

# WHC LLP Board Papers

## PART I

4 February 2022



Wiltshire  
HEALTH AND CARE

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

<b>Venue:</b>	MS Teams
<b>Date:</b>	Friday 4 February 2022
<b>Time:</b>	13:30-16:30 (Part I 13:30-15:30 approx)

WHC Board Members		
Stephen Ladyman	Chair of Wiltshire Health and Care (Chair)	SL
Richard Barritt	Non-Executive Member, Patient Voice	RB
Martyn Burke	Non-Executive Member, Finance and Audit	MB
Lisa Thomas	Non-Executive Member, Nominated by Salisbury Foundation Trust (SFT) Board	LT
Bernie Marden	Non-Executive Member, Nominated by Royal United Hospitals NHS Foundation Trust (RUH) Board	BM
Felicity Taylor-Drewe	Non -Executive Member, Nominated by Great Western Hospitals NHS Foundation Trust (GWH) Board	FTD
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

Other attendees		
Becky Watson	Corporate Officer (minutes)	BW
Jon Bishop	EPRR Manager (for item 12)	JB

Item No.	Agenda Item	Presenter	Verbal/Paper	Published/Unpublished	Information/Discussion/Decision/Approval	Timings (approx.)
<b>PART I (this section will be recorded)</b>						
1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information	13:50
2.	Declarations and Conflicts of Interests	Chair	Verbal	Published	Information	
3.	a) Part I Minutes b) Action/Decision Tracker c) Matters Arising d) Decisions made by circular	Chair	Paper	Published	Decision	
4.	Chair's Update	Chair	Verbal	Published	Information	
5.	Managing Director's Update	DB	Verbal	Published	Information	
<b>Governance</b>						
6.	Risk Report 15+	SQ	Paper	Published	Discussion	14:10
7.	Risk Appetite	DB	Paper	Published	Discussion	14:20
<b>Service Delivery</b>						
8.	Quality, Workforce, Performance, Finance and Infrastructure Highlight Report Accompanied by: a) Quality, Workforce, and Performance Dashboards	SQ/ AC/ / LH	Paper	Published	Information/ Decision	14:35

	b) Finance Dashboard					
9.	WHC WRES Submission 2021	SQ	Paper	Published	Information	
10.	Delivery Plan Tracker Q3	DB	Paper	Published	Information	
11.	Planning Update	DB	Paper	Published	Information	
12.	EPRR Assurance Report	JB	Paper	Published	Information	15:00
<b>Highlight Reports</b>						
13.	Highlight Report from Quality Assurance Committee	BM/SQ	Paper	Published	Information	15:15
14.	Highlight Report from Audit Committee	MB	Paper	Published	Information	
15.	Update to Extended Access contract	DB	Verbal	Published	Information	
16.	Key points to Member Organisations	DB	Verbal	Published	Information	
17.	Any other business	Chair	Verbal	Published	Information	
<b>Date of next Meeting:</b> <u>To sign off 2022/23 plan:</u> Friday 25 March 2022 13:30-15:30 MS Teams			<b>Full Board Meeting:</b> Friday 6 May 2022 13:30-16:30 (MS Teams or venue TBC)			

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

**Item 1**

**Welcome, Introductions, and Apologies**

**VERBAL**

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

**Item 2**

**Declaration and Conflicts of Interests**

**VERBAL**

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

**Item 3**

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

**PAPER / VERBAL**

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

<b>Venue:</b>	MS Teams
<b>Date:</b>	Friday 5 November 2021
<b>Time:</b>	10:00-13:00

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

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

Item No.	Agenda Item	Actions
<b>PART I (this section will be recorded)</b>		
1.	<p><b>Welcome, Introductions and Apologies</b> The Chair welcomed the Board Members to the meeting; there were no apologies</p> <p><b>Patient Story Summary:</b> The patient story occurred prior to the meeting and was not recorded, in order to maintain personal confidentiality.</p> <p>The wife of a patient gave a summary of her husband's experience of WHC. He had had 2 strokes over 6 months; the second one was significant causing loss of right side and aphasia. The patient was on Mulberry Ward and was discharged home with appropriate equipment and physiotherapy and occupational therapy input for 6 weeks as part of the Early Supported Discharge service. Follow on neurological rehabilitation had also been provided. They felt the care was outstanding, highlighting particular the benefits of consistency of personnel in terms of building relationships and the support and signposting for carer support. In discussion, it was recognised that this was a good example of taking learning from when things went right. Particular success factors identified included the consistency of some key staff in different parts of the pathway (stroke rehab inpatient to Early Supported Discharge to neuro rehab), the role of the stroke discharge coordinator and, in this case, geography had helped and made it easier to go 'above and beyond'. Delivering this consistently for all was the challenge to be addressed.</p>	

	SL thanked the patient's wife, service lead and rehabilitation support worker for attending. BM agreed to feedback the positive comments relating to RUH.	
2.	<b>Declarations and Conflicts of Interests</b> None	
3.	<p><b>a) Part I Minutes</b></p> <p>The Part I minutes of the previous meeting were reviewed. Approval of the Part I minutes was proposed by DB and seconded by MB; there were no objections.</p> <p><b>DECISION: The Board Members approved the Part I minutes of the previous meeting held on 10 September 2021 as an accurate record of proceedings.</b></p> <p><b>b) Action/Decision Tracker:</b> The action tracker was reviewed and updated.</p> <p><b>c) Matters Arising:</b> None</p> <p><b>d) Decisions made by circular:</b> None</p>	
4.	<p><b>Chair's Update</b></p> <p>The Chair (SL) gave a verbal update highlighting that he and DB had attended the GWH to brief the Board about WHC. KM had asked for this due to there being new members of staff and non-executive directors on the GWH Board. It had been a positive meeting. SL would like to do the same for the RUH and SFT Boards and was happy for this to become a regular, perhaps annual, sequence for all Boards.</p> <p><b>ACTION: LT and BM to invite WHC to SFT and RUH Boards for a WHC update</b></p>	
5.	<p><b>Managing Director's Update</b></p> <p>The Managing Director (DB) had nothing to add in addition to the items on the agenda.</p>	
<b>Governance</b>		
6.	<p><b>Risk Report 15+</b></p> <p>SQ introduced the risk register to the Board and reported that there was one risk (risk 202) scoring at 15+ (risk score 16). The risk assessment regarding social distanced beds and the Care Action Card would sit along side Risk 202.</p> <p>KM asked for the score for the Workforce risk. DB confirmed that the stand alone risk was now scored at under 12, as there had been improvements in turnover and vacancies, although impact of workforce on capacity was factored into Risk 202.</p> <p>KM asked, given that the review of single points of failure would now be taking place for February, whether there was confidence in the scoring and mitigation of the IT infrastructure risk. DB confirmed there was a clear action plan against the risk of failure of aged IT infrastructure which, once implemented, would substantially reduce this risk.</p> <p>The Board noted that it was assured with the management of risks.</p>	
7.	<p><b>Safeguarding Annual Reports 2020-21</b></p> <p>SQ introduced the Children's and Adults Safeguarding Annual Reports which required approval before submission to the CCG. SQ assured MB that the one allegation made against a staff member in 2020/21 had been managed and resolved through the Designated Officer for Allegations (DOFA) process. MB asked regarding appropriate</p>	

	<p>oversight regarding staff suspension. SQ suggested the Head of People could link in with RB regarding the processes and cases (not person specific). LH suggested a report to QAC every quarter.</p> <p><b>DECISION: The Board approved the Safeguarding Annual Report and the Safeguarding Children and Adult Annual Report to go to the CCG</b></p>	
8.	<p><b>Annual Health and Safety Statement of Commitment</b></p> <p>SQ introduced the paper to the Board stating there were no significant changes from the previous year. Approval of the Annual Health and Safety Statement of Commitment was proposed by RB and seconded by LH; there were no objections.</p> <p><b>DECISION: The Board approved the WHC Annual Health and Safety Statement of Commitment</b></p>	
9.	<p><b>Creation of the Integrated Care Board and Wiltshire Integrated Care Alliance</b></p> <p>DB introduced the paper, which sought the views of the Board on current proposals relating to the creation of the Integrated Care Board for Bath and North East Somerset, Swindon and Wiltshire, as part of a consultation on a draft constitution and proposals for Board composition. In discussion, there were no specific comments on the detail of the draft constitution or nomination process. On the options for Board composition, there was agreement that Option 2 would be preferable as it would deliver a smaller Board which should aid better decision making.</p> <p>DB highlighted to the Board that part of this proposal included seeking sectoral insight for both mental health and community services through a single Board appointment. As this does not reflect how services are currently structured in BSW, there was a risk that this would mean a dilution of sectoral insight in practice. SL noted that the proposal did include increasing the number of Board roles providing local authority insight and, if this continues as a proposal, it certainly should not be at the expense of diluting strong involvement of community services at the Board.</p> <p>DB provided an update on parallel plans to establish an 'Integrated Care Alliance' for Wiltshire and informed the Board that more detailed proposals are likely to require Board approval by correspondence in December.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>agreed that its views should be submitted as part of the consultation that, in summary, Option 2 for Board composition was supported but with further review of obtaining sectoral insight for community health services.</li> <li>noted the update on progress on the creation of an Integrated Care Alliance for Wiltshire.</li> </ul>	
<b>Service Delivery</b>		
10.	<p><b>Quality, Workforce, Performance, Finance and Infrastructure Highlight Report</b></p> <p><b>Quality:</b> SQ introduced the Quality section to the Board highlighting the three main issues, 1. Medicine and Pressure ulcers remaining the primary patient safety issues within the organisation. This is in part driven by demand outstretching demand of services and system pressures. 2. NHS benchmarking, data had now been</p>	

	<p>established as part of the Quality assurance mechanisms to Executive Committee, Quality Assurance Committee and Audit Committee. 3. A Quality Review of the Community Teams has been commissioned and will commence in November 2021.</p> <p>WHC Wellbeing Promise: SQ asked the Board to sign up to the promise</p> <p><b>DECISION: The Board approved the WHC Wellbeing Promise</b></p> <p><b>Workforce</b> SQ introduced the Workforce section to the Board. MB asked that it be noted that the corporate vacancy rate was good but the Board mustn't lose sight of the 11% for clinical front line services.</p> <p><b>Finance</b> AC introduced the Finance section to the Board reporting that the financial forecast remained stable but to note the system wide deficit. SL noted that the cash flow was higher than he would expect. AC confirmed that it was higher than anticipated and this was related to an estates top slice still to be agreed.</p> <p><b>Performance</b> LH introduced the performance section advising the Board that flow was challenging and reported extreme system pressures. Action within the system on mitigations included the development of an action card on assessing minimum levels of care. MIU's had returned to walk in appointments and, although activity remained below pre covid numbers, pressure on the rest of the system was impacting on operational delivery. There had been staffing challenges with the community teams due to isolation and positive cases. Contingency plans were in place. Socially distanced beds had been removed in September following a system wide risk assessment. A bid had been submitted to the CCG to run 3 large-scale clinics for single interventions. LT suggested that the figures/data do not show the full challenging picture, and consideration should be given to highlight a few key metrics which better demonstrated system pressures.</p> <p><b>ACTION: LH to see how data can reflect the pressures in the system</b></p> <p><b>Infrastructure</b> The Board noted the report.</p>	
11.	<p><b>Delivery Plan Tracker Q2</b> DB introduced the tracker to the Board highlighting that progress had been made against the delivery plan.</p> <p>MB said it was impressive that aspects of the delivery plan were being achieved despite the challenging environment and asked whether there were any priorities which should be delayed or removed in recognition of this. DB said that the plan had been reviewed by the Executive Committee. As the delivery plan largely contained</p>	

	<p>'must do' actions, the Committee were not asking for delay or removal of objectives at this stage, but this would be kept under review, and the position may change by the next quarterly update.</p> <p>The Board noted the Delivery Plan Tracker.</p>	
<b>12.</b>	<p><b>Winter Plan</b></p> <p>LH introduced the Winter Plan to the Board explaining it was the first year it had been developed by the ICS and CCG with WHC operating plans sitting behind it. The Board noted WHC's contributions to the plan such as a 2-hour urgent response, overnight nursing and virtual wards.</p> <p>LH drew the Board's attention to the main aspects of surge plans, noting in particular the preference to collaborate across the system on any surge bedded capacity, rather than adding temporary capacity in small numbers in unsuitable accommodation with inadequate medical cover. DB explained that Ward 4 at St Martin's would be used to decant from Longleat Ward from April 2022 to September 2022, but the system was exploring whether, if it was ready before then, it could be used as a system surge ward.</p> <p>The approval of the Winter Plan was proposed by MB and seconded by RB; there were no objections.</p> <p><b>DECISION: The Board approved the 2021-22 Winter Plan</b></p>	
<b>Highlight Reports</b>		
<b>13.</b>	<p><b>Highlight Report from Quality Assurance Committee</b></p> <p>BM took the report as read and thanked SQ for her support</p> <p>The report was noted by the Board</p>	
<b>14.</b>	<p><b>Highlight Report from Audit Committee</b></p> <p>MB introduced the report and informed the Board that a risk appetite paper would need to be formally reviewed so would come to Board in February 2022.</p> <p>The report was noted by the Board</p>	
<b>15.</b>	<p><b>Update to Extended Access contract</b></p> <p>DB introduced this item informing the Board that it was unlikely a handover of the contracts / funding to Primary Care Networks would take place before April 2022, as national guidance was awaited. WHC would therefore continue to hold this contract for the foreseeable future. KM suggested that the holding of this contract should be used as a useful platform to participate in plans for improve access to primary care and understand the pressures which exist.</p>	
<b>16.</b>	<p><b>Key points for dissemination to Member Organisations</b></p> <ul style="list-style-type: none"> <li>• Patient Story summary</li> <li>• Winter Plan</li> <li>• Delivery Tracker</li> <li>• Creation of the Integrated Care Board and Wiltshire Integrated Care Alliance</li> <li>• Escalating risks and pressures</li> </ul>	

17.	<b>Any other business</b> SL informed the Board that KM would be standing down as the representative nominated by GWH Board, and Felicity Taylor-Drewe would take over from February 2022. SL thanked KM for his input.	
<b>Date of next Meeting:</b> <u>Full Board Meeting:</u> Friday 4 February 2022 – <b>hoping to have in person at CCH – please allow for travel time</b> 13:30-16:30 (MS Teams or Training Room 1, CCH – TBC)  <u>To sign off contract:</u> Friday 25 March 2022 13:30-15:30		

## Wiltshire Health and Care

### Board – Part I Action Tracker

No	Date Entered	Action	Assigned to	Status	Due date	Date closed	Notes
143	07/05/2021	To map out single points of failure of WHC	EPRR Lead	Can be closed	04/02/2022		This action is being re-assigned to our EPRR lead. Timeline extended as a result to February. Included within the EPRR Report in Feb meeting
144	05/11/2021	LT and BM to invite WHC to SFT and RUH Boards for a WHC update	BM/LT	Open	04/02/2022		
145	05/11/2021	LH to see how WHC data can reflect the pressures in the system	LH	Open	04/02/2022		Included within QWFPI Report for Feb

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

**Item 4**

**Chairs Update**

**VERBAL**

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

**Item 5**

**Managing Directors Update**

**VERBAL**

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

**Item 6**

**Risk Report 15+**

**PAPER**

## Wiltshire Health and Care Board

For information

<b>Subject:</b>	15+ Risk Management Report
<b>Date of Meeting:</b>	04 February 2022
<b>Author:</b>	Tom Blowers Risk and Complaints Manager
<b>Executive Sponsor:</b>	Sara Quarrie Director of Quality, Workforce and Professions

### 1 Purpose

This paper provides a detailed summary of the Executive level risks, those scoring 15+ for the Board to review and ensure adequate assurance is in place regarding Risk Management of high level risks in Wiltshire Health and Care.

### 2 Background

The table in Section 6 lays out the risk management process, taken from the Wiltshire Health and Care Risk Management Framework. It specifies the frequency of reviews in relation to the risk score, it also specifies those responsible for reviewing risks dependent on the score. The report will convey all risks and their status in regard to whether they have been reviewed in line with the framework.

### 3 Discussion

During Q4 2021/22 the Director of Quality, Workforce and Professions, the Head of Patient Safety and the Risk and Complaints Manager will review the Risk Framework ensuring that it is simplified and includes guidance from the International Standards for Organisations

<https://www.iso.org/standard/65694.html>

#### 3.1.1 Risk Management 15+ risks

This section sets out risk movement through of all risks and a summary of risks scoring 12+, as well as a synopsis of burgeoning risks **Error! Reference source not found.** conveys that no new 12+ risks were added in December 2021.

Table 1 Risk movement 12+ risks

Risk movement	Update	Comments	Trend
<b>New 15+ Risks</b>	No new risks	No new 15+ risks reported in the period	↔
<b>Escalated to 15+ Risks</b>	One risk escalated	One risk has been escalated in the reporting period.	↑
<b>Accepted 15+ Risk</b>	No risks accepted	No 15+ risks were accepted during the reporting period	↔
<b>Closed 15+ Risks</b>	No risks closed	No risks have been closed in the reporting period	↔

Risk movement	Update	Comments	Trend
<b>De-escalated 15+ Risks</b>	No risk de-escalated	No risks deescalated	↔

There is currently one 15+ risk: **202 – increased levels of demand on services**, mitigation of this risk is not on track, with actions requiring updating. This risk contains actions related to the Care Action Card, Socially Distanced Beds and surge planning. Action is being taken to collate responses to actions to bring the action plan under control. The combined risk score has remained static since risk 202 risk score increased in October 2021 Executive Committee. The consequence and likelihood of the 12+ risks are outlined in Figure 1.

