

Wiltshire Health and Care LLP Board Papers

PART I

4 November 2022



Wiltshire
HEALTH AND CARE

Wiltshire Health and Care Board Meeting Agenda - PART I

Venue:	Bevan Board Room, Jenner House
Date:	Friday 4 November 2022
Time:	13:30-16:30 (Part I 13:30-15:30 approx)

WHC Board Members		
Stephen Ladyman	Chair of Wiltshire Health and Care (Chair)	SL
Richard Barritt	Non-Executive Member, Patient Voice	RB
Martyn Burke	Non-Executive Member, Finance and Audit	MB
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		
Gemma Kelly	Corporate Governance Lead and Company Secretary (minutes)	GK
Simon Sethi	Representative, Nominated by Royal United Hospitals NHS Foundation Trust (RUH) Board	SS
Mark Ellis	Representative, Nominated by Salisbury Foundation Trust (SFT) Board	ME
Victoria Hamilton	Director Infrastructure (for items 7 and 12)	VH
Stephanie Elsy	Chair Designate BSW ICB (for item 16)	SE

Apologies		
Becky Watson	Corporate Officer (minutes)	BW
Lisa Thomas	Non-Executive Member, Nominated by Salisbury Foundation Trust (SFT) Board	LT

Item No.	Agenda Item	Presenter	Verbal/Paper	Published/Unpublished	Information/Discussion/Decision/Approval	Timings (approx.)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	Paper	Published	Information	
3.	a) Part I Minutes b) Action Tracker	Chair	Paper	Published	Decision	
4.	Chair's Update	Chair	Verbal	Published	Information	
5.	Managing Director's Update	DB	Verbal	Published	Information	
6.	Board Effectiveness Review Results Terms of Reference	GK	Paper	Published	Discussion	

Governance /Scrutiny						
7.	Sustainability Report	VH	Paper	Published	Decision	13:50
8.	Risk Report 15+	SQ	Paper	Published	Discussion	13:55

Strategy/ Delivery						
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9.	Quality, Workforce, Performance, Finance and Infrastructure Highlight Report Accompanied by: a) Quality, Workforce, and Performance Dashboards including dashboards for high profile services b) Finance Dashboard	SQ/ AC/ / LH	Paper	Published	Information/ Discussion	14:00
10.	a) Winter Plan b) In-reach paper	LH	Paper	Published	Decision	14:20
11.	Delivery Plan 2022-2025 Q2 update	DB	Paper	Published	Discussion	14:30
12.	Estates Annual Report	VH	Paper	Published	Information	14:35
Highlight Reports						
13.	Highlight Report from Audit Committee	MB	Paper	Published	Information	14:50
14.	Key points to Member Organisations	DB	Verbal	Published	Discussion	
15.	Any other business	Chair	Verbal	Published	Information	
16.	3PM - ICB Update: Stephanie Elsy	SE	Verbal	Published	Information	15:00
Date of next Meeting: Friday 3 February 2023 10:00-13:00 Training Room, Chippenham Hospital						

**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**

PAPER

Wiltshire Health and Care Board Meeting DRAFT MINUTES – Part I

Venue:	Bevan Board Room, Jenner House
Date:	Friday 9 September 2022
Time:	13:30-16:30

WHC Board Members in attendance		
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
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

Also In Attendance		
Becky Watson	Corporate Officer (minutes)	BW
Gemma Kelly	Corporate Governance Lead and Company Secretary	GK
Sarah Richards	Representative, Nominated by Royal United Hospitals NHS Foundation Trust (RUH) Board	SR

Apologies		
Lisa Thomas	Non-Executive Member, Nominated by Salisbury Foundation Trust (SFT) Board	LT
Lisa Hodgson	Executive Member, Chief Operating Officer	LH

Item No.	Agenda Item	Actions
PART I		
1.	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed the members to the meeting including Sarah Richards who was attending for RUH. Apologies had been received from Lisa Thomas and Lisa Hodgson.</p> <p>The Chair acknowledged the passing of Her Royal Highness Queen Elizabeth II and expressed gratitude of her service over her lifetime.</p> <p>Patient Story Summary:</p> <p>The Board received a presentation of a patient story. A patient 'B' and his wife attended virtually, supported by a member of the Occupational Therapy Team.</p> <p>The main points were:</p> <p>B had previously suffered a bleed on the brain resulting in problems with swallowing, breathing, eyesight and mobility. When a severe deterioration in mobility occurred an ambulance was called which took 20 hours to arrive. On arrival at RUH Bath, it was discovered that he had suffered a stroke. The following month he was transferred to Mulberry Ward in Chippenham Hospital before being discharged to their home. A deterioration resulted in a re-admission, spending the following 9 months at RUH before being transferred to Longleat Ward at Warminster Hospital briefly and then returning home. B's wife explained that, although many aspects at RUH were very</p>	

	<p>good, there were many that were not so good, including lack of communication (for example when moving wards) and lack of staff. B was on a special diet due to swallowing difficulties, but he was quite often handed food not suitable, and his wife had to intervene. As a result, his wife did not feel confident leaving him without her own supervision.</p> <p>It was explained that, since the patient has been back at home, he had had an excellent package of care in place and commented that the staff from the care agency and the Community Team were exemplary, with special mentions of Anita (physio) and Sam (occupational therapy). B's condition was improving at home. Interventions from the wheelchair service, dietitians and Medequip have also taken place.</p> <p>SL asked how the transition from hospital to home was managed. B's wife explained that it was not clear, and she had been told to complete forms for discharge but then the discharge didn't happen on a few occasions. As B was moved between wards frequently, she had to brief the wards regarding his diagnosis several times, on one occasion being told that a member of staff did not have time to read the medical notes. B's wife expressed that she had most confidence in the Older Persons Assessment Unit at RUH where care was very good.</p> <p>Following a question from DB about the impact of delays to discharge, B's wife said that, although it was not clear cut as needs were changing on a daily basis, for around the last couple of months of the 9-month stay were waiting for a care package and not due to clinical need. With regard to the brief stay at Mulberry ward in Chippenham, she thought the handover regarding feeding was not picked up well here.</p> <p>SR expressed her thanks for the examples shared with the Board, indicating her regret for examples of poor experience. She noted that they were a good example of where acute hospitals are not able to deliver excellent care when under pressure. SR would feedback to RUH.</p> <p>SL thanked B and his wife for sharing their story and wished them well. They then left the meeting.</p>	
2.	<p>Declarations and Conflicts of Interests</p> <p>No new declarations were received, and members were reminded to check the register and update if required.</p>	
3.	<p>a) Part I Minutes</p> <p>The Part I minutes of the previous two meeting were reviewed and approved.</p> <p>DECISION: The Board Members approved the Part I minutes of the previous meetings held on 21 and 24 June 2022 as an accurate record of proceedings.</p> <p>b) Action/Decision Tracker: The action tracker was reviewed and updated. Reports relating to Action 148 and 149 were shared with members and noted.</p> <p>c) Matters Arising:</p> <ol style="list-style-type: none"> i. Board Effectiveness Review (revised TOR pending outcome of review): GK informed that a questionnaire would be circulated shortly for members to complete. ii. Quality Accounts: The final Quality Accounts for 2022 were noted by the Board and SQ was working on an easy read version. 	

4.	<p>Chair's Update</p> <p>The Chair (SL) informed the members that he and DB had been carrying out the Open Forums on WHC sites across Wiltshire, with the final one via MS Team next week. Themes from the forums included cost of petrol, nurse training opportunities (nursing degree top up) and recruitment.</p> <p>MB asked if anyone had fed back regarding the live colleague briefings as he had found them useful; they had not been mentioned at the forums but had been mentioned in the staff survey.</p>	
5.	<p>Managing Director's Update</p> <p>The Managing Director (DB) gave a brief update to the Board on aspects not covered by the agenda, including that the Heart Failure service had been making good progress with recruitment of heart failure specialist nurses and that the service was open to referrals across the county. There would be a pilot in the North locality for ambulatory ECGs. There was good MDT working with SFT and the same model would be put in place for GWH and RUH. SR offered help with RUH.</p>	
Governance / Scrutiny		
6.	<p>Modern Slavery Statement</p> <p>GK introduced the Modern Slavery Statement which had been refreshed for 2022, it met with all legal points with 3 new additions.</p> <p>Approval of the Modern Slavery Statement was proposed by MB and seconded by RB; there were no objections.</p> <p>DECISION: The Board approved the Modern Slavery Statement for 2022.</p>	
7.	<p>Workforce Race & Disability Equality Standard Submission for 2022</p> <p>SQ introduced the report to the Board which included some positives and some areas to work on. MB asked if there was any guidance relating to multi-protected characteristics. SQ would find out.</p> <p>ACTION: SQ to look for guidance relating to multi-protected characteristics.</p> <p>Approval of the Workforce Race & Disability Equality Standard Submission for 2022 was proposed by RB and seconded by MB; there were no objections.</p> <p>DECISION: The Board approved the Workforce Race & Disability Equality Standard Submission for 2022.</p>	
8.	<p>Adult and Children's Safeguarding Statement</p> <p>SQ introduced the report to the Board stating that the statement was unchanged from previous years.</p>	

	<p>Approval of the Adult and Children's Safeguarding Statement was proposed by MB and seconded by RB; there were no objections.</p> <p>DECISION: The Board approved the Adult and Children's Safeguarding Statement.</p>	
9.	<p>Annual H&S Assurance Statement SQ introduced the report to the Board stating that the statement was unchanged from previous years.</p> <p>Approval of the Annual Health and Safety Assurance Statement was proposed by MB and seconded by RB; there were no objections.</p> <p>DECISION: The Board approved the Annual Health and Safety Assurance Statement.</p>	
10.	<p>Risk Report 15+ SQ introduced the risk register to the Board reporting a stable position.</p> <p>MB asked why the key actions for Risk 291 had slipped back by 3 months. DB explained that it was the long stop date, but work would be completed before then if possible, and before winter. SQ confirmed that the score for Risk 291 would remain at 16. The score for Risk 303 was currently at 12 but was due to be reviewed and it was thought it would be raised to 16.</p> <p>The Board noted that it was assured with the management of risks.</p>	
11.	<p>Information Governance Annual Update GK introduced the report to the Board and confirmed the report covered the first full year of in-house IG at WHC. The main points raised were the audit arrangements, all 33 sites had been audited in 2022, there was now a centralised records library at Chippenham Hospital and the increase in incidents was due to a change in process as all incidents were now reviewed, this was in line with other organisations; there were no concerns.</p> <p>MB noted that the disciplines were really strong, the best he has seen among similar organisations and the IG team should be proud of their efforts.</p> <p>The Information Governance Annual Update was noted by the Board.</p>	
12.	<p>Gender Pay Gap report SQ introduced the report, drawing the Board's attention to the summary in the report of the main changes on a year by year basis. SL said that it was important to separate out any underlying issues from the data effects from small sample sizes. The report was noted by the Board.</p>	

13.	<p>Insight Review</p> <p>SQ introduced the report to members highlighting that she would be commissioning NHS England (on behalf of the Board) to complete an Insight Review of WHC services before Winter 2022. This would include 1:1 interviewing of Board members and a Board development group session.</p> <p>DECISION: The Board members agreed to participate in the Insight Review.</p> <p>ACTION: SQ would invite NHS England to the November Board meeting</p>	
Governance		
14.	<p>Quality, Workforce, Performance, Finance and Infrastructure Highlight Report</p> <p>Quality: SQ presented the report highlighting the overdue incidents rate decreased and there was a good reporting culture. There was further work ongoing to further improve the training rate for Adult level 3 for Safeguarding.</p> <p>MB asked if the position relating to long lengths of stay in community wards was expected to rise. DB confirmed that it shouldn't rise but there were concerns about when it would decrease and action was being taken with twice weekly reviews and multi-agency working.</p> <p>Workforce: SQ introduced the Workforce section to the Board stating that the budgeted establishment was now correct, and actions were being taken to bring the vacancy rate down.</p> <p>Finance: AC introduced the Finance section to the Board reporting that the financial forecast remained stable. ESR would be updated quarterly with the vacancy rate.</p> <p>Financial planning – The 2022/23 financial envelope and contract value has yet to be finalised and agreed with commissioners. The additional saving requirement of 1.1% had now been applied across all ICB organisations required for the re-submission of a balanced system finance plan. AC confirmed she was working with the ICB finance team to resolve and would escalate further if required.</p> <p>Meetings had been set regarding investment priorities for the Executive Team with the first being on 5th October.</p> <p>WHC's external auditors KPMG had indicated that there was a risk that they might not be able to support with the 2022/23 audit. AC was working through the implications, including exploring options for alternative audit suppliers. The contract for external audit for the whole system from 2023/24 was currently out to tender.</p> <p>Performance: DB introduced the performance section, drawing the Board's attention to the temporary adjustment to the opening times of Trowbridge MIU during August and September 2022, which had been agreed with the Integrated Care Board due to staffing shortages. He also highlighted that there was a data quality issue relating to</p>	

	<p>the data which is submitted nationally on Urgent Community Response, which meant that this activity was significantly under reporting on national dashboards. Recruitment for virtual wards was also taking place, in line with an agreement with the Integrated Care Board to pursue early recruitment for some roles.</p> <p>Infrastructure: DB introduced the infrastructure section of the report, which was noted by the Board.</p> <p>The Board noted the reports.</p>	
15.	<p>Update on Winter Plan (formal sign off in November)</p> <p>DB highlighted that the full system plan would be shared at the November meeting for formal sign off. The plan would include virtual wards, surge beds system plan, the Wiltshire Council testing model of pathway 2 beds in nursing home (pilot currently taking place), OPEL status and escalation. An ongoing active review of the HomeFirst Pathway was also being launched.</p>	
16.	<p>Delivery Plan 2022-2025: Quarter 1 update</p> <p>DB introduced the quarter 1 update to the Board stating that most objectives were on track, some had slipped but were still on track for the financial year. The Board was asked to note that objective 32 (Scoping Robotic Process Automation) had been completed early, as initial technical scoping did not demonstrate sufficient return on investment into implementation, therefore the objective would not be pursued further in 2022/23.</p> <p>SL suggested mentioning this update in the monthly live colleague briefing</p> <p>MB asked regarding the objectives for the Deputy COO which had caused delay in some of the updates. DB confirmed that the recruitment of a Deputy COO had taken longer than anticipated but an appointment had now been made.</p> <p>The Board noted the quarter 1 update.</p>	
Highlight Reports		
17.	<p>Highlight Report from Quality Assurance Committee</p> <p>SQ introduced the report which highlighting the meeting would be moved so data was readily available for meetings. AC gave an update on Freedom to Speak up and the new Exec leads.</p> <p>RB agreed to Chair the October QAC and SR agreed to attend in her clinical capacity; the meeting would need to be moved from its current date to accommodate.</p>	
18.	<p>Update to Extended Access contract</p> <p>DB introduced this item informing the Board that the EA contract will cease on 30 September 2022 moving to PCNs on 1st October 2022.</p>	
19.	<p>Key points for Member Organisations</p> <ul style="list-style-type: none"> • Delivery Plan Q1 update 	

20.	Any other business None	
Date of next Meeting: Friday 4 November 2022 13:30-16:30 Bevan Meeting Room, Jenner House		

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
147	06/05/2022	DB to make the necessary changes to the Terms of Reference	GK	Open	04/11/2022		On agenda
153	09/09/2022	SQ to look for guidance relating to multi-protected characteristics (WRES/DES)	SQ	Open	04/11/2022		
154	09/09/2022	SQ would invite NHS England to the November Board meeting	SQ	Can be closed	04/11/2022		Extraordinary meeting set for 5 December22

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

Item 4

Chairs Update

VERBAL

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

Item 5

Managing Directors Update

VERBAL

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

Item 6

Board Effectiveness Review Results and Terms of Reference

PAPER

Committee:	Operating Board
Title of document:	Board Effectiveness Review
Purpose:	Discussion
Date of review:	Q2 2022
Date review presented to Committee:	4 November 2022
Author:	Becky Watson - Corporate Officer

1. Purpose

This document provides an analysis of the effectiveness of Wiltshire Health and Care's Operating Board.

The reference period for this review is the 12 months: **September 2021- August 2022**

The Board is invited to discuss this report, and confirm it is satisfied that work already underway will address the feedback sent in response to this effectiveness review. If the Board is unable to confirm this point, it should agree what further actions should be taken to address the critical feedback.

2. Background

This effectiveness review has two components:

1. **Part 1** - An objective component assessing a set of practical measures set out at Appendix 1
2. **Part 2** - A subjective component assessing the views of the Operating Board membership on a set of effectiveness measure – set out at Appendix 2.

For the review applicable to the period September 2021-August 2022, eleven members of the Board / regular attendees of the were surveyed for the subjective component. Three members replied.

3. Discussion

Part 1: Objective Assessment

The results of the objective assessment indicate that all behaviours and practices indicative of an effective Operating Board were satisfied in the year.

As a result there are no recommendations for improvement.

Part 2: Subjective Assessment

The results of the subjective assessment indicate that, generally, the members of the Operating Board consider the Board to be effective in its role. However, there some questions where the feedback should be noted:

Question 2: Do the papers provide you with the information you need??

100% Yes

Theme of comments:

- A brief executive summary would be useful for long reports.
- Only high level detail is necessary for board papers.

Analysis:

Authors of Board papers should consider an executive summary at the start of paper where appropriate.

Questions 6: Does the Board consider/scrutinise the right issues/topics?

66.67% Yes

33.33% Potential actions/ suggestions

Theme of comments:

Suggestion of deeper dives on specific topics.

Analysis:

The Chair to consider an agenda item for deep dive topics.

Question 9: Do you think there is the right mix of people on the Board, with the right experience?

100% Yes

Theme of comments:

- Current gap of medical clinical lead
- Full attendance required from all

Analysis:

The Non-Executive Board Member nominated by Royal United Hospitals Bath NHS FT is the medical clinical lead for the purpose of the board. The post holder for this role has recently changed.

Question 13: If you have any other comments or suggestions you would like to add; please let us know

Theme of comments:

Board away day found to be positive for board members.
The patient story is impactful and highly valued.

Analysis:

The Chair should consider an annual Board Away Day

4. Recommendation

The Operating Board should confirm that it is satisfied that work already underway will address the feedback sent in response to this effectiveness review. If the Board is unable to confirm this point, it should agree what further actions should be taken to address the feedback.

Appendix 1 – Summary of the Effectiveness Questions, Operating Board

#	Effectiveness measure	Method of measurement	Result	R A G	Comment on whether the results support effectiveness
1.	Whether monthly meetings have been convened.	Review of meeting patterns: <ul style="list-style-type: none"> Have there at least four meetings in the last 12 months? 	Yes. There have been seven meetings in the last 12 months: 4 formal full Board Meetings 1 to review the financial plan 1 to sign of the end of year accounts 1 to sign off the Quality Accounts		Results support effectiveness.
2.	Whether an agenda has been created for each meeting	Review of meeting documentation: <ul style="list-style-type: none"> Has there been an agenda for every meeting that took place in the last 12 months? 	Yes. Each of the meetings held in the last 12 months, had a clear agenda.		Results support effectiveness.
3.	Timeliness of agenda/papers being circulated	Review of when meeting documentation was circulated: <ul style="list-style-type: none"> Was the agenda circulated within 5 working days of the meeting date? 	Yes <ul style="list-style-type: none"> Three of the meetings listed above had agenda and paperwork sent out within 5 working days of the meeting. The meeting held on 4 February 2022 had agenda and paperwork sent out within 4 days in agreement with the Chair. 		Results support effectiveness.
4.	Attendance by the membership at meetings	Review of who attended meetings: <ul style="list-style-type: none"> Did the membership attend at least 75% of meetings in the last 12 months? 	No <i>There is a table showing the detail for this at the end of this chart.</i>		Results support effectiveness.
5.	Whether minutes are created for each meeting	Review of meeting documentation. <ul style="list-style-type: none"> Have minutes been created for every meeting that took place in the last 12 months? 	Yes. <ul style="list-style-type: none"> Each of the meetings held in the last 12 months, have had minutes recorded. 		Results support effectiveness.

6.	Proportion of actions tracked to completion	Review of Board Action Tracker. <ul style="list-style-type: none"> Have all actions agreed by the Committee in the last 12 months been monitored to completion (where completed)? 	Yes.		Results support effectiveness.
7.	The ability of the Board to make decisions <u>within</u> a meeting/ deferred decision making.	Review of the minutes from the last 12 months. <ul style="list-style-type: none"> Has the Board been able to make a decision <u>in the meeting</u>, with respect to all papers put to it "for decision"? Or have some decisions been deferred. 	Yes		Results support effectiveness.
8.	Whether the membership <u>of</u> the Operating Board believes it is acting as an effective check and challenge in relation to quality issues/ concerns (see survey at Appendix 2)	Questionnaire to Board Members.	See below for detail		Results support effectiveness.

Attendance:

Member	10/09	05/11	04/02 2022	25/03	06/05	21/06	24/06	%
Chair:	✓	✓	✓	✓	✓	✓	✓	100%
Non-Executive Director RUH:	✓	✓	✓	✓	✓	✓	✓	100%
Non-Executive Director GWH:	x	✓	✓	✓	✓	✓	x	71.43%
Non-Executive Director SFT:	✓	✓	✓	✓	✓	✓	✓	100%
Non-Executive Director F&A:	✓	✓	✓	✓	✓	✓	✓	100%

Non-Executive Director PV:	x	✓	✓	x	✓	✓	✓	71.43%
Managing Director:	✓	✓	✓	✓	✓	✓	✓	100%
Chief Operating Officer:	✓	✓	✓	x	✓	x	x	57.14%
Director of Quality, Professions, and Workforce:	✓	✓	✓	✓	✓	✓	✓	100%
Director of Finance:	✓	✓	✓	✓	✓	✓	✓	100%

Appendix 2 – Questions to the Operating Board

Appendix 2A: Text to send as an introduction to the survey:

Dear Board Member

Wiltshire Health and Care LLP – Operating Board Effectiveness Review Exercise

To ensure that the committees and Board of Wiltshire Health and Care are working as effectively as possible, we would be really grateful for your feedback.

This survey is designed to provide data that will help us to evolve and improve the operation of the Wiltshire Health and Care LLP, Operating Board.

The survey should take 10 minutes.

The results will be shared with the Board, together with a set of recommendations to improve the effectiveness of the Board – based on the feedback received.

If you would like to discuss the questions in this survey, or any of your feedback to the survey, in further detail please contact the Corporate Officer, Gemma Kelly Corporate Governance Lead and Company Secretary on 07796 121367 or gemma.kelly13@nhs.net

I would like to thank you in advance for your time in supporting this Effectiveness Review Exercise.

*Kind regards
Becky Watson*

Appendix 2B: Survey questions

Sent to:	Number of people survey sent to 11
Responses:	Number of people that completed the survey 3
Response rate:	27.27%

Survey Questions	Answer options to present to the person completing the questionnaire				
	Yes	No		Comments	Potential actions/ suggestions
1. Do you generally receive meeting papers early enough to read and consider properly?	Yes	No		Comments	Potential actions/ suggestions
2. Do the papers provide you with the information you need?	Yes	No		Comments	Potential actions/ suggestions
3. Are the meetings the right length?	About right	Too long	Too short	Comments	Potential actions/ suggestions
4. Are the meetings the right frequency?	About right	Too frequent	Too infrequent	Comments	Potential actions/ suggestions
5. Are the meetings well chaired? If no, what suggestions do you have about how meetings are chaired?	Yes	No		Comments	Potential actions/ suggestions

6. Does the Board consider/scrutinise the right issues/topics?	Yes	No		Comments	Potential actions/suggestions
7. Are the agendas well-constructed? (i.e. does the meeting flow well) If no, what changes might you suggest?	Yes	No		Comments	Potential actions/suggestions
8. Do you have the opportunity to contribute to the agenda and at meetings? If you would like to contribute more, what is currently preventing you from doing so?	Yes	No		Comments	Potential actions/suggestions
9. Do you think there is the right mix of people on the Board, with the right experience?	Yes	No		Comments	Potential actions/suggestions
10. Would you make any changes to the Board's terms of reference? If yes, what would you suggest is changed?	Yes	No		Comments	Potential actions/suggestions
11. Is there anything that you would change about how the secretariat administers the meetings of this Board?	Yes	No		Comments	Potential actions/suggestions
12. Is there anything you would change about the way meetings of this Board are conducted, that would improve your experience?	Yes	No		Comments	Potential actions/suggestions
13. If you have any other comments or suggestions you would like to add; please let us know.				Comments	Potential actions/suggestions

Appendix 2B: Survey results

WHC Operating Board Effectiveness Review 2022

1. Do you generally receive meeting papers early enough to read and consider properly?				
Answer Choices			Response Percent	Response Total
1	Yes		100.00%	3
2	No		0.00%	0
3	Potential actions/ suggestions		0.00%	0
			answered	3
			skipped	0
Potential actions/ suggestions (0)				
No answers found.				

2. Do the papers provide you with the information you need?				
Answer Choices			Response Percent	Response Total
1	Yes		100.00%	3
2	No		0.00%	0
3	Potential actions/ suggestions		33.33%	1
			answered	3
			skipped	0
Potential actions/ suggestions (1)				
1	26/09/2022 12:21 PM ID: 200095718	Sometimes papers are too detailed for a Board paper and could do with a punchier executive summary		

3. Are the meetings the right length?				
Answer Choices			Response Percent	Response Total
1	About right		100.00%	3
2	Too long		0.00%	0
3	Too short		0.00%	0
4	Potential actions/ suggestions		0.00%	0
			answered	3
			skipped	0
Potential actions/ suggestions (0)				
No answers found.				

4. Are the meetings the right frequency?				
Answer Choices			Response Percent	Response Total
1	About right		100.00%	3
2	Too frequent		0.00%	0
3	Too infrequent		0.00%	0
4	Potential actions/ suggestions		0.00%	0
			answered	3
			skipped	0
Potential actions/ suggestions (0)				
No answers found.				

5. Are the meetings well chaired? If no, what suggestions do you have about how meetings are chaired?				
Answer Choices			Response Percent	Response Total
1	Yes		100.00%	3
2	No		0.00%	0
3	If no, what suggestions do you have about how meetings are chaired?		0.00%	0
			answered	3
			skipped	0
If no, what suggestions do you have about how meetings are chaired? (0)				
No answers found.				

6. Does the Board consider/scrutinise the right issues/topics?				
Answer Choices			Response Percent	Response Total
1	Yes		66.67%	2
2	No		0.00%	0
3	Potential actions/ suggestions		33.33%	1
			answered	3
			skipped	0
Potential actions/ suggestions (1)				
1	20/10/2022 07:49 AM ID: 201887518			
Comments: (1)				
1	20/10/2022 07:49 AM ID: 201887518	I think we need to pre-plan some deeper dives on specific topics, to avoid only transactional business.		

