023, which incorporated a set of delivery objectives.
- These delivery objectives were established to ensure that Wiltshire Health and Care met its statutory and contractual obligations, whilst simultaneously pursuing the organisation's strategic objectives.
- To assist the Board in its task of overseeing the success of Wiltshire Health and Care in implementing these delivery objectives, a Delivery Plan tracker has been created. This tracker provides a RAG status for each objective, together with a narrative to support the Board to understand the status of each action.
- The Board should be assured where the RAG status is blue (objective KPI achieved), or green (objective KPI on track to be completed by target quarter). The Board should note the rationale for items with an orange (objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by the end of target financial year) or red (delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial year), and determine whether it is satisfied with the status in the circumstances, or whether it would like to take, or direct the Executive to take, further action(s). The Delivery Plan tracker has not been included in this update, due to operational pressures (see section 3 below).

3. Discussion**Summary of current position**

The Board will note that across the seven themes, Wiltshire Health and Care has set 101 delivery objectives. A further 27 objectives were added in November 2020 which relate to actions from the NHS People Plan. Due to current operational pressures it has not been possible to undertake a

review of 17 of the objectives and a refresh of the plan will be undertaken during Quarter 1 – 2021/22 alongside the 2021/22 Planning Framework, which has been delayed. From the limited review undertaken, the status of the remaining 111 objectives is as follows:-

30 objectives have been completed, an increase of 13 during the quarter

39 objectives remain on track

8 objectives have slipped from that reported in Q2

4 objectives off track to be completed by target quarter but actions in place to achieve milestone by end of target financial year

27 objectives – the delivery milestone not due to be commenced until 21/22 or later.

3 objectives have been removed. 2 were reported to the last Board. A further objective (Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression) has been removed as the critical care qualification is not applicable to the WHC workforce.

It should be noted that the latest wave of COVID cases is likely to mean significant slippage in any objective due in Quarter 4.

4. Recommendation

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

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

Item 11

Highlight Report – Quality Assurance Committee

PAPER

Wiltshire Health and Care Board**For information**

Subject: Quality Assurance Committee Highlight Report
Date of Meeting: 05 February 2021
Author: Sara Quarrie

1 Introduction

1.1.1 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 15 January 2021, which it is considered should be drawn to the attention of the full Board. Please note that this meeting was convened during a period of high operational pressure and to support the Chair of QAC (RB): (i) restricted the meeting duration to one hour; (ii) asked members to discuss particular queries (not requiring QAC-wide discussion), to raise those separately with the person presenting the paper; and (iii) those presenting each item to restrict their presentation to: anything we absolutely must be made aware of, any decision and one point to take away.

2 Advise**2.1 H&S Covid-19 response**

2.1.1 A comprehensive response has been provided, as requested by the Board, the Director of Quality, Professions and Workforce expressed how proud she was of the team and all they have done to support WHC.

2.2 Overdue incidents

2.2.1 Nov. 2020 data was incorrect; this has now been corrected in Dec. 2020 data. A key objective of the Director of Quality, Professions and Workforce is to review/improve the use, process and reports from Datix in the next 12 months.

2.3 Covid-19 Secure Audit

2.3.1 This is being rolled out in response to CQC Notifications, with Health and Safety, Security and Fire team continuing to audit in Jan-Feb. 2021 rather than intended plan to move to peer auditing to support capacity within the teams to maintain capacity to respond to the Covid-19 pressures. This will maintain momentum on

2.4 P2 Process

2.4.1 This is moving forward in partnership with Medicines Optimisation Pharmacists, System1 lead, the Local Medical Council and Clinical Commissioning Group, the intention is for these P2 forms to become online forms managed via System1.

2.5 How can we be sure we are properly looking after our staff

- 2.5.1 Key highlight is Psychological support is something that many organisations are investing in using a system approach across the region.