Figure 1 Risk scoring matrix

5	<b>Catastrophic</b>	5	10	15	20	25
4	<b>Major</b>	4	8	12	<b>16</b> <b>Risk 202</b>	20
3	<b>Moderate</b>	3	6	9	12	15
2	<b>Minor</b>	2	4	6	8	10
1	<b>Negligible</b>	1	2	3	4	5
<b>Likelihood</b>		<b>Rare</b>	<b>Unlikely</b>	<b>Possible</b>	<b>Likely</b>	<b>Certain</b>
		1	2	3	4	5

The open 15+ risks align with the BAF:Operational - Risk 202

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

### 3.2 Details 15+ risks, and progress with actions

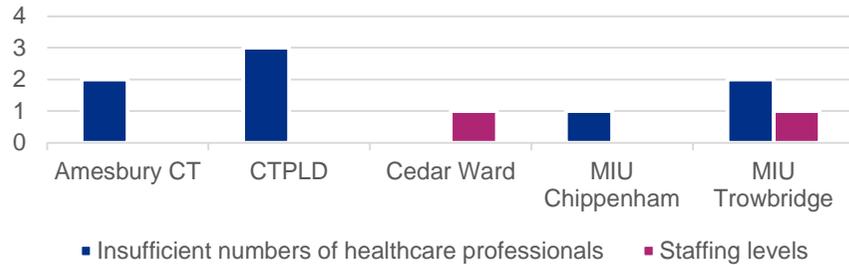
**Risk 202 – Increasing Levels of Demand on Services:** Key points to note: This risk has been reviewed monthly with the Executive and other stakeholders across the organisation. In the Executive Risk Workshop, it was agreed that the actions related to this risk would be simplified and reduced so that the risk shows summary high level actions with the expectation that staff undertaking those actions will record the details of what they have achieved in the monthly risk reviews. This risk is multi-factorial and includes the actions needed to implement a System wide care actions card, the impact of socially distanced beds and the increasing levels of demand on services. For assurance high level completed actions have been recorded as well as actions agreed in the risk workshop on 05/01/2022

Risk ID	Risk Title	Risk Description	Controls in Place Summary	Initial Rating	Current Rating	Open actions
202	Increasing Levels of Demand on Services	Outcome: Impacts on patient safety and clinical outcomes, reputational damage, increased regulatory scrutiny	Surge plans will be underpinned by workforce plans and a clear risk assessment of the impact of work stopping to support a redeployment model.	12	16	Implement Care Action Card - BSW approval to implement w/c 03/01/2022 Monitor impact of removal of socially distanced beds - Monthly monitoring meetings in place and Outbreaks being assessed for impact of removal of socially distanced bed as and when occur (no links identified as yet)

### 3.3 Monitoring and Emerging Risks/Themes

#### Workforce

Figure 2 Staffing incidents Dec 2021



In the December 2021 Risk Report, workforce incidents were included as burgeoning risks. The table below conveys risk indicators related to workforce risks. The incident related to MIU Trowbridge resulted in closure of the unit due to lack of Emergency Practitioners. Whilst this risk is expected and being managed increases in incidences of staff absence could trigger the need to implement internal or system wide mitigations, such as the Care Action Card to ensure service delivery.

#### COVID

Figure 3 Covid-19 incidents by type through Dec 2021

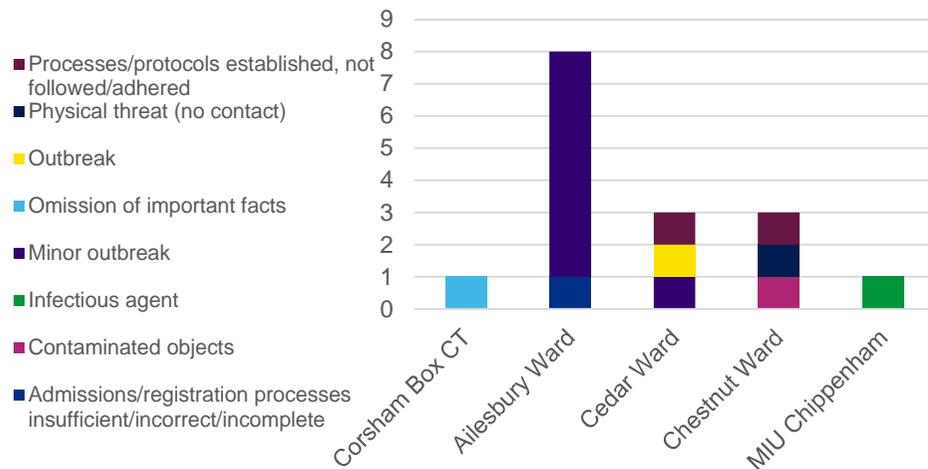
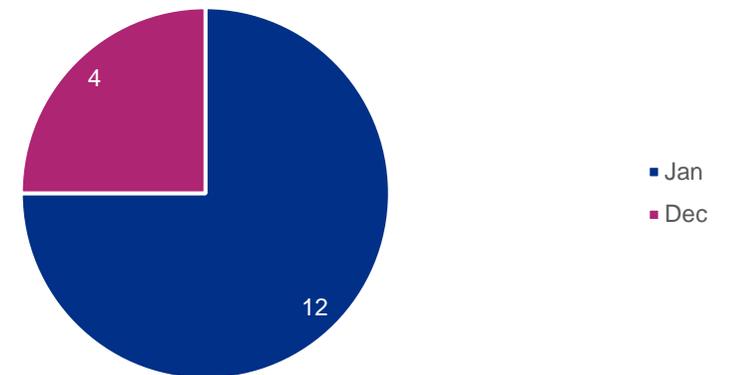


Figure 4 Covid-19 incidents by type through Dec 21 through to Jan 7 22



The graphs show the types of Covid-19 related incidents through December. Figure 10 shows the increase in Covid-19 related incident reporting with 200% more incident reports in the first week of Jan than the entirety of Dec 21.

#### **4 Recommendation**

The Board is invited to:

- a) Consider the report and ensure 15+ risks owned by the Board are accurate, reviewed on time and have appropriate actions to mitigate the identified risk.
- b) The Board are asked to note that the status of risk 202 is being assessed regularly and actions are being documented in one place (DATIX) – this includes tracking the actions from the WHC wide risk assessments regarding removal of socially distances beds and implementation of the Care Action Card.

## 5 Impacts and Links

Impacts	
<b>Quality Impact</b>	Limited reviews and actions to mitigate risks will impact on the quality of service delivery as adequate planning may not occur to prevent or reduce untoward events.
<b>Equality Impact</b>	Limited risk management approaches may not provide opportunities to identify risks associated with Equality and Diversity
<b>Financial implications</b>	Limited financial planning including Financial risk management could place the organisation at financial risk.
<b>Impact on operational delivery of services</b>	Limited reviews and actions to mitigate risks will impact on the quality of service delivery as adequate planning may not occur to prevent or reduce untoward events.
<b>Regulatory/legal implications</b>	If Wiltshire Health and Care is unable to demonstrate a robust risk management approach this could impact on any well led reviews that are undertaken by external bodies such as the CQC
Links	
<b>Link to business plan/ 5 year programme of change</b>	Success of the programme of change are dependent on strong forecasting and scenario planning, including understanding potential threats to success, the likelihood of their occurrence and the associated actions to mitigate
<b>Links to known risks</b>	All organisational risks are covered in this report
<b>Identification of new risks</b>	The report identifies that a large proportion of risks are not regularly reviewed and this could impact on the aim of achieving a 'Managed' Risk approach. Therefore a new risk will be placed on the ERM to reflect this, with the relevant actions to mitigate.

## 6 Appendices

### 6.1 Risk Monitoring and Management dependent on score

Risk Score	Method of oversight	How oversight is carried out	When
1-7	Line manager/ team leader	Line manager/ team leader manages these risks. These risk form part of the team/ service dashboard that is reviewed by the team leader monthly.	At least monthly
8 - 1	Review workshops including representation	<p>CSM, Head of Service, Quality Specialists or senior managers manage these risks. All risks are collated into one of three dashboards: Community teams; Inpatient services; Specialist services; and Corporate functions. Reviews of these dashboards take place quarterly as a minimum or more frequently if agreed. Representatives from the community teams/ specialist services/ corporate functions participate in a workshop (one workshop for community teams, one workshop for specialist services, and one workshop for corporate service), scheduled in advance, and facilitated by the Risk and Complaints Manager. The aims of each workshop are to:</p> <ul style="list-style-type: none"> <li>Review the operational risks previously identified at community teams/ specialist services/ corporate function level.</li> <li>Identify any new or emerging risks affecting that area of the business.</li> <li>Document the controls in place to mitigate these risks.</li> <li>Consider what assurances are being received against the controls.</li> <li>Identify any actions required to build additional controls or assurances.</li> <li>Update in the progress of those actions, tracking them through to completion and the creation of a new control or assurance.</li> <li>Vote on the impact and likelihood of risks both with and without the effects of controls and assurances in place.</li> <li>Where risk review identifies that a risk being managed as a 1-12 risk should be escalated to a 15+ risk, a member of the Executive Committee will be notified to review the risk and mitigations.</li> </ul> <p>Relevant senior managers and the Chief Operating Officer will be invited to each session, with a standing invitation to other staff to be extended as appropriate.</p> <p>Workshop attendees are given the opportunity to review the relevant risk extracts before the workshop, and are asked to come prepared with the details of any changes and updates.</p> <p>The results of each workshop will be reported to the Executive Committee.</p>	At Least Quarterly
12+	<b>IG Policy &amp; Oversight</b> <b>Workforce Development Policy &amp; Oversight</b> <b>Medicines Management</b> <b>H&amp;S</b> <b>Harm free care</b> <b>Safeguarding</b> <b>IPC</b> <b>Estates</b>	<p>Each of the specialist groups/functions in WHC's Governance structure will review the 12+ risks applicable to their area of expertise, and:</p> <ul style="list-style-type: none"> <li>Identify issues, themes and trends common across the risks in that specific area;</li> <li>Consider the success/ effectiveness of the mitigating actions associated with the risks and whether further/ alternative actions need to be taken;</li> <li>Report to the Executive Committee with a highlight report at least quarterly.</li> </ul>	At least quarterly

Risk Score	Method of oversight	How oversight is carried out	When
	IT		
12+	Operational P&P	As above, but increased frequency to a monthly basis.	Monthly
12+	Executive Committee	<p>Operational risks, with a focus on those rated 12+, will be reviewed by the Executive Committee on a monthly basis.</p> <p>The Executive Committee will:</p> <ul style="list-style-type: none"> <li>• Scrutinise and challenge the 12+ risks, and 15+ risks.</li> <li>• Consider risks for escalation to the Board Assurance Framework.</li> <li>• Ensure that relevant information relating to risk actions and controls are identified, captured, and communicated to the people who need it.</li> <li>• Report to the Board on the 15+ risks quarterly.</li> <li>• Update the Board on progress against the actions being taken to mitigate the 20+ risks weekly (or as per the frequency requested by the Board).</li> </ul> <p>Where the Executive Committee considers a 15+ risk to be accepted, this should be reported to the next Board by the Chair of Executive Committee, for formal agreement that the 15+ risk can be accepted with no further action to be taken. The Executive Committee can ask for amendments to the wording or scoring of any risks raised. The action should be minuted and a member of the Executive Committee should liaise directly with the risk owner to effect the change before reporting back to the committee.</p>	Monthly
All	Executive Committee	All risks will be scrutinised and challenged by the Executive Committee once a year.	Once a year
15+	Board	A risk report setting our risks rated 15+ ("15+ dashboard") will be reviewed by the Board. The Board will: Challenge and hold the executive to account in relation to the management of the risks – particularly if any of these are outside of the risk appetite, or approaching the risk tolerance.	Quarterly
All	Board	All risks will be scrutinised and challenged by the Board once a year as a measure (barometer) of the overall health of the organisation.	Once a year

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

**Item 7**

**Risk Appetite**

**PAPER**

**Wiltshire Health and Care Board****For decision****Subject: Risk appetite statement****Date of Meeting: 04 February 2022****Author: Douglas Blair, Managing Director****1. Purpose**

- 1.1 The purpose of this document is to provide a proposed risk appetite statement for the Board to approve.

**2. Background**

- 2.1 Meeting our strategic objectives involves us taking risks (i.e. exposing Wiltshire Health and Care to danger, harm or loss). However, in taking those risks, we must not expose ourselves to more harm or loss than we can cope with. To control the level of harm or loss Wiltshire Health and Care is exposed to, it is recommended that the Board approves a Risk Appetite statement. The Risk Appetite statement will define the amount of risk the Board is happy for Wiltshire Health and Care to take in pursuit of its strategic objectives. Strategic decisions must then be taken with consideration to the Risk Appetite, so that exposure is managed in a controlled and considered manner.

**3. Discussion**

- 3.1 The attached risk appetite statement is a revised version of a document that was first approved by the Wiltshire Health and Care Board in 2018. It is therefore overdue for review. The main changes are:
- The risk appetite for running services outside of the Wiltshire geography has been increased, in recognition of the reality of the evolution of our business development approach
  - Themes around the addition of new business, both within and outwith core purpose have been added

**4. Recommendation**

- 4.1 The Board is invited to consider and approve the attached Risk Appetite statement.

## Risk Appetite

### Risk Appetite Overview and Statement

#### Definitions

- **Risk Appetite** - means the amount of risk the Board is happy for Wiltshire Health and Care to take in pursuit of its strategic objectives.
- **Risk Tolerance** - is specifically to do with the maximum amount of risk that the Board is prepared to let Wiltshire Health and Care be exposed to. This may be less than the Risk Capacity.
- **Risk Capacity** - is the maximum amount of risk that Wiltshire Health and Care could be exposed to without putting its viability at stake.

#### Overview

Wiltshire Health and Care's appetite for risk is informed by its strategic priorities and the necessary work programme to make progress against them. The strategic priorities are:

Wiltshire Health and Care's Board is responsible for ensuring that these objectives are achieved without the organisation spending more money than our commissioner gives us each year. We must also ensure that, in delivering our objectives, we satisfy our contractual, regulatory and statutory obligations, whilst meeting the expectations of our patients and the local population.

Meeting our objectives involves us taking risks (i.e. exposing Wiltshire Health and Care to danger, harm or loss). However, in taking those risks, we must not expose ourselves to more harm or loss than we can cope with. To control the level of harm or loss Wiltshire Health and Care is exposed to, Wiltshire Health and Care's Board approves a **Risk Appetite**. The Risk Appetite defines the amount of risk the Board is happy for Wiltshire Health and Care to take in pursuit of our strategic objectives. It is acknowledged that, on occasion, Wiltshire Health and Care may need to make a strategic decision that is outside of its Risk Appetite. However a strategic decision should never take place where this would pose a risk that is outside of Wiltshire Health and Care's **Risk Tolerance**.

Our Risk Appetite is set by our Board. It forms a key element of our governance and reporting framework. Consideration is also given to the likely aggregation of risks at any point in time.

Wiltshire Health and Care's (WHC's) Risk Appetite is also linked to the risk scoring matrix illustrated below. Our appetite for net risk is set by the red line. We are averse to any risk scoring above this line.

## Net risk appetite boundary (marked with a bold red line)

Impact		Net risk = impact x likelihood				
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Almost none	1	1	2	3	4	5
Likelihood		Rare	Unlikely	Moderate	Likely	Almost certain
Likelihood score		1	2	3	4	5

At every Risk Review the Executive Committee will ensure that where there are risks rated 12 or above, there are plans in place to attempt to reduce that risk to a level below 12. This may involve considering whether the practices/circumstances giving rise to the risk are stopped. This recognises that some risks are related to circumstances outside of our direct control; in these circumstances, our focus is on the actions that can be taken to mitigate the risk to below a score of 12.

## Risk attitude levels

Risk attitude		Definition
(0) "Averse"	Avoid/ No appetite	<ul style="list-style-type: none"> <li>Avoidance of risk and uncertainty is a key organisational objective</li> </ul>
(1) "Cautious "	Low appetite	<ul style="list-style-type: none"> <li>Preference for safe delivery options that have a low degree of residual risk and many only have limited potential for reward</li> </ul>
(2) "Open"	Medium appetite	<ul style="list-style-type: none"> <li>Willing to consider all potential delivery options and choose the one that is most like to result in a successful delivery while also providing acceptable level of reward (and value for money) at an acceptable level of risk</li> </ul>
(3) "Seek"	High appetite	<ul style="list-style-type: none"> <li>Eager to be innovative and to choose options offering potentially higher rewards, but with which a greater degree of uncertainty.</li> </ul>

## Risk Appetite

- Risk Appetite (the amount of risk WHC should aim to be exposed to)** – WHC's Risk Appetite in each area is indicated by a **turquoise** box. It is the role of the Executive Committee to ensure that all strategic risks that Wiltshire Health and Care is exposed to, align with the defined Risk Appetite.
- Risk Tolerance (the maximum amount of risk WHC is prepared to be exposed to)** – Tolerance levels are described within the chart. WHC's Risk Tolerance in each area is indicated by a **grey** box. It is acknowledged that, on occasion, the Executive Committee may need to make a strategic decision that is outside of its Risk Appetite. However a strategic decision should never take place outside of Wiltshire Health and Care's risk tolerance.

Area for consideration	"Averse" No appetite	"Cautious" Low appetite	"Open" Medium appetite	"Seek" High appetite
Risk to patients	Avoidance of harm to patients is a key objective. We are not willing to accept any risk to patient safety, outcomes, or experience, unless this is related to patients with capacity to make personal choices.	Only prepared to accept the possibility of minimal risk to patient safety, outcome, or experience if essential.	Prepared to accept the possibility of some risk to patients. Patient safety is the primary concern but this is balanced against other considerations such as best patient interest or public health.	
Financial risk	WHC is averse about committing to spend more than the funds available. We do not approve a project, scheme, or post, without having sufficient identified funds identified.	WHC may approve funding a project, scheme, or post without having sufficient recurrent funding available, providing that the funding is likely to be identified on a non-recurrent basis for the minimum period of the project, scheme or post, and that the commitment is not more than £400,000.		
Integration of services			WHC is open to opportunities to integrate and/ or provide services in a joint way with health and social care partners.	
Geographical coverage			WHC is open to expanding the geographical area within which it provides any of its services where this is in the interest of achieving its overall objectives.	WHC may consider expanding the geographical area within which it provides one or a small number of its services where there is sufficient additional corporate resource to support a small level expansion.
New business related to core purpose				WHC will seek opportunities to expand and add new services (within health/social care) where this is viable and in line with our strategic objectives.
New business not related to core purpose	WHC is averse about adding new functions or responsibilities that do not help to achieve core purpose, and may distract from it.	WHC may add new functions which do not meet core purpose where there are 'knock on' benefits to core services.		
Compliance and regulatory risk		WHC is generally cautious of breaching any of its statutory, regulatory, or contractual obligations.  WHC would want to be reasonably sure it would win any challenge.	However because WHC is a relatively small organisation with a lean management structure, it may discuss with its commissioners and regulators with regard to taking a proportionate approach to fulfilling obligations.	
Reputational risk		WHC is cautious of exposure to circumstances that could result in the organisation being perceived in a negative way by its stakeholders.	WHC may consider publicly challenging a national decision that does not take into account its unique status as an NHS provider, where this is supported by a well-developed communication plan.	
Stakeholder engagement				WHC proactively seeks opportunities to engage with its stakeholders to understand how it can improve its approach to best meet the needs of its local population
People - skills		WHC is cautious about loss of collective competencies, knowledge and skills.		
People - behaviours	WHC is averse to behaviours that do not meet its Values and Behaviours and take very seriously any breaches.			
Strategic risk		WHC is cautious of any risk which compromises any one of the priority goals set out in WHC's strategic and delivery plan.		

