

# Wiltshire Health and Care LLP Board Papers

## PART I

3 February 2023



Wiltshire  
HEALTH AND CARE

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

<b>Venue:</b>	Board Room, Jenner House
<b>Date:</b>	Friday 3 February 2023
<b>Time:</b>	10:00-13:00 (Part I 10:00-12:00 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
Lisa Thomas	Non-Executive Member, Nominated by Salisbury NHS Foundation Trust (SFT) Board	LT
Andrew Hollowood	Non-Executive Member, Nominated by Royal United Hospital NHS Foundation Trust (RUH) Board	AH
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
Becky Watson	Corporate Officer (minutes)	BW
Jon Bishop	Emergency Preparedness Resilience & Response Manager (item 9)	JB
Marie Martin	Inspection Manager, Care Quality Commission	MM
Louisa Watson	GMTS Student	LW

Item No.	Agenda Item	Presenter	Verbal/ Paper	Published/ Unpublished	Information/ Discussion/ Decision/ Approval	Timings (approx.)
0.	Patient Story	-	Paper	Unpublished	-	10:00
1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information	10:30
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	
Governance /Scrutiny						
6.	IPC Board Assurance Framework	SQ	Paper	Published	Information	10:40
7.	Risk Report 15+	SQ	Paper	Published	Discussion	10:45
8.	Risk Appetite Statement	GK	Paper	Published	Discussion	10:50
9.	Emergency Preparedness Resilience and Response Annual Report	JB	Paper	Published	Decision	10:55
Strategy/ Delivery						

10.	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	11:05
11.	Delivery Plan 2022-2025 Q3 update	DB	Paper	Published	Discussion	11:25
12.	Planning Update	DB/AC/ GK	Paper	Published	Discussion	11:30
Highlight Reports (note: the Audit Committee did not take place in Jan)						
13.	Highlight Report from Quality Assurance Committee	RB	Paper	Published	Information	11:45
14.	Key points to Member Organisations	DB	Verbal	Published	Discussion	
15.	Any other business	Chair	Verbal	Published	Information	
Date of next Full Board Meeting: Friday 5 May 2023 10:00-13:00 Bevan Board Room, Jenner House						

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

**Patient Story**

**PAPER/ PRESENTATION / VERBAL**

**Wiltshire Health and Care Board****For information****Subject: Patient Story****Date of Meeting: 03 February 2023****Author: Lina Middleton, Public Patient Involvement Officer****1. Purpose**

Wiltshire Health and Care are committed to listening and acting upon patients experiences of the services we provide. Patient stories are identified as an important resource to obtain feedback, gain an understanding, learn from experiences and support improvement and innovation.

Whilst it is recognised that an individual patient story is not representative of all patient healthcare experiences, each story is valid as it does reflect the individual's experience.

Consent has been given to share this story within the organisation and externally to support reflection, learning and training.

**2. Background**

The patient story being heard is regarding contracture management for an end of life patient in a care home.

This will be presented by Heidi Porter, Physiotherapist, Amesbury Community Team and Jessica Bright, Assistant Practitioner.

Please be aware that, as the patient has since passed away. we have permission from next of kin to share their experience and story with the Board.

For noting, there are photos within the presentation of aids to help with contractures – this might be upsetting for some.

The presentation will discuss some learnings and actions already in place. This includes extra training for District Nurses and Carers, identification of other patients with similar concerns, care plans, joint visits with District Nurses and upskilling therapy teams.

This case was taken to the Frailty Meeting for learning and awareness.

**3. Recommendation**

The Board are invited to listen to this meeting's patient story and note the learning and recommendations which have been taken from this.

**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 MINUTES – Part I

<b>Venue:</b>	Bevan Board Room, Jenner House
<b>Date:</b>	Friday 4 November 2022
<b>Time:</b>	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
Lisa Hodgson	Executive Member, Chief Operating Officer	LH
Annika Carroll	Executive Member, Director of Finance	AC
Sara Quarrie	Executive Member, Director of Quality, Professions and Workforce	SQ

Also In Attendance		
Gemma Kelly	Corporate Governance Lead and Company Secretary (minutes)	GK
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		
Lisa Thomas	Non-Executive Member, Nominated by Salisbury Foundation Trust (SFT) Board	LT
Douglas Blair	Executive Member, Managing Director	DB
Simon Sethi	Representative, Nominated by Royal United Hospitals NHS Foundation Trust (RUH) Board	SS
Becky Watson	Corporate Officer (minutes)	BW

Item No.	Agenda Item	Actions
<b>PART I</b>		
1.	<b>Welcome, Introductions and Apologies</b> The Chair welcomed the members to the meeting including Mark Ellis who was attending for SFT, and Victoria Hamilton. Apologies had been received from Douglas Blair, Lisa Thomas and Simon Sethi.	
2.	<b>Declarations and Conflicts of Interests</b> No new declarations were received.	
3.	<b>a) Part I Minutes</b> The Part I minutes of the previous meeting were reviewed and approved.  SQ notified an error on page 4 in item 10, this should read that the score for risk 303 would be raised to 16. GK agreed to amend this point.  <b>DECISION: The Board Members approved the Part I minutes of the previous meeting held on 9 September 2022 as an accurate record of proceedings notwithstanding the error noted above.</b>	

	<p><b>b) Action/Decision Tracker:</b> The action tracker was reviewed and updated as follows:</p> <ul style="list-style-type: none"> <li>- Action 147 was part of the agenda and can be closed.</li> <li>- Action 153, SQ will respond directly to MB with the requested guidance regarding multi-protected characteristics, this action can be closed.</li> <li>- Action 154, the extraordinary meeting with NHSE is scheduled for 5 December and so this action can be closed.</li> </ul>	
4.	<p><b>Chair's Update</b></p> <p>The Chair (SL) noted that updates on this occasion are in the agenda.</p>	
5.	<p><b>Managing Director's Update</b></p> <p>Members were informed that the awards ceremony will take place on 24<sup>th</sup> November, from 12pm until 2pm at the Corn Exchange, Devizes. Members are welcome to attend and asked to contact GK for more details.</p> <p>SQ provided a brief update to members regarding the ongoing NHSE insight review. Positive feedback had been received at the end of day one. There were some 'should do's' but no 'must do's' nor any concerns regarding patient safety. It was fed back that staff feel proud to work for WHC. SQ advised that a further high level feedback session was planned for the end of day two.</p>	
<b>Governance / Scrutiny</b>		
6.	<p><b>Board Effectiveness Review Results and Terms of Reference</b></p> <p>The recommendations for improvement following the Board Effectiveness Review were outlined by GK. Members noted the low response rate to this review.</p> <p>The Chair supported the reinstatement of away days as per the feedback.</p> <p>GK further advised that the Terms of Reference were updated as per the discussion at the February board meeting, with the addition of sections relating to conflict of interest and finance detail.</p> <p>The approval of the updated Terms of Reference were proposed by MB and seconded by RB.</p> <p><b>DECISION: The Board approved the Terms of Reference.</b></p>	
7.	<p><b>Sustainability Report</b></p> <p>VH summarised the main points from the Sustainability report and invited comment from members.</p> <p>In response to a member query regarding progress of actions regarding carbon emissions relating to travel, AC updated that WHC do not have the infrastructure to</p>	

	<p>support electric fleet but are on track with the commitment made in relation to hybrid fleet.</p> <p>Members highlighted the importance of staff communications about the plan. VH advised that staff have been communicated with in relation to the lease hire scheme and recycling. Further communications are to be confirmed.</p> <p>The Board were invited to approve the proposed approach to delivering environmental sustainability and approve the WHC Sustainability Statement and workstreams.</p> <p>Approval of the statement and report was proposed by MB and seconded by RB.</p> <p><b>DECISION: The Board approved the Sustainability Statement and report.</b></p>	
8.	<p><b>Risk Report 15+</b></p> <p>SQ introduced the risk register to the Board reporting a stable position. There are two live risks scoring 15+, these are in relation to the risk of unforeseen surges in demand and the risk that workforce capacity does not meet commissioned demand.</p> <p>With regard to Opel status, LH informed members that in order to create a more accurate status of risk there are now two separate status reports, one in relation to patient flow and one in relation to the overall organisation.</p> <p>The Board noted that it was assured with the management of risks.</p>	
<b>Strategy/Delivery</b>		
9.	<p><b>Quality, Workforce, Performance, Finance and Infrastructure Highlight Report</b></p> <p><b>Quality:</b> SQ summarised the quality of services report to the Board and highlighted positive work in relation to safeguarding and medicines as detailed in the report.</p> <p>With regard to benchmarking of inpatient length of stay it was updated that the NHSE 100 day challenge and the back-to-basics campaign are being used to improve the position. LH noted that patient flow remains good through pathways however bedded capacity will be affected by care home capacity which changes at very short notice. In relation to the dataset, the benchmark relates to community datasets only. WHC are further impacted in this regard by the high proportion of over 85s in inpatient wards and also by the lack of capacity in Wiltshire social care.</p> <p><b>Workforce:</b> SQ introduced the Workforce section to the Board and provided further clarification regarding industrial actions noting that two unions (RCN and Unison) have notified, that based on their interpretation they have chosen not to ballot WHC staff. However, CSP are balloting the workforce. A contingency plan is in place and staff are being supported to feedback to unions directly.</p> <p>MB queried indemnity insurance issues arising from industrial action.</p>	

**ACTION: SQ and GK to explore potential for issues in relation to professional indemnity arising from industrial action.**

**Finance:** AC summarised the key points of the Finance section of the report to the Board and noted that the financial forecast remained stable. It was further advised that KPMG would remain as WHC auditors for the current financial year.

With regard to the future position AC noted that at the moment there is no risk which is not already covered in the forecast. Financial planning has commenced and will be brought to the February 2023 board meeting.

Assurance was sought by a member that the current picture for this time of year was as expected. AC confirmed concerns regarding the next financial year and the anticipated reduction in non-recurrent funding and highlighted that we are linked to the ICB which is significantly overspent.

ME concurred with AC in relation to the financial pressures facing the system. AC noted that she works closely with DoFs in the system to ensure feed through of necessary information.

**Performance:** LH introduced the performance section and drew the Board's attention to Trowbridge MIU and the recent reduction in opening hours due to short term changes in the workforce. Overall in MIU there is a 50% vacancy factor with a 90% vacancy factor in band 6 roles. This position has created additional financial pressure. This is supported by agency staffing and the decision has been made this week to reduce the hours of the MIU. Skill mixes have been considered along with retention premiums. This is in discussion with the ICB.

A discussion ensued regarding the difficulty in recruitment. It was noted the lack of strategy and therefore job security in MIU is a significant factor.

SQ updated that staff feel the MIU is unsafe as presentations are sometimes inappropriate due to the unit being seen as an emergency department.

The board were advised by LH that a draft strategic statement is underway to drive the development of a plan.

With regards to the decision to reduce MIU opening hours LH advised that the decision to close was considered and rejected in order to support patient flow in the wider system and RUH in particular. The system have been approached for assistance but most are in the same position. It was noted that HCRG in particular have been helpful.

	<p>SL asked for a short report regarding the position on MIU from LH to be taken to the Members Board by the Chair.</p> <p><b>ACTION: LH to prepare a report regarding the position of MIU for the Members board.</b></p> <p><b>Infrastructure:</b> VH summarised the infrastructure section of the report, which was noted by the Board. VH shared positive stories regarding the move back to Longleat ward which has been greatly refurbished. The community team also have refurbished accommodation. This project has been a great example of innovative joined working across the organisations.</p> <p>In response to a member question as to whether the refurb affects the lease it was confirmed that WHC are awaiting Memorandums of Tenancy Occupation from NHSPS, in addition it was noted there is a long standing estates funding issue which is being addressed system wide.</p> <p>VH raised to the board that Savernake hospital is presenting a challenge as the PFI provider will only deal with NHSPS as the contract holder. There is a lot of work required for Savernake. Discussions are ongoing in this regard.</p> <p>The Board noted the reports.</p>	
10.	<p><b>Winter Plan</b></p> <p>LH talked through the plan which has been reviewed and incorporates learning from previous years.</p> <p>Boarding as mentioned in the report has been discussed as a system however it is deemed that more bedded capacity that is added may not have the workforce to support it. WHC will continue to focus on flow and the 100 day challenge. When people are identified for discharge the same day these individuals will move to the boarding areas to ensure efficient process.</p> <p>Areas to board patients are used for IPC measures which has prevented ward closures this year and therefore the aim for focus remains on patient flow. LH noted the caveat of a major incident where the response will be made according to the situation.</p> <p>FTD noted support to the approach and advised that the rationale for this is accurately recorded. SQ confirmed a risk assessment is underway to support this decision making.</p> <p>SL asked for a position statement to be provided for the Members board.</p>	

	<p><b>ACTION: LH to provide a statement on the Winter plan to be taken to the Members Board.</b></p> <p>LH highlighted the need for messaging for staff to be a priority. FTD noted a preference for system wide messaging to staff.</p> <p>In response to a query of the role of the board in this matter it was advised that the board need to have sight of this and to be comfortable with decisions that affect the wider system.</p> <p><b>In-reach Paper:</b> LH summarised the paper to the board and noted this as an initiative to support the winter plan.</p> <p>The board were advised that the ask of this paper is for an at-risk recruitment on a permanent basis. LH confirmed she is confident that the related risk to such recruitment is negligible.</p> <p>AC noted her agreement with LH's assessment of the risk.</p> <p>Members discussed the initiative and a query was made regarding whether this was the highest priority at the current time. It was summarised that this initiative will be critical to enable patients are on the right pathway. Other initiatives have funding pockets of their own and so this was indeed the priority. There will be data available to report on the performance and impact.</p> <p>Approval of the Winter Plan and In-reach papers was proposed by ME and seconded by RB.</p> <p><b>DECISION: The board approved the Winter plan and the proposal of the In-reach paper.</b></p>	
11.	<p><b>Delivery Plan 2022-2025: Quarter 2 update</b></p> <p>GK introduced the quarter 2 update to the Board and noted the balance of deliverability at this point in the year, whilst on target at this stage these might slip in next review.</p> <p>In response to a query in relation to objective 35, GK confirmed that the Patient Public Improvement strategy covers patient related equality objectives. Workforce EDI is delivered separately with a workforce EDI policy and EDI forum.</p> <p>The Board noted the quarter 2 update.</p>	
12.	<p><b>Estates Annual Report</b></p> <p>VH discussed the report to the Board which covers way forward, assurance, progress and delivery.</p>	

	<p>MB welcomed the report and fed back that it was very useful.</p> <p>Noted by the board.</p>	
<b>Highlight Reports</b>		
<b>13.</b>	<p><b>Highlight Report from Audit Committee</b></p> <p>MB noted the highlight report.</p>	
<b>14.</b>	<p><b>Key points for Member Organisations</b></p> <ul style="list-style-type: none"> <li>- Delivery plan</li> <li>- Winter plan and in-reach</li> <li>- MIU</li> </ul>	
<b>15.</b>	<p><b>Any other business</b></p> <p>None</p>	
<p><b>Date of next Meeting:</b>  Friday 3 February 2023  10:00-13:00  Training Room, Chippenham Hospital</p>		

## Wiltshire Health and Care Board Action Tracker - Part I

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

No	Date Entered	Action	Assigned to	Status	Due date	Date closed	Notes
155	04/11/2022	SQ and GK to explore potential for issues in relation to professional indemnity arising from strike action.	SQ / GK	Can be closed	03/02/2023		Industrial action does not impact cover for WHC as an entity. However, the impact of any action could potentially result in WHC breaching duty of care to patients. It highlights the need for impacted services to consider case loads ahead of action and make arrangements for continuity of care. Risk assessments to be considered on a case by case basis for particular areas or patients.
156	04/11/2022	LH to prepare a report regarding the position of MIU for the Members board.	LH	Can be closed	14/11/2022		Report prepared and submitted to Members Board
157	04/11/2022	LH to provide a statement on the Winter plan to be taken to the Members Board.	LH	Can be closed	14/11/2022		Report prepared and submitted to Members Board



**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 Assurance Framework**

**PAPER**

**Wiltshire Health and Care Board****For information****Subject:** Infection Prevention and Control Board Assurance Framework**Date of Meeting:** 03 February 2023**Author:** Jo Woodward, Head of Safety Services**1 Purpose**

To provide assurance to the Executive Committee and Operating Board regarding compliance with the IPC BAF as required by the Going Further for Winter project.

**2 Background**

The IPC BAF was introduced in 2020 to provide healthcare organisations with a list of standards and expectations for the safe management of the COVID-19 pandemic. This BAF evolved throughout 2021-22 to align with changes in terminology, guidance, and approach to management of COVID-19 in healthcare settings. The most recent amendments were made available in September 2022. WHC Safety Services Team continue to review and update the IPC BAF regularly, monitoring performance through monthly and quarterly reports and through the Safety Services Policy and Oversight Group.