7. Are the agendas well-constructed? (i.e. does the meeting flow well) If no, what changes might you suggest?				
Answer Choices			Response Percent	Response Total
1	Yes		100.00%	3
2	No		0.00%	0
3	If no, what changes might you suggest?		0.00%	0
			answered	3
			skipped	0
If no, what changes might you suggest? (0)				
No answers found.				

8. Do you have the opportunity to contribute to the agenda and at meetings? If you would like to contribute more, what is currently preventing you from doing so?

Answer Choices		Response Percent	Response Total
1	Yes	100.00%	3
2	No	0.00%	0
3	If you would like to contribute more, what is currently preventing you from doing so?	0.00%	0
		answered	3
		skipped	0
If you would like to contribute more, what is currently preventing you from doing so? (0)			
No answers found.			

9. Do you think there is the right mix of people on the Board, with the right experience?				
Answer Choices			Response Percent	Response Total
1	Yes		100.00%	3
2	No		0.00%	0
3	Potential actions/ suggestions		33.33%	1
			answered	3
			skipped	0
Potential actions/ suggestions (1)				
1	26/09/2022 12:21 PM ID: 200095718	Yes but ideally we have a medical clinical lead - which I think is in hand		
Comments: (1)				
1	22/09/2022 12:56 PM ID: 199903704	Would be good to see more of our COO		

10. Would you make any changes to the Board@SQ@s terms of reference? If yes, what would you suggest is changed?				
Answer Choices			Response Percent	Response Total
1	Yes		0.00%	0
2	No		100.00%	3
3	If yes, what would you suggest is changed?		0.00%	0
			answered	3
			skipped	0
If yes, what would you suggest is changed? (0)				
No answers found.				

11. Is there anything that you would change about how the secretariat administers the meetings of this Board?				
Answer Choices			Response Percent	Response Total
1	Yes		0.00%	0
2	No		100.00%	3
			answered	3
			skipped	0
Comments: (1)				
1	22/09/2022 12:56 PM ID: 199903704	Becky does a brilliant job		

12. Is there anything you would change about the way meetings of this Board are conducted, that would improve your experience?

Answer Choices		Response Percent	Response Total
1	Yes	0.00%	0
2	No	100.00%	3
		answered	3
		skipped	0

13. If you have any other comments or suggestions you would like to add; please let us know.

Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	1
1	26/09/2022 12:21 PM ID: 200095718	I think the Board away day should be maintained and was a good introduction to our calendar. I equally find the patient story very powerful and hope it is maintained.	

13. If you have any other comments or suggestions you would like to add; please let us know.

	answered	1
	skipped	2

Wiltshire Health and Care (“WHC” or “LLP”)

Operating Board

Terms of Reference

1. CONTENT

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

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.
- **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.

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Date last reviewed by WHC Members Board:	[TBC]

- **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"> • The Objectives for the use of the LLP vehicle are set out in clause 3.1 of the Members Agreement. • 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. • 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 “Escalation Framework”). 	<ul style="list-style-type: none"> • 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 unanimous decision of the Members.

#	Responsibility	Action of Operating Board	Approval required
4B	Agree the operational strategy for the delivery of community health	<ul style="list-style-type: none"> • In accordance with clause 5.2 of the Members Agreement the Delivery Plan will be presented to the Operating 	<ul style="list-style-type: none"> • Approval of the Strategic Plan is a “Part 1” Reserved Matter,

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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")	<p>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.</p> <ul style="list-style-type: none"> 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. 	<p>requiring the unanimous approval of the Members.</p>
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#	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"> Receive regular performance updates on service delivery at meetings of the Board. 	<ul style="list-style-type: none"> No approval required as such, but the Members should act collaboratively in considering this topic.

#	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"> Receive regular updates on such matters at meetings of the Board. 	<ul style="list-style-type: none"> No approval required as such, but the Members should act collaboratively in considering this topic.

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

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- d) Non-Executive Member – Primary Care
 - e) Non-Executive Member nominated by Great Western Hospitals NHS Foundation Trust (“GWH”)
 - f) Non-Executive Member nominated by Royal United Hospitals NHS Foundation Trust (“RUH”)
 - g) Non-Executive Member nominated by Salisbury NHS Foundation Trust (“SFT”)
 - 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 may also be attended by the following representatives:
 - Corporate Governance Lead 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.

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

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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 Corporate Governance Lead and 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.

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 29.6 of the Members Agreement; and

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- 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. CONFLICT OF INTEREST

- If a Board member has, in any way, a direct or indirect interest in a proposed transaction or arrangement with WHC, the Board member must declare the nature and extent of that interest to the other Board members. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before WHC enters into the transaction or arrangement.
- The Chair of WHC will advise Board members in respect of any conflicts of interest that arise during Board meetings, including whether the interest is such that the Board member should withdraw from the meeting for the period of the discussion. In the event of disagreement it is for the Board to decide whether a Board member must withdraw from the meeting. The Company Secretary will provide advice on any conflicts that arise between meetings.
- A register of interests will be maintained by the Corporate Governance Lead and Company Secretary.

13. 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

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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.

14. FINANCE

- The WHC Operating Board exercises financial supervision over WHC by:
 - a) Formulating the financial strategy (for ultimate approval by the WHC Members Board);
 - b) Requiring the submission and approval of budgets within specified limits;
 - c) Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money);
 - d) Defining specific delegated responsibilities placed on members of the WHC Operating Board and employees as indicated in the “Scheme of Delegation.” The extent of delegation shall be kept under regular review by the WHC Operating Board.

WHC approval limits

21/22		
Approval level needed	Annual value (£)	Source
Director of Finance	Spend not covered by an existing budget < £5,000	Director of Finance (in line with SOP)
Executive Committee	Spend not covered by an existing budget >£5,000	Executive Committee TOR
Managing Director/ Director of Finance	Any spend up to the value of £500,000	WHCs Scheme of Delegation
WHC Operating Board	Any spend where the value is over £500,000 but below £2,650,651	WHC's Scheme of Delegation
Members (unanimous approval)	Spend where the value is >5%, £2,650,651	WHC LLP Member's Agreement Schedule 4, Part 1 states that where spend is >5% of WHC's annual turnover (as recorded in the previous year), Members approval is needed. In 20/21 the annual turnover was £53,013,032, so for spend in 21/22, unanimous Members approval is needed where the annual value of the contract/ obligation is >£2,650,651.
Members (unanimous approval)	Spend deviating from Strategic Plan where the annual value is >2%, £1,060,260	WHC LLP Member's Agreement A decision to deviate from the Strategic Plan which will or does commit the LLP to additional expenditure (in aggregate in any 12 month period) in excess of 2% of the Turnover recorded by the LLP in the previous Accounting Reference Period; for 21/22 £1,060,260

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15. 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.

August 2022

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

Item 7

Sustainability Report

PAPER

Wiltshire Health and Care Operating Board**For decision****Subject: Sustainability****Date of Meeting: 04 November 2022****Author: Victoria Hamilton****Attachments: BSW Green Plan & WHC Sustainability Statement****1. Purpose**

To gain approval from the Wiltshire Health and Care Board for the Sustainability Statement and approach to moving towards carbon net zero.

2. Background

The climate emergency is a health emergency and requires our immediate attention. If we fail to take coordinated action on climate change, then we are failing to address the biggest health risk that we face as a society.

BSW Together, our integrated care system for Bath and North East Somerset, Swindon and Wiltshire, has brought together NHS trusts, primary care, local authorities, voluntary, community and social enterprise organisations, including Wiltshire Health and Care and has published its first Green Plan, (2022-2025).

3. Discussion

As well as the BSW Green Plan, NHS Trusts are mandated to have individual Green Plans but as an LLP WHC is not. As a relatively small community provider, WHC believes that the best way to deliver the biggest impact on our carbon footprint is:

- to remain an active participant developing and delivering the BSW Green Plan,
- to have a Board approved Sustainability Statement that clearly sets out WHC's commitment to improving environmental sustainability and the areas of focus,
- to ensure that specific environmental sustainability actions are included within the WHC Annual Delivery Plan.

Within this context, WHC is committed to focusing on the areas where we can make the biggest difference, and these have been identified as following:

- Engaging with our landlords and providers of estates and facilities services to encourage and support minimising waste, improving energy efficiency, and improved recycling.
- Increasing awareness and engagement with the green agenda across our workforce.

- Working with our procurement team and suppliers to reduce carbon emissions from our supply chain.
- Reducing travel and carbon emission from travel when it is necessary.

The proposed actions and the associated key performance indicators, (KPIs) for development as part of the 23/24 WHC Delivery Plan are as follows:

Area	KPI	Timeframes
Engaging with our landlords and providers of estates and facilities services to encourage and support minimising waste, improving energy efficiency, and improved recycling.		
	1) Switch to 100% renewable electricity suppliers by October 2022	Complete
	2) Encourage NHS to continue to prioritise Wiltshire properties in its replacement programme to move to LED lighting	On going until all lighting has been changed
	3) Continue to reduce single use plastics used within catering services	Target end date 2025
	4) Improve recycling levels of domestic waste through better awareness and signposting	Q4 2022
	5) Improve the availability of recycling opportunities when new waste contracts are let	2023/24
Increasing awareness and engagement with the green agenda across our workforce		
	6) Appoint a Board Level Lead for Environmental Sustainability	Complete
	7) Include Environmental Sustainability as part of the induction programme for new starters at WCH	Q1 23/24
	8) Explore Environmental Sustainability training packages that could be made available to WHC staff.	Q2 23/24
Working with our procurement team and suppliers to reduce carbon emissions from our supply chain.		
	9) From April 2022, all BSW partners will include 10% social value weighting in all procurement tenders	April 2022
	10) All in house printing and photocopying uses 100% recycled paper content paper	Complete
	11) 100% paperless or, if essential, using 100% recycled paper content within all office-based functions by 2025	2025
Reducing travel and carbon emission from travel when it is necessary.		
	12) Salary sacrifice scheme in place for staff lease / hire car scheme for electric cars	2022/23
	13) All new/replacement pool cars are either highbred or electric cars	2022/23
	14) At least 25% of out-patient clinic-based appointments are delivered virtually where appropriate	2025

	15) Reduce patient travel where it could be replaced by remote monitoring or home delivery services.	2022/23
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4. Recommendation

The Board is invited to:

- Approve the proposed approach to delivering environmental sustainability in WHC.
- Approve the WHC Sustainability Statement.
- Approve the Environmental Sustainability Workstreams, to be worked up and agreed as part of the overall development in the 23/24 WHC Delivery Plan.
- Familiarise itself with the BSW Green Plan.

Impacts and Links

Impacts	
Quality Impact	Neutral impact on Quality
Equality Impact	Neutral impact on Equality
Financial implications	Yet to be quantified.
Impact on operational delivery of services	Any impact will be scoped within the specific workstreams
Regulatory/ legal implications	Necessary to hit the Carbon Net Zero target set for the NHS.
Links	
Link to business plan/ 5 year programme of change	Individual workstreams will be included within the WHC Delivery Plan.
Links to known risks	None
Identification of new risks	Climate change should be considered as a strategic risk.

Sustainability Statement

Final Draft for Approval

OVERVIEW

The Bath and North East Somerset, Swindon and Wiltshire Together, (BSW) integrated care system has come together to develop and agree an ambitious, cocreated system-wide vision and set of commitments to begin the journey towards delivering net zero health and care services in BSW. This is set out in BSW Green Plan. This statement sets out Wiltshire Health and Care's commitment to deliver its part of the plan.

OUR BUSINESS AND VALUES

Wiltshire Health and Care LLP (WHC) is the provider of NHS community services for patients living or residing in Wiltshire.

We care for patients in four community inpatient wards and two minor injury units across the county and support intermediate care and therapy. We provide community nursing, physiotherapy, and occupational health services to patients who benefit from being cared for in their homes. This is supported by specialised community services teams, who treat patients both at home and in clinic to provide a range of specialist services. We work as part of the local health and social care economy with our acute care partners, local primary care, social care colleagues, Carers Support Wiltshire, and many other third sector agencies. This is supported by a broad network of family members, friends, carers, and volunteers.

We have an overarching principle of removing the organisational barriers to healthcare to ensure that patients receive a high quality and seamless experience.

PRIORITIES AND FOCUS

The BSW sustainability targets are clustered by the following themes:

- Sustainable Care Models
- Workforce and System Leadership
- Estates and Facilities
- Travel and Transport
- Supply Chain and Procurement
- Food and Nutrition
- Medicines
- Digital transformation

Within this context WHC is committed to focusing on the areas where we can make the biggest difference, and these have been identified as following:

- Engaging with our landlords and providers of estates and facilities services to encourage and support minimising waste, energy efficiency, improved recycling.
- Increasing awareness and engagement with the green agenda across our workforce.
- Working with our procurement team and suppliers to reduce carbon emissions from our supply chain.
- Reducing travel and carbon emission from travel when it is necessary.

In order to deliver on these areas, specific sustainability actions and projects will be included in the WHC Delivery Plan and will be updated and reviewed annually as part of the Delivery Plan review cycle.

OUR EFFECTIVENESS IN TACKLING CLIMATE CHANGE

This statement is presented to the Operating Board who approve and support this statement in a public meeting demonstrating commitment, ensuring visibility, and encouraging reporting standards.

This statement is approved by the Board and signed on its behalf by Douglas Blair, Managing Director.

November 2022



Bath and North East Somerset,
Swindon and Wiltshire Together



BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE TOGETHER



GREEN PLAN 2022-25

Welcome

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Section 1

FOREWORD

Health and care organisations are facing many challenges - hours spent waiting in A&E, long and growing waiting lists, record numbers of vacancies across the board. Among these high-profile challenges, the climate emergency may not be something that immediately springs to mind as impacting healthcare.

However, as we state clearly in this plan, the climate emergency is a health emergency and requires our immediate attention. If we fail to take coordinated action on climate change, then we are failing to address the biggest health risk that we face as a society.

Coordinating our action is vital. We are proud that BSW Together, our integrated care system for Bath and North East Somerset, Swindon and Wiltshire, brings together brings together NHS trusts, primary care, local authorities, voluntary, community and social enterprise organisations, and many other partners who all share a purpose in serving the 940,000 people who live in Bath and Northeast Somerset, Swindon and Wiltshire.

If we work alone, we can make meaningful local changes. Like every household, we can make sure we are using energy efficiently, we can change the way we power and heat our buildings, we can reduce our waste. But if we work together, we can tackle the fundamental issues that stand in the way of achieving net zero for our population.

We can provide reimagined, greener services by working together in new ways. We can utilise our collaborative buying power to ensure that we are promoting sustainability and adding social value when we buy things or commission services. We can reorganise the way that we travel and transport supplies around BSW to reduce our carbon footprint.

The NHS is under pressure as never before, and it will not be easy, but this plan represents a firm commitment from all of us as partners to achieve net zero and to do our part to avert the climate crisis. We are committing to a shared purpose, to a shared set of goals and to a shared conviction that we must work together to achieve the goals we have set.

We believe this plan, supported by the fantastic people who work in the BSW Partnership, can make a difference. We are proud to publish this plan and we start this journey together with confidence.



Gary Heneage
Chief Finance Officer
BSW Integrated Care Board

Section 1

EXECUTIVE SUMMARY



The BSW Together integrated care system has come together to develop and agree an ambitious and co-created system-wide vision and set of commitments to begin our journey towards delivering net zero health and care services in BSW.

In this document we set out how we will begin to reduce the environmental and carbon impact of our health and care estate, services and wider activities over the next 3 years, with a view to achieving net zero by 2040.

Although most of the actions within this plan are intended for NHS organisations, we have engaged with wider health and care partners such as non-NHS providers, local authorities and beyond, through the development of the plan and we hope that many of the actions can be delivered across the Integrated Care System (ICS).

This plan reflects our discussions as a system on where we are now and where we would like to be, and provides the basis for working collaboratively on our net zero ambitions and maximising our collective progress and impact on our communities going forward.

OUR VISION



60% of BSW Together members will achieve net zero for the emissions we directly control by **2030**



100% of BSW Together members will achieve net zero for the emissions we directly control by **2040**



100% of BSW Together members will achieve net zero for the emissions we can influence by **2045**

Section 1

EXECUTIVE SUMMARY



SUMMARY OF TARGETS BY THEME

SUSTAINABLE CARE MODELS



- Establish and agree target for reduction in carbon impact of care models by March 2023
- Reduction in carbon impact of care models by 2025

ESTATES AND FACILITIES



- Switch to 100% renewable suppliers by October 2022
- Create a high-level roadmap for carbon reduction milestones in estates by March 2023
- Reduce NHS Carbon footprint (including reduction in estates - energy, water, waste footprint) by 80% by 2032*
- NHS Carbon footprint (including reduction in estates - energy, water, waste footprint) net zero by 2040

** All interim carbon reduction targets will be calculated based on the nationally mandated baseline year of 1990 subject to centrally provided data availability (due to data at organisational level not being available)*

WORKFORCE AND SYSTEM LEADERSHIP



- Board-level lead identified at organisational and ICS level by March 2023
- Integrated Care Board to undertake sustainability training by March 2023
- Staff are made aware of the relevant Green Plans (ICS/Trust) via training/ inductions/comms by March 2023
- Staff have access to a sustainability/green peer network by March 2023
- Staff have access to sustainability training/sustainability information within their induction by 2025

TRAVEL AND TRANSPORT



- NHS Trusts signed up to clean air hospital framework by March 2023
- At least 90% of fleet and salary sacrifice cars are ultra low emissions or zero emissions by 2028
- Reduce business and fleet emissions by 80% by 2032*
- Business and fleet emissions net zero by 2040

Section 1

EXECUTIVE SUMMARY



SUMMARY OF TARGETS BY THEME

SUPPLY CHAIN AND PROCUREMENT



- From April 2022, all BSW partners will include 10% social value weighting in all procurement tenders
- 100% paperless or, if essential, using 100% recycled paper content within all office-based functions by 2025
- Reduce carbon footprint from supply chain by 80% by 2039
- Achieve net zero for our supply chain carbon footprint by 2045

MEDICINES



- All NHS Trusts to reduce use of desflurane in surgical procedures to <5% by 2022/23
- Reduce overall carbon footprint of inhalers by 50% by 2028
- Reduce carbon footprint from anaesthetic gases and inhalers by 80% by 2032*
- Carbon footprint from anaesthetic gases and inhalers net zero by 2040

** All interim carbon reduction targets will be calculated based on the nationally mandated baseline year of 1990 subject to centrally provided data availability (due to data at organisational level not being available)*

FOOD AND NUTRITION



- Review and adapt menus at least twice a year to maximise use of seasonal ingredients by March 2023
- Establish and agree target for reduction in single use plastics used within catering by March 2023
- Reduce the use of all single use plastic items used within catering services by 2025

DIGITAL TRANSFORMATION



- 25% of outpatient appointments conducted as virtual appointments online, where clinically appropriate, by 2025
- Carbon footprint from information and communications technology (ICT) energy usage to net zero by 2040
- Carbon footprint from ICT procurement to net zero by 2045

Section 1

EXECUTIVE SUMMARY



SUMMARY OF TARGETS BY THEME

ADAPTATION



- Climate change included as key strategic risk on corporate risk registers and business continuity plans by March 2023
- Undertake additional climate risk assessments and create additional adaptation plans as required by 2025





INTRODUCTION

The climate emergency is a health emergency. Climate change threatens the foundations of good health, with direct and immediate consequences for our patients, the public and the NHS. We are already facing significant increases in the intensity of heatwaves, more frequent storms and flooding and increased spread of infectious diseases such as tick-borne encephalitis and vibriosis.

Over the last 10 years, the NHS has taken notable steps to reduce its impact on the climate. As the biggest employer in this country, there is more that the NHS can do. Action must not only cut NHS emissions, which currently equates to 4% of England's total carbon footprint, but also build adaptive capacity and resilience into the way care is provided.

This action will lead to direct benefit for patients, with research suggesting that up to one-third of new asthma cases might be avoided as a result of efforts to cut emissions. This is because the drivers of climate change are also the drivers of ill health and health inequalities. For example, the combustion of fossil fuels is the primary contributor to deaths in the UK caused by air pollution, disproportionately affecting deprived and vulnerable communities. It is for this reason that the NHS has committed to tackling climate change by reducing our emissions to 'net zero'. In doing so, our aim is to be the world's first 'net zero' national health service.

As leading health and care providers and employers across Bath and North East Somerset, Swindon and Wiltshire, our activities, travel and use of materials and resources means we have an impact on the environment. All our activities, properties and the health of our staff and patients will be increasingly affected by extreme weather events as they become more common. For this reason, Bath and North East Somerset, Swindon and Wiltshire (BSW) Together is fully committed to achieving 'net zero' in response to the health emergency that climate change brings. This will need to be embedded into everything we do now and in the future.

A greener NHS is not only concerned with reducing the CO2 emissions we are emitting but also protecting the environment and ensuring that we are working with partners to make BSW a safer and more welcoming place to live and work. This will therefore include not only understanding and reducing our carbon impact but also focusing on wider environmental impacts such as chemical pollution and protecting biodiversity, as well as wider issues relating to social value such as tackling inequalities and contributing to a healthy local economy.

Addressing climate change is important in helping us to meet our system-wide goals of developing healthier communities, improving health outcomes and addressing the wider social determinants of health that can lead to health inequalities. This Green Plan lays out the first steps of our roadmap to achieving our ambitious net zero carbon targets, addressing the role we play in tackling the climate health emergency and helping us to meet our commitments to the population of BSW, now and for future generations to come.

Section 2

INTRODUCTION



BSW TOGETHER

Bath and North East Somerset, Swindon and Wiltshire (BSW) Together is an integrated care system (ICS) made up of NHS and local authority organisations working together to deliver Health and Care services for the BSW population.

Our ICS brings together 88 GP practices, three acute hospital trusts, three community health providers, two mental health trusts, an ambulance trust, three local authorities and voluntary sector organisations.

Collectively, we take responsibility to improve the health and wellbeing of local people, tackle inequalities and achieve better outcomes and access for everyone. We ensure that health and care services are high-quality and resources are used efficiently. We have been working together since we formed a sustainability and transformation partnership in 2016 and we established our new integrated care board in July 2022.

This means that we have a long history of integrated working. Collectively, we work towards a vision which guides our collaboration and inspires the action needed to make change happen. That vision is: 'Working together to empower people to lead their best life.'





INTRODUCTION

Our strategic aims:

- Improve the health and wellbeing of the population
- Reform quality and experience of care
- Reduce health and care inequalities
- Improve the experience of those delivering care
- Maximise the value from the resources we use
- Contribute to social and economic recovery

We serve a population of 940,000 people across a varied geographical area that includes the densely populated town of Swindon to the north, Salisbury plain to the south, and Bath and the rolling Mendip Hills to the west.

Our partners are:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board
- Bath & North East Somerset Council
- Great Western Hospitals NHS Foundation Trust
- Healthwatch: Bath and North East Somerset
- Healthwatch: Swindon
- Healthwatch: Wiltshire
- Medvivo
- Oxford Health NHS Foundation Trust

- Royal United Hospitals Bath NHS Foundation Trust
- Salisbury NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Swindon Borough Council
- HCRG Care Group
- Wessex Local Medical Committees
- West of England Academic Health Science Network
- Wiltshire Council
- Wiltshire Health and Care

We are also pleased to work in partnership with a wide range of voluntary and community sector organisations that provide invaluable support to our populations and our health and care services.

Section 2

BSW IN NUMBERS



POPULATION

BSW Together serves a combined local population of **940,000**



MENTAL HEALTH

180,000 people in BSW have some form of mental health condition



DIABETES

In BSW **5.56%** of the population has diabetes yet 20% of the COVID deaths were in people with diabetes



LONG-TERM HEALTH

156,000 people in BSW have 3 or more long-term conditions



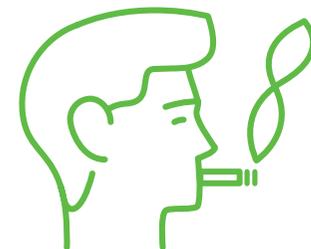
PRESCRIPTIONS

85,000 people in BSW aged 65+ are receiving 10 or more medicines and treatments on prescription



SMOKING

There are approximately **100,000** adult smokers in BSW





OUR GREEN PLAN

Purpose of the document

BSW Together has developed and agreed an ambitious and co-created system-wide vision and set of commitments to begin our journey towards delivering a net zero BSW health service.

The BSW Green Plan outlines our approach to delivering sustainability across the priorities set out in delivering a Net Zero National Health Service and accompanying Green Plan guidance. This includes considerations on estates, travel and transport, use of resources, workforce and future care models across the ICS health and care system.

This plan reflects our discussions as a system on where we are now and where we would like to be, and provides the basis for working collaboratively on net zero and maximising our collective impact on our communities. In this document we set out how we will begin to reduce the environmental and carbon impact of our healthcare estate, services and wider activities over the next 3 years, with a view to achieving net zero by 2040 for the emissions we directly control.

The set of actions outlined within each chapter of this document are by no means an exhaustive list of what will need to be delivered in order to achieve this ambition.

This plan is intended to reflect some of the agreed priority actions that will help us on our journey to reducing carbon emissions as a system, and will be reviewed annually to ensure it remains relevant, achievable and ambitious. It is important to note the ability to deliver on these

actions and achieve the NHS net zero ambitions will be subject to increasing capability, capacity, and availability of funding.

Scope of the document

In reading the plan it is important to keep in mind the wider context of its development and implementation. Every NHS Trust and ICS in England has been required to produce a board approved Green Plan by 31st March 2022.

In line with this requirement, each NHS organisation within the BSW system (Avon and Wiltshire Mental Health Partnership, Salisbury NHS Foundation Trust, Royal United Hospitals NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust) has developed their own three-year Green Plan.

In this plan we aim to build on the great work already done by NHS trusts to develop their own organisational Green Plans and net zero strategies. Fantastic work has already been achieved and is planned over the next few years across all of our partners, and you will see examples of this progress throughout this plan.

It is important to highlight that this BSW Green Plan does not replace individual organisational plans but it is intended to confirm common and collaborative actions and timelines across partner organisations. This plan builds on individual plans and organisational level actions, and starts to identify actions where the ICS partnership can add value and accelerate progress towards net zero across the system. This includes maximising opportunities for joint working, collaboration and sharing

Section 2

OUR GREEN PLAN



best practice. In this way, this BSW Green Plan is partly a joint plan where aims and targets are aligned and have been signed up to by partners, and also a collection of organisational level actions which are progressed locally by individual partners in support of the BSW Green Plan.

It is also important to note that, all BSW Together partners (including those not required to have Green Plans) have endorsed the vision and high-level commitments set out in this plan. However, due to the lasting impacts of the pandemic and the evolving nature of the ICS, the level of engagement in the development of the plan, and the involvement in the delivery of actions will vary across partners.