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

**Item 8**

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

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

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

**Wiltshire Health and Care Board**

**For information**

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

**Date of Meeting:** 4 February 2022

**Author:** Sara Quarrie, Lisa Hodgson, Annika Carroll, Victoria Hamilton, Hanna Mansell

**1. Purpose**

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

**1. Issues to be highlighted to the Executive Committee and the Board**

**Quality**

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

ADVISE		
	<b>Advise</b>	<p>Key areas of concern and intervention from the Quality Team this quarter are:</p> <ul style="list-style-type: none"> <li>- Lost to follow-up work being undertaken with the Diabetes team</li> <li>- MIU improvements include implementation of walk-ins only and follow-up from Dec 2020 quality review</li> <li>- Implementation and risk assessment of the Care Action Card</li> <li>- National Alert Level 4 declared 12.12.2021, including Housebound COVID vaccination actions, COVID-19 guidance changes, monitoring impact from removal of socially distanced beds and management of outbreaks (particularly in Jan 2022), concern about staffing levels on Savernake.</li> <li>- Quality Review of Community Teams, report being finalised</li> </ul>
ALERT		
	<b>Alert</b>	Nil
ACTION		
	<b>Action</b>	Nil

## Workforce

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

**To include:** How can we be sure that we are properly looking after our staff

ADVISE		
	<b>Advise</b>	<p>In the rolling 12 months (January-21 – December-21) <b>sickness absence</b> has remained relatively stable with a marginal increase in overall sickness absence of 0.23%. However the sickness in month (Dec-21) was 6.09%, demonstrating a significant increase on the rolling average. Short term sickness of the organisation was reported at 1.62% and long term as 3.26%. COVID absence has a marginal decrease to 0.64% (from 0.66% in November). This then spiked late in December/early January.</p> <p><b>Appraisals</b> continue to decrease month on month. Teams where appraisal compliance is below the required 85% will have their data escalated.</p> <p><b>Vacancies</b> on the data pack are showing as 3.08%, however this does not include new roles added for additional services (both recurrent and fixed term posts, most of which are still actively being recruited to). This is estimated to take the overall percentage to be closer to 10%.</p> <p><b>Mandatory Training and Bank Training (overall)</b> have taken a slight decrease in month however <b>Role Specific Training</b> has increased in month and sits just below the target of 85%.</p>
ALERT		
	<b>Alert</b>	<p><b>Covid-19 Vaccination mandate Update:</b> On the 6<sup>th</sup> January the amendment to the Health and Social Care Act (2008) was passed through parliament meaning Vaccination as a Condition of Deployment (VCOD) will be a legal requirement from the 1<sup>st</sup> April 2022. This is being implemented within WHC at present.</p>
ACTION		
	<b>Action</b>	Nil to note

## Finance

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

ADVISE		
<b>B</b>	<b>Advise</b>	<p><b>Financial position and FOT</b> The financial position is stable with the YTD Dec 21 (M9), reporting an YTD actual favourable position of £133k, and a YTD favourable variance</p>

		<p>of £281k variance against the planned deficit of (£148k). The FOT as at M9 is a £200k surplus.</p> <p>Priority is to ensure expenditure linked to 2021/22 revenue and capital investments is actioned and completed by 31 March.</p> <p><b>2022/23 Financial planning guidance</b> Financial planning guidance has now been issued with financial technical appendices to follow. The Finance report under Action. 666 provides headlines of 2022/23 priorities.</p> <p><b>Deep Dive Financial Management</b> A deep dive for Financial Management including areas was submitted to the January Audit Committee.</p>
<b>ALERT</b>		
<b>B</b>	<b>Alert</b>	Nil
<b>ACTION</b>		
<b>B</b>	<b>Action</b>	Nil

## Performance

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

<b>ADVISE</b>		
	<b>Advise</b>	<p><b>Inpatients:</b> As noted in the quality sections, inpatient services at Savernake Hospital have been particularly affected by Covid outbreaks, which has also involved staff sickness. The unit has closed to admissions for two occasions during this time. Visiting to wards has been restricted, but is kept under weekly review.</p> <p><b>System pressure indicators:</b> Progress is being made on identifying additional indicators of service pressure in community teams, following both a previous discussion at Board and a need to better demonstrate the effect of pressures on community teams to the rest of the health and care system.</p> <p><b>Heart Failure Service:</b> WHC was successful in the bid to provide a heart failure service for Wiltshire. Mobilisation was likely to be phased in to recognise the current system pressures but some parts would be in place by April 2022.</p> <p><b>MSK waits:</b> The effect of redeployment and service pressures on our highest volume clinic based service (outpatient physiotherapy) is starting</p>

		to be seen. Median wait is now sitting at 6-7 weeks. The service is still meeting its 18 week target but – given that it has delivered fast access for physiotherapy for a sustained period (for e.g. its median wait for the same period in the previous year was 2-3 weeks)– the increasing waits are likely to cause concern from GPs and others.
<b>ALERT</b>		
	<b>Alert</b>	
<b>ACTION</b>		
	<b>Action</b>	

### Infrastructure

1.3 The following issues are highlighted in relation to infrastructure

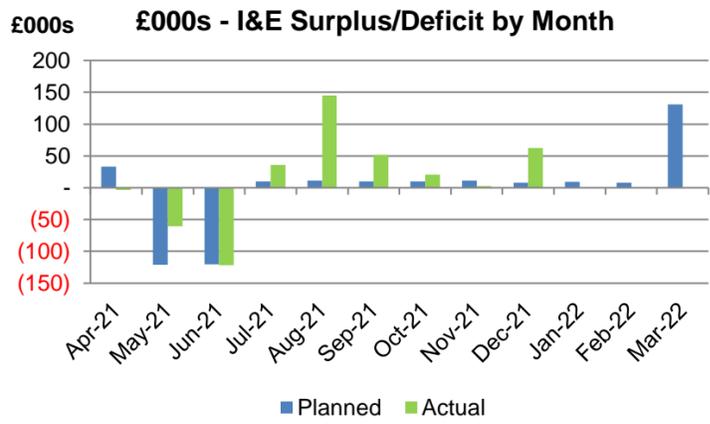
<b>ADVISE</b>		
	<b>Advise</b>	<p><b>Ward 4 and Decant of Longleat Ward</b> Works to Ward 4 have been completed. WHC provided support to enable the ward to be used as a surge ward. Support included completing the building works early, the provision of IT, and some equipment and furniture. The decant for Longleat ward is being planned around 2 scenarios; one where Ward 4 is empty and one where there is a handover from the surge ward directly to Longleat Ward.</p> <p><b>NHS Digital Cyber Security Audit</b> WHC was audited by Dionach, (appointed by NHS Digital) in December. As expected, Cyber Essentials Plus accreditation was not achieved. A remediation plan including a requirement to move WHC users to using individual passphrases instead of passwords, and to implement mobile device management for mobile phones has been produced, with a follow up meeting to review progress set for mid-February and potentially a repeat assessment in March. Actions for Centrality around configuration of their environment have also been identified with regular progress reviews in the diary to ensure compliance.</p> <p><b>Warminster Hospital Works</b> The NHS PS contractors completed the enabling phase of works on 23<sup>rd</sup> December and phase 1 works started early in January 2022.</p> <p><b>Devizes Health Centre</b> Works are on track and progressing well. There are a number of operational issues related to the building that are being worked through.</p> <p><b>Devizes Community Team Accommodation</b> It has been confirmed that there is not space for the Devizes Community Team in the Resource Centre at Green Lane. BSW has also confirmed that it is looking for office accommodation for 16-20 hot desks to replace</p>

		<p>Southgate House. There has been a property search locally and no suitable accommodation has been identified.</p> <p>AWP has scoped the possibility of moving the community team and BSW into the old Avebury Ward at Green Lane Hospital. It is generally felt that this could be a good solution and supports the creation of a 'health campus' in Devizes. BSW CCG has verbally confirmed that a Business Case for the proposal will be written in the last quarter of 21/22. If the business case demonstrates affordability and value for money the works will then be undertaken in 22/23.</p> <p><b>Video Consultation Software</b> The system wide contract for Attend Anywhere ends on 31<sup>st</sup> March 2022. The BSW procurement for the replacement system is on track to deliver to the required timescales. To note that should incumbent supplier not be awarded the new contract there is very little time to implement a new system and train staff.</p>
<b>ALERT</b>		
	<b>Alert</b>	Nil
<b>ACTION</b>		
	<b>Action</b>	Nil

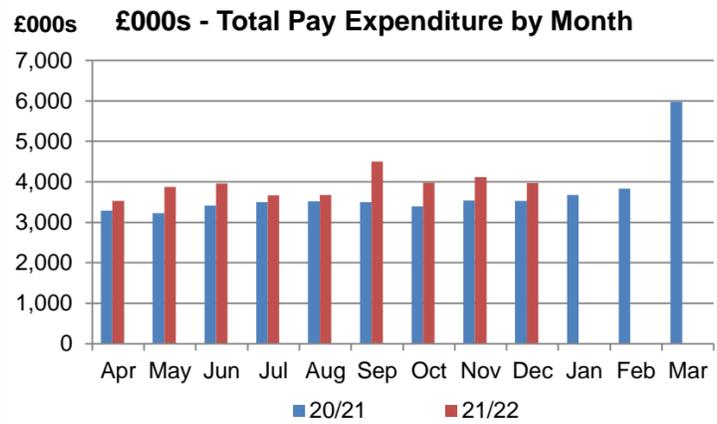
## 2. Recommendation

2.1 The Board are invited to note the contents of this report.

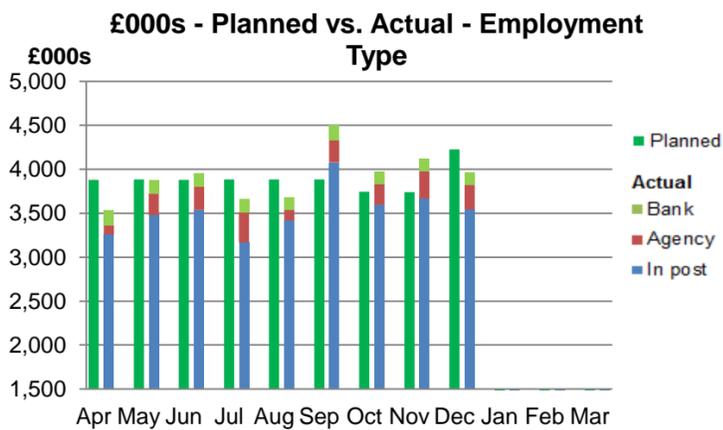
Income & Expenditure



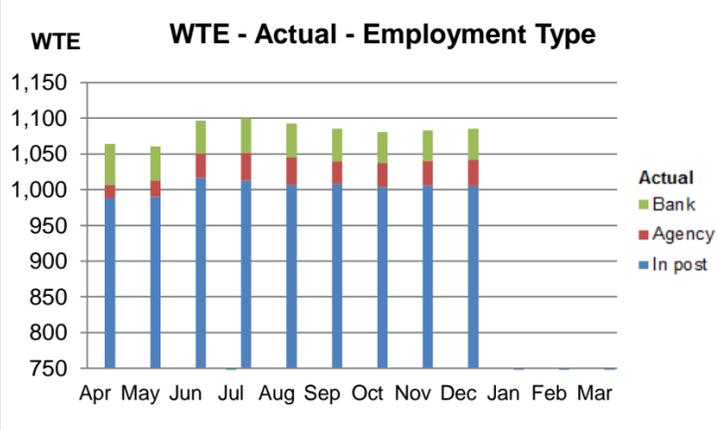
Pay Expenditure - £ - Total



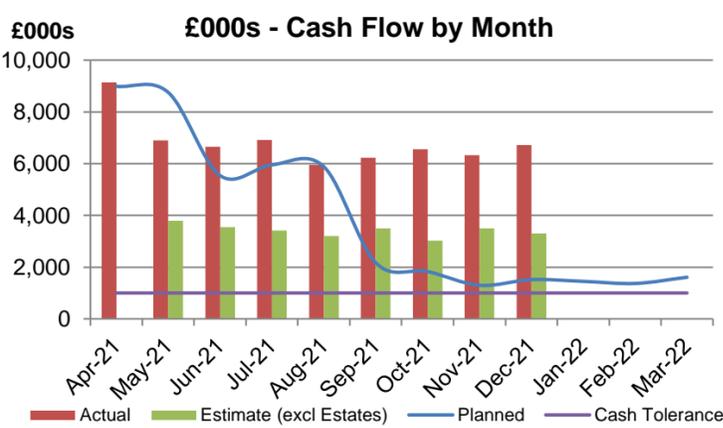
Pay Expenditure - £ - Employment Type



Pay - WTE



Cash



Best Practice Payment Code (BPPC)

BPPC % of bills paid in target	Current Month	Previous Month	Movement
By number	98%	88%	10%
By value	99%	97%	2%
<b>Average number of days to pay an invoice</b>			
Days	12	21	(9)

Financial Position YTD December 2021

	Year to date Dec		
	Plan £000s	Actual £000s	Variance £000s
<b>Operating Income</b>			
NHS CCG Income	44,742	45,126	384
Other income	3,364	3,393	29
<b>Total income</b>	<b>48,106</b>	<b>48,519</b>	<b>413</b>
<b>Operating Expenditure</b>			
Pay	35,007	35,268	(261)
Non-Pay	13,247	13,118	129
<b>Total Expenditure</b>	<b>48,254</b>	<b>48,386</b>	<b>(132)</b>
<b>Surplus/(Deficit)</b>	<b>(148)</b>	<b>133</b>	<b>281</b>

NHSI Reporting

Metric	Definition	YTD	
		Ratio or %	Score
Liquidity rating	Days of operating costs held in cash and cash equivalents	(5.20)	2
I&E margin rating	I&E surplus or deficit / total revenue (in-month)	1.12%	1
I&E margin: distance from financial plan	YTD actual I&E surplus or deficit compared to YTD plan	0.58%	1
Agency rating	Distance from YTD budgeted spend	34.67%	3

Cost Improvement Plan (CIP)

	YTD December			Annual Plan £000s
	Plan £000s	Actual £000s	Variance £000s	
<b>WH&amp;C 2021/22 Savings</b>				
Income	255	226	(29)	346
Pay	389	368	(21)	553
Non-Pay	299	352	53	441
<b>Total</b>	<b>943</b>	<b>946</b>	<b>3</b>	<b>1,340</b>

Commentary

**Overall:** The financial position for YTD December 21 (M9), is an actual favourable position of £133k, against a planned adverse position of (£148k), i.e. a favourable £281k variance against the ytd plan. The FOT as at M9 is a surplus of £200k.

**Income:** The monthly BSW contract payment has now been adjusted to reflect demographic and inflationary increases for the current financial. The favourable position against plan reflects additional non recurrent in-year funding received over and above the plan.

**Pay:** Pay is reporting a ytd overspend of (£261k), which in main relates to temporary staffing spend above planned levels. 21% of agency shifts used in M9 were allocated to off framework agencies. This is in line with the M8 percentage. The 1:1 requirements across the community wards and vacancy cover remain the main reasons for the requirement of temporary staffing.

**Non-Pay:** The favourable variance is in main driven by a delay (to Q4) for expenditure linked to 21/22 approved investments as well as the release of 20/21 year end provisions.

**Positives:** The ytd M9 financial position is overall favourable against the ytd plan. Efficiencies have been delivered ytd in full. **Negatives:** The enhanced care pressures across the community wards continue which need to be addressed in the 2022/23 contracting round.

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

**Item 9**

**WHC WRES Submission 2021**

**PAPER**

**Wiltshire Health and Care Board****For information****Subject: Wiltshire Health and Care WRES Report****Date of Meeting: 04 February 2022****Author: Hanna Mansell, Head of People****1. Purpose**

1.1 This paper is to:

- Provide the Board with a summary of data which has been submitted as part of the Workforce Race Equality Standard (WRES) submission for 2021;
- Provide an overview of the actions which are in place and planned in relation to equality, diversity and inclusion.

**2. Background**

2.1 Wiltshire Health and Care (WHC) are required to undertake an annual WRES submission as part of contractual requirements. The Workforce Race Equality Standard (WRES) was launched and mandated for all NHS Trusts in 2015/16, with the first report published in June 2016. It was introduced to ensure employees from Black and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. To date, WHC have not been required to submit this data to the national programme, but we are expecting this to change for reporting year 2022/23.

2.2 WHC have undertaken a WRES review in line with contractual requirements on an annual basis, with the first submission as WHC being in 2018/2019.

**3. Discussion**

3.1 A summary of the key WRES data is provided at Appendix 1. The key messages from the 2021/2022 WHC WRES data are:

- A slight increase from 2020 to the overall proportion of BAME workforce (5.9%), noting that this is above the Wiltshire average population (3.3%)
- For clinical staff, reduction of proportion of BAME staff at Band 2 and 6 and 8a, but increase in Bands 3,4,5 and 7
- For non clinical staff, reduction of proportion of BAME staff at Band 5, but increase in Bands 6 and 7
- No change in proportions in all other bands, nor at Board level.
- A slight increase in disparity (from 2.14 to 2.17) in the relative likelihood of being appointed from a shortlist.
- A significant reduction in disparity (3.13 to 1.04) in likelihood to access CPD.