**3 Summary of Wiltshire Health and Care's Infection Prevention and Control Board Assurance Framework performance**

Against the present standards:

- 92 standards green RAG rated
- 8 of new standards amber RAG rated
- 0 red RAG rated standards and 4 are deemed not applicable

The table below outlines the areas of improvement identified by the IPC BAF and the actions agreed to address them.

Key lines of enquiry	Evidence	Actions and Comments	RAG
<b>Risk assessments are carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with respiratory infectious agents.</b>	There are policies that outline appropriate actions and highlighting risk factors for specific infections. On referral information is gathered on patient individual risk factors and this forms part of the admission assessment. Deviations from best practice are always considered with IPC colleagues and risk factors are a key part of decision making at OCTs and daily inpatient calls for the safety of patients and others.	Further training for key IPC decision makers on Wards is to be strengthened through the development of a suite of SOPs for the management of specific infections. A new programme of training is being provided for key IPC decision makers on Wards and Patient Flow from November 2022 to ensure staff have the skills to manage infections and infection risks.	Amber
<b>The application of IPC practices within the NIPCM is monitored eg. 10 elements of SICPs</b>	There are quarterly audits on key IPC areas monitored through Safety Services POG. IPC Teamwork alongside Ward colleagues weekly to monitor compliance and highlight areas for improvement. There is a network of IPC Link Workers who support with monitoring of compliance. Induction and CMT deliver refresher topics on IPC from learning within our organisation.	SICPs Self-Assessment Tool developed for Management of Infection and Infection Risks Training to refresh on standard precautions. Safety Services Operational Support Officer to work with Wards to complete a Ward Walkabout at least monthly to identify any learning and improvements to compliance.	Amber
<b>The responsibility of staff groups for cleaning/decontamination is clearly defined and all staff are aware of this.</b>	Every Department must have a Core Cleaning List which identifies responsibilities for cleaning of equipment in their work area, the method of cleaning, frequency and audit arrangements. Q2 IPC Audit of equipment arrangements. Guidance on use of Clinell wipes is accessible on the intranet.	The Core Cleaning Checklist was part of Managing Safely Audit 2022 ensuring we can evidence and quality review these documents in each Department. SOPs for the cleaning of key equipment are to be developed. Safety Services Lead is completing the Decontamination Module of their PGCert in January 2023 and will use this as an opportunity to complete a more thorough review of arrangements and will become the Decontamination Lead for WHC.	Amber
<b>Reusable non-invasive care equipment is decontaminated: o between each use. o after blood and/or body fluid contamination o at regular predefined intervals as part of an equipment cleaning protocol o before inspection, servicing, or repair equipment.</b>			Amber
<b>Compliance with regular cleaning regimes is monitored including that of reusable patient care equipment.</b>			Amber

Key lines of enquiry	Evidence	Actions and Comments	RAG
<p><b>Systems and process are in place to ensure that:</b></p> <ul style="list-style-type: none"> <li>• arrangements for antimicrobial stewardship (AMS) are maintained and a formal lead for AMS is nominated <ul style="list-style-type: none"> <li>○ NICE Guideline NG15 <a href="https://www.nice.org.uk/guidance/ng15">https://www.nice.org.uk/guidance/ng15</a> is implemented</li> </ul> </li> <li>• Antimicrobial Stewardship: systems and processes for effective antimicrobial medicine use</li> <li>• the use of antimicrobials is managed and monitored: <ul style="list-style-type: none"> <li>○ to optimise patient outcomes</li> <li>○ to minimise inappropriate prescribing</li> <li>○ to ensure the principles of Start Smart,</li> </ul> </li> <li>• Then Focus <a href="https://www.gov.uk/government/publication/s/antimicrobial-stewardship-start-smart-then-focus">https://www.gov.uk/government/publication/s/antimicrobial-stewardship-start-smart-then-focus</a> are followed</li> <li>• contractual reporting requirements are adhered to, and boards continue to maintain oversight of key performance indicators for prescribing including <ul style="list-style-type: none"> <li>○ total antimicrobial prescribing.</li> <li>○ broad-spectrum prescribing.</li> <li>○ intravenous route prescribing: adherence to AMS clinical and organisational audit standards set by NICE: <a href="https://www.nice.org.uk/guidance/ng15/resources">https://www.nice.org.uk/guidance/ng15/resources</a></li> </ul> </li> <li>• resources are in place to support and measure adherence to good practice and quality improvement in AMS. This must include all care areas and all staff (permanent, agency and external contractors).</li> </ul>	<p>(1) AMR Lead in post (2) AMR Collaborative attended</p>	<p>BSW CCG have resources and plans for AMR across services in Wiltshire. This - together with our MDRO policy and regular updates to staff on issues relating to AMR covers the basic elements required. Pharmacist under recruitment to lead on AMR formulary and monitoring programmes</p>	Amber

Key lines of enquiry	Evidence	Actions and Comments	RAG
<b>IPC education is provided in line with national guidance/recommendations for all staff commensurate with their duties.</b>	Induction and CMT trainings ensure staff have been provided the information they need to work safely. Training Tracker is used as a key platform for this learning. IPC Link Workers have bimonthly meetings to develop their knowledge and skills.	Existing training programmes provide appropriate levels of learning for lower risk work areas and teams (e.g. OPD, Community Team). However, staff who are key IPC decision makers are not provided additional training to support the decisions they are required to make when managing infections on the Ward. A new WHC IPC TNA has been developed and the new Management of Infection and Infection Risks Training is being rolled out in November 2022 for key Ward IPC decision makers and patient flow staff. The Ward IPC Link network is being strengthened and they will also complete this programme of learning. In addition, the IPC Specialist Nurse is developing new short sessions to enhance learning across the whole Ward Team.	Amber
<b>All staff required to wear an FFP3 respirator should be fit tested to use at least two different masksA110:E11A40:I110</b>	The requirement for FFP use within WHC is very low and supplies of FFP masks locally very strong. On that basis WHC, as a Community Provider, do not intend to fit test to two masks.	This remains national guidance but is not considered necessary due to strong supplies of masks and low usage.	Amber

## 4 Recommendation

The Board is invited to note and be assured that the IPC BAF is in use within WHC and areas for improvement have been identified and are being actioned.

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

**Item 8**

**Risk Report**

**PAPER**



## Wiltshire Health and Care Board

For discussion

**Subject:** Risk report – 15+  
**Date of Meeting:** 02 February 2023  
**Author:** Maria Loulaki – Clinical Governance Lead  
**Executive Sponsor:** Sara Quarrie – Director of Quality, Professions and Workforce

### 1 Purpose

To appraise the Wiltshire Health and Care Operating Board on the risk summary, profile and emerging risks and themes for Quarter 3 2022/23.

### 2 Discussion

#### 2.1 Risk Register Overview

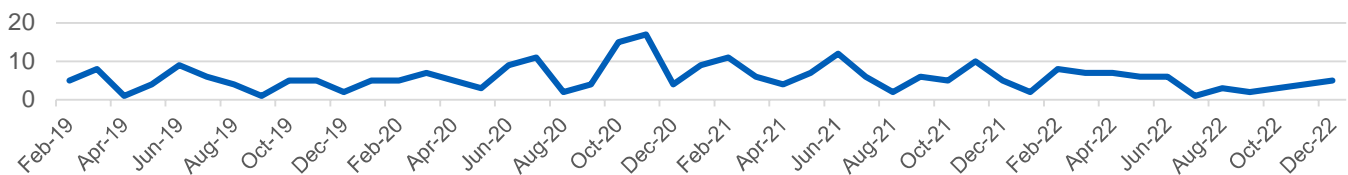


Figure 1 Risks reported – monthly

During Q3, twelve new risks were opened and 10 closed. Currently 14 risks have actions overdue for review and 23 risks are overdue for review. The percentage of overdue risk review is 52% and the percentage of risk with overdue actions is 44%. This has been an improvement in managing risks and the Clinical Governance Lead continues to complete 1-1's with risk owners. In addition, WHC uses a Risk Workshop each month to ensure reviews of 12+ risks are completed, and actions updated

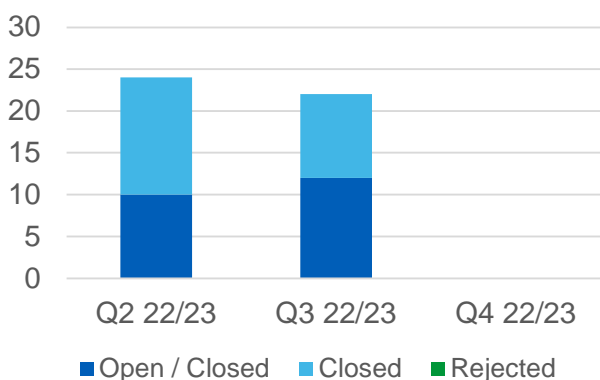


Figure 2 Risk status in Q2 and Q3 2022

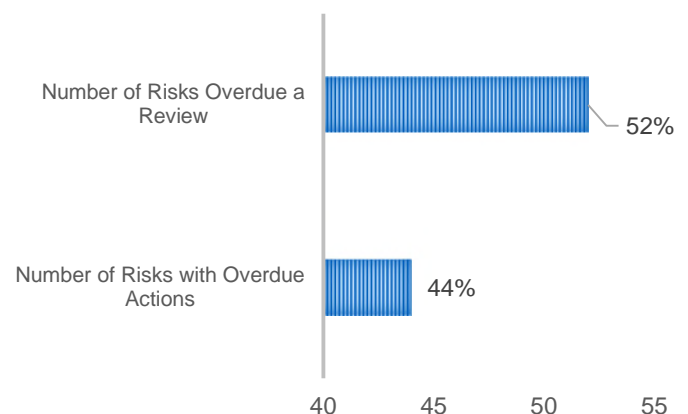


Figure 3. Percentage of overdue risks for review and overdue actions.

## 2.2 Risk Profile for 15+ risks

This section provides data on 15+ risks currently open on the risk register: in Quarter 3:

- (i) there were two 15+ risks in the risk register
- (ii) there was no risk movement reported in the of 15+ risks

**15+ risk summary** - The table below displays the number of open risks scoring 15+ and the aggregate risk scoring.

Risk profile	Jul- 22	Aug- 22	Sep- 22	Oct 22	Nov 22	Dec 22	Trend
Number of 15+ risks currently open	0	1	1	2	2	2	↔
Aggregate risk score of 15+ risks:	0	1x15	1x15	2x15	2x15	2x15	↔

Table 1. Risk profile for 15+ risks

**Risk Movement** - The table below displays the movement of the 15+ risks

Risk movement	Jul-22	Aug- 22	Sep-22	Oct 22	Nov 22	Dec 22
<b>New 15+ Risks</b>	0	0	0	0	1	0
<b>Escalated to 15+ Risk</b>	0	0	1	0	0	0
<b>Accepted 15+ Risk</b>	0	0	0	0	1	0
<b>Closed 15+ Risks</b>	0	0	0	0	0	0
<b>De-escalated 15+ Risks</b>	0	0	0	0	0	0

The figure below identifies where the 15+ risks currently score on the likelihood v impact matrix.

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

Figure 4 Likelihood vs impact matrix - 15+ risk scoring

## 2.3 Risk Profile for 15+ risks (detail)

15+ risk register entries (detailed) - The detail of the WHC 15+ risks are displayed in the following tables including updates from the most recent risk workshop

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	January Risk Workshop Updates
291	<b>Risk of unforeseen or unpredictable surges in demand or loss of supply</b>  <b>Owner: Lisa Hodgson</b>  <b>Service: Operational</b>  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).  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)	Shared demand modelling occurs across the local system to understand level of demand to support prediction of surge wherever possible  Enhanced frequency of internal planning meetings to agree responses to low staffed areas, e.g. cross ward working	<b>Likely Major</b>  <b>16</b>	<b>1445 - WHC</b> actively participating in BSW system winter planning including establishing of surge capacity due 30th of November	31/03/2023	J Bishop  L Hodgson	Winter planning complete with winter plan signed off at Board in November. Participated in system wide demand and capacity modelling project – outcomes awaited, hence due date is delayed until March 2023.
		The extreme escalation process is that we use our snow day protocol to manage demand pressures in Community Teams.  System ethical framework to support decision making in extreme circumstances  Use of field hospital arrangements used in severe extremis as part of extreme system incident response. MDOS used to score community teams capacity		<b>1545 - Implementation</b> of additional bed capacity in event of BSW system critical incidents to ensure maintenance of patient safety and dignity, and minimise IPC risks within WHC community beds whilst providing additional bedded capacity during system escalation to critical incident.	03/02/2023	R Green	The initial checklist of requirements (to care for patients in additional bed spaces) completed. A further iRespond checklist is being developed for use out of hours.
303	<b>Workforce Capacity</b>  <b>Owner: Niamh Hughes</b>  Service: Workforce  If our workforce does not meet	There is an establishment management process in place  Since Feb22 a manual vacancy calculation has been completed to give some line of sight of the actual vacancy	<b>Likely Major</b>  <b>16</b>	<b>1540 - Priority</b> focus for investment funding for recruitment learning opportunities (i.e apprenticeships, R&R Incentives etc) that align to	31/03/2023	N Hughes	On track

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	January Risk Workshop Updates
	our commissioned demand, then staff well being (i.e. stress), workforce skill mix, organisational regulation and patient safety are adversely affected	factor		the risk areas identified			
		Apprenticeships for nursing and podiatry workforce are in place.		<b>1541</b> - Introduction of a talent and succession planning process to WHC (align to workforce objectives for 2023/24)	31/03/2023	N Hughes	On track
		5 year workforce risk assessment has been completed which identifies where our priorities areas need to be based on workforce data		<b>1542</b> - Development of an immediate placement to employee tracking system to enable collection of data indicating the conversion of placements to job offers accepted	31/03/2024	N Hughes	On track
		Use of our CPD budget as per CPD tracker		<b>1543</b> - 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	N Hughes	On track
		Apprenticeship levy use as per apprenticeship levy tracker					
		Health and wellbeing charter and committee for WHC have been published					
		Allocate roll out. WHC now have line of sight of annual leave, sickness, and working patterns. We can identify organisational wide themes of poor absence/sickness		<b>1544</b> - Future re-analysis of workforce risks to track changes in the emergent themes and potential risk	31/03/2024	N Hughes	Paper been submitted to exec co regarding recruitment capacity. Increased recruitment capacity agreed.
		Invested and recruited into diversifying our workforce (Consultant Practitioners, ACPs, Nursing Associates, Registered Nurse Degree Apprenticeship)		<b>1449</b> - Inpatient medical model phase 1	28/02/2023	R Green G Cleeve	A proposal paper has been prepared and this matter has been submitted to the Executive Committee for decision. Decision made 25/1/23.

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	January Risk Workshop Updates
				1517 - Recruitment to vacancies	28/02/2023	R Green	Recruitment activity will commence on completion of action 1449.
				1552 - Risk assessment for lymphoedema service due to long standing vacancies which are an issue with RTT and resilience of staff	28/02/2023	N Hughes	This action has been created from linked (closed) risk 325. Risk assessment has been completed.

## 2.4 Monitoring Emerging Risks/Themes

Over the last quarter the following risk themes have been identified:

- ❖ The vulnerability of the provider model of the First Contact Physiotherapist (FCP) service is continuing to be a risk for potential financial risk of loss of income from PCN, reduced income to cover the FCP roles, risk of having to pay redundancy, reputational and a risk to the integrity of the MSK pathways and in turn impact on patient experience. However, there is progress in communication between the commissioners and providers.
- ❖ The limited in reach service may result in unwarranted admissions extended discharge delays which may expose patients into extended length of stay due to reduced flow. This risk may also cause reputational damage for WHC. The risk is managed by having several controls in place.
- ❖ Inpatients documentation it is an emerging risk for the impact this could have in the following: wrong medication administered, drug allergies, wound dressings and clarity for resuscitation status and ceiling of care (if inpatient)

Identifying risks in WHC is like any other healthcare organisation, through Enterprise Risk Management (ERM) reporting we are engaging the whole organisation in the shared responsibility of turning risks into opportunities for continuous improvement. With a systematic review and identification, assessment, and continuous evaluation we aim to achieve better outcomes in reporting and to identify emerging risks. Emerging risks are discussed during meetings with senior leads and presented to Quality Improvement and Planning and Quality Reports every month.