Although most of the actions within this plan are for NHS organisations, we are committed to collaboration with wider health and care partners such as non-NHS providers, local authorities and beyond, and we hope that many of the actions can be delivered across the ICS. With this aim in mind, we have engaged with Wiltshire Council, Bath and North East Somerset Council, Swindon Borough Council and other organisations including HCRG Care Group, Wiltshire Health and Care, NHS Property Services and West of England Academic Health Science Network throughout the development of this Green Plan.

Most of these partners have their own sustainability targets and net zero strategies and several have already been leading the way on the sustainability agenda for some time. Wherever possible we have tried to identify opportunities for supporting our common ambitions, working together and scaling our impact across the region.

BSW Together is on a journey towards greater cooperation and cohesion across Green Plan and net zero strategies, and we will increasingly integrate our plans and work collaboratively to deliver our joint ambitions in future.



Section 2

OUR VISION



DEVELOPING OUR VISION

In October 2020, the NHS published its new strategy, delivering a Net Zero National Health Service and committed to deliver the world's first net zero carbon health service.

The report sets out trajectories and actions for the entire NHS to reach net zero carbon emissions:

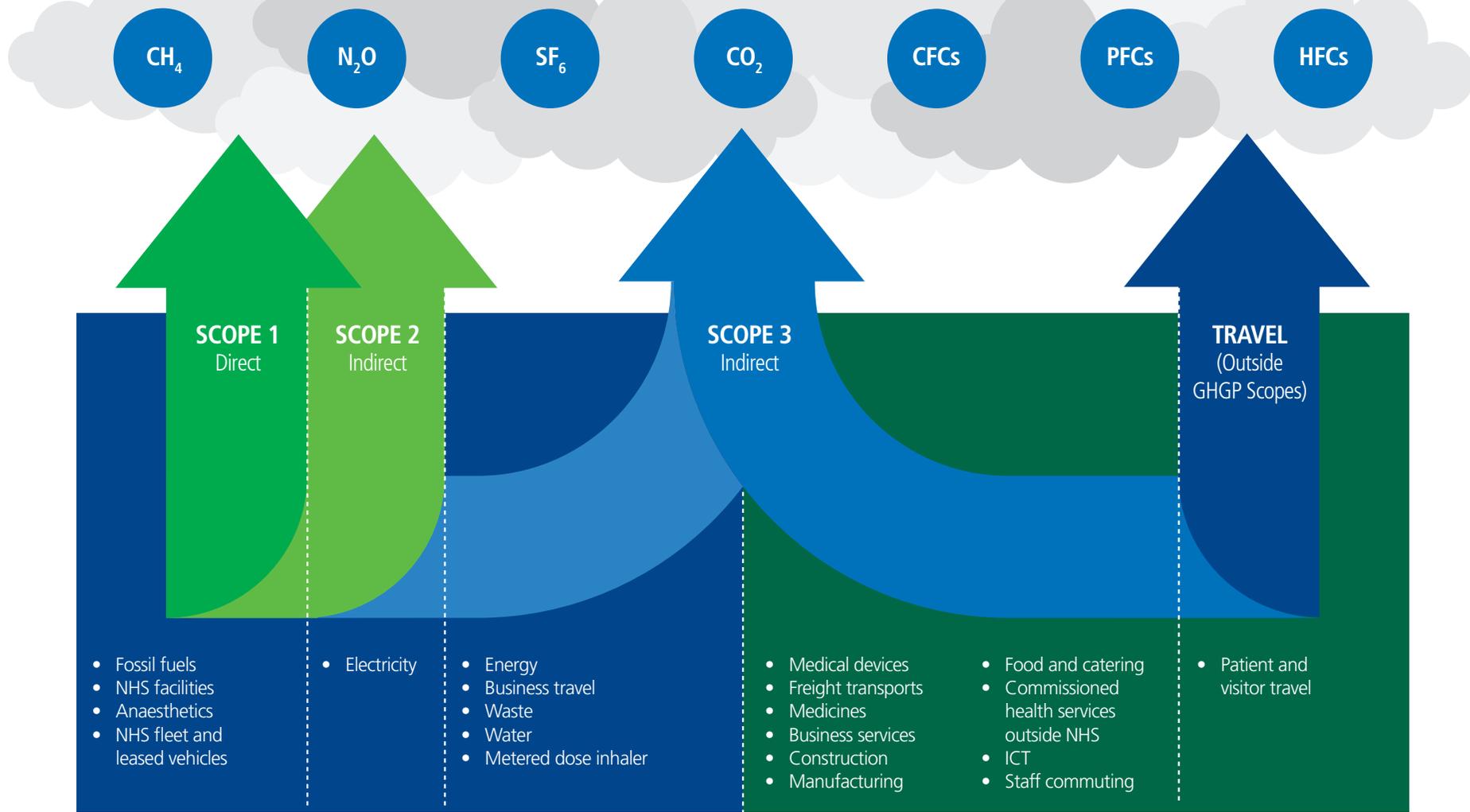
- For the emissions we control directly (the NHS Carbon Footprint) we will achieve net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence such as those embedded in the supply chain (the NHS Carbon Footprint Plus), we will achieve net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.





OUR VISION

MAJOR EMISSIONS



NHS Carbon Footprint (Net Zero by 2040)

NHS Carbon Footprint PLUS (Net Zero by 2045)

Section 2

OUR ICS TARGETS

BSW Together is fully committed to achieving the net zero targets of the NHS, with 60% of the ICS partners already committed to improving on the 2040 national NHS target for NHS Carbon Footprint for emissions we directly control.

Meeting this commitment will only be achievable if every part of the BSW system works together. Whether it is a physiotherapist keeping their patients active with sustainable mobility aids, a mental health nurse providing high quality care via telemedicine or a hospital chef sourcing their ingredients from the local community. We all have a role in delivering a net zero BSW, providing high-quality health and care for all, now and for future generations.

As anchor organisations the ICS partners will focus on how, through purchasing power and as large employers, we can support the mass movement needed to make us all reconsider how we deliver care; by educating people around key facts and helping them to see where the carbon is now in the system, they can make informed choices about how to reduce it.

- **60%** of BSW Together members will achieve net zero (scopes 1 and 2) by 2030
- **100%** of BSW Together members will achieve net zero (scopes 1 and 2) by 2040
- **100%** of BSW Together members will achieve net zero (scopes 1-3) by 2045

We will keep this target under review and seek to accelerate achievement if possible.

EMISSIONS WE CONTROL



2028 – 32

Reduce greenhouse gas emissions by 80%



2040

Net zero

EMISSIONS INFLUENCE



2036 – 39

Reduce greenhouse gas emissions by 80%



2045

Net zero





OUR CARBON FOOTPRINT

The BSW NHS Carbon Footprint for 2019/20 was 80,490 tonnes of CO2 equivalents (tCO2e) – these are the emissions that we can directly control and the target for net zero is 2040.

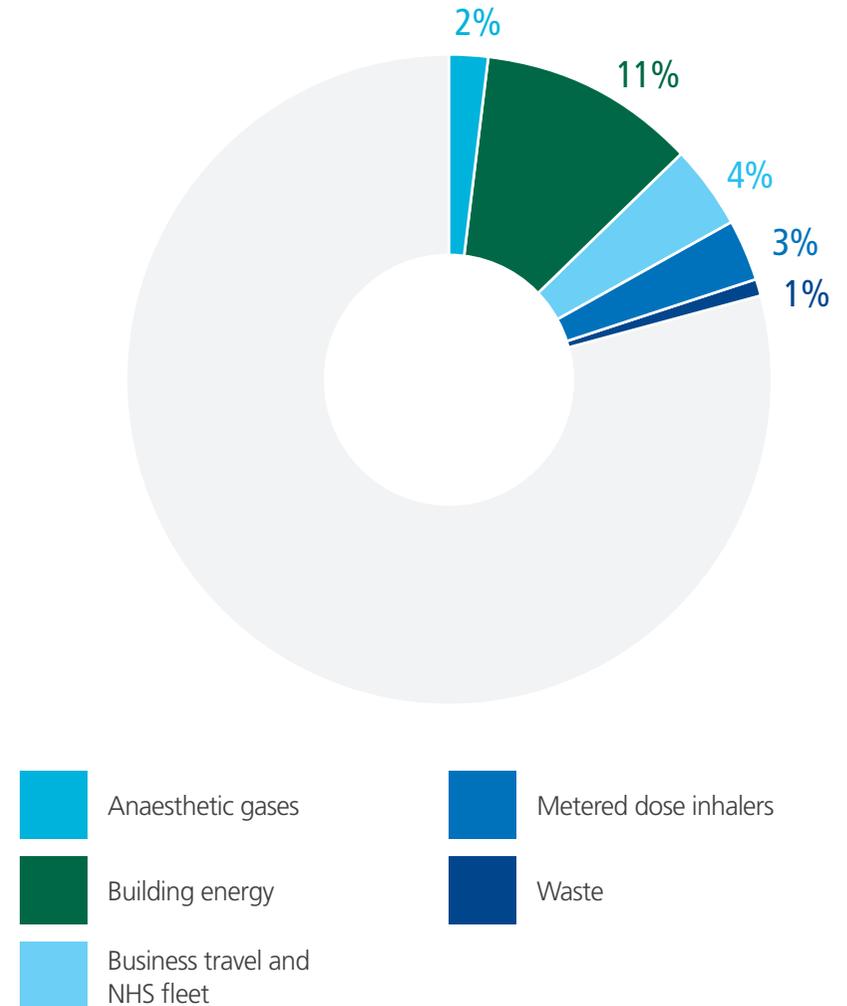
The categories included in these figures are:

- Scope 1: Fossil fuels, NHS facilities, anaesthetics, NHS fleet and leased vehicles
- Scope 2: Electricity
- Scope 3: Business travel, water, waste and inhalers. It also includes well-to-tank and transmission and distribution emissions related to fuel consumption

Building energy accounts for 11% and business travel accounts for 4% of our overall emissions. These represent our biggest opportunities in terms of direct action.

Metered dose inhalers (3%) and anaesthetic gases (2%) also present great opportunities for targeted work to reduce emissions.

These figures are broadly in line with national NHS averages across all categories. It is important to note that this data was provided centrally by the national Greener NHS team. More work on the quality and availability of data will be required to measure and monitor our carbon footprint going forwards and ensure we meet our net zero targets.





OUR CARBON FOOTPRINT PLUS

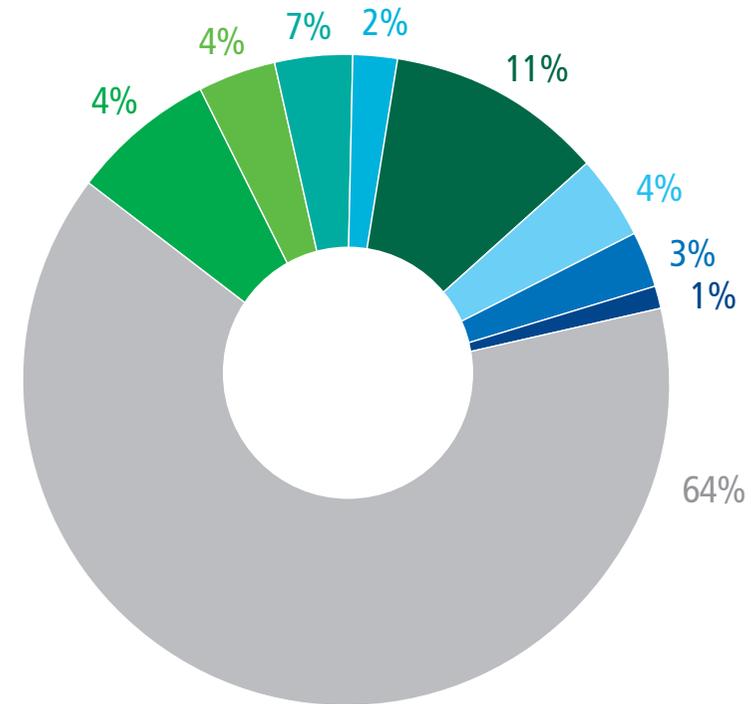
The BSW NHS Carbon Footprint Plus for 2019/20 was 366,820 (tCO2e) – this is our overall carbon footprint including emissions that we can influence and the target for net zero is 2045.

The categories included in these figures are:

- Scope 3: Staff commuting and the wider supply chain including (medical devices and medicines, freight transports, business services, construction, manufacturing, food and catering, commissioned health services outside NHS, ICT)
- Outside of GHGP scopes: Travel (including patient and visitor travel)

Our supply chain accounts for 64% and represents our biggest opportunity to reduce our carbon emissions overall. We also have a big opportunity to reduce emissions from travel and transport, which accounts for 15% in total if business travel, NHS fleet, staff commuting and patient and visitor travel are combined.

Again it is important to note that this data was provided centrally by the national Greener NHS team. More work on the quality and availability of data will be required to help measure and monitor our carbon footprint going forwards. In particular, we need to understand Scope 3 emissions such as our supply chain and other travel, which are not currently measured. Some actions have been identified in the following chapters to help support measuring and monitoring these emissions going forwards.



Section 3

KEY AREAS OF FOCUS

The content in the following chapter outlines the key areas of focus for action in line with the guidance published by the Greener NHS team.

Within each key area, examples of good progress and great work being delivered across the region are highlighted.

We also set out our system-wide commitments along with the priority actions at both system (BSW Together) and organisational (Partners) level to be delivered over the next three years in order to help achieve our ambitions. It is important to note the list of actions is not an exhaustive list and will be reviewed annually to ensure they remain relevant, ambitious and achievable.

SUSTAINABLE MODEL OF CARE

To deliver effective integrated and person-centred care that considers the associated social and environmental impacts



WORKFORCE AND SYSTEM LEADERSHIP

To inform, motivate and empower staff to make sustainable choices at the workplace and home, and enable them to live a sustainable, healthy lifestyle



ESTATES AND FACILITIES

To reduce the environmental impact of our health and care estate and contribute to local biodiversity through enhancing low-carbon and green infrastructure



TRAVEL AND TRANSPORT

To reduce the environmental impact of our travel by encouraging sustainable low-carbon and active travel



SUPPLY CHAIN AND PROCUREMENT

To work with our wider supply chain to optimise our resource use and reduce the associated cost and environmental impacts



MEDICINES MANAGEMENT

To reduce the environmental impact of our prescribing activities and the use of medicines by reducing use and switching to lower carbon alternatives



Section 3

KEY AREAS OF FOCUS**DIGITAL TRANSFORMATION**

To harness existing digital technology and systems to streamline service delivery and support care delivery while improving the associated use of resources and reducing carbon emissions

**ADAPTATION**

To ensure our system is resilient to the consequences of climate change whilst simultaneously investing in mitigation measures

**FOOD AND NUTRITION**

To reduce the carbon emissions from the food made, processed or served by our partners by ensuring the provision of healthier, locally sourced and seasonal menus and reducing overall food waste

**DELIVERING OUR GREEN PLAN**

To measure and reduce our carbon emissions yearly in order to enable us to achieve net zero carbon by 2040



Section 3

OUR SUSTAINABLE MODEL OF CARE



THE BSW CARE MODEL

In 2021/22 BSW Together developed a new, shared model for health and care which is our strategic vision for what we want health and care to be like for the BSW population in the future.



Section 3

OUR SUSTAINABLE MODEL OF CARE



Examples of good progress

- The COVID-19 pandemic saw accelerated digital transformation and a substantial increase in the delivery of care supported by digital technology across the BSW system (see Digital section on page 44 for more information)
- There has been significant work done to date to develop and promote the ICS Health and Care model which will not only improve health and care delivery across BSW for the benefit of patients, but will also deliver a number of environmental co-benefits
- A number of partners already offer successful nature-based interventions and therapy programmes
 - Oxford Health Foundation Trust's 'Marlborough House Going Greener' initiative – focuses on benefits to Children's mental health services and wellbeing when connecting with nature
 - Avon and Wiltshire Mental Health Partnership NHS Trust – encourages the use of green spaces to improve physical and mental health for our patients and service users through various initiatives such as the use of allotments and therapeutic gardens



Section 3

OUR SUSTAINABLE MODEL OF CARE



Our commitments

1. PERSONALISED CARE



- We want everyone who lives in BSW to experience a personalised approach, however they interact with health and care
- Over time we expect this to reduce the demand for treatment and care as people are supported to live healthier lives and have better long-term health outcomes

2. HEALTHIER COMMUNITIES



- We want every community in BSW to be a healthier community with reduced health inequality so that everyone has a better chance to live a healthy life
- This work will focus on the wider determinants of health and supporting wellbeing, including things like travel and transport, access to green spaces, air quality and access to sustainable sources of healthy food – many of which will directly contribute to achieving net zero

3. JOINED-UP LOCAL TEAMS



- Multi-disciplinary teams, designed for and based in healthier communities, will be able to work together seamlessly to serve local people
- Local teams will help to improve health outcomes for populations at neighbourhood and place level which will reduce the demand for health and care services. They will be integral to supporting measures described elsewhere in this plan, for example helping people living with asthma to optimise the use of their inhalers

4. LOCAL SPECIALIST SERVICES



- We will make more specialist services available at home and closer to where people live
- This part of our model is expected to reduce travel to our specialist centres, reducing the overall carbon footprint for travel and transport as well as reducing traffic at specialist sites. This should reduce the production of carbon and improve environmental conditions locally. As we invest in local facilities to develop local specialist services, we will make sure that we will make these sites energy efficient and sustainable

Section 3

OUR SUSTAINABLE MODEL OF CARE



Our commitments

5. SPECIALIST CENTRES



- Our network of specialist centres will be developed to focus more on the most specialist care and less on routine services which we can provide elsewhere
- We plan to invest in our specialist centres and, as we do so, we can bring our estate up to modern standards – as described in our estates section
- We will look for opportunities for our specialist centres to collaborate which may allow for faster, more effective implementation of aspects of this plan. For example through centres collaborating to optimise the transport and supply chain across BSW or to procure more sustainable alternatives to single-use products

All of the above will be supported with inclusive access to digital technologies to support and facilitate care delivery wherever clinically appropriate to do so.



Section 3

OUR SUSTAINABLE MODEL OF CARE



Our action plan

BSW Together

- Use the Health and Care Model to guide our priorities for operational planning and to shape strategies that are currently under development e.g. for diagnostics and our Acute Hospital Alliance
- Develop programme of work from April 2022 to adopt the model as our strategic vision and align all our planning and transformation work
- Explore potential to include sustainability principles in service planning and commissioning and develop approach to assess and reduce the environmental and carbon impact of our care models
- Work collaboratively across the system to develop projects or low-carbon interventions which support wellbeing and add social value e.g. green social prescribing and nature-based activities and therapy
- Explore opportunities to embed sustainability into continuous quality improvement and leadership programmes via the BSW Academy
- Work collaboratively with the West of England Academic Health Science Network (WEAHSN) to support the adoption and spread of local, regional and national clinical carbon reduction innovations as they are developed

Partners

- Deliver plans for embedding the Health and Care Model and carbon reduction principles in the way that all care is delivered, including more personalised and digitally-enabled care, care closer to home and lower carbon interventions where clinically equivalent
- Embed assessment of environmental and carbon impact into decision making criteria in the development of care models and services
- Explore opportunities to embed sustainability into quality improvement programmes e.g. 'Improving Together'
- Work with clinicians locally to consider pathways or clinical specialities that could be decarbonised, and share best practice

Targets

- Establish and agree target for reduction in carbon impact of care models by March 2023
- Reduction in carbon impact of care models by 2025

Case Study

OXFORD HEALTH, MARLBOROUGH HOUSE 'GOING GREENER'

The Child and Adolescent Mental Health Service (CAMHS) Inpatient Service, based in Swindon is called Marlborough House. The unit is self-contained on the hospital site and offers both inpatient and day patient facilities.

Young people at Marlborough House believe it is important to think about the climate in our daily life. The Climate and Biodiversity crisis has a direct impact on mental health; whether this is depression, anxiety, or PTSD (Post Traumatic Stress Disorder) directly linked to weather events, or stress related responses to disrupted social networks and infrastructure.

Marlborough House are therefore 'Going Greener,' running a range of schemes to work towards this, including:

- Working in collaboration with Roger Duncan and Wiltshire Wildlife Trust, staff at Marlborough House adolescent unit and school aim to pilot a nature-based intervention for inpatients and their families based on the successful Families in the Wild programme at Riverside Adolescent Unit, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP).
- Once a month, staff and young people on the ward discuss issues and decide on a theme to pursue for that month. These have included reducing single use plastic in January, improving recycling in February, improving outdoor space in March, and increasing biodiversity in April.
- Looking forward, Marlborough House are aiming to develop their Green Care offer, continue their monthly goals, fix the thermostatic heating control and making progress on the targets set out in the trust Green Plan.



Section 3

WORKFORCE AND SYSTEM LEADERSHIP



A sustainable ICS health and care system is dependent upon building a culture of sustainability which is embedded in everything we do.

In order to achieve this, it is important that we provide colleagues with the skills, knowledge and opportunities to engage meaningfully with sustainability whilst at work and play their role in delivering more sustainable healthcare.

The success of our Green Plan relies on everyone playing a part. All colleagues need to be conscious of how their choices and behaviour at work (and at home) impact the environment. To embed sustainability successfully, it must be a consideration in all ICS planning, activities, processes and day-to-day decisions at every level. Sustainability must be considered everyone's responsibility.

That's why it's important that colleagues who join organisations in BSW are aware of our Green Plan and the role they play in delivering this important agenda.

Examples of good progress

- Most partners have existing or are planning to establish organisational level networks and groups focused on driving sustainability within their organisations
- Most partners have plans for staff training and inductions content on sustainability and Green Plans at organisational level

- There are significant examples of successful staff engagement campaigns and initiatives – already driving measurable action at individual staff and team levels

Our commitments

- We will have a board level lead responsible for our net zero targets and Green Plan
- We will inform and upskill our workforce on sustainability, so that everyone working in BSW can take action in their own area of work to help us to meet our net zero ambitions
- We will commit to sustainability as part of the BSW Academy training pathways and transformation programmes
- We will support collaboration and learning on sustainability across the ICS

Our action plan

BSW Together

- Undertake review of existing resource across partners, identify opportunities for shared roles and consider requirements for ICS-level resource to support delivery of the BSW Green Plan across the system
- Create a dedicated webpage for the BSW Green Plan on the BSW Together website, to act a central point in the system for communication and resources

Section 3

WORKFORCE AND SYSTEM LEADERSHIP



- ICB Board to undertake Net Zero Leadership Training
- Produce regular communications and updates on the BSW Green Plan to be distributed via BSW Together and partner organisations communications
- Explore potential to establish a BSW Green Champions Network and support this through the work of the BSW Academy
- BSW Academy to support collaboration on a system wide process for raising awareness of sustainability through staff training e.g. delivering the net zero NHS e-learning for healthcare module or carbon literacy training
- Explore opportunities to embed sustainability as part of the BSW Academy training pathways and transformation programmes
- Identify roles that could have a major impact on net zero commitments and explore options for more specialist or role specific training e.g. board-level sustainability leads and estates leads

Partners

- Identify a board-level lead for sustainability
- Identify operational-level resource to help drive forward the Green Plan(s) and net zero agenda
- Introduce sustainability training or a cascade for induction content covering the net zero commitments and Green Plans
- Receive and distribute BSW Green Plan communications via internal communications channels

- Capture and share case studies relating to Green Plan delivery – supported as required by the regional Greener NHS team
- Promote the Greener NHS network within the system as an NHS-wide sustainability community to help drive engagement and learning from outside of the ICS

Targets

- Board-level lead identified at organisational and ICS level by March 2023
- ICB board to undertake sustainability training by March 2023
- Staff are made aware of the relevant Green Plans (ICS/Trust) via training/inductions/comms by March 2023
- Staff across ICS have access to a sustainability/green peer network by March 2023
- Staff across ICS have access to sustainability training/sustainability information within their induction by 2025

Case Study

ROYAL UNITED HOSPITALS BATH – EMPOWERING OUR PEOPLE

Royal United Hospitals Bath has delivered a number of successful staff engagement activities in 2021/22 some examples include:

- Setting up training on ESR to educate staff on sustainability
- Launching the Green Impact Programme. There have been nine teams signed up and 102 actions completed
- Celebrating Sustainability Day with a solar powered ice-cream van. Staff were encouraged to pledge in return for an ice-cream and 686 sustainability pledges were made
- Developing a campaign to support Plastic Free July, which included audits completed by sustainability champions



Section 3

ESTATES AND FACILITIES



Building energy and other emissions relating to estates and facilities such as waste and water accounts for 12% of our BSW ICS Carbon Footprint.

Early action – between 2022 and 2030 – will focus on our areas of greatest opportunity, achieving operational reductions in emissions from building energy, water, waste and our estates and facilities fleet. Progress will also be made on longer term goals with buildings as they are upgraded and new buildings are developed, through engaging our suppliers. There is detailed national guidance relating to estates and facilities such as the Greener NHS Estates Delivery Plan and NHS Net Zero Building standard. BSW Together is fully committed to meeting national recommendations as a minimum and going further where we can.

Examples of good progress

- BSW Together is already committed to purchasing or generating 100% electricity from renewable sources. Target date for achieving this ambition is October 2022
- We are already implementing the steps to make every kWh count across all our estate, including:
 - Great Western Hospitals NHS Foundation Trust – 95% of lighting has been replaced with LED bulbs
 - Salisbury NHS Foundation Trust - already produces 4% of energy from solar panels on-site and has invested £100k in LED lighting

- There are a number of initiatives across the partner organisations to measure and reduce water consumption and waste
- A number of partners are already delivering projects to increase biodiversity and improve greenspaces:
 - Wiltshire Council's Community Environmental Toolkit supports local communities to improve biodiversity in their area
 - Royal United Hospitals Bath has carried out a Preliminary Ecology Assessment and a project group has been established to design an edible forest on site, for the benefit of staff, visitors and patients

Our commitments

- We will make every kWh count and implement energy efficiency changes across the estate of all our partner organisations, including primary care
- We will purchase or generate 100% electricity from renewable sources
- We will invest in facilities of the future to make our estate environmentally sustainable
- We will implement a circular economy approach to how we buy, use and dispose of things, minimising waste wherever possible
- We will work with local partners to improve green spaces available across the estate so they are more biodiverse and are better able to support wellbeing



Our action plan

BSW Together

- Set up energy working group to drive forward considerations and requirements for decarbonising power
- Explore opportunities to decarbonise primary care estate through the rollout of the Primary Care Network (PCN) toolkit
- Rollout of agile working including desk and room usage booking and monitoring across ICS to help rationalise the back office estate
- Share best practice and support embedding of energy, water and waste efficiency and reduction technologies and practices throughout our estate and services
- Create a high-level roadmap outlining key milestones required to reach carbon reduction targets in estates
- Explore opportunities to work collaboratively and pursue joint funding bids across all partners including Local Authorities particularly in areas such as renewable energy projects, decarbonisation of heating systems and protecting and enhancing green space and biodiversity
- Build relationships with external stakeholders which could play a crucial role in the success of these plans e.g. South West Net Zero hub, Western Power Distribution and Scottish and Southern Electricity Networks
- Explore the potential to use analysis and modelling techniques combined with mapping the location of services to understand

potential demands on our future estate and transportation network e.g. the impact of introducing 450 'virtual ward' beds out of hospital and reducing the need for people to travel to appointments.