## **ED&I Action Plan 2021-2022**

3.2 The action plan for equality diversity and inclusion is included at Appendix 2 and has been developed through consultation with the WHC Equality and Diversity Forum and informed by relevant data, such as the Workforce Race Equality Standard (WRES) analysis. Throughout Wiltshire Health and Care (WHC) there is a commitment to providing high quality, safe and effective care, ensuring appropriate access and care for all with a focus on promoting a culture that celebrates individuals' needs and differences.

3.3 Our values and behaviours aim to ensure that no person is ever unfairly disadvantaged on grounds of protective characteristics, while also creating a culture within our organisation where people can be themselves. We know that when people are themselves, they perform at their best, and feel most comfortable.

3.4 WHC aims to ensure equality for all its job applicants, employees, or users of its services. WHC will ensure that no job applicant, employee, or user of its services shall receive less favourable treatment than any other, on the grounds of the Protected Characteristics.

3.5 The attached action plan outlines Wiltshire Health and Care's commitment to the NHS WRES standards and our promise to continue to be an employer of equal opportunities. This action plan also links to the actions contained within the WHC Delivery plan 2021-24 and takes into consideration our collaborative working with partners within the BSW ICS and joint actions associated with Equality, Diversity and Inclusion.

## **4. Recommendation**

4.1 The Board is invited to:

- (a) To note the content of the WRES data;
- (b) Note the action plan which has been put in place. report and the next steps.

**Summary of key WRES data**  
**Appendix 1**

Non Clinical Staff

	2020				2021			
	White	BME	Ethnicity Unknown/Null	Total	White	BME	Ethnicity Unknown/Null	Total
Under Band 1	100.0%	0.0%	0.0%	1	-	-	-	0
Band 1	-	-	-	0	-	-	-	0
Band 2	90.9%	1.8%	7.3%	55	92.7%	1.8%	5.5%	55
Band 3	97.8%	2.2%	0.0%	45	100.0%	0.0%	0.0%	50
Band 4	100.0%	0.0%	0.0%	19	100.0%	0.0%	0.0%	24
Band 5	88.1%	7.1%	4.8%	42	93.2%	2.3%	4.5%	44
Band 6	42.9%	14.3%	42.9%	7	50.0%	20.0%	30.0%	10
Band 7	90.0%	0.0%	10.0%	10	83.3%	8.3%	8.3%	12
Band 8a	100.0%	0.0%	0.0%	1	100.0%	0.0%	0.0%	6
Band 8b	100.0%	0.0%	0.0%	6	100.0%	0.0%	0.0%	7
Band 8c	80.0%	0.0%	20.0%	5	80.0%	0.0%	20.0%	5
Band 8d	100.0%	0.0%	0.0%	1	100.0%	0.0%	0.0%	1
Band 9	100.0%	0.0%	0.0%	1	100.0%	0.0%	0.0%	2
VSM	0.0%	0.0%	100.0%	3	50.0%	0.0%	50.0%	4

Clinical Staff

	2020				2021			
	White	BME	Ethnicity Unknown/Null	Total	White	BME	Ethnicity Unknown/Null	Total
Under Band 1	-	-	-	0	-	-	-	0
Band 1	-	-	-	0	-	-	-	0
Band 2	77.8%	13.9%	8.3%	72	84.8%	12.1%	3.0%	99
Band 3	94.8%	2.1%	3.1%	192	94.2%	4.2%	1.6%	191
Band 4	92.5%	2.5%	5.0%	40	90.9%	5.5%	3.6%	55
Band 5	85.0%	9.0%	6.0%	266	87.3%	10.1%	2.6%	267
Band 6	87.6%	5.8%	6.6%	259	92.0%	4.7%	3.3%	274
Band 7	94.1%	2.9%	2.9%	102	93.5%	4.1%	2.4%	123
Band 8a	90.0%	3.3%	6.7%	30	92.3%	2.6%	5.1%	39
Band 8b	-	-	-	0	-	-	-	0
Band 8c	-	-	-	0	100%	0%	0%	1
Band 8d	-	-	-	0	-	-	-	0
Band 9	-	-	-	0	-	-	-	0
VSM	-	-	-	0	-	-	-	0
Other (medical)	66.7%	33.3%	0.0%	3	66.7%	33.3%	0.0%	3

Board

2020				2021			
White	BME	Ethnicity Unknown/Null	Total	White	BME	Ethnicity Unknown/Null	Total
50.0%	0%	50%	6	50.0%	0%	50%	4

Total Staff

2020				2021			
White	BME	Ethnicity Unknown/Null	Total	White	BME	Ethnicity Unknown/Null	Total
88.7%	5.6%	5.7%	1160	90.9%	5.9%	3.2%	1272

Relative likelihood of being appointed from shortlist

2020			2021		
White	BME	Relative Likelihood	White	BME	Relative Likelihood
26.42%	12.38%	2.14	27.73%	12.8%	2.17

Relative likelihood of entering disciplinary process

2020			2021		
White	BME	Relative Likelihood	White	BME	Relative Likelihood
0.29%	0%	0	0.52%	0%	0

Relative likelihood of accessing non mandatory training and CPD

2020			2021		
White	BME	Relative Likelihood	White	BME	Relative Likelihood
9.62%	3.08%	3.13	8.3%	8.0%	1.04

	Action	Status / Timeframe	Outcome
1.	<p>Executive ownership and responsibility of ED&amp;I agenda.</p> <p>Within this portfolio to promote and deliver regular ED&amp;I forums to ensure engagement, employee voice and action from all employees within WHC</p>	<p>Completed</p> <p>On-Going</p>	<p>Managing Director appointed</p> <p>Regular ED&amp;I forums have been held and will continue with ED&amp;I organisational priorities identified by employees.</p>
2.	<p>Develop ED&amp;I statement to include within all JD's and NHS jobs adverts.</p> <p>Review wider BSW ICS for advertising roles to reach a more diverse pool of candidates.</p> <p>Develop robust and diverse interview panels for Exec/VSM and and / or across the organisation where possible to challenge and ensure fairness during the interview process.</p>	<p>NHS Jobs statement complete. In JDs by end January 2022.</p> <p>March 2022</p> <p>December 2022</p>	
3.	<p>As part of the BSW Academy Inclusion Pillar to enable WHC recruiting managers to undertake and attend Unconscious Bias Training provided.</p> <p>Review and expand training portfolio to deliver in house ED&amp;I training.</p> <p>Review recruitment and selection training to ensure unconscious bias and ED&amp;I is fully encompassed.</p>	<p>July to December 2021</p> <p>June 2022</p> <p>March 2022</p>	<p>Unconscious Bias training being delivered across the BSW Academy Inclusion Pillar for WHC recruiting managers to attend. Uptake to be reviewed with further comm's if required</p>
4.	<p>To promote a Just and Learning Restorative Culture within WHC: Review WHC Conduct Policy to reflect a restorative culture. Engage with managers, HR and employees to</p>	<p>On-Going</p> <p>January 2022</p> <p>March 2022</p>	

	promote understanding and awareness of this. Create training module to support and implement changes within the organisation.	March 2022	
	Data reporting – improve employee data collection relating to personal characteristics to ensure accurate data recorded.  Regular communication via internal platforms to support with improving this.	On-Going / June 2022	
5.	Using CPD and Appraisals work with Business Units to create a talent management database to support promotion, development and succession planning.	On-Going / September 2022	
6.	Working within the BSW Academy Inclusion Pillar to continue engagement and delivery linked to the BSW Overhauling Recruitment and Promotion Practices action plan.	On-Going / September 2022	

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

**Item 10**

**Delivery Plan Tracker Q3**

**PAPER**

**Wiltshire Health and Care Board**

**For information**

**Subject:** Wiltshire Health and Care, Delivery Plan – Quarter 3 Progress Update  
**Date of Meeting:** 04 February 2022  
**Author:** Douglas Blair, Managing Director

**1. Purpose**

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

**2. Background**

As part of business planning, in June 2021, Wiltshire Health and Care’s Board approved a Delivery Plan for 2021-2024, which incorporated a set of delivery objectives. These delivery objectives were established to ensure that Wiltshire Health and Care met its statutory and contractual obligations, whilst simultaneously pursuing the organisation’s strategic objectives.

The quarterly Deliver Plan tracker provides a RAG status for each objective, together with a narrative to support the Board to understand the status of each action.

**3. Discussion**

The Board will note that across the seven themes, Wiltshire Health and Care has set 69 delivery objectives; the position at the end of Quarter 3 is:

<b>RAG rating</b>	<b>Category</b>	<b>Number</b>
<b>Blue</b>	Objective KPI achieved.	<b>20</b>
<b>Green</b>	Objective KPI on track to be completed by target quarter.	<b>35</b>
<b>Amber</b>	Objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by the end of target financial year.	<b>5</b>
<b>Red*</b>	Delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial year.	<b>8</b>
<b>Grey</b>	Delivery milestone not due to be commenced until 22/23 or later.	<b>1</b>
	<b>TOTAL</b>	<b>69</b>

The full tracker is attached, but the details in relation to 'red rated' objectives are reproduced below for ease of reference:

**\*Delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial year.**

14.	We will support the expansion of the delivery of pulmonary rehabilitation and oxygen assessment services to patients in South Wiltshire.	Due by: End of Q3	No formal permanent long term funding available. Offered 20k from CCG. On hold
20.	We will continue the rollout Allocate Health Roster	Due by End of Q4.	Due to challenges in capacity/resource and the increased demands which were faced by the Flexible workforce team over the summer it was proposed and agreed that the project paused to enable recruitment to increase support to the project. These roles enable the project to restart, with a view that the project plan will span into Q1 of the new financial year. Slippage to timescale mean will not be complete by end of target year.
22.	We will continue to increase the number of our volunteers and improve the experience of our work experience placements.	Due by: End of Q4	This is not on track. Due to restrictions within our operational areas it has been challenging to bring back some of our volunteer roles. However, work is underway to review where we can create roles to safely bring back and utilise skills of existing and new volunteers – work is underway with Operations to agree what these roles could look like.  Developed a central point for careers, which is the link between WHC and educational settings. Work being undertaken over the next few months to confirm what the WHC offer will look like, likely to include a virtual work experience offer.
30.	We will carry out a review and upgrade of WHC's telephone system	Due by: End of Q4	Underway but will go into next financial year (Procurement work will be complete and Warminster will be in by end of financial year, but implementation will go into next year)
31.	We will carry out a significant network hardware refresh for every WHC site. This is critical to safe delivery of services and required to achieve Cyber Essentials Plus certification.	Due by: End of Q4	Invitation to tender issued 13.01.21. Procurement phase will be complete by end of financial year, but implementation will go into next year

42	We will roll out pathology requesting for community teams.	Due by: End of Q4	Delayed due to further technical requirements to be established with partner agencies.  Unlikely to fully completed by the end of the financial year.
45	We will contribute to BSW's Estates Strategy, including 11 'PCN plans' and 3 'place plans'.	Due by: End of Q3	WHC have contributed to the plans but BSW is delayed due to covid pressures
48	We will work with partners to develop a plan to move to West Wiltshire Health and Care Centre and initiate the move to this new site	Due by: 2023	Due to delays with central approval BSW and its partners are rewriting the FBC with a view to obtain an approval during 2022/23

#### 4. Recommendation

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

**Wiltshire Health and Care  
Delivery Plan 2021-2024  
Q3 UPDATE**



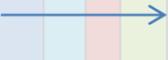
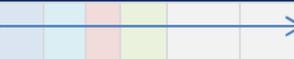
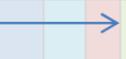
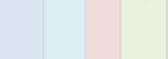
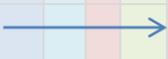
## Wiltshire Health and Care Delivery Plan: 2021-2024: Q3 Update

Meeting:	Wiltshire Health and Care ("WHC") Operating Board
Date:	4 February 2022

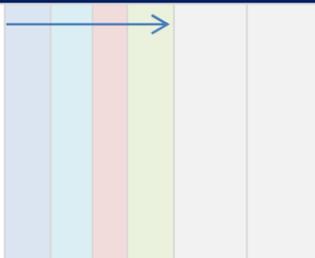
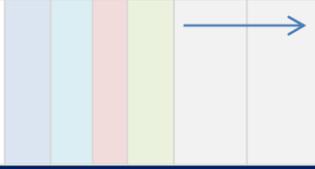
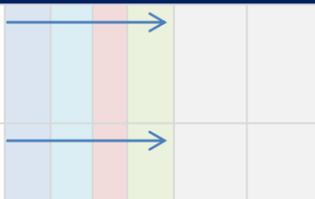
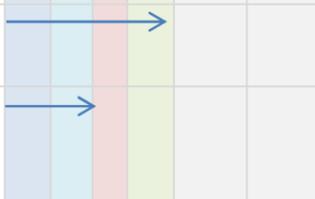
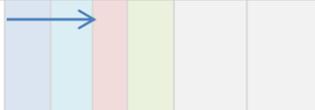
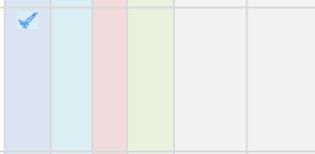
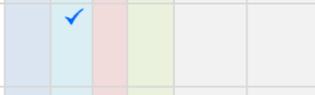
RAG key:		Objective KPI achieved.
		Objective KPI on track to be completed by target quarter.
		Objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by target year.
		Delivery milestone off-track to be completed by target quarter and milestone unlikely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

Type of objective key:		An objective from 2020/21 that will continue into 2021/22 (and potentially beyond).
		A new objective to be delivered as part of pre-existing services/business activities.
		A new objective to support delivery of the BSW programme of work/ national requirements.
		An objective to test or scope a new idea. It would require additional funding to deliver.

## Implementing a new model of care

#	Objectives	Lead	Type	2021-2022				2022-2023		23-24	RAG:	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
<b>RESET AND RECOVERY</b>													
1.	<ul style="list-style-type: none"> <li>As part of <b>reset and recovery</b>, we will:               <ul style="list-style-type: none"> <li>A. <b>Manage the safe return to workplaces</b> including developing new policies.</li> <li>B. <b>Maintain activity levels and waiting times</b> back to pre-Covid-19 baselines.</li> <li>C. <b>Maintain our control and incident centre.</b></li> <li>D. Work to <b>bring back radiology within Minor Injury Units.</b></li> </ul> </li> </ul>	Chief Operating Officer (Lisa Hodgson)									<ul style="list-style-type: none"> <li>Waiting times/ activity levels.</li> <li>New policies in place.</li> <li>Work with RUH<sup>1</sup> to bring radiology access back to pre-Covid-19 levels.</li> <li>Identify how we will work post pandemic to ensure staff have a work life balance and are ensuring the safe and effective delivery of services.</li> </ul>	<ul style="list-style-type: none"> <li>New desk management software purchased to assist in organising new usage of space.</li> <li>Waiting times compare well in benchmarking overall, but are increasing due to de-prioritisation to support system pressures.</li> <li>RUH confirmed in January that new radiology provision is planned which will improve availability at Trowbridge.</li> </ul>	
<b>SERVICE DEVELOPMENTS</b>													
<b>2 HOUR CRISIS RESPONSE</b>													
2.	<ul style="list-style-type: none"> <li><b>Urgent Response in the Community</b> <ul style="list-style-type: none"> <li>Delivery of the national specification for 2 hour response (<i>by March 2022</i>)</li> <li>Expand in line with national expectations (<i>beyond March 2022</i>)</li> </ul> </li> </ul>	Chief Operating Officer (Lisa Hodgson)									Implementation of national specification.	Phased implementation to March 2022 on track, despite remaining recruitment challenges.	
3.	<ul style="list-style-type: none"> <li>Expand Community Teams to deliver 24/7 nursing               <ul style="list-style-type: none"> <li>Scope, design and deliver (<i>by winter 2021</i>)</li> </ul> </li> </ul>	Chief Operating Officer (Lisa Hodgson)									Implemented 24/7 nursing	Agreement for investment for nursing overnight was achieved. Recruitment challenges delayed start beyond planned November timeline. Limited service being launched in South from 31 January.	
<b>OPTIMISING FLOW AND RESILIENCE</b>													
4.	<ul style="list-style-type: none"> <li>We will further <b>optimise the efficiency of the Home First pathway to support hospital discharge.</b></li> <li>Further work required:               <ul style="list-style-type: none"> <li>Define requirements</li> <li>Mobilise new capacity</li> </ul> </li> </ul>	Head of Operations – Community Teams (Heather Kahler)									Patients wait no more than 48 hours into a home first pathway.	Time and motion study was completed and efficiency project as part of Wiltshire Alliance Pathway 1 review done. 'Internal' efficiency expectations set. Objective is being met in terms of improving efficiency of pathway, but outcome not being met overall due to impact of significant delays at end of pathway.	
5.	<ul style="list-style-type: none"> <li>We will <b>model the requirements for bed-based discharge</b> within the system and help design a change in the use.</li> </ul>	Chief Operating Officer (Lisa Hodgson)									System bed base reviewed (this will include the following types of bed: Discharge to Assess, Intermediate care Rehabilitation beds, and community hospital beds).	Participated in Wiltshire Alliance Pathway 2 review, and part of BSW peer review of community inpatients.	
6.	<ul style="list-style-type: none"> <li>Improve Emergency Preparedness Resilience and Response ("EPRR") coordination</li> </ul>	Chief Operating Officer (Lisa Hodgson)									Reorganised approach in place by Q2.	Complete. New EPRR lead in post and new on call rota arrangements implemented 4 October.	

