

# Wiltshire Health and Care LLP Board Papers

## PART I

6 May 2022



Wiltshire  
HEALTH AND CARE

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

<b>Venue:</b>	Training Room, Chippenham Community Hospital (first floor)
<b>Date:</b>	Friday 6 May 2022
<b>Time:</b>	13:30-16:30

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

Item No.	Agenda Item	Presenter	Verbal/ Paper	Published/ Unpublished	Information/ Discussion/ Decision/ Approval	Timings (approx.)
1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information	13:30
2.	Declarations and Conflicts of Interests	Chair	Verbal	Published	Information	
3.	a) Part I Minutes (from Feb) b) Action/Decision Tracker c) Matters Arising	Chair	Paper	Published	Decision	
4.	Annual Terms of Reference review	Chair	Paper	Published	Decision	
5.	Chair's Update	Chair	Verbal	Published	Information	
6.	Managing Director's Update	DB	Verbal	Published	Information	
<b>Governance</b>						
7.	Risk Report 15+	SQ	Paper	Published	Discussion	13:50
8.	Full Staff Survey Report	SQ	Paper	Published	Discussion	14:00
<b>Service Delivery</b>						
9.	Quality, Workforce, Performance, Finance and Infrastructure Highlight Report Accompanied by: a) Quality, Workforce, and Performance Dashboards including dashboards for high profile services	SQ/ AC/ / LH	Paper	Published	Information/ Decision	14:15

	b) Finance Dashboard					
10.	Delivery Plan 2022-2025	DB	Paper	Published	Decision	14:35
<b>Highlight Reports</b>						
11.	Highlight Report from Quality Assurance Committee	BM	Paper	Published	Information	15:00
12.	Highlight Report from Audit Committee	MB	Paper	Published	Information	
13.	Update to Extended Access contract	DB	Verbal	Published	Information	
14.	Key points to Member Organisations	DB	Verbal	Published	Information	
15.	Any other business	Chair	Verbal	Published	Information	
<b>Date of next Meeting:</b> To sign off accounts: Friday 24 June 2022 13:30-15:30 MS Teams			<b>Next Full Board Meeting:</b> Friday 9 September 2022 13:30-16:30 Bevan Meeting Room, Jenner House			

**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**

**PAPER / VERBAL**

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

<b>Venue:</b>	MS Teams
<b>Date:</b>	Friday 4 February 2022
<b>Time:</b>	13:30-16:30

<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
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

<b>Also In Attendance</b>		
Becky Watson	Corporate Officer (minutes)	BW
Jon Bishop	EPRR Manager (for item 11)	JB
Jan Howard	Long Covid Service	JH

Item No.	Agenda Item	Actions
<b>PART I</b>		
1.	<p><b>Welcome, Introductions and Apologies</b> The Chair welcomed Felicity Taylor Drewe to her first WHC Board meeting as the Non -Executive Member nominated by GWH.</p> <p><b>Patient Story Summary:</b> The Board received a presentation of a patient story related to the Long Covid service. This presentation was not recorded in order to maintain personal confidentiality. A patient attended which had received support from the Long Covid service, along with a member of the service JH.</p> <p>The main points were:</p> <p>The patient had developed COVID in early March 2020 and had experienced post-COVID symptoms of fatigue, worsening of an existing lung condition, poor sleep, loss of weight and being weaker physically and emotionally. The patient had heard through a friend about the WHC Long Covid Service and mentioned it to their consultant who said that they would need to be referred through their GP. They were referred to the service in May 2021, more than 1 year after their covid diagnosis.</p> <p>The patient had an initial telephone assessment, a face to face assessment and enrolled on group classes. The classes covered a range of topics including sleep patterns and disturbed sleep, building up strength and exercise, pacing, goal setting,</p>	

	<p>breathing exercises. The patient had felt isolated but felt the regular meeting with the service and other members of the class was a lifeline, and it was useful to share experiences. Anonymised experiences from other groups were helpful. The patient explained that before they had been a very active person and was in disbelief at what they were experiencing. The service had been very sensitive to individual needs.</p> <p>The patient gave some examples of what could have been better, which included:</p> <p>The length of time to find and be referred to the services</p> <p>While the virtual nature of classes was understandable, some face to face provision would be of benefit;</p> <p>In addition to group classes, an individual appointment with the respiratory nurse and dietitian would be of benefit (these were being arranged).</p> <p>It would have been good to have an organised/facilitated 'reunion' of the group which had been part of the sessions to encourage ongoing peer support.</p> <p>Although recognising that this was not the responsibility of the service, the patient would appreciate a 4<sup>th</sup> dose of vaccine.</p> <p>SL suggested that work would be done regarding the length of time it took to refer but DB explained that the service had started in December 2020 and it had taken some time to both spread the word and have the capacity to respond. JH said that the process for GPs to refer to the service was much slicker now as more are aware of the service. She would look into more promotion of the service to ensure further awareness.</p> <p>JH explained that patients to the service are at 1000 almost with 100 on the waiting list. The staff within the service had multiplied considerably to help with getting through the list. The MDT includes a cardio consultant, GP, dietitian, and psychotherapist, as long covid was an incredibly complex and demanding condition. JH said there were plans for more group sessions.</p> <p>MB thanks JH for the very informative information and asked if the services were for Wiltshire residents only. JH explained that the service covered the BSW area and there were resources in place to meet the demand. It was a great model for managing long term conditions as a whole. LH thanked JH and suggested there was a lot of learning to take away re MDT, virtual wards, long term conditions. Lina Middleton (PPI Officer) explained that PPI had been engaging with the long covid service and a survey had been developed; results were coming in. She would be setting up a focus group to help with developing the service further and work more with minorities.</p> <p>SL thanked the patient and service lead for attending.</p>	
2.	<p><b>Declarations and Conflicts of Interests</b> None</p>	
3.	<p><b>a) Part I Minutes</b> The Part I minutes of the previous meeting were reviewed with the following amendment: Item 14, 'whole risk register' to be change to 'risk appetite paper'.</p>	

	<p>Approval of the Part I minutes were proposed by MB and seconded by RB; there were no objections.</p> <p><b>DECISION: The Board Members approved the Part I minutes of the previous meeting held on 5 November 2021 as an accurate record of proceedings.</b></p> <p><b>b) Action/Decision Tracker:</b> The action tracker was reviewed and updated. All open actions could be closed.</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) had nothing to add in addition to the items on the agenda.</p>	
5.	<p><b>Managing Director's Update</b></p> <p>The Managing Director (DB) gave a brief update to the Board on aspects not covered by the agenda. He informed the Board that it had been agreed with NHS England for WHC to act as a Long Covid Hub for the South West region. In practice, it meant hosting a small amount of additional clinical resource which would be made available to other areas of the South West. DB asked the Board to note that overnight community nursing services had launched in the previous week; it was limited to three nights in the south of the County in the initial phase and would extend further as posts were recruited into. On other developments, the 2-Hour Crisis service would include non injurious falls from 7 February and expand to the full service specification by the end of March 2022. WHC was working closely with the South West Ambulance Service NHS Foundation Trust to improve the connection between 2 hour crisis services and the activities of the ambulance service.</p>	
<b>Governance</b>		
6.	<p><b>Risk Report 15+</b></p> <p>SQ introduced the risk register to the Board reporting a stable position. The Board noted that it was assured with the management of risks.</p>	
7.	<p><b>Risk Appetite</b></p> <p>DB explained that the risk appetite of the organisation had been formally reviewed and that the paper set out the proposed risk appetite and risk tolerance. The main additions to previous versions was a clearer distinction between the risk appetite for new 'business' related to the core purpose of WHC and not related to core purpose, an increase in appetite to expanding geographic coverage where this made sense and a change in wording around patient safety risk to make clear that it did not relate to choices individuals with capacity made for themselves. The Board were asked to consider and approve the risk appetite.</p> <p>In discussion, the following points were made:</p> <p>SL said that at a Chairs meeting he attends risk appetite was discussed and the point that risk appetite across the entire health and care system was not always aligned. The new integrated care system would be looking at alignment of risk appetites wherever possible.</p>	

	<p>LT was unsure if the section around new business relating to core purpose needed to be included, as it was implicit in decision making. DB thought it was helpful to show explicitly that risk appetite would depend on how well new services or opportunities fitted with the core purpose.</p> <p>MB said that the BAF was discussed at Audit Committee and a suggestion was that the risk appetite would need to link more clearly to the BAF.</p> <p>RB would like to see practical examples of when the risk appetite was being used as part of decision making.</p> <p><b>DECISION: The Board approved the Risk Appetite for WHC</b></p>	
<b>Governance</b>		
8.	<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 that work had been undertaken on diabetes follow up lists and a report would be submitted to the Executive and Quality Assurance Committee.</p> <p><b>Workforce:</b> SQ introduced the Workforce section to the Board asking that the increase in sickness be noted. The Board would be kept updated regarding the possible change in guidance for mandatory covid vaccination for staff. AC explained that, although the vacancy rate was reported on the dashboard at 3.08%, this did not include new roles added for additional services (both recurrent and fixed term posts, most of which are still actively being recruited to). The estimated overall percentage would be closer to 10%.</p> <p><b>Finance:</b> AC introduced the Finance section to the Board reporting that the financial forecast remained stable with a 200k surplus that would be put back into services pending members approval.</p> <p><b>Performance</b></p> <p>LH introduced the performance section advising the Board that progress was being made in following up the action from the last Board meeting in identifying better indicators of operational pressure. These indicators would then be linked more clearly to the setting of OPEL status also. LH noted that the system had stepped back into system level OPEL 4. As such, a risk based decision had been taken to open Savernake beds a few hours earlier than their planned reopening from infection outbreak. This had provided some much needed additional capacity. SL mentioned that at the Chairs meeting he attends the pressure of whole system was discussed and the impact on behaviours in the system had been discussed also. LH said her staff had feedback that they felt well supported.</p> <p>LT commented that it was still difficult to see the impact of new services and funding on the information presented in the dashboard. DB explained that there were separate dashboard which were tracking new services, in particular the 2 hour crisis service. These were reported through the Ageing Well programme in Wiltshire. The question raised by LT highlighted that it would be useful to also make this available to board members.</p>	

	<p><b>ACTION: DB to share individual dashboards for high profile new services at each meeting.</b></p> <p><b>Infrastructure:</b> DB introduced the infrastructure section of the report highlighting that Ward 4 in St Martins Hospital, Bath was being used as a surge ward but would need to be ready for the planned decant of Longleat ward. Timelines were being planned carefully to ensure the transition from surge ward to Longleat ward. SL asked what the impact of current system pressures would be on the plan, and whether there were alternatives. DB said there was no alternative to decanting the ward, as the refurbishment works were active, with builders on site. This constraint had been made clear to the whole system when use of the facility for surge capacity had been agreed.</p> <p>DB highlighted that the BSW system was in the process of a procurement regarding video consultant software. A risk related to potential switching of platforms should be noted, but this was being worked through in line with the procurement timelines.</p> <p>The Board <b>noted</b> the report.</p>	
9.	<p><b>WHC WRES Submission 2021</b></p> <p>SQ introduced the paper to the Board highlighting the slight increase from last year's data of overall workforce and being well above the Wiltshire average. there was no change in the Board element regarding more diversity at Board and senior management level, this was included in the action plan.</p> <p>The Board noted the report, and the importance of action being taken in line with the action plan.</p>	
10.	<p><b>Delivery Plan Tracker Q3</b></p> <p>DB highlighted the Quarter 3 updates and the 8 objectives that would not meet the end of Quarter 4 deadline due to system pressures and the pandemic. The Delivery Plan would be refreshed as part of the annual plan. The Board noted the report.</p>	
11.	<p><b>Planning Update</b></p> <p>DB introduced some slides obtained from NHS England to give the non-executive directors a broader understanding of the entire national overarching planning priorities for 2022/23. The national priorities were helpfully in line with the ongoing development of WHC services. There was a strong focus on community services and virtual wards, urgent community response, anticipatory care, home first discharges, learning disabilities and autism (the LD service had not benefitted from mental health investment to date). The WHC process of developing a refreshed delivery plan and associated investment was included in the pack and had had also been shared at the Audit Committee.</p> <p>The Board noted the update.</p>	
12.	<p><b>EPRR Assurance Report</b></p> <p>JB attended to introduce the EPRR assurance report and shared some achievements during the last year, which included:</p>	

	<ul style="list-style-type: none"> <li>• a review of the on-call system resulting in introducing two on call manager rotas, one for the Community Teams and one for Inpatients, Flow and MIU. A thorough training programme was introduced.</li> <li>• The incident response system 'iRespond' was reviewed resulting in a new 'control desk', allowing a more efficient process.</li> <li>• Out of the 38 NHS England Core Standards for EPRR that were applicable, WHC was fully compliant in 35. Action plans were in place to address the 3 partially compliant standards. Training and exercising were not involved this time due to Covid but they would be included next time.</li> </ul> <p>The Board were content with the report and noted the activities and achievements which had been pursued in relation to EPRR in the last 12 months, the outcome of the EPRR Core Standards assessment, and the action being taken on those standards judged to be partially compliant</p>	
<b>Highlight Reports</b>		
<b>13.</b>	<b>Highlight Report from Quality Assurance Committee</b> The report was noted by the Board	
<b>14.</b>	<b>Highlight Report from Audit Committee</b> MB introduced the report and informed the Board highlighting that the Audit Committee terms of reference were annually reviewed and agreed. He informed the Board of a staff members allegation of fraud which was being investigated by the Counter Fraud Officer. MB had conducted an effectiveness survey for the Audit Committee which had been positive. MB was hoping to be in active tender before the new financial year for internal audit and CF services, but it had now been delayed and would procure services from 2023/24 onwards.	
<b>15.</b>	<b>Update to Extended Access contract</b> DB introduced this item informing the Board that it was still anticipated that the contract for extended access would move to Primary Care Networks in 2022/23, although confirmation was still awaited.	
<b>16.</b>	<b>Key points for Member Organisations</b> <ul style="list-style-type: none"> <li>• Patient story</li> <li>• EPRR Assurance Report</li> <li>• More tracking of new services being established</li> <li>• Planning update</li> </ul>	
<b>17.</b>	<b>Any other business</b> None	
<b>Date of next Meeting:</b> <u>To sign off contract:</u> Friday 25 March 2022 13:30-15:30 (MS Teams) <u>Full Board Meeting:</u> Friday 6 May 2022 13:30-16:30 (MS Teams or venue TBC)		

# Wiltshire Health and Care Board Action Tracker - Part I

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

No	Date Entered	Action	Assigned to	Status	Due date	Date closed	Notes
146	04/02/2022	DB to share individual dashboards for high profile services at each meeting.	LH/DB	Can be closed	06/05/2022		On agenda

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

**Item 4**

**Annual Terms of Reference Review**

**PAPER**

As part of an annual review of the Terms of Reference of the Operating Board, members are invited to review the current terms of reference for discussion at the meeting.

**Wiltshire Health and Care (“WHC” or “LLP”)**  
**Operating Board**  
**Terms of Reference**

## 1. CONTENT

#	Section of Terms of Reference	Links
1.	Content	<a href="#">Link</a>
2.	Definitions	<a href="#">Link</a>
3.	Establishment	<a href="#">Link</a>
4.	Responsibilities	<a href="#">Link</a>
5.	Membership	<a href="#">Link</a>
6.	Quorum	<a href="#">Link</a>
7.	Chair	<a href="#">Link</a>
8.	Frequency of meetings	<a href="#">Link</a>
9.	Matters that must be decided by the Members Board	<a href="#">Link</a>
10.	Voting by the Operational Board	<a href="#">Link</a>
11.	Recording the meetings of the Operational Board	<a href="#">Link</a>
12.	Reporting Lines	<a href="#">Link</a>
13.	Review	<a href="#">Link</a>

## 2. DEFINITIONS

- **Members:** The three NHS Foundation Trusts that have come together to form Wiltshire Health and Care LLP: (1) Great Western NHS Foundation Trust; (2) Royal United Hospitals Bath NHS Foundation Trust; and (3) Salisbury NHS Foundation Trust. Each a “Member”.
- **Members Agreement:** The deed setting out the responsibilities and liabilities of the Members in relation to Wiltshire Health and Care LLP.

Document:	Terms of Reference, WHC Operational Board
Version:	V0.1
Date approved by WHC Members Board	[TBC]
Date last reviewed by WHC Members Board:	[TBC]

- **Members Board:** A board comprising at least one representative from each of the Members (that representative typically being the Chair or Chief Executive of each Member).
- **Reserved Matters:** decisions that can only be agreed by the Members. The Reserved Matters are set out in *Schedule 4* of the Members Agreement.
- **Wiltshire Health and Care Operating Board:** means the operating board of the LLP as constituted from time to time pursuant to clause 24 of the Members Agreement.