Partners

- Embed energy efficiency measures and assess opportunities to decarbonise the estate across the system (subject to funding), this will include:
 - Continuing to switch to LED lighting
 - Making effective use of building management systems and submetering
 - Complete switch to renewable electricity suppliers
 - Preparing buildings for electricity-led heating and hot water systems
 - Investing in on-site renewables generation
- Assess requirements to decarbonise estate scope out and cost up implications of achieving the net targets to help with prioritising estate and support bid funding development
- Ensure alignment to the Greener NHS Estates Delivery Plan and the NHS Net Zero Building Standard
- Aim for a minimum of BREEAM ratings of outstanding or excellent for new builds and major refurbishments

Section 3

ESTATES AND FACILITIES

- Where properties are leased from / managed by NHS Property services, work collaboratively with them to deliver on the Net Zero ambitions at those sites
- Review capital bids and business case processes for potential to include sustainability considerations
- Develop approaches to monitoring and reducing waste – with the aim of diverting waste from landfill and increasing recycling / reuse
- Carry out review of estates and identify opportunities to create and improve green space and biodiversity
- Ensure estates strategies and plans developed consider climate change adaptation and mitigation considerations

Targets

- Switch to 100% renewable suppliers by October 2022
- Create a high-level roadmap for carbon reduction milestones in estates by March 2023
- Reduce NHS Carbon footprint (including reduction in estates - energy, water, waste footprint) by 80% by 2032
- NHS Carbon footprint (including reduction in estates - energy, water, waste footprint) net zero by 2040





Case Study

AWP NHS TRUST SUCCESSFUL BEIS FUNDING BID

AWP NHS Trust operates out of around 30 leased or owned sites; this is where they aim to take direct action to reduce building related carbon emissions.

To help them work towards this, the Trust has received £4.5 million in BEIS funding (from the Department for Business, Energy and Industrial Strategy).

The funding has been allocated as follows:

- £2.1million for LED lighting
- £1.1 million for Air source heat pumps
- £1.02 million for Solar Photovoltaic (PV) systems
- £223K for Building Management Systems (BMS)
- £21K for Electric radiators
- £15K for Pipework insulation
- £8K for Air conditioning compressor controls

This will help AWP NHS Trust to achieve their target for carbon net zero by 2030, which they have committed to in their Green Plan.



Section 3

TRAVEL AND TRANSPORT

In the UK transport is the highest emitting sector, responsible for 27% of UK emissions. Within the NHS, transport is responsible for around 15% of total emissions.

These emissions are composed of scope 1 emissions from owned and leased fleet vehicles, along with scope 3 emissions from freight transport, business travel and staff commuting. In BSW, action is being taken to actively reduce emissions across all three scopes as well as those associated with patient and visitor transport which contributes to our Carbon Footprint Plus.

One key enabler to reducing patient and staff travel is a focus on delivering digital care alternatives and care closer to home where clinically safe and appropriate to do so – this is a central feature of the BSW ICS Care Model.

However, we acknowledge that across our BSW partners there will be different challenges around travel and transport related to delivering healthcare. For example, BSW is a largely rural geography and some of our healthcare delivery teams will likely need to continue traveling by cars, often alone.

Therefore, a big focus for our community health care partners will be on providing access to greener alternatives such as zero emission vehicles (ZEV's) or ultra-low emission (ULEV), eventually reaching 100% zero emissions vehicles. For our acute hospital trusts on the other hand, more focus will be given to how people travel to and from their sites

and encouraging and supporting more sustainable choices for example using public transport, cycling, walking or through lift-shares.

As well as reducing overall travel, there are specific initiatives to improve air quality in BSW. Poor air quality has a wide range of impacts on human health; Nitrogen dioxide may cause lung irritation, whilst particulate matter can be particularly problematic for individuals with pre-existing lung and heart conditions. Bath has a Class C Clean Air Zone (CAZ), which restricts commercial vehicles in the central areas of the city intended to improve air quality in the city.

Salisbury also have an Air Quality Management Area (AQMA) requiring efforts to bring air quality within legal limits.

Examples of good progress

Across the ICS a number of initiatives have been trialled and implemented by organisations, with the aim of reducing dependency on single occupancy vehicles and the emissions of our transport related activity. These have included:

- Many of the trusts are continually reviewing and improving 'active' and low-carbon travel facilities and provision such as Secure Cycle Storage and change facilities are available across the ICS, along with the offer of electric bikes and e-cargo bikes for colleagues to use.

Section 3

TRAVEL AND TRANSPORT



- Strides are being made to build upon the electric vehicle charging infrastructure. Plans have been produced to inform a phased approach to building capacity in line with the transition to battery electric vehicles. Installations have commenced demonstrating Trusts' charging infrastructure ambitions.
- A number of the BSW partners are already undertaking reviews of their fleet and salary sacrifice schemes to ensure they are working towards only purchasing or leasing zero emission vehicles or ultra-low emission
- Trusts actively monitor air quality and run campaigns to discourage vehicular idling by staff, patient, visitors and supply chain vehicles

Our commitments

- We will engage as a system on the topic of transport via the BSW Net zero design authority to encourage a systems approach to travel and logistics
- We will embed our care model and new ways of working focusing on digital care alternatives and care closer to home where clinically safe and appropriate to do so – leading to an overall reduction in staff and patient travel
- We will reduce the emissions of our transport related activity through encouraging and incentivising more sustainable modes of travel such as using zero emission and ultra-low emissions vehicles, public transport, car sharing and 'active modes' of travel (e.g. cycling and walking) where appropriate

- We will continue to make secure cycle storage and changing facilities available across BSW and develop schemes to make electric bikes and e-cargo bikes available for colleagues to use
- We will work with partners to understand current provision and build up our electric vehicle charging infrastructure
- We will actively monitor air quality at major sites like hospitals and continue campaigns to discourage vehicular idling by staff, patient, visitors and supply chain vehicles.

Our action plan

BSW Together

- Engage as a system on the topic of transport via the BSW Net zero design authority to encourage a systems approach to travel and logistics
- Collaborate across the system to maximise opportunities and scale existing initiatives that support more sustainable travel e.g. shared or community electric vehicles for teams that need to travel a lot
- Share best practice and learning across the system in encouraging people to adopt more sustainable travel behaviours and choices e.g. car-sharing, cycling and walking
- Undertake a review of current arrangements in place to ensure zero emission and ultra-low emission vehicles across partner organisations become standard offering for both lease and fleet



Section 3

TRAVEL AND TRANSPORT



- Establish and agree a set of guiding principles around travel across the system e.g. an agreed travel hierarchy
- Explore options to standardise policies and schemes e.g. Business travel and flexible working policies and cycle to work and season ticket loan schemes where available
- Engage and collaborate with local authorities on travel planning and government transport decarbonisation plans
- Explore options for combined procurement and delivery management across BSW through existing central re-procurement programme of work
- Review existing and required charging infrastructure to support transition to zero emissions vehicles and work collaboratively with partners, particularly Local Authorities to understand infrastructure plans across the region

Partners

- Review fleet and lease car schemes and develop agreed plans and timescales for new purchases and lease arrangements to be ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs) where possible
- Deliver activities that help to monitor and reduce emissions from travel:
 - Develop understanding of current travel arrangements e.g. through development of travel surveys and develop targeted plans and interventions to tackle high-impact areas

- Encourage car-pooling, use of shared / community vehicles
- Encourage use of public transport
- Improve facilities available to encourage 'active' travel such as walking or cycling e.g. changing facilities and secure storage
- Ensure that information made available to patients highlights and encourages green travel options
- NHS Trusts to sign up to Clean Air Hospital framework

Targets

- NHS Trusts signed up to clean air hospital framework by March 2023
- At least 90% of fleet and salary sacrifice cars are ultra low emissions or zero emissions by 2028
- Reduce business and fleet emissions by 80% by 2032
- Business and fleet emissions net zero by 2040



Case Study

GREAT WESTERN HOSPITALS TRUST STAFF CYCLE HUB

Great Western Hospitals Trust aims to reach net zero by 2040 for the emissions they control directly, with an ambition to reach an 80% reduction by 2032.

It is an exciting time for the organisation; the net zero agenda has never been more prominent than now, and they are currently working on the delivery of their Green Plan.

The trust has identified a number of initiatives to help meet its sustainability objectives and net zero ambitions, one example of a successful initiative that is already underway is encouraging staff to cycle to work.

This has been supported by making a number of improvements to the staff cycle hub next to Commonhead offices which includes a new bike repair station, enhanced LED lighting, security fencing and new CCTV cameras.

Section 3

SUPPLY CHAIN AND PROCUREMENT



Our supply chain accounts for 64% of our NHS Carbon Footprint Plus and as such represents the biggest opportunity for us to reduce our emissions.

The NHS Carbon Footprint Plus scope covers all the products procured from all of our suppliers. Whilst we do not control these emissions directly, we believe that we can and should use our considerable purchasing power to influence change. We can reduce our emissions from our supply chain in the following ways:

- More efficient use of resources
- Low-carbon substitutions and product innovation
- By ensuring our people are committed to and supported in their use of sustainable procurement practices
- By ensuring our suppliers are decarbonising their own processes

We believe that the decarbonisation of our supply chain is therefore crucial if we are to become net zero by 2045. To meet our commitment we want to ensure all our suppliers are aligned with this ambition.

The Greener NHS team have developed a comprehensive supplier roadmap to support the achievement of this ambition which BSW ICS is fully committed to delivering at a local level.

Net zero supplier roadmap

- From April 2023:
The NHS will adopt the Government's 'Taking account of Carbon Reduction Plans' (PPN 06/21), requiring all suppliers with new contracts for goods, services and/or works with an anticipated contract value above £5 million per annum, to publish a carbon reduction plan for their direct emissions. From April 2024, the NHS will expand this requirement for all new contracts, irrespective of value.
- From April 2027:
All suppliers with contracts for goods, services and/or works for any value, will be expected to publish a carbon reduction plan that takes into account the suppliers' direct and indirect emissions.
- From April 2028:
New requirements will be introduced overseeing the provision of carbon foot-printing for individual products supplied to the NHS. The NHSE will work with suppliers and regulators to determine the scope and methodology.
- From 2030:
Suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting through the supplier framework.

Section 3

SUPPLY CHAIN AND PROCUREMENT



Examples of good progress

Across the system good progress has already been made in these areas. Some examples include:

- Using resources more efficiently and reducing our reliance on disposable products:
 - Reduced reliance on office paper through increased digitisation of services
 - Reducing single-use products and devices and encouraging purchase of remanufactured or recycled assets
- Sustainable procurement:
 - Acting as a group of anchor institutions to accelerate the transition to a circular economy in our communities and to embed the 5Rs principle (Reduce, Reuse, Repair/Reprocess, Renewable, Recycle)
- Decarbonising the supply chain:
 - From April 2022, all BSW partners will include a 10% minimum social value weighting in procurement processes, building on our role as a group of anchor institutions and supporting our local economy

As we develop our integrated care system over the coming months, we will need to determine the precise dates, timelines and mechanisms to deliver our regional objectives. However, our long-term target is clear: before the end of the decade, we will no longer purchase from suppliers that do not meet or exceed our commitment to net zero, in line with the national roadmap.

Our commitments

- We will support collaboration on procurement and supply chain management in BSW and look for ways to use our scale and collaborative purchasing power to maximise the positive impact that we can have
- We will actively engage with suppliers to seek reductions in emissions in the supply chain and seek assurance that they are meeting the standards set out in the Greener NHS Supply Chain Roadmap as a minimum
- We will reduce the use of single-use plastics in BSW
- We will minimise printing and use 100% recycled paper when we do print
- We will use our influence as a group of anchor institutions to accelerate the transition to a circular economy and identify opportunities to enhance social value in BSW
- We will share resources and best practice across the ICS to help drive sustainable procurement

Section 3

SUPPLY CHAIN AND PROCUREMENT



Our action plan

BSW Together

- Explore potential for establishing joint approach to embedding social value and sustainability in procurement tenders. This could be by developing shared templates/resources or a joint sustainable procurement strategy
- Explore opportunities to drive sustainable procurement and supply chain across BSW through existing central re-procurement programme of work
- Explore options for establishing carbon footprint of supply chain and identify hotspots for targeted reduction initiatives at system
- Share best practice and scale up existing sustainable circular economy approaches and projects across the system e.g. existing waste reduction, remanufacture, reuse and recycling schemes
- Establish a target for reduction and support targeted work to reduce single-use plastics – share and rapidly adopt learning across partners

Partners

- Include a 10% minimum social value weighting in procurement processes, in line with the supply chain roadmap announced by NHS England and NHS Improvement
- Establish carbon footprint of supply chain following agreed approach and identify hotspots for targeted intervention at organisational level

- Engage with suppliers to seek reductions in emissions in the supply chain by working with them ensure compliance with the NHS supply chain roadmap and net zero ambitions via completion of the NHS supply chain Evergreen assessment reporting
- Sign up to the NHS Single-Use Plastics Pledge to demonstrate commitment to reducing single use plastics
- Explore potential to embed circular economy principles in procurement and disposal of equipment, furniture and other assets e.g. buying second-hand / reusing / recycling goods
- Plan and deliver projects to reduce single use plastics

Targets

- From April 2022, all BSW partners will include 10% social value weighting in all procurement tenders
- 100% paperless or, if essential, using 100% recycled paper content within all office-based functions by 2025
- Reduce carbon footprint from supply chain by 80% by 2039
- Carbon footprint from supply chain net zero by 2045

Section 3

MEDICINES MANAGEMENT



Medicines account for 25% of carbon emissions in the NHS (5% from inhalers and anaesthetics, 20% from the wider supply chain of medicines and medical equipment). The way we manage medicines has a significant impact on our carbon footprint.

To address the carbon emissions associated with medicines, we need to decarbonise medicine production, reduce the carbon footprint of medicine use and improve medicine disposal and reduce waste. We have already started to reduce our carbon emissions from our use of medical products, particularly for the two specific medical products that have the biggest carbon footprint:

- Metered dose inhalers account for 3% of our Carbon Footprint – because of the gas propellant they use, they have a much higher carbon footprint than other forms of inhalers such as Dry Powder Inhalers (DPIs). Optimising the choice of inhaler, as part of a shared decision-making conversation between the patient and the clinician, will play a significant role in achieving the NHS net zero target
- Anaesthetic gases account for 2% of our Carbon Footprint – gases such as desflurane and nitrous oxide are particularly harmful to the environment. Desflurane is the gas with the highest carbon footprint with a global warming potential which is 2,540 times higher than CO₂. Nitrous oxide contributes 75% of NHS total anaesthetic carbon footprint.

Examples of good progress

We have made good progress already across BSW, some examples include:

- Reducing the use of metered-dose inhalers - national data confirms that we are already in the lowest quartile for prescriptions of metered-dose inhalers compared to the national averages
- Reducing the use of medical gases like desflurane and nitrous oxide – all trusts have plans to significantly reduce or cease altogether the use of desflurane in theatres. Trust-level working groups have been set up to support this work and explore other reductions and more environmentally friendly swaps
- Use of patient decision aid that includes carbon footprint information to help people with asthma and their healthcare professionals discuss their options for inhaler devices

We can still do more and our Medicines Management team has a detailed engagement and support plan with GP practices and individual patients on the use and disposal of inhalers, using data to drive the plan to achieve the biggest possible impact.

The three acute hospital Trusts in BSW all have plans to reduce their use of medical gases and we are supporting all our providers to reduce the carbon footprint of their medicines and medical gases. We are committed to sharing knowledge and learning across BSW to continuously improve the way that we manage medicines to reduce waste and improve sustainability together.

Section 3

MEDICINES MANAGEMENT



Our commitments

- We will continue to reduce our carbon footprint related to metered dose inhalers – aiming to move from the lowest 25% to lowest 10% when compared to other regions
- We will minimise the use of medical gases that contribute significantly to our carbon footprint – notably desflurane
- We will share knowledge and learning across BSW to continuously improve the way that we manage medicines to reduce waste and improve sustainability

Our action plan

BSW Together

- Embed Green Plan ambitions within existing Medicines Management and Optimisation workstreams
- Benchmark prescribing on inhaler carbon footprint against national and/or local averages – using PrescQipp tool
- Provide support to practices to change prescribing behaviour and to initiate patients onto lower carbon footprint inhalers
- Provide resources for the public to explain the change and choices of low carbon footprint inhalers
- Promote greener disposal of inhalers – encouraging return of unused/empty inhalers to practices for safe disposal
- Identify hotspots for potential future lower carbon medicine switches and commit to these through annual business planning

- Promote effective medicines waste management across ICS to reduce overall environmental impact
- Establish multi-disciplinary and cross-organisational working groups on medicines as required e.g. around inhalers and anaesthetic gases

Partners

- Measure and benchmark the use of desflurane and nitrous oxide waste against national and/or local averages
- Continue to reduce use of desflurane by switching to alternatives with a lower carbon footprint where possible (e.g. Sevoflurane)
- Develop approach to optimise use and reduce nitrous oxide waste e.g. through reducing leaks and exploring use of medical gas harvesters/Mobile Destruction Units (MDU)
- Improve medicines waste management through initiatives such as electronic prescribing, prescription reviews, reuse of pharmaceuticals, stock management processes and exploring recycling options

Section 3

MEDICINES MANAGEMENT



Targets

In line with NHS Standard Contract requirements and NHS net zero national targets:

- All NHS Trusts to reduce use of desflurane in surgical procedures to <5% by 2022/23
- Reduce overall carbon footprint of inhalers by 50% by 2028
- Reduce carbon footprint from anaesthetic gases and inhalers by 80% by 2032
- Carbon footprint from anaesthetic gases and inhalers net zero by 2040



Section 3

DIGITAL TRANSFORMATION

Our digital strategy is a key enabler for BSW to deliver our Health and Care Model and to deliver other changes that will allow us to reach net zero carbon emissions by 2040 for the emissions we directly control.

Our partners will align themselves to the Sustainable Information and Communications Technology (ICT) and Digital Services Strategy 2020-25 and contribute to the Green Plan being developed within BSW ICS. Specific initiatives within the strategy that have carbon reducing benefits include:

- Agile working initiatives that reduce commuter miles through supporting virtual working and collaboration
- Virtual and remote consultations that reduce the need for patients to be physically present to receive care
- Advice and Guidance tool roll out which provides primary care clinicians with specialist patient centric advice that may remove the need for onward referral or make sure any referral is sent to the correct organisation/team
- A cloud first approach to new initiatives, where the cloud supplier is identified as using sustainable energy sources
- The use of refurbished equipment has been reviewed and identified as neither cost nor environmentally effective. As a consequence focus will be directed to the supply chain, making sure the equipment procured best minimises the impact to the environment.

Examples of good progress

- The COVID-19 pandemic has accelerated digital transformation across all health and care settings in the BSW system. It has meant exploring new ways of delivering care enabled and supported by digital technology. We've seen great examples of progress in the use of digital means to facilitate health care delivery:
- Video conferencing and digital messaging becoming 'business as usual' in staff communications, resulting in a reduced demand for meeting room space and meeting related travel
- The increased use of virtual and remote patient consultations and clinics in delivery of care where clinically appropriate, resulting in reduced travel for both staff and patients
- The drive towards digitalisation of patient records and electronic health and care record systems, as well as increased use of digital clinical and operational workflow management and messaging, reducing reliance on paper-based records and handovers

Our commitments

- We will continue to make the best use of technology and data as we deliver our BSW Health and Care Model to help reduce carbon emissions
- We will ensure our ICT and Digital Services Strategy aligns with NHSX's 'What Good Looks Like' framework sustainability requirements and best practice

Section 3

DIGITAL TRANSFORMATION

- We will seek to understand and minimise the environmental impact and carbon footprint of our ICT of equipment and infrastructure

Our action plan**BSW Together**

- Continue to support the rollout of digital transformation projects that help to reduce the need for travel and support the delivery of care e.g. Integrated Care Record, video/online consultations, virtual wards, patient held records, remote and flexible working for staff
- Explore carbon modelling tools to help quantify carbon reductions achieved from switching to digital delivery

Partners

- Develop case studies which demonstrate carbon reduction from switch to digital service delivery / online consultations
- Continue to digitise care and service delivery where clinically appropriate, taking into account patient preference
- Review 'What Good Looks Like' framework and HMG Sustainability Reporting Materials and consider baselining ICT sustainability and carbon footprint as required to support net zero commitments and targeted actions
- Review supplier alignment to net zero targets when contracting and procuring new ICT equipment and services
- Review current arrangements for reuse or recycling, disposal of devices and accompanying equipment e.g. bags and peripherals

- Identify processes that are still paper-based and explore options to replace with a digital process.

Targets

- 25% of virtual outpatient appointments conducted remotely, where clinically appropriate by 2025
- Carbon footprint from ICT energy usage to net zero by 2040
- Carbon footprint from ICT procurement to net zero by 2045



Case Study

GREAT WESTERN HOSPITALS TRUST AGILE WORKING AND VIRTUAL CLINICS

As within most health and care organisations, the COVID-19 pandemic has accelerated digital transformation in the way that Great Western Hospitals, some examples include:

- An increase in agile working, with around 30% of the workforce being able to work flexibly which has inadvertently reduced commuting miles, carbon emissions and local air pollution.
- Over 88,000 virtual clinics delivered in 21/22 which have meant fewer patient car journeys to the Trust. The mileage saved from these journeys is equivalent to 78 times around the Earth, carbon abatement from over 20,000 trees per year and has saved nearly 6 and a half years in time spent travelling.



ADAPTATION



A resilient, net zero health service is an essential component of the response to climate change.

The NHS must also adapt to the impacts of climate change that are already occurring today, and those that cannot be avoided. Heatwaves, storms and floods are already affecting the way that care is delivered across BSW community, primary and secondary care settings, and the evidence suggests that these events will become more frequent and their impacts will increase over time and broaden to other areas including changing patterns of vector, food and water-borne diseases.

We must build resilience to our changing climate in BSW – and support our health and care partners to do the same – to ensure we adapt to those impacts, as well as working to mitigate them.

Examples of good progress

NHS England and Improvement carry out an annual Emergency Preparedness, Resilience and Response (EPRR) Assurance process which requires all NHS funded organisations to have business continuity plans, cold weather and heatwave plans in place.

BSW CCG’s Emergency Preparedness, Resilience and Response team have been working closely with Local Resilience Forums (Avon and Somerset and Wiltshire and Swindon) and key stakeholders such as the Met Office, Environment Agency and local authorities to develop plans to mitigate the risks and effects of climate change including severe weather conditions such as flooding and heatwaves. In the event of an

incident as a result of the effects of climate change the Local Resilience Forums would implement special measures to support all organisations to mitigate and minimise the consequences of such an event.

Our commitments

- We will understand the risks climate change poses to our BSW health and care system in terms of impacts on healthcare outcomes, health inequalities and health and care delivery
- We will build resilience into health care delivery across BSW by planning effective system-wide climate mitigation and adaptation strategies that will ensure the high-level of health care provision we deliver is available now and for future generations to come

Our action plan

BSW Together

- Clarify responsibilities and remit of existing EPRR teams and estates teams in relation to adaptation at system level
- Review existing climate change risk assessments and climate adaptation and mitigation plans and identify any additional assessments or plans are required for the ICS
- Continue to maintain and continuously adapt our EPRR and business continuity plans in response to climate change
- Continue to work with Local Resilience Forums to mitigate impacts of climate change events

Section 3

ADAPTATION

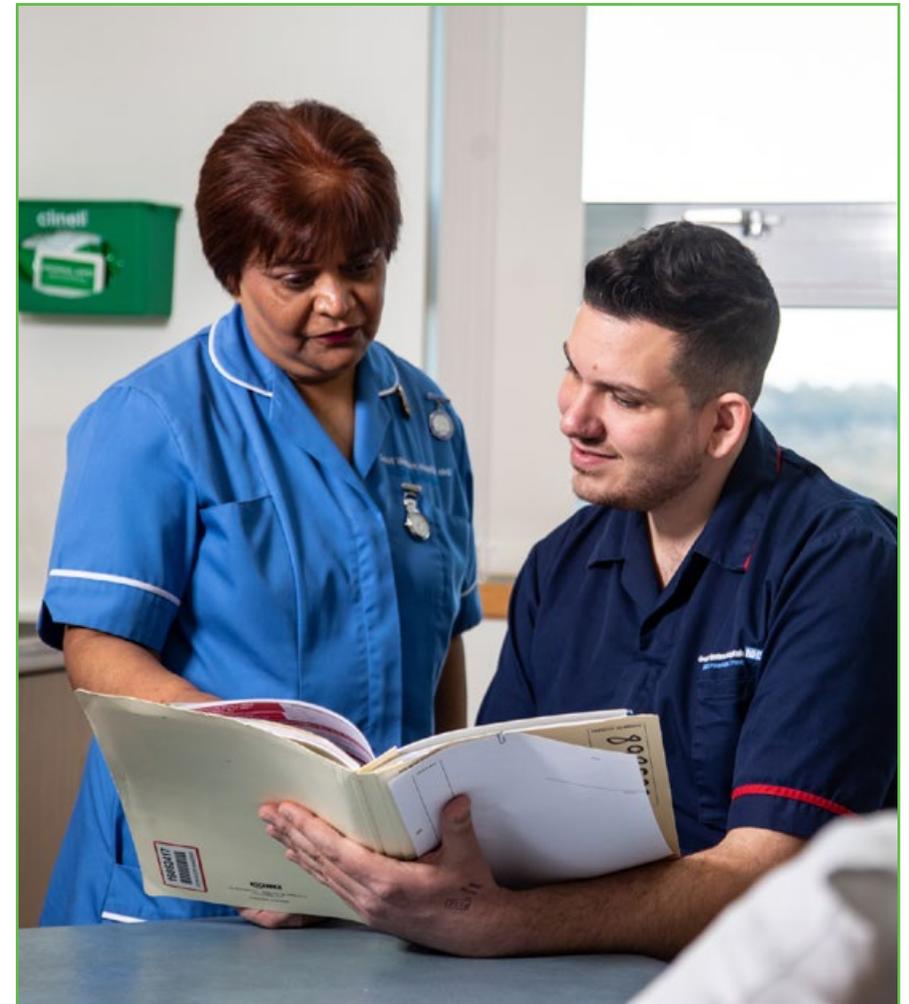


Partners

- Clarify responsibilities and remit of existing EPRR team and estates team in relation to adaptation at organisational level
- Include climate change as key strategic risk on corporate risk register and business continuity plans (BCPs)
- Monitor risks associated with climate change through formal risk management frameworks and develop action plans in response

Targets

- Climate change included as key strategic risk on corporate register/ business continuity plans by March 2023
- Undertake additional climate risk assessments and create additional adaptation plans as required by 2025





Case Study

WILTSHIRE COUNCIL - SALISBURY RIVER PARK PROJECT

The Salisbury River Park project is a collaborative project between Wiltshire Council and the Environment Agency, with support from both the Swindon and Wiltshire Local Enterprise Partnership (SWLEP) and Salisbury City Council to deliver essential flood alleviation and major environmental improvements through the central riverside spine of the historic city of Salisbury.