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

NEIGHBOURHOOD TEAMS							
7.	<ul style="list-style-type: none"> <li>We will lead <b>integration in neighbourhoods</b>, tested through a focused <b>neighbourhood test project</b>, which includes:               <ul style="list-style-type: none"> <li>Close joint working with primary care teams</li> <li>Reduced duplication of services and joint case management rather than individual care.</li> <li>Use of population data to map need and workforce requirements.</li> </ul> </li> </ul>	Managing Director (Douglas Blair)				Delivery of test project as part of Wiltshire Alliance <sup>2</sup> .	Participation with Trowbridge colleagues as neighbourhood focus site, with integrated working around complex cases implemented and integrated clinics being planned. This project included participation in Optum population management programme. System project paused temporarily in Dec/ Jan due to system pressures. Will restart in Feb
8.	<ul style="list-style-type: none"> <li>We will develop a model for adoption and spread of <b>Personalised Care and Support Plans</b>.</li> </ul> <p><i>We will progress this in 22/23 once Graphnet available.</i></p>	Service Transformation Manager (Ann Marie Nuth)				Individual management plans are captured in a manner that meets national requirements.	Planned for 2022/23.
ENHANCED HEALTH IN CARE HOMES/ ANTICIPATORY CARE							
9.	<ul style="list-style-type: none"> <li>Expand our virtual ward to more care homes and beyond into primary care.</li> </ul>	Chief Operating Officer (Lisa Hodgson)				Virtual ward expanded to include all care homes and Primary Care Networks (PCNs) <sup>3</sup> within the localities.	Expansion is happening to more care homes. Pilot in Devizes to assist homes with D2A beds. Initial discussions with the South to expand beyond care homes.
10.	<ul style="list-style-type: none"> <li>We will develop a <b>frailty pathway</b> for our local system</li> </ul>	Chief Operating Officer (Lisa Hodgson)				Clear frailty pathway agreed across BSW.	Survey and engagement on frailty pathway taken place in Q3.
11.	<ul style="list-style-type: none"> <li>In 21/22, we will develop a <b>common model</b> for the provision of <b>specialist advice and support for people with long term conditions</b>. This will include identifying how community service specialists optimally wrap around the provision within Primary Care Networks.</li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson)				Long term model defined.	Linked with BSW integrated model and put health management approach into WHC. Document framework in progress, so will then have a recognisable brand. Progress occurring through HOS meeting. Projects in 2022 all link to this model  On track to be complete by end of financial year
OTHER							
12.	<ul style="list-style-type: none"> <li>We will ensure that our operational structure appropriately supports our <b>inpatient staff</b> and the services that we need to deliver. This will include clinical development.</li> </ul>	Lisa Hodgson (Chief Operating Officer)				New operational structure in place by Q2.	Complete: structure in place, last aspects of recruitment to clinical roles happening.
13.	<ul style="list-style-type: none"> <li>We will work with our local system colleagues across BSW to improve and <b>establish community-based heart failure services</b>.</li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson)	 			KPI(s) dependent on commissioners.	WHC were awarded the contract for community heart failure and cardiology service for Wiltshire. The contract term is 3 years + 2 year extension. in discussion with commissioners to agree an achievable mobilisation timeline. CLJ member of cardiology working group. Original objective complete – implementation of new service to be new objective for 2022/23.
14.	<ul style="list-style-type: none"> <li>We will support the <b>expansion of the delivery of pulmonary rehabilitation and oxygen assessment services</b> to patients in South Wiltshire.</li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson)	 			Expanded pulmonary rehabilitation services in place.	No formal permanent long term funding available. On hold.
15.	<ul style="list-style-type: none"> <li>We will work with our commissioner to develop <b>personalised wheelchair budget systems</b>.</li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson)	 			A clear process is in place for personalised health budgets.	Complete.
16.	<ul style="list-style-type: none"> <li>We will work with our local system colleagues across BSW to define a <b>system-wide solution for orthotics</b>.</li> </ul>	Chief Operating Officer (Lisa Hodgson)	 			System wide procurement solution agreed.	Complete. System wide solution procured. Contract signed off at November Board.
17.	<ul style="list-style-type: none"> <li>We will confirm our <b>longer-term model for physiotherapists in our urgent care facilities</b></li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson) AND Head of Operations – Inpatients (Rachel Green)				Longer term model confirmed.	Complete.
18.	<ul style="list-style-type: none"> <li>We will agree proposals for the expansion of <b>early supported discharge for stroke</b></li> </ul>	Head of Operations – Long Term Conditions (Carol Langley Johnson)	 			Agree proposal by Q2.  Implement proposal by Q3.	Expansion has occurred non recurrently through COVID. Proposal for permanent model not agreed yet.  Risk to patient flow if temporary arrangements cannot continue. On track but risk to staff retention due to short term resources.

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

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

## Developing our People and strengthening our workforce

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

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

24.	<ul style="list-style-type: none"> <li>We will review development pathways for non-clinical roles, linking to the organisational priorities and workforce data.</li> </ul>	Learning And Development Via Head of People (Hanna Mansell)								We have the skills within its current workforce to deliver effective non-clinical services	Complete
25.	<ul style="list-style-type: none"> <li>We will review current systems and processes for monitoring and providing assurance around the provision of Continued Professional Development (CPD).</li> </ul>	Learning And Development Via Head of People (Hanna Mansell)								Expanded development opportunities for both clinical and corporate staff.	Complete. New CPD tracking system in place and data provided as part of the monthly workforce report.
<b>VALUING OUR PEOPLE</b>											
26.	<ul style="list-style-type: none"> <li>We will review our practice against national guidance for a "just culture"<sup>5</sup> and implement changes required.</li> </ul>	HR Operations Via Head of People (Hanna Mansell)								Staff are living and demonstrating WHC's values and behaviours.	On-track Policy updates and changes have been completed and continually reviewing and implementing changes in line with just culture as continue to progress. A review of all toolkits and training is being undertaken to reflect this cultural change.
27.	<ul style="list-style-type: none"> <li>We will undertake a review of the mechanisms for recognition within WHC and implement the recommendations of this review.</li> </ul>	HR Operations Via Head of People (Hanna Mansell)								We will recognise and celebrate hard work and success.	Recognition policy has been reviewed and will go through ratification process.
28.	<ul style="list-style-type: none"> <li>We will develop the staff-led WHC "Wellbeing Promise", and support delivery through WHC's Health and Wellbeing Forum.</li> </ul>	HR Operations Via Head of People (Hanna Mansell)								The wellbeing of our workforce is at the centre of everything we do.	On-track. Wellbeing promise is due to be launched in Feb 2022.
29.	<ul style="list-style-type: none"> <li>We will promote a culture of equality, diversity, and inclusion.</li> </ul> <p>As part of this</p> <ul style="list-style-type: none"> <li>Develop and agree a Wiltshire Health and Care Equality, Diversity, and Inclusion Statement</li> <li>Review the WHC EDI Policy, update and ratify</li> <li>Understand our workforce demographics</li> <li>Undertake a review of EDI training and provide benchmarking for best practice</li> <li>Commission Executive and senior manager level training</li> <li>Increase diversity across the organisation</li> </ul>	Head of People (Hanna Mansell)								Agree and ratify WHC's Equality, Diversity, and Inclusion priorities for 21/22	Complete
										Implement the agreed priorities through the Equality Diversity and Inclusion forum.	On-track

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

#	Objectives	Lead (Person to obtain quarterly update from)	Type	2021-2022				2022-2023		23-24	RAG	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
<b>PROJECTS</b>													
<b>IT AND TELEPHONY SERVICES</b>													
30.	<ul style="list-style-type: none"> <li>We will carry out a review and upgrade of <b>WHC's telephone system</b>.</li> </ul>	Head of IT (Kelsa Smith)									New telephone system in place across WHC.	Underway but will go into next financial year (Procurement work will be complete and Warminster will be in by end of financial year, but implementation will go into next year)	
31.	<ul style="list-style-type: none"> <li>We will carry out a <b>significant network hardware refresh for every WHC site</b>. This is critical to safe delivery of services and required to achieve Cyber Essentials Plus certification.</li> </ul>	Head of IT (Kelsa Smith)									All WHC sites have network hardware that is vendor-supported.	Invitation to tender issued 13.01.21. Procurement phase will be complete by end of financial year, but implementation will go into next year	
32.	<ul style="list-style-type: none"> <li>We will complete <b>migration to Office 365</b>.</li> </ul>	Head of IT (Kelsa Smith)									Completion of migration to Office 365.	Complete	
33.	<ul style="list-style-type: none"> <li>We will work with BSW colleagues to develop usage of office 365 collaboratively and WHC will engage and implement the agreed solution.</li> </ul>	Head of IT (Kelsa Smith)									WHC uses Office 365 in a collaborative way with BSW colleagues.	On track	
<b>VIDEO CONSULTATION SOFTWARE</b>													
34.	<ul style="list-style-type: none"> <li>We will confirm our user requirements and <b>work with system partners to re-procure video consultation software</b> so that clinicians across our services continue to have a way to conduct electronic consultations with patients.</li> </ul> <p>If necessary, we will implement new systems.</p>	Clinical Information Officer (Christian Bailey)									Confirm our requirements.	On track	
<b>HEALTH RECORDS DIGITISATION/ SHARED CARE RECORD</b>													
35.	<ul style="list-style-type: none"> <li>We will review and reform records management.</li> </ul>	Data Protection Officer (Steve Lobb)									Full records inventory will be developed.	Off site storage has been removed and in excess of 7,000 boxes have been returned to GWH. All off site storage is now managed through the Records Management Team	

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

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

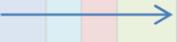
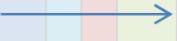
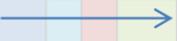
									guidance will be implemented. An appraisal schedule shall be generated. Off-site storage will be managed through the Corporate Services Team.	Site audits are now being conducted and the Records Management Service have closed down the Amesbury Medical Records library with all records being transferred to Chippenham In excess of 3,500 records have been appropriately destroyed Policies and guidance currently under review following release of new national guidance. On track
36.	<ul style="list-style-type: none"> <li>We will participate in system wide efforts to <b>implement a shared care record</b> (Graphnet).</li> </ul>	Head of IT (Kelsa Smith)		→					The necessary work to integrate with Graphnet is completed.	Data feeds from SystmOne into Graphnet currently being tested. Roll out in Feb On track
<b>SERVICE DEVELOPMENTS</b>										
37.	<ul style="list-style-type: none"> <li>We will <b>establish Wi-Fi for patients</b> at community sites from which inpatient services are provided.</li> </ul>	Head of IT (Kelsa Smith)		✓					Patients at all inpatient sites have access to Wi-Fi.	Complete
38.	<ul style="list-style-type: none"> <li>We will <b>improve hardware to support multi-disciplinary remote consultation from our wards.</b></li> </ul>	Head of IT (Kelsa Smith)		✓					Improved hardware to support multi-disciplinary remote consultation from our wards	Complete
39.	<ul style="list-style-type: none"> <li><b>Improved IT hardware for our inpatient wards.</b></li> </ul>	Head of IT (Kelsa Smith)		✓					Wards have ready access to IT hardware.	Complete.
40.	<ul style="list-style-type: none"> <li>We will scope what is needed to achieve a <b>fully digitalised system on our wards</b> (patient records, medications management, pathology requests, etc.)</li> </ul>	Project resource - TBC		✓					Clarity on preferred way forward for a complete Electronic Patient Record (EPR) for the ward.	Scoping an options appraisal complete and clarity on way forward achieved. Awarded 250k seed funding from NHSEI to develop business case in order to access funding for preferred option.
41.	<ul style="list-style-type: none"> <li>We will work as part of BSW's business intelligence programme to:                             <ul style="list-style-type: none"> <li>Migrate to new data visualisation tools; and</li> <li>Review data warehousing options</li> </ul> </li> </ul>	Managing Director (Douglas Blair)		→					WHC can maintain continuity of reporting.	WHC is participating in the BSW BI Strategy programme of work, including detailed review of data management arrangements. MD as Exec sponsor of BSW BI programme
42.	<ul style="list-style-type: none"> <li>We will roll out pathology requesting for community teams.</li> </ul>	Christian Bailey and Julie Fitzgerald		✓					Pathology requesting for community teams rolled out.	Delayed due to further technical requirements to be established with partner agencies. Unlikely to fully completed by the end of the financial year.
<b>ONGOING PRIORITIES</b>										
43.	<ul style="list-style-type: none"> <li>We will implement a multifunction device replacement (scanning, printing, etc.).</li> </ul>	IT Project Manager (Dave Thompson)		→					New multi-function devices in place.	Pilot installation was successful. Rollout of devices to sites 90% complete. Amesbury rollout delayed until the refurbishment work has completed, so expected to be done end of March 2022. Calne Printer to be swapped for a different model and an additional device is due to be rolled out to Devizes in January/February 2022. <u>Complete</u>
44.	<ul style="list-style-type: none"> <li><b>We will deliver a rolling refresh replacement programme</b> for desktop and laptop machines.</li> </ul>	IT Project Manager (Dave Thompson)		→					Rolling replacement programme in place	Complete – ongoing refresh

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

#	Objectives	Lead	Type	2021-2022				2022-2023		23-24	RAG:	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
<b>PROJECTS</b>													
45.	<ul style="list-style-type: none"> <li>We will contribute to BSW's Estates Strategy, including 11 'PCN plans' and 3 'place plans'.</li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							BSW estates strategy includes strategies for North and South Wilts - including plans for all Primary Care Networks.	WHC have contributed to the plans but BSW is delayed due to covid pressures	
46.	<ul style="list-style-type: none"> <li>We will work with partners to develop a plan to move to <b>Devizes Health Centre</b> and initiate the move to this new site</li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							Ready for move in July 2022.	On track	
47.	<ul style="list-style-type: none"> <li><b>Devizes Community Team move to Green Lane Hospital</b></li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							Community team co-located with partners.	WHC continues to work with AWP and BSW to identify funding to deliver the acceptable solution for all organisations.	
48.	<ul style="list-style-type: none"> <li>We will work with partners to develop a plan to move to <b>West Wiltshire Health and Care Centre</b> and initiate the move to this new site</li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							Ready for move in 2023.	Due to delays with central approval BSW and its partners are rewriting the FBC with a view to obtain an approval during 2022/23	
49.	<ul style="list-style-type: none"> <li>We will work with NHSPS on a programme of improvements to the environment at <b>Warminster Community Hospital.</b></li> </ul>	Director of Infrastructure (Victoria Hamilton)		→							Improved facilities for our staff and patients.	NHS PS contractor is on site. Longleat Ward will be decanted to St Martin's Hospital from April until September 2022. On track	

50.	<ul style="list-style-type: none"> <li>We will implement <b>improvements to estates in South Wiltshire</b></li> </ul>	Director of Infrastructure (Victoria Hamilton)			Occupation of Five Rivers by end of June 2021.	Five Rivers is complete. Works to Wilton Health Centre are complete.
SERVICE DEVELOPMENTS						
51.	<ul style="list-style-type: none"> <li>We will work with our facilities management team to <b>eliminate use of single-use plastics in WHC.</b></li> </ul>	Victoria Hamilton (Director of Infrastructure)			Elimination of use of single-use plastic in services provided to WHC.	In line with national requirements.

## Quality Focus – consistently improving the quality of services

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

## Patient experience

#	Objectives	Lead	Type	2021-2022				2022-2023		23-24	RAG	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
<b>ONGOING PRIORITIES</b>													
57.	<ul style="list-style-type: none"> <li>We will establish a <b>Patient and Public Involvement Group</b> involving staff, patients, and the public, and which has with close links to other engagement groups in the system (Q1).</li> <li>We will use our <b>Patient and Public Involvement Group</b> to involve patients and the public in developing our services (throughout the year)</li> </ul>	Public and Patient Involvement Officer (Lina Middleton)									Green	<p>We can evidence that the development of our services has been informed by the views of our patients and the public.</p>	The PPI group is up and running, establishing priorities and creating a quality improvement plan. A PPI Policy has been developed which is being reviewed by the PPI Group. More engagement as a result of the PPI Group, awareness has increased. Developing services such as Long Covid Service and the Longleat ward refurbishment. Involvement with BSW group and starting to see more joint working, i.e. Devizes Health Centre
58.	<ul style="list-style-type: none"> <li>We will continue to build a shared understanding of what good patient and public involvement looks like with staff and stakeholders, involving a broad representation of community members.</li> </ul>	Public and Patient Involvement Officer (Lina Middleton)									Green	<p>Friends and Family feedback.</p>	Friends and Family feedback still being encouraged. PPI policy being developed which will provide best practice guidance. Carers support group had been created. Good response from long covid survey and patients wanting to stay informed. More staff requesting support for engagement work for their services. PPI strategy is being updated and PPIO has resumed attending induction training sessions to discuss PPI with staff. Baseline NICE guidance assessments for guidance regarding patient experience for babies, children and young people
59.	<ul style="list-style-type: none"> <li>We will continue to have a patient centred approach to ensure that patients are empowered to live healthy and independent lives.</li> </ul>	Head of Patient Safety and Quality (Caroline Wylie)									Green	<p>Patient satisfaction survey.</p> <p>Post incident reviews and learning.</p> <p>CQC reviews.</p> <p>Patient stories are routinely used at board meetings.</p>	Quality Improvement plans are being generated in the majority of services which include actions from key areas of patient experience and learning from incidents and complaints. On track
60.	<ul style="list-style-type: none"> <li>We will understand our patient demographic to ensure that our services are inclusive and accessible to all. This will include ensuring: <ul style="list-style-type: none"> <li>accessibility and readability of patient information.</li> <li>that we understand the health inequality within our patient community</li> <li>a plan to identify and reduce health inequalities</li> </ul> </li> </ul>	Head of Patient Safety and Quality (Caroline Wylie)									Yellow	<p>Intranet/ internet/ hard copy leaflets accessible.</p> <p>Our workforce is trained to support all patients who access services and that we are able to meet their needs.</p> <p>Publication of plan.</p>	Further progress has not been made to date due to current prioritisation of work pressures.