### 3. ESTABLISHMENT

- As per section 5 of the Members Agreement, the Members are required to establish an Operating Board to oversee the delivery of the Strategy of the LLP, agree operational strategy for the delivery of community health and associated services, and to hold the LLP executive team to account in respect of services delivery and legal, contractual and regulatory requirements.

### 4. RESPONSIBILITIES

- As stated above, it shall be the role of the Operating Board to collectively:

#	Responsibility	Action of Operating Board	Approval required
4A	Oversee the delivery of the strategy for the LLP (as agreed by the Members of the LLP via the Members Board, and as set out in the Strategic Plan), and to escalate any unfavourable variance to the Members of the LLP via the Members Board	<ul style="list-style-type: none"> <li>• The Objectives for the use of the LLP vehicle are set out in clause 3.1 of the Members Agreement.</li> <li>• These should be reviewed by the Members Board annually, so that Members can discuss whether these remain appropriate going forward. If not, the Members should discuss and agree alternative objectives.</li> <li>• Put in place an effective escalation framework to provide assurance to the Members Board on the matters set out in clause 5.1 of the Members Agreement (the “<b>Escalation Framework</b>”).</li> </ul>	<ul style="list-style-type: none"> <li>• Any change to the Objectives for the use of the LLP vehicle would require an amendment to the Members Agreement. This would therefore require a <b>unanimous</b> decision of the Members.</li> </ul>

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#	Responsibility	Action of Operating Board	Approval required
4B	Agree the operational strategy for the delivery of community health and associated services in Wiltshire, and how Wiltshire Health and Care will plan for continued improvement in quality and experience of its service users (the “Delivery Plan”)	<ul style="list-style-type: none"> <li>In accordance with clause 5.2 of the Members Agreement the Delivery Plan will be presented to the Operating Board not later than 2 months after the beginning of the start of the first Accounting Reference Period to which it relates, and will cover a three year period.</li> <li>As per the Members Agreement, the Strategic Plan shall be formally reviewed and amended at least annually by the WHC Operating Board, and subsequently presented for approval by the Members Board.</li> </ul>	<ul style="list-style-type: none"> <li>Approval of the Strategic Plan is a “Part 1” Reserved Matter, requiring the <b>unanimous</b> approval of the Members.</li> </ul>

#	Responsibility	Action of Operating Board	Approval required
4C	Hold the LLP executive team to account in relation to service delivery	<ul style="list-style-type: none"> <li>Receive regular performance updates on service delivery at meetings of the Board.</li> </ul>	<ul style="list-style-type: none"> <li>No approval required as such, but the Members should act collaboratively in considering this topic.</li> </ul>

#	Responsibility	Action of Operating Board	Approval required
4D	Hold the LLP executive team to account in relation to the legal, contractual, and regulatory requirements relevant to the contracts held by the LLP	<ul style="list-style-type: none"> <li>Receive regular updates on such matters at meetings of the Board.</li> </ul>	<ul style="list-style-type: none"> <li>No approval required as such, but the Members should act collaboratively in considering this topic.</li> </ul>

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## 5. MEMBERSHIP

- The Operating Board shall comprise the following representatives:
  - a) The Chair of Wiltshire Health & Care
  - b) Non-Executive Member – Patient Voice
  - c) Non-Executive Member – Finance and Audit
  - d) Non-Executive Member – Primary Care
  - e) Non-Executive Member Great Western Hospitals NHS Foundation Trust (“GWH”) Board Representative
  - f) Non-Executive Member Royal United Hospitals NHS Foundation Trust (“RUH”) Board Representative
  - g) Non-Executive Member Salisbury NHS Foundation Trust (“SFT”) Board Representative
  - h) Executive Member, Managing Director
  - i) Executive Member, Director of Finance
  - j) Executive Member, Chief Operating Officer
  - k) Executive Member; Director of Quality, Professions and Workforce
- Where any of the representatives listed in e) to k) above are unable to attend a meeting of the Operating Board, they shall be permitted to send an Alternate. To ensure continuity, it is anticipated that no representative on the Operating Board shall send an Alternate more than once per calendar year.
- A meeting of the Operating Board shall also be attended by the following representatives:
  - Director of Governance, Legal, and Company Secretary
  - Director of Infrastructure.
- Only the individuals named above have the right to attend meetings of the Operating Board. Other persons may be invited to attend a meeting so as to assist in deliberations.
- 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.

<b>Document:</b>	Terms of Reference, WHC Operational Board
<b>Version:</b>	V0.1
<b>Date approved by WHC Members Board</b>	[TBC]
<b>Date last reviewed by WHC Members Board:</b>	[TBC]

## 6. QUORUM

- A meeting of the Operating Board shall be considered quorate provided that there are not less than **three Non-Executive** Board Members. Unless a quorum is present at any meeting of the WHC Operating Board, no WHC Operating Board Resolution relating to any business may be proposed or passed.
- In the absence of a quorum, meetings of the WHC Operating Board may be reconvened on not less than five Business Days' written notice, such notice to be dispatched to all of the WHC Operating Board Members together with a meeting agenda. If a quorum is not present at the reconvened meeting, and provided that there are not less than **two Non-Executive** WHC Operating Board Members present, then a quorum shall be deemed to exist at such reconvened meeting; provided that whenever a quorum is deemed to exist by virtue of this clause, the business of the WHC Operating Board at such meeting shall be limited to the agenda set out in the notice of that meeting.

## 7. CHAIR

- A meeting of the Operations Board shall be chaired by the WH&C Chair.

## 8. FREQUENCY OF MEETINGS

- Meetings shall be held at least every quarter.
- Additional meetings may be convened by any one of the WHC Operating Board Members at any time on not less than five Business Days' notice (or shorter notice if all the WHC Operating Board Members so agree).
- Agendas and supporting documentation will be circulated at least 5 working days in advance of the meeting.
- The Director of Governance/Company Secretary shall ensure that the Board 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 Board members.

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Version:	V0.1
Date approved by WHC Members Board	[TBC]
Date last reviewed by WHC Members Board:	[TBC]

## 9. MATTERS THAT MUST BE DECIDED BY THE MEMBERS BOARD

- Subject to any special rights or restrictions as to voting attached to the Interest of any Member in accordance with the Members Agreement, or any matters to be decided by WHC Operating Board Resolution, the Members shall decide the following matters:
  - A. any matter that enables the Members to carry out their responsibilities as set out in clause 4.1 of the Members Agreement;
  - B. any Reserved Matter specified in the Members Agreement;
  - C. any amendment to the Members Agreement in accordance with clause **Error! Reference source not found.** of the Members Agreement; and
  - D. any other matter required by applicable law or relevant regulatory authority, following receipt of advice from the LLP's legal advisors, or as decided by the WHC Operating Board, to be submitted to a resolution of the Members from time to time.

## 10. VOTING BY THE OPERATING BOARD

- 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.
- A Member shall not be entitled to attend and speak at such part of an Operating Board at which it is proposed to discuss or vote on any matter upon which is a Conflict Matter if the disclosure to such Member of the specific commercial terms being discussed or voted upon could compromise the LLP's ability to secure the most favourable commercial deal or where the information or proposals to be discussed or voted upon at the meeting directly relate to a dispute between the LLP and that Member or Associate of that Member.

## 11. RECORDING THE MEETINGS OF THE OPERATIONAL BOARD

- All meetings of the Operational Board shall be minuted by the Corporate Services team, and those minutes shall be issued to the Chair within three weeks for comment and agreement. The minutes will be formally approved at the next available meeting of the Operational Board.

## 12. REPORTING LINES

- The Chair shall ensure that there is an effective flow of information from the LLP to the Members and vice versa. The primary method of information flow from the LLP to the Members shall be through the Escalation Framework, but the Chair shall have a key role to play in ensuring that key information, necessary to facilitate an effective relationship between those working for the LLP and the Members, flows in both directions.

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### 13. REVIEW

- The Operational Board will review its performance, its membership and these terms of reference annually, to ensure it continues to discharge its business effectively.

February 2021

<b>Document:</b>	Terms of Reference, WHC Operational Board
<b>Version:</b>	V0.1
<b>Date approved by WHC Members Board</b>	[TBC]
<b>Date last reviewed by WHC Members Board:</b>	[TBC]

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

**Item 5**

**Chairs Update**

**VERBAL**

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

**Item 6**

**Managing Directors Update**

**VERBAL**

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

**Item 7**

**Risk Report 15+**

**PAPER**

**Subject:** Risk Report  
**Date of Meeting:** 06 May 2022  
**Author:** Tom Blowers, Risk and Complaints Manager  
**Executive Sponsor:** Sara Quarrie, Director of Quality, Professions and Workforce

**1 Purpose**

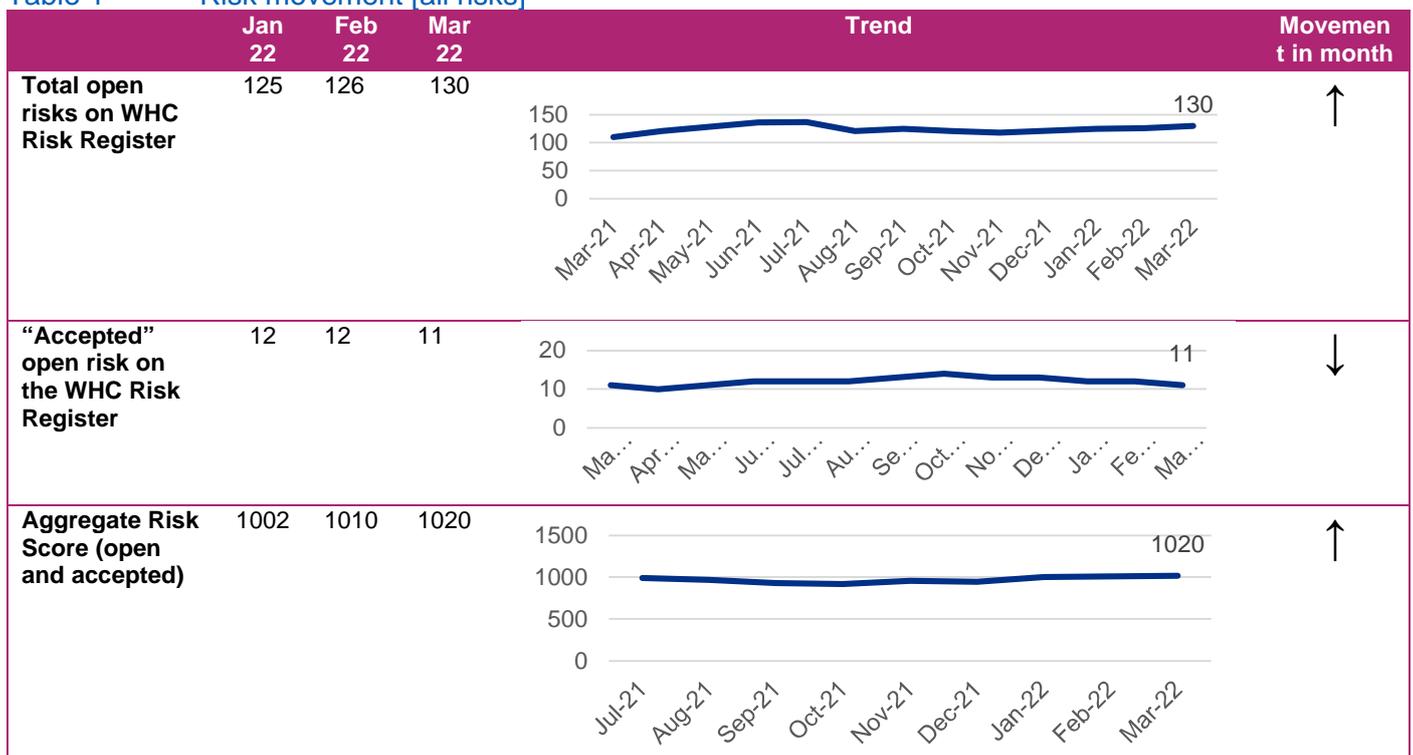
To appraise the Executive Committee of:

<b>Error! Reference source not found.</b>	For information
Section A - 15+ Risk snapshot & Wiltshire Health and Care’s risk summary profile- Table 1 displays the aggregate risk score (total amount of risk facing the organisation) which has remained above 1000. This represents a strong risk reporting culture and could be an indicator of the total amount of risk that the organisation is prepared to hold.	For discussion and action
Section B - 15+ risks on the risk register	

**2 Discussion**

**2.1 Section A - 15+ Risk snapshot & Wiltshire Health and Care’s risk summary profile-**

**Table 1 Risk movement [all risks]**



Section A - 15+ Risk snapshot & Wiltshire Health and Care’s risk summary profile-

Table 1 displays the aggregate risk score (total amount of risk facing the organisation) which has remained above 1000. This represents a strong risk reporting culture and could be an indicator of the total amount of risk that the organisation is prepared to hold.

## 2.2 Section B - 15+ risks on the risk register

2.2.1 Risk Profile for 15+ risks – Risk 202 was escalated in during the quarter to a score of 16 no other risks have crossed the 15+ threshold. Figure 7 displays the position of the three top risks against likelihood and impact

Figure 1 Likelihood vs. impact matrix 15+ risk scoring

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

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

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

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
1 [Risk 202]	0	2	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

2.2.2 15+ Risk Movement - One risk was escalated scoring L4 x I3 = 16, Risk 202

Table 2 Risk movement

Risk movement	Update	Comments	Trend
New 15+ Risks	No movement	No new	↔
Escalated to 15+ Risk	Movement	One risk been escalated in the reporting period.	↑
Accepted 15+ Risk	No risks accepted	No 12+ risks were accepted during the reporting period	↔

Risk movement	Update	Comments	Trend
<b>Closed 15+ Risks</b>	No risks closed	No risks have been closed in the reporting period	↔
<b>De-escalated 15+ Risks</b>	No risks deescalated	One risk (248) discussed in the February risk workshop was deescalated	↔

Section A - 15+ Risk snapshot & Wiltshire Health and Care's risk summary profile-

Table 1 displays the aggregate risk score (total amount of risk facing the organisation) which has remained above 1000. This represents a strong risk reporting culture and could be an indicator of the total amount of risk that the organisation is prepared to hold.

**2.3 Section B - 15+ risks on the risk register**

At its April meeting, the Executive Committee agreed to split Risk 202 – Increasing Levels of Demand on Services into two separate risks for more effective management. The original Risk 202 ‘Increasing levels of demand on services, is below, with the two new draft risks underneath.

Risk ID	Risk Description	Controls in Place Summary	Current score
202	<b>Increasing Levels of Demand on Services</b> 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.	16

The two new risks separate out the risk of a sustained and systemic mismatch in demand and capacity from the risk of unforeseen or unpredictable surges in demand or loss of supply. This is in recognition that the actions and mitigations for each are different in nature. The systemic risk is focused the risk of future mismatch, recognising that it is occurring as an issue at present.

Risk ID	Risk Description	Controls in Place Summary	Initial Rating	Open actions	Due	Action Owner
TBC	Cause: Sustained demand on services is greater than what Wiltshire Health and Care are commissioned to provide Effect: may impact on staffing levels and morale, patient safety, ability to plan or start new services effectively, services provided may not be congruent with what is needed locally Outcomes: sub- optimal service delivery, patient safety impacts across the health and care system; reputational damage	Shared demand and capacity modelling occurs across the local system to understand level of demand to support planning  Services and capacity commissioned in line with demand modelling.	L4 (Likely) x 1 3 (Significant) = 12	Active participation in demand and capacity modelling for Q2-4, 2022-23	30 June 2022	Douglas Blair
				Participation in Whole Systems Partnership system demand and capacity modelling for long term care model	30 September 2022	Douglas Blair

Risk ID	Risk Description	Controls in Place Summary	Initial Rating	Open actions	Due	Action Owner
				Work with commissioners to fill historic gaps in commissioned services (Delivery Plan objective)	30 September 2022	Lisa Hodgson
				Develop options for permanent investment and growth in Home First (Delivery Plan objective)	30 June 2022	Lisa Hodgson

Risk ID	Risk Description	Controls in Place Summary	Initial Rating	Open actions	Due	Action Owner
TBC	Cause: surges in demand or loss of supply could impact the ability for services to respond to need for a period of time Effect: high sickness levels, extreme weather, high vacancy rates and unexpected demand on services could result in temporary service closure, patient safety issues and inability to meet targets Outcomes: missed appointments and referrals, patient harm, sub-optimal service delivery, reputational damage	Shared demand modelling occurs across the local system to understand level of demand to support prediction of surge wherever possible  Enhanced frequency of internal planning meetings to agree responses to low staffed areas, e.g. cross ward working.  Protocol to move to snow days when planned service delivery is impacted	L3 (possible) x 14 (Major) = 12	Review of business continuity plans and arrangements  Review/improvement of use of OPEL framework  Embed use of care action card/ethical framework in procedures and escalation plans	TBC	John Bishop  John Bishop  Lisa Hodgson

### 3 Recommendation

The Board is invited to:

- a) discuss this report

**b)** comment on the planned splitting of Risk 202, and the content of the draft replacement risks.

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

**Item 8**

**Full Staff Survey Report**

**PAPER**

**Wiltshire Health and Care Board****Information**

<b>Subject:</b>	<b>Staff Survey 2021 Results (including Community and National Benchmarking Data)</b>
<b>Date of Meeting:</b>	<b>6 May 2022</b>
<b>Author:</b>	<b>Rachel Steward, People Lead</b>
<b>Executive Sponsor:</b>	<b>Sara Quarrie, Director of Quality Professions and Workforce</b>

## 1. Introduction

This paper will provide an overview of the results of the 2021 Staff Survey; identifying areas of improvement as well as highlighting areas where focus is required for the coming year, in order to improve staff engagement.