2.6 Winter/Covid-19 surge

- 2.6.1 Douglas Blair gave the update in Lisa Hodgson absence: BSW is in critical incident phase of the Covid-19 pandemic as of 14/01/21, significant pressure on Salisbury Foundation Trust with seven Covid-19 positive wards and nosocomial spread; Great Western Hospital peaking with its highest number of Covid-19 positive cases; and AWP have outbreaks on two sites. WHC patient flow was performing well for Jan. 2021, but there was now a backlog due to difficulties in accessing Discharge to Assess beds in care homes. The whole system has been under severe pressure.
- 2.6.2 The WHC Surge Plan included surge inpatient beds and WHC was opening 11 extra beds under field hospital conditions to support system pressures. The risk factors have been noted and will go to the Executive Committee for formal sign off and then in a highlight report to Board (retrospectively).
- 2.6.3 Minor Injury Unit (MIU) service will change from 18 January 2021, Trowbridge MIU would temporarily close to NHS 111 calls and staff redeployed to Chippenham MIU and other high priority areas. Radiology had been asked to increase the times at Chippenham and appointment slots would be reduced by 15 minutes to 45 minutes.
- 2.6.4 Lateral Flow Devices rollout Tests (LFD) a huge exercise with 842 staff who registered for a LFD, 671 staff are testing twice a week, with an 86% compliance rate in twice weekly testing.
- 2.6.5 Covid-19 Vaccine coordination, with 74% of staff have registered or opted out, 225 have had first vaccine (87.7% front line employees).

2.7 Mortality

- 2.7.1 Remains low numbers with 10 patients dying in our wards during quarter three; no notable trends to flag concerns; positive feedback from a patient's daughter:

“Thank you for looking after our father we were very happy with care and support received. As a family we are all very grateful for all the support. It was so important to us that we were able to visit any time. From all her friends we would like to say thank you.”

2.8 Falls

- 2.8.1 Highlighted the impact of the Falls Quality Improvement Programme Lead redeployment to cover the inpatient wards Senior nurse vacancy during the pandemic so the falls programme had not progressed as planned. Work was continuing (at a slower pace) and the outcomes were continuing to be positive.

2.9 Tissue Viability

2.9.1 The total number of community acquired Pressure Ulcers (PU) from 1 April to 30 November 2020 throughout WHC was 456 (353 Category II, 53 Category III and 30 Category IV). The tissue viability service had been moderated in line with other services due to Covid-19 impact on people choosing to raise pressure care issues and reduced 'seeking of support'.

2.10 Hot Topic, MIU

2.10.1 The Quality Team completed a CQC style review in Dec. 2020, commissioned by Director of Quality, Professions and Workforce. That noted progress on actions set from CQC visit feedback. Recommendations developed in partnership with the MIU lead and are being actively supported by the Quality team to progress. Report highlighted good work by MIU teams in implementing the 'Think 111' campaign.

2.11 External bodies/National reviews

2.11.1 Care Quality Commission (CQC) Registered Manager registration update as DBS and submission of paper application complete for Director of Quality, Professions and Workforce

2.11.2 Clinical Commissioning Group (CCG) Quality Schedule being revamped and a new dashboard would be in place for the new financial year

2.11.3 Controlled Drug licences had been renewed and Director of Quality, Professions and Workforce was completing her training as Controlled Drugs Accountable Officer

2.11.4 Health Education England planned visit in Jan. 2021 focused on oversight of the quality of WHC student placements, went well.

2.12 Freedom to Speak Up (FTSU)

2.12.1 Seven concerns raised during quarter three: three in relation to the HR grievance process – action established; one request for more information on FTSU - resolved; one regarding staff use of PPE and provision of desk space in community – resolved; one regarding training modules support for those protected characteristics – resolved; one relating to increased use of agency staffing on our wards and expectations of staff during staff shortages - resolved.

3 Alert

3.1 **There are no alerts.**

4 Action

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

5 Date of next meeting

5.1 **The next meeting of the Quality Assurance Committee is on Friday 16 April 2021, 1000-1300hrs.**

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

Item 12

Highlight Report – Audit Committee

PAPER

Wiltshire Health and Care Board**For information****Subject:** Audit Committee Highlight Report**Date of Meeting:** 05 February 2021**Author:** Martyn Burke**1 Introduction**

The Audit Committee 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 26 January 2021, which it is considered should be drawn to the attention of the full Board.