## 3 Recommendation

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

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

**Item 8**

**Risk Appetite Statement**

**PAPER**

**Wiltshire Health and Care Board****For decision****Subject: Risk appetite statement****Date of Meeting: 03 February 2023****Author: Gemma Kelly, Corporate Governance Lead & Company Secretary****1. Purpose**

The purpose of this document is to provide a proposed risk appetite statement for approval by the Board.

**2. Background**

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

**3. Discussion**

The attached risk appetite statement was revised in 2022 and has undergone a further annual review. One change has been actioned relating to the WHC position in terms of opportunities for integration. The risk appetite for this has been increased to 'seek' in line with NHS priorities for system working. WHC will seek opportunities to integrate and / or provide services in a joint way with health and social care partners.

**4. Recommendation**

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

## Risk Appetite

### Risk Appetite Overview and Statement

#### Definitions

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

#### Overview

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

**Implementing new models of care.** Maximising the contribution and role of community services in a new model of care as part of implementing the Long Term Plan for the NHS.

**Transforming the delivery of community services.** Modernising systems and processes and improving the underlying infrastructure.

**Consolidating community services within Wiltshire.** Reducing the fragmentation of the sector to meet the needs of a changing population. Simplifying pathways, reducing 'hand-offs' and reducing the number of separate initiatives and services.

**Integrating service provision at a local level.** Wiltshire Health and Care is committed to the integration of service provision at a local level to remove duplication, increase resilience, and improve the quality and experience of services.

**Expanding the depth and breadth of community-based services and influencing** the Bath & North East Somerset, Swindon and Wiltshire Integrated Care System (BSW ICS).

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

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



Our Risk Appetite is set by our Board. It forms a key element of our governance and reporting framework. Consideration is also given to the likely aggregation of risks at any point in time. It is also linked to the risk scoring matrix illustrated below. Our appetite for net risk is set by the red line. We are averse to any risk scoring above this line.

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

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

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

#### Risk attitude levels

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

#### Risk Appetite

**Risk Appetite (the amount of risk WHC should aim to be exposed to)** – WHC's Risk Appetite in each area is indicated by a **turquoise** box. It is the role of the Executive Committee to ensure that all strategic risks that Wiltshire Health and Care is exposed to, align with the defined Risk Appetite.

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

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

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

**Item 9**

**Emergency Preparedness Resilience and Response Annual Assurance Report**

**PAPER**

## **Wiltshire Health and Care Board**

**For decision**

**Subject:** **Emergency Preparedness Resilience and Response (EPRR)  
Annual Assurance Report**

**Date of Meeting:** **03 February 2023**

**Author:** **Jon Bishop, EPRR Manager**

**Executive Sponsor:** **Lisa Hodgson, Chief Operating Officer**

### **1. Purpose**

This report describes the emergency planning and business continuity activities of Wiltshire Health and Care during 1 March 2022 - 31 January 2023 to meet the requirements of the Civil Contingencies Act 2004 and the NHS England Emergency Preparedness Framework 2022.

### **2. Background**

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

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

The NHS England emergency preparedness, resilience, and response framework (2022) requires all NHS organisations to plan for and respond to incidents in a manner which is relevant, necessary and proportionate to the size and services provided.

### **3. Achievements in last 12 months**

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

- **iRespond** – This continues to work well, proving an excellent reference tool for those on-call and for use during business continuity incidents.
- **On-Call** – On-call continues to develop at pace, we have increased the rota to 15 on-call managers for Inpatients, MIU & Flow, this is due to the number of calls being received, the vast majority of which are to do with safer staffing levels on the Wards.
- **EPRR Policy** – The Policy has been completed and published, it is available on both iRespond and within the internal WHC Document Library.

- **Exercise Arctic Willow** – This exercise was designed by NHSE national colleagues to provide health and social care systems and organisations with an opportunity to explore their responses to multiple, concurrent operational issues and winter pressures. WHC had 6 members of staff join from different parts of the organisation on the 3 concurrent days of the exercise.

#### 4. Training and Exercising

NHS organisations are required to undertake a minimum of one live exercise every three years, a tabletop exercise every year and a test of communications cascades every six months (NHS England emergency preparedness framework, 2022). Lessons identified from exercises are incorporated into major incident plans, business continuity plans and shared with partner organisations.

- In-house Communication Exercises are regularly held within WHC every 3 months, carried out by the EPRR Manager. BSW ICB are planning to hold a system wide exercise in March.
- A Business Continuity Tabletop Exercise took place on the 15 March 22 at Chippenham Rugby Club with representatives from all over the organisation including Specialist Services, Community Teams and Inpatients. The scenario gave those attending an opportunity to review existing processes and discuss new ideas. During the exercise and update was given on Cyber Security from the Head of IT.
- A Ward Evacuation Tabletop Exercise took place on the 27 October 22 at Trowbridge Rugby Club again this was well attended. The scenario involved a fire on the ground on the ground floor at Savernake Hospital resulting in the evacuation of patients from the first floor ward. The exercise was discussion based with attendees arranged in teams of four, giving all those attending the opportunity to discuss procedures, triage processes and the tracking of patients. After each scenario, topics were raised and discussed by each team. The learning and discussion from the day has resulted in updates to the iRespond checklist.

WHC has a rigorous on-call training programme, consisting of hour long monthly sessions for all on call managers. These sessions include a 40 minute training element, recent incident discussions and an opportunity to raise any questions or queries. Quarterly hour long sessions are also in place for on-call directors, with mixed attendance.

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

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

The 2022-23 EPRR assurance process was set out by the National Director of EPRR, NHS England in a letter dated the 29 July 2022, as follows:

- an updated assurance position of any organisation rated partially compliant or non-compliant in the 2022-23 assurance process
- The 2022-23 EPRR assurance process aims to returned some of the previous mechanisms to the process, increasing the number of standards for Community providers from 38 to 55

- Organisations are asked to undertake a self-assessment against individual core standards relevant to organisation type and rated compliance for each
- This year's deep-dive focussed on local evacuation and shelter arrangements

The compliance level for each Core Standard is defined as:

Compliance Level	Definition
Fully compliant	Fully compliant with the core standard.
Partially compliant	Not compliant with the core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan is in place to achieve full compliance in the next 12 months.
Non - compliant	Not compliant with the core standard. In line with the organisation's EPRR work programme, compliance will not be reached in the next 12 months.

The outcome of the self-assessment showed that Wiltshire Health and Care against the 55 standards that are applicable to the organisation, is fully compliant against 54, this gives a rating of Substantially Compliant.

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	10	1	0
Command and control	2	2	0	0
Training & Exercising	4	4	0	0
Response	5	5	0	0
Warning and informing	4	4	0	0
Cooperation	4	4	0	0
Business Continuity	10	10	0	0
CBRN	7	7	0	0
<b>Total</b>	<b>55</b>	<b>54</b>	<b>1</b>	<b>0</b>

**Overall assessment:**

**Substantially compliant**

Organisational Rating	Criteria
Fully Compliant	The organisation is fully complaint against 100% of the relevant NHS EPRR Core Standards
Substantially Compliant	The organisation is fully compliant against 89 – 99% of the relevant NHS EPRR Core Standards
Partially Compliant	The organisation is fully compliant against 77 – 88% of the relevant NHS EPRR Core Standards
Non - compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

The Self-Assessment was examined at a Confirm and Challenge Meeting held on the 12 October 2022 and accepted by BSW ICB on behalf of NHS England. A formal letter of confirmation was received on the 15 December 2022 from Rachael Beckler, Executive Director of Planning and Performance from BSW ICB on behalf of NHS England.

## 6. EPRR Core Standards that are partially compliant

The outcome of the self-assessment showed that against 55 core standards which are applicable to Wiltshire Health and Care, we were compliant with 54. The one standard assessed as partially compliant was:

- Standard 14: Duty to Maintain Plans – Counter measures

Partially Compliant Core Standard	Position/ Action being taken
<p>Standard 14: Duty to maintain plans – Countermeasures</p> <p>In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment</p>	<p>In consultation with BSW ICB the EPRR Manager has developed an iRespond checklist for the request of Countermeasures to be issued if required.</p>

## 7. EPRR Work Plan

The 2023 tabletop exercise will involve the setting up of an Incident Coordination Centre, after a cascade exercise. Whilst plans are in place for this, there is some awareness that as an organisation this has not been tested for some time. During the exercise a number of Incident Management Team meetings will take place using as many of the newly trained on call managers as possible to test arrangements and planning, with the aim of highlights any gaps or deficiencies.

iRespond continues to develop and evolve and is currently stored on the W Drive. There are concerns regarding the implication of potential organisation wide loss of access to shared drives. Although a number of memory sticks containing iRespond are held in various locations, they are not at every site. To combat this work is ongoing with the IT Department to move iRespond onto Teams / Sharepoint. Testing will commence in February 2023 and this will allow all users to access iRespond from their phones and laptops proving far more efficient.

Promoting awareness of iRespond will continue to be a priority. It is now part of the induction process for all new starters, however it has been shown in site visits that some staff remain unaware of the iRespond resource. The EPRR Manager proposes to utilise the monthly 'live sessions' to raise awareness, also ensuring iRespond is signposted in the weekly emails from the Managing Director and do a number of short sharp awareness sessions.

Within WHC we have a number of Loggists and are looking to increase this number. Working alongside the Local Health Resilience Partnership (LHRP) to deliver training, the aim for 2023 is to increase the number of available Loggists to 10. The training packages are to include refresher training for those already trained.

In order to continue the development of on-call teams all on-call teams will be invited and encouraged to be involved in local multi-agency exercises organised by both the LHRP and the Local Resilience Forum (LRF).

## **8. Recommendation**

The Board is invited to:

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



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

**Item 10**

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

- a) Quality Workforce & Performance Dashboard including dashboards for high profile services\***
- b) Finance Dashboard**

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

## Wiltshire Health and Care Board

### For information

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

**Date of Meeting:** 3 February 2023

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

### 1. Purpose

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

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

#### Quality

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

#### Advise

##### **Patient Safety**

**Incident reporting** – number remains within available national benchmarking parameters (Oct data). Harm due to incidents is primarily reported in the no-low harm range. Top themes remain pressure related skin damage, medication, slips, trips and falls, communication, and IP&C (including COVID-19). Noted was a sharp jump in IP&C reports in December which aligned with increases in national prevalence of respiratory, D&V infections and COVID outbreaks on our inpatient units.

**Incident management** - Over the last quarter there has been a significant decrease in overdue incidents: October 2022 - 226; November 2022 – 73 and December – 136. A significantly lower number than the same time in 2021 but we have maintained a focus on learning and proportionate investigation of incidents.

**Root Cause Analysis and Serious Incidents** – there have been no serious incidents in the quarter and nine RCA's reported. Timeliness of formal investigation reports being completed have improved in the quarter:

- October – 22 investigations underway
- November – 13 investigations underway

- December – 14 investigations underway

Currently the 14 RCA's scheduled for presentation at Harm Free Care by April 2023, which is a significant improvement.

**Learning** – From the quarter of RCA and SI investigations the following is noted: (i) A priority for MIU staff training is a focus on Learning Disabilities, additional expert Burns (from Bristol) and injury manipulation; (ii) importance of a robust triage in MIU which has led to a working group reviewing the MIU triage, process mapping, initial testing of the refreshed triage, now trial with all MIU workforce is being implemented with a 2 point feedback mechanism and train the trainer training in place; (iii) A focus by inpatient units on improving documentation in patients records with a focus on continuity of care; (iv) Insulin deep dive RCA has identified a substantial increase in patients being referred for community team support for diabetic needs specifically insulin injection activities:

- 2019/20 = 50 788
- 2020/21 = 55 011
- 2021/22 = 66 059

Band 3 delegation of insulin administration is widely used to support this workload and has resulted in no errors. We are planning an Quality Improvement Programme to focus on insulin as a priority quality area.

### Clinical effectiveness

**Safety services** - WHC have experienced the first cases of flu on the Wards in this flu season - Numbers remain low locally. Dorset & Wiltshire Fire & Rescue Service have sent a letter to NHSPS relating to some outstanding fire safety concerns at Chippenham Community Hospital. Fire Safety Advisor is working with NHSPS and WHC Teams to address issues highlighted and also preparing a written response to the FRS.

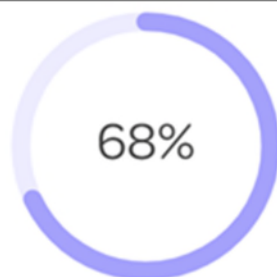
**Pharmacy** - An update from the Community teams P2 Pilot Rollout. - From 16th January the P2 pilot will extend to Chippenham, Calne, Corsham, Warminster, Westbury and Trowbridge community teams. There is a mid-point meeting on Tuesday 14th February, which will review impact of workload and capacity then the GP practices will be informed of the pilot. The risk has been on the risk register since April 2020 and has been updated to reflect these changes.

Longleat ward continues to report high numbers of incidents. There were 30 reported in Q3 compared to 12 in Q2 which is a significant increase. Four incidents resulted in low harm. The ward manager has been working hard to identify trends and implement changes. This trend will be reviews at Post Incident Review meeting to identify if a further investigation is warranted.

The staff influenza vaccination programme begun in October and as of 25.01.2023 Flutrack reports 68% of WHC workforce has had or booked a vaccination or declined (opt out) a vaccination, of these 80% are frontline staff.

### Active Staff

1381 / 1591



Vaccinated

935

By Trust

650

Had Elsewhere

285

Booked

3

Declined

175

No Booking (inc. DNA & ABNV)

268

All PGDs have been reviewed and approved in time and are all now in place for patient care.

**Benchmarking** - There will be no NHS benchmarking feedback for this quarter as November and December output will not be released until the 8th February.

**CAS/NICE/Audits/CQIUN** – There are only 3 overdue CAS. NICE and Quality Standard assessment performance has been maintained with 9 overdue assessment that are being supported to be completed. In this quarter we have focused on audit programme performance which has resulted in a reduction from 18 to 7 elements overdue. CQIUN's are on track with CCG14: Assessment, diagnosis and treatment of lower leg wounds is the only target that may not be achieved.

### Patient experience

WHC performed very well according to the patient feedback we've received over the last quarter. Themes continue about teams putting the patient first and to the centre of everything they do. Feedback has highlighted that personalised care and support is being offered despite the winter pressures and any staffing issues. Complaint and concerns remain low in number and consistent in themes relating to communication and access to services.

### Alert

Nil

### Action

Nil

## Workforce

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

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

Advise																	
	<p><b>LMS</b> –The new Learning Management System is taking shape, and will be named iLearn. On track for transition from Training Tracker Mar/April23. Training Matrix and position mapping has been approved and the process for any change to the training and positions will be managed through the Workforce Development Group – ie new training or new position.</p> <p><b>Staff survey</b> – 2022 survey closed on 9<sup>th</sup> December with overall completion of 445 employees. Below are results from 3 core questions and full analysis will be available at the end of Q4.</p> <table><tr><th>Answer Choice</th><th>2021</th><th>2022</th><th>% Change from 2021-2022</th></tr><tr><td>I look forward to going to work.</td><td>64.4%</td><td>60.7%</td><td>-3.6%</td></tr><tr><td>I am enthusiastic about my job.</td><td>75.0%</td><td>72.2%</td><td>-2.8%</td></tr><tr><td>Time passes quickly when I am working.</td><td>84.2%</td><td>82.0%</td><td>-2.3%</td></tr></table> <p><b>Band 2/3 Uplift</b> – RUH and GWH are currently finalising agreements with Unison on a lump-sum payment (based on length of service) and banding uplift to HCSW workers. This is due to Band 2 HCSW undertaking clinical duties. Unison have advised that they would like to open discussions with WHC. Further information will follow as this process begins.</p>	Answer Choice	2021	2022	% Change from 2021-2022	I look forward to going to work.	64.4%	60.7%	-3.6%	I am enthusiastic about my job.	75.0%	72.2%	-2.8%	Time passes quickly when I am working.	84.2%	82.0%	-2.3%
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Time passes quickly when I am working.	84.2%	82.0%	-2.3%														
ALERT																	
	Nil																
ACTION																	
	Nil																

## Finance

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

ADVISE	
	<p><b>Financial position M9, December 2022 and forecast outturn:</b> The financial position for YTD December, (M9) is an actual surplus of £8k and an adverse variance of (£126k) against the planned surplus of £134k. The most likely forecast outturn as at M9 is a £32k surplus. The financial position is progressively more challenging with inflationary pressures increasing.</p> <p>The system wide ICB position and FOT remains challenging and is supported by non-recurrent funding.</p> <p><b>Band 2/3 HCSW:</b> A calculation is being undertaken to ascertain the potential financial impact in line with the review of HCSW job descriptions and clinical duties. Any associated increase in cost is unfunded and will therefore be a cost pressure to the organisation.</p> <p><b>Longstanding financial matters – Estates:</b> A proposed approach to facilitate a financial settlement for outstanding matters relating to estates has been put forward by WHC for consideration by ICB commissioning finance. A verbal update will be provided at the Board following the subsequent follow up meeting scheduled for w/c. 30<sup>th</sup> January.</p> <p><b>2023/24 Financial planning:</b> The 1<sup>st</sup> draft financial plan is presented in Part II and has been prepared in line with the national guidance. Emerging inflationary cost pressures are not currently being met from the current national uplift and any growth uplift remains minimal for the coming financial year.</p> <p>The ICB wide financial plan for 2023/24 is extremely challenged. A Finance Summit took place on Friday 20<sup>th</sup> January, where NHS and Council colleagues came together to jointly consider the approach and priorities in order to ensure a balanced plan can be delivered.</p>
ALERT	
	<p><b>ICS wide External Audit, Internal Audit and Counter Fraud Tender:</b> WHC has taken part in an ICS wide procurement exercise for the provision of internal audit, external audit, and counter fraud services (from 1<sup>st</sup> April 2023) which is imminently concluding. There is an expected risk that future provision will significantly increase in cost. Further detail is included in agenda item 2, Part II.</p>
ACTION	
	Nil

## Performance

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

### ADVISE

#### System & Flow

Good flow in terms of patients discharges has been maintained over the past month. Despite this and a relatively flat ED attendance figures non criteria to reside numbers remain static. Chart 1. Details referrals into the flow hub and chart 2 demonstrates the reduction in delays in triaging referrals as they are received. Chart 3 shows discharge activity against the NCTR performance in Wiltshire. There are currently 135 NCTRs across acute partners Trust ( split as follows: SFT:58, RUH:45,GWH:32.)