The 'River Park' is a joined-up response to a range of challenges facing the city, including responding to flood risk across a large area of the city centre, improving the ecological condition of the River Avon Special Area of Conservation, enabling the city to adapt to climate change and promoting recovery and regeneration in response to both the nerve agent attacks in 2018, and the subsequent COVID-19 pandemic.

The River Park project has been ongoing for approximately 2.5 years. Since 2020, despite the challenges of Covid-19, strong collaborative working has ensured that major progress on the project has been made.

Construction works are expected to commence in early 2022, with completion in 2024.

Section 3

FOOD AND NUTRITION

The food we consume plays a significant role in the emissions we produce and the strength of our planet's ecosystems. 6% of NHS emissions are derived from food related operations.

Alongside the opportunity to reduce these emissions, there are also a plethora for wider social and health co-benefits to be realised by ensuring that our food and agricultural processes are sustainable. The BSW Together is a group of anchor institutions and we have a major role to play in embedding sustainable practice.

The new hospital food standards, which are currently under review, will build on the work already outlined in the Independent 2020 Review of NHS Hospital Food.

The review focusses on three key areas from which a series of key principles can be derived:

Procurement

- Utilising collaborative trust buying power
- Sustainable procurement standards (Defra's 'A plan for public procurement: food and catering: the balanced scorecard')
- Soil Association 'Food for Life Served Here' award can guarantee performance

Supply Chain

- Buying British to reduce food miles, support farmers, retailers and those working in food processing. Seasonal British food will also improve nutritional value and support animal welfare

Reduction in Food Waste

- Reducing food waste can bring improve both support all three pillars of sustainability, particularly environmental and financial
- Food waste requires monitoring
- Seek opportunities for collaborate to reduce food waste and work with third parties to distribute leftover food within the community

To become a sustainable system, we will work with stakeholders across the ICS to improve the health of our communities.

Along with the actions below, the system must hold working towards enabling access to nutritious, healthy meals as a golden thread throughout the efforts made to achieve the wider benefits of sustainable food and nutrition.

Section 3

FOOD AND NUTRITION**Examples of good progress**

- Great Western Hospitals NHS Foundation Trust - use Vegware, plant-based compostable food packaging
- Salisbury NHS Foundation Trust - Catering Team achieved the 'Food for life' bronze award in 2018, awarded to recognise the use of locally sourced, fresh produce and the use of seasonal menus
- Royal United Hospitals Bath Foundation trust - catering and food contract already exceeds government guidelines and meets Soil Association standards
- All Trusts are already actively working to reduce food miles by increasing the number of goods and services sourced locally, whenever possible

Our commitments

- We will work towards more sustainable, lower carbon food catering models
- We will implement approaches to monitoring and reducing food waste
- We will review and adapt menus to offer healthier, lower carbon alternatives for anyone visiting our sites
- We will utilise collaborative buying power and sustainable procurement standards to influence food supply chains and support a local and seasonal food economy
- We will reduce the volume the single use disposable plastic items used in catering and utilise more sustainable food packaging

Our action plan**BSW Together**

- Explore opportunities to utilise collaborative buying power and sustainable procurement standards to influence the food supply chain within BSW healthcare catering
- Share learning and best practice from existing initiatives that reduce carbon emissions from food, food waste, and the use of catering plastics
- Explore opportunities to work with Local Authority on long-term population health and promotion of healthy and sustainable eating

Partners

- Work towards Soil Association 'Food for Life Served Here' or similar accreditation
- Review available food waste metrics to help understand what is currently being measured
- Review current food waste disposal arrangements and explore different options that make better use of this waste e.g. moving away from macerators or diverting food waste away from general waste and composting
- Consider implementing approaches that help to proactively measure and reduce food waste e.g. electronic food ordering systems

Section 3

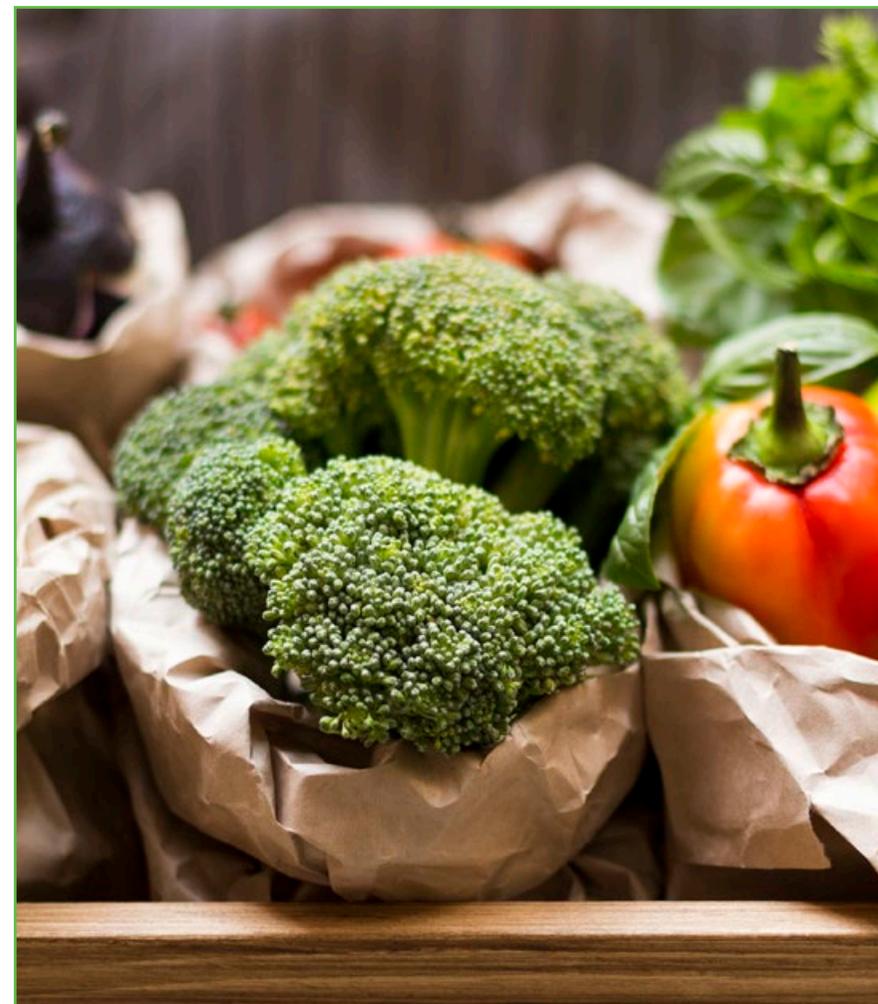
FOOD AND NUTRITION



- Review and adapt menus to offer lower carbon, seasonal, healthier options for staff, patients, and visitors
- Conduct assessment on use of single use catering plastics and explore options to switch to other materials
- Work with external catering providers to support the achievement of the system ambitions and actions as outlined above

Targets

- Review and adapt menus at least twice a year to maximise use of seasonal ingredients by March 2023
- Establish and agree target for reduction in single use plastics used within catering by March 2023
- Reduce the use of all single use plastic items used within catering (and vending) services, including beverage cups by 2025



DELIVERING OUR GREEN PLAN



This plan represents a new first for BSW Together – our first Green Plan written as a whole system. This is just the beginning of our work together.



OUR PLAN FOR THE NEXT THREE YEARS

SUPPLY CHAIN AND PROCUREMENT

From April 2022, all partners will include 10% social value weighting in all procurement tenders

From April 2023: the NHS will adopt the 'Taking account of Carbon Reduction Plans' (PPN 06/21)

100% paperless or, if essential, using 100% recycled paper content within all office-based functions by 2025

DIGITAL TRANSFORMATION

25% of virtual outpatient appointments conducted remotely, where clinically appropriate by 2025

ADAPTATION

Climate change included as key strategic risk on corporate risk registers and business continuity plans by March 2023

From April 2024, adopt PPN 06/21 all new contracts, irrespective of value

Undertake additional climate risk assessments and create additional adaptation plans as required by 2025

FOOD AND NUTRITION

Review and adapt menus at least twice a year to maximise use of seasonal ingredients by March 2023

Reduce the use of all single use plastic items used within catering services by 2025

ESTATES AND FACILITIES

Switch to 100% renewable suppliers by October 2022

Create a high-level roadmap for carbon reduction milestones in estates by March 2023

MEDICINES MANAGEMENT

All NHS Trusts to reduce use of desflurane in surgical procedures to <5% by 2022/23

TRAVEL AND TRANSPORT

NHS Trusts signed up to clean air hospital framework by March 2023

WORKFORCE AND SYSTEM LEADERSHIP

Staff are made aware of the relevant Green Plans (ICS / Trust) via training / inductions / comms by March 2023

Staff have access to a sustainability / green peer network by March 2023

Board-level lead identified at organisational and ICS level by March 2023

ICB to undertake sustainability training by March 2023

Section 3

DELIVERING OUR GREEN PLAN



Green Plan Governance

BSW Together established a new Integrated Care Board on 1st July 2022 and, at the time of publication, the governance structure for oversight of this plan has not yet been agreed.

However, the following principles will be in place and will be reviewed and amended as required when the ICS is ready to establish a more permanent governance structure for the delivery of this plan:

- A board level lead has been identified who will have responsibility over the delivery and oversight of this plan
- A Net Zero Design Authority which meets monthly has been set up with representation from key partners across the ICS – this will be the main vehicle for oversight of the Green Plan
- The Net Zero Design Authority will set up formal governance arrangements and report into the relevant ICS governance structures and meetings when established

In line with NHS England's How to Produce a Green Plan: A Three-Year Strategy Towards Net Zero guidance June 2021, we will ensure that any governance arrangements agreed meet the following requirements:

- The Green plan will be led by a designated board-level net zero lead/executive director
- Progress against the plan will be formally reported annually to the Integrated Care Board

- We will review the plan annually to consider:
 - Progress made and the ability to increase/ accelerate actions.
 - New initiatives generated by staff/ partner organisations.
 - Advancement in technology and enablers; and
 - The likely increase in ambition and breadth of national carbon reduction initiatives and targets the pace of implementation of actions as well as new initiatives that have been developed with partner organisations throughout the year.
- We will report at a national level towards the NHS net zero carbon emissions target and work with the regional Greener NHS teams as required.

Section 3

DELIVERING OUR GREEN PLAN



Tracking and monitoring our progress

As above, tracking and monitoring arrangements will be subject to the ICS governance structures and processes.

On a temporary basis, any tracking and monitoring required will be undertaken by the Net Zero Design Authority and the Green Plan Board lead. BSW partners will continue to submit the quarterly data collection returns to the Greener NHS team as required to input into national monitoring.

In planning the implementation of the Green Plan over the coming months, we will develop a standard set of KPIs, metrics and targets where not already agreed, so we can establish a system and organisational baseline and then use that to track delivery and monitor the impact of our actions.

Our Action Plan

- Agree governance, delivery and reporting structure
- Agree metrics, KPIs and additional targets





GLOSSARY

Adaptation

The world has already warmed by 1.1-1.2C above pre-industrial levels and some of the impacts of the current heating are irreversible so, even if we succeed in cutting emissions drastically, we will still need to adapt to the impacts of more extreme weather. Things like infrastructure, including transport, telecommunications networks, housing and rural areas will need to be adapted and protected.

Anaesthetic gases

Anaesthetic gases are used to keep patients unconscious during surgery.

Biodiversity

The variety of plant and animal life in the world or in a particular habitat. A high level of biodiversity is usually considered to be important and desirable.

Climate Change

Climate change refers to long-term shifts in temperatures and weather patterns. These shifts may be natural but, since the 1800s, human activities have been the main driver of climate change. This is primarily due to the burning of fossil fuels (like coal, oil and gas), which produces heat-trapping 'greenhouse' gases.

Carbon Footprint

A carbon footprint is the total greenhouse gas emissions caused by an individual, event, organisation, service, place or product, expressed as carbon dioxide equivalent.

Decarbonising

Reducing the amount of carbon emissions released into the atmosphere, due to an environment or process.

Ecology Assessment

Ecological assessment is an assessment of the biodiversity found on a site.

Global Warming

A gradual increase in the overall temperature of the earth's atmosphere generally attributed to the greenhouse effect caused by increased levels of carbon dioxide and other pollutants.

Healthcare Estate

Healthcare estate describes buildings, offices, and sites leased or owned by healthcare organisations. These buildings can be owned by hospitals, health systems or private or public third party groups.

Metered-dose inhalers

A metered-dose inhaler is a device that delivers a specific amount of medication to the lungs, in the form of a short burst of aerosolized medicine that is usually self-administered by the patient via inhalation.

Section 4

GLOSSARY**Mitigation**

The term mitigation refers to efforts to cut or prevent the emission of greenhouse gases - limiting the magnitude of future warming. It may also encompass attempts to remove greenhouse gases from the atmosphere.

Net Zero

Reducing greenhouse gas emissions as far as possible and then offsetting any remaining irreducible emissions. The term “net zero” is increasingly used to describe a broader and more comprehensive commitment to decarbonization and climate action, moving beyond carbon neutrality by including more activities under the scope of indirect emissions, and often including a science-based target on emissions reduction, as opposed to relying solely on offsetting.

Procurement

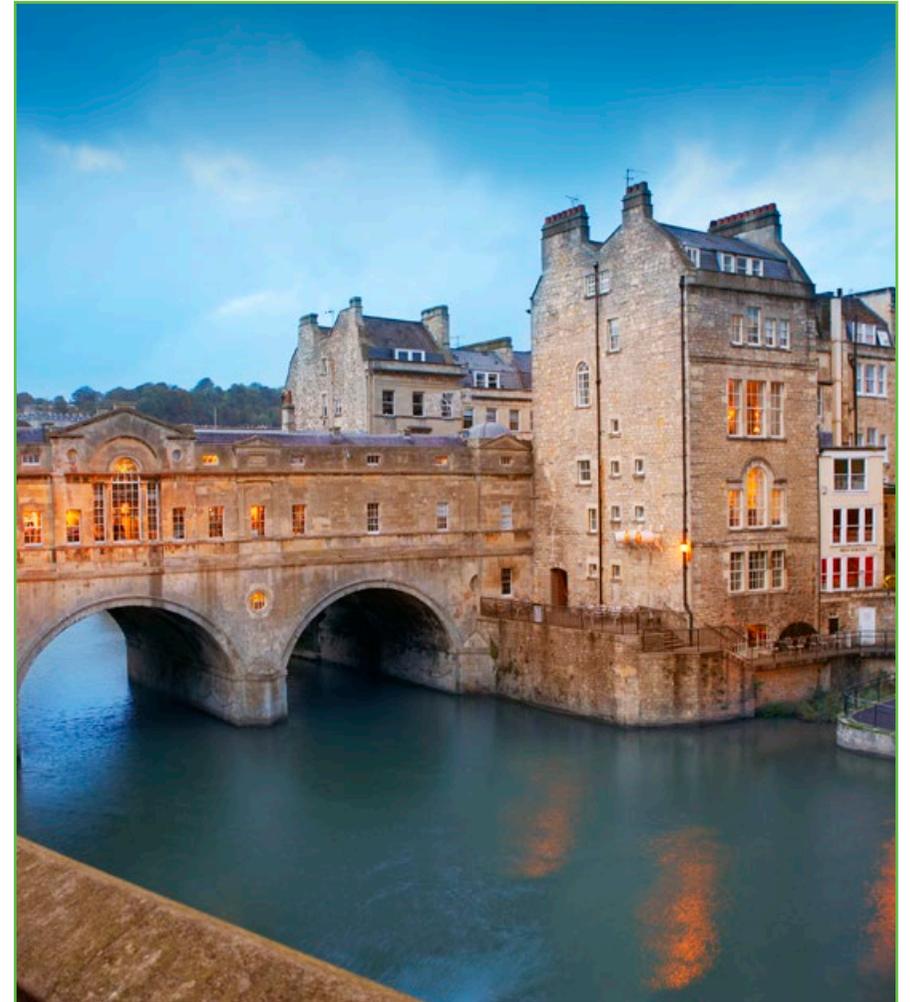
The process used to purchase goods and services.

Sustainability

Meeting our own needs without compromising the ability of future generations to meet their own needs. In addition to natural resources, we also need social and economic resources. Sustainability is not just environmentalism but includes concerns for social equity and economic development.

Telemedicine

The remote diagnosis and treatment of patients by means of telecommunications technology e.g. by telephone or online.





Section 4

ACRONYM BUSTER

1. AQMA – Air Quality Management Area
2. AWP – Avon and Wiltshire Mental Health Partnership
3. BEIS – Department for Business, Energy and Industrial Strategy
4. BREEAM – Building Research Establishment Environmental Assessment Method
5. BSW ICS – Bath and North East Somerset, Swindon and Wiltshire Integrated Care System
6. CAZ – Clean Air Zone
7. CCTV – Closed Circuit Television
8. CAMHS – Child and Adolescent Mental Health Service
9. DPI – Dry Powder Inhaler
10. EPRR – Emergency Preparedness, Resilience and Response
11. GWH – Great Western Hospital
12. ICB – Integrated Care Board
13. ICS – Integrated Care System
14. ICT – Information and Communications Technology
15. LA – Local Authority
16. LED – Light Emitting Diode
17. MD – Metered Dose Inhaler
18. PCN – Primary Care Network
19. PTSD – Post-Traumatic Stress Disorder
20. REGO – Renewable Energy Guarantees of Origin
21. RUH – Royal United Hospitals
22. SDMP – Sustainable Development Management Plan
23. SWLEP – Swindon and Wiltshire Local Enterprise Partnership
24. ULEV – Ultra-Low Emission Vehicle
25. WEAHSN – West of England Academic Health Science Network
26. ZEV – Zero Emission Vehicle

Section 4

REFERENCES TO OTHER STRATEGIES AND CORE DOCUMENTS



The BSW Green plan has been produced with reference to the following strategies and core documents:

- BSW Care Model
- BSW Estates Strategy 2022-25
- BSW ICT Strategy 2022-25
- GWH Green Plan
- RUH Green Plan
- Oxford Health Green Plan
- Salisbury Green Plan
- AWP Green Plan
- Bath and North East Somerset Council Climate Strategy
- Wiltshire Council Climate Strategy
- Swindon Council Climate Strategy





Bath and North East Somerset,
Swindon and Wiltshire Together



BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE TOGETHER GREEN PLAN 2022-25

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

Item 8

Risk Report

PAPER

Wiltshire Health and Care Board

For discussion

Subject: Risk report
Date of Meeting: 04 November 2022
Author: Maria Loulaki, Clinical Governance Lead
Executive Sponsor: Sara Quarrie, Director of Quality, Professions and Workforce

1 Purpose

To appraise the Board of:

Risk snapshot & Wiltshire Health and Care’s risk summary profile	For information
15+ risks on the risk register Error! Reference source not found.	For discussion and action

2 Discussion

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

Summary of whole risk register is outlined below with the total number of risks reported and type displayed in Figure 1 and Figure 2. The risks being registered across WHC (see Figure 1) has ranged between 2-10 per month. Figure 2 outlines risks reported with categories, the number of risks reported for operations remain relative stable with greater fluctuations in other areas of risk reporting. Currently there are 107 open risks in the WHC risk register.

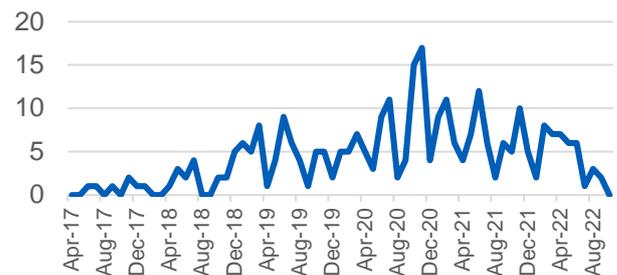


Figure 1 Total number of risks reported each month

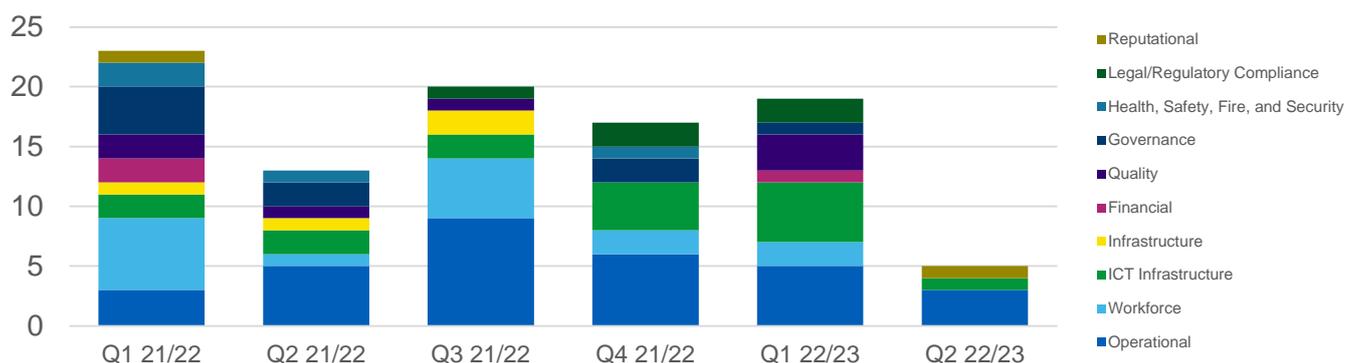


Figure 2 Total number of risks reported each quarter by type

Risk reviews and actions - Currently 64% of the risks have not been reviewed within their set time frame and 39% of risks have overdue actions this is largely driven by flaws in the DATIX system that make the system overly complicated for users to navigate as a result the reduced compliance with the performance standards. The DATIX Quality Improvement Project, has prioritised the Risk Management module and to implement and new BI tool for easier access to monitor and manage risks. In the meantime the Quality Team are emailing reminders to relevant teams with outstanding activities if risk owners need support with

ERM (DATIX) they can request a 1-1 risk management session to support skill acquisition (DATIX QiP continues to work to resolve system issues).

2.2 15+ risks on the risk register

This section provides data on 15+ risks currently open on the risk register: (i) risk movement; (ii) summary; and (iii) detail of 15+ risks currently open on the risk register.

Risk Movement - The table below displays the movement of the 15+ risks across Q2 2022/23.

Risk movement	Q1	Q2
New 15+ Risks	Risk 291 opened	No new 15+ risk reported
Escalated to 15+ Risk	No Movement	Risk 303 escalated
Accepted 15+ Risk	No Movement	No Movement
Closed 15+ Risks	Risk 202 closed	No risks have been closed
De-escalated 15+ Risks	No risks deescalated	No risks have been deescalated

Table 1 Risk Movement – Q1 & 2

The figure below identifies where the 15+ risks currently score on the likelihood v impact matrix. In Q2 there were two 15+ risks on the risk register and two 16 risks.

5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16 Risk 291 303	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Certain
Likelihood	1	2	3	4	5

Figure 3 Likelihood vs impact matrix - 15+ risk scoring

The links between the risk register entries that score 15+ and the Board Assurance Framework (BAF) are displayed in the figure below.

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
4 [Risk 291]	1 [Risk 303]	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	Developing our People Including our 'Safer	Supporting our patients and services with good IT	Supporting our patients and staff with physical infrastructure	Providing services in an efficient and	Ensuring everything we do has a quality focus	Involving and engaging our patients and the public in

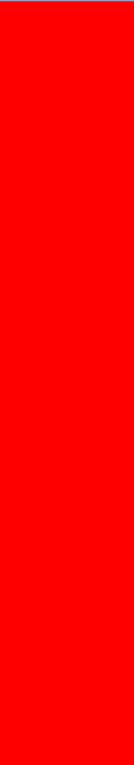
down the barriers between primary and community care	Staffing Programme'		that better meets need	sustainable way		developing our services
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Figure 4 Risk register links to BAF

15+ Risk register entries (detailed) - The detail of the WHC 12+ risks are displayed in the following tables, significantly Risk 294 relating to our outpatient virtual IT system has been closed.