## 2. Overview of Survey

Wiltshire Health and Care launched the 2021 NHS Staff Survey for a period of 8 weeks, between 18<sup>th</sup> October and 10<sup>th</sup> December 2021.

The survey was available to all staff (including bank staff and volunteers) via our survey platform, Smart Survey, and regular communications were issued during the 8-week period to encourage staff to complete the survey and to provide an overview of what the staff survey is and how responses are utilised to shape the organisation's objectives over the next year.

The 2021 survey has undergone a refresh, as set by NHS Employers, which is the most significant change to the survey for at least a decade. The scope of the refresh, based on widespread and significant engagement with stakeholders and key data users, covers the following key areas:

- **Aligning with the People Promise**
- **Increasing participation and inclusivity**
- **Maintaining comparability of survey results for key indicators**

From this year the questions in the NHS Staff Survey are aligned to The People Promise <sup>1</sup>. This sets out, in the words of our NHS people, the things that would most improve our working experience, such as health and wellbeing support, the opportunity to work flexibly, and to feel we all belong, regardless of our background or our job.

To improve inclusion and belonging and to encourage increased participation, some changes to the questions asked were made in the 2021 Staff Survey. The questions utilised in our local survey are aligned to the nationally determined questions and the full details of all the questions can be viewed in the Appendix 1. Appendix 2 can also be referenced for year-on-year trends against each survey question.

## 3. Response Rate

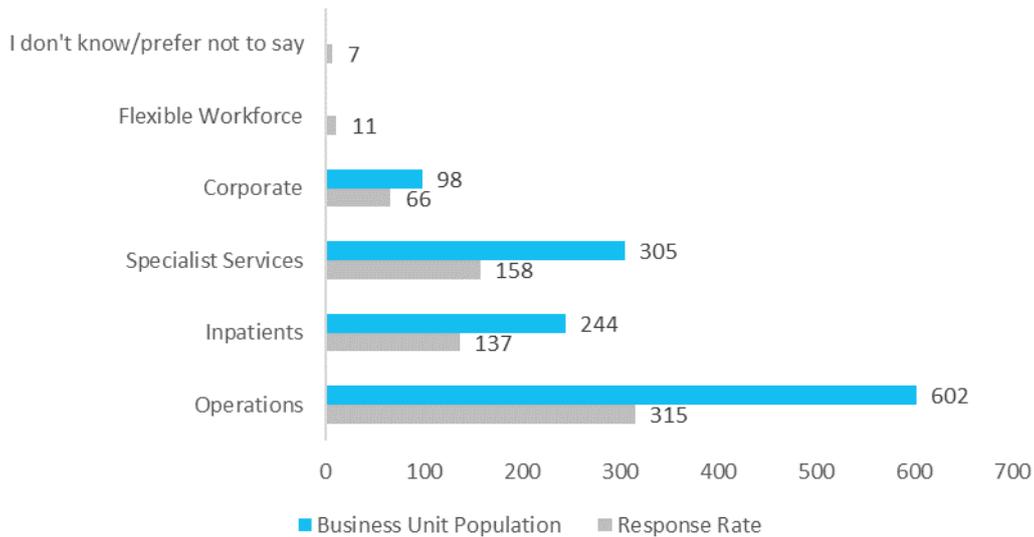
The response rate for 2021 was 53.5% (694 employees excluding bank staff). This was notably higher than the 2020 and 2019 response rates of 33.95% (404 employees) and 24.74% (284

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<sup>1</sup> [NHS England » Our NHS People Promise](#)

employees) respectively. This increase in response was anticipated post-COVID, and is likely to be a national trend, however we also recognised that the satisfaction and engagement rates may have reduced in year, due to the significant impact the pandemic has had on our working lives.

Comparison of Response Rate and Business Unit Population



#### Definition of each Business Unit for the purpose of the Survey:

**Operations** - Community Teams, Intensive Rehab, Continence, Learning Disabilities,

**Inpatients** - All Wards, Minor Injury Units and Patient Flow

**Specialist Services** - MSK, Diabetes, Dietetics, SLT, Wheelchair Services, Neurology, Podiatry, Respiratory, Specialist Services Admin etc.

**Corporate** - IT / Informatics, Finance, Workforce, Quality, Corporate Services

**Flexible Workforce** - Bank Staff, Volunteers

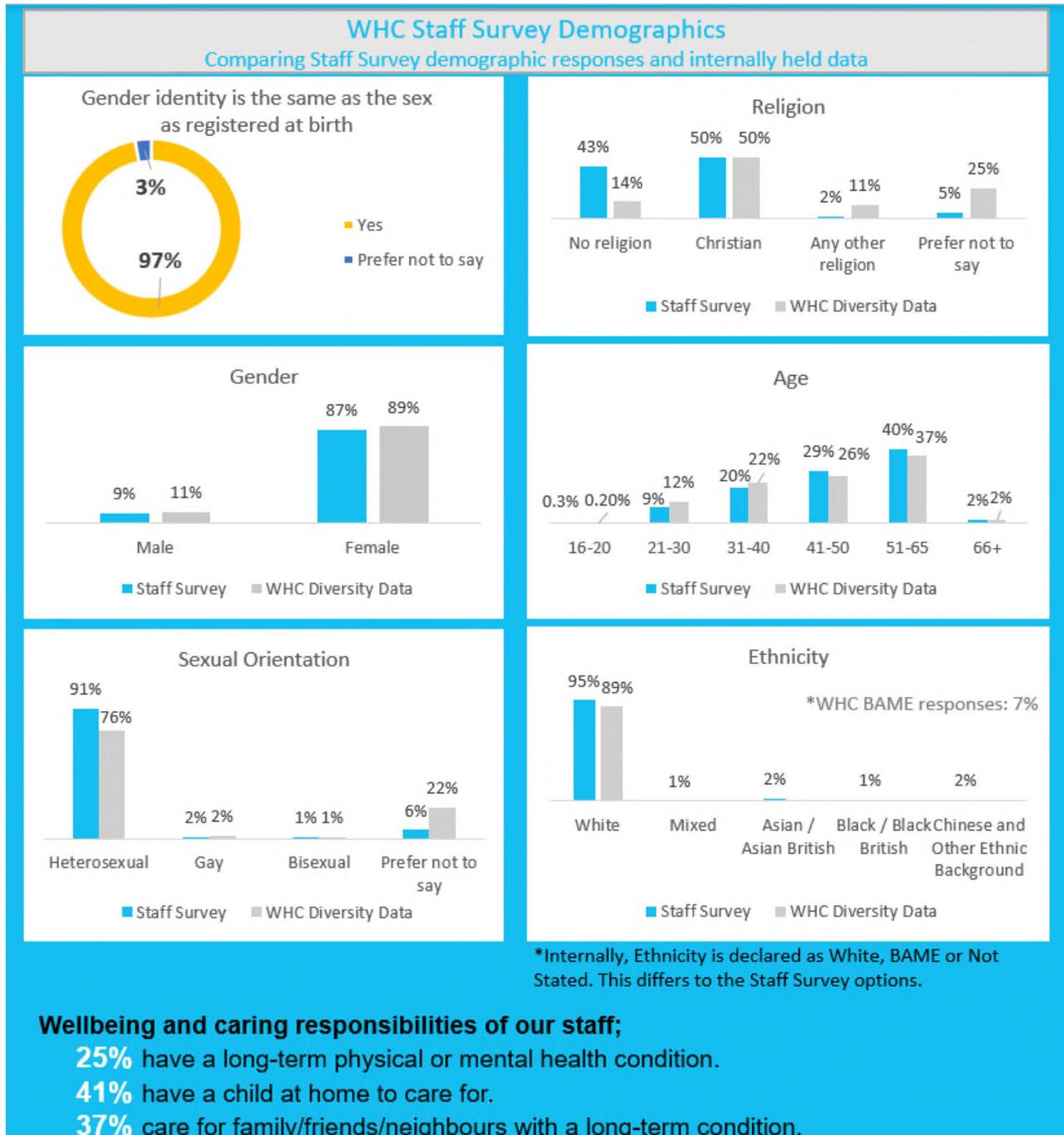
#### 4. Demographics

The demographic data gathered in this survey, as outlined below, gives us a further insight into our employee profile and for comparison, has been measured against our employee diversity information held on ESR. It allows us to assess if those staff completing the engagement survey are a fair representation of our full employee demographic. Comparisons between these are shown in the dashboard on the following page.

The demographics of those completing the survey highlight that there is lack of diversity across gender, sexual orientation and gender identity within our workforce.

The comparison between the ESR data and those completing the staff survey shows that employees were less willing to declare their demographics when joining the organisation in comparison to this staff survey. This is shown in religion and sexual orientation questions where notably more people chose to not make a declaration when joining the organisation.

Further work would need to be understood as to why employees did not feel comfortable at the time, but it is positive that employees are more open once working in WHC.



## 5. Summary of Results:

Engagement is measured by the positive scores attributed to questions (specific scoring metrics can be found in Appendix 1). The overall engagement score for 2021 is 62%, a 2% reduction from 2020. Comparison was made to questions that were asked on both years' survey only, to ensure a direct contrast. Full results for each question are shown in Appendix 1.

## 5.1 Improvements

The below shows the questions where there was a positive difference between the 2021 and 2020 score.

Question	Measure	2021 Result	Change from 2020
My organisation takes positive action on health and well-being.	Agree / Strongly Agree	59%	↑ +20%
The team I work in often meets to discuss the team's effectiveness	Agree / Strongly Agree	58%	↑ +12%
I always know what my work responsibilities are	Agree / Strongly Agree	87%	↑ +2.5%
I feel that my role makes a difference to patients / service users	Agree / Strongly Agree	90%	↑ +1.4%

## 5.2 Biggest Decreases:

The below shows the questions with the biggest decreases in scores.

Question	Measure	2021 Result	Change from 2020
There are enough staff at this organisation for me to do my job properly	Agree / Strongly Agree	25%	↓ -18%
In the last 3 months, have you ever come to work despite not feeling well enough to perform your duties? *	No	55%	↓ -10%
My level of pay	Satisfied / Very Satisfied	34%	↓ - 9%
My immediate manager takes a positive interest in my health and wellbeing	Agree / Strongly Agree	74%	↓ -8%
I am confident that my organisation would address my concern*	Strongly Agree / Agree	70%	↓ -6%

(\* Declined year on year)

## **6. Themes:**

### **6.1 Your Job**

*2021 Theme Score: 59%*

*2020 Theme Score: 63%*

When assessing their roles, 75% of employees are enthusiastic about their job and 64% look forward to going to work.

The most favourable scores were staff knowing they can make a difference to patient and service units. Whilst 77% feel empowered to make suggestions in their team, only 54% feeling involved in the change and implementation of these ideas.

As stated above, staffing levels seem to be a high cause of concern with only 25% viewing the levels as sufficient. Alongside this, a potential impact is seen in 36% of staff feeling they can meet the conflicting demands on their role and 45% deeming that they sometimes have unrealistic time pressures.

Managers are open to discussions about flexible working, with 77% of staff feeling able to discuss this topic. Despite this, work life balance appears to be difficult for staff to manage, with only 58% feeling they are able to achieve a good work-life balance.

Overall, there appears to be an open dialogue in the organisation about an individuals' role however work may need to be done in enabling employees to put these suggestions into action in order to make positive changes and to achieve a better work-life balance.

### **6.2 Your Team**

*2021 Theme Score: 72%*

*2020 Theme Score: 67%*

There were several new questions included in the survey about team dynamics. These showed positive results with 90% of employees enjoying working in their team and 79% feeling valued and respected by colleagues. More teams are coming together to discuss their effectiveness (12% increase) and are working towards shared objectives. However, some teams may be seeking more freedom in how they achieve their objectives as this scored the lowest in the category (57%).

## **5.4 People in Your Organisation**

*2021 Theme Score: 75%*

*2020 Theme Score: new for 2021 so no comparison*

Across the organisation, staff are kind, respectful and 77% show appreciation to one another. There is an opportunity to improve ways of working however as 58% felt that teams within the organisation work together to achieve their objectives.

### **5.5 Your Managers**

*2021 Theme Score: 73%*

*2020 Theme Score: 76%*

Managers are rated well within the organisation, with their strongest impact in encouraging and valuing the staff's work and listening to the challenges that employees face. Stable with last years' results, 69% receive clear feedback on their work.

There is an 8% reduction in the interest that managers take in their teams health and wellbeing. This score had been increasing since 2014 and further work would need to be undertaken to understand this change. It may be that managers need reminding to discuss this with their teams, or it may be that employee needs have changed in the last 2 years and a new approach may be required.

### 5.6 Your Health, Wellbeing & Safety at Work

2021 Theme Score: 72%

2020 Theme Score: 76%

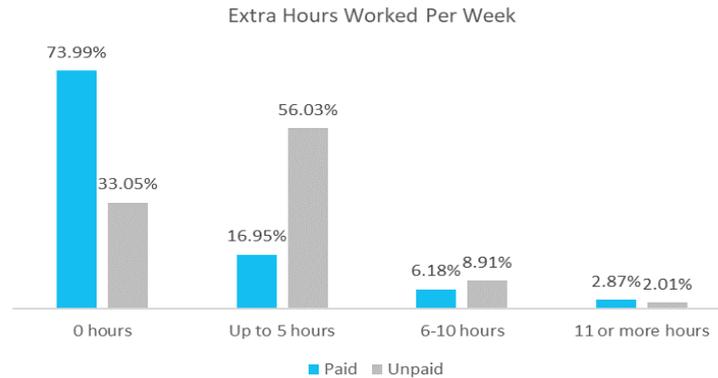
When asked if the organisation takes positive action on health and well-being, 59% of employees agreed. This is a 20% increase compared to 2020. Whilst improvements can still be made, the trend to date is positive.

Positively, 91% of staff do not feel external pressure from their managers to come to work, however 45% have still worked despite not feeling well enough. The table below shows that fatigue and stress are commonly felt by staff in their roles:

Answer Choices	Never	Rarely	Sometimes	Often	Always
How often, if at all, do you find your work emotionally exhausting?	5%	17%	43%	31%	4%
How often, if at all, do you feel burnt out because of your work?	12%	26%	36%	21%	5%
How often, if at all, does your work frustrate you?	5%	18%	43%	30%	4%
How often, if at all, are you exhausted at the thought of another day / shift at work?	14%	29%	33%	20%	4%
How often, if at all, do you feel worn out at the end of your working day / shift?	5%	13%	41%	31%	10%
How often, if at all, do you feel that every working hour is tiring for you?	21%	40%	23%	14%	2%
How often, if at all, do you not have enough energy for family and friends during leisure time?	13%	28%	36%	19%	4%

*Cells highlighted in blue show the highest score for each question.*

Responses show 67% of our staff work additional hours that are unpaid, with a majority doing up to an additional 5 hours per week. This discretionary work will not be recorded centrally and therefore may not be actively managed but is likely to contribute to employee wellbeing and satisfaction.



Regarding clinical practices, 84% feel secure in reporting anything deemed unsafe, with a further 70% feeling confident that these concerns would be appropriately addressed by the organisation. However, this is a 6% decrease compared to last year and an ongoing declining trend.

### 5.7 Your Personal Development

2021 Theme Score: 55%

2020 Theme Score: 47%

The expectation is that all employees have appraisals, with results from this survey showing that they are beneficial to staff. 81% of staff surveyed have had an appraisal in the last 12 months (against an organisational target of 85%), with 90% feeling that it gave them clear objectives in their role. Employees agree that appraisals help to improve how they do their role and leave them feeling valued by the organisation. These demonstrate that managers are equipped to hold strong conversations and that they are used with positive intent.