Chart 1.

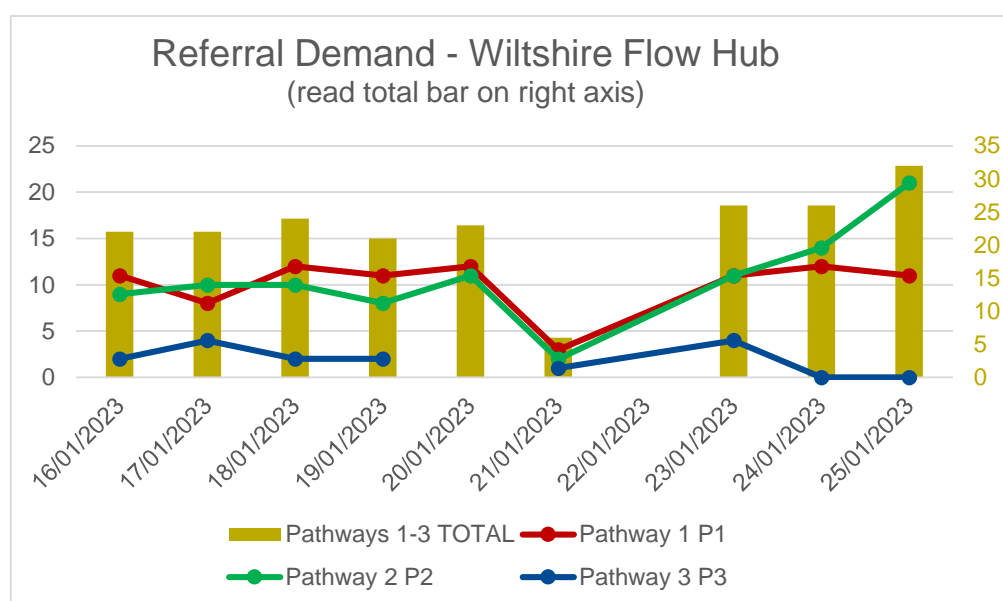


Chart 2

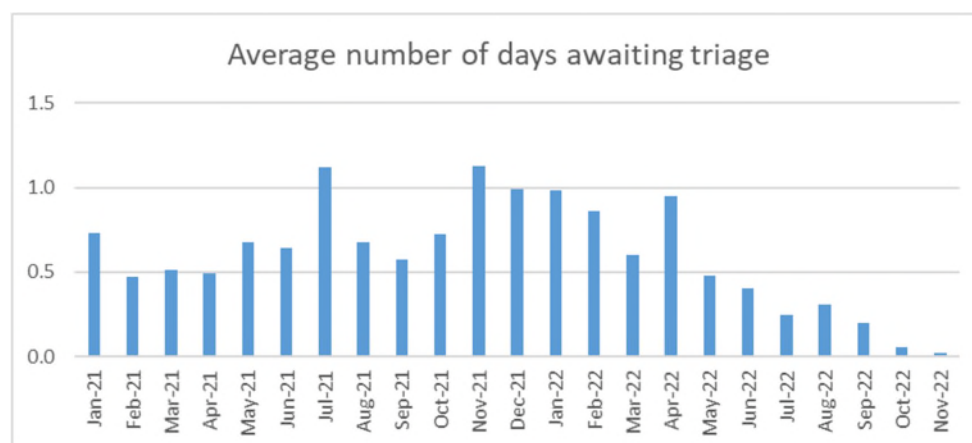
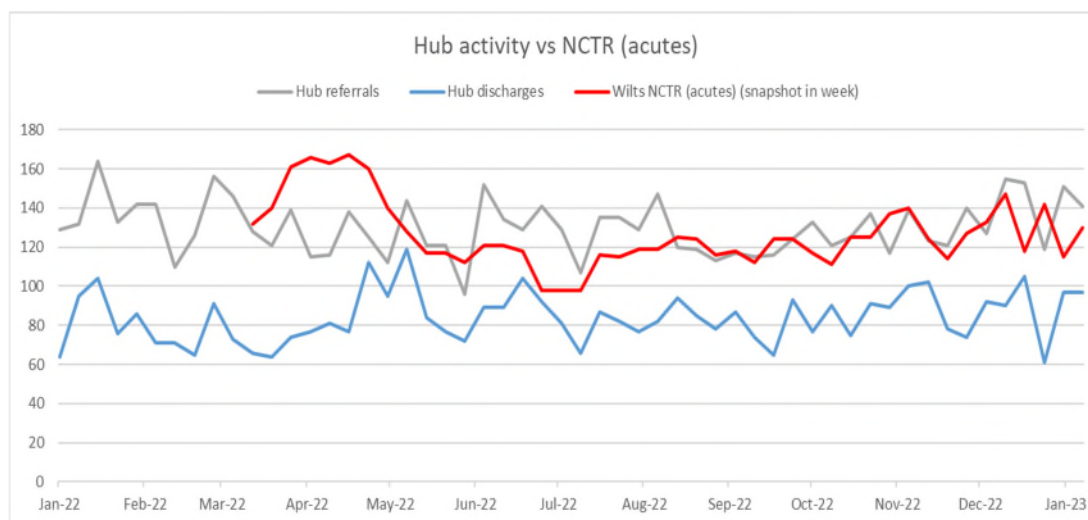


Chart 3



In preparation for the forthcoming industrial action WHC is seeking to support both in-reach and the care coordination centre.

Since December 22, in-reach to 3 acute hospitals rota was bolstered with ACP input into ED/Front door, to support admission avoidance and frailty, working in a joined up front door- back door pathway approach.

BSW Care Coordination Hub pilot supported 7 days, 8-8 throughout December and January, with senior community clinicians to support ambulance stack interception and navigation of patients into UCR, virtual ward and community services - successful and learning feeding into ICB business case, relationships and provider trust in assessments built, longer term not sustainable in current face to face form.

### NHS@Home Virtual Wards

Successful opening of VW beds in North, 5 from 12<sup>th</sup> December, increased to 10 beds on 9th January. Pilot scoping underway to open 5 beds in South locality with Consultant Practitioner oversight for possible step down and step -up usage from end of January.

### Community Hospitals

Additional surge beds in Longleat were put in place for 2 weeks to support the system critical incident and Acute Hospitals being in OPEL 4 for sustained period- now stepped down

### MIU

- Trowbridge MIU continue to operate 7 days at 8-4.30, this ensures a safe consistent service offer. Some successful recruitment to MIU vacancies but pipeline slow and not robust enough yet to indicate increasing opening hours. Chippenham full opening times continue.
- Serious incident in MIU Chippenham with fatality, support for staff, debrief and initial learning completed, positive feedback to staff and how the situation was managed despite sad outcome. Links into Strategic Urgent care pathway work underway.



### Community Teams

- Staffing stretched due to sickness and vacancies, South Locality mainly impacted, although good resilience and flexibility. Entered business continuity arrangements in areas across Wiltshire in first week of January.
- Staffing challenges in Tissues Viability and continence teams, impacting on Pressure Ulcer verification
- UCR activity reporting issues resolving, still some data quality and user errors, being worked through with teams to rectify.

### Specialist Services

- Successful implementation of Heart Failure service, funding for virtual technology procurement underway, locum cardiac physiologist recruited, substantive recruitment problematic, trying different approach through specialist journal advertising. Echo machine installed, clinics running
- Stroke ESD unable to match capacity and demand by 20%, exploring different ways of working to be more responsive and flexible including considering merging with Home First

### ALERT

Nil

### ACTION

Nil

## Infrastructure

2.5 The following issues are highlighted in relation to infrastructure

### ADVISE

#### Cyber Security Audit

WHC was recently audited by BDO and the report has been received. The WHC management response is currently being agreed. There are a number of recommendations which are likely to require investment.

#### Devizes Health Centre

WHC Services are now running from Devizes Health Centre. Everyone has worked hard to deliver the move and the odd hiccup with the IT and phones have been addressed.

#### Devizes Community Team Accommodation

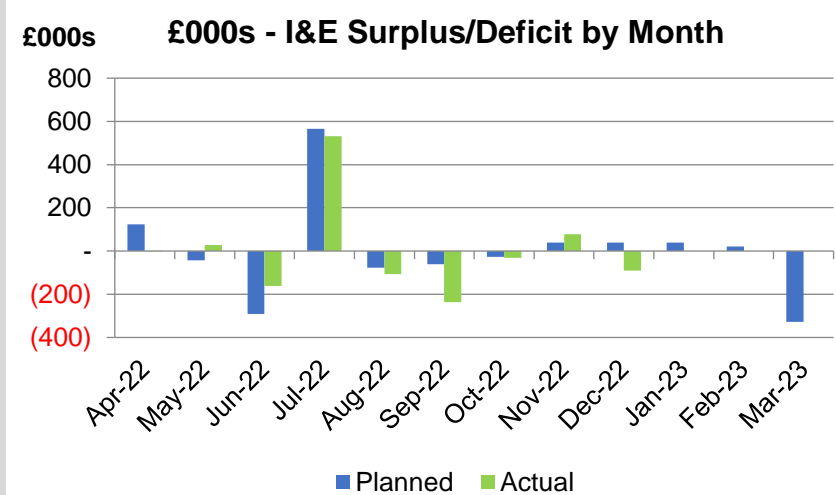
The Devizes Community Team have now successfully moved to new accommodation at Beacon House thanks to the hard work of everyone involved. This new accommodation also provides plenty of space to hot desk.

ALERT	
	<p><b>Electronic Patient Record, (EPR) for the Wards</b></p> <p>The draft Outline Business Case, (OBC) for the EPR for the wards has now been delivered and is currently unaffordable, options are being revisited in order to scope an affordable solution which will deliver functionality within an acceptable timeframe. As a result, joining the Acute Alliance Procurement has now been ruled out. Without significant investment and resources being found, the ward EPR will not be able to be delivered in 23/24 as set out in the Delivery Plan.</p>
ACTION	
	Nil

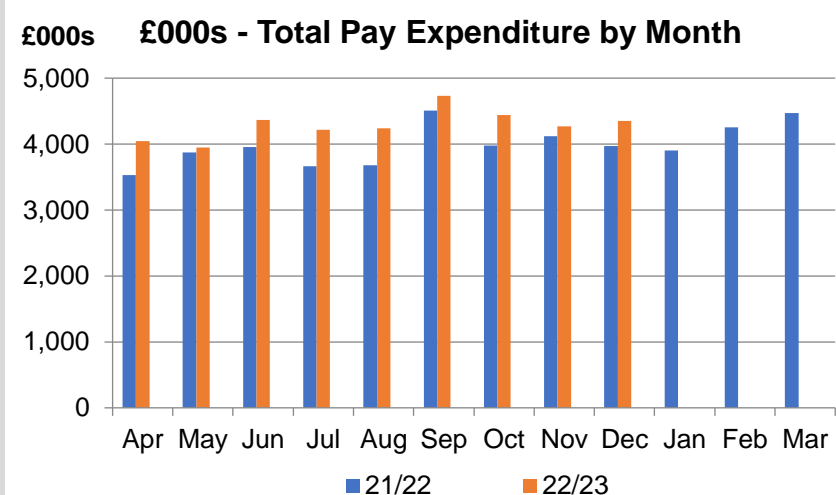
## 2. Recommendation

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

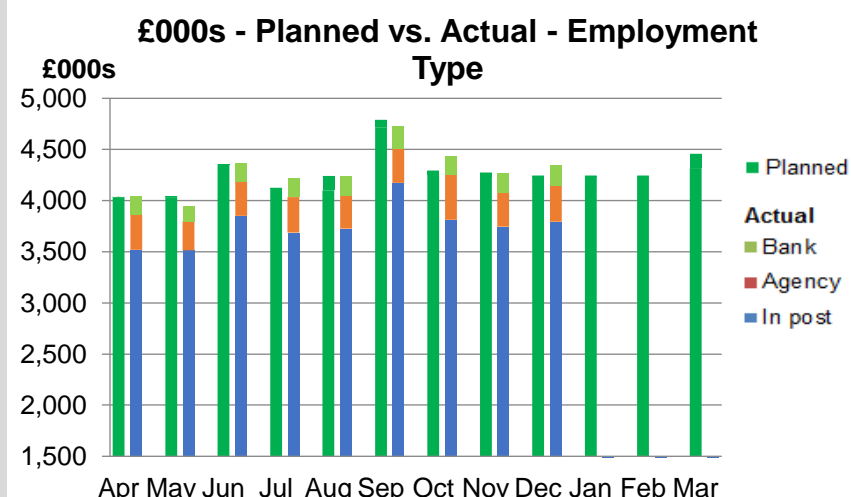
Income & Expenditure



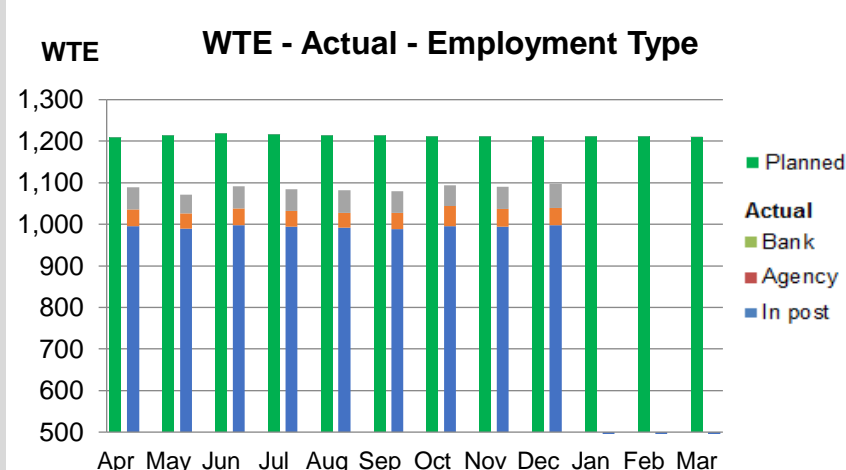
Pay Expenditure - £ - Total



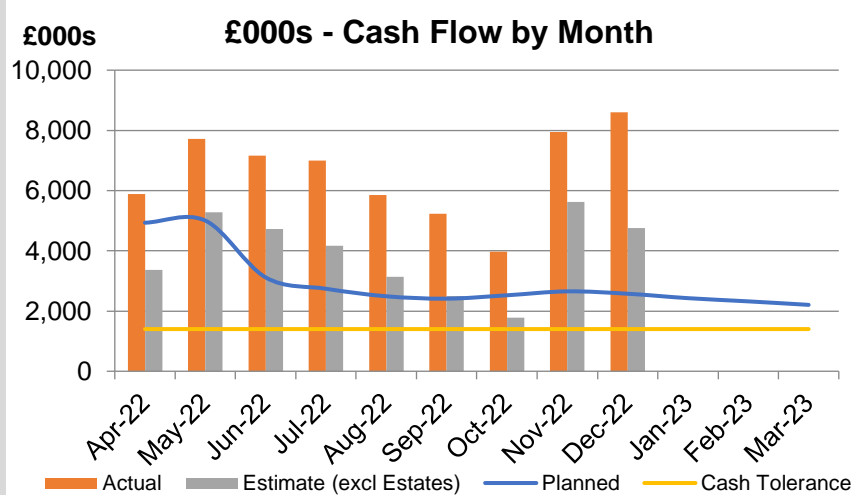
Pay Expenditure - £ - Employment Type



Pay - WTE



Cash



Best Practice Payment Code (BPPC)

BPPC % of bills paid in target	Current Month	Previous Month	Movement
By number	99%	93%	7%
By value	98%	97%	2%
Average number of days to pay an invoice			
Days	11	20	(9)

Year to date position - December 2022

	Year to date Dec		
	Plan £000s	Actual £000s	Variance £000s
<b>Operating Income</b>			
NHS ICB Income	47,836	47,196	(640)
Other income	3,812	3,981	169
<b>Total income</b>	<b>51,648</b>	<b>51,177</b>	<b>(471)</b>
<b>Operating Expenditure</b>			
Pay	38,401	38,595	(194)
Non-Pay	13,112	12,574	539
<b>Total Expenditure</b>	<b>51,514</b>	<b>51,168</b>	<b>345</b>
<b>Surplus/(Deficit)</b>	<b>134</b>	<b>8</b>	<b>(126)</b>

NHSEI Reporting

Metric	Definition	YTD	
		Ratio or %	Score
Liquidity rating	Days of operating costs held in cash and cash equivalents	(6.20)	2
I&E margin rating	I&E surplus or deficit / total revenue (in-month)	-1.64%	4
I&E margin: distance from financial plan	YTD actual I&E surplus or deficit compared to YTD plan	-0.24%	2
Agency rating	Distance from YTD budgeted spend	47.15%	3

Cost Improvement Plan (CIP)

	YTD December (Cumulative)			Annual Plan £000s
	Plan £000s	Actual £000s	Variance £000s	
<b>WH&amp;C 2021/22 Savings</b>				
Income	69	0	(69)	83
Pay	933	644	(289)	1,130
Non-Pay	311	532	221	426
<b>Total</b>	<b>1,313</b>	<b>1,175</b>	<b>(137)</b>	<b>1,639</b>

Commentary

**Overall:** The financial position ytd December (M9) reports a surplus of £8k which is (£126k) adverse against the planned surplus of £134k.