## Financial sustainability and productivity/ environmental sustainability

#	Objectives	Lead	Type	2021-2022				2022-2023		23-24	RAG	Objective KPI	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	Q1-2	Q3-4				
<b>SERVICE DEVELOPMENTS</b>													
61.	<ul style="list-style-type: none"> <li>We will embed strengthened procurement support.</li> </ul>	Director of Finance (Annika Carroll)									Blue	<p>We have consistent access to procurement support when needed.</p>	Complete – additional procurement support agreed and implemented.
62.	<ul style="list-style-type: none"> <li>We will improve our analysis of the cost of delivering services.</li> </ul>	Director of Finance (Annika Carroll)									Green	<p>We have an enhanced view on the costs of delivering components of our support services.</p>	Working as part of BSW Directors of Finance group to achieve this objective. On track
<b>ONGOING PRIORITIES</b>													
63.	<ul style="list-style-type: none"> <li><b>2.5% of our resources will be released</b> from planned expenditure for reinvestment to support services.</li> </ul>	Annika Carroll (Director of Finance)									Green	<p>Cost improvement plans in place and delivered.</p>	Cost improvement plans within financial plan in place and monitored. On track
<b>SUSTAINABILITY ("GREEN PLAN")</b>													
64.	<ul style="list-style-type: none"> <li>We will seek to <b>minimise travel</b> through continued <b>utilisation of digital platforms</b> to contact and engage with patients and colleagues, and to undertake training.</li> </ul>	Managing Director (Douglas Blair)									Green	<p>Staff mileage is reduced in 21/22 compared to 19/20 (pre-Covid-19) levels.</p>	On track for 6% reduction of mileage in comparison with 2019-20 baseline.
65.	<ul style="list-style-type: none"> <li>We will continue to secure arrangements so that staff can access lease cars that are <b>low or ultra-low emissions</b>.</li> </ul>	Sarah Greenland (Contracts Manager)									Green	<p>Maintain arrangements so that WHC can lease cars that are low or ultra-low emissions.</p>	On track – leasing hybrid vehicles and undertaking procurement exercise to secure salary sacrifice leasing scheme for electric vehicles.
66.	<ul style="list-style-type: none"> <li>We will appoint a <b>Board-level lead with "net zero" in their portfolio</b> (by April 2022)</li> </ul>	Managing Director (Douglas Blair)									Green	<p>WHC has a Board level lead with net zero in their portfolio.</p>	Managing Director acting in this capacity at present.
67.	<ul style="list-style-type: none"> <li>We will implement increased promotion of our <b>cycle to work</b> scheme.</li> </ul>	Managing Director (Douglas Blair)									Blue	<p>Cycle to work scheme is actively promoted and staff know where to go to obtain information on how to join the scheme.</p>	Benefit scheme from Employee Assistance Programme has been promoted, which includes support for cycle to work. Complete

68.	<ul style="list-style-type: none"> <li>We will review the <b>facilities for encouraging staff to cycle to work</b> at WHC sites.</li> </ul>	Director of Infrastructure (V Hamilton)		All sites reviewed.	Complete
69.	<ul style="list-style-type: none"> <li>We will work with NHS Property Services to review the <b>electric charging infrastructure</b> required to support net zero travel at WHC sites.</li> </ul>	Director of Infrastructure (Victoria Hamilton)		Plan in place and progress being made by 2023.	Charging facilities will be available at the new Devizes Health Centre and the West Wiltshire Health and Care Centre. More to do on existing sites.

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

**Item 11**

**Planning Update**

**PAPER**

# Planning priorities for 2022/23

# Planning Guidance 2022/23 – Key Headlines



## Four Key Headlines

- **Accelerate plans to grow the substantive workforce and work differently** as we keep our focus on the health, wellbeing and safety of our staff
  - Use what we have learnt through the pandemic to **rapidly and consistently adopt new models of care** that exploit the **full potential of digital** technologies
  - **Work in partnership** as systems to make the most effective use of the resources available to us across acute, community, primary and social care settings, **to get above pre-pandemic levels of productivity** as the context allows
  - **Use the additional funding government has made available to us to increase our capacity** and invest in our buildings and equipment to support staff to deliver safe, effective and efficient care
- ICS formal establishment delayed until 1 July 2022
  - One year revenue for 2022/23 and three year capital allocations to 2024/25 will be issued shortly (Remaining year 2 and 3 revenue to be issued mid 2022)

# Planning Guidance 2022/23 – Key Priorities



## 10 Key Priorities

- 1) **A: Invest in our workforce** – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
- 2) **B: Respond to COVID-19** ever more effectively – delivering the NHS COVID-19 **vaccination programme** and meeting the **needs of patients with COVID-19**.
- 3) **C: Deliver significantly more elective care** to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- 4) **D: Improve the responsiveness of urgent and emergency care** (UEC) and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by **creating the equivalent of 5,000 additional beds**, in particular through **expansion of virtual ward models**, and includes **eliminating 12-hour waits** in emergency departments (EDs) and **minimising ambulance handover delays**.
- 5) **E: Improve timely access to primary care** – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, **increase the number of appointments available** and **drive integrated working** at neighbourhood and place level.

## Planning Guidance 2022/23 – Key Priorities (Continued)



### 10 Key Priorities

- 6) **F: Improve mental health services and services for people with a learning disability and/or autistic people** – maintaining continued growth in mental health investment to transform and expand community health services and improve access
- 7) **G: Continue to develop our approach to population health management, prevent ill-health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities**
- 8) **H: Exploit the potential of digital technologies** to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems
- 9) **I: Make the most effective use of our resources** – moving back to and beyond pre-pandemic levels of productivity when the context allows this
- 10) **J: Establish ICBs and collaborative system working** – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places

# Operational Planning Priorities 22-23 – Summary (1 of 2)

(for finance see separate slides)



## Workforce

Whole system WF plans building on local people plans covering the four ambitions:

- 1) *Look after our people*: retention, wellbeing & sickness
- 2) *Improve belonging in the NHS* – BAME disparity ratio & equality
- 3) *Work differently* – new roles, care closer to home, e-planning and e-rostering, volunteering
- 4) *Grow for the future* – int. recruitment, anchor institutions, banks, postgrad Dr training, clinical placement capacity

Support – int. recruitment expansion funding inc. AHPs, MH hubs, GP recruitment & retention, ARRS

## C-19

- Retain vaccination infrastructure
- New treatments roll out
- **Improved access to Long COVID services**
- £90m long COVID services investment

## Primary Care

- Primary care as integral part of solutions to key system challenges that require a whole system response
- Greater role for community pharmacy – aim for universal participation. Incentives for contributions to national minimum 2m appts. Include b.p. measurement and smoking cessation, new meds & discharge meds.
- Expansion of Primary Care WF GPs, ARRS & PCNs
- Support continued delivery of good quality access by increasing and optimising capacity
- Revised arrangements for enhanced access through PCNs from October 22.
- GP contract changes including Network Contract DES
- PCNs to deliver anticipatory care & personalised care and expand focus on CVD diagnosis & prevention from April 22
- Catch up on backlog of care re ongoing conditions
- Address health inequalities with communities
- Catch up on backlog of care for patients with LTCs
- Develop plans re delegated commissioning of dental, comm pharmacy & optometrist services from 23/24

## Urgent & Emergency Care

- **Reduce 12 hr waits in ED - max 2%**
- **Improve against all Amb response stds with plans to achieve CAT1&2 mean + 90<sup>th</sup> percentile Stds**
- **Eliminate handover delays > 1 hour**
- **Ensure 95% handovers take place within 30m**
- **Ensure 65% handovers take place within 15m**
- Stabilise services & develop 22/23 winter contingencies
- Expand capacity (equivalent to 5,000 beds, inc. virtual wards expansion & revised IPC guidance)
- Build on UEC 10 Point Action Recovery Plan
- Increase NHS 111 capacity (inc. call handling, & clinical capacity, expanding DOS and adopting route calling technology)
- Expand UTC provision & move to UTCs as Front Door model
- Develop integrated CAYP services plan across urgent care inc. 111, paediatric health services, local authorities, transitions, supporting young people with physical or mental health needs
- Submit ECDS data consistently 7dpw and progress implementation of CRS

## Community Care & Discharge

- Develop system plans in partnership to maximise roll out of virtual wards, with comprehensive model in place by December 2023
- 40-50 virtual wards per 100,000 population
- Consider partnerships with IS to grow capacity
- Up to £200m in 22/23 & £250m in 23/24 re VW plans
- Extend and embed urgent community response
- **All UCR services to achieve 70% 2 hr response times by end December 22.**
- Increase referrals to UCR – with focus on UEC, 111 & 999, and increase care contacts
- Improve capacity in post urgent community response services
- Plan by Q3 22 to deliver anticipatory care from 23/24
- Consistent and comprehensive coverage of Enhanced Health in Care Homes in line with national framework
- Reduce community service waiting lists
- Sustain improvement in delayed discharges
- Identify digital priorities via community digital strategies
- Improve data quality & reporting esp UCR and MSK

## Electives

- **Separate services and maximise activity as far as possible**
- **>110% pre-pandemic activity**
- **Clinical prioritisation**
- **Zero 104ww throughout 22/23 except for choice**
- **Reduce >78ww & 3 monthly reviews**
- **Reduce 52ww where possible & 3 monthly reviews from July**
- **Reduce OPFU by at least 25% on 19/20 by March 23 – system specific targets**
- Expanding uptake PIFU, OP discharge, A&G, referral optimisation to support
- Use released OPFU capacity to **reduce clock starts or increase clock stops**
- £1.5bn capital over 3 years; £2.3bn revenue elective recovery funding
- System 22/23 elective recovery plan at pace covering electives, OPs and Diagnostics including specialised services
- System elective care recovery plans for 22/23

## Cancer

- **Increase referral/treatments to meet shortfall of treatments**
- **Max backlog as at Feb 2020**
- Ensure sufficient diagnostic & treatment capacity esp. lower GI, prostate & skin)
- **System plan to improve performance for all cancer stds, focussing on 62d, 28d FDS & 31d treatment.** To include primary care pathways, faster diagnosis, timed pathways & tele-dermatology, targeted case funding & surveillance
- Pathway work in PSFU, Cancer WF recruitment & retention
- Restoration of screening programmes - Breast by end June

## Diagnostics

- **Increase diagnostic activity to at least 120% of pre-pandemic levels across 22/23**
- System investment plan to further expand capacity through CDCs in 23/24 & 24/25 – 3yr capital funding allocations
- National investment re training and WF supply
- Revenue in 22/23 to support set up and running of CDCs
- Reduce backlog replacement of kit >10yrs old
- Programme funding of £21m available to support Pathology & Imaging networks
- Pathology & imaging networks to produce diagnostic digital roadmaps
- Pathology networks to be at least 'maturing' status by 24/25

# Operational Planning Priorities 22-23 – Summary (2 of 2)

(for finance see separate slides)



## Prevention, Population Health Management Health Inequalities & Personalised Care

- Develop plans by June 22 to put in place the systems, skills and safeguards re progressing PHM and the required technical capability by April 23.
- Plans & governance arrangements around prevention, inc. roll out of tobacco dependence treatment services (utilising £42m SDF), improved uptake of lifestyle services, Diabetes Prevention Programme, Low Calorie Diets, Digital Weight Management Programme & digitally supported self-management services
- **Restore services to pre pandemic levels for hypertension, atrial fibrillation, high cholesterol & diabetes, asthma & COPD registers & spirometry checks.**
- Progress LTP actions to support & develop respiratory, stroke & cardiac care
- Reduce AB usage in primary & secondary care
- Build on CORE20PLUS5 approach
- Focus preventative services on socio-economically deprived & certain ethnic groups – smoking/ obesity
- Reduce inequalities re screening & immo services
- Inc. vaccination rates in groups where lower than average uptake as of Mar 22
- Deliver personalised care commitments from the LTP re social prescribing referrals, personal health budgets and personalised care and support plans

## System Working

- ICB establishment delay to 1 July 22 & revised deadlines for Readiness to Operate & System Development Plans
- Ways of working for 22/23 agreed between NHSEI, ICB designate leaders and CCG AOs
- Preparatory work in 22/23 to ensure 5 yr system plans due in March 23 match the ICB ambition in terms of improved outcomes tackling inequalities, supporting broader social and economic development, reflect national priorities & take account of transferred services from NHSE.

## Mental Health

- Expand and improve MH crisis care provision for all ages inc. 24/7 crisis lines, crisis resolution home treatment teams and MH liaison services in acutes
- Increase provision of alternatives to A&E and admission and improve ambulance MH response
- Ensure all admissions are intervention-focused, therapeutic and supported by a MDT
- Continue the expansion & transformation of MH services per NHS MH Implementation Plan Continue to expand CAYP access and perinatal services
- Improve inequalities across all programmes
- **Deliver MHIS**
- £150m capital nationally
- SDF support to continue beyond 23/24
- Systems to develop a MH WF plan to 23/24 in collab with HEE VCSE & MH providers
- PCNs & MH Trusts to use MH practitioner ARRS roles to improve care & treatment for adults & CAYP
- Capital funding from system allocations to support urgent patient safety projects for MH trusts
- Funding to eradicate MH dormitories continues in 22/23 & 23/24
- CAYP inpatient capacity plans required
- All services to submit data to national datasets

## Learning Disabilities & Autism

- Ensure people with LDA not further disadvantaged in terms of access to health care, including reasonable adjustments & tailored responses
- **Increase rate of annual health checks towards the 75% expected in 23/24.** Every AHC to be accompanied by a health action plan
- Continue to improve the accuracy of GP LD registers
- Continued commitment to reducing reliance on inpatient care for adults and children
- Develop community services to support admission avoidance & timely discharge
- Develop services for autistic people including access to community MH services, support for CAYP and families, housing, minimise waiting times for diagnosis, accurate and complete reporting of data.
- Implement actions coming out of LeDeRS
- £75m service development funding in 22/23.

## Digital

- Build on the transformations of delivery of care from digital in the pandemic
- Level up digital maturity
- **By March 22, systems to set out plan for 22/23 priorities towards the core level of digitisation expected by March 25.**
- **Costed 3 yr digital investment plans finalised by June 22 in line with What Good Looks Like.** To cover cyber security, system purchasing & deployment of digital capabilities, digital inclusion, NHS Net Zero. Dedicated teams established to support development & delivery of these plans.
- Capital funding for 3 years from 22/23 to support digitisation, of which £250m will be allocated to Systems in 22/23 for the least digitally mature
- **By March 23, all systems within a Shared Care Record Collaborative able to exchange information.** LAs with social service responsibilities to connect to SCR solution by March 23, social care providers to connect within 6 mths of having operational digital social care record system
- Suppliers comply with interoperability requirements by Apr 22
- **General practice promote NHS App and NHS.UK to reach 60% adults registered by Mar 23**
- Adopt increased functionality of the NHS e-referral service as this becomes available

## Maternity

- Delivery of maternity & neonatal care transformation
- ICB oversight of LMS delivery
- Embed & deliver the 7 immediate and essential actions in the interim Ockenden report, learning from the 2<sup>nd</sup> Ockenden report and the East Kent review
- c£93m funding to support implementation of Ockenden actions through investment in wfce into 22/23 baselines. Programme funding also available to support delivery of Better Births priorities
- LMSs to support providers to reopen any C-19 suspended services, ensure women can take someone to all maternity appointments & support work on C-19 vaccination in pregnancy
- Local maternity equity and equality action plans
- LMSs to support providers to implement local plans to deliver Better Births
- Timely & effective primary care pathways inc. continuity of carer, personalised care & support plans, implement Saving Babies lives, **85% of women expected to give birth <27wks gestation can do so in a hospital with appropriate on site neonatal care**

## What does this mean for WHC?

- Major focus on virtual wards/Hospital at Home: further development of WHC existing virtual ward model & early agreement across the system on common function/naming to avoid multiple different 'schemes'.
- Urgent community response: on track to meet 2021-22 objective of service in by March '22. Further embedding/ expansion to be part of 2022/23 delivery plan.
- Anticipatory care: further planning and preparation required: involvement in population health projects; maximising use of Graphnet functionality when rolled out; finalising our long term conditions approach, with proactive, anticipation .
- Discharge: Home first – refresh 'right sizing' modelling and expectations of additional resourcing/change required to reduce backlogs. Additional clinical leadership planned.
- Learning Disabilities & Autism: focus on autism requires expansion. Ensuring that LD team benefit from mental health investment (have not to date).
- Infrastructure: engagement in all digital and estates strategy work; continued focus on improving our infrastructure.

# WHC Delivery and financial planning timeline and process

	Setting delivery objectives	Investment & Savings Plans	Setting budgets for WHC teams
<b>Dec/January</b>	<ul style="list-style-type: none"> <li>National planning guidance issued (24 December)</li> </ul>	<ul style="list-style-type: none"> <li>Financial planning guidance (Dec/Jan)</li> <li>Exec Forward view on investments for 22/23 (15 Dec)</li> </ul>	<ul style="list-style-type: none"> <li>ExecCo 26 Jan: Budget setting principles.</li> </ul>
<b>February</b>	<ul style="list-style-type: none"> <li>Board – 4 Feb: High level summary of national planning objectives.</li> <li>17 Feb Exec workshop: High level review of delivery plan priorities.</li> </ul>	<ul style="list-style-type: none"> <li>Board – 4 Feb: Financial scenarios presented – agreement on scenario to be used for planning purposes</li> <li>17 Feb Exec investment workshop – Prioritised long list of investments assembled.</li> </ul>	<ul style="list-style-type: none"> <li>Exec co: 23 February. Draft budgets for agreement.</li> </ul>
<b>March</b>	<ul style="list-style-type: none"> <li>22 March Exec workshop: review of delivery plan objectives</li> <li>Live Team Briefing: Presentation of emerging priorities for feedback.</li> </ul>	<ul style="list-style-type: none"> <li>22 March: Exec investment workshop – Prioritised long list. Priorities 1 &amp; 2 and agreed in principle, subject to Board agreement to financial envelope</li> <li>Board – 25<sup>th</sup> March. Agreement sought for draft financial envelope used for planning and budgeting purposes. Proposed priority areas for investment shared with Board.</li> </ul>	<ul style="list-style-type: none"> <li>Audit Committee 29 March: Budget setting principles</li> </ul>
<b>April</b>	<ul style="list-style-type: none"> <li>26 April Exec workshop: finalisation of delivery plan objectives.</li> </ul>	<ul style="list-style-type: none"> <li>26 April Exec workshop: Priorities 3 &amp; 4 and finalising savings plans.</li> </ul>	
<b>May</b>	<ul style="list-style-type: none"> <li>Board 6 May: agreement of delivery plan – subsequently circulated to Members for info</li> </ul>	<ul style="list-style-type: none"> <li>Board 6 May: Final financial plan approved.</li> </ul>	<ul style="list-style-type: none"> <li>May – Budgets confirmed.</li> </ul>
<b>June</b>	<ul style="list-style-type: none"> <li>Audit Committee 14 June: Review of process to form delivery objectives and financial plan</li> </ul>		
<b>Alignment with ICA/ICS Plans</b>	<ul style="list-style-type: none"> <li>Wiltshire ICA: alignment and cross referencing to Wiltshire ICA objectives through Alliance Delivery Group.</li> <li>BSW ICS – through the BSW Community Services Alliance, sharing of priorities for community services to achieve necessary alignment with BSW Care Model and overarching objectives.</li> </ul>		

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

**Item 12**

**EPRR Assurance Report**

**PAPER**

**Wiltshire Health and Care Board****For information****Subject: Emergency Preparedness Resilience and Response (EPRR) Annual Assurance Report****Date of Meeting: 04 February 2022****Author: Jon Bishop****Executive Sponsor: Lisa Hodgson****1. Purpose**

1.1 This report describes the emergency planning and business continuity activities of Wiltshire Health and Care during 1 March 2021 - 31 January 2022 to meet the requirements of the Civil Contingencies Act 2004 and the NHS England emergency preparedness framework 2015.