At an organisational level, 70% of employees feel that they have 'challenging work' and the chance to improve their skills and knowledge. 48% of staff reported being either impartial or unaware of their development options, highlighting that there is an opportunity for the organisation to promote internal career development opportunities.

### 5.8 Your Organisation

2021 Theme Score: 65%

2020 Theme Score: 67%

'Care' is seen at the heart of the organisation by 78% of respondents however this has reduced from 82% in 2020. A similar amount (77%) feel happy for friends or relatives to be cared for by WHC.

Whilst 76% see the organisation acting on patient concerns and 74% feel safe to speak up about their own concerns, only 63% believe the organisation would address staff concerns. Whilst it is positive that employees are able to voice concerns, more work needs to be done to ensure employees feel heard and are shown the positive changes made as a result of these.

Regarding long term commitment to the organisation, 60% of respondents do not see themselves leaving WHC in the next 12 months. When staff were asked they see themselves in the next 12 months, the results are shown below;

Anticipated role over next 12 months	2021 Results	Change from 2020
Not leaving job	48%	↓ 5%
Another job within WHC	12%	↑ 1%
Different NHS Organisation	18%	↓ 2%
Healthcare but outside NHS	3%	↑ 1%
Outside of healthcare	7%	↑ 3%
Retire or career break	12%	↑ 2%

(Please note that some respondents skipped this question which means it is therefore no reflective of the full sample nor the response to Question 22a)

## 5.09 Covid-19 Experience

As working habits change through the Covid-19 pandemic, there were 52% of staff who worked from home due to the pandemic, a 3% reduction to 2020. 24% of staff declared that they worked on a Covid-19 ward, down 5% from 2020, and the same reduction was seen in the numbers being redeployed (16% of staff).

### 5.10.1 Themes from the free text comments:

**Flexible working:** There is currently a mixed response to staff perception of the available working options; with some staff feeling appreciative of the offering and others reporting a lack of part time and flexible working due to the requirements to fit in with shift patterns.

#### Staff said:

- *“Hours are perfect for home life”*
- *“Promises of flexible working are given during recruitment but it’s very difficult to achieve once the job is secured.”*

**Pay and workload:** Staff report that in year workload has increased whilst pay remains the same (acknowledge pay award for 2022 was not confirmed at the point this survey was live) and that this has become a challenge for staff. They also report these frustrations being added too when colleagues are off sick, and their work needs to be covered. Staff are also working beyond contracted hours to ensure work is completed.

#### Staff said:

- *“It’s sad that people who work in warehouses or in retail are paid more than healthcare workers.”*
- *“No staff and increasing workload- unpaid hours in evening catching up on notes and paperwork. Sometimes a rubbish work life balance and no recognition.”*

**Senior Management and Leadership:** Improvements are recognised in staff communications, especially around the weekly comms from the Executive Team. However, some staff note a feeling of a disconnect in Senior Management understanding the day-to-day challenges of those on the front line and making decisions without potentially understanding the impact this may have.

**Staff said:**

- *“The emails weekly from Managing Director and COO are helpful to highlight things we need to be aware of and the good news stories from around the trust. Its great hearing other people’s ideas to be able to implement them into our work area.”*
- *“I feel decisions are often made regarding my work setting by senior managers who are either not clinical or don’t understand our role or what it is like to work in my setting. The decisions made can make the staff feel unvalued.”*

**Teams:** Staff feel their teams work well together and are supportive of each other, which is having a beneficial impact on team morale during difficult times. Due to pay, capacity and workload challenges however, some individuals reported low morale in their teams because of this.

**Staff said:**

- *“I am part of a very supportive team and although I manage my stress well, I can see the pressure of the current workload, the complexity of the patients we are currently seeing, with a high number of end-of-life patients as well as ongoing staff shortages are putting a huge strain on many members in my team.”*

**Staffing and Recruitment:** Low levels of staffing due to a variety of reason e.g., sickness and recruitment challenges, has resulted in increased visits per staff member and/or the staff-patient ratio being impacted on the wards. This has led to sickness and increased health and wellbeing challenges. Staff report a need for increased establishment of agency and bank staff in order to meet patient needs.

**Staff said:**

- *“Running shifts with a decreased staff to patient ratio, increases risk levels for the patients and staff.”*
- *“The care is reactionary rather than preventative due to lack of resources.”*

**Patient Care:** There are several issues raised in the free text comments regarding the referral process in SystemOne. Staff also report that duplication and extent of paperwork is affecting time given to care for our patients. Home First is perceived as not doing what it is meant to be doing and instead is more of a care agency.

**Staff Said:**

- *“Prioritise people over paperwork - we have very long templates and multiple templates for the same thing that then have to go to different meetings. One brief template that can go to any meeting would save so much time and confusion.”*
- *“We have poor referrals come over system one and access to care which if these process could be improved would save valuable time and also further education for GP and acute settings.”*

**Staff Role Fulfilment:** The free text comments demonstrate a theme of staff not feeling fulfilled in their roles, or that their roles aren’t being used appropriately. This is specifically evidence in the role of RSW and Registered Therapists.

## 5.9 Business Unit Comparison

A full review will be done of each business unit and shared with relevant senior leaders. Included in this report is an overview of engagement scores by business area.

Business Unit	2021 Engagement Score
Operations Community Services	67%
Operations Inpatients, MIU and Flow	50%
Operations LTC & Specialist Services	67%
Corporate Services	77%

## 6. Benchmarking

### 6.1 Community Provider Benchmarking

When carrying out external benchmarking, it is most beneficial to compare to other Community Service providers due to the similarity of work and types of roles. Analysis has therefore taken place with other Community Service providers who undertook the 2021 Staff Survey.

The overall response rate for Community Services was 60.2% which is 6.7% higher than WHC.

The below table shows all 8 questions where WHC performed significantly better (>+5% difference) than the Community Service average.

Question	% Variance from Community Average
I look forward to going to work	+8%
Time passes quickly when I am working	+5%
I feel valued by my team	+5%
I feel a strong personal attachment to my team	+7%
I never feel burnt out because of my work	+7%
Every working hour is <i>not</i> tiring for me	+6%
It helped me agree clear objectives for my work (Appraisal)	+8%
It left me feeling that my work is valued by my organisation (Appraisal)	+6%

There were 7 areas where WHC performed significantly worse than our Community Service counterparts;

Question	% Variance from Community Average
The team I work in often meets to discuss the team's effectiveness	-10%
I never experience harassment from Patient / Services users, their relatives, or other members of the public	-9%
I work up to 5 additional hours per week that are unpaid*	+8%
I never experience physical violence from Patient / Services users, their relatives, or other members of the public	-7%
In the last 12 months, have you had an appraisal, annual review, development review or Knowledge and Skills Framework (KSF) development review?	-6%
My organisation acts on concerns raised by patients / services users	-5%
I am able to meet all the conflicting demands on my time at work	-5%

*\*Whilst this score shows a positive variance, due to the way the question is asked the result signifies a negative impact on employees. It has therefore been included in areas where WHC performs below average.*

Overall, WHC have more employees who are enjoying their work and the teams they are in, in comparison to Community Service counterparts. Although our employees have clearer direction and expectations in their roles, work should be done to increase the number of appraisals being held as this falls below Community Service averages.

Whilst this report noted positive scores for the organisation's work on health and wellbeing, these comparisons highlight that more can be done to support our employees. It also further demonstrates that high numbers of our employees working 5+ hours of unpaid work a week and that there are higher numbers of physical violence and harassment against our staff.

## 6.2 National Benchmarking

Nationally, the engagement score was 54%; this is compared to an overall engagement score of 62% for WHC.

Response rates nationally were 50.2%; this is compared to an overall response rate of 53.5% for WHC.

When comparing to National scores, there are 38 questions where WHC performed significantly better. The top 7 questions with the biggest variances are listed below. The full list can be found in Appendix 2.

Question	% Variance from National Average
I look forward to going to work	+12%
I feel safe to speak up about anything that concerns me in this organisation	+12%
I can approach my immediate manager to talk openly about flexible working	+11%
I feel valued by my team	+11%
The people I work with are understanding and kind to one another	+10%
I <i>never</i> feel burnt out because of my work	+10%
Every working hour is tiring	+10%

There were only 2 areas where WHC performed worse than the national average;

Question	% Variance from National Average
I am able to meet all the conflicting demands on my time at work	-7%
I work up to 5 additional hours per week that are unpaid. *	+13%

*\*Whilst this score shows a positive variance, due to the way the question is asked the result signifies a negative impact on employees. It has therefore been included in areas where WHC performs below average.*

Overall, WHC scores favourably in comparison to National scores which is a trend that has been seen over the last few years. Employees feel comfortable raising concerns or issues and they feel valued in their roles. Linked to findings from Community Service providers, it would appear more can be done to support our employee's wellbeing as scores here are lower than in other settings.

## 7. Conclusion & Next Steps

Analysis shows that engagement has decreased slightly across most themes, despite the increased response rate overall. Given the external factors that have impacted the NHS over the last 2 years, it is no surprise that the difficult environment is impacting our staff. Whilst there is only a 2% reduction in engagement overall, this is likely minimised by the significant increases in how employees view the organisations approach to wellbeing (+20%) and how often teams meet to discuss effectiveness (+12%).

Both the comments and survey responses highlight the main frustrations as pay, staffing levels and stress/tiredness caused by work. Whilst there are limitations as an organisation in addressing pay, there is an opportunity to further understand and understand our ongoing work in staffing and wellbeing issues.

The next step is to provide analysis for each Business Unit, and these will be cascaded to senior leadership teams for their review. These teams will then build and own their specific actions, with facilitation and support from HR where required.

Where appropriate, there will be themes which need to be addressed centrally due to their impact across the organisation. These themes will be addressed by, and aligned to, the 22/23 Delivery Plan.

**The Board is invited to:**

- **Note the results of the 2021 Staff Survey;**
- **Highlight any areas it wishes the Executive team to prioritise in addressing the feedback received.**

## Appendix 1

Full Survey Results with new questions for 2020 highlighted in green, these will not have a comparison score. A heat map is used for questions specifically related to engagement.

Category	Questions	Scoring Criteria	2021	% Change from 2020-2021
	<b>Response Rate</b>		53.50%	20.4%
	<b>Your Job:</b>			
Your Job	1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?	Yes, frequently	73.42%	4.61%
		Yes, occasionally	12.64%	-3.45%
		No	13.94%	-1.16%
	<b>For each of the statements below, how often do you feel this way about your job? (Staff Engagement)</b>			0.00%
Your Job	2a I look forward to going to work	Often / Always	64.37%	-4.44%
Your Job	2b I am enthusiastic about my job	Often / Always	75.00%	-5.45%
Your Job	2c Time passes quickly when I am working	Often / Always	84.20%	0.29%
	<b>To what extent do you agree or disagree with the following statements about your work?</b>			
Your Job	3a I always know what my work responsibilities are	Agree / Strongly Agree	86.64%	2.48%
Your Job	3b I feel trusted to do my job	Agree / Strongly Agree	93.83%	0.76%
Your Job	3c There are frequent opportunities for me to show initiative in my role	Agree / Strongly Agree		
Your Job	3d I am able to make suggestions to improve the work of my team / department	Agree / Strongly Agree	77.01%	-5.42%
Your Job	3e I am involved in deciding on changes introduced that affect my work area / team / department	Agree / Strongly Agree	54.02%	0.80%
Your Job	3f I am able to make improvements happen in my area of work	Agree / Strongly Agree	54.31%	-6.33%
Your Job	3g I am able to meet all the conflicting demands on my time at work	Agree / Strongly Agree	36.21%	-7.85%

Your Job	3h I have adequate materials, supplies and equipment to do my work	Agree / Strongly Agree	62.64%	-4.44%
Your Job	3i There are enough staff at this organisation for me to do my job properly	Agree / Strongly Agree	25.00%	-18.07%
	3c I am able to do my job to a standard I am pleased with	Agree / Strongly Agree	75.87%	-4.08%
	<b>How satisfied are you with each of the following aspects of your job?</b>			
Your Job	4a The recognition I get for good work	Satisfied / Very Satisfied	60.49%	-4.86%
Your Job	4b The extent to which my organisation values my work	Satisfied / Very Satisfied	49.57%	-2.66%
Your Job	4c My level of pay	Satisfied / Very Satisfied	34.34%	-9.22%
Your Job	4d The opportunities for flexible working patterns	Satisfied / Very Satisfied	61.92%	0.78%
	<b>For each of the statements below, how often, if at all, do these statements apply to you?</b>			
Your Job	5a I have unrealistic time pressures	Never / Rarely	22.84%	-7.61%
Your Job	5b I have a choice in deciding how to do my work	Never / Rarely	9.34%	1.67%
Your Job	5c Relationships at work are strained	Never / Rarely	54.60%	-4.06%
	<b>Do the following statements apply to you and your job?</b>			
Your Job	6a I feel that my role makes a difference to patients / service users	Agree / Strongly Agree	89.79%	1.42%
Your Job	6b My organisation is committed to helping me balance my work and home life.	Agree / Strongly Agree	53.88%	
Your Job	6c I achieve a good balance between my work life and my home life.	Agree / Strongly Agree	58.34%	
Your Job	6d I can approach my immediate manager to talk openly about flexible working.	Agree / Strongly Agree	77.44%	

	<b>To what extent do you agree or disagree with the following statements about your work? (Staff Involvement)</b>			
Your Team	7a The team I work in has a set of shared objectives	Agree / Strongly Agree	72.48%	-2.02%
Your Team	7b The team I work in often meets to discuss the team's effectiveness	Agree / Strongly Agree	57.68%	12.38%
Your Team	7c I receive the respect I deserve from my colleagues at work	Agree / Strongly Agree	79.54%	-0.41%
Your Team	7d Team members understand each other's roles.	Agree / Strongly Agree	73.49%	
Your Team	7e I enjoy working with the colleagues in my team.	Agree / Strongly Agree	90.60%	
Your Team	7f My team has enough freedom in how to do its work.	Agree / Strongly Agree	57.45%	
Your Team	7g In my team disagreements are dealt with constructively.	Agree / Strongly Agree	62.77%	
Your Team	7h I feel valued by my team	Agree / Strongly Agree	79.28%	
Your Team	7i I feel a strong personal attachment to my team	Agree / Strongly Agree	73.41%	
	<b>People in Your Organisation:</b>			
	<b>Do the following statements apply to you and your job?</b>			
People in Your Organisation	8a Teams within this organisation work well together to achieve their objectives.	Agree / Strongly Agree	58.19%	
People in Your Organisation	8b The people I work with are understanding and kind to one another.	Agree / Strongly Agree	80.95%	
People in Your Organisation	8c The people I work with are polite and treat each other with respect.	Agree / Strongly Agree	81.85%	
People in Your Organisation	8d The people I work with show appreciation to one another	Agree / Strongly Agree	77.49%	
	<b>Your Managers:</b>			

	<b>To what extent do you agree or disagree with the following statements about your immediate manager?</b>			
Your Managers	9a My immediate manager encourages me at work	Agree / Strongly Agree	79.17%	-2.76%
Your Managers	9b My immediate manager gives me clear feedback on my work	Agree / Strongly Agree	69.40%	-0.15%
Your Managers	9c My immediate manager asks for my opinion before making decisions that affect my work	Agree / Strongly Agree	62.65%	-1.95%
Your Managers	9d My immediate manager takes a positive interest in my health and wellbeing	Agree / Strongly Agree	74.42%	-8.01%
Your Managers	9e My immediate manager values my work	Agree / Strongly Agree	78.73%	-2.71%
Your Managers	9f My immediate manager works together with me to come to an understanding of problems.	Agree / Strongly Agree	72.13%	
Your Managers	9g My immediate manager is interested in listening to me when I describe challenges I face.	Agree / Strongly Agree	77.15%	
Your Managers	9h My immediate manager cares about my concerns.	Agree / Strongly Agree	74.42%	
Your Managers	9i My immediate managers takes effective action to help me with any problems I face.	Agree / Strongly Agree	71.55%	
	<b>Your Health, Wellbeing and Safety at Work:</b>			
Your Health, Wellbeing & Safety at Work	10a How many hours a week are you contracted to work?	Up to 29 hours	29.31%	4.56%
		30 or more hours	70.69%	-4.56%
Your Health, Wellbeing & Safety at Work	10b On average, how many <i>additional</i> PAID hours do you work per week for this organisation, over and above your contracted hours? Please include overtime, bank, and on-call	0 hours	73.99%	-4.23%
		Up to 5 hours	16.95%	2.10%
		6-10 hours	6.18%	0.73%
		11 or more hours	2.87%	1.38%
Your Health, Wellbeing &	10c On Average, how many <i>additional</i> UNPAID hours do you work per week for this	0 hours	33.05%	3.35%
		Up to 5 hours	56.03%	-0.90%