The position reflects prudent assumptions pending final agreement of the historical Estates cost and funding review. The ICB and WHC teams have a collective ambition to agree the position before the end of the financial year.

The most likely forecast outturn for the financial year at M9 is a small surplus of £31k, but remains challenging and assumes that any emerging cost pressures are managed within the current financial envelope.

**Positives:** The financial position continues to report a small actual surplus, despite the pay award and inflationary cost pressures and unidentified recurrent 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. Agency usage across the MIUs remain high due to continuing high levels of vacancies.

The national uplift does not fully cover the actual cost of the 22/23 pay award, with the unfunded balance having to be met non recurrently from reserves and non recurrent underspends.

35% of efficiency schemes against the target is yet to be identified with a large proportion of the delivered savings being non recurrent. 90% of the plan has been delivered YTD M9.

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

**Item 11**

**Delivery Plan 2022 -2025 – Quarter 3 Update**

**PAPER**

## Wiltshire Health and Care Board

For information

**Subject:** Wiltshire Health and Care, Delivery Plan 2022-2025 – Quarter 3 Tracker Progress Update

**Date of Meeting:** 03 February 2023

**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 and narrative for each objective.

### 3. Discussion

Across the five themes and 43 delivery objectives; the position at the end of Quarter 3 is:

RAG rating	Category	Number
Blue	Objective KPI achieved.	5
Green	Objective KPI on track to be completed by target quarter.	21
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.	15
Red	Delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial year.	2
Grey	Delivery milestone not due to be commenced until 23/24 or later.	0
	<b>TOTAL</b>	<b>43</b>

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.

Objective 24 (Agree new electronic system to support inpatient wards) is also off track and unlikely to be achieved by the end of the target financial year. WHC had joined the BSW Acute Alliance EPR Procurement, but the solution is unaffordable. Work to develop an affordable Business Case is underway












#### **4. Recommendation**

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**  
**Q3 UPDATE**



# Wiltshire Health and Care Delivery Plan: 2022-2025: Q3 UPDATE

<b>Meeting:</b>	<b>Wiltshire Health and Care (“WHC”) Operating Board</b>		
<b>Date:</b>	<b>3 February 2023</b>		
<b>RAG key:</b>		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.	
<b>Type of objective key:</b>		An objective from 2021/22 that will continue into 2022/23 (and potentially beyond).	
		A new objective to be delivered as part of pre-existing services/business activities.	
		A new objective to support delivery of the BSW programme of work/ national requirements.	
		An objective to test or scope a new idea. It would require additional funding to deliver.	
		An objective linked to sustainability	

#	Objectives	Lead	Type	2022-2023				2023-2024		2 4 - 2 5	Objective KPI	R  A  G	Narrative on current position  (quarterly updates)
				Q 1	Q 2	Q 3	Q 4	H 1	H 2				








## 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.

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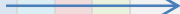



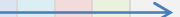
1.	<b>Hospital at Home:</b> establish new model and implement first wards	Chief Operating Officer (Lisa Hodgson)			<ul style="list-style-type: none"><li>Detailed model agreed in Q1</li><li>Resource plan / agreed investment in Q1</li><li>Initial Phased implementation of national specification Q2 onwards.</li></ul>	<ul style="list-style-type: none"><li>Mobilisation meetings taking place fortnightly.</li><li>5 beds opened 12<sup>th</sup> December, up to 10 beds from 9<sup>th</sup> January in North Locality, effective close working with BSW Care coordination and Urgent Community Response.</li><li>Recruitment ( ACP &amp; CP) continues successfully Q3 On track</li></ul>	
2.	New model to <b>support Long Term Conditions with Priority Caseload MDTs</b>	Head of Operations – Long Term Conditions/MS K (Carol Langley Johnson)			<ul style="list-style-type: none"><li>Detailed design by Q1</li><li>Implementation from Q2</li><li>Assessing and using digital tools</li><li>Long term condition management supported by focus on population health data and analysis</li></ul>		<b>KiActiv Programme:</b> WHC progressing well, now being offered: <ul style="list-style-type: none"><li>Patients on EXPERT diabetes course and</li><li>Osteo arthritis and Hip and Knee patients who have an increased BMI</li><li>Patients with Long covid</li></ul>
3.	<b>Home First:</b> capacity boost	Head of Operations – Community Teams (H Kahler)			<ul style="list-style-type: none"><li>Demand/capacity system modelling available Q1</li><li>Agree system investment Q1</li><li>Scope potential for Band 4 roles in HF pathway Q1</li><li>Implementation from Q2</li></ul>		<b>Overall model:</b> Long Term Condition model developed – being inputted into long term process relating to community services in BSW. No further investment agreement as the Better Care Fund have commissioned a Wiltshire Pathway 1 Review (this includes Homefirst) which commences in Jan 23. This will improve our pathway mapping and demand/capacity knowledge. Triage, goal setting and care plans within therapy and Homefirst are being examined which should improve quality and quantity of work within Homefirst.
4.	Improve <b>outpatient services and reduce waiting times</b> for longest waiting services (Orthopaedic Interface Service, MSK, Diabetes and Podiatry)	Head of Operations – Long Term Conditions/MS K (Carol Langley Johnson)			<ul style="list-style-type: none"><li>Expand use of Patient Initiated Follow Ups (PIFU)</li><li>Reduce waiting times in longest waiting services</li><li>Release capacity to ensure patients can access services as and when required.</li><li>Reform patient communication</li><li>Continue to embed virtual appointments</li><li>Improve accuracy of waiting list data</li><li>Make processes paper light</li></ul>		<b>PIFU::</b> Final 3 services being addressed to develop clinical protocol. (Diabetes, respiratory and dietetics). Others completed. <b>Reducing Waiting times:</b> Significant data cleansing and validation taking place for pts on the Physio wait list. Elective Recovery OA Hip and Knee service targeting pts on the wait list and getting them triaged and assessed – very good feedback from patients.
5.	<b>BSW Urgent Care Strategy:</b> clarify future role of MIUs	Chief Operating Officer (Lisa Hodgson)			<ul style="list-style-type: none"><li>Model agreed by end of Q1</li><li>Necessary implementation plan in place Q3</li></ul>		<b>Virtual Consultations:</b> Pilot starting Feb '23 to look at impact on Estates when combined with video consultations within Physio. Changes aimed at freeing up clinic space. <ul style="list-style-type: none"><li>BSW Urgent Care and Flow Board has established working group. First draft of clinical model shared on 26/08/22. Further work on overall model to do.</li><li>BSW ICB Medical Urgent care lead working closely to develop an Urgent Care Strategy, reviewing strategic direction of population need, MIU model in relation to acute trust ED and UTC's.</li><li>This work includes a BSW urgent care workforce strategy with developmental, skill mix and rotational elements- Q3 Work on going</li></ul>
6.	Establish <b>new model for 'in reach'</b> to acute sites to support discharge	Chief Operating Officer (Lisa Hodgson)			<ul style="list-style-type: none"><li>Proposal for new model agreed with commissioner in Q1</li><li>Implementation Q2</li></ul>		<ul style="list-style-type: none"><li>Acute Trust Liaison roles transferred to WHC from Medvivo 01/05/22.</li><li>Further development to provide comprehensive service subject to agreed resourcing and recruitment plan- Implemented</li><li>Further temporary BCF funding received agreed for winter pressures , approved through Board to recruit substantively to establish a robust inreach model of skill mixed nurses and therapists to all 3 acute trusts and support front door and back door flow, plus expertise to assist acute clinicians to navigate patient pathways from ward areas and improve patient centred pathways of care and reduce delays and touchpoints. Recruitment underway, aim to complete Q4. Community Teams ACP rota in reach augmenting and supporting clinical leadership, integrated approach and clinical decision making</li><li>Q3 On track</li></ul>



#	Objectives	Lead	Type	2022-2023				2023-2024		24-25	Objective KPI	RAG	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
7.	<b>Address remaining historic commissioning gaps in services:</b> <ul style="list-style-type: none"> <li>Respiratory / Oxygen</li> <li>Stroke rehabilitation</li> </ul>	Chief Operating Officer (Lisa Hodgson)									<ul style="list-style-type: none"> <li>Work with commissioners to quantify and develop options for addressing opportunities by Q2</li> </ul>		<ul style="list-style-type: none"> <li>Work completed with End of Life (EOL) Alliance Focus Group Dorothy House &amp; EOL Commissioner around increased funding to support non resp palliative patient referrals. Q3 Awaiting update from EOL board on funding</li> <li>Business case completed f or SPLT ward input for Dysphagia assessments. Q3 no funding available still a risk, community team inreaching for high risk pts</li> </ul>
8.	Meeting the <b>health needs</b> of people with a <b>Learning Disability</b> and/or <b>Autism</b> in Wiltshire	Team Manager CTPLD (Reuben Collings)									<ul style="list-style-type: none"> <li>Work with Integrated Care Board to develop a service specification to include working with autistic people</li> <li>Engagement with LeDeR reviews and quality assurance process with learning in action</li> <li>Clear restraint reduction policy and pathway for Community Team for People with Learning Disabilities</li> <li>Achieve better understanding across WHC team of working with people with a learning disability and/or autism by embedding the learning from the Oliver McGowan mandatory training trial. Ensure service offer supported by IT and estates by Q2 2023</li> </ul>		<ul style="list-style-type: none"> <li>WHC remain part of LeDeR Quality Assurance process and support learning from deaths, putting learning into action</li> <li>Mandatory Training in Learning Disability and Autism is now a legal requirement, working with ICB towards local implementation</li> <li>All on track</li> </ul>
9.	Develop an offer for further integration at neighbourhood with <b>Primary Care Networks</b>	Managing Director (Douglas Blair)									<ul style="list-style-type: none"> <li>Written framework setting out integration options in Q2</li> <li>Discuss and agree level of interest with each PCN by end of Q3</li> </ul>		<ul style="list-style-type: none"> <li>We are aligning this objective with system-wide follow up work to the 'Fuller stocktake' published by NHS England in May 2022.</li> <li>This has meant we have participated in work through the Integrated Care Alliance around neighbourhood collaboratives. Specific original objectives have therefore not been pursued in preference to engagement in system-wide work.</li> </ul>
10.	Establish new <b>heart failure</b> service	Head of Operations – Long Term Conditions/MSK (Carol Langley Johnson)									<ul style="list-style-type: none"> <li>Implement commissioned service in phases throughout 2022-23:</li> <li>Q1: Transfer of South Wiltshire caseload and establish services in South. Establish activity dashboard and reporting.</li> <li>Q2&amp;3: Complete recruitment and develop model into North and West Wiltshire with integrated pathways with associated acute teams. Develop ambulatory monitoring model. Q3&amp;4: Develop rehabilitation approach and offer.</li> </ul>		<ul style="list-style-type: none"> <li>Heart Failure Service established across Wiltshire with MDT input from acute hospitals and selected as an NHSE Early Adopter for Managing Heart Failure @home project</li> <li>Ambulatory ECG pilot in North - options appraisal for long term plan being completed in Q4.</li> <li>Ongoing recruitment challenges for cardiac physiologist vacancies, currently utilising agency staff and additional advertising approaches being utilised</li> <li>Challenges regarding image sharing with acute hospitals resulting in ongoing conversation and additional investment requirements</li> </ul>
11.	Complete implementation of <b>overnight nursing</b>	Chief Operating Officer (LH)									<ul style="list-style-type: none"> <li>Continue to recruit and establish full service by Q2</li> </ul>		<ul style="list-style-type: none"> <li>84% overall recruitment for ONN service. Remaining recruitment now complete, awaiting start dates. Plan for service to be fully operational from Feb 23</li> </ul>
12.	Participate in implementation of new model for <b>Pathway 2</b> beds in nursing homes	Chief Operating Officer (Lisa Hodgson)									<ul style="list-style-type: none"> <li>Establish requirements by Q2</li> <li>Establish change Q4</li> </ul>		<ul style="list-style-type: none"> <li>Proof of concept running in South from September.</li> </ul>
13.	Introduce <b>consistent</b> senior clinical model for <b>inpatient services</b>	Chief Operating Officer (LH)									<ul style="list-style-type: none"> <li>Review of requirements complete in Q2</li> <li>Implementation of change in Q3 and 4.</li> </ul>		<ul style="list-style-type: none"> <li>Consultant practitioner in post on Savernake and Cedar Ward and providing cross cover and clinical leadership to Longleat Ward while full plan is developed. Q3 On track</li> </ul>

#### WILTSHIRE HEALTH AND CARE PEOPLE

Our plans for WHC people are linked to the overarching NHS People Plan and focus on developing and growing, taking care and being our best. This continues our focus in recent years of making the offer of development a crucial part of being a member of the WHC team as well as specific efforts and focus on maintaining and improving health and wellbeing.