2 Advise**Appointment of External Auditors & Fees**

The decision was taken by the Committee as a matter of urgency to recommend the Members Board to appoint KPMG as the LLPs External Auditors for 2021. This recommendation was approved by the Members Board and noted at the Audit Committee.

Internal Audit

Assurances were gained from BDO in relation to the following audits:

Business Continuity: to note that this audit report reflects the controls in place as at January/ February 2020. It does not report on the LLP's response to the Covid-19 pandemic, or any changes in controls that may have been put in place as a result.

Key Findings:

- Training – 3/9 on call directors and 5/13 on call managers had not completed the incidence response training as at the end January 2020. There was also no evidence that a training needs analysis has been completed to assess the level of EPRR training required for all staff (Finding 1 – High)
- Exercising Plans – there was no evidence that there are the following exercise plans in place within WHC: a six-monthly communications test, annual table top exercise, live exercise at least once every three years or a command post exercise every three years (Finding 2 – Medium)
- Business Impact Analysis (BIAs) – whilst there were BIAs within each clinical service, there were no BIAs for the corporate services across WHC. In addition there was no specific link from the risks recorded within the BIAs to the service risk registers (Finding 3 – Medium)
- Debrief/ action plans – there was evidence that where actions are recorded after a debrief they were not fully actioned and then signed off. For the network downtime incident only 2 out of 11 actions had been completed and signed off (Finding 4 – Medium).

It was concluded that the controls in place are **moderate** by design and **moderate** operational effectiveness. Management have responded to these findings and remedial actions are scheduled upon the imminent arrival of the EPRR resource.

Material Management: Key findings:

- Clinical Products & Consumables Review Group (CPCRG) –a meeting of the Group was observed and was noted that, whilst they were quorate, attendance was low and missing representatives from key services. The nine forms presented for approval at the meeting were not complete, did not have the appropriate sign off and more information was required before the Group approved the request. The agenda did not follow the suggested layout of the Group's terms of reference and was sent out too late for the members to have adequate time to read the papers (Finding 1 – Medium)
- Formulary – it was found that 4/25 new products added to the formulary between December 2019 and May 2020 had not been discussed at the January 2020 CPCRG meeting; 6/25 had evidence of discussion but no new product request form could be located and 11/25 were agreed at the August CPCRG meeting and not added to the formulary in a timely manner (Finding 2 – Medium).

It was assessed that the design of the procedures and controls in place are **adequate**, however it was felt that these procedures and controls are not consistently operating effectively and it was therefore assessed the design as **substantial** with **moderate** operational effectiveness. Management have responded to these findings and remedial actions are underway.

Key Financial Systems: No key findings were raised.

Overall, it was concluded a **substantial** assurance opinion on both design and operational effectiveness of the key financial system controls.

Standing Financial Instructions and Schemes of Delegation:

Annika Carroll, Director of Finance has committed to undertake and complete these by March 30th 2021. The Committee agreed the proposed architecture for the SFIs.

Board Assurance Framework (BAF):

The Audit Committee endorsed the BAF but recommends that the format is reviewed to ensure that all current and emerging risks are captured. The Committee also suggested that risks are included with a greater emphasis on quality patient outcomes. The Chair will pick this up with Katy Hamilton Jennings

Quality Report

The Audit Committee received an update on quality performance from Sara Quarrie. We also explored risk 57 from the risk register on patient falls. Sara shared an improving downward trend in both quantum and severity of impact and shared the plans to roll out falls improvement training in Q4. The AC noted this requesting benchmarking data and thanked Sara for attending.

Counter Fraud:

The NHSCFA is embracing the new government cross-departmental standards for counter fraud work which, in 2021, will formally replace the existing suite of NHS specific standards for Fraud, Bribery and Corruption. In April 2021 all NHS organisations will be required to provide a return

against the Counter Fraud Functional Standards, instead of the current NHSCFA standards. As with the NHSCFA Standards Self Review Toolkit return, this process should be overseen by the finance director and audit committee chair.