Safety at Work	organisation, over and above your contracted hours? Please include overtime and on-call	6-10 hours	8.91%	-2.23%
		11 or more hours	2.01%	-0.22%
	<b>Health and Wellbeing</b>			
Your Health, Wellbeing & Safety at Work	11a My organisation takes positive action on health and well-being.	Agree / Strongly Agree	58.62%	20.01%
Your Health, Wellbeing & Safety at Work	11b In the last 12 months, have you experience musculoskeletal problems (MSK) as a result of work activities?	No	72.99%	1.46%
Your Health, Wellbeing & Safety at Work	11c During the last 12 months, have you felt unwell as a result of work-related stress?	No	61.49%	-1.63%
Your Health, Wellbeing & Safety at Work	11d In the last 3 months, have you ever come to work despite not feeling well enough to perform your duties?	No	55.46%	-9.64%
Your Health, Wellbeing & Safety at Work	11e Have you felt pressure from your manager to come to work?	No	90.64%	-1.53%
	<b>Health and Wellbeing</b>			
Your Health, Wellbeing & Safety at Work	12a How often, if at all, do you find your work emotionally exhausting?	Never / Rarely	22.71%	
Your Health, Wellbeing & Safety at Work	12b How often, if at all, do you feel burnt out because of your work?	Never / Rarely	38.27%	
Your Health, Wellbeing & Safety at Work	12c How often, if at all, does your work frustrate you?	Never / Rarely	23.44%	
Your Health, Wellbeing & Safety at Work	12d How often, if at all, are you exhausted at the thought of another day/shift at work?	Never / Rarely	43.00%	
Your Health, Wellbeing & Safety at Work	12e How often, if at all, do you feel worn out at the end of your working day/shift?	Never / Rarely	18.18%	
Your Health, Wellbeing & Safety at Work	12f How often, if at all, do you feel that every working hour is tiring for you?	Never / Rarely	61.01%	

Your Health, Wellbeing & Safety at Work	12g How often, if at all, do you not have enough energy for family and friends during leisure time?	Never / Rarely	40.90%	
	<b>In the last 12 months how many times have you personally experience physical violence at work from...?</b>			
Your Health, Wellbeing & Safety at Work	13a Patient / Services users, their relatives, or other members of the public	Never	85.92%	-7.18%
Your Health, Wellbeing & Safety at Work	13b Managers	Never	100%	0.00%
Your Health, Wellbeing & Safety at Work	13c Other Colleagues	Never	99.43%	-0.07%
Your Health, Wellbeing & Safety at Work	13d The last time your experience physical violence at work, did you or a colleague report it?	Yes I reported it / Yes a colleague reported it	13.08%	-51.50%
	<b>In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?</b>			
Your Health, Wellbeing & Safety at Work	14a Patient / Services users, their relatives or other members of the public	Never	68.68%	-7.02%
Your Health, Wellbeing & Safety at Work	14b Managers	Never	95.69%	1.59%
Your Health, Wellbeing & Safety at Work	14c Other Colleagues	Never	86.49%	-3.11%
Your Health, Wellbeing & Safety at Work	14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	Yes I reported it / Yes a colleague reported it	20.25%	-37.89%

Your Health, Wellbeing & Safety at Work	15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability, or age?	Yes	62.22%	-29.35%
	<b>In the last 12 months have you personally experienced discrimination at work from any of the following?</b>			
Your Health, Wellbeing & Safety at Work	16a Patients / Service users, their relatives or other members of the public?	No	95.69%	-0.61%
Your Health, Wellbeing & Safety at Work	16b Manager / team leader or other colleagues	No	94.54%	0.74%
Your Health, Wellbeing & Safety at Work	16c On what grounds have you experienced discrimination?	Ethnic background	15.38%	5.38%
		Gender	7.69%	-2.31%
		Religion	1.28%	-1.22%
		Sexual Orientation	1.28%	1.28%
		Disability	7.69%	0.19%
		Age	17.95%	0.45%
		Other	48.72%	-3.78%
	<b>To what extent do you agree with the following statements about unsafe clinical practice?</b>			
Your Health, Wellbeing & Safety at Work	17a I would feel secure raising concerns about unsafe clinical practice	Strongly Agree / Agree	84.05%	-1.35%
Your Health, Wellbeing & Safety at Work	17b I am confident that my organisation would address my concern	Strongly Agree / Agree	69.97%	-6.02%
	<b>To what extent does this statement reflect your view of your organisation as a whole?</b>			

Your Health, Wellbeing & Safety at Work	18 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	No	73.74%	
	<b>Your Personal Development</b>			
Your Personal Development	19a In the last 12 months, have you had an appraisal, annual review, development review or Knowledge and Skills Framework (KSF) development review?	Yes	80.70%	-3.05%
Your Personal Development	19b It helped me to improve how I do my job	Yes Definitely	25.26%	0.86%
Your Personal Development	19c It helped me agree clear objectives for my work	Yes Definitely	40.96%	-0.94%
Your Personal Development	19d It left me feeling that my work is valued by my organisation	Yes Definitely	39.55%	1.15%
	<b>To what extent do these statements reflect your view of your organisation as a whole?</b>			
Your Personal Development	20a The organisation offers me challenging work	Agree / Strongly Agree	70.37%	
Your Personal Development	20b There are opportunities for me to develop my career in this organisation.	Agree / Strongly Agree	52.49%	
Your Personal Development	20c I have opportunities to improve my knowledge and skills	Agree / Strongly Agree	69.98%	
Your Personal Development	20d I have opportunities to develop my potential.	Agree / Strongly Agree	60.06%	
Your Personal Development	20e I am able to access the right learning and development opportunities when I need to.	Agree / Strongly Agree	57.58%	
	<b>Your Organisation:</b>			
	<b>To what extent do these statements reflect your view of your organisation as a whole?</b>			

Your Organisation	21a Care of patients / service users is my organisation's top priority	Agree / Strongly Agree	78.37%	-3.22%
Your Organisation	21b My organisation acts on concerns raised by patients / services users	Agree / Strongly Agree	75.70%	-3.07%
Your Organisation	21c I would recommend my organisation as a place to work	Agree / Strongly Agree	65.63%	-2.66%
Your Organisation	21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	Agree / Strongly Agree	76.89%	-5.19%
Your Organisation	21e I feel safe to speak up about anything that concerns me in this organisation.	Agree / Strongly Agree	73.63%	
Your Organisation	21f If I spoke up about something that concerned me I am confident my organisation would address my concern.	Agree / Strongly Agree	62.52%	
	<b>To what extent do you agree or disagree with these statements</b>			
Your Organisation	22a I often think about leaving this organisation	Strongly Disagree / Disagree	49.03%	-3.91%
Your Organisation	22b I will probably look for a job at a new organisation in the next 12 months	Strongly Disagree / Disagree	54.97%	1.77%
Your Organisation	22c As soon as I can find another job, I will leave this organisation	Strongly Disagree / Disagree	63.11%	-2.36%
Your Organisation	22d If you are considering leaving your current job, what would be your most likely destination?	Not leaving job	47.66%	-4.69%
		Another job within organisation	12.60%	0.69%
		Different NHS Organisation	18.09%	-1.85%
		Healthcare but outside NHS	2.91%	0.97%
		Outside of healthcare	6.79%	2.63%
		Retire or career break	11.95%	2.25%
	<b>Your Experience During the Covid-19 Pandemic</b>			
Your Experience	23a In the past 12 months, have you worked	Yes	24.44%	-4.58%

During Covid-19	on a Covid-19 specific ward or area at any time?	No	60.87%	-10.11%
Your Experience During Covid-19	23b In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?	Yes	15.79%	-5.26%
		No	72.18%	-6.77%
Your Experience During Covid-19	23c In the past 12 months, have you been required to work remotely / from home due to the Covid-19 pandemic?	Yes	51.72%	-2.83%
		No	40.06%	-5.39%
	<b>Background Information</b>			
Background Information	24a Gender	Male	9.39%	2.74%
		Female	86.59%	-0.64%
		Non-binary	0.30%	0.30%
		Prefer to self-describe	0.00%	-0.53%
		Prefer not to say	3.73%	-1.86%
Background Information	24b Is your gender identity the same as the sex you were registered at birth?	Yes	97.13%	97.13%
		No	0.00%	0.00%
		Prefer not to say	2.87%	2.87%
Background Information	24c Age	16-20	0.30%	-0.23%
		21-30	9.17%	-0.40%
		31-40	19.55%	-1.19%
		41-50	28.72%	-1.87%
		51-65	40.15%	2.38%
		66+	2.11%	1.31%
Background Information	25 Ethnic Background	White	95.07%	-1.70%
		Mixed	0.90%	0.09%
		Asian / Asian British	2.35%	0.74%
		Black / Black British	1.20%	0.39%
		Chinese and Other Ethnic Background	1.65%	1.65%
Background Information	26 Sexual Orientation	Heterosexual (straight)	90.83%	0.40%
		Gay	1.5%	0.43%
		Bisexual	1.35%	0.82%
		Other	0.15%	0.15%
		I would prefer not to say	6.17%	-1.81%
Background Information	27 Religion	No religion	42.75%	-0.41%
		Christian	49.78%	1.79%
		Buddhist	0.30%	0.30%
		Hindu	0.15%	0.15%
		Jewish	0.00%	0.00%
		Muslim	0.15%	0.15%
		Sikh	0.15%	-0.12%
		Any other religion	1.94%	0.33%

		I would prefer not to say	4.78%	-2.19%
Background Information	28a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?	Yes	25.22%	4.22%
		No	74.78%	-4.22%
Background Information	28b Has your employer made adequate adjustment(s) to enable you to carry out your work?	Yes	25.24%	0.85%
		No	7.71%	4.23%
		No adjustment required	67.05%	-5.08%
	Parental/Caring Responsibilities			
Background Information	28a Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?		40.51%	
Background Information	28b Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age?		36.94%	
Background Information	30a How many years have you worked for this organisation?	Less than 1 year	13.58%	2.73%
		1-2 years	17.91%	-4.05%
		3-5 years	24.33%	-2.13%
		6-10 years	17.31%	2.23%
		11-15 years	10.30%	2.10%
		More than 15 years	16.57%	-0.89%
Background Information	30b When you joined this organisation, were you recruited from outside of the UK?	No	0.15%	
Background Information	31 What is your occupational group?	Allied Health Professionals	30.12%	-1.54%
		Medical and Dental		0.00%
		Ambulance (operational)		0.00%
		Public health		0.00%
		Commissioning		0.00%
		Registered Nurses and Midwives	28.31%	1.66%
		Nursing and Healthcare Assistants	16.57%	-0.05%
		Social Care		0.00%
		Wider Healthcare Team		0.00%
		Medical and Dental	0.00%	-0.53%
		Admin & Management	18.38%	-5.37%

## Appendix 2 – Significant variances in external benchmarking

### Community Service Provider Results

Questions	Scoring Criteria	Community Benchmarking 2021	Variance between WHC and Community Benchmark
2a I look forward to going to work	Often / Always	56.60%	7.77%
2c Time passes quickly when I am working	Often / Always	79.20%	5.00%
3g I am able to meet all the conflicting demands on my time at work	Agree / Strongly Agree	41.50%	-5.29%
7b The team I work in often meets to discuss the team's effectiveness	Agree / Strongly Agree	67.90%	-10.22%
7h I feel valued by my team	Agree / Strongly Agree	74.10%	5.18%
7i I feel a strong personal attachment to my team	Agree / Strongly Agree	66.90%	6.51%
11a My organisation takes positive action on health and well-being.	Agree / Strongly Agree	65.30%	-6.68%
12b How often, if at all, do you feel burnt out because of your work?	Never / Rarely	30.80%	7.47%
12f How often, if at all, do you feel that every working hour is tiring for you?	Never / Rarely	54.80%	6.21%
13a Patient / Services users, their relatives, or other members of the public	Never	93.20%	-7.28%
14a Patient / Services users, their relatives, or other members of the public	Never	77.80%	-9.12%
19a In the last 12 months, have you had an appraisal, annual review, development review or Knowledge and Skills Framework (KSF) development review?	Yes	87.00%	-6.30%
19c It helped me agree clear objectives for my work	Yes Definitely	33.10%	7.86%
19d It left me feeling that my work is valued by my organisation	Yes Definitely	33.20%	6.35%
21b My organisation acts on concerns raised by patients / services users	Agree / Strongly Agree	80.70%	-5.00%

### National Survey Results

Questions	Scoring Criteria	National Benchmarking 2021	Variance between WHC and National Benchmark
2a I look forward to going to work	Often / Always	51.50%	12.87%
2b I am enthusiastic about my job	Often / Always	67.30%	7.70%
2c Time passes quickly when I am working	Often / Always	72.80%	11.40%
3d I am able to make suggestions to improve the work of my team / department	Agree / Strongly Agree	70.20%	6.81%
3e I am involved in deciding on changes introduced that affect my work area / team / department	Agree / Strongly Agree	48.90%	5.12%
3g I am able to meet all the conflicting demands on my time at work	Agree / Strongly Agree	43.20%	-6.99%
3h I have adequate materials, supplies and equipment to do my work	Agree / Strongly Agree	57.30%	5.34%
4b The extent to which my organisation values my work	Satisfied / Very Satisfied	42.10%	7.47%
4d The opportunities for flexible working patterns	Satisfied / Very Satisfied	54.00%	7.92%
5c Relationships at work are strained	Never / Rarely	44.80%	9.80%
6b My organisation is committed to helping me balance my work and home life.	Agree / Strongly Agree	44.50%	9.38%
6c I achieve a good balance between my work life and my home life.	Agree / Strongly Agree	52.10%	6.24%
6d I can approach my immediate manager to talk openly about flexible working.	Agree / Strongly Agree	66.70%	10.74%
7c I receive the respect I deserve from my colleagues at work	Agree / Strongly Agree	70.60%	8.94%
7e I enjoy working with the colleagues in my team.	Agree / Strongly Agree	81.40%	9.20%
7g In my team disagreements are dealt with constructively.	Agree / Strongly Agree	55.20%	7.57%
7h I feel valued by my team	Agree / Strongly Agree	68.60%	10.68%
7i I feel a strong personal attachment to my team	Agree / Strongly Agree	63.50%	9.91%
8a Teams within this organisation work well together to achieve their objectives.	Agree / Strongly Agree	52.40%	5.79%
8b The people I work with are understanding and kind to one another.	Agree / Strongly Agree	70.50%	10.45%
8c The people I work with are polite and treat each other with respect.	Agree / Strongly Agree	72%	9.95%
8d The people I work with show appreciation to one another	Agree / Strongly Agree	67%	10.09%
9a My immediate manager encourages me at work	Agree / Strongly Agree	70%	9.37%

9b My immediate manager gives me clear feedback on my work	Agree / Strongly Agree	62%	7.20%
9c My immediate manager asks for my opinion before making decisions that affect my work	Agree / Strongly Agree	57%	5.65%
9d My immediate manager takes a positive interest in my health and wellbeing	Agree / Strongly Agree	68%	6.42%
9e My immediate manager values my work	Agree / Strongly Agree	71%	8.13%
9f My immediate manager works together with me to come to an understanding of problems.	Agree / Strongly Agree	67%	5.33%
9g My immediate manager is interested in listening to me when I describe challenges I face.	Agree / Strongly Agree	69%	7.85%
9h My immediate manager cares about my concerns.	Agree / Strongly Agree	68%	6.02%
9i My immediate managers takes effective action to help me with any problems I face.	Agree / Strongly Agree	65%	6.95%
10c On Average, how many <i>additional</i> UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include overtime and on-call	Up to 5 hours	43%	13.13%
12b How often, if at all, do you feel burnt out because of your work?	Never / Rarely	28%	10.37%
12d How often, if at all, are you exhausted at the thought of another day/shift at work?	Never / Rarely	35%	8.20%
12f How often, if at all, do you feel that every working hour is tiring for you?	Never / Rarely	50%	11.41%
12g How often, if at all, do you not have enough energy for family and friends during leisure time?	Never / Rarely	33%	7.70%
15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes	56%	6.72%
17a I would feel secure raising concerns about unsafe clinical practice	Strongly Agree / Agree	75%	9.15%
17b I am confident that my organisation would address my concern	Strongly Agree / Agree	59%	10.57%
18 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).		69%	5.24%
19c It helped me agree clear objectives for my work	Yes Definitely	31%	10.06%
19d It left me feeling that my work is valued by my organisation	Yes Definitely	30%	9.75%
20d I have opportunities to develop my potential.	Agree / Strongly Agree	53%	7.56%