14.	<b>Develop and grow</b> our future workforce <ul style="list-style-type: none"><li>Improve <b>recruitment</b> advertising</li><li>Ensure <b>flexible working</b> is available across the organisation and available to all team members</li><li>Develop and launch both the <b>managers training</b> and the <b>'Transformational Leaders'</b> programmes</li></ul>	Head of People			<ul style="list-style-type: none"><li>Improved social media content and profile related to recruitment by Q2</li><li>Team members are aware and able to access information around flexible working within WHC</li><li>10% of existing managers having undertaken the managers training in 22/23</li><li>Develop and launch the transformational leaders programme, with 2 cohorts delivered in 22/23</li></ul>	<ul style="list-style-type: none"><li><b>Improved social media content:</b> Update Q3 - LinkedIn page has now been created. Targeted roles and information to be shared and there will be a wider review across all our social media platforms.</li><li><b>Flexible working:</b> Update Q3 - Flexible Working Policy updated to reflect legislative changes and wider organisational best practice and opportunities are being reviewed, including integration of the Hybrid working guidance into the Flexible Working policy in scope for Q3/Q4 - On Track</li><li><b>Management training:</b> Update Q3 'Managing to succeed' training pack has been developed and pilot session being developed in Oct, and Nov go live on the whole package - Delayed pilot to 2023/24 Q2.</li><li><b>Transformational leaders programme:</b> Update Q3 4 staff have successfully commenced the senior leadership apprenticeship which is equivalent to this programme. Aspirational leaders programme has also been expanded by an addition 3 (usually 7 expanded to 10). We are delayed on launching the transformation leadership programme due to the apprenticeship levy work and Mary Seacole programme closed to new applicants. Team is to scope an alternative -delayed until 23/24</li></ul>
15.	Taking <b>care</b> of our teams <ul style="list-style-type: none"><li>Develop the Wiltshire Health and Care <b>New to Care</b> programme</li><li><b>Health Care Support Worker retention</b> programme</li><li>Virtual <b>work experience</b></li><li>Boosting our <b>Volunteers</b></li></ul>	Head of People	  		<ul style="list-style-type: none"><li>New starters within WHC who are new to care, with the right skills and support to do their role and with development opportunities.</li><li>Improved retention rates within HCSW within WHC.</li><li>To have a sustainable and transformational approach to work experience which meets generational expectations.</li><li>Increase numbers of volunteers to support with enhanced care</li><li>E-roster fully used in all teams by Q4 ensuring well managed rosters and annual leave being taken.</li></ul>	<ul style="list-style-type: none"><li><b>New to care:</b> Programme resource came into place at the end of Aug 2022, commence planning for session dates in Sept 2022 - On Track</li><li><b>HCSW retention rates:</b> Part of phase three of the "new to care" programme, scheduled for Q4 - On Track</li><li><b>Work experience (14+ years):</b> First cohort completed (8.4 out of 10 scoring), 2<sup>nd</sup> cohort in Q4 is Ontrack. Proposed a new work experience strategy discussed at Workforce Development Group (Sept 2022) which will include virtual placements that progresses to face-to-face programme - On Track</li><li><b>Volunteers supporting meaningful activity:</b> 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 to Policy being ratified/approved 2023/24 Q2</li><li><b>E-roster:</b> All but 4 teams are fully utilising Allocate for roster and annual leave. Confident 4 remaining teams will be fully utilising Allocate by the end of Q4 - On Track</li></ul>

**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.







WHC Delivery Plan 2022-2025 – Q3 TRACKER


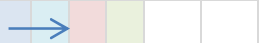


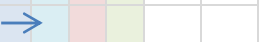

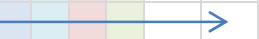







#	Objectives	Lead	Type	2022-2023				2023-2024		24 - 25	Objective KPI	RAG	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
29.	Participate in creation of <b>system and neighbourhood estates strategies and plans</b>	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> <li>Work with BSW to understand where the new national PCN tool kit will be used in Wiltshire Q1</li> <li>Q2 onwards work with BSW as required to support Estates plans as they are developed</li> </ul>		<ul style="list-style-type: none"> <li>WHC continues to work with BSW but there is not yet clarity about the use of the PCN tool kit in Wiltshire.</li> <li>System Estates planning has not yet commenced beyond the approved BSW Estate Strategy.</li> </ul>
30.	Secure replacement accommodation for <b>Devizes community team</b>	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> <li>Community team co-located with partners in replacement accommodation by Q3.</li> </ul>		<ul style="list-style-type: none"> <li>The Devizes Community Team has moved to Beacon House in Devizes</li> </ul>
31.	Work with system to <b>deliver</b> new/improved accommodation in <b>Trowbridge</b>	Director of Infrastructure (Victoria Hamilton)	 								<ul style="list-style-type: none"> <li>Obtain WHC approval for the updated Business Case for the West Wiltshire Health Centre Q1</li> <li>Support BSW gaining approval from NHS England for the updated Full Business Case for the West Wiltshire Health Centre Q2</li> <li>Q3 onwards, Support BSW to deliver the updated Full Business Case for the West Wiltshire Health Centre</li> </ul>		<ul style="list-style-type: none"> <li>There has been local approval of the updated business case for the new health centre.</li> <li>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.</li> </ul>
32.	Scope <b>Robotic Process Automation</b>	Head of IT (Kelsa Smith)									<ul style="list-style-type: none"> <li>Develop a benefits case in Q2, with options for use</li> </ul>		<ul style="list-style-type: none"> <li>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.</li> </ul>

## 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.	<b>Further develop our quality systems:</b> <ul style="list-style-type: none"> <li>Improve functionality of Datix (electronic quality system)</li> <li>Expansion of the solid foundation of 'shared learning' in WHC</li> </ul> (Quality Priority 1)	Director of Quality, Professions and Workforce (Sara Quarrie)									<ul style="list-style-type: none"> <li>Our Electronic quality system is refined to Internal RCA and StEIS investigations; (ii) risk management; (iii) sharing learning by Q4 2022/23</li> <li>Aim for outstanding toolkit is embedded by Q4 2022/23.</li> <li>Respond to the learning recommendations of the Ockenden (April 2022) report by Q2 2022/23</li> </ul>		<b>Electronic quality system:</b> <ul style="list-style-type: none"> <li>Update Q3 Developing DATIX regarding risk module, manual workarounds in place for RCA and STEIS tracking until DATIX solutions go live – On Track</li> </ul> <b>Aim for outstanding toolkit:</b> <ul style="list-style-type: none"> <li>SAFE and CARING completed in Q2, EFFECTIVE being completed in Q3. Engagemet across organisation is good. On Track</li> <li>Respond to the learning recommendations of the Ockenden (April 2022) report by Q2 2022/23 – Delayed, but planned for Q4.</li> </ul>
34.	<b>Clinical Effectiveness:</b> focus on delirium and frailty pathways (Quality Priority 2)	Director of Quality, Professions and Workforce (Sara Quarrie)									<ul style="list-style-type: none"> <li>As part of the 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.</li> <li>Development of the delirium pathway and toolkit for Community Teams and to ensure this is audited for effectiveness by Q4 2022/23.</li> <li>Review the delirium pathway within the inpatient wards to ensure we are providing best care for patients who experience delirium by Q4 2022/2</li> </ul>		<ul style="list-style-type: none"> <li>SystmOne delirium and frailty assessment and care planning templates have now been developed– on track</li> <li>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</li> <li>Plan to review inpatient delirium pathway by Q4 22/23 – on track</li> </ul>
35.	Improve <b>Equality Diversity and Inclusion</b> in our organisation and services (Quality Priority 3)	Director of Quality, Professions and Workforce (Sara Quarrie)									<ul style="list-style-type: none"> <li>Implement the Patient Equality, Diversity and Inclusion Strategy by Q4 2022/23</li> <li>Support our EDI Forum to oversee improvements within WHC.</li> </ul>		<ul style="list-style-type: none"> <li>PPIO has prepared strategy during Q1-2 and to be launched in Q4 – On Track</li> <li>EDI Forum relaunched on Oct 2022, PPIO attends ED&amp;I forum to connect the patient and staff elements of this agenda – On Track</li> </ul>
36.	Reduction in severe avoidable <b>medicine related incidents</b> (Quality Priority 4)	Director of Quality, Professions and Workforce (Sara Quarrie)									<ul style="list-style-type: none"> <li>Reduce incidence of missed medication incidents on inpatient units and missed visits within community teams – this will provide assurance that patients are receiving their medication as prescribed and at the intended time.</li> <li>Complete CQC Controlled Drugs self-assessment</li> </ul>		<ul style="list-style-type: none"> <li><b>Missed medication incidents and reduction of harm caused by incidents involving insulin:</b> Insulin RCA HFC Dec22 and actions to be monitored regularly by Head of Pharmacy/Medicines POG - On track</li> <li><b>CQC Controlled Drugs self-assessment</b> – Completed template and action plan being developed. Planned for Q4 implementation of action plan. Quarterly CD and AMR audits are now being completed on a regular basis by the Lead MOPT – On track</li> <li><b>Frailty pharmacist pilot inpatients wards</b> – pharmacist started on Longleat ward on Thursday 19<sup>th</sup> January 2023 – On Track</li> <li><b>Medicines Management Technicians</b> – Lead MOPT working on JD in preparation for recruitment to posts - On Track</li> <li><b>Antimicrobial Stewardship (AMS)</b> – Undertake quarterly antimicrobial audit and share learning as appropriate – On Track. Pharmacy and IPC team to work collaboratively on appropriate identification and management of urinary tract infections - deadline of 31/03/2024</li> </ul>
37.	We will prepare for the <b>Liberty Protection Safeguards</b> (Quality Priority 5)	Director of Quality, Professions and Workforce (Sara Quarrie)									<ul style="list-style-type: none"> <li>To explore and scope the implications of implementing the updated MCA guidelines and the New Liberty Protection safeguards in line with government timeline.</li> </ul>		<ul style="list-style-type: none"> <li>Waiting for the national consultation response, WHC Working Group up and running and Safeguarding Lead (adults) changing mental capacity assessment form to align with the LPS in Q3 – On Track</li> </ul>
38.	<b>Expand</b> our engagement with <b>Patients and Carers</b> regarding delivery of our services (Quality Priority 6)	Director of Quality, Professions and Workforce (Sara Quarrie)									<ul style="list-style-type: none"> <li>Develop the Patient Engagement Framework / Strategy by the end of Q2 2022/23 (Public and Patient Involvement Officer - Lina Middleton)</li> <li>Work throughout 2022/23 to improve the number of Family and Friends Test responses across all WHC services, to provide a richer picture from a more diverse population.</li> <li>Respond to the patient experience and listening recommendations of the Ockenden (April 2022) report by Q2 2022/23.</li> </ul>		<b>Patient Engagement Framework / Strategy:</b> <ul style="list-style-type: none"> <li>Strategy approved by CPAG Q2. Further development to align with NHS Guidance Working in Partnership with People and Communities – final sign off in Q4 for launch Spring 2023.</li> </ul> <b>Friends and Family Test:</b> <ul style="list-style-type: none"> <li>Improvement in October and November figures, however reduction in December – this follows trends from previous years.</li> <li>PPIO talking with WHC services – particularly those that have zero/low return rates</li> <li>Update Q3 Respond to the learning recommendations of the Ockenden (April 2022) report by Q2 2022/23 – Delayed, but planned for Q4.</li> <li><b>Carers forum</b> and Tissue Visibility - joint working to redesign the SKINN bundle – Proposal discussed at Carers Forum in Oct 2022 – On Track</li> </ul>

#	Objectives	Lead	Type	2022-2023				2023-2024		2 4 - 2 5	Objective KPI	R  A  G	Narrative on current position  (quarterly updates)
				Q 1	Q 2	Q 3	Q 4	H 1	H 2				
FOR THE LONG TERM													
The population of Wiltshire need community-based services that are there for the long term. We are therefore focusing on both the financial sustainability of our services, through continuing to make efficiencies and developing the understanding of our cost base, and the environmental sustainability of our service delivery, as part of the NHS's broader commitment to net zero. On both these aspects we work as part of the broader health and care system, in recognition of the connections that need to be made.													
39.	Release 2.5% of our resources to <b>reinvest</b> in services	Director of Finance (Annika Carroll)									<ul style="list-style-type: none"><li>Cost improvement plans in place and their quality impact assessed by mid Q2.</li></ul>		<ul style="list-style-type: none"><li>2022/23 efficiency target on target to be delivered, but is significantly supported by non recurrent savings.</li><li>Considerable focus by the Executive and wider teams on identifying the 2023/24 efficiencies with an emphasis on recurrent savings. This remains challenging given the broader financial climate WHC operate in. Regular investment/efficiency meetings set across January – April, with subsequent monthly targeted efficiency meetings.</li></ul>
40.	Introduce <b>salary sacrifice scheme</b> to support lease of electric cars	Director of Finance (Annika Carroll)	 								<ul style="list-style-type: none"><li>Procurement process complete by end of Q1.</li></ul>		<ul style="list-style-type: none"><li>Final documentation review with procurement scheduled for 1<sup>st</sup> February with live scheme in place 1<sup>st</sup> April 2023.</li></ul>
41.	All pool cars <b>hybrid or electric</b> , with associated infrastructure	Director of Finance (Annika Carroll)									<ul style="list-style-type: none"><li>All leased pool cars will be hybrid by June 23 (22 out of 23 current vehicles will be hybrid by March 23)</li></ul>		<ul style="list-style-type: none"><li>On target</li></ul>
42.	Improve our <b>analysis of cost</b>	Director of Finance (Annika Carroll)	 								<ul style="list-style-type: none"><li>Participate in BSW programme by Q3</li></ul>		<ul style="list-style-type: none"><li>Participation in any identified system wide requirements/returns</li></ul>
43.	<b>Reform</b> our budget management support	Director of Finance (Annika Carroll)									<ul style="list-style-type: none"><li>Increase finance management support available</li><li>Establish budget management principles and monthly meetings</li><li>Increase management accounts capacity within finance team</li><li>Budget monitoring and finance plan will be available in Q1</li></ul>		<ul style="list-style-type: none"><li>Successful recruitment to Finance Business Partner, Contract Support Officer and Placement Student posts</li><li>Regular budget monitoring meetings taking place and separate meetings scheduled with budget managers with a particular focus on 2023/24 budgets</li><li>2023/24 finance plan and associated budgets on target to be available in Q1</li></ul>

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

**Item 12**

**Planning Update**

**PAPER**

# Planning priorities for 2023/24



# National planning priorities

- Published on 23 December 2022 (Full document attached separately). Three main tasks set out for the coming year:

- recover our core services and productivity;

- as we recover, make progress in delivering the key ambitions in the Long Term Plan (LTP), and;

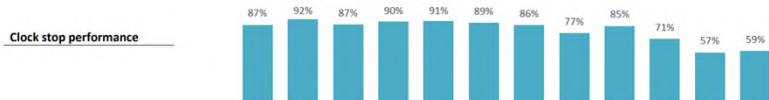

- continue transforming the NHS for the future.

## National NHS objectives 2023/24

Area	Objective
Recovering our core services and improving productivity	<b>Urgent and emergency care*</b> Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25 Reduce adult general and acute (G&A) bed occupancy to 92% or below
	<b>Community health services</b> Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	<b>Primary care*</b> Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024 Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024 Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	<b>Elective care</b> Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties) Deliver the system- specific activity target (agreed through the operational planning process)
	<b>Cancer</b> Continue to reduce the number of patients waiting over 62 days Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	<b>Diagnostics</b> Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	<b>Maternity*</b> Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury Increase fill rates against funded establishment for maternity staff
	<b>Use of resources</b> Deliver a balanced net system financial position for 2023/24
	<b>Workforce</b> Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	<b>Mental health</b> Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019) Increase the number of adults and older adults accessing IAPT treatment Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services Work towards eliminating inappropriate adult acute out of area placements Recover the dementia diagnosis rate to 66.7% Improve access to perinatal mental health services
	<b>People with a learning disability and autistic people</b> Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	<b>Prevention and health inequalities</b> Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% Continue to address health inequalities and deliver on the Core20PLUS5 approach

\*ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;

## What does this mean for WHC?

Theme	Objective	Key actions																																																																	
Community health services	<b>Consistently meet or exceed the 70% 2 hour Urgent Community Response standard</b>	<ul style="list-style-type: none"><li>• Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999, and creating a single point of access where not already in place</li></ul>																																																																	
	<p>WHC have successfully increased referrals into UCR in recent months. The BSW Care Coordination project is helping to strengthen links to 111 and 999. A single point of access is already in place. The 70% has been met consistently, with the exception of a dip in performance linked to adjusting to rapid rise in referrals. Overall, in a strong position to delivery national objective.</p> <div><div><p>Clock stop performance</p><table><thead><tr><th></th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th></tr></thead><tbody><tr><td>% clock stop in 120 mins or less</td><td>87%</td><td>92%</td><td>87%</td><td>90%</td><td>91%</td><td>89%</td><td>86%</td><td>77%</td><td>85%</td><td>71%</td><td>57%</td><td>59%</td></tr><tr><td>Average time to clock stop (mins)</td><td>96.5</td><td>55.5</td><td>57.6</td><td>59</td><td>68</td><td>59</td><td>68</td><td>77</td><td>63</td><td>100</td><td>132</td><td>126</td></tr></tbody></table></div><div><p>Referral month</p><table><thead><tr><th></th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th></tr></thead><tbody><tr><td>All</td><td>231</td><td>208</td><td>247</td><td>209</td><td>266</td><td>189</td><td>267</td><td>338</td><td>250</td><td>564</td><td>922</td><td>942</td></tr></tbody></table></div></div>			Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	% clock stop in 120 mins or less	87%	92%	87%	90%	91%	89%	86%	77%	85%	71%	57%	59%	Average time to clock stop (mins)	96.5	55.5	57.6	59	68	59	68	77	63	100	132	126		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	All	231	208	247	209	266	189	267	338	250	564	922	942
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	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22																																																							
All	231	208	247	209	266	189	267	338	250	564	922	942																																																							
<b>Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals</b>	<p>By September 2023, systems are asked to put in place:</p> <ul style="list-style-type: none"><li>• direct referral pathways from community optometrists</li><li>• self-referral routes to falls response services, musculo-skeletal physiotherapy services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services</li></ul>																																																																		
<p>Self referral position for relevant WHC services:</p> <p><b>Falls response</b> – access to a falls response from Urgent Community Response is through 111.</p> <p><b>MSK Physio</b> – self referral is available via First Contact Physios in primary care.</p> <p><b>Podiatry</b> – limited self referral is available, scope for improvement (subject to resource implications).</p> <p><b>Wheelchair</b> – there is no self referral available for Wheelchair services at present.</p>																																																																			