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	October Risk Workshop Updates
291	<p>Risk of unforeseen or unpredictable surges in demand or loss of supply</p> <p>Owner: Lisa Hodgson</p> <p>Service: Operational</p> <p>If surges in demand or loss of supply could impact the ability for services to respond to need for a period of time (high sickness levels, extreme weather, high vacancy rates, unexpected demand on services).</p> <p>Then this could result in temporary service closure, patient safety issues and inability to meet targets (missed appointments and referrals, patient harm, sub-optimal service delivery, reputational damage)</p>	<p>Shared demand modelling occurs across the local system to understand level of demand to support prediction of surge wherever possible</p> <p>Enhanced frequency of internal planning meetings to agree responses to low staffed areas, e.g. cross ward working</p> <p>The extreme escalation process is that we use our snow day protocol to manage demand pressures in Community Teams.</p> <p>System ethical framework to support decision making in extreme circumstances</p> <p>Use of field hospital arrangements used in severe extremis as part of extreme system incident response</p> <p>MDOS used to score community teams capacity</p>	<p>16</p> <p>Major</p> <p>Likely</p>	1319 Review of business continuity plans and arrangements	31/10/2022	J Bishop	JB to review this and update.
				1320 Review/improvement of use of OPEL framework	31/10/2022	J Bishop	
				1321 Embed use of care action card/ethical framework in procedures and escalation plans	31/10/2022	L Hodgson	
				1445 MDOS to go live for wards and MIUs.31/10/2022	31/10/2022	J Bishop	
				WHC actively participating in BSW system winter planning including establishing of surge capacity due30th of November	30/11/2022	R Whitley	

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	October Risk Workshop Updates
303	<p>Workforce Capacity</p> <p>Owner: Rachel Steward</p> <p>Service: Workforce</p> <p>If our workforce does not meet our commissioned demand, then staff well being (i.e. stress), workforce skill mix, organisational regulation and patient safety are adversely affected</p>	<p>There is an establishment management process in place</p> <p>Since Feb22 a manual vacancy calculation has been completed to give some line of sight of the actual vacancy factor</p> <p>Apprenticeships for nursing and podiatry workforce are in place.</p> <p>5 year workforce risk assessment has been completed which identifies where our priorities areas need to be based on workforce data</p> <p>Use of our CPD budget as per CPD tracker</p> <p>Apprenticeship levy use as per apprenticeship levy tracker</p> <p>Health and wellbeing charter and committee for WHC have been published</p> <p>Allocate roll out. WHC now have line of sight of annual leave, sickness, and working patterns. We can identify organisational wide</p>	<p>16</p> <p>Major</p> <p>Likely</p>	Due to discussion in board we have identified the likelihood of this risk is increased (we have now 17% vacancy factor) and the impact remains unchanged (major equal 4)			
				1364 - Priority focus for investment funding for recruitment learning opportunities (i.e apprenticeships, R&R Incentives etc) that align to the risk areas identified	30/09/2022 31/10/2022	R Steward	Action 1 by the 31/10/22 the Recruitment and retention business case will have been reviewed at exec co. therefore the end date of this action needs to be extend to the 31/10/22.
				1365 - Introduction of a talent and succession planning process to WHC (align to workforce objectives for 2023/24)	31/03/2024	R Steward	On track
				1366 - Development of an immediate placement to employee tracking system to enable collection of data indicating the conversion of placements to job offers accepted	31/03/2023	R Steward	On track
				1367 - Continued exploration and investment in TNA, RNDA and Student Nurse Programmes (Grow our own)	31/08/2022 31/10/22	R Steward	This action will be reviewed in January Training nurse associates cohort funding agreed in September 22 exec co. RNDA and student nurse program funding to be agreed in October exec c

☰	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	October Risk Workshop Updates
		<p>themes of poor absence/sickness</p> <p>Invested and recruited into diversifying our workforce (Consultant Practitioners, ACPs, Nursing Associates, Registered Nurse Degree Apprenticeship)</p>					therefore due date changed to 31/10/22
		1368 - Retention proposal to be developed to consider incentives, rewards and flexible working offering to retain workforce beyond natural turnover or retirement time		31/03/2023	H Mansell	On track	
		1369 - Future re-analysis of workforce risks to track changes in the emergent themes and potential risk		31/03/2024	R Steward	Paper been submitted to exec co regarding recruitment capacity decision by the 31/10/22	
		1449 - Inpatient medical model phase 1		30/10/2022	R Green	Paper submitted performance and planning meeting on the 17/10/22. And then if approved to be submitted to exec co on the 24 th .	

3 Recommendation

The Committee is advised:

NOTE: Impact Assessment on page 2 MUST also be completed to ensure this organisation complied with good governance practices, and is well-led.

Impacts and Links

Impacts	
Quality Impact	Positive
Equality Impact	Neutral
Financial implications	Neutral
Impact on operational delivery of services	Positive
Regulatory/ legal implications	Positive
Links	
Link to business plan/ 5 year programme of change	Yes
Links to known risks	Yes
Identification of new risks	No

**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

Wiltshire Health and Care Board

For information

Subject:	Quality, workforce, finance, performance, and Infrastructure finance monthly report
Date of Meeting:	04 November 2022
Author:	Sara Quarrie – Quality performance and Workforce Annika Carroll – Financial performance Lisa Hodgson – Performance against performance standards Victoria Hamilton – Infrastructure

1 Purpose

- 1.1** To provide an overview of the main issues arising from the review of information about the quality and performance of Wiltshire Health and Care services – flagging points to advise and alert the Operating Board.

2 Issues and highlights to be reported to Operating Board

- 2.1** The quality, workforce, and performance dashboards are attached for information.
- 2.2** The following issues are highlighted to the Operating Board in relation to the **quality of services**:

Quality

Advise	<p>Safeguarding: In relation to the increase in under one year old children's attendances in MIU HCRG care group have started distributing WHC stickers outlining the MIU provision is only for those over 1. Numbers continue to be monitored in this regard.</p> <p>Level 3 Safeguarding Adult's training compliance rate has risen to 77.29% which is a continuing and positive trend.</p> <p>P2 (administration of medicines) pilot: On 5th September the P2 pilot started in Wilton and Salisbury City community teams. The pilot was planned to last for 6-8 weeks. No issues have been raised so far and extension within the South is being planned.</p> <p>CQUIN: Snapshot look at the data prior to the end of Q2 (this is subject to change) has shown that CCG15: Assessment and documentation of pressure ulcer risk results has increased from 43% (Q1) to 51% (dated 19/10/22), CCG13: Malnutrition screening in the community results have increased from 68% (Q1) to 75% (dated 19/10/22). At the time of writing there was no data available for the CCG14: Assessment, diagnosis and treatment of lower leg wounds.</p> <p>NICE & Quality Standards: The WHC overall compliance with NICE guidance is 65% this is for relevant guidance: NG, & CG.</p> <p>Benchmarking: WHC is consistently well above benchmark in average length of stay (P5) this has deteriorated and WHC has the longest inpatient LoS in benchmarking.</p>
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Quality	
	<p>Compliments concerns and complaints in Q2: During Q2 WHC inpatients wards received 2 complaints 0 concerns and 12 compliments. The intensive rehab team during Q2 received 0 complaints 0 compliments and 0 concerns. During Q2 the community teams received 89 compliments and 3 and 2 complaints. All specialist services in Q2 have received 59 compliments, 6 concerns and 6 complaints. The MIU services in Q2 received 8 compliments and 1 concern and 3 complaints. In Q2 the non-clinical teams received have not received any complaints compliments or concerns.</p> <p>The intensive rehab and the non-clinical teams are consistently demonstrating significantly low activity in receiving compliments concerns or complaints (the Rehab team has received 5 compliments in 12-month period no concerns and 1 complaint – the non-clinical teams have received 5 compliments, 3 concerns and 5 complaints over the same period).</p>
Alert	Nil
Action	Nil

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

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

Workforce	
Advise	<p>The Staff Survey is now live for all staff and closes on the 4th December.</p> <p>Health & Wellbeing and Equality Diversity & Inclusion forums re-launched in October 2022 with a view to refocus efforts and priorities for the remainder of the financial year.</p> <p>Workforce Risk (303) score increased to 16 due to an increase in likelihood given the increasing vacancy factor month on month.</p>
Alert	An ongoing risk within the NHS regarding Industrial Action however there is currently some uncertainty regarding the ability for WHC staff to engage in the balloting and potential strike action for which we are seeking legal clarity on. Escalation group in place and meeting monthly to draw up plans, mitigation and ensure clear communication with staff.
Action	Nil

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

Financial performance	
Advise	<p>Financial Position M6, September 2022: The financial position for YTD September, (M6) is an actual surplus of £53k and an adverse variance of (£164k) against the planned surplus of £218k. The ICB wide underlying financial position remains significantly in deficit.</p> <p>The national funding provided to support the 2022/23 pay award does not cover the cost in full, with a shortfall of £300k reported for Wiltshire Health and Care. This cost pressure is being met from reserves and other underspends.</p> <p>2022/23 Forecast outcome: The most likely forecast outcome as at M6 remains a breakeven position, but this will only be achieved by carefully managing the expenditure run rate for the remainder of the financial year with a particular focus on ensuring that any unfunded emerging nationally or exchange rate driven inflationary cost pressures as well as winter pressures are managed within the financial envelope available.</p>

	<p>Longstanding financial matters – Estates: Clarity and resolution for outstanding financial matters relating to estates funding for both previous and current financial years is a priority, with a meeting with ICB finance planned for 10th November.</p> <p>2023/24 Financial planning: A draft planning schedule is attached for information. The first draft of the 2023/24 budget will be prepared for December 2022. The financial plans will be set with a focus on the underlying financial position and any emerging cost pressures or financial risks. Investments will be reviewed separately and agreed in line with the timetable.</p> <p>The local financial plans will be considered in line with the national guidance and the ICB agreed approach. Limited funding for growth will be available for 2023/24 given the underlying deficit of the ICB's financial position.</p> <p>External Auditors for the current financial year: KPMG have agreed to continue as WHC's external auditors for the current financial year.</p>
Alert	
Action	

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

Maintaining performance against required performance standards																																																																							
Advise	<p>Patient Flow: Flow continues to be challenged with the system moving between OPEL 3 & 4 and individual organisations regularly triggering OPEL level 4 and critical incident. The pathway 2 position has been worsened over the last two weeks due to care home closures, waiters as of the 27th October 22 can be seen below. Pathway 1 continues to flow well, however is impacted by the number of people been discharged with informal bridging arrangements needing to be picked up from home to prevent a readmission. WHC is responding as per our escalation plan with additional support in-reaching into partner organisations.</p> <p>Patients waiting for discharge as of the 27th October 2022</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Pathway 1 (Home with support)</p> <table border="1"> <thead> <tr> <th rowspan="2">Intended destination</th> <th colspan="4">Remaining waiters</th> </tr> <tr> <th>GWH</th> <th>RUH</th> <th>SFT</th> <th>CH</th> </tr> </thead> <tbody> <tr> <td>Home pathway</td> <td>9</td> <td>14</td> <td>8</td> <td>2</td> </tr> <tr> <td>2 days+</td> <td>4</td> <td>5</td> <td>5</td> <td>1</td> </tr> <tr> <td>Complex home incl EOL</td> <td>4</td> <td>1</td> <td>3</td> <td>11</td> </tr> <tr> <td>2 days+</td> <td>3</td> <td>1</td> <td>3</td> <td>11</td> </tr> <tr> <td>South Newton</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>2 days+</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> </div> <div style="text-align: center;"> <p>Pathway 2 (temporary bed)</p> <table border="1"> <thead> <tr> <th rowspan="2">Intended destination</th> <th colspan="3">Remaining waiters</th> </tr> <tr> <th>GWH</th> <th>RUH</th> <th>SFT</th> </tr> </thead> <tbody> <tr> <td>CH</td> <td>7</td> <td>3</td> <td>12</td> </tr> <tr> <td>2 days+</td> <td>3</td> <td>2</td> <td>3</td> </tr> <tr> <td>D2A</td> <td>12</td> <td>14</td> <td>11</td> </tr> <tr> <td>2 days+</td> <td>9</td> <td>11</td> <td>10</td> </tr> <tr> <td>IR or SN</td> <td>0</td> <td>0</td> <td>3</td> </tr> <tr> <td>2 days+</td> <td>0</td> <td>0</td> <td>2</td> </tr> </tbody> </table> </div> </div> <p>MIU: Both MIUs continue to be impacted by a lack of a clear future strategy resulting in lowered staff morale and poor recruitment and retention. Work continues with the MIU working group but as yet no clear time frame for the production of a specification is known. Moving forward consideration needs to be given to how to sustain a consistent service offer, particularly in Trowbridge.</p> <p>Inpatients: Longleat ward has successfully relocated back to Warminster Hospital ahead of time, enabling ward 4 in St Martins Hospital, Bath to be converted to a system surge ward. Therapy vacancies have greatly reduced since the inception of the therapy lead roles, it is envisaged improvements should be seen in length of stay in the coming three months. Non criteria to reside</p>	Intended destination	Remaining waiters				GWH	RUH	SFT	CH	Home pathway	9	14	8	2	2 days+	4	5	5	1	Complex home incl EOL	4	1	3	11	2 days+	3	1	3	11	South Newton	0	0	0	0	2 days+	0	0	0	0	Intended destination	Remaining waiters			GWH	RUH	SFT	CH	7	3	12	2 days+	3	2	3	D2A	12	14	11	2 days+	9	11	10	IR or SN	0	0	3	2 days+	0	0	2
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	<p>reached 50% of our ward capacity in early October, additional deep dives and discharge events have been undertaken with partners with a small improvement seen. Further work is required for the improvement to have a material impact and thus foster trust between teams.</p> <p>Pathway 2 beds: There is currently a proof of concept project involving 30 beds in Little Manor. If successful, this will be expanded to include 30 further beds in North.</p> <p>Virtual Wards: The new Service Lead, Virtual Wards has been appointed and released early. A proof of concept has taken place in the South. A detailed proposal for establishment of virtual wards is awaiting sign off through the ICB.</p> <p>Specialist Services, MSK: Pressure on services due to staff vacancy which have increased from 25 % to 34 % and challenges continue relating to backlog from period of no group provision due to covid restrictions.</p>
Alert	Nil
Action	Nil

2.6 The following issues are highlighted to the Operating Board in relation to **infrastructure**

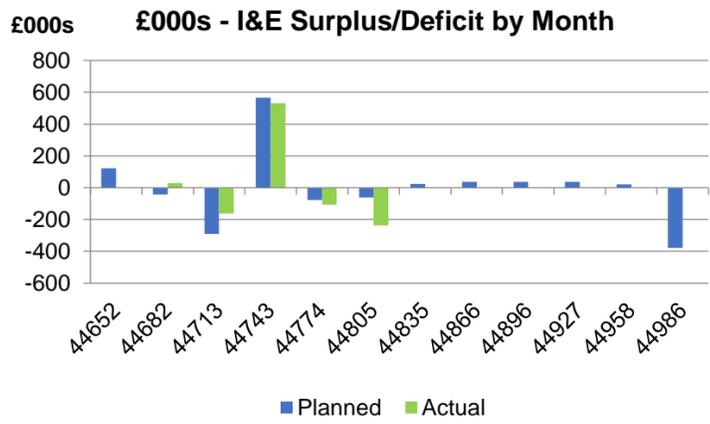
Infrastructure	
Advise	<p>Network Hardware Replacement: The pilot upgrade at Calne was delayed due to IP address overlaps with another local provider and is now scheduled for 4th November subject to outstanding configuration work being completed.</p> <p>Chippenham Works: NHS PS and their consultants have started to look at short to medium term plans for the site as a whole with an aim of addressing estates issues within the context of operational needs. This includes the work required to the Physio department. Due to the scale of the works required a discussion about whether the space could be re-provided in more appropriate accommodation have started. Other capital works required are also being explored. These works have been on hold while the project at Warminster Community Hospital is being completed.</p> <p>Devizes Health Centre: There is no firm handover date for the building from the contractors to NHS PS. The handover is delayed due to the delays in the provision of the HSCN connection to the building. This in turn is impacting the commissioning the building. As a result, the worst case scenario is that WHC services will not be able to move in until mid-January 2023.</p> <p>Internal and system wide planning for moving into the new centre is progressing well and it is hoped that the project budget will be sufficient to cover the costs of decommissioning Devizes Community Hospital. Costs for the hard and soft FM provision are still awaited.</p> <p>Devizes Community Team Accommodation: Work is progressing to move the Devizes Community Team to Beacon House with BSW and the CSU. Beacon House will be available for occupation from November 2022 but the date for the move will be agreed depending on the timeframes for clinical services moving to the new Devizes Health Centre.</p>
Alert	<p>Warminster Hospital Works: The works were completed, and all services were back on site comfortably within the end of October 2022 deadline agreed. The team worked hard and the move was completed quickly without issues. There are some minor snags to be addressed but the ward is working well. This was a massive team effort and the Board will wish to express its thanks for everyone involved.</p> <p>West Wilts Health Centre: The business case for the replacement for Trowbridge Hospital has been updated and was due to be reconsidered by NHS E/I in August, it has been delayed again. There is no indication of when the business case will be considered.</p>

	<p>Savernake Hospital: The on-going issues with fire safety works and other maintenance have still not been progressed. WHC continue to escalate the issues with NHS PS as the landlord.</p> <p>Cyber Security: We have seen a significant increase in Cyber related incidents. Senior staff have been asked to enable Multi Factor Authentication on their NHSmail accounts to prevent compromise – this has been requested by NHS Counter Fraud services.</p>
Action	Nil

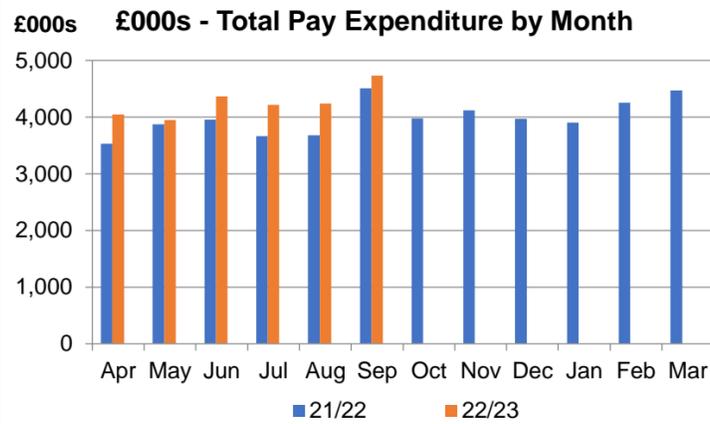
3 Recommendation

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

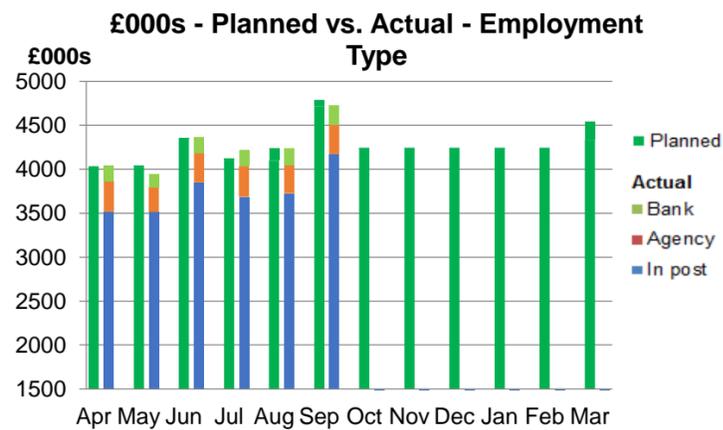
Income & Expenditure



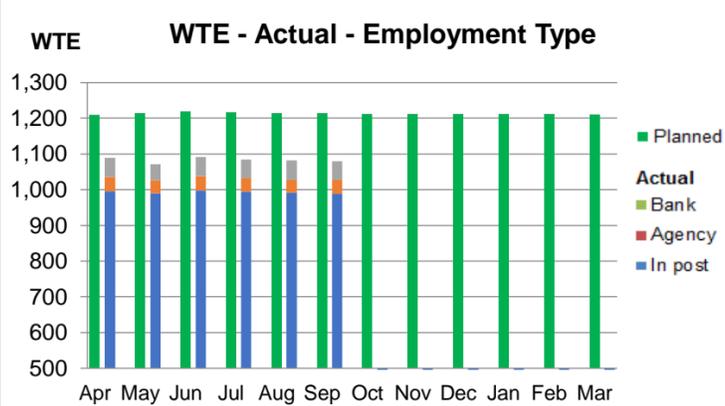
Pay Expenditure - £ - Total



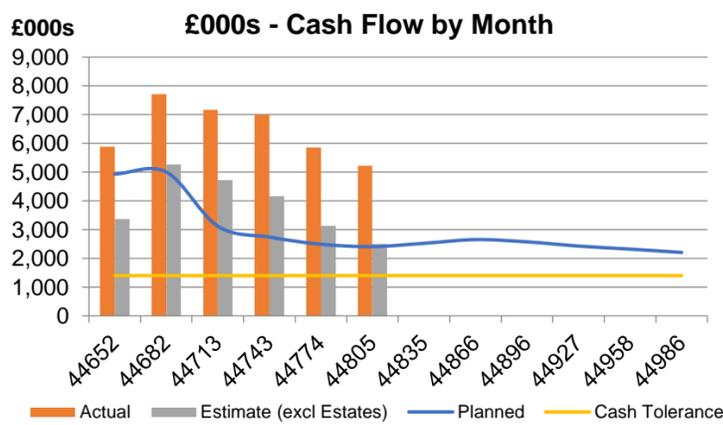
Pay Expenditure - £ - Employment Type



Pay - WTE



Cash



Best Practice Payment Code (BPPC)

BPPC % of bills paid in target	Current Month	Previous Month	Movement
By number	97%	96%	1%
By value	98%	99%	(1%)
Average number of days to pay an invoice			
Days	14	14	0

Year to date position - September 2022

	Year to date Sept		
	Plan £000s	Actual £000s	Variance £000s
Operating Income			
NHS CCG Income	32,360	31,964	(396)
Other income	2,566	2,471	(95)
Total income	34,926	34,435	(491)
Operating Expenditure			
Pay	25,592	25,542	50
Non-Pay	9,117	8,840	276
Total Expenditure	34,708	34,382	326
Surplus/(Deficit)	218	53	(164)

NHSEI Reporting

Metric	Definition	YTD	
		Ratio or %	Score
Liquidity rating	Days of operating costs held in cash and cash equivalents	(5.14)	2
I&E margin rating	I&E surplus or deficit / total revenue (in-month)	-4.32%	4
I&E margin: distance from financial plan	YTD actual I&E surplus or deficit compared to YTD plan	-0.47%	2
Agency rating	Distance from YTD budgeted spend	40.20%	3

Cost Improvement Plan (CIP)

	YTD September (Cumulative)			Annual Plan £000s
	Plan £000s	Actual £000s	Variance £000s	
WH&C 2021/22 Savings				
Income	55	50	(5)	83
Pay	735	529	(206)	1,130
Non-Pay	177	320	143	426
Total	967	899	(68)	1,639

Commentary

Overall: The financial position ytd September (M6) reports a surplus of £53k which is (£164k) adverse against a planned surplus of £218k.. The position reflects prudent assumptions for income pending final agreement of the contract value with BSW commissioners. It is expected that final outstanding contract finance matters are agreed in line with M7 reporting. The most likely forecast outcome for the financial year at M6 remains a breakeven position.

Positives: The financial position continues to report a small actual surplus, despite the pay award cost pressure and unidentified efficiencies.

Negatives: The turnover rate and vacancy levels remain high. Enhanced care pressures across the community wards continue and recruitment to vacancies remains challenging across the organisation.

The national uplift does not fully cover the actual value of the 22/23 pay award, with the balance being met from reserves and non recurrent underspend.

35% of efficiency schemes against the target is yet to be identified with a large proportion of the delivered savings being non recurrent.

WHC Delivery and financial planning timeline and process 2023/24

WHC Delivery and financial planning timeline and process

	Setting delivery objectives	Investment & Savings Plans	Setting budgets for WHC teams
November	<ul style="list-style-type: none"> FY 22/23 FYE Investment Review and initial forward review on investments for 23/24 	<ul style="list-style-type: none"> 29 November Exec investment workshop – FYE review of FY 22/23 investments and initial forward view on investments for 23/24 	<ul style="list-style-type: none"> Exec Co 23 November: Budget setting principles.
Dec/January	<ul style="list-style-type: none"> National planning guidance issued 24 January Exec workshop: High level review of delivery plan priorities. 	<ul style="list-style-type: none"> Financial planning guidance (Dec) Exec investment workshop – Prioritised long list of investments assembled (24 Jan) 	<ul style="list-style-type: none"> Exec Co 28 December: 1st Draft of 23/24 core budgets for review. Exec Co 25 January: 2nd Draft of 23/24 core budgets for review and draft financial plan presented. Audit Committee January TBC: Budget setting principles.
February	<ul style="list-style-type: none"> 3 February Board: High level summary of national planning objectives and emerging delivery plan priorities. 28 February Exec workshop: Review of delivery plan objectives. 	<ul style="list-style-type: none"> Board – 3 February: Agreement sought for draft financial envelope used for planning and budgeting purposes. Proposed priority areas for investment shared with Board. Exec investment workshop – Priorities 1 & 2 agreed in principle (28 Feb) 	<ul style="list-style-type: none"> Exec Co 22 February: 3rd Draft of 23/24 core budgets for review and updated financial plan.
March	<ul style="list-style-type: none"> Live Team Briefing: Presentation of emerging priorities for feedback. 	<ul style="list-style-type: none"> Board – 24th March: Additional virtual meeting if required for further financial plan or contract sign off. 28 March: Exec workshop: Priorities 3 & 4 and finalising savings plans. 	<ul style="list-style-type: none"> Exec Co 22 March: Final 23/24 core budgets presented for review and agreement.
April	<ul style="list-style-type: none"> TBC April Exec workshop: finalisation of delivery plan objectives. 	<ul style="list-style-type: none"> TBC April Exec workshop: Priorities 3 & 4 and finalising savings plans. 	<ul style="list-style-type: none"> Exec Co 26 April: Final financial plan presented
May	<ul style="list-style-type: none"> Board 5 May: agreement of delivery plan – subsequently circulated to Members for information 	<ul style="list-style-type: none"> Board 5 May: Final financial plan approved. 	<ul style="list-style-type: none"> Exec Co 24 May: Budgets confirmed including investments and savings.
June	<ul style="list-style-type: none"> Audit Committee Date TBC: Review of process to form delivery objectives and financial plan 		

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

Item 10

Winter Plan

PAPER

Wiltshire Health and Care Board**For decision****Subject:** Operational Resilience and Capacity Plan (WINTER)**Date of Meeting:** 04 November 2022**Author:** Lisa Hodgson, Chief Operating Officer**1. Purpose**

The purpose of this document is to describe the arrangements put in place by Wiltshire Health and Care (WHC) to support the delivery of planned and unplanned care from 1st November 2022 to 10th April 2023, including the Christmas and New Year holiday period and Easter.

This document is a working document and underpins the Wiltshire ICA and BSW ICB plans, the latest version of which can be found in appendix 1.

2. Background

The WHC plan for Quarter 3 and Quarter 4 2022/23 (the 'Winter Plan') has been developed in the context of:

- Ongoing management of the Covid-19 pandemic and the changed approach to the delivery of services this has required, including the short notice closure of care homes.
- A national workforce shortage having significant impact of the availability of domiciliary care.
- The need for the system to continue to address the backlog of elective operating.
- As in any other winter period, WHC must also plan for an increase in demand arising from seasonal conditions including influenza and other communicable infections.

Our operation has been altered significantly to reflect the increased infection control measures required to counter the spread of infections this year whilst maintaining capacity; for example, WHC will routinely cohort patients with the same infections in traditional non patient areas in order to maintain capacity and prevent a ward closure, it's worth noting that there have been no ward closures in 2022. This winter plan draws together the multitude of actions taken to contribute to the ICA and ICB system approach to planning and delivery and to delivering the NHS-wide requirements set out in recent communications from NHSE, October 2022. This plan is underpinned by a range of operational and escalation plans with the primary aim of maintaining safe and effective delivery of services and maintaining system flow to each of the three localities.

This plan will be a working document; WHC has a robust surge plan to be used if the organisation is required to step back into or respond to a partner incident footing. It is important that system partners recognise that invoking the surge plan will have significant impact on WHC ability to deliver scheduled services and as such the triggers reflect that exceptional circumstances are in play.