21c I would recommend my organisation as a place to work	Agree / Strongly Agree	59%	6.23%
21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	Agree / Strongly Agree	68%	9.09%
21e I feel safe to speak up about anything that concerns me in this organisation.	Agree / Strongly Agree	62%	11.63%
22a I often think about leaving this organisation	Strongly Disagree / Disagree	43%	5.93%
22c As soon as I can find another job, I will leave this organisation	Strongly Disagree / Disagree	58%	5.41%

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

**Item 9**

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

- a) Quality Workforce & Performance Dashboard including dashboards for high profile services\***
- 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:** 06 May 2022

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

**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.

**Issues to be highlighted to the Board**

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:

Quality	
<b>Advise</b>	<p>Overdue incidents remain an issue with over 300 incidents (at the time of reporting) awaiting review and closure. Whilst the Quality Team are regularly prompting staff to review and manage incidents reported there are still many overdue incidents. It is recognised that this is a symptom of exceptional operational pressures.</p> <p>There has been a significant increase in COVID-19+ staff in recent months this reflects increased cases in the community. With a significant increase in COVID-19+ inpatients in the last quarter of 2022 due to outbreaks on the Wards and this has resulted in increased bed days lost over that same period. Outbreaks are monitored and managed through the Outbreak Control Meeting. The management of COVID outbreaks on Wards has required significant resources across IPC and Operational Teams in this quarter. High prevalence of covid-19 in the community and changes to protocols being following in some Acute settings (e.g. isolation periods) has created significant challenges. The Outbreak Control Team has adopted a risk based approach to minimise bed days lost whilst minimising risks to patients, staff and visitors.</p> <p>To advise Board of excellent performance in quality assurance reports with 98% of these reports were presented to Quality and Planning in 2021/22. The 2022/23 Quality Assurance Schedule has been developed and communicated to appropriate leads along with a reporting template to support leads in writing their reports.</p> <p>To advise the Board that frontline staff flu vaccinations achieved 63% in 2021-22, a paper will go to the May 2022 Executive Committee on options to improve our performance to achieve 90% as per 2022/23 CQUIN. The CQUINs WHC is to achieve in 2022/23 CQUINs (i) Staff flu vaccinations – 90% uptake; (ii) Malnutrition screening in the community – 70% in-patient receive screening; (iii) Assessment, diagnosis and treatment of lower leg wounds – 50% appropriate patients receive treatment as per</p>

Quality	
	NICE; (iv) Assessment and documentation of pressure ulcer risk – 60% of community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance.
<b>Alert</b>	The Final report of the Ockenden review, published on 30th March 2022, with learning for WHC to be actioned on themes of shared learning and patient / carer experience and voice. A highlight paper is attached (appendix 1), and a deeper dive paper will come to June 2022 Board.
<b>Action</b>	Nil to action

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

Workforce	
<b>Advise</b>	<p>The roll out of the e-roster programme has re-started, with roll out to remaining community teams and use to manage annual leave and sickness recording in corporate teams. Good progress is being made.</p> <p>NHS Jobs 2 is now live with PILOT posts being advertised w/c 18<sup>th</sup> April. Minimal impact is expected however current increase in activity within recruitment is being monitored alongside this change in process to minimise impact to Recruitment KPI's.</p>
<b>Alert</b>	Staff survey results and analysis has been completed (full report on agenda)
<b>Action</b>	Nil to action

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

Financial performance	
<b>ADVISE</b>	<p><b>Financial Outturn</b> The outturn for year ending 31<sup>st</sup> March 2022 is a surplus of £169k (subject to audit) and is broadly in line with the M11 forecast of £180k surplus. The proposal is that, subject to member organisations approval, WHC will re-invest the surplus in its clinical services.</p> <p><b>Vacancy rate in data packs</b> The vacancy rate quoted in data packs does not reflect the posts for additional services, which is estimated to take the overall vacancy rate to above 11%. The data will be updated in ESR in line with M1, April 22, reporting.</p> <p><b>Financial planning</b> A final draft of the financial plan with associated risks and financial statements, including a bridge from FY 21/22 outturn to FY 22/23 plan is on the agenda</p> <p>Individual budget signoffs have been delayed whilst budget setting meetings continue (including follow-up meetings) but will be in place by 13<sup>th</sup> May. The financial plan includes a risk reserve for any final changes that may be required to be made to the individual budgets.</p>

	<p><b>VAT Consultants, Internal and External Audit Tenders</b>  A tender to appoint VAT Consultants for both WHC and GWHFT is currently being finalised.  System wide internal and external audit tenders are also in train with the intention to have the appointed external audit team in place by January 2023 and appointed internal auditors in place from April 2023.</p> <p><b>Finance team recruitment update</b>  A part-time Finance Business Partner and Contract Support Assistant have now been appointed, with successful applicants both in post by the end of June.</p> <p>A JD is being drafted to support appointment of an undergraduate sandwich year student with the support of University of Bath for a fixed term 12-13mth work placement.</p> <p>Management Accountant post remains vacant and challenging to fill even with agency staff.</p>
<b>ALERT</b>	Nothing to alert
<b>ACTION</b>	Nothing to action

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

<b>Performance</b>	
<b>ADVISE</b>	<p><b>Flow</b>  Flow through the health and social care system continues to be a major issue, with patient safety risks across the system as a result.</p> <p>Overall, community hospital beds have kept flowing and waiting numbers being relatively low, even after taking account of high back door delays (running at around 30 out of 92 beds). This flow has been aided by proactive support from IPC teams to keep outbreak closures or restrictions to a minimum.</p> <p>The major blockages and backlogs relate to areas in which WHC is not in direct control of capacity, but we are working closely with partners to find solutions:</p> <ul style="list-style-type: none"> <li>• Care home closures due to infection. These have been widespread in both the general market and, importantly, in homes commissioned to deliver step down beds. Wiltshire Council and the CCG have agreed a concordat to help with flexibility around IPC requirements in a way in which care homes can continue to satisfy their insurance requirements. This, together with an easing of COVID rates, is having some success with the numbers of care homes closed to admissions dropping significantly in the week beginning 25 April.</li> <li>• Continuing supply issues relating to domiciliary care. For example, there are 550 hours of care related to individuals continuing to receive support from WHC Home First or Wiltshire Council reablement teams. It is estimated that this is the equivalent of discharging an additional 29 people. This is slowing the Home First pathway.</li> </ul> <p><b>2 hour crisis services</b></p>

	<p>In response to a request at the last Board, the specific dashboard setting out detailed information on the 2 hour crisis implementation is attached to this report. The Board will note that:</p> <ul style="list-style-type: none"> <li>• Overall throughput is fluctuating at between lower and mid 100s per month. It is likely that April figures will rise as this report was pulled before the end of the month.</li> <li>• The most common presentations are blocked catheter and end of life urgent issues. It should be noted that the full range of services offered have been introduced in a phased manner up to March 2022, so this may have an impact on case mix over time.</li> <li>• Of the total throughput, the percentage of onward admission to acute hospitals is low, at 4.1 %</li> <li>• There are some data collection issues still to resolve. For example, it appears that there are a high number of '0' clinical contacts. These are likely to be referrals for people already known to the core community team, with follow up activity recorded against their existing care plan.</li> </ul> <p><b>Overnight nursing</b> Recruitment is continuing, with slow but steady success. A partial roster is in operation.</p> <p><b>Community nursing pressures</b> There are continuing pressures relating to community nursing across Wiltshire. These were particularly extreme in March, in particular related to a spike in COVID absence and isolation. As a result, exceptional action was taken to place all community teams into 'snow day' protocols for a fortnight, in order to increase the opportunities for mutual aid across teams. There was good communication with primary care both across Wiltshire and encouraged at a local level. GP colleagues were supportive and understanding of these exceptional pressures, which was appreciated by teams. At the end of the fortnight, we returned to normal use of the protocols, ie focused on individual teams with extreme risks and pressures on a case by case basis.</p>
<b>ALERT</b>	None
<b>ACTION</b>	None

The following issues are highlighted in relation to infrastructure:

<b>Infrastructure</b>	
<b>ADVISE</b>	<p><b>Network Hardware Replacement</b> The contract has been awarded to European Electronique/ITGL, with the project kick off having taken place and initial site assessments underway to inform detailed project planning. Currently the likely starting point will be the hardware at Chippenham which is the most complicated site and will require very careful planning and stakeholder engagement.</p> <p><b>Warminster Hospital Works</b> Longleat Ward has moved to St Martin's Hospital for 6 months at the end of March and the Warminster and Westbury Community Team moved to the newly refurbished phase 1 space while their new accommodation is completed. The NHS PS</p>

contractors have now started phase 2 works. The work is due to be completed to allow the ward to move back to Warminster in October 2022 and the Community Team to move into their new space in late summer.

#### **Warminster IT enabling works**

The replacement works have been challenging but everything is on track and delivering. Cutover to the new comms infrastructure was achieved successfully. The changeover to the replacement phone system included some teething issues. Valuable lessons have been learned which will be fed into the project planning for the wider telephony system replacement project.

#### **Replacement Telephony System**

The procurement is well underway with the date for submission of bids now passed – we have received three bids which will be reviewed and scored over the next two weeks with contract award planned for the 20<sup>th</sup> May 2022.

#### **Office 365 rollout**

Office 2010 will stop working on 1<sup>st</sup> May 2022. There are only ten remaining machines running – all efforts have been made to contact owners and upgrade them however some staff have not responded to repeated contacts, possibly due to long term sickness.

#### **Multi-function Device rollout**

The remaining Multi Function Devices (printing/scanning) have been rolled out to Amesbury and the project can now formally move to BAU. The post project evaluation report is being reviewed. The project has been well received and allows all printing volume to be monitored.

#### **Graphnet**

Graphnet integration is now complete and the system is live. System access will be granted over the next few weeks by SystmOne Unit with several specialist services (e.g. Diabetes) taking priority. Further discussions on extending usage of the system are taking place to identify use cases, Frailty and End of Life are of particular focus.

#### **Devizes Health Centre**

It has been confirmed that the building is due to be handed over to NHS PS in mid-July 2022 for a six week commissioning period with a view to opening at the beginning of September 2022. Internal and system wide planning for moving into the new centre is progressing well.

#### **Devizes Community Team Accommodation**

It has been confirmed that there is not space for the Devizes Community Team on the Green Lane Hospital Site. Work is continuing with BSW colleagues to source an alternative location.

#### **Chippenham Works**

Works to create a therapy room for Cedar Ward nearing completion. Works to the roof space above Rowan West are underway with a view to minimising disruption to WHC staff and services below. The works to improve the gardens for the wards is also underway. NHS PS are due to feedback about the scope of works required to the Physiotherapy department imminently.

#### **CTPLD Accommodation in Wiltshire Council Buildings**

	Wiltshire Council have confirmed that when the current licences expire in June 2023 they will not be renewed in the same form. Work has started to understand the best option for the CTPLD team in the future.
<b>ALERT</b>	None.
<b>ACTION</b>	None

## 2 Recommendation

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

**APPENDIX 1****Wiltshire Health and Care Board****For information**

**Subject:** Ockenden Report March 2022  
**Date of Meeting:** 06 May 2022  
**Author:** Caroline Wylie, Head of Patient Safety and Quality

**1 Purpose**

The purpose of this paper is for information to WHC Board outlining the steps that WHC Quality Team are taking in response to the recently published Ockenden Report March 2022. This paper has been written to ensure WHC Board are briefed in the key findings of the Ockenden Report and the actions that WHC intend to take in response to these findings.

**2 Background**

The 2020 Ockenden Report was based on the serious failings in maternity care raised by two bereaved families in 2016 at the Shrewsbury and Telford maternity hospital. The report from the outset set out to give parents a voice so their concerns could be addressed and set out recommendations for the maternity hospital to improve safety whilst caring for mothers' babies and to avoid past mistakes.

Since the report began, another 1,862 cases were reviewed forming the requirement of further, more expansive investigation and review and subsequently a second report that was published on 30<sup>th</sup> of March 2022 [www.gov.uk/government/publications/final-report-of-the-ockenden-review](http://www.gov.uk/government/publications/final-report-of-the-ockenden-review)

**Discussion**

Senior colleagues within the Quality Team have had the opportunity to undertake an initial appraisal of the report. Through this appraisal it has been identified that, whilst WHC do not provide midwifery care, there are key elements and recommendations described in the Ockenden report that are relevant to our organisation and require implementation.

**2.1 Key Findings within the report**

The following thematic patterns of repeated care were identified:

- Failure in governance and leadership
- Failure to adequately investigate, inform and listen
- Failure to learn
- Failure to improve
- Failure to safeguard
- Lack of compassion

## **2.2 Immediate and Essential Actions as recommended by the report**

Out of the 15 immediate and essential actions key recommendations, listed below are the seven agreed as pertinent to WHC:

- 1) Workforce Planning and Sustainability – Financing a safe workforce
- 2) Safe Staffing – All organisations must maintain a clear escalation and mitigation policy where staffing falls below the minimum staffing levels for all health professionals
- 3) Escalation and Accountability - staff must be able to escalate concerns if necessary
- 4) Clinical Governance - Leadership – Boards must have oversight of the quality and performance of their services
- 5) Clinical Governance - incident investigation and complaints- incident investigations must be meaningful for families and staff and lessons must be learned and implemented in practice in a timely manner
- 6) Multi-disciplinary training – staff who work together must train together
- 7) Supporting families- Care and consideration of the mental health and wellbeing of patients, their partners and the family must be integral to all aspects of service provision. Care providers must actively engage with the local community and those with lived experience to deliver services that are informed by what they say they need from their care.

## **3 Initial Response/proposed approach**

The Quality team is planning for WHC to undertake a further and more comprehensive appraisal of the March 2022 publication. This will include engagement, agreement, and collation of an implementation plan with appropriate stakeholders to meet the recommendations of the report.

The following immediate actions are proposed:

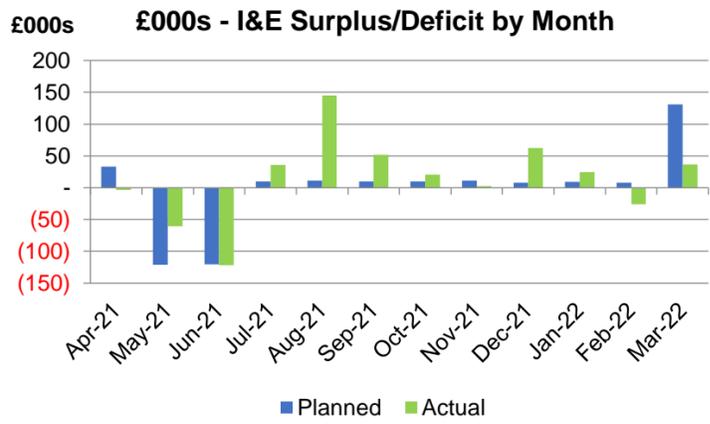
- Engagement of NED accountable for patient voice by the Head of Patient Safety and Quality regarding the Ockendon report to facilitate a NED perspective on WHC performance in these areas of concern by 31.05.2022.
- Review of corporate governance structure by the Company Secretary with a focus on how this structure facilitates shared learning processes by 31.07.2022.
- Improve the way WHC engage our patients and really listen to them regarding their experience and the way we involve them in our care (this will form part of the Patient Engagement strategy on the Delivery plan) led by the Head of Patient Safety and Quality and Patient and Public Involvement Officer by 31.03.2023.
- Improve shared learning processes and ensure that this is a key pillar of WHCs governance by the 31.03.2023.

## **4 Recommendation**

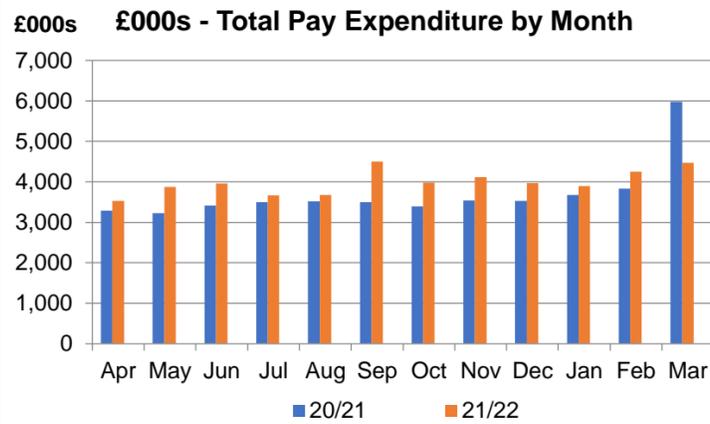
### **4.1 The Board is invited to:**

- a) Note the content of this paper
- b) Discuss the proposed approach and raise any objections to it or suggestions to improve it.