## What does this mean for WHC?

Theme	Objective	Key actions
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	<p>Continue to improve the accuracy and increase size of GP Learning Disability registers.</p> <ul style="list-style-type: none"> <li>• Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in this guidance.</li> <li>• Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times</li> </ul>
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	
	<p><b>WHC Position:</b></p> <p>In Wiltshire, responsibility of annual health checks for those aged over 14 on learning disability registers remains with GPs. WHC are part of discharge planning for inpatient discharge calls across Wiltshire and support the transition of individuals leaving inpatient units, with population target in mind.</p>	

## What does this mean for WHC?

Theme	Objective	Key actions
Urgent and emergency care	<ul style="list-style-type: none"><li>• Improve A&amp;E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024</li><li>• Improve category 2 ambulance response times to an average of 30 minutes across 2023/24</li><li>• Reduce adult general and acute (G&amp;A) bed occupancy to 92% or below</li></ul>	<ul style="list-style-type: none"><li>• Increase physical capacity and permanently sustain the equivalent of the 7,000 beds of capacity that was funded through winter 2022/23</li><li>• Reduce the number of medically fit to discharge patients in our hospitals, addressing NHS causes as well as working in partnership with Local Authorities.</li><li>• Increase ambulance capacity.</li><li>• Reduce handover delays to support the management of clinical risk across the system in line with the November 2022 letter.</li><li>• Maintain clinically led System Control Centres (SCCs) to effectively manage risk</li></ul>
	<b>WHC Position:</b> Ongoing engagement in system urgent care work to address these priorities. Plans to expand NHS@Home virtual ward capacity during the year. Seeking continuing support for sustaining temporarily funded increase in Flow Hub and in reach capacity.	
Use of Resources	Deliver a balanced net system financial position for 2023/24.	<ul style="list-style-type: none"><li>• Reduce corporate running costs with a focus on consolidation, standardisation and automation to deliver services at scale across ICS footprints</li></ul>
		<ul style="list-style-type: none"><li>• Reduce agency spending across the NHS to 3.7% of the total pay bill in 2023/24 which is consistent with the system agency expenditure limits for 2023/24 that are set out separately. NHS England has published toolkits to support this.</li></ul>
<b>WHC Position:</b> Already use shared corporate back office. Although not included in system limits for agency, agency spend is higher than national target.		

## What does this mean for WHC?

Theme	Objective	Key actions
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	<ul style="list-style-type: none"> <li>Improved staff experience and retention through systematic focus on all elements of the NHS People Promise and implementation of the Growing Occupational Health Strategy, improving attendance toolkit and Stay and Thrive Programme.</li> <li>Increased productivity by fully using existing skills, adapting skills mix and accelerating the introduction of new roles</li> <li>Flexible working practices and flexible deployment of staff across organisational boundaries using digital solutions (e-rostering, e-job planning, Digital Staff Passport).</li> <li>Regional multi professional education and training investment plans (METIP) and ensure sufficient clinical placement capacity, including educator/trainer capacity, to enable all NHS England-funded trainees and students to maintain education and training pipelines.</li> <li>implementation of the Kark recommendations and Fit and Proper Persons (FPP) test.</li> </ul>
	<b>WHC Position:</b> The existing and proposed workforce actions as part of the Delivery Plan will match with national key actions. E rostering now in place for all services.	

## What does this mean for WHC?

Theme	Objective	Key actions
Digital	<ul style="list-style-type: none"> <li>Use forthcoming digital maturity assessments to measure progress towards the core capabilities set out in What Good Looks Like (WGLL) and identify the areas that need to be prioritised in the development of plans. Specific expectations will be set out in the refreshed WGLL in early 2023.</li> <li>Put the right data architecture in place for population health management (PHM).</li> <li>Put digital tools in place so patients can be supported with high quality information that equips them to take greater control over their health and care</li> </ul>	
	<p><b>WHC Position:</b></p> <ul style="list-style-type: none"> <li>Digital Maturity Assessments are likely to demonstrate that an EPR for inpatient wards must be a significant focus, as well as electronic medicines management, test and order management ongoing development related to Cyber Security and integration/interoperability with specialist systems.</li> <li>WHC is engaging with the ICS wide project and emerging strategy to work more collaboratively around data aggregation, analytics hosting and reporting with a view to delivering an ICS wide capability for population health management.</li> <li>Remote monitoring tools in our Heart Failure service as part of a pilot scheme funded by NHS England (currently out to tender). We are also engaging in BSW-wide discussions around remote monitoring in the context of Virtual Wards.</li> </ul>	

## 2022 – 2025 WHC Delivery Plan

- 43 Objectives, under 5 themes:

**A Comprehensive Community Based Model of Care**

**Wiltshire Health and Care People**

**Tools to Do the Job**

**Quality and Experience**

**For the Long Term**



## Initial thoughts for 2023- 2026 plan:

- Keep to Delivery Plan format – one plan, merging all separate requirements (ie People Plans, Green Plans etc) into one process.
- Reduce total number of objectives
- Promote consolidation and completion, avoid lots of brand new objectives
- Keep the same 5 themes

## Emerging thoughts in relation to each theme

Theme	Emerging thoughts/priorities
<b>A Comprehensive Community Based Model of Care</b>	<ul style="list-style-type: none"> <li>• UCR maximisation</li> <li>• NHS@ Home expansion: major area of focus</li> <li>• Expansion of self referral</li> <li>• Discharge/Flow</li> <li>• Urgent Care: Future of MIUs</li> <li>• End of Life – aligning to new pathway?</li> <li>• Learning Disabilities</li> <li>• Population health focus</li> </ul>
<b>Wiltshire Health and Care People</b>	<ul style="list-style-type: none"> <li>• Continue to embed NHS People Promise in Delivery Plan</li> <li>• Recruitment and retention continuing major focus</li> </ul>
<b>Tools to Do the Job</b>	<ul style="list-style-type: none"> <li>• SystmOne optimisation</li> <li>• Move from 'basics' to consolidation and next phase of change</li> <li>• Estates focus shift to 'unimproved' sites</li> <li>• EPR on wards: solution to be found</li> <li>• Informations/data warehousing</li> </ul>
<b>Quality and Experience</b>	<ul style="list-style-type: none"> <li>• Refresh objectives, but largely similar focus to previous years (hot spot areas)</li> <li>• Implementation of PSIF and LPS</li> </ul>
<b>For the Long Term</b>	<ul style="list-style-type: none"> <li>• Expand objectives on sustainability to capture all aspects of Green Plan</li> <li>• Financial savings and cost analysis: bigger feature given tight financial position</li> <li>• Add in space to cover work on future of BSW community services as this will require capacity during the year</li> </ul>

## WHC Delivery and financial planning timeline and process

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



# 2023/24 priorities and operational planning guidance

23 December 2022



## Foreword from the NHS CEO

Thank you to you, and to your teams, for your continued extraordinary efforts on behalf of our patients – particularly over the past weeks as we have prepared for and managed periods of industrial action. There is no denying it has been an incredibly challenging year for everyone working in the NHS, and arguably tougher than the first years of the pandemic.

We have already made real progress towards many of our goals for 2022/23 – in particular in all but eradicating two year waits for elective care and delivering record numbers of urgent cancer checks. This was achieved alongside continuing to respond to the build-up of health needs during the pandemic, an ongoing high level of COVID-19 infection and capacity constraints in social care, increased costs due to inflation and reduced productivity due to the inevitable disruption caused by COVID-19.

2023/24 will also be challenging. Our planning approach therefore reflects both our new ways of working, as recently articulated in the NHS Operating Framework, and an acknowledgement of the continuing complexity and pressure you face.

We will support local decision making, empowering local leaders to make the best decisions for their local populations and have set out fewer, more focused national objectives. These align with our three tasks over the coming year:

- recover our core services and productivity;
- as we recover, make progress in delivering the key ambitions in the Long Term Plan (LTP), and;
- continue transforming the NHS for the future.

To assist you in meeting these objectives, we have set out the most critical, evidence-based actions that will support delivery - based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access and safety.

I look forward to continuing to work with and support you over the year ahead to deliver the highest possible quality of care for patients and the best possible value for taxpayers.

Amanda Pritchard

## Our priorities for 2023/24

In 2023/24 we have three key tasks. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future.

The table below sets out our national objectives for 2023/24. They will form the basis for how we assess the performance of the NHS alongside the local priorities set by systems.

### Recovering our core services and productivity

To improve patient safety, outcomes and experience it is imperative that we:

- improve ambulance response and A&E waiting times
- reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- make it easier for people to access primary care services, particularly general practice.

Recovering productivity and improving whole system flow are critical to achieving these objectives. Essential actions include: reducing ambulance handovers, bed occupancy and outpatient follow-ups relative to first appointments; increasing day case rates and theatre utilisation; moving to self-referral for many community services where GP intervention is not clinically necessary and increasing use of community pharmacies. We must also increase capacity in beds, intermediate care, diagnostics, ambulance services and the permanent workforce. These actions are supported by specific investments, including those jointly with local authorities to improve discharge.

Our people are the key to delivering these objectives and our immediate collective challenge is to improve staff retention and attendance through a systematic focus on all elements of the NHS People Promise.

As we deliver on these objectives we must continue to narrow health inequalities in access, outcomes and experience, including across services for children and young people. And we must maintain quality and safety in our services, particularly in maternity services.

The NHS has an important role in supporting the wider economy and our actions to support the physical and mental wellbeing of people will support more people return to work.

## Delivering the key NHS Long Term Plan ambitions and transforming the NHS

We need to create stronger foundations for the future, with the goals of the NHS Long Term Plan our 'north star'. These include our core commitments to improve mental health services and services for people with a learning disability and autistic people.

Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever increasing demand for healthcare services. NHS England will work with integrated care systems (ICSs) to support delivery of the primary and secondary prevention priorities set out in the NHS Long Term Plan.

We need to put the workforce on a sustainable footing for the long term. NHS England is leading the development of a NHS Long Term Workforce Plan and government has committed to its publication next spring.

The long-term sustainability of health and social care also depends on having the right digital foundations. NHS England will continue to work with systems to level up digital infrastructure and drive greater connectivity- this includes development of a 'digital first' option for the public and further development of and integration with the NHS App to help patients identify their needs, manage their health and get the right care in the right setting.

Transformation needs to be accompanied by continuous improvement. Successful improvement approaches are abundant across the NHS but they are far from universal. NHS England will develop the national improvement offer to complement local work, using what we have learned from engaging with over 1,000 clinical and operational leaders in the summer.

## Local empowerment and accountability

ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives set out below. They should continue to pay due regard to wider NHS ambitions in determining

their local objectives – alongside place-based collaboratives. As set out in the recently published Operating Framework, NHS England will continue to support the local NHS [integrated care boards (ICBs) and providers] to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

Alongside this greater local determination, greater transparency and assurance will strengthen accountability, drawing on the review of ICS oversight and governance that the Rt Hon Patricia Hewitt is leading. We welcome the review which NHS England has been supporting closely, and we look forward to the next stage of the discussions as well as the final report. NHS England will update the NHS Oversight Framework and work with ICBs to ensure oversight and performance management arrangements within their ICS area are proportionate and streamlined.

### Funding and planning assumptions

The Autumn Statement 2022 announced an extra £3.3 bn in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures we are facing.

NHS England is issuing two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity.

Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years. Capital allocations will be topped-up by £300 million nationally, with this funding prioritised for systems that deliver agreed budgets in 2022/23.

The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first appointments but not follow-ups) will be to pay unit prices for activity delivered. System and provider activity targets will be agreed through planning as part of allocating ERF on a fair shares basis to systems. NHS England will cover additional costs where systems exceed agreed activity levels.

ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners. Further details will be set out in the revenue finance and contracting guidance for 2023/24.

## Next steps

ICBs are asked to work with their system partners to develop plans to meet the national objectives set out in this guidance and the local priorities set by systems. To assist them in this, the annex identifies the most critical, evidence based actions that systems and NHS providers are asked to take to deliver these objectives. These are based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access and safety.

System plans should be triangulated across activity, workforce and finance, and signed off by ICB and partner trust and foundation trust boards before the end of March 2023. NHS England will separately set out the requirements for plan submission.

## National NHS objectives 2023/24

Area		Objective
Recovering our core services and improving productivity	Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system- specific activity target (agreed through the operational planning process)
	Cancer	Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
		Increase the number of adults and older adults accessing IAPT treatment
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
		Work towards eliminating inappropriate adult acute out of area placements
		Recover the dementia diagnosis rate to 66.7%
	People with a learning disability and autistic people	Improve access to perinatal mental health services
		Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
		Continue to address health inequalities and deliver on the Core20PLUS5 approach

\*ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;

# Annex

This annex sets out the key evidence based actions that will help deliver the objectives set out above and the resources being made available to support this. All systems are asked to develop plans to implement these. To assist systems in developing their plans a summary of other guidance, best practice, toolkits and support available from NHS England is available on the planning pages of [FutureNHS](#).

## 1. Recovering our core services and productivity

### 1A. Urgent and emergency care (UEC)

Key actions:

- Increase physical capacity and permanently sustain the equivalent of the 7,000 beds of capacity that was funded through winter 2022/23
- Reduce the number of medically fit to discharge patients in our hospitals, addressing NHS causes as well as working in partnership with Local Authorities.
- Increase ambulance capacity.
- Reduce handover delays to support the management of clinical risk across the system in line with the [November 2022 letter](#).
- Maintain clinically led [System Control Centres \(SCCs\)](#) to effectively manage risk.

In order to improve patient flow, we all agree we need to reduce bed occupancy to at least 92% ([NHS review of winter](#)), increase physical capacity in inpatient settings to reflect changes in demographics and health demand [[Projections: General and acute hospital beds in England \(2018–2030\)](#)], as well as improve support for patients in the community. NHS England [working with the Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLHUC)] will develop a UEC recovery plan with further detail and this will be published in the new year. Delivery of this plan and the objectives set out in this guidance are supported by:

- £1bn of funding through system allocations to increase capacity based on agreed system plans. NHS England anticipates that capacity will be focused on increasing G&A capacity, intermediate and step-down care, and community beds with an expectation that utilisation of virtual wards is



increased towards 80% by the end of September 2023. NHS England will continue share best practice across a range of conditions to support this.

- £600m provided equally through NHS England and Local Authorities and made available through the Better Care Fund in 2023/34 (and £1bn in 2024/25) to support timely discharge. In addition, a £400m ring-fenced local authority grant for adult social care will support discharge among other goals. Further detail will be set out in the revenue finance and contracting guidance for 2023/24.
- An increase in allocations for systems that host ambulance services to increase ambulance capacity.

## **1B. Community health services**

Key actions:

- Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999, and creating a single point of access where not already in place
- Expand direct access and self-referral where GP involvement is not clinically necessary. By September 2023, systems are asked to put in place:
  - direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations
  - self-referral routes to falls response services, musculo-skeletal physiotherapy services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services.

Expanding direct access and self-referrals empowers patients to take control of their healthcare, streamlines access to services and reduces unnecessary burden on GP appointments.

NHS England will allocate core funding growth for community health services as part of the overall ICB allocation growth, with £77m of Service Development Funding maintained in 2023/24.

## **1C. Primary care**

Key actions:

- Ensure people can more easily contact their GP practice (by phone, NHS App, NHS111 or online).



- Transfer lower acuity care away from both general practice and NHS 111 by increasing pharmacy participation in the [Community Pharmacist Consultation Service](#).

NHS England will publish the General Practice Access Recovery Plan in the new year which will provide details of the actions needed to achieve the goals above. In addition, once the 2023/24 contract negotiations have concluded, we will also publish the themes we are looking to engage with the profession on that could take a significant step towards making general practice more attractive and sustainable and able to deliver the vision outlined in the Fuller Stocktake, including continuity of care for those who need it. The output from this engagement will then inform the negotiations for the 2024/25 contract.

Delivery of this plan and the objectives set out in this guidance is supported by funding for general practice as part of the five year GP contract, including funding for 26,000 additional primary care staff through the Additional Roles Reimbursement Scheme (ARRS). ICB primary medical allocations are being uplifted by 5.6% to reflect the increases in GP contractual entitlements agreed in the five-year deal, and the increased ARRS entitlements. Data on general practice appointments is being published, including at practice-level, and work is ongoing to improve the quality and use of the data.