3. Discussion

Building on the lessons learnt from previous winters and periods of extreme pressure, the priorities for Wiltshire Health and Care for the forthcoming winter period are:

- Continue to embed and strengthen the 2-hour rapid response service
- Oversee the flow into and from South Newton capacity
- Identify a funding source and implementing 7 days a week in reach model
- Expand the falls offer (as per details of NHSE letter, Oct 2022) the detail of the service delivery model is still being worked through across BSW.
- Work with Wiltshire Council to embed the discharge to assess pilot in South Wiltshire.
- Continue to embed the overnight nursing service.
- Mobilise Virtual Wards once funding is confirmed.
- Increase the support offer to care homes through the MDT service.
- Maintain flow including maintaining length of stay and reduce non criteria to reside numbers in Community Hospitals to 25.
- Closer alignment of in reach and patient flow hub with emerging care co-ordination hubs

4. Recommendation

4.1 The Board is invited to:

- (a) Note and approve the contents of this report

Impacts and Links

Impacts	
Quality Impact	Failure to plan for predictable surges in demand would result in quality of services being compromised.
Equality Impact	Failure to continue to provide as many community services as possible during Winter could have a disproportionate effect on more vulnerable or disadvantaged members of the population.
Financial implications	The additional capacity is dependent on funding from commissioners, either permanently committed or through non recurrent support. This has been secured.
Impact on operational delivery of services	The system winter planning seeks to ensure that the right framework is in place to support the continued operational delivery of services.
Regulatory/ legal implications	Links to our regulatory requirements to continue to deliver safe and effective services.
Links	
Link to business plan/ 5 year programme of change	Some of the additional capacity for winter is also in line with objectives in the WHC Delivery Plan.
Links to known risks	Risk 202 Increasing Levels of Demand on Services
Identification of new risks	None.

OPERATIONAL RESILIENCE AND CAPACITY PLAN (WINTER)

Summary	The purpose of this document is to describe the arrangements put in place by Wiltshire Health and Care (WHC) to support the Delivery of planned and unplanned care from 1 st November 2022 to 10 th April 2023, including Christmas and New Year and Easter.
Target Audience	WHC staff, Board Members, Wiltshire Alliance, Volunteers and Contractors.
Review Date	August 2023
Approved By	[To be approved by Board]
Author	Lisa Hodgson, COO
Version	1.4
Date of Issue	October 2022

Version Control

Version	Author	Date	Reason
1.0	Lisa Hodgson	18/08/2020	1 st draft
1.1	Lisa Hodgson	29/08/2020	Following review of system plan
1.3	Lisa Hodgson	28/10/2022	Final Review
1.4	Lisa Hodgson	25/04/2022	Yearly review

Executive Summary

The WHC plan for Quarter 3 and Quarter 4 2022/23 (the 'Winter Plan') has been developed in the unprecedented context of:

- Ongoing management of the Covid-19 pandemic and the changed approach to the delivery of services this has required, including the short notice closure of care homes.
- A national workforce shortage having significant impact of the availability of domiciliary care.
- The need for the system to continue to address the backlog of elective operating.
- As in any other winter period, WHC must also plan for an increase in demand arising from seasonal conditions including influenza and other communicable infections.

Our operation has been altered significantly to reflect the increased infection control measures required to counter the spread of infections this year whilst maintaining capacity; for example, WHC will routinely cohort patients with the same infections in traditional non patient areas in order to maintain capacity and prevent a ward closure. This winter plan draws together the multitude of actions taken to contribute to the ICA and BSW system approach to planning and delivery and to delivering the NHS-wide requirements set out in recent communications from NHSE, October 2022. This plan is underpinned by a range of operational and escalation plans with the primary aim of maintaining safe and effective delivery of services and maintaining system flow to each of the three localities.

This plan will be a working document; WHC has a robust surge plan to be used if the organisation is required to step back into or respond to a partner incident footing. It is important that system partners recognise that invoking the surge plan will have significant impact on WHC ability to deliver scheduled services and as such the triggers reflect that exceptional circumstances are in play.

1. Introduction

The Winter Resilience and Cold Weather Plan for Wiltshire Health and Care (WHC) outlines the systems and processes in place to effectively manage capacity to meet the demand for planned and non-planned demand from the 1st November 2022 to the 10th April 2023; this period covers both the Christmas, New Year and Easter Holiday Periods.

The Plan is set within the context of the national guidance for 'Operational Performance Escalation Levels (OPEL) Framework. The 4 levels of escalation for local health and social care systems, OPEL 1 (able to meet demand), 2 (starting to show signs of pressure), 3 (major pressures compromising patient flow) and 4 (organisations unable to deliver comprehensive care). There is also an accompanying set of actions which sit between OPEL level 3 and 4, which WHC will instigate in the event of an Acute Trust partner invoking a Full Hospital Protocol, sometimes known as a continuous flow or boarding model. The actions card relating to escalation can be found in Appendix 2.

The need for sufficient headroom in community hospitals and within teams is critically important to the wider health system. As demand, length of stay, acuity, and delays to discharge fluctuate they can be difficult to predict, there is a need to frequently monitor the operational status of the organisation and respond appropriately. Whilst individual patient pathways vary, the approach to management of capacity is to minimise risk and to retain a position where capacity outweighs demand.

Triggers used within the escalation process are used to set the escalation status of the organisation at any point in time and the responsibilities and actions for key staff and departments at each level of escalation to prevent further escalation and reduce pressure.

The management of the relationship between demand and capacity involves forecasting and early identification of issues, met with responsive and timely mitigating actions. The ultimate aim is to ensure that WHC and indeed the system are able to maintain, or return to, the lowest level of escalation in the shortest possible timeframe.

3 System Planning and Integration

The winter plan draws together the actions that WHC will be taking above and beyond daily business as usual. Some actions started some time ago and may continue after winter however, they form an important part of the overall jigsaw to ensure WHC is able to respond to the challenges winter might bring. Management of winter pressures will be undertaken at a tactical level through the UCR tactical group feeding into the Gold system wide strategic group as triggers necessitate. The work programme will be overseen by the Urgent Care and Flow Board with various working groups sitting at both an ICB and ICA level, depending on the scale of the initiative.

The system wide winter plan is yet to reach its final draft, however the latest version of the Wiltshire ICA slides is attached as Appendix 1.

5. Priorities for winter 2022/ 2023

Building on the lessons learnt from previous winters and periods of extreme pressure, the priorities for Wiltshire Health and Care for the forthcoming winter period are:

- Continue to embed and strengthen the 2 hour rapid response service
- Identify a funding source and implementing a 7 days a week in reach model
- Oversee the flow into and from South Newton capacity.
- Expand the falls offer (as per details of NHSE letter, Oct 2022) the detail of the service delivery model is still been worked through.
- Work with Wiltshire Council to embed the discharge to assess pilot in South Wiltshire.
- Continue to embed the overnight nursing service.
- Mobilise Virtual Wards, once funding is confirmed.
- Increase the support offer to care homes through the MDT service.
- Maintain flow including maintaining length of stay and reduce non criteria to reside numbers in Community Hospitals to 25.
- Closer alignment of in reach and patient flow hub with emerging care co-ordination hubs

Detail of the anticipated benefits can be found in appendix 1.

6. Control and Command

All gold level escalation calls will be undertaken by a WHC Director or in the out of hours period by a person with delegated decision-making authority.

The Chief Operating Officer is the designated Winter and EPR Lead for Winter 2022/23. Internal operations are managed through touch point calls frequency of which is flexed according to the levels of escalation.

7. Surge Plan

During the first wave of Covid, WHC redeployed staff to support our designated priority services, namely our wards and community teams. Feedback of staff indicated that the speed at which this happened added to staff feeling unprepared and increased stress levels.

In response work has been undertaken to identify and reaffirm priority services, these are:

- Inpatients
- Community teams including home first, crisis response and care home support
- Diabetes
- Respiratory

At times of exceptional pressure on community teams, business continuity plans are invoked to reduce the number of visits required. These are put in place with supporting communication to primary care colleagues.

8. Escalation Management Plan

The escalation status of the organisation is categorised in to Operational Pressure Escalation Levels (OPEL) 1 - 4. Each level reflects the current status of WHC in terms of the relationship between capacity (bed availability / staffing) and demand which presents the consequent level of risk to patient safety and experience.

The OPEL definitions equate to:

Operational Pressures Escalation Level	Description
OPEL 1	Low risk: Capacity is such that the organisation is able to maintain patient flow and is able to meet anticipated demand within available resources
OPEL 2	Moderate Risk and Signs of Pressure The organisation is starting to show signs of pressure. Focused actions are required to mitigate further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible – to return to green status as quickly as possible.
OPEL 3	High Risk and Major Pressure Actions taken in OPEL 3 have failed to de-escalate the system and pressure is worsening. The organisation is experiencing major pressures compromising patient flow and continues to increase. Further urgent actions are required across the organisation by partners.
OPEL 4	Very High Risk and Critical Pressure All actions have failed to contain service pressures and the organisation is unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be led and taken at COO level until de-escalation to RED is achieved. This may include use of escalation beds.

As a community provider, the needs of partners may well require actions to be taken which do not necessarily align with the OPEL level for WHC.

WHC has developed a framework to provide a quantitative method of defining Community Provider OPEL status. The triggers and escalation can be reviewed in appendix 2.

Internally there are a number of processes and structures in place to support efficient operational management of capacity and escalation within the WHC. This provides clinical teams and services as well as operational managers with a framework of actions to be taken at each Opel level in order to maximise capacity to meet increasing demand

9. Capacity

Bed Capacity

Ward	Speciality	Beds
Savernake	Step down/potential to step up	30
Longleat	Step down/Step up	25
Cedar	Step down	17
Mulberry	Stroke Rehab	20
Total		92

Flow is step down from acute hospitals and step up from the community for Savernake and Longleat only.

Community wards do not have the same infrastructure as an Acute Hospital; hence it is difficult to be able to manage patients in the same way, an Acute Hospital would respond in the event of 'A full Hospital' WHC has developed steps which would be followed in the event of an Acute Partner evoking the Full Hospital Policy/continuous flow/boarding model. This will remain in play for 2022/23 and is intended to sit alongside the internal escalation (OPEL) processes.

With the potential for care home to stop admissions at short notice due to infection outbreaks, WHC will consider the use of non-patient areas to facilitate flow when the system reaches critical incident status.

11. Cold Weather Resilience

The one episode of exceptional winter weather during early 2020 tested the resilience and readiness of community services. The approach and handling of these incidents have been reviewed by the Executive Committee, with the following lessons learnt:

- Role of Resilience Team and emergency transport line vs Operational Teams
- Pathways and criteria to escalate clinical risk from frontline teams
- Provision for staff meals being made for those staff staying late or delayed waiting for transport.
- Identification of places for staff to sleep on site with provisions of blankets
- List of 4x4 volunteers and linked to the existing process of getting them on the company insurance.
- Staff lists that include locality of staff to support identification of who can be expected to get into their shift.

The following specific improvements have been put in place:

- Pre planning community team 4x4s incl. identification of where 4x4s can be shared across teams when 4x4 resource is low
- GWH Emergency Transport Line
- Wiltshire Health and Care response structure
- Pre-population templates and guidelines for wards/areas to complete of staff in known areas that have transport issues in heavy snow
- Provision of food and sleeping arrangements for staff
- Work with Site Managers to develop a list of places where staff can sleep on site. Especially those with wards and / or MIUs.
- Recommendation that all teams have at least one 4x4 car in their pool.
- Work with the communications team to develop a list of 4x4 volunteers ahead of winter
- Work with HR to identify issues and develop an accessible list of staff that includes where they live.

Impacts and Links

Impacts	
Quality Impact	Failure to plan for predictable surges in demand would result in quality of services being compromised.
Equality Impact	Failure to continue to provide as many community services as possible during Winter could have a disproportionate effect on more vulnerable or disadvantaged members of the population.
Financial implications	The additional capacity is dependent on funding from commissioners, either permanently committed or through non recurrent support.
Impact on operational delivery of services	The system winter planning seeks to ensure that the right framework is in place to support the continued operational delivery of services.
Regulatory/ legal implications	Links to our regulatory requirements to continue to deliver safe and effective services.
Links	
Link to business plan/ 5 year programme of change	Some of the additional capacity for winter is also in line with objectives in the WHC Delivery Plan.
Links to known risks	Existing risks on demand and capacity mismatch.
Identification of new risks	None.

Appendix 1. Final Draft BSW Winter Schemes



Final Draft - BSW
ICAs Winter Scheme Ir

Appendix 2. Action Card

Action Cards

Triggers and actions required at each level of escalation are detailed as follows. Actions at each level should usually be completed before escalating to the next level; however, it is recognised that under times of increasing pressure rapid escalation may be warranted. The actions detailed here are not exhaustive and reasonable responses to the actual pressures identified at any one time should be instigated.

Community Hospital Beds

OPEL Level	Actions
One	No specific actions, WHC is operating at safe levels of escalation. Continue usual forward planning, Daily tracking and review of patients waiting for discharge and review of alternative solutions in the community.
Two	Review patients to ensure appropriate discharge plans in place. Enhanced co-ordination and communication. Identification of blockages and actions required to improve system flow. Escalate issues requiring system wide response to Head of Operations. Review all staffing to identify any gaps that will impact on ability to use all capacity. Agree requirements for bank and on framework agency staffing Link with partner organisations and take part in multi-agency conference calls as required.
Three	Only essential meetings to continue. Referral, phone and e-mail continue to be monitored and responded to in real time. Only urgent/ essential Supervision, annual appraisal, mandatory training is honoured Twice daily tracking and review of patients waiting for discharge and review of alternative solutions in the community. Head of Operations to participate in whole system tactical capacity teleconference / meeting frequency as required. Escalation to Chief Operating Officer of any issue where senior manager involvement /decision is required. Continue to review staffing and agree requirements for non-framework agency staff. Contact and/or utilise any clinical staff in non-front-line roles Contact GPs providing medical cover to wards to assess their patients to help expedite discharges as above – inform GPs of OPEL 3 status.

	Participate in whole system tactical capacity teleconference / meeting frequency as required.
Four	<p>All meetings aside those essential to maintain flow are cancelled. All training is deferred.</p> <p>Daily communication to enable good operational knowledge and understanding of further actions planned and required. Consider redeployment of staff supporting non urgent services. Senior nursing staff, including specialist nurses and managers with nursing background may be pulled into rosters if deemed to have the appropriate competencies required.</p>

Community Teams

OPEL Level	Actions
One	No specific actions, WHC is operating at safe levels of escalation. Continue usual forward planning.
Two	<p>Prioritise hospital flows / admission avoidance. Review patients to ensure all appropriate patients have been discharged/ referred to primary care/ re-scheduled</p> <p>Enhanced co-ordination and communication. Identification of blockages and actions required to improve system flow. Escalate issues requiring system wide response to Head of Operations. Review all staffing to identify any gaps that will impact on ability to use all capacity. Agree requirements for bank and on framework agency staffing Link with partner organisations and take part in multi-agency conference calls as required.</p>
Three	<p>Only essential meetings to continue. Referral, phone and e-mail continue to be monitored and responded to in real time. Supervision, annual appraisal, mandatory training is honoured Review of all non-urgent /planned visits by the CTL Head of Operations to participate in whole system tactical capacity teleconference / meeting frequency as required. Escalation to Chief Operating Officer of any issue where senior manager involvement /decision is required. Continue to review staffing and agree requirements for non-framework agency staff. Contact and/or utilise any clinical staff in non-front line roles Inform GPs of OPEL 3 status. Participate in whole system tactical capacity teleconference / meeting frequency as required.</p>
Four	<p>All meetings aside those essential to maintain flow are cancelled. All training is deferred. Daily communication to enable good operational knowledge and understanding of further actions planned and required. Consider redeployment of staff supporting non urgent services. Senior nursing staff, including specialist nurses and managers with nursing background may be pulled into rosters if deemed to have the appropriate competencies required. ? what to do about planned/routine visits</p>

MIU

OPEL Level	Actions
One	No specific actions, WHC is operating at safe levels of escalation. Continue usual forward planning.
Two	Enhanced co-ordination and communication. Supervision, annual appraisal, mandatory training is honoured Identification of blockages and actions required to improve system flow. Escalate issues requiring system wide response to Head of Specialist Services. Review all staffing to identify any gaps that will impact on ability to use all capacity. Agree requirements for bank and on framework agency staffing Link with partner organisations and take part in multi-agency conference calls as required.
Three	Only essential meetings to continue. Attendance numbers, phone and e-mail continues to be monitored and responded to in real time. Only urgent /essential supervision, mandatory training is honoured Head of Operations /Specialist Services to participate in whole system tactical capacity teleconference / meeting frequency as required. Escalation to Chief Operating Officer of any issue where senior manager involvement /decision is required. Continue to review staffing and agree requirements for non-framework agency staff. Contact and/or utilise any clinical staff in non-front-line roles Inform GPs of OPEL 3 status. Participate in whole system tactical capacity teleconference / meeting frequency as required.
Four	All meetings aside those essential to maintain flow are cancelled. All training is deferred. Daily communication to enable good operational knowledge and understanding of further actions planned and required. Consider redeployment of staff supporting non urgent services. Senior nursing staff, including specialist nurses and managers with nursing background may be pulled into rosters if deemed to have the appropriate competencies required.

Wiltshire Health and Care Board**For decision**

Subject: In Reach
Date of Meeting: 01 November 2022
Author: Lisa Hodgson

1. Purpose

Wiltshire Health and Care (WHC) has for the past four years highlighted the benefits of an integrated community in-reach model, providing focused interventions at both the front and back door of Acute organisations. This paper describes the operating model, associated risks and costs for consideration.

2.0 Background

Historically an Acute Trust Liaison (ATL) Service to Wiltshire was provided by Medvivo, this function was transferred to WHC in June 2022. The ATL service previously consisted of 5.3 whole time equivalents with 2.9 WTE moving over to WHC.

A two-hour crisis response service launched fully in 2021. This has included testing an ACP linked to SFT front door with the aim of reducing admissions and ambulance conveyance. This role has been positively received with an average of 4 admissions per day been avoided.

In parallel, care co-ordination has been prioritised by the Urgent Care and Flow Board, GWH has a successful model currently running and plans are in development to launch similar models in both RUH and SFT. Care co-ordination monitors a select cohort of patients during the pre, in and post hospital journey with the aim of creating a pull model to reduce conveyance, admission and length of stay.

The model proposed within this paper supports all three initiatives by offering experienced community clinicians working consistently with acute partners across the entire patient journey. Working closely with primary care, care co-ordination hubs and the ambulance service, ensuring patients able to remain at home do so and those requiring complex discharge support have robust plans in place.

3.0 Discussion & Case for Change

Historically the ATL service focused solely on non-patient facing discharge related activities. WHC has, where possible, substituted this service with experienced community clinicians to ensure patients remain at or return home with the minimum care requirements.

Over the past three months, a WHC Advanced Care Practitioner (ACP) has worked within the Emergency Department (ED) in SFT focusing on the aforementioned aim. Evaluation has demonstrated on average 4 admissions are prevented during each shift an ACP is present.

There is a regular ask from each acute partner for WHC to provide such a service on a daily basis to maintain effective flow. It is widely recognised that conversations with patients and relatives regarding their onward care journey can be challenging with high numbers declining to accept a placement in a particular location even though this is not a choice discussion. Ward staff are often overstretched to lead these conversations. It is therefore proposed in the new model that the in reach staff would lead these conversations for pathway 2.

Care co-ordination is seen as a priority within the urgent and emergency care space across BSW and is currently established with GWH, where the ATL is tasked by the co-ordination hub thus focusing on areas across the pathway.

An internal risk is currently on the WHC risk register detailing the following risk:

- A limited in reach service may result in unwarranted patient admissions or an extended delay for discharge within an acute setting, exposing the individual patients to increased risk of physically decompensating, extended length of stay and reduced flow for acute partners resulting in poor flow and loss of reputation for WHC.

The proposed model would ensure an experienced community clinician is onsite in each acute trust for 8 hours a day, 7 days a week. It is suggested the clinicians would be jointly tasked by the WHC clinical lead and the acute co-ordination hubs, therefore focusing on both the front and back door depending on the priority for a given day.

The clinician would have referral rights to community teams, Two Hour Crisis Response, and the Virtual Ward to support admission avoidance.

Supervision would be provided by the clinical lead for the service.

4.0 Costs and Risks

To provide a resilient in reach service 6.72 WTE are required, this equates to a shortfall of 2.82WTE the costs for which are provided below:

		PYE 2022-23	FYE 2022-23
	WTE	£	£
Agreed Recurrent Funding 2022-23	3.90	197,861	237,433
Proposed Service FYE Funding at 2022-23 rates	6.72		538,950
Shortfall in FYE Annual Funding at 2022-23 rates	2.82		301,517

This proposal is currently one of the options under consideration for short term funding to support flow over the Winter period on a temporary basis. It is widely recognised it would not be possible to

recruit clinical staff on a short-term basis. It is therefore proposed that the risks of permanent employment are managed through redeployment, if necessary:

- In the first instance, redeploying staff to fill existing vacancies within WHC
- If necessary, acute and system partners would be asked to consider redeployment of staff into vacant posts. It should be noted that employment guidance makes it impossible to move staff to a different organisation without their permission.

Recommendation

The board is invited to:

- Consider approving the proposal and approve WHC appointing staff on a permanent basis
- Note the proposed mitigation of risk for permanent employment.

NOTE: Impact Assessment on page 2 MUST also be completed to ensure this organisation complied with good governance practices, and is well-led.

Impacts and Links

Impacts	
Quality Impact	This proposal will reduce inappropriate admissions and reduce overall length of stay for those requiring complex discharge planning.
Equality Impact	Equality will be improved through a consistent offer 7 days a week.
Financial implications	The cost of this proposal is £301,517
Impact on operational delivery of services	The acceptance of this proposal will have a positive impact on operational delivery in both WHC and the wider BSW system through reduce length of stay, reduced care requirements and admission avoidance.
Regulatory/ legal implications	None
Links	
Link to business plan/ 5 year programme of change	This links to the WHC delivery plan.
Links to known risks	This address risk (to be inserted once registered)
Identification of new risks	NA

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

Item 11

Delivery Plan 2022 -2025 – Quarter 2 Update

PAPER

Wiltshire Health and Care Board

For information

Subject: Wiltshire Health and Care, Delivery Plan 2022-2025 – Quarter 2 Tracker Progress Update

Date of Meeting: 04 November 2022

Author: Douglas Blair, Managing Director

1. Purpose

The purpose of this paper is to keep the Board apprised of the progress being made by Wiltshire Health and Care against the delivery objectives approved by the Board for 2022/23.

2. Background

As part of business planning, in May 2022, Wiltshire Health and Care's Board approved a Delivery Plan for 2022-2025, which incorporated a set of delivery objectives. These delivery objectives were established to ensure that Wiltshire Health and Care met its statutory and contractual obligations, whilst simultaneously pursuing the organisation's strategic objectives. The quarterly Delivery Plan tracker provides a RAG status for each objective, together with a narrative to support the Board to understand the status of each action.

3. Discussion

The Board will note that, across the five themes, Wiltshire Health and Care has set 43 delivery objectives; the position at the end of Quarter 2 is:

RAG rating	Category	Number
Blue	Objective KPI achieved.	2
Green	Objective KPI on track to be completed by target quarter.	28
Amber	Objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by the end of target financial year.	12
Red	Delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial year.	1
Grey	Delivery milestone not due to be commenced until 22/23 or later.	0
	TOTAL	43

The Board will note that Objective 31 (Work with system to deliver new/improved accommodation in Trowbridge) is off track and unlikely to be achieved by the end of target financial year as the business case for the new health centre is still awaiting national approval and there is still no firm date for the business case to be considered

4. Recommendation

4.1 The Board is invited to note the status update of Wiltshire Health and Care's progress against its delivery objectives for 2022-2025 and confirm whether it is content with the current status, or whether it wishes to direct the Executive to take further action(s).

**Wiltshire Health and Care
Delivery Plan 2022-2025
Q2 UPDATE**



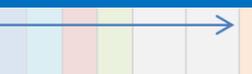
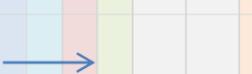
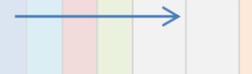
Wiltshire Health and Care Delivery Plan: 2022-2025: Q2 UPDATE

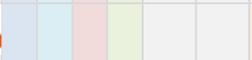
Meeting:	Wiltshire Health and Care (“WHC”) Operating Board	
Date:	4 November 2022	
RAG key:	■	Objective KPI achieved.
	■	Objective KPI on track to be completed by target quarter.
	■	Objective KPI off-track to be completed by target quarter, but actions in place to achieve milestone by target year.
	■	Delivery milestone off-track to be completed by target quarter and milestone unlikely to be achieved by end of target year.
	■	Delivery milestone not due to be commenced until 22/23 or later.
	■	Delivery milestone no longer applicable because of national decision making/ commissioner decision making/ other.
Type of objective key:		An objective from 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		2 4 - 2 5	Objective KPI	R A G	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4				

A COMPREHENSIVE COMMUNITY BASED MODEL OF CARE

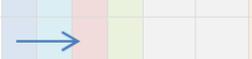
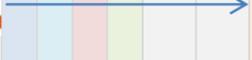
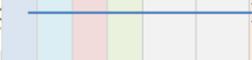
We are building a comprehensive model of care centred around communities in Wiltshire. This is part of an overarching model of care that has been developed across the Bath and North East Somerset, Swindon and Wiltshire area and also delivers on the NHS Long Term Plan. Building this model of care means both addressing historic gaps in services and developing new approaches. The model of care is centred on having strong and well-resourced core teams based in local geographies, recognising that creating multiple separate service teams does not suit the geography of Wiltshire. This integrated approach, with all elements of the care model linking with each other, reduces duplication and ‘hand offs’ between teams. This means our specialist teams work closely with core teams, our Urgent Community Response is able to link back into planned services seamlessly and new hospital at home services become an integrated part of this approach.