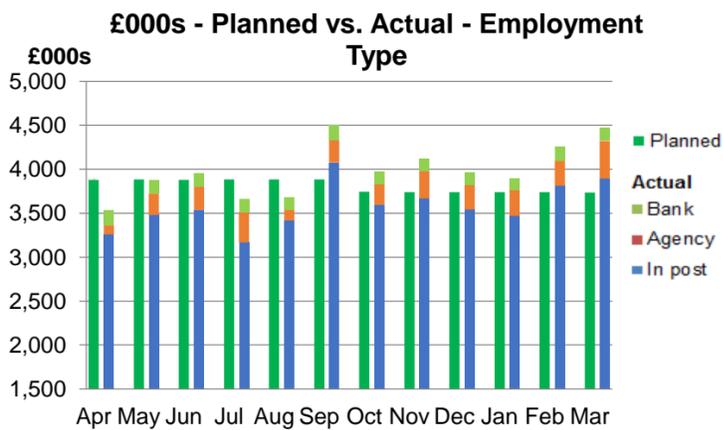
Income & Expenditure



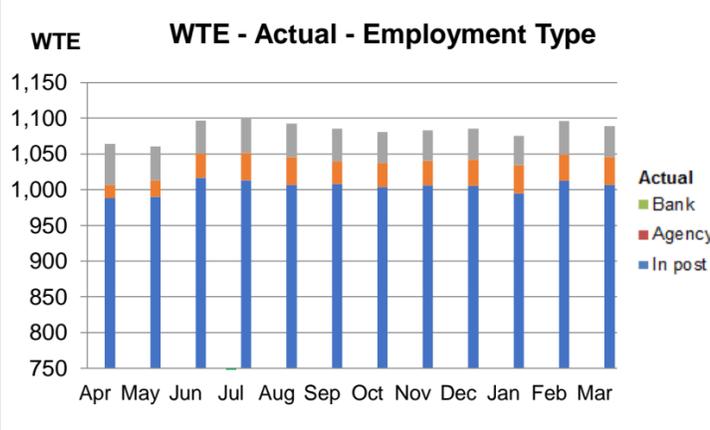
Pay Expenditure - £ - Total



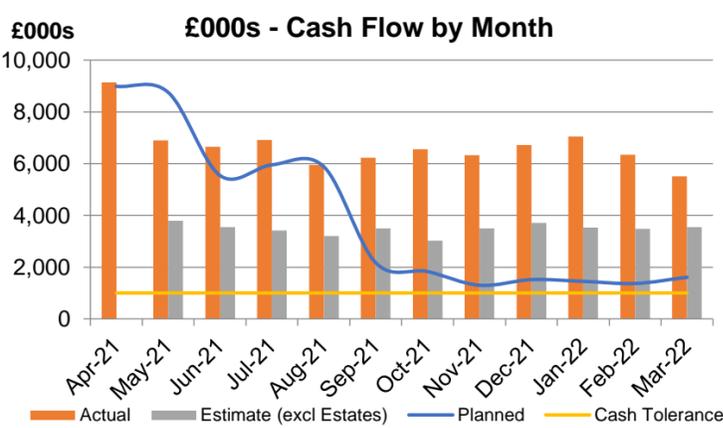
Pay Expenditure - £ - Employment Type



Pay - WTE



Cash



Best Practice Payment Code (BPPC)

BPPC % of bills paid in target	Current Month	Previous Month	Movement
By number	86%	88%	(2%)
By value	95%	97%	(2%)
<b>Average number of days to pay an invoice</b>			
Days	24	18	6

Outturn FY ending March 2022

	Outturn FY ending March 2022		
	Plan £000s	Actual £000s	Variance £000s
<b>Operating Income</b>			
NHS CCG Income	59,462	61,680	2,218
Other income	4,363	4,525	163
<b>Total income</b>	<b>63,825</b>	<b>66,206</b>	<b>2,381</b>
<b>Operating Expenditure</b>			
Pay	46,732	47,893	(1,161)
Non-Pay	17,093	18,144	(1,051)
<b>Total Expenditure</b>	<b>63,825</b>	<b>66,037</b>	<b>(2,212)</b>
<b>Surplus/(Deficit)</b>	<b>0</b>	<b>169</b>	<b>169</b>

NHSEI Reporting

Metric	Definition	YTD	
		Ratio or %	Score
Liquidity rating	Days of operating costs held in cash and cash equivalents	(9.21)	3
I&E margin rating	I&E surplus or deficit / total revenue (in-month)	0.49%	2
I&E margin: distance from financial plan	YTD actual I&E surplus or deficit compared to YTD plan	0.26%	1
Agency rating	Distance from YTD budgeted spend	48.08%	3

Cost Improvement Plan (CIP)

	Outturn FY March 2022			Annual Plan £000s
	Plan £000s	Actual £000s	Variance £000s	
<b>WH&amp;C 2021/22 Savings</b>				
Income	346	369	23	346
Pay	553	456	(97)	553
Non-Pay	441	521	80	441
<b>Total</b>	<b>1,340</b>	<b>1,346</b>	<b>6</b>	<b>1,340</b>

Commentary

**Overall:** The outturn for FY 21/22 is a £169k surplus against plan (subject to audit) and is broadly in line with the M11 forecast of £180k surplus. The favourable outturn is in main driven by lower than expected spend against FY 20/21 accruals, as well as capital purchases and part release of overheads from additional funding.

**Income:** The significant favourable variance is driven by recurrent and non recurrent funding above planned levels, related to Ageing Well, Overnight Nursing and Long Covid Services as well as non recurrent funding for digital and infrastructure improvements and initiatives. The additional funding is offset with additional spend.

**Pay:** The significant overspend is driven by expenditure linked to funding above planned levels, Covid related expenditure and provisions for annual leave carried forward. The enhanced care requirements on the community wards and vacancies across clinical teams remain high and are now the main reasons for the use of temporary staffing cover.

**Non-Pay:** The adverse variance is driven by spend associated with funding above planned levels.

**Positives:** The outturn is a small surplus against plan and efficiencies were delivered in full for the financial year (recurrent and non recurrent savings).

**Negatives:** The enhanced care pressures across the community wards continue and an increased turnover rate and recruitment to vacancies are challenging.

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

**Item 10**

**Delivery Plan 2022 -2025**

**PAPER**

**Wiltshire Health and Care Board****For decision****Subject: Delivery Plan 2022-2025****Date of Meeting: 06 May 2022****Author: Douglas Blair****1. Purpose**

The purpose of this paper is to seek Board approval to the Wiltshire Health and Care (WHC) Delivery Plan for 2022-2025.

**2. Background and Discussion****2.1: Why we have a Delivery Plan and how we use it**

For the last five years, WHC has produced a Delivery Plan - a published plan setting out the operational objectives that it will pursue in the upcoming financial year. This has been used as a tool to communicate with our staff and stakeholders, so that there is a common understanding of our goals - guiding our priorities.

WHC colleagues have become increasingly familiar with the document – appreciating its purpose, and referring to it on a regular basis. Every quarter, the plan is updated with progress updates, shared with colleagues, via *Connected* (our Intranet page). The plan is also used as a framework to demonstrate our progress against specific goals to the broader system.

In addition to the above, the Delivery Plan provides a very visual tool for the Board to hold the Executive team to account in relation to the achievement of the key operational objectives that it has endorsed for the period ahead.

**2.2: What period does the Delivery Plan cover?**

The Board agreed, in June 2021, a three year plan covering the period 2021-2024. This plan set out detailed objectives for year 1, with an outline approach set out for years 2 and 3. The plan is updated each year on a rolling basis. The plan on which approval is sought therefore covers the period 2022- 2025, with detailed objectives have been set out for 2022-23, and in outline for the subsequent two years.

**2.3: How we developed the Delivery Plan**

The Executive team have considered the detail of the plan in workshop sessions, together with involvement of subject matter experts and leads, to ensure the proposed objectives align with:

- the objectives set out in the NHS Long Term Plan and Operational Planning Guidance published in December 2021;
- the priorities of the BSW ICS and the Wiltshire Integrated Care Alliance
- the set of strategic priorities signed off by the Members Board in November 2021

In addition, a high level summary was shared as part of the March all colleague briefing at which feedback was encouraged and received. We therefore believe that the plan presented to the Board is one that takes into account the wider strategic priorities of the system and the NHS, whilst addressing the needs of WHC to ensure it is an organisation fit for purpose to deliver community care in 2022 and beyond.

As last year, we have not produced a narrative plan, as the simplicity of the grid plan has worked well during the last two years. During this year's review, there has been a deliberate attempt to reduce the total number of objectives to ensure the plan is as realistic as possible. In particular, we have sought to avoid as far as possible generic statements of priorities in favour of specific objectives. Wherever possible, specific timescales have been attached to key performance indicators. The objectives have been developed alongside investment planning to ensure that there is read across to the financial plan.

#### 2.4: Tracking against objectives in the 2021/22 version of the plan

The table below sets out the final position of the 69 objectives that were included in the 2021/22 version of the plan and indicates where objectives have been rolled forward into the future plan. This is to ensure an audit trail against the previous plan and provide context on the number of objectives in the new version of the plan which are to a greater or lesser extent a continuation of ongoing priorities.

	No of objectives	Notes
Completed as at Q3 update	20	
Completed at Q4 and closed	12	Objectives from 2021-2024 plan: 2,21,23,27,28,29,35,58,59,64, 66
Specific/initial objective completed at Q4 but extended/revised/related objective included in refreshed plan	13	Objectives from 2021-2024 plan: 4,5,7,9,11,26,34,36,52,53,54,63,65.
Not completed at Q4 but rolled over or merged in new plan	11	Objectives from 2021-2024 plan: 1,3,10,14,18,20,22,30,31,42,45,60.
Not due in 2021-22, rolled over	10	Objectives from 2021-2024 plan: 33,41,46,47,48,49,55,56,57,62
Not due in 2021-22, but removed	3	Objectives 8 (personalised support), 51 (single use plastics), 69 (electric charging infrastructure). All judged to either be part of business of usual or delivered as implicit part of other objectives.
	<b>69</b>	

#### 2.5: Sharing our Delivery Plan

We intend to share our Delivery Plan in a number of ways.

- **Patients and the public** - We will share the Delivery Plan on our website, so that it can be viewed by our patients and the public. We will include a page of narrative ahead of the gridded text, to explain - in accessible terms - the purpose of the document, how it was created, how feedback/ comments can be sent to us in relation to us. The plan provides a useful structure to

invite experts by experience to become involved in delivery and detailed design work. As such, we will also share the content with our Patient and Public Involvement Group, to ensure engagement and co-production of detailed plans underneath the high level objectives contained in the plan.

- **Team members and volunteers** – We will publish the full version of the Delivery Plan on our intranet, and send out a staff-wide comms to accompany it. This will include the narrative described above. We will also, produce a “Delivery Plan on a poster” and will encourage colleagues to print copies of this to display in the areas where they work – as they have done in previous years. In addition, we will promote the plan in Open Forums planned for the summer months.
- **ICS and stakeholders** – We will share the full version of our Delivery Plan with our current CCG commissioners.

### **3. Recommendation**

#### **3.1 The Board is invited to:**

- A. Consider the Delivery Plan 2021-2024, and if it is satisfied with the content, provide its APPROVAL.**

## Impacts and Links

Impacts	
<b>Quality Impact</b>	The plan includes clear quality priorities and improvement of services and their supported infrastructure is aimed at providing the conditions in which quality is maintained and improved.
<b>Equality Impact</b>	The plan includes both action on equality, diversity and inclusion for services and within the organisation and a focus on increasing the use of population management techniques in managing long term conditions to address inequality of access.
<b>Financial implications</b>	The financial cost of implementing these changes are either costed within the proposed financial plan or will be reliant on system investment in new additional services.
<b>Impact on operational delivery of services</b>	The plan provides a clear framework for change and improvement. There is a risk that too much change unsettles the operational delivery of existing services. This has been mitigated by reducing the number of objectives in the plan.
<b>Regulatory/ legal implications</b>	Neutral
Links	
<b>Link to business plan/ 5 year programme of change</b>	Yes
<b>Links to known risks</b>	Yes
<b>Identification of new risks</b>	No new risks.

# Wiltshire Health and Care Delivery Plan 2022-2025



## Wiltshire Health and Care Delivery Plan: 2022-2025

<b>Meeting:</b>	Wiltshire Health and Care (“WHC”) Operating Board	
<b>Date:</b>	6 May 2022	
<b>RAG key:</b>	<span style="color: green;">■</span>	Objective KPI achieved.
	<span style="color: orange;">■</span>	Objective KPI on track to be completed by target quarter.
	<span style="color: red;">■</span>	Objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by target year.
	<span style="color: grey;">■</span>	Delivery milestone off-track to be completed by target quarter and milestone unlikely to be achieved by end of target year.
	<span style="color: black;">■</span>	Delivery milestone not due to be commenced until 23/24 or later.
<b>Type of objective key:</b>		An objective from 2021/22 that will continue into 2022/23 (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.
		An objective linked to sustainability

#	Objectives	Lead	Type	2022-2023				2023-2024		24-25	RAG:	Objective KPI
				Q1	Q2	Q3	Q4	H1	H2			
<b>A COMPREHENSIVE COMMUNITY BASED MODEL OF CARE</b>												
1.	<b>Hospital at Home:</b> establish new model and implement first wards	Chief Operating Officer (Lisa Hodgson)		→	→	→	→					<ul style="list-style-type: none"> <li>Detailed model agreed in Q1</li> <li>Resource plan / agreed investment in Q1</li> <li>Initial Phased implementation of national specification Q2 onwards.</li> </ul>
2.	New model to <b>support Long Term Conditions with Priority Caseload MDTs</b>	Head of Operations – Long Term Conditions/MSK (Carol Langley Johnson)		→	→	→	→					<ul style="list-style-type: none"> <li>Detailed design by Q1</li> <li>Implementation from Q2</li> <li>Assessing and using digital tools</li> <li>Long term condition management supported by focus on population health data and analysis</li> </ul>
3.	<b>Home First:</b> capacity boost	Head of Operations – Community Teams (Heather Kahler)	 	→	→	→	→					<ul style="list-style-type: none"> <li>Demand / capacity system modelling available Q1</li> <li>Agree system investment Q1</li> <li>Scope potential for Band 4 roles in HF pathway Q1</li> <li>Implementation from Q2</li> </ul>
4.	Improve <b>outpatient</b> services and <b>reduce waiting</b> times for longest waiting services (Orthopaedic Interface Service, MSK, Diabetes and Podiatry)	Head of Operations – Long Term Conditions/MSK (Carol Langley Johnson)	  	→	→	→	→					<ul style="list-style-type: none"> <li>Expand use of PFIUs</li> <li>Reduce waiting times in longest waiting services</li> <li>Release capacity to ensure patients can access services as and when required.</li> <li>Reform patient communication</li> </ul>
5.	<b>BSW Urgent Care Strategy:</b> clarify future role of MIUs	Chief Operating Officer (Lisa Hodgson)		→	→	→	→					<ul style="list-style-type: none"> <li>Model agreed by end of Q1</li> <li>Necessary implementation plan in place Q3</li> </ul>
6.	Establish <b>new model for ‘in reach’</b> to acute sites to support discharge	Chief Operating Officer (Lisa Hodgson)		→	→	→	→					<ul style="list-style-type: none"> <li>Proposal for new model agreed with commissioner in Q1</li> <li>Implementation Q2</li> </ul>
7.	<b>Address remaining historic commissioning gaps in services:</b> <ul style="list-style-type: none"> <li>Respiratory / Oxygen</li> <li>Stroke rehabilitation</li> </ul>	Chief Operating Officer (Lisa Hodgson)		→	→	→	→					<ul style="list-style-type: none"> <li>Work with commissioners to quantify and develop options for addressing opportunities by Q2</li> </ul>
8.	Meeting the <b>health needs</b> of people with a <b>Learning Disability</b> and/or <b>Autism</b> in Wiltshire	Team Manager CTPLD (Reuben Collings)		→	→	→	→					<ul style="list-style-type: none"> <li>Work with ICB to develop a service specification to include working with autistic people</li> <li>Engagement with LeDeR reviews and quality assurance process with learning in action</li> <li>Clear restraint reduction policy and pathway for CTPLD</li> <li>Achieve better understanding across WHC team of working with people with a learning disability and/or autism by embedding the learning from the Oliver McGowan mandatory training trial</li> <li>Ensure service offer supported by IT and estates by Q2 2023</li> </ul>
9.	Develop an offer for further integration at neighbourhood with <b>Primary Care Networks</b>	Managing Director (Douglas Blair)		→	→	→	→					<ul style="list-style-type: none"> <li>Written framework setting out integration options in Q2</li> <li>Discuss and agree level of interest with each PCN by end of Q3</li> </ul>
10.	Establish new <b>heart failure</b> service	Head of Operations – Long Term Conditions/MSK (Carol Langley Johnson)		→	→	→	→					<ul style="list-style-type: none"> <li>Implement commissioned service in phases throughout 2022-23:</li> <li>Q1: Transfer of South Wiltshire caseload and establish services in South. Establish activity dashboard and reporting.</li> <li>Q2&amp;3: Complete recruitment and develop model into North and West Wiltshire with integrated pathways with associated acute teams. Develop ambulatory monitoring model.</li> <li>Q3&amp;4: Develop rehabilitation approach and offer.</li> </ul>
11.	Complete implementation of <b>overnight nursing</b>	Chief Operating Officer (Lisa Hodgson)		→	→	→	→					<ul style="list-style-type: none"> <li>Continue to recruit and establish full service by Q2</li> </ul>
12.	Participate in implementation of new model for <b>Pathway 2</b> beds in nursing homes	Chief Operating Officer (Lisa Hodgson)		→	→	→	→					<ul style="list-style-type: none"> <li>Establish requirements by Q2</li> <li>Establish change Q4</li> </ul>
13.	Introduce <b>consistent</b> senior clinical model for <b>inpatient services</b>	Chief Operating Officer (Lisa Hodgson)		→	→	→	→					<ul style="list-style-type: none"> <li>Review of requirements complete in Q2</li> <li>Implementation of change in Q3 and 4.</li> </ul>