## **1D. Elective care**

Key actions:

- Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024
- Increase productivity and meet the 85% day case and 85% theatre utilisation expectations, using [GIRFT](#) and moving procedures to the most appropriate settings
- Offer meaningful choice at point of referral and at subsequent points in the pathway, and use alternative providers if people have been waiting a long time for treatment including through the Digital Mutual Aid System (DMAS)

The goals for elective recovery are set out in the '[Delivery plan for tackling the COVID-19 backlog of elective care](#)'. These include delivery of around 30% more elective activity by 2024/25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and

guidance. Meeting this goal of course still depends on returning to and maintaining low levels of COVID-19, enabling the NHS to restore normalised operating conditions and reduce high levels of staff absence. We will agree targets with systems for 2023/24 through the planning round towards that goal on the basis that COVID-19 demand will be similar to that in the last 12 months. The contract default will be to pay for most elective activity (including ordinary, day and outpatient procedures and first appointments but excluding follow-ups) at unit prices for activity delivered.

ICBs and trusts are asked to update their local system plans, actively including independent sector providers, setting out the activity, workforce, financial plans and transformation goals that will support delivery of these objectives.

NHS England will allocate £3bn of ERF to ICBs and regional commissioners on a fair shares basis and continue to work with systems and providers to maximise the impact of the three-year capital Targeted Investment Fund put in place in 2022. Further details will be set out in the *Revenue finance and contracting guidance for 2023/24* and *Capital guidance update 2023/24*.

## **1E. Cancer**

Key actions:

- Implement and maintain priority pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (teledermatology) and prostate cancer (best practice timed pathway)
- Increase and prioritise diagnostic and treatment capacity, including ensuring that new diagnostic capacity, particularly via community diagnostic centres (CDCs), is prioritised for urgent suspected cancer. Nationally, we expect current growth levels to translate into a requirement for a 25% increase in diagnostic capacity required for cancer and a 13% increase in treatment capacity.
- Expand the Targeted Lung Health Checks (TLHC) programme and ensure sufficient diagnostic and treatment service capacity to meet this new demand.
- Commission key services which will underpin progress on early diagnosis, including non-specific symptoms pathways (to provide 100% population coverage by March 2024), surveillance services for Lynch syndrome, BRCA and liver; and work with regional public health commissioners to increase

colonoscopy capacity to accommodate the extension of the NHS bowel screening programme to 54 year olds.

The NHS is implementing one of the most comprehensive strategies on early diagnosis anywhere in the world. Cancer Alliances and the ICBs they serve will lead the local delivery of this NHS-wide strategy. NHS England is providing over £390m in cancer service development funding to Cancer Alliances in each of the next two years to support delivery of this strategy and the operational priorities for cancer set out above. As in previous years, the Cancer Alliance planning pack will provide further information to support the development of cancer plans by alliances and these, subject to ICB agreement, are expected to form part of wider local system plans.

## **1F. Diagnostics**

Key actions:

- Maximise the pace of roll-out of additional diagnostic capacity, delivering the second year of the three-year investment plan for establishing Community Diagnostic Centres (CDCs) and ensuring timely implementation of new CDC locations and upgrades to existing CDCs
- Deliver a minimum 10% improvement in pathology and imaging networks productivity by 2024/25 through digital diagnostic investments and meeting optimal rates for test throughput
- Increase GP direct access in line with the national rollout ambition and develop plans for further expansion in 2023/24 (NHS England will publish separate guidance to support the increase GP direct access)

Timely access to diagnostics is critical to providing responsive, high quality services and supporting elective recovery and early cancer diagnosis. NHS England has provided funding to support the development of pathology and imaging networks and the development and rollout of CDCs. £2.3bn of capital funding to 2025 has also been allocated to support diagnostic service transformation, including to implement CDCs, endoscopy, imaging equipment and digital diagnostics.

## **1G. Maternity and neonatal services**

Key actions:

- Continue to deliver the actions from the final Ockenden report as set out in the [April 2022 letter](#) as well as those that will be set out in the single delivery plan for maternity and neonatal services .
- Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices
- Implement the local equity action plans that every local maternity and neonatal system (LMNS)/ICB has in place to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities (Black, Asian and Mixed ethnic groups and those living in the most deprived areas).

NHS England will publish a single delivery plan for maternity and neonatal services in early 2023. This will consolidate the improvement actions committed to in Better Births, the NHS Long Term Plan, the Neonatal Critical Care Review, and reports of the independent investigation at Shrewsbury and Telford Hospital NHS Trust and the independent investigation into maternity and neonatal services in East Kent.

To support delivery including addressing the actions highlighted in the Ockenden report NHS England has invested a further £165m through the maternity programme for 2023/24. This is £72m above the £93m baselined in system allocations to support the maternity and neonatal workforce. That investment has increased the number of established midwifery posts by more than 1;500 compared to 2021.

## **1H. Use of resources**

To deliver a balanced net system financial position for 2023/24 and achieve our core service recovery objectives, we must meet the 2.2% efficiency target agreed with government and improve levels of productivity.

ICBs and providers should work together to:

- Develop robust plans that deliver specific efficiency savings and raise productivity consistent with the goals set out in this guidance to increase activity and improve outcomes within allocated resources.
- Put in place strong oversight and governance arrangements to drive delivery, supported by clear financial control and monitoring processes.

Plans should include systematic approaches to understand where productivity has been lost and the actions needed to restore underlying productivity, including, but not be limited to, measures to:

- **Support a productive workforce** taking advantage of opportunities to deploy staff more flexibly. Systems should review workforce growth by staff group and identify expected productivity increases in line with the growth seen.
- **Increase theatre productivity** using the [Model Hospital System](#) theatre dashboard and associated [GIRFT](#) training and guidance, and other pathway and service specific opportunities.

Plans should also set out measures to release efficiency savings, including actions to:

- **Reduce agency spending** across the NHS to 3.7% of the total pay bill in 2023/24 which is consistent with the system agency expenditure limits for 2023/24 that are set out separately. NHS England has published [toolkits](#) to support this.
- **Reduce corporate running costs** with a focus on consolidation, standardisation and automation to deliver services at scale across ICS footprints. NHS England has published annual cost data benchmarking and a [corporate service improvement toolkit](#).
- **Reduce procurement and supply chain costs** by realising the opportunities for specific products and services. Systems should work to the operating model and commercial standards and the consolidated supplier frameworks agreed with suppliers through Supply Chain Coordination Limited (SCCL). Systems should engage with the Specialised Services Devices Programme to leverage the benefits across all device areas.
- **Improve inventory management.** NHS Supply Chain will lead the implementation of an inventory management and point of care solution. National funding will support providers that do not have effective inventory management systems.
- *Purchase medicines at the most effective price point* by realising the opportunities for price efficiency identified by the Commercial Medicines Unit, and ensure we get the best value from the NHS medicines bill. National support to deliver efficiencies will continue to be available for systems through the [National Medicines Value Programme](#).

## 2. Delivering the key NHS Long Term Plan ambitions and transforming the NHS

### 2A. Mental health

Key actions:

- Continue to achieve the Mental Health Investment Standard by increasing expenditure on mental health services by more than allocations growth.
- Develop a workforce plan that supports delivery of the system's mental health delivery ambition, working closely with ICS partners including provider collaboratives and the voluntary, community and social enterprise (VCSE) sectors.
- Improve mental health data to evidence the expansion and transformation of mental health services, and the impact on population health, with a focus on activity, timeliness of access, equality, quality and outcomes data.

As systems update their local plans, they are also asked to set out how the wider commitments in the [NHS Mental Health Implementation Plan 2019/20–2023/24](#) will be taken forward to improve the quality of local mental healthcare across all ages in line with population need.

NHS England has allocated funding to grow the workforce and expand services to support delivery of the mental health NHS Long Term Plan commitments. In particular, NHS England will continue to support the growth in IAPT workforce by providing 60% salary support for new trainees in 2023/24. We will also support ICBs to co-produce a plan by 31 March 2024 to localise and realign mental health and learning disability inpatient services over a three year period as part of a new quality transformation programme.

### 2B. People with a learning disability and autistic people

Key actions:

- Continue to improve the accuracy and increase size of GP Learning Disability registers.
- Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in this guidance. (The workforce baselining exercise completed during 2022/23 will assist in the development of local, integrated, workforce plans to support delivery.)

- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.

NHS England has allocated funding of £120m to support system delivery against the objectives and will publish guidance on models of mental health inpatient care to support a continued focus on admission avoidance and improving quality.

## **2C. Embedding measures to improve health and reduce inequalities**

Key actions:

- Update plans for the prevention of ill-health and incorporate them in [joint forward plans](#), paying due regard to the NHS Long Term Plan primary and secondary prevention priorities, including a continued focus on CVD prevention, diabetes and smoking cessation. Plans should:
  - build on the successful innovation and partnership working that characterised the COVID vaccination programme and consider how best to utilise new technology such as home testing. NHS England will publish a tool summarising the highest impact interventions that can be – and are already being – implemented by the NHS.
  - have due regard to the government's [Women's Health Strategy](#).
- Continue to deliver against the five strategic priorities for tackling health inequalities and:
  - take a quality improvement approach to addressing health inequalities and reflect the [Core20PLUS5](#) approach in plans
  - consider the specific needs of children and young people and reflect the [Core20PLUS5 – An approach to reducing health inequalities for children and young people](#) in plans
  - establish [High Intensity Use](#) services to support demand management in UEC.

Funding is provided through core ICB allocations to support the delivery of system plans developed with public health, local authority, VCSE and other partners. The formula includes an adjustment to weight resources to areas with higher avoidable mortality and the £200m of additional funding allocated for health inequalities in 2022/23 is also being made recurrent in 2023/24.



## 2D. Investing in our workforce

In 2022/23 systems were asked to develop whole system workforce plans. These should be refreshed to support:

- Improved staff experience and retention through systematic focus on all elements of the [NHS People Promise](#) and implementation of the [Growing Occupational Health Strategy](#), improving attendance toolkit and [Stay and Thrive Programme](#).
- Increased productivity by fully using existing skills, adapting skills mix and accelerating the introduction of new roles (e.g. anaesthesia associates, AHP support workers, pharmacy technicians and assistants, first contact practitioners, and advanced clinical practitioners).
- Flexible working practices and flexible deployment of staff across organisational boundaries using digital solutions (e-rostering, e-job planning, Digital Staff Passport).
- [Regional multi professional education and training investment plans \(METIP\)](#) and ensure sufficient clinical placement capacity, including educator/trainer capacity, to enable all NHS England- funded trainees and students to maintain education and training pipelines.
- implementation of the [Kark recommendations](#) and [Fit and Proper Persons \(FPP\) test](#).

NHS England is increasing investment in workforce education and training in real terms in each of the next two years.

## 2E. Digital

Key actions:

- Use forthcoming [digital maturity assessments](#) to measure progress towards the core capabilities set out in [What Good Looks Like](#) (WGLL) and identify the areas that need to be prioritised in the development of plans. Specific expectations will be set out in the refreshed WGLL in early 2023.
- Put the right data architecture in place for population health management (PHM).
- Put digital tools in place so patients can be supported with high quality information that equips them to take greater control over their health and care.



DHSC recently published strategic plans for digital, data and technology. [Data saves lives](#) and [A plan for digital health and social care](#) set out how digitised services can support integration and service transformation. NHS England will:

- Provide funding to help ICSs meet minimum digital foundations, especially electronic records in accordance with WGLL.
- Procure a [Federated Data Platform](#), available to all ICSs, with nationally developed functionality including tools to help maximise capacity, reduce waiting lists and co-ordinate care.
- Roll out new functionality for the NHS App, to help people take greater control over their health and their interactions with the NHS, including better support to get to the right in-person or digital service more quickly, access to their patient records, improved functionality for prescriptions and improved support for hospital appointments and choice ahead of next winter.
- Accelerate the ambition of reducing the reporting burden on providers and addressing the need for more timely automated data through the [Faster Data Flows \(FDF\) Programme](#).

Funding is allocated to meet minimum digital foundations (especially electronic patient records) and scale up use of digital social care records in accordance with WGLL.

## **2F. System working**

2023/24 is the first full year for ICSs in their new form with the establishment of statutory ICBs and integrated care partnerships (ICPs). Key priorities for their development in 2023/24 include:

- Developing ICP integrated care strategies and ICB joint forward plans.
- Maturing ways of working across the system including provider collaboratives and place-based partnership arrangements.

Improving NHS patient care, outcomes and experience can only be achieved by embedding innovation and research in everyday practice. ICBs have a statutory duty to facilitate or otherwise promote research and the use of evidence obtained from research and to promote innovation, for example AI and machine learning which is driving efficiency and enabling earlier diagnosis.

NHS England will continue to support ICSs to draw on national best practice and peer insight to inform future development.

## **Joint forward plans**

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts (the ICB's partner NHS trusts and foundation trusts are named in its constitution) to prepare five-year JFPs before the start of each financial year.

NHS England has developed [guidance](#) to support the development of JFPs with input from all 42 ICBs, trusts and national organisations representing local authorities and other system partners, including VCSE sector leaders.

Systems have significant flexibility to determine their JFP's scope as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts. However, we encourage systems to use the JFP to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the joint local health and wellbeing strategy (JLHWS) (developed by local authorities and their partner ICBs, which may be through health and wellbeing boards) that is supported by the whole system, including local authorities and VCSE partners.

## ***Delegated budgets***

We are moving towards ICBs taking on population healthcare budgets, with pharmacy, ophthalmology and dentistry (POD) services fully delegated by April 2023 and appropriate specialised services delegated from April 2024. This will enable local systems to design and deliver more joined-up care for their patients and communities. NHS England will support ICBs as they take on commissioning responsibility across POD services from April 2023, supporting the integration of services.

Subject to NHS England Board approval, statutory joint committees of ICBs and NHS England will oversee commissioning of appropriate specialised services across multi-ICB populations from April 2023, ahead of ICBs taking on this delegated responsibility in April 2024.

ICBs are expected to work with NHS England through their joint commissioning arrangements to develop delivery plans. These should identify at least three key priority pathways for transformation, where integrated commissioning can support the triple aim of improving quality of care, reducing inequalities across communities and delivering best value. NHS England will provide ICBs with tools and resources to support transformation, and to further develop their understanding of specialised services and enable them to realise the benefits of integration.

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

**Item 13**

**Highlight Report – Quality Assurance Committee**

**PAPER**

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

**Subject:** Quality Assurance Committee Highlight Report  
**Date of Meeting:** 16 November 2022  
**Author:** Sara Quarrie, Director of Quality, Professions and Workforce

**1 Introduction**

The Quality Assurance Committee (QAC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. The QAC was constituted to provide WHC's Board with assurance in relation to the quality and safety of care provided by WHC's community services. This paper summarises the key issues considered by the QAC (the Committee) at its meeting on 16 November 2022, which it is considered should be drawn to the attention of the full Board.

**2 Advise**

- 2.1 Medicines Report - PGD Update: The Committee received an update on PGDs, noting that a number were due to expire over the next couple of months. WHC currently had 26 'live' PGDs used in Minor Injury Units, Orthopaedic Interface Service, Community Teams, and Inpatient wards. The Committee was assured that the balance of PGD's was correct as services do use them, but noted that the direction of travel was to move to PSD's or FP10s as the number of prescribers increased.
- 2.2 Long Covid Service update: The Committee received a presentation on the relatively new Long Covid service.. To date, the service had assessed 2281 patients and referrals were not reducing. All bar two posts were now permanent. A service level agreement had been put in place for a clinical psychologist in recognition of the complexity of cases. The ceasing of COVID testing was likely to have an impact on referrals. It was noted that the service had not reported any incidents to date, and this needed to be explored further to ensure thresholds had been set correctly. The Committee noted that referrals were tracked by indices of deprivation broader links to the system needed to be made to address inequalities of access.
- 2.3 Orthopaedic Interface Service waiting times: Three areas were identified accuracy and management of referral to treatment data, team capacity to meet demands of the increasing number of referrals, and the quality of referrals from GPs. Learning and actions were shared.
- 2.4 Therapy Review: The Committee received a presentation on a review of community therapy services, with themes including productivity, clinical leadership and the need to improve quality indicators. The review provided a solid foundation on which to build improvements.

**3 Alert**

Nothing to alert to the Board

**4 Action**

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

**5 Date of next meeting**

The next meeting of the Quality Assurance Committee is due to take place on 9 March 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**

**Date of Next Meeting**

Friday 5 May 2023  
10:00-13:00  
Bevan Board Room, Jenner House