**2. Background**

2.1 The Civil Contingencies Act (2004) outlines a single framework for civil protection in the United Kingdom. Part one of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at local level. Wiltshire Health and Care is subject to the following set of civil protection duties:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance coordination
- cooperate with other local responders to enhance coordination and efficiency

2.2 The NHS England emergency preparedness, resilience, and response framework (2015) requires all NHS organisations to plan for and respond to incidents in a manner which is relevant, necessary and proportionate to the size and services provided.

**3 Achievements in last 12 months**

3.1 The main achievements in relation to EPRR arrangements in the last 12 months include:

- The substantive appointment of an EPRR manager in March 2021, which has increased the resource available to WHC on this agenda.

- A review of the incident response system 'iRespond'. This has been thoroughly reviewed in the past year resulting in a new 'control desk'. Instead of being faced with a long list of checklists, staff are now able to click on a relevant business continuity topic and this will take them to the relevant checklists, allowing a more efficient process and saving considerable time searching.
- A review of the on-call system, following which it was agreed to introduce two on call manager rotas, one for the Community Teams and one for Inpatients, Flow and MIU. A thorough training programme was introduced to ensure those joining the on-call rotas were suitably trained. Recently we have recruited new Ward Managers, who will be trained and added to the rota in the next 3 months. Two more Directors are also going to be trained and will be added the OCD rota in the coming months.

#### **4 Training and Exercising**

4.1 NHS organisations are required to undertake a minimum of one live exercise every three years, a tabletop exercise every year and a test of communications cascades every six months (NHS England emergency preparedness framework, 2015). Lessons identified from exercises are incorporated into major incident plans, business continuity plans and shared with partner organisations.

- A regular six monthly communications exercise (Ex Reveille) took place on the 27 April 2021, this was led by BSW CCG, another communications exercise is planned for early 2022. The EPRR Manager carries out regular communications checks with on call to check functionality.
- A Business Continuity Tabletop Exercise was planned to take place on the 30 September 2021 at Chippenham Rugby Club, this exercise was unfortunately postponed due to the ongoing COVID issues, this exercise has been rescheduled and will take place on the 15 March 2022.

4.2.1 A rigorous training programme has been introduced, consisting of an hour-long monthly session for all on call managers', these sessions include a 40 minute training element, recent incident discussions and an opportunity to raise any questions or queries. Quarterly hour-long sessions have been put in place for on call directors, with mixed attendance rates so far.

4.2.2 During the summer, Wiltshire CCG offered the opportunity for both on call managers' and directors to attend CCG led Strategic Leadership sessions, over half of our managers' and five directors attended these three hour sessions. The intention is to run a loggist refresher session in early March 2022.

#### **5 Assurance NHS England Core Standards for EPRR**

5.1 The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the NHS England core standards for EPRR. The Accountable Emergency Officer in each organisation is responsible for ensuring these standards are met.

5.2 The 2021 - 22 EPRR assurance process was set out by the National Director of EPRR, NHS England and NHS Improvement as follows:

- an updated assurance position of any organisation rated partially compliant or non-compliant in the 2021 - 22 assurance process

- The 2021 EPRR assurance process aims to return some of the previous mechanisms to the process, but also acknowledges the previous 18 months and the changing landscapes of the NHS
- Organisation are asked to undertake a self-assessment against individual core standards and rate their compliance for each

5.3 The outcome of the self-assessment showed that Wiltshire Health and Care against the 38 standards that are applicable to the organisation, Wiltshire Health and Care is fully compliant against 35 this gives a rating of Substantially Compliant.

<b>Core Standards</b>	<b>Total standards applicable</b>	<b>Fully compliant</b>	<b>Partially compliant</b>	<b>Non-compliant</b>
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	8	8	0	0
Command and control	1	1	0	0
Response	3	3	0	0
Warning and informing	3	3	0	0
Cooperation	2	2	0	0
Business Continuity	7	6	1	0
CBRN	6	4	2	0
<b>Total</b>	<b>38</b>	<b>35</b>	<b>3</b>	<b>0</b>
<b>Overall assessment:</b>	<b>Substantially compliant</b>			

5.4 The Self-Assessment was examined at a Confirm and Challenge Meeting held on the 9 November 2021 and accepted by BSW CCG on behalf of NHS England and NHS Improvement. A formal letter of confirmation was received on the 8 December 2021 from NHS England and NHS Improvement.

## 6 EPRR Core Standards that are partially compliant

6.1 The outcome of the self-assessment showed that against 38 core standards which are applicable to Wiltshire Health and Care, we were compliant with 35. The three standards that were assessed as partially compliant were:

- Standard 53: Business Continuity – BC Audit
- Standard 60: CBRN – Equipment Checks
- Standard 68: CBRN – Staff Training Decontamination

Partially Compliant Core Standard	Position/ Action being taken
<p>Standard 53: Business Continuity – <i>Business Continuity Audit requires the organisation to have a process for internal audit and outcomes are included in the report to the board.</i></p> <ul style="list-style-type: none"> <li>• <i>EPRR Policy document or stand-alone Business Continuity Policy</i></li> <li>• <i>Board Papers</i></li> <li>• <i>Audit Reports</i></li> </ul>	<p>Wiltshire Health and Care at present does not have a stand-alone EPRR Policy document, this is being addressed, an EPRR Policy is being drafted it will be completed by the end of February 2022, it will then go through the necessary ratification process.</p> <p>Business Impact Analysis's were updated in 2021 by all services, a review was carried out by the EPRR Manager. In the future this review needs to be more formalised and incorporate a representative from the Risk team and the Quality Team. At present there is not an overarching EPRR risk on the Board Assurance Framework this needs to be addressed (see separate paper on review of Board Assurance Framework). Further detail on business continuity actions are noted below.</p>
<p>Standard 60: CBRN Equipment Checks – <i>The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff, completed equipment inventories including a completion date.</i></p>	<p>This standard is currently being revised at present as the only equipment list is for an Acute Hospital and not an MIU. Both Chippenham and Trowbridge MIU sites have equipment packs consisting of absorbent material, buckets, paper suits and waste bags. As soon as we receive the updated equipment listing the necessary stores will be added if they are required.</p>
<p>Standard 68: Staff Training – <i>Decontamination Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.</i></p>	<p>This training has not been carried out during my tenure as EPRR Manager, South Western Ambulance Service Foundation Service (SWASFT) are in the process of designing a refreshed training package for all relevant staff, across the South West region. This action is also listed on the Local Health Resilience Partnership (LHRP) Business Management Group action tracker, managed by Wiltshire CCG. As soon as this training package is released, the necessary training for the MIU receptionists will be carried out.</p>

## 7 EPRR Work Plan

- 7.1 An action from a recent Board meeting was to examine single points of failure within Wiltshire Health and Care (WHC). This has been aligned to the work programme to improve business continuity arrangements. In the past year, we have had a number of incidents, such as a Datix outage over a weekend period, a power cut at one of our community sites and a network failure also at one of our community sites. All these incidents had a thorough debrief, actions reviewed resulting in new iRespond checklists being created or updated. One of the advantages of operating from multiple sites is that it reduces the scope for single infrastructure points of failure to some extent. It does, however, increase the complexity of improving physical infrastructure. One of the main concerns with these sites is the vulnerability or fragility of the IT network infrastructure, this is well documented and in our Delivery plan already to be addressed in the next financial year.
- 7.2 To that end the business continuity exercise that was planned to take place in September 2021 has been rescheduled for the 15 March 2022, the scenario for this exercise being a

network issue that occurs over a weekend and is discovered when staff return to work after the weekend. This will give staff from our different services the opportunity to explore and discuss the necessary actions that would need to be taken.

### ***Business Continuity improvements***

7.3 Each year Business Impact Analysis's (BIA's) are completed by the different services and teams within WHC highlighting their critical services, this year we introduced the process into corporate services for the first time. The current process is for the EPRR Manager to review these, requesting further information if required or raising concerns if necessary. In order to improve the arrangements further, a more detailed Business Continuity Management System (BCMS) needs to be put in place within WHC, which will consist of the following:

- An overarching WHC EPRR Policy document - refreshed and updated every year. This is in the process of being drawn up and will be completed by the end of February 2022.
- Review of recently completed BIA's, highlighting any areas of concern, if necessary, escalate to be included on the organisational risk register, liaising with the Risk and Complaints Manager and the relevant Head of as necessary.
- Debrief reports presented to Executive Committee meetings regularly highlighting what actions have been taken and learning from the particular incident.

### **8. Recommendation**

8.1 The Board is invited to:

- Note the activities and achievements which have been pursued in relation to EPRR in the last 12 months
- Note the outcome of the EPRR Core Standards assessment
- Note the action being taken on those standards judged to be partially compliant

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

**Item 13**

**Highlight Report – Quality Assurance Committee**

**PAPER**

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

**Subject:** Quality Assurance Committee Highlight Report  
**Date of Meeting:** 20 January 2022  
**Author:** Bernie Marden, Chair of Quality Assurance Committee

**1 Introduction**

The Quality Assurance Committee (QAC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. The QAC was constituted to provide WHC's Board with assurance in relation to the quality and safety of care provided by WHC's community services. This paper summarises the key issues considered by the QAC (the Committee) at its meeting on 20 January 2022, which it is considered should be drawn to the attention of the full Board.

**2 Advise**

A new process for oversight of operational decisions which had a potential quality impact has been put in place following discussion at the previous Committee. The Terms of Reference for the Committee were being updated. A Executive risk assessment will be carried out while implementing any change, which will be reported to the next QAC for oversight.

Freedom to Speak up: There were no FTSU concerns raised in Quarter 3, although concerns had been raised in other routes. Annika Carroll (Director of Finance for WHC) would be taking on the role of Freedom to Speak Up Executive Director.

Pressure ulcers: Despite the continued challenges from the pandemic the pressure ulcer incidence figures had fallen across all sites since June 2021. Pressure Ulcer (PU) incidence had increased for the months of September & October which corresponded with an increase in staff sickness

The Committee received a report on medicines governance issues. The report focused on medicines safety. NHS Benchmarking data for October 2021 shows WHC reported 15.81 medication errors per 1000 budgeted staff (community setting) which was higher than the NHS benchmark.

**3 Alert**

Nothing to alert to the Board

**4 Action**

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

**5 Date of next meeting**

The next meeting of the Quality Assurance Committee was due to take place on 21 April 2022 but would be moved to avoid the Easter Holidays/leave. New date TBC

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

**Item 14**

**Highlight Report – Audit Committee**

**PAPER**

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

**Subject:** Audit Committee Highlight Report  
**Date of Meeting:** 04 February 2022  
**Author:** Martyn Burke – Chair of Audit Committee

## 1 Introduction

The Audit Committee (AC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. This paper summarises the key issues considered by the Audit Committee at its meeting on 25 January 2022, which it is considered should be drawn to the attention of the full Board.

## 2 Attachments



Audit Committee  
TOR - updated Jan 20



Audit Committee  
Business Calendar 20

## 3 Advise

### 3.1 Annual Review of Term of Reference (attached)

The terms of reference were updated to reflect the change from five to four committee meetings per year. The Committee approved the change and also reviewed its sources of assurance.

### 3.2 Audit Committee Business Calendar, including deep dive schedule (attached)

The calendar had been reviewed and three further deep dive topics were added: BAF risks, Grievance process review and review effectiveness of wellbeing offers to staff

### 3.3 External Audit Plan

The Committee approved the estimated external audit fees and audit plan from KPMG for 2022.

### 3.4 BAF, Risk Management & Business Planning

DB attended in order for the Audit Committee to review the BAF and risk appetite. The Committee welcomed the inclusion of the new strategic resilience and preparedness risk factor. DB also provided clarity on the business planning timetable to ensure cohesive alignment of resources to the strategic ambition.

### 3.5 Counter Fraud

An anonymous complaint had been received by HR regarding a former staff member allegedly working agency shifts whilst off sick from WHC. The individual had taken four days of absence during the eight months they worked at the organisation. There was only a limited potential loss to WHC, as the individual has already left the organisation. Counter fraud specialists are investigating

### 3.6 Internal Audit

KB gave a brief summary of progress of the fieldwork underway for the Key Financial Systems Account Payable audit and highlighted that the Cyber security and E-rostering audits would commence in February. The General Data Protection Regulation (GDPR) Audit showed 2 medium findings around details within Information Asset Register and Data Flows trackers and three policies had not be finalised. Both findings have since been actioned.

The committee requested insight of the agreed action plan going forward to address cyber security resilience at WH&C in light of the recent NHS survey and any internal audit recommendations.

### **Outbreak Learning Report**

SQ shared a report that was presented to the Quality Assurance Committee in July 2021 regarding the learning from outbreaks. A broader deeper dive on organisational learnings from C19 is expected in March with Jon Bishop leading. This insight is intended to aid future business resilience.

### **3.7 Deep Dive of Financial Management Disciplines**

AC gave a presentation to the Committee highlighting the follow areas Financial Planning, Budget setting, Treasury Management, Controls, Reporting and monitoring. Priority areas of improvement were identified to be actioned in 2022/23 including enhancements to budget setting disciplines, business partnering and ongoing monitoring. The committee welcomed the plan and the extra financial management resource.

## **4 Alert**

4.1 There are no alerts.

## **5 Action**

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

## **6 Date of next meeting**

6.1 The next meeting of the Audit Committee is on 29 March 2022 10:00-13:00

## Audit Committee Terms of Reference

### 1. Constitution

- The Audit Committee is established as a sub-committee of Wiltshire Health and Care (WHC) Operating Board. The document conforms to best practice documentation procedure (NHS Audit Committee Handbook 2018) and sets out the principles by which the Audit Committee will transact its business with due diligence and regard for the population it serves, strategic partners and the general public.

### 2. Authority

- The Audit Committee (“the Committee”) is directly accountable to the Operating Board.
- In order to facilitate the achievement of good governance, the Committee is authorised by the WHC Operating Board to investigate any activity within its terms of reference.
- The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if necessary. The sourcing of advisors should be made in accordance with the standing financial instructions and delegated authority regulations.
- All members of staff are directed to co-operate with any request made by the Audit Committee.
- The Committee is authorised to appoint External Auditors, Internal Auditors and Local Counter Fraud Services.

### 3. Aim

- The Audit Committee shall independently review the establishment and maintenance of an effective system of integrated governance, risk management and internal controls across the whole of WHC’s activities (both clinical and non-clinical), that supports the achievement of the organisation’s objectives.

### 4. Objectives

- The Committee will formally agree and record its precise terms of reference, specifying which duties fall within its areas of responsibility, its composition and the arrangements

for reporting. In order to fulfil its role effectively, the Committee will undertake the following:-

#### **4.1 Integrated Governance, risk management and internal control**

- The Committee shall independently review the establishment and maintenance of an effective system of integrated governance, risk management and internal controls across the whole of WHC's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.
- The Committee shall have responsibility for final sign off of WHC's Annual Quality Account.
- The Committee will specifically review the adequacy and effectiveness of:
  - All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
  - The underlying assurance processes, including but not limited to the Board Assurance Framework, the Risk Register and Risk Strategy documents, that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
  - The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification
  - The risk mitigation activity and appropriateness of resource deployment to minimise cyber security risks
  - The Corporate Governance Manual, Standing Orders, Standing Financial Instructions and Scheme of Delegation
  - The policies and procedures for all work related to fraud and corruption in accordance with the requirements of the NHS Counter Fraud Authority (NHSCFA).
- In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

#### **4.2 Internal audit**

- The Committee shall ensure that there is an effective internal function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Managing Director and Operating Board.

- This will be achieved by:
  - Consideration of the provision and cost of the internal audit service and any questions of resignations and dismissal
  - Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation
  - Considering the major findings of internal audit work and management's responses, and ensuring co-ordination between the internal and external auditors to optimise audit resources through the use of the audit tracker (the detail of the internal audit reports will be scrutinised at the relevant committees of the board)
  - Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation
  - Conducting an annual review of the effectiveness of internal audit.

#### **4.3 External audit**

- The Committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work.
- This will be achieved by:
  - Considering the effectiveness of the performance of the external auditors.
  - Considering the independence and objectivity of the external auditors
  - Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy
  - Discussing with the external auditors their local evaluation of audit risks and assessment of WHC and associated audit fees
  - Reviewing all external audit reports, including the report to those charged with governance, agreement of the ISA260 Report before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.
  - Controls on engagement of external auditors for non-audit services.

#### **4.4 Other assurance functions**

- As part of its integrated approach the Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.
- These will include, but will not be limited to, any reviews by the Department of Health and Social Care's arm's length bodies or regulators/inspectors (for example, the Care Quality Commission, NHS Resolution and professional bodies with responsibility for the performance of staff functions (for example, Royal Colleges, accreditation bodies, etc)).