#	Objectives	Lead	Type	2022-2023				2023-2024		24-25	RAG:	Objective KPI
				Q1	Q2	Q3	Q4	H1	H2			
<b>WILTSHIRE HEALTH AND CARE PEOPLE</b>												
14.	<b>Develop and grow</b> our future workforce <ul style="list-style-type: none"> <li>Improve <b>recruitment</b> advertising</li> <li>Ensure <b>flexible working</b> is available across the organisation and available to all team members</li> <li>Develop and launch both the <b>managers training</b> and the <b>'Transformational Leaders'</b> programmes</li> </ul>	Head of People (Hanna Mansell)									<ul style="list-style-type: none"> <li>Improved social media content and profile related to recruitment by Q2</li> <li>Team members are aware and able to access information around flexible working within WHC</li> <li>10% of existing managers having undertaken the managers training in 22/23</li> <li>Develop and launch the transformational leaders programme, with 2 cohorts delivered in 22/23</li> </ul>	
15.	Taking <b>care</b> of our teams <ul style="list-style-type: none"> <li>Develop the Wiltshire Health and Care <b>New to Care</b> programme</li> <li><b>Health Care Support Worker retention</b> programme</li> <li>Virtual <b>work experience</b></li> <li>Boosting our <b>Volunteers</b></li> <li>Complete implementation of <b>Allocate</b> e roster for all services</li> </ul>	Head of People (Hanna Mansell)	  								<ul style="list-style-type: none"> <li>New starters within WHC who are new to care, with the right skills and support to do their role and with development opportunities.</li> <li>Improved retention rates within HCSW within WHC.</li> <li>To have a sustainable and transformational approach to work experience which meets generational expectations.</li> <li>Increase numbers of volunteers to support with enhanced care</li> <li>E-roster fully used in all teams by Q4 ensuring well managed rosters and annual leave being taken.</li> </ul>	
16.	Being your <b>best</b> in the workplace <ul style="list-style-type: none"> <li><b>Just and Learning</b> Cultural assessment</li> <li>Developing the WHC's <b>Organisational Development</b></li> <li>new WHC <b>Learning Management System</b></li> <li>Board and Executive level <b>Equality Diversity and Inclusion</b> training</li> </ul>	Head of People (Hanna Mansell)									<ul style="list-style-type: none"> <li>To understand the culture within WHC to enable a learning culture.</li> <li>To have a comprehensive OD strategy within WHC which supports development through coaching, mentorship, team and personal development.</li> <li>Procure, develop and implement a new WHC Learning Management System to replace the current Training Tracker.</li> <li>To demonstrate the WHC commitment at a Board level to Equality, Diversity and Inclusion.</li> </ul>	
<b>TOOLS TO DO THE JOB</b>												
17.	<b>Adapt</b> to new ways of working and use of space	Deputy Chief Operating Officer (TBC)									<ul style="list-style-type: none"> <li>Draft interim principles for use of space in Q1</li> <li>An agreed Hybrid working guidance Q2</li> <li>Implementing change by Q3 and 4</li> </ul>	
18.	Complete improvements to <b>Warminster Hospital</b> , including new Longleat ward	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> <li>Improve facilities for our staff and patients</li> </ul>	
19.	Move services into new <b>Devizes Health Centre</b>	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> <li>Ready for move in September 2022.</li> </ul>	
20.	Redesign use of <b>SystemOne</b> in community teams	Clinical Information Officer (Chris Bailey)									<ul style="list-style-type: none"> <li>Mapping the system of change to be confirmed by end of Q1</li> <li>Scope of 'to be' by Q3</li> </ul>	
21.	New <b>cloud based telephone system</b> for Wiltshire Health and Care, with implementation site by site	Head of IT (Kelsa Smith)									<ul style="list-style-type: none"> <li>Procurement by Q2</li> <li>Site by site implementation to be completed by Q1 2023 (Warminster Q1, Devizes Q2, Chippenham Q3)</li> </ul>	
22.	Implement <b>'Doctor Doctor'</b> , new video consultation and appointment management software	Clinical Information Officer (Chris Bailey)									<ul style="list-style-type: none"> <li>Project plan Q1</li> <li>Testing and implementation by Q4</li> </ul>	
23.	Maximise benefits of new <b>integrated</b> care record to use	Deputy Chief Operating Officer (TBC)									<ul style="list-style-type: none"> <li>Graphnet: Plan for priority area for usage Q2</li> <li>Set out plan for extending use by Q2</li> </ul>	
24.	Agree new <b>electronic system</b> to support inpatient wards	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> <li>Write first Business Case by Q2</li> <li>Prepare for implementation in 2023/24</li> </ul>	
25.	Maximise use of <b>Office 365 tools</b> to improve efficiency	Head of IT (Kelsa Smith)									<ul style="list-style-type: none"> <li>WHC uses Office 365 in a collaborative way with BSW colleagues</li> </ul>	
26.	Complete <b>network hardware</b> refresh	Head of IT (Kelsa Smith)									<ul style="list-style-type: none"> <li>All WHC sites have network hardware that is vendor-supported.</li> <li>Delivery of network hardware improvement recommendations in Dionach Cyber Security Audit</li> </ul>	
27.	Complete <b>pathology</b> requesting access	Clinical Information Officer (Chris Bailey)									<ul style="list-style-type: none"> <li>Pathology requesting for community teams rolled out. (Project Manager Julie Fitzgerald)</li> </ul>	
28.	Move to new <b>data warehouse/new data analytical tools</b> (Power BI)	Managing Director (Douglas Blair)									<ul style="list-style-type: none"> <li>Move of WHC data into new system data warehouse in line with (to be determined) system project</li> <li>Access to and skills to use Power BI as principal data analysis tool</li> </ul>	
29.	Participate in creation of <b>system and neighbourhood estates strategies and plans</b>	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> <li>Work with BSW to understand where the new national PCN tool kit will be used in Wiltshire Q1</li> <li>Q2 onwards work with BSW as required to support Estates plans as they are developed</li> </ul>	
30.	Secure replacement accommodation for <b>Devizes community team</b>	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> <li>Community team co-located with partners in replacement accommodation by Q3.</li> </ul>	
31.	Work with system to <b>deliver</b> new/improved accommodation in <b>Trowbridge</b>	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> <li>Obtain WHC approval for the updated Business Case for the West Wiltshire Health Centre Q1</li> <li>Support BSW gaining approval from NHS England for the updated Full Business Case for the West Wiltshire Health Centre Q2</li> <li>Q3 onwards, Support BSW to deliver the updated Full Business Case for the West Wiltshire Health Centre</li> </ul>	
32.	Scope <b>Robotic Process Automation</b>	Head of IT (Kelsa Smith)									<ul style="list-style-type: none"> <li>Develop a benefits case in Q2, with options for use</li> </ul>	

#	Objectives	Lead	Type	2022-2023				2023-2024		24-25	RAG:	Objective KPI
				Q1	Q2	Q3	Q4	H1	H2			
<b>QUALITY AND EXPERIENCE</b>												
33.	<b>Further develop our quality systems:</b> <ul style="list-style-type: none"> <li>Improve functionality of Datix (electronic quality system)</li> <li>Expansion of the solid foundation of 'shared learning' in WHC</li> </ul> (Quality Priority 1)	Director of Quality, Professions and Workforce (Sara Quarrie)		→							<ul style="list-style-type: none"> <li>Our Electronic quality system is refined to support (i) Internal RCA and StEIS investigations; (ii) risk management; (iii) sharing learning by Q4 2022/23</li> <li>Aim for outstanding toolkit is embedded by Q4 2022/23.</li> <li>Respond to the learning recommendations of the Ockenden (April 2022) report by Q2 2022/23</li> </ul>	
34.	<b>Clinical Effectiveness:</b> focus on delirium and frailty pathways (Quality Priority 2)	Director of Quality, Professions and Workforce (Sara Quarrie)		→							<ul style="list-style-type: none"> <li>As part of the UCR roll out, referral pathways are in place for community response to delirium and the other acute frailty syndromes. 2022/23 will focus on the embedding of these pathways.</li> <li>Development of the Delirium pathway and toolkit for Community Teams and to ensure this is audited for effectiveness by Q4 2022/23.</li> <li>Review the delirium pathway within the inpatient wards to ensure we are providing best care for patients who experience delirium by Q4 2022/2</li> </ul>	
35.	Improve <b>Equality Diversity and Inclusion</b> in our organisation and services (Quality Priority 3)	Director of Quality, Professions and Workforce (Sara Quarrie)		→							<ul style="list-style-type: none"> <li>Implement the Patient Equality, Diversity and Inclusion Strategy by Q4 2022/23</li> <li>Support our EDI Forum to oversee improvements within WHC.</li> </ul>	
36.	Reduction in severe avoidable <b>medicine relation incidents</b> (Quality Priority 4)	Director of Quality, Professions and Workforce (Sara Quarrie)		→							<ul style="list-style-type: none"> <li>Reduce incidence of missed medication incidents on inpatient units and missed visits within community teams – this will provide assurance that patients are receiving their medication as prescribed and at the intended time.</li> <li>Complete CQC Controlled Drugs self-assessment</li> </ul>	
37.	We will prepare for the <b>Liberty Protection Safeguards</b> (Quality Priority 5)	Director of Quality, Professions and Workforce (Sara Quarrie)		→							<ul style="list-style-type: none"> <li>To explore and scope the implications of implementing the updated MCA guidelines and the New Liberty Protection safeguards in line with government timeline.</li> </ul>	
38.	<b>Expand</b> our engagement with <b>Patients and Carers</b> regarding delivery of our services (Quality Priority 6)	Director of Quality, Professions and Workforce (Sara Quarrie)		→							<ul style="list-style-type: none"> <li>Develop the Patient Engagement Framework / Strategy by the end of Q2 2022/23 (Public and Patient Involvement Officer - Lina Middleton)</li> <li>Respond to the patient experience and listening recommendations of the Ockenden (April 2022) report by Q2 2022/23.</li> </ul>	
<b>FOR THE LONG TERM</b>												
39.	<b>Release 2.5%</b> of our resources to <b>reinvest</b> in services	Director of Finance (Annika Carroll)		→							<ul style="list-style-type: none"> <li>Cost improvement plans in place and their quality impact assessed by mid Q2.</li> </ul>	
40.	Introduce <b>salary sacrifice scheme</b> to support lease of electric cars	Director of Finance (Annika Carroll)		→							<ul style="list-style-type: none"> <li>Procurement process complete by end of Q1.</li> </ul>	
41.	All pool cars <b>hybrid or electric</b> , with associated infrastructure	Director of Finance (Annika Carroll)		→							<ul style="list-style-type: none"> <li>All leased pool cars will be hybrid by June 23 (22 out of 23 current vehicles will be hybrid by March 23)</li> </ul>	
42.	Improve our <b>analysis of cost</b>	Director of Finance (Annika Carroll)		→							<ul style="list-style-type: none"> <li>Participate in BSW programme by Q3</li> </ul>	
43.	<b>Reform</b> our budget management support	Director of Finance (Annika Carroll)		→							<ul style="list-style-type: none"> <li>Increase finance management support available</li> <li>Establish budget management principles and monthly meetings</li> <li>Increase management accounts capacity within finance team</li> <li>Budget monitoring and finance plan will be available in Q1</li> </ul>	

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

**Item 11**

**Highlight Report – Quality Assurance Committee**

**PAPER**

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

**Subject:** Quality Assurance Committee Highlight Report  
**Date of Meeting:** 06 May 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 26 April 2022, which it is considered should be drawn to the attention of the full Board.

**2 Advise**

- 2.1 The updated terms of reference were formally ratified by the Committee. The terms of reference had been updated to capture the delegated authority and the submission of a risk assessment and a clear statement of the reason for pursuing the service change, whether it was time limited in nature and whether any of the anticipated risks had been realised to date.
- 2.2 A discussion on the [Final report of the Ockenden review](#), published on 30<sup>th</sup> March 2022, with learning for WHC to be actioned on themes of shared learning and patient / carer experience and voice. A highlight paper will come to Board in May with a deeper dive paper for June 2022.
- 2.3 Paul Mabey, Head of Specialist Services, attended to update the Committee on the progress made by the community diabetes service towards waiting list recovery, the initial focus had been on the management of lost to follow up patients. The Committee agreed that RTT breaches for Physio and the Orthopaedic Interface Service would be the focus of the next deep dive.
- 2.4 Louise Byrne-Jones, Medicines Optimisation Pharmacist and Medicines Safety Officer, attended to update the committee on medicines safety with particular focus on medicines incidents involving insulin reported in Q3 2020-21 and Q3 2021-22. Despite an increase in referrals for insulin administration within our community nursing teams and particularly challenging operational demands in the past few years WHC have demonstrated improvements in the safe administration of insulin, and have improved caseload management within community teams in order to reduce missed visits and doses. Next QAC the medicines report will focus on medicine errors.

**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 July 2022

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

**Item 12**

**Highlight Report – Audit Committee**

**PAPER**

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

**Subject:** Audit Committee Highlight Report  
**Date of Meeting:** 06 May 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 29 March 2022, which it is considered should be drawn to the attention of the full Board.

**2 Advise**

- 2.1 Counter Fraud:** Three new potential allegations since the last Committee meeting: all classed as 'no fraud against WHC' and have been closed. The remaining allegation was still being investigated.
- 2.1.1 The CF Strategy had been updated and included in the draft annual plan. In the new NHSCFA requirements - WHC no longer needs a separate three-year Strategic Plan. The functional standard evaluation was also reviewed prior to May submission.
- 2.2 Internal Audit:** The 22/23 Internal Audit Plan – including Payroll testing, Cyber Security, Pressure Ulcers and IPC - and the IA Charter were both approved. The high completion rate (93%) on audit actions was noted and commended by the committee.
- 2.3 Freedom to Speak Up (FTSU) Annual Report:** Gemma Pugh, FTSU Guardian attended to present the report. Very few concerns raised in 21/22 (6), with none in Q2 & Q3. The process was explained to the Committee and comments were noted by Annika Carroll FTSU Executive Lead. Future enhancements, including finalisation of the policy, were considered.
- 2.4 Covid 19 deep dive:** a formative draft matrix of key lessons learnt was reviewed.

**3 Alert**

- 3.1 There are no alerts.

**4 Action**

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

**5 Date of next meeting**

- 5.1 The Audit Committee next plan to meet (in person) on 14 June 2022 11:00-14:00

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

**Item 13**

**Update to Extended Access Contract**

**VERBAL**

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

**Item 14**

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

**VERBAL**

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

**Item 15**

**Any other business – PART I**

**VERBAL**

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

**Date of Next Meeting**

**To sign off Accounts:**

Friday 24 June 2022  
13:30-15:30  
MS Teams

**Full Board Meeting:**

Friday 9 September 2022  
13:30-16:30  
Bevan Meeting Room, Jenner House