1.	Hospital at Home: establish new model and implement first wards	Chief Operating Officer (Lisa Hodgson)			<ul style="list-style-type: none"> Detailed model agreed in Q1 Resource plan / agreed investment in Q1 Initial Phased implementation of national specification Q2 onwards. 	■	<ul style="list-style-type: none"> Detailed model developed – awaiting final sign off in October. Consultant practitioners recruited in September. Further recruitment awaiting sign off plan. Mobilisation meetings taking place weekly.
2.	New model to support Long Term Conditions with Priority Caseload MDTs	Head of Operations – Long Term Conditions/MSK (Carol Langley Johnson)			<ul style="list-style-type: none"> Detailed design by Q1 Implementation from Q2 Assessing and using digital tools Long term condition management supported by focus on population health data and analysis 	■	<ul style="list-style-type: none"> KiActiv programme is now accessible to all clinically suitable and eligible patients. Since the launch Respiratory have referred 15 patients. Further engagement with diabetes and dietetic teams required and in progress. Learning and evidence from the initial quarter has prompted review of the inclusion criteria for Long Covid patients making the service accessible for a greater number of patients. Next Steps : KiActiv patient survey is planned to gather patient feedback on the service –in addition to feedback from KiActiv. Virtual Hub has been set up and referrals are being processed. New pathways: Draft service specification for new community diabetes service developed with ICB, workforce modelling in progress with business case at ICB developed Q4.
3.	Home First: capacity boost	Head of Operations – Community Teams (Heather Kahler)			<ul style="list-style-type: none"> Demand / capacity system modelling available Q1 Agree system investment Q1 Scope potential for Band 4 roles in HF pathway Q1 Implementation from Q2 	■	<ul style="list-style-type: none"> Band 4 Allocator posts have been funded from existing resource. Proposal to focus on Planned and Unplanned services within Community teams. Participating in Wiltshire Integrated Care Alliance review of Pathway 1 commencing September 2022. Session for therapy being held 19.10.22 to discuss next steps, following on from Therapy review paper by Consultant Practitioner.
4.	Improve outpatient services and reduce waiting 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"> Expand use of Patient Initiated Follow Ups (PIFU) Reduce waiting times in longest waiting services Release capacity to ensure patients can access services as and when required. Reform patient communication Continue to embed virtual appointments Improve accuracy of waiting list data Make processes paper light 	■	<p>PIFU:</p> <ul style="list-style-type: none"> Policy drafted and individual service specific Clinical protocols completed for Long Covid, OIS, MSK, Podiatry and WCS. Dietetics, SLT and orthotics are expected by the end of the month. Phase 2 services, Neuro, Diabetes, HF and Respiratory clinical protocols due by Mid Nov Draft patient comms are in place. Next steps are to develop the Patient survey ready for roll out post launch of PIFU. The key risk (now an issue) is the further delay of the S1 PIFU module roll out from TPP. TPP’s milestone for completion is April 23. This has been highlighted to the ICB as it will impact the ability to record and report on patients with a PIFU status. Process maps for this will need to be developed post TPP S1 module roll out. <p>Reduce waiting times in longest waiting services:</p> <ul style="list-style-type: none"> Review set up for the ‘Referral to Triage’ process across specialist services. Also Blitz clinics held within MSK Physio and HOPE programme being rolled out for OA H&K replacement patients. Elective recovery OIS –Ultrasound guided diagnosis or injection being received in average wait time of 5 weeks, relieving significant pressure on secondary care Elective recovery MSK Physio OA hip and knee service is having a significant impact on the wait list across MSK physio. <p>Improve accuracy of waiting list data:</p> <ul style="list-style-type: none"> Task and Finish Group within MSK Physio to address the RTT list. Weekly reviews of open cases, data integrity and cleansing exercise. Process standardisation across MSK physio admin and clinicians underway. <p>Continue to embed virtual appointments:</p> <ul style="list-style-type: none"> Utilisation of Virtual Consultations remain low. Confirmation of the AA contract until April 2025 will enable reinvigoration of roll out and

#	Objectives	Lead	Type	2022-2023				2023-2024		2 4 - 2 5	Objective KPI	R A G	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
15.	Taking care of our teams <ul style="list-style-type: none"> Develop the Wiltshire Health and Care New to Care programme Health Care Support Worker retention programme Virtual work experience Boosting our Volunteers Complete implementation of Allocate roster for all services 	Head of People								<ul style="list-style-type: none"> New starters within WHC who are new to care, with the right skills and support to do their role and with development opportunities. Improved retention rates within HCSW within WHC. To have a sustainable and transformational approach to work experience which meets generational expectations. Increase numbers of volunteers to support with enhanced care E-roster fully used in all teams by Q4 ensuring well managed rosters and annual leave being taken. 		<ul style="list-style-type: none"> New to care – Programme resource came into place at the end of Aug 2022, commence planning for session dates in Sept 2022 – On Track HCSW retention rates– Part of phase three of the “new to care” programme, scheduled for Q4 – On Track Work experience – First cohort completed (8.4 out of 10 scoring), 2nd cohort in Q4 is Ontrack. Proposed a new work experience strategy discussed at Workforce Development Group (Sept 2022) which will include a virtual that progresses to face-to-face programme – On Track Volunteers supporting enhanced care – Delayed due to Meaningful Activity and Enhanced Care Policy to be ratified and COVID impact of additional capacity to support increased volunteers on the inpatient wards – Delayed E-roster– All but 4 teams are fully utilising Allocate for roster and annual leave. Confident 4 remaining teams will be online and utilising Allocate by the end of Q4 – On Track 	
16.	Being your best in the workplace <ul style="list-style-type: none"> Just and Learning Cultural assessment Developing the WHC’s Organisational Development new WHC Learning Management System Board and Executive level Equality Diversity and Inclusion training 	Head of People								<ul style="list-style-type: none"> To understand the culture within WHC to enable a learning culture. To have a comprehensive OD strategy within WHC which supports development through coaching, mentorship, team and personal development. Procure, develop and implement a new WHC Learning Management System to replace the current Training Tracker. To demonstrate the WHC commitment at a Board level to Equality, Diversity and Inclusion. 		<ul style="list-style-type: none"> Learning culture – working with BSW to scope actions to embed these principles throughout our organisations (Oct 22 next meeting). 2x HR BPs attending specific training on this topic in Q3. Q3 is scoping and planning, Q4 is implementation – On Track OD strategy– Delayed with some interventions in place with 4D clarity being piloted 27.09.2022 with a team, sessions booked with teams in Q3 to continue to pilot. Coaching is on hold due to investments decision in 2022/23. Due to vacancy in L&D Lead this will be delayed into 2023/24 – Delayed WHC Learning Management System – LMS system has been procured, Managing Director has signed the contract in Sept 2022. System ‘go live’ planned 01.04.2023 – On Track Equality, Diversity and Inclusion – Managing Director is the ED&I Board level member, ED&I charter is signed, delayed in implementing ED&I training at Board Level, as ED&I SW training funding has been withdrawn. Next steps are to scope this training – On Track 	

TOOLS TO DO THE JOB

We have been transforming the infrastructure which supports the work of WHC teams in recent years: a new computer network, replacing old equipment, moving to new sites, refurbishing existing ones. Most of this activity has been making up for decades of under-investment in this infrastructure. This year, there is a continuing focus on completing the improvement for the remaining ‘basics’ (replacing our ageing network infrastructure and telephone systems, as well as planning for improved electronic records on inpatient wards from 2023-24). Alongside completing this work, we will ensure the tools we have are being used as effectively as possible and supporting broader changes to the model of care.

17.	Adapt to new ways of working and use of space	Deputy Chief Operating Officer (TBC)								<ul style="list-style-type: none"> Draft interim principles for use of space in Q1 An agreed hybrid working guidance Q2 Implementing change by Q4 		<ul style="list-style-type: none"> Delay to recruitment of Deputy COO has delayed. Being picked up as postholder started in post in mid October.
18.	Complete improvements to Warminster Hospital , including new Longleat ward	Director of Infrastructure (Victoria Hamilton)								<ul style="list-style-type: none"> Improve facilities for our staff and patients 		<ul style="list-style-type: none"> Work is on track to complete in Q3
19.	Move services into new Devizes Health Centre	Director of Infrastructure (Victoria Hamilton)								<ul style="list-style-type: none"> Ready for move in September 2022. 		<ul style="list-style-type: none"> On going delays with the completion of the building meant that the moves cannot take place until the end of Q3 or more likely Q4.
20.	Redesign use of SystemOne in community teams	Clinical Information Officer (Chris Bailey)								<ul style="list-style-type: none"> Mapping the system of change to be confirmed by end of Q1 Scope of ‘to be’ by Q3 		<ul style="list-style-type: none"> On track
21.	New cloud based telephone system for Wiltshire Health and Care, with implementation site by site	Head of IT (Kelsa Smith)								<ul style="list-style-type: none"> Procurement by Q2 Site by site implementation to be completed by Q1 2023 (Warminster Q1, Devizes Q2, Chippenham Q3) 		<ul style="list-style-type: none"> Warminster completed. Devizes sites both subject to delay caused by third party contractor providing connectivity to national network infrastructure. Calne and Malmesbury due to go live early Q3, with a dependency on the WHC Network hardware refresh happening first at each site. Planning workshop held to support config at Chippenham
22.	Confirm continued access to video consultation software	Clinical Information Officer (Chris Bailey)								<ul style="list-style-type: none"> Project plan Q1 Complete any testing and implementation by Q4 		<ul style="list-style-type: none"> Contract in place until 2025 secures capability.
23.	Maximise benefits of new integrated care record to use	Deputy Chief Operating Officer (TBC)								<ul style="list-style-type: none"> Graphnet: Plan for priority area for usage Q2 Set out plan for extending use by Q2 		<ul style="list-style-type: none"> Delay to recruitment of Deputy COO although training/awareness raising of Graphnet in place.
24.	Agree new electronic system to support inpatient wards	Director of Infrastructure (Victoria Hamilton)								<ul style="list-style-type: none"> Write first Business Case by Q2 Prepare for implementation in 2023/24 		<ul style="list-style-type: none"> WHC has joined the BSW Acute Alliance EPR Procurement Outline Business Case in the process of being finalised and signed off.

#	Objectives	Lead	Type	2022-2023				2023-2024		2 4 - 2 5	Objective KPI	R A G	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
				Progress bar									
25.	Maximise use of Office 365 tools to improve efficiency	Head of IT (Kelsa Smith)		→							<ul style="list-style-type: none"> WHC uses Office 365 in a collaborative way with BSW colleagues 	<ul style="list-style-type: none"> No change. Regional funding to support this objective has been withdrawn, however some progress on agreeing policies on development. Awaiting further discussion/planning at BSW Technical Design Authority 	
26.	Complete network hardware refresh	Head of IT (Kelsa Smith)		→							<ul style="list-style-type: none"> All WHC sites have network hardware that is vendor-supported. Delivery of network hardware improvement recommendations in Dionach Cyber Security Audit 	<ul style="list-style-type: none"> Implementation activity has begun with configuration changes underway. Calne acting as the initial pilot site in early Q3 followed by Malmesbury and both Devizes sites as soon as network connectivity is available. 	
27.	Complete pathology requesting access	Clinical Information Officer (CB)		→							<ul style="list-style-type: none"> Pathology requesting for community teams rolled out. (Project Manager Julie Fitzgerald) 	<ul style="list-style-type: none"> On track for RUH. SFT by Q4, GWH by Q2/3 	
28.	Move to new data warehouse/new data analytical tools (Power BI)	Managing Director (Douglas Blair)		→							<ul style="list-style-type: none"> Move of WHC data into new system data warehouse in line with (to be determined) system project Access to and skills to use Power BI as principal data analysis tool 	<ul style="list-style-type: none"> Full business case developed for system-wide approach to data warehouse; being pursued as part of the BSW BI Strategy. WHC committed to system plan. Delivery uncertain due to lack of available funds. 	
29.	Participate in creation of system and neighbourhood estates strategies and plans	Director of Infrastructure (Victoria Hamilton)		→							<ul style="list-style-type: none"> Work with BSW to understand where the new national PCN tool kit will be used in Wiltshire Q1 Q2 onwards work with BSW as required to support Estates plans as they are developed 	<ul style="list-style-type: none"> WHC continues to work with BSW but there is not yet clarity about the use of the PCN tool kit in Wiltshire. System Estates planning has not yet commenced beyond the approved BSW Estate Strategy. 	
30.	Secure replacement accommodation for Devizes community team	Director of Infrastructure (Victoria Hamilton)		→							<ul style="list-style-type: none"> Community team co-located with partners in replacement accommodation by Q3. 	<ul style="list-style-type: none"> Work is on track for the Devizes Community team to move to new accommodation in Q3 or Q4 depending on IT connectivity. 	
31.	Work with system to deliver new/improved accommodation in Trowbridge	Director of Infrastructure (Victoria Hamilton)	 	→							<ul style="list-style-type: none"> Obtain WHC approval for the updated Business Case for the West Wiltshire Health Centre Q1 Support BSW gaining approval from NHS England for the updated Full Business Case for the West Wiltshire Health Centre Q2 Q3 onwards, Support BSW to deliver the updated Full Business Case for the West Wiltshire Health Centre 	<ul style="list-style-type: none"> There has been local approval of the updated business case for the new health centre. The business case for the new health centre is still awaiting national approval, there is still no firm date for the business case to be considered. 	
32.	Scope Robotic Process Automation	Head of IT (Kelsa Smith)		→							<ul style="list-style-type: none"> Develop a benefits case in Q2, with options for use 	<ul style="list-style-type: none"> Following the completion of technical scoping work this objective has been removed from the delivery plan, as costs of implementation in WHC would have outstripped benefits. 	

QUALITY AND EXPERIENCE

Our quality priorities have been developed in response to improvement priorities flowing from analysis of incidents, complaints or concerns, feedback from our teams and national requirements. These priorities also part of our Quality Account, published in June 2022. They include specific activity in areas of clinical governance and practice, our focus on equality and diversity and continuing to improve the way in which patients, families and carers are engaged in the way services are designed and delivered.

33.	Further develop our quality systems: <ul style="list-style-type: none"> Improve functionality of Datix (electronic quality system) Expansion of the solid foundation of 'shared learning' in WHC 	Director of Quality, Professions and Workforce (Sara Quarrie)		→							<ul style="list-style-type: none"> Our Electronic quality system is refined to Internal RCA and StEIS investigations; (ii) risk management; (iii) sharing learning by Q4 2022/23 Aim for outstanding toolkit is embedded by Q4 2022/23. Respond to the learning recommendations of the Ockenden (April 2022) report by Q2 2022/23 	<ul style="list-style-type: none"> Electronic quality system: Developing DATIX regarding risk module, manual workarounds in place for RCA and STEIS tracking until DATIX solutions go live – On Track Aim for outstanding toolkit. SAFE and CARING completed in Q2, EFFECTIVE planned for Q3. Some delay for Community Teams relating to process rather than engagement. On Track Respond to the learning recommendations of the Ockenden (April 2022) report by Q2 2022/23 – Delayed, but expected to be completed in Q3 with reporting to Exec Co and Board with a summary of learning, good practice and actions – Delayed
34.	Clinical Effectiveness: focus on delirium and frailty pathways (Quality Priority 2)	Director of Quality, Professions and Workforce (Sara Quarrie)		→							<ul style="list-style-type: none"> As part of the Urgent Community Response 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. Development of the delirium pathway and toolkit for Community Teams and to ensure this is audited for effectiveness by Q4 2022/23. Review the delirium pathway within the inpatient wards to ensure we are providing best care for patients who experience delirium by Q4 2022/2 	<ul style="list-style-type: none"> SystemOne delirium and frailty assessment and care planning templates have now been developed and will be signed off for use November 2022 to support ongoing embedding of these pathways – on track Delirium pathway and toolkit fully developed and available to teams. Availability of S1 templates (see above) will support with this and audit planning underway for Q4 22/23 audit – on track Plan to review inpatient delirium pathway by Q4 22/23 – on track
35.	Improve Equality Diversity and Inclusion in our organisation and services (Quality Priority 3)	Director of Quality, Professions and Workforce (Sara Quarrie)		→							<ul style="list-style-type: none"> Implement the Patient Equality, Diversity and Inclusion Strategy by Q4 2022/23 Support our EDI Forum to oversee improvements within WHC. 	<ul style="list-style-type: none"> PPIO has prepared strategy during Q1-2 and to be launched in Q3 – On Track EDI Forum relaunched on Oct 2022, PPIO attends ED&I forum to connect the patient and staff elements of this agenda – On Track
36.	Reduction in severe avoidable medicine related incidents (Quality Priority 4)	Director of Quality, Professions and Workforce (Sara Quarrie)		→							<ul style="list-style-type: none"> 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. Complete CQC Controlled Drugs self-assessment 	<ul style="list-style-type: none"> Missed medication incidents: Delay in root cause analysis of insulin incidents in community teams now planned for 1st October. This will include reviewing missed doses and implementing actions to reduce the risk of their occurrence. Missed medicines agenda has not progressed due to vacancy in team – successful recruitment to this vacancy in Q2 and new started expected in late Q3 to progress this work – Delayed CQC Controlled Drugs self-assessment – Completed template and action plan being developed. Planned for Q4 implementation of action plan. Quarterly CD and AMR audits are significantly delayed

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

Item 12

Estates Annual Report

PAPER

Wiltshire Health and Care Operating Board**For decision****Subject: Annual Estates and Facilities Update****Date of Meeting: 04 November 2022****Author: Victoria Hamilton**

1 Purpose

This Annual Estate report provides an update and assurance on estates and facilities, covering the following areas:

- Estates Strategy / the way forward
- Estates and Facilities Management Assurance
- Estates progress / delivery

2 Background

Wiltshire Health and Care is unusual as a health care provider in that it rents all the space that it delivers services from, and it does not directly deliver any of the facilities management services that it uses.

3 Discussion

Estates Strategy / the way forward

In November 2021 an 'Estates Blue Print' was approved by the Board. It was developed to guide decisions and involvement in the broader system estates strategy. It sets out the aims and principles that should under-pin any decisions about the use and future development of the estate that WHC uses. Then, by service and teams it sets out:

- specific principles for the team/service
- current provision
- future/preferred solutions

Following extensive engagement across the health system, including with WHC, BSW CCG completed its Estates Strategy in June 2022. It is an interim document prior to the development of a system wide Infrastructure Strategy, in line with the latest national requirements. The Infrastructure Strategy will cover Estates and Digital and WHC anticipates fully engaging in its development.

Between the BSW Estates Strategy and the WHC Estates Blueprint there is a clear framework to inform any estates related decisions required in the short to medium term. In the longer term it is

anticipated that the BSW Infrastructure Strategy will be developed which will have been informed by the clinical strategy for BSW. As WHCs current contract ends in 2024 there needs to be some clarity around the services and organisational form before the Estates Blueprint can be revisited and/or a WHC specific Infrastructure Strategy written.

Both the WHC Estates Blue Print and the BSW Estate Strategy are available on request.

3.1 Estates Assurance

WHC gains assurance regarding the safety of estates via the following routes:

- Monthly reporting from NHS Property Services, (the main landlord) and Great Western Hospitals, (the main provider of soft FM services). These reports are reviewed and challenged by WHC staff and the Royal United Hospitals Trust FM on behalf of WHC.
- Bi-monthly meetings with NHS PS and GWH to review and challenge the performance data provided. Attended by WHC and RUH Facilities Team as Wiltshire Health and Care's informed client.
- Annual audits of services provided by NHS PS and GWH by the Royal United Hospitals FM team.
- Work undertaken by the WHC Safety Services Team that is reported on annually to the Board via the Annual Report for Safety Services.

Please see following a summary of the annual audit of Estates and Facilities Management Services.

Audit Area	Date	Outcome	Action Plan	Comments
Planned and Reactive Maintenance	08/02/2022	Compliant	Not required	There was a significant improvement compared to previous audits with processes and procedures in place and the correct documentation available for inspection.
Waste	First Draft 29/9/22 Final draft 19/10/22	Minor Defects	In place	The report was historically part of the Soft FM audit but in 2022 there is a separate report as the Waste Audit function is now delivered by the RUH team. The final draft has been received and there are no major issues the final draft has been received and is being finalised.
Soft FM (Cleaning & Catering)	6/1/2022	Minor defects	Nearing completion	The minor defects identified were in relation to the new cleaning standards that have been coming into force. The vast majority of the actions have now been completed and the monthly audits from the provider indicates that cleaning is in line with the new national standards.
Water	08/02/2022	Minor defects	Complete	Since the audit there is on-going additional work with NHS PS to ensure that any water risks identified are address and communicated in line with the agreed policies and procedures.

3.2 Estates Progress/Delivery

There have been several separate papers brought to the Board relating to estates, and developments. Updates of estates related projects have been provided as part of the quarterly Delivery Plan updates. In summary:

3.2.1 In the last twelve months there has been a significant amount of work undertaken to improve the quality of the estate that WHC operates from. Some of this work has been funded by WHC but most of it has been funded by NHS PS following significant periods of planning. The following schemes are of note:

- Warminster Community Hospital – The Community Team moved to their new home on 20th September and Longleat Ward moved back to Warminster w/c 17th October into brand new ward accommodation, which now includes bariatric facilities.
- Warminster Community Hospital – a new back up generator has been installed and is in operation.
- Chippenham Wards – Garden projects to ensure that spaces are accessible and therapeutic have been completed and well received by Cedar and Mullberry ward patients, visitors, and staff.
- Cedar Ward – A new therapy room has been built, replacing the leaking conservatory.
- Devizes Health Centre – The construction is complete and commissioning has been delayed due to the connection of the data cabling into the building. Services are now due to move from Devizes Community Hospital in winter 2022/23.
- Devizes Community Team are moving to Beacon House on the Hopton Park Industrial Estate on the Edge of Devizes in winter 2022. The building is being rented by BSW and will be shared between BSW, WHC and the South West Commissioning Support Unit.
- Wilton Health Centre – refurbishment of the ground floor so that WHC occupies the whole building.
- Amesbury Health Centre – minor refurbishment has been completed to better utilise the space available, creating more clinic and hot desk spaces.



Image 1: completed garden project at Chippenham hospital



Image 2: a bathroom in the new Longleat Ward

3.2.2 Estates workstreams that are currently underway:

- Following WHC’s Community Physiotherapy service moving off the Salisbury District Hospital Site a permanent solution for the Orthopaedic Interface Service is being created.
- A review of backlog maintenance, space requirements and estates solutions in the Chippenham, Calne and Corsham area is underway in partnership with NHS Property Services.
- Improved space utilisation – The work is being scoped by the Transformation Team as set out in the 22/23 Delivery Plan and includes the continued implementation of room and desk booking systems.
- Sustainable estates solutions for the Community team for People with Learning Disabilities are being investigated in North, South and West Wiltshire with a view to delivering solutions in 23/24.
- Working with NHS PS and BSW, WHC is working towards getting signed Memorandums of Terms of Occupation (MoTos) for all NHS PS sites that WHC occupies.
- Longleat ward garden – In line with the garden projects in Chippenham WHC is working with NHS PS to deliver accessible therapeutic outside space for Longleat Ward now that it has moved to the ground floor.
- West Wiltshire Health Centre – The Health Centre will re-provide the WHC accommodation currently in Trowbridge Community Hospital plus additional Primary care Space. The updated FBC has been approved locally and was due to be approved by the Centre in August 2022. There is currently no date for when the FBC will be considered. The current levels of backlog maintenance and suitability of accommodation are of concern and will need to be addressed if the FBC is not approved and works commenced.

4 Recommendation

The Board is invited to:

- **Estates Strategy / the Way Forward:** Note the current position in terms of estates strategy within WHC and the BSW system.
- **Estates Assurance:** Confirm that it is content with the current estates assurance measures or outline any additional assurance required.
- **Estates Progress/Delivery;**
 - Note the progress delivered and the work planned.
 - Note the continuing lack of clarity/progress around Trowbridge Community Hospital and consider if the Board can help to escalate the risks related to this to the wider system.

5 Impacts and Links

Impacts	
Quality Impact	The work on estate is driven by the aim of providing the best accommodation possible with the resources available to the system.
Equality Impact	Estates works aim to better facilitate equality of access for patients, visitors and staff.

Financial implications	Any financial implications are worked through on a project-by-project basis. Where appropriate the necessary Business Cases written, and procurement processes are followed.
Impact on operational delivery of services	Any estates works are planned with operational colleagues to ensure that works are undertaken while minimising the impact on services.
Regulatory/ legal implications	The Estates function is delivered within the regulatory and legal frameworks.
Links	
Link to business plan/ 5 year programme of change	Some of the workstreams are reflected in the Wiltshire Health and Care Delivery Plan.
Links to known risks	As set out in the paper
Identification of new risks	As set out in the paper.

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

Item 13

Highlight Report – Audit Committee

PAPER

Wiltshire Health and Care Board

For information

Subject: Audit Committee Highlight Report
Date of Meeting: 04 November 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 18 October 2022, which it is considered should be drawn to the attention of the full Board.

2 Advise

- Clinical effect
- Approach to risk

Terms of Reference: The Committee annually review the Terms of Reference and agreed that no changes were required. The Board is asked to approve.



Audit Committee
TOR - updated Oct 20

Internal Audit: It was confirmed that all 2019/2020 audit follow ups could be signed off. Completion rate was at 84%. The Cyber Security audit was due to start on 7 Nov 2022, the Pressure Ulcer audit was in the process of being finalised and would be circulated to the Audit Committee prior to the next meeting. The Payroll and Expenses audit draft report had been sent to AC and it was hoped the audit could start at the end of October.

Counter Fraud: Awareness week in November. Claire Baker would attend the Live All Colleague Briefing to raise awareness.

Clinical Effectiveness: Sara Quarrie (SQ) confirmed that there were some overdue reports and that the audits were being completed but the action plans and reports weren't being followed up. SQ will look at the priorities for audit over the Winter period

Approach to Risk: Sara Quarrie, Gemma Kelly and Martyn Burke will meet to discuss WHC's approach to risk

3 Alert

3.1 There are no alerts.

4 Action

4.1 The Board is requested to note the contents of this report, and approve the Terms of Reference

5 Date of next meeting

5.1 The Audit Committee next plan to meet in January 2022 (date TBC)

Audit Committee Terms of Reference

1. Constitution

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

2. Authority

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

3. Aim

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

4. Objectives

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

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

4.1 Integrated Governance, risk management and internal control

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

4.2 Internal audit

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

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

4.3 External audit

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

4.4 Other assurance functions

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

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

4.5 Counter Fraud

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

4.6 Management

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

4.7 Financial Reporting

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

4.8 Freedom To Speak Up

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

5. Membership and Quorum

5.1 Membership

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

5.2 Deputies

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

5.3 Chair

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

5.4 Attendance

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

5.5 Decisions

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

6. Method of Working

6.1 Agenda/Meeting format

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

6.2 Identifying the items for discussion

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

6.3 How issues are considered

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

6.4 Minutes/Actions

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

6.5 Publication of papers

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

7. Frequency and Support of Meetings

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

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

8. Reporting Lines

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

9. Proposed Cadence of Audit Committee Meetings

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

10. Review

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

Review Tracker

Date approved by the Board:	
Date of Next Review:	October 2023

**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**

Item 16

ICB Update – Stephanie Elsy

VERBAL

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

Date of Next Meeting

Friday 3 February 2023
10:00-13:00

Training Room, Chippenham Hospital