- In addition, the Committee will review the work of other committees whose work can provide relevant assurance to the Audit Committee's own scope of work.
- In reviewing the Audit Committee, and issues of clinical risk management, the Committee must satisfy itself on assurances gained from the clinical audit function.

#### **4.5 Counter Fraud**

- The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud, bribery and corruption (meeting NHSCFA's standards).
- The Committee shall approve the counter fraud plan and review the outcomes of counter fraud work.
- The Committee must refer any suspicions of fraud, bribery or corruption to the NHSCFA.

#### **4.6 Management**

- The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- The Committee may also request specific reports from individual functions within the organisation (e.g., clinical audit) as appropriate.

#### **4.7 Financial Reporting**

- The Committee shall monitor the integrity of the financial statements of WHC and any formal announcements relating to WHC's financial performance.
- The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.
- The Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on:
  - The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee
  - Changes in, and compliance with, accounting policies, practices and estimation techniques
  - Unadjusted mis-statements in the financial statements
  - Significant judgements in preparation of the financial statements
  - Significant adjustments resulting from the audit
  - Letter of representation
  - Qualitative aspects of financial reporting and explanations of variances.

#### **4.8 Freedom To Speak Up**

- In accordance with the UK Code, the Committee shall review the adequacy of the arrangements and processes in place by which staff of the organisation may in confidence, raise concerns about possible improprieties in matters of financial reporting or others matters.
- The Committee shall review the effectiveness and compliance of those procedures determining that concerns are investigated appropriately, proportionately and with sufficient independence resulting in the appropriate follow up actions.

### **5. Membership and Quorum**

#### ***5.1 Membership***

- Membership of the Committee will be three Independent Non-Executive Members of the Board, including the Non-Executive Board Member – Finance and Audit.
- A quorum shall be two members, one of whom should be the Chair or Vice-Chair.
- The Chair of WHC Operating Board is not a member of the Committee but will be invited to attend the meeting annually for year-end review and approvals.
- The composition of the Committee will be given in WHC's Annual Report.
- The WHC Operating Board will have the power to remove Audit Committee members with due notice

#### ***5.2 Deputies***

- Executive Members shall be permitted to send a deputy in their place if they are unable to attend the meeting. Such deputy will be an employee of WHC, who is appropriately briefed on the content of the meeting they are attending.
- Non-Executive Members shall be permitted to send a deputy in their place if they are unable to attend the meeting. Such deputy will be an alternative Non-Executive Member of the WHC Board.
- Deputies shall count towards the quorum.

#### ***5.3 Chair***

- The Board will appoint one of the Non-Executive Board Representatives as Chair of the Committee.

#### **5.4 Attendance**

- The Director of Finance and appropriate internal and external audit representatives shall be standing attendees, though once a year, the non-executive members will meet privately with the external and internal auditors.
- The Managing Director will be requested to attend annually to review the processes for assurance that support the Annual Governance Statement and the approval of the year-end accounts and annual report.
- The Counter Fraud specialist will attend two Committee meetings per annum minimum.
- All other Executive Directors could be invited to attend/nominate a representative, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- Representatives from other organisations may be invited to attend as necessary.
- Committee members will be expected to attend at least 80% of meetings annually.

#### **5.5 Decisions**

- Provided the meeting is quorate, the Committee will take decisions through voting and by a simple majority of those present. In the case of equality of votes, the Chair will have a casting vote.
- If a meeting is not quorate it may still proceed. However, any items approved by those in attendance must be subsequently approved by a sufficient number of additional Committee members such that approval is reached by the quorum for a valid decision to have been deemed to have made by the Committee.
- Decisions can be made outside of a formal meeting of the Committee where a decision is urgently required. The following process will be used:
  - A. A paper relating to the matter on which a decision is needed urgently will be sent by email to all members of the Committee for consideration.
  - B. The above email will provide a brief overview of the matter that requires urgent approval and flag if the Committee needs to reach a decision out of a number of possible options.
  - C. The above email will also state the date by which the approval of the Committee is sought.
  - D. If sufficient members to achieve quorum approve the matter in which a decision is requested by the date on which approval was sought, then the matter is deemed to be agreed by circular.
  - E. Decisions agreed by circular will be recorded in the minutes of the next Audit Committee meeting.

## 6. Method of Working

### 6.1 Agenda/Meeting format

- The minutes of the Committee will be formally recorded by the Corporate Services team and submitted to the Board. The Chair of the Committee will draw to the attention of the Board any issues that require disclosure to the full Board or require Executive action.
- Agendas and supporting documentation will be circulated at least 5 working days in advance of the meeting.
- The minutes of the meeting and action points arising shall be issued to the Chair within two weeks for comment and agreement. The minutes will be formally approved at the next available meeting of the Committee.
- The Committee will report to the Board at least annually on its work in support of Annual Governance Statement - specifically commenting on:
  - the fitness for purpose of the Assurance Framework,
  - the completeness and integration of risk management in the organisation
  - the integration of governance arrangements
  - the appropriateness of the evidence compiled to demonstrate that WHC is fulfilling regulatory requirements to ensure its existence as a functioning entity and
  - the robustness of the processes behind the quality accounts.
- A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

### 6.2 Identifying the items for discussion

- In terms of identifying which items should be discussed at the relevant meeting of the Committee, it shall be the role of the Director of Finance to maintain executive oversight of the items discussed. However, ultimate ownership of the content of the agenda and the annual plan of committee activity sits with the independent non-executive Audit Committee Chair.
- In addition to the above, the Non-Executive members of the Committee, the Operating Board and Executive Directors of WHC may request that any additional item is considered by the Committee at a meeting, by notifying the Company Secretary, who will coordinate the collation, presentation, and circulation of appropriate information to enable an informed discussion of the Committee.

### **6.3 How issues are considered**

- The Committee will be provided with sufficiently detailed information to enable it to have an informed discussion on those items presented.
- Where the Committee does not consider that it does not have sufficient information to take the above view, it may request additional information from the WHC Executive team.
- Where the Committee does not feel assured in relation to any topic under discussion, it may request more detailed information on an issue; request that a dedicated report be provided; or, in any other appropriate way, request that particular scrutiny be given to the issue. The executive membership of the Committee will lead to ensure that these actions are undertaken, and that additional information is brought back to the Committee for discussion/consideration.

### **6.4 Minutes/Actions**

- All minutes of the Committee will be presented in a standard format.
- All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

### **6.5 Publication of papers**

- The agenda, papers and minutes of the Committee are considered to be confidential.
- However, the Committee will produce a highlight report after each meeting that will be considered by the Board, and, unless there is a reason to deem the same confidential, both the minutes and the highlight report from the Committee will form part of WHC's Board papers, and will be available to the public.

## **7. Frequency and Support of Meetings**

- The Corporate Services team shall provide support to the Chair and members of the Committee.
- The Committee will consider the frequency and timings of meetings to ensure it is able to discharge all its responsibilities. A benchmark of four meetings per annum at appropriate times in the reporting and audit cycle will be considered. The external auditors or Head of Internal Audit may request a meeting if they consider that one is necessary and will have legitimate right of access to the Chair of the Audit Committee at any time. Additional meetings may be held on an exceptional basis at the request of any two (2) members of the Committee.
- The Company Secretary shall ensure that the Committee is appropriately supported, which will include oversight of:

- Agreement of agenda with Chair and attendees, and collation of papers.
- Organising the attendance of appropriate persons to meetings (other than those who would usually attend).
- Taking the minutes and keeping a record of matters arising and issues/ actions to be carried forward.
- Advising the Committee on pertinent matters
- Enabling the development and training of committee members
- Links with other committees The Committee will receive the minutes of the Quality Assurance Committee for noting.

## 8. Reporting Lines

- The Committee will formally report to the Operational Board by providing a highlight report after each meeting, and making available a copy of the minutes of the meetings of the Committee. The highlight report will escalate any matters of material significance in respect of quality and safety.
- Any items that require urgent attention will be escalated to the Chair of the Operational Board at the earliest opportunity, and this will be formally recorded in the Committee minutes.

## 9. Proposed Cadence of Audit Committee Meetings

January	March	June	October
Review Audit Effectiveness	Review Internal Audit Plan	Review Assurance Framework	Review Whistleblowing/FTSU
Review Audit Fees	Review Counter Fraud Plan	Review Accounts	Review AC Terms of Ref
	Review Clinical Audit Plan	Review Quality Report	
	Review Risk Management Systems	Review Annual Reports & Governance	
		Review and agree Audited Accounts	
		Review Ann Fraud Report	

## 10. Review

- The Terms of Reference will be reviewed by the Committee after 12 months of operation with recommendations made to WHC's Operating Board for any amendments.
- Thereafter, the Terms of Reference will be reviewed annually by the Board to ensure they are still appropriate.
- The Committee will complete annually a self-evaluation of its effectiveness, compliance with best practice, identify membership training needs to ensure its continual improvement.

### Review Tracker

<b>Date approved by the Board:</b>	TBC
<b>Date of Next Review:</b>	October 2022

## DRAFT - Audit Committee Business Calendar 2022

- June meeting: DB and SL to attend (see TOR)
- Meetings in Jan, March, June (2<sup>nd</sup> week) and Oct (Board to be in June 3<sup>rd</sup> week)
- Quality accounts to come to AC before Board in June
- BAF need to come to AC before Board (twice a year)

Item	Report/Paper prepared by	Jan 25 <sup>th</sup>	March 29 <sup>th</sup>	June 14 <sup>th</sup>	October 18 <sup>th</sup>
Members only pre-meet (15 mins)	-	X	X	X	X
<b>Standard items:</b>					
Apologies for Absence/Conflicts/Declarations	-	X	X	X	X
Matters Arising	-	X	X	X	X
Minutes of the previous meeting	Corporate Officer (BW)	X	X	X	X
Decisions Taken in Circular to be noted	Corporate Officer (BW)	X	X	X	X
Action / Decision Tracker	Corporate Officer (BW)	X	X	X	X
Internal Audit Progress Report <ul style="list-style-type: none"> <li>• Update on actions from internal audit</li> <li>• New findings reported.</li> <li>• Internal Audit Opinion</li> </ul>	BDO (KB)	X	X	X	X
Counter Fraud Progress Report <ul style="list-style-type: none"> <li>• Update on actions from internal audit</li> <li>• New findings reported</li> </ul>	BDO (CB)	X	X	X	X
External Audit Progress Report <ul style="list-style-type: none"> <li>• Sign off plan of activity</li> <li>• The provide recommendations. Then, provide an update on the progress to implement recommendations.</li> <li>• 21/22 =</li> <li>• Regulatory/Compliance Updates</li> </ul>	KPMG (ReB/RA)	X	X	X	X
Review Quality Reports <ul style="list-style-type: none"> <li>• Quality report that comes to the executive committee to ensure that the audit committee is satisfied that key quality risks are being considered and managed effectively.</li> </ul>	Director of QPW (SQ)	X	X	X	X
Review Risks Report updates/gaps in control <ul style="list-style-type: none"> <li>• 12+ Risks at each meeting</li> <li>• Once a year – whole register *</li> </ul>	Director of QPW (SQ)	X	X	X	X*
Clinical Audit Progress Reports <ul style="list-style-type: none"> <li>• Schedule of activity for the audits – to see if is being done, and to see what the content is. Are we covering the right areas. Time line; appropriate governance.</li> <li>• Update of progress at each meeting</li> </ul>	Director of QPW (SQ)	X	X	X	X
Finance Director Report: <ul style="list-style-type: none"> <li>• Assurance that the finance risks are being managed effectively. Process for this. (who these risks are being discussed with to manage). Perhaps the key finance risks are coming to executive committee.</li> <li>• Latest performance report, with the forecast for the year. Ensure the business is a going concern.</li> <li>• The same thing that executive committee are seeing – is the reports being generated allowing the management to effectively keep tabs on what is happening.</li> <li>• Progress update/ to check actions are being taken.</li> </ul>	Director of Finance (AC)	X	X	X	X
Losses, Write Offs, Disputes and Special Payments	Director of Finance (AC)	X	X	X	X
Receive Minutes Other Committees <ul style="list-style-type: none"> <li>• QAC</li> <li>• EXEC (as required)</li> </ul>	Corporate Officer (BW)	X	X	X	X
Review Audit Committee Business Calendar including deep dive schedule	Chair (MB) / Corporate Officer (BW)	X	X	X	X
Any Other Business	-	X	X	X	X

<b>Non-standard items</b>					
Statutory Reporting Requirements - update Focus on Publication Scheme	Company Secretary (BW)			X	
Review Governance Statements <ul style="list-style-type: none"> <li>Modern slavery</li> <li>Gender pay gap</li> <li>H&amp;S statement</li> <li>Safeguarding</li> </ul>	Company Secretary (BW)			X	
Information Governance Annual Update (including data flows, IAR and DPST and Toolkit update	IG Manager & Data Protection Officer (SL)			X	
Information Governance Incidents (twice a year)	IG Manager & Data Protection Officer (SL)		X		X
Gifts/Hospitality Register	Corporate Officer (BW)		X		X
Board Assurance Framework	Company Secretary	X		X	
Risk Management Systems <ul style="list-style-type: none"> <li>Understanding the whole process of risk management at operational level</li> <li>Assurance it is joined up</li> <li>Checking we are identifying risks (risk assessments)</li> <li>Understanding owners – key committees</li> <li>POGs</li> <li>Internal audit</li> <li>May deep dive specific risks over time.</li> <li>(Falls above benchmarking)</li> </ul>	Director of QPW (SQ)		X		X
Annual Report & Accounts (Chair and MD to attend this meeting)	Director of Finance (AC) / KPMG			X	
Freedom to Speak Up <ul style="list-style-type: none"> <li>Process</li> <li>Is process fit for purpose?</li> <li>Nature of the disclosures/ themes</li> <li>How is dealing with the investigation findings managed</li> </ul>	FTSU Guardian (GP)				X
<b>Financial Focus</b>					
Agree Final Annual Accounts/Reports	Director of Finance (AC)			X	
Review Progress Annual Report/Accounts	Director of Finance (AC)		X	X	
Review Audited Accounts	Director of Finance (AC)		X	X	
Receive Progress to External Audit Opinion	KPMG		X	X	
Review Budget/ Strategic Business Plan <ul style="list-style-type: none"> <li>Annual planning exercise - delivery plan, and work</li> <li>Scenarios with the finance</li> </ul>	Director of Finance (AC)	X		X	
Changes to Policies/SFI's/Standing Orders and Review Financial Management controls & risks including SFI's, Delegated Authorities, Standing Orders <ul style="list-style-type: none"> <li>Finance</li> <li>Bribery/ corruption</li> <li>Policies related to the key strategic risks – regulation that changed and affected policies. Compliant with expectations of new regulations.</li> </ul>	Director of Finance (AC)	X		X	
<b>Internal Audit</b>					
Review & Approve the Internal Audit Charter	BDO (KB)		X		
Review & Approve the Internal Audit Plan	BDO (KB)		X		
Receive Annual Int. Audit Report/Opinion	BDO (KB)			X	
Review Effectiveness of Internal Audit	BDO (KB)				X
<b>External Audit</b>					
Review & Approve External Audit Fees	KPMG	X			
Review & Approve the External Audit Plan	KPMG	X			

Receive Annual Ext. Audit Report/Opinion	KPMG			X	
Review Effectiveness of External Audit	KPMG				X
<ul style="list-style-type: none"> <li>Survey of key people internally</li> <li>Note that KPMG do use their own process</li> </ul>					
<b>Clinical / Quality</b>					
Review Annual Clinical Audit Plan	Director of QPW (SQ)		X		
Review Clinical Audit ToR	Director of QPW (SQ)		X		
Review Effectiveness of Clinical Audit	Director of QPW (SQ)				X
<ul style="list-style-type: none"> <li>We will need to devise a way of reviewing the effectiveness of clinical audit</li> </ul>					
Quality Accounts	Director of QPW (SQ)			X	
<b>Counter Fraud (CF)</b>					
Review & Approve the CF Activity Plan	BDO (CB)		X		
Review self-assessment vs NHSCFA's standard	BDO (CB)		X		
Receive Annual CF Report	BDO (CB)			X	
Review Effectiveness of CF activity	BDO (CB)	X			
<b>Other Items</b>					
In Depth Topics/lessons learned – see Deep Dive calendar below	-	X	X	X	X
Annual Objectives	Company Secretary	X			
Review Sources of Assurance	Chair	X			
<ul style="list-style-type: none"> <li>There is a list of things in a document</li> </ul>					
Assess Audit Committee Effectiveness	Chair / Company Secretary	X			
<ul style="list-style-type: none"> <li>Look QAC</li> </ul>					
Annual Review Terms of Reference	Company Secretary				X
Produce the annual committee Report	Company Secretary/Chair			X	
Private Discussions with auditors	Chair			X	
Briefings/Update/Training sessions (as required)	-				

Deep Dives		
March 2021	Workforce Training & Development	Hanna Mansell
May 2021	Workforce continued	Hanna Mansell
July 2021	None	-
October 2021	Procurement	Annika Carroll
Jan 2022	Financial Management Disciplines	Annika Carroll
March 2022	Learnings from Covid-19	Jon Bishop
June 2022	Colleague Safety at Work a) Health and Safety including Building and Estates compliance b) Lone Working Policy	Jo Woodward/Victoria Hamilton
Oct 2022	Business development regime	TBC
Jan 2023	Review effectiveness of Wellbeing offers to staff	Hanna Mansell
March 2023	BAF risks	TBC
June 2023	Climate change	TBC

October 2023	Grievance Process	Hanna Mansell
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**Wiltshire Health and Care (“WHC”)  
Board Meeting**

**Item 15**

**Update to Extended Access Contract**

**VERBAL**

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

**Item 16**

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

**VERBAL**

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

**Item 17**

**Any other business – PART I**

**VERBAL**

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

**Date of Next Meeting**

**To sign off Contract:**

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

**Full Board Meeting:**

Friday 6 May 2022  
13:30-16:30  
MS Teams or Training Room 1, Chippenham Community Hospital (TBC)