Until the NHSCFA publish further guidance on how the standards should be implemented in the NHS it is not certain what the requirements will be. However based on the initial assessment of the standards the main differences that have been noted are:

- Within the annual plan there is a requirement to define the specific outcomes the organisation seeks to achieve in the period e.g. 'a targeted value of prevented and/or detected fraud against a baseline to measure improvement over time'. The NHSCFA is apparently developing a methodology for defining outcomes, due to be available later this year.
- Organisations are required to have a Counter Fraud strategy setting the direction and desired outcomes relating to counter fraud, bribery and corruption over the next 2 to 5 years. Again, this will need to link to the methodology and guidance from the NHSCFA on setting outcomes.
- There are minor updates required to the Counter-Fraud policy, for example including a section on how organisations will 'continue to improve based upon lessons learnt'.

Audit Committee Business Calendar

The rolling annual agenda was approved with minor revisions adopted.

3 Alert

3.1 There are no alerts.

4 Action

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

5 Date of next meeting

5.1 The next meeting of the Audit Committee is on 30th March 2021 13:00-16:00

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

Item 13

Highlight report from the “Extended Access” Contract

PAPER

Meeting:	WH&C Board	Date:	Jan 2021
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Title:	 Highlight report from the “Extended Access” Contract.
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1. Introduction

Wiltshire Health and Care agreed to host the delivery of the Improved Access (“IA”) contract, commissioned by Wiltshire CCG for the delivery of additional primary care appointments, in October 2018. ‘Improved Access’ is now referred to as ‘Extended Access’ (EA) by NHSE, though they are the same thing.

The WGPA Committee was established as a sub-committee of WHC’s Integration Committee in October 2018 to oversee the

This paper summarises the key issues that should be drawn to the attention of the WH&C Board for assurance and information relating to the delivery of the Extended Access contract.

2. Risks presently “live” relating to successful delivery of the EA contract in line with contractual obligations

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

At present, NHSE permits EA resources to be used as CCGs see fit to target local priorities, with particular emphasis currently on supporting Covid-19 vaccination efforts. There is little likelihood of normal EA services and contractual obligations being reinstated before April 2021.

3. Potential new risks identified recently

- A.02. It is uncertain if or when the normal EA programme will resume, although there is a need to build routine care capacity once conditions permit. The CCG have indicated that (a) they wish to extend the existing contract for at least an additional year until Apr 2022 and (b) that they would be pleased to see a more structured programme of work once conditions permit, possibly from Apr/May 2021 onwards.
- A.01. It is possible that post-Covid, NHSE will alter its priorities for primary care and request an alternative approach for improving access to GPs, in particular placing more emphasis on remote consultations, new technology and collaborative working.

4. Advise

The CCG indicated on 08Jan21 that the NHSE had asked them to extend existing

arrangements for delivering EA until at least Apr 2022. NHSE wrote as follows:

We have previously set out – in Investment and Evolution – that from April 2021 the wider CCG-commissioned extended access service would become part of the Network Contract Directed Enhanced Service (DES). Given the uncertainty around the timing of the COVID vaccination programme, we have agreed with the British Medical Association’s General Practitioners Committee (England) that we will delay the planned introduction of the new standardised specification for extended access as part of the Network Contract DES – and the associated national arrangements for the transfer of CCG extended access funding. We do not anticipate that the national introduction of the new enhanced access service or the associated transfer of funding will take place before April 2022.

The extended hours access requirements in the existing Network Contract DES will remain as they are for the same period. In instances where the capacity is not required for vaccine delivery, it should be used for local priorities. This includes access to urgent and pre-booked appointments over the coming winter months. CCGs must now make arrangements for the CCG-commissioned extended access services to continue until April 2022. Where these services are already commissioned from PCNs, we would expect these arrangements to continue.

5. Action

The Board is invited to:

- agree that WHC agrees to the proposed extension of the Extended Access contract until March 2022, once WHC has received assurance from all practices that they are in agreement to act as sub contractors..
- note that adjustments will be made to the oversight and operation of the contract to reflect the shift away from contract management to using the Extended Access contract as a facilitator of change and improvement.

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

Date of Next Meeting

Friday 7 May 2021, 10.00-13.00

Training Room 1, Chippenham Community Hospital

